

“What Do You *Really* Think of Me?”: The Role of Feedback-Seeking on Romantic
Dating Relationships Among Depression-Vulnerable Women

by

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Submitted to the graduate degree program in Psychology and the
Graduate Faculty of the University of Kansas
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy.

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Acknowledgments

I would like to thank the people whose support, guidance, and insight contributed to the completion of this project. First, I would like to thank my advisor and committee chair, Dr. Rick Ingram, whose attitude and enthusiasm for research, scholarship, and teaching is a consistent source of inspiration to me. Without his wisdom, persistent help, and humor this dissertation would not have been possible.

I also am thankful to my committee members: Drs. Stephen Ilardi, Charlene Muehlenhard, Kristopher Preacher, and Barbara Kerr. Each committee member brought a unique area of expertise, and their thoughtful comments, suggestions, and attention to detail greatly improved the project. To them, I am eternally grateful.

Also, thank you to my family and friends, whose support, patience, and encouragement throughout graduate school kept me balanced. In particular, I would like to thank my husband, Andy, who is always with me every step of the way.

Abstract

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The deleterious consequences of depression are often couched in terms of their impact at the individual level: for example, reduced quality of life, increased risk of suicide, and health problems. Nevertheless, depression also carries a high cost with regard to its impact on interpersonal processes and close relationships. The interpersonal theory of depression and the self-verification theory have been used to describe interactional processes that can lead to, maintain, or exacerbate depressive symptoms and contribute to relationship distress. This study explored how the interpersonal behaviors indicated by the interpersonal and self-verification theories affected satisfaction and stability in the dating relationships of a sample of previously depressed and never depressed women.

A sample of 65 (15 previously depressed and 50 never depressed) undergraduate women from the University of Kansas participated in the study. Participants completed a series of measures, 8 weeks apart, that assessed history and symptoms of depression, positive and negative feedback-seeking behaviors, and satisfaction with their dating relationships. In the present study, previously depressed participants did not differ from never depressed participants in their use of reassurance-seeking. However, previously depressed participants reported seeking

less negative feedback than never depressed participants 8 weeks after baseline. Additionally, the amount of reassurance participants sought over the 8-week period were predictive of decreases in relationship satisfaction. The interaction between reassurance-seeking and depression history approached significance, while the three-way interaction between reassurance-seeking, negative feedback-seeking and depression history significantly predicted a decrease in relationships satisfaction over the 8-week period. Reassurance-seeking also was predictive of the romantic relationship ending for previously depressed, but not never depressed participants. Results of this study provide support for an integrated interpersonal theory and suggest that the feedback-seeking behaviors that reduce the quality of depressed people's relationships may continue to be problematic once depression remits.

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Overview

Major depressive disorder (MDD) is a pervasive illness characterized by depressed mood, lack of interest in activities, feelings of worthlessness, lack of energy, sleep disturbance, psychomotor agitation or retardation, significant weight loss or gain, difficulty concentrating, and persistent thoughts of death or of suicide (American Psychiatric Association, 2000). Diagnostically, at least five of these symptoms must be present for a minimum of two weeks, although many individuals experience symptoms for much longer periods of time. Additionally, at least one of the first two symptoms must also be present for a diagnosis to be made. Recent prevalence estimates indicate that depression is one of the most common psychiatric disorders in the United States, carrying a lifetime risk of 10-25% for women and 5-12% for men (APA, 2000; Kessler et al., 1994), with approximately 5% of the population experiencing depression in a given year (Regier, Narrow, Rae, Manderscheid, Locke, et al., 1993). The majority of individuals who have an episode of depression will have a subsequent episode; around 50% of individuals who have had an episode of depression will have another episode, and 80% of individuals recovering from two depressive episodes will have at least one additional episode of depression in their lifetime (APA, 2000). On average, individuals with a history of

depression will have around five (Kessler & Walters, 1998) to nine (Kessler et al., 1997) separate episodes over the course of their lifetime. Thus, once an individual has a depressive episode, he or she is likely to experience recurrent episodes of depression, suggesting that having a history of depression can be considered a risk factor for the disorder itself. In addition, depression carries a fairly high mortality rate: an estimated 4-6% of depressed individuals die by suicide (Inskip, Harris, & Barraclough, 1998; Simon & Von Korff, 1998). Given these estimates, it is likely that most Americans will have some familiarity with depression, either by directly experiencing an episode of depression, or through interactions with a loved one.

Depression also may be conceptualized as an interpersonal phenomenon. For example, research suggests depressed individuals tend to have unsupportive and conflictual relationships (see Gotlib & Hooley, 1998; Gotlib & Whiffen, 1991) and that depression can be harmful to close relationships (Coyne, Thompson, & Palmer, 2002). Moreover, improving the quality of one's relationships has been demonstrated to reduce depressive symptoms (Beach & O'Leary, 1992; O'Leary & Beach, 1990) and reducing symptoms of depression often improves intimate relationships (Whisman, 2001b) leading many to suggest that couple therapy may be an appropriate therapy modality for the treatment of depression (Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky, 1991; Jacobson, Fruzzetti, Dobson, Whisman, & Hops, 1993). In short, a discussion of the experience of depression necessitates an appreciation of patterns of interpersonal functioning implicated in the disorder. As

such, this review will begin by discussing findings related to depression in romantic relationships.

Several theories have arisen in an attempt to explain the nature of the interactions between depressed individuals and other people. One of those theories, the interpersonal theory of depression (Coyne, 1976a), proposes that depressed individuals seek reassurance from others in an attempt to gain comfort and support. Initially, other people may provide to the depressed person the validation being sought, but over time may become frustrated with the depressed person's persistent attempts and negative interaction style and ultimately communicate rejection (Joiner, Alfano, & Metalsky, 1992; 1993; Joiner, Metalsky, Katz, & Beach, 1999). This results in a negative cycle for the depressed person—as the depressed person repeatedly reaches out to others, he or she often experiences rejection, and responds by escalating attempts at seeking support. The interpersonal theory of depression and associated findings will be discussed in this review.

Emerging from another school of thought, self-verification theory (Swann 1983; Swann 1987) offers a contrasting model for explaining interpersonal disruptions associated with depression. Self-verification theory is based on the assumption that individuals are motivated to preserve their self-concept by seeking confirmatory evidence from other people. Because individuals desire cognitive consistency, they seek self-consistent feedback, regardless of whether this information is positive or negative. With regard to depressed people, who tend to have negative self-concepts, depressed individuals are likely to seek negative

information about themselves from other people. This has led researchers to identify depressed individuals' attempts to negatively self-verify as a mechanism for the maintenance of depression and degradation of close relationships. Research on self-verification theory will be explored in this review.

More recently, Joiner and colleagues (1995) have attempted to expand on the interpersonal theory by proposing that depressed individuals engage in a complex set of interpersonal interactions that maintains and exacerbates depression and leads depressed people to be rejected by others. This theory posits that depressed people may communicate mixed messages to others regarding the type of support needed. Consequently, other people in the depressed person's life may become confused and frustrated by the depressed person's changing demands for support. Ultimately, others may withdraw from or reject the depressed person. Evidence supporting an integrated interpersonal theory will be discussed.

The aim of this dissertation was to explore these theories in the context of depression vulnerability. While multiple lines of research suggest that the interpersonal processes associated with depression may contribute to the deterioration of intimate relationships, little is known about the interpersonal interactions used by previously depressed people, who are likely to experience a future episode of depression. I will begin by reviewing the literature on depression as it relates to romantic relationships. Next, I will discuss review research on the interpersonal theory of depression and the self-verification theory. Less research has been conducted on the integration of these theories; subsequently, the few studies on the

integrated interpersonal theory will be presented. Finally, the present study will be discussed.

Depression in Marital Relationships

In addition to its impact on the individual, depression has serious effects on one's interpersonal relationships, particularly on marital relationships. This is problematic because of the widespread frequency of depression occurring in marriages. It has been suggested that approximately 50% of women in distressed marriages are depressed (Beach, Jouriles, & O'Leary, 1985) and about 50% of women who are depressed are in distressed marriages (Rounsaville, Weissman, Prusoff, & Herceg-Baron, 1979). These statistics suggest that depression is closely tied to women's experiences of their intimate relationships.

Relationship Satisfaction

A broad body of research on the role that depression plays on the quality of marital relationships demonstrates that spousal depression has deleterious effects on the marriage and increases marital distress. In a meta-analysis of 26 treatment studies, Whisman (2001) found an inverse relationship between marital satisfaction and depression. Specifically, Whisman found that low relationship satisfaction accounted for 18% of the variance in wives' depression and 14% of the variance in husbands' depression. Several researchers also have found a significant negative association between depressive symptoms and relationship satisfaction among women (Johnson & Jacob, 1997; Weissman, 1987). There also is a significant inverse relationship

between depression severity, as measured by Beck Depression Inventory (BDI) scores, and relationship satisfaction (Burns, Sayers, & Moras, 1994; see also Beach, Fincham, and Katz, 1998 for a review).

Marital satisfaction also predicts later levels of depression. When evaluating risk of depression, Whisman and Bruce (1999) found that individuals experiencing marital dissatisfaction at baseline were over twice as likely as maritally satisfied individuals to have had an onset of major depression over the following 12 months. These findings were significant even when controlling for demographic characteristics and history of depression. Furthermore, in a prospective, population-based study, Whisman and Uebelacker (2009) found that marital discord was significantly associated with subsequent depressive symptoms in older adults and that baseline depressive symptoms were associated with marital discord at a one year follow-up.

Another, yet related, line of research suggests that depression may be causally related to relationship distress. For example, in a longitudinal analysis on the relationship between dysphoria and marital discord, premarital dysphoria in husbands was found to be related to later marital dissatisfaction for both husbands and their wives. Wives' premarital dysphoria was predictive of marital distress if the wives' dysphoria was chronic (Beach & O'Leary, 1993). Taken together, these findings converge to demonstrate the close association between depression and the quality of one's marriage.

Communication

Research also indicates that couples with a depressed partner experience difficulties in communication when compared to couples in which neither partner is depressed. In a sample of depressed inpatients, Hinchcliffe, Hooper, and Roberts (1978) found that depressed inpatients were socially responsive when interacting with strangers but were tense, negative, and self-preoccupied when communicating with their spouses. Furthermore, interactions in couples with a depressed partner tend to be characterized by negativity, unsupportiveness, asymmetrical communication patterns (Hautzinger, Linden, & Hoffman, 1982; Johnson & Jacob, 2000; Linden, Hautzinger, & Hoffman, 1983; Ruscher & Gottlib, 1988), and criticism (Smith & Peterson, 2008). Furthermore, individuals with a depressed partner also are less likely to participate in disclosure with the depressed spouse (Dudek et al., 2001; Fadden, Bebbington, & Kuipers, 1987), suggesting an added breakdown of communication in the dyad.

Marital Cohesion/Bonding

The quality of the marital bond also can be harmed by depression. For instance, couples with a depressed partner tend to have low marital cohesion when compared to a group of nondepressed maritally distressed couples (Beach, Nelson, & O'Leary, 1988). This decline in marital accord may have long-term implications for couples; even one year after partners' depressions remit, nondepressed spouses still report that their relationships are of relatively poor quality, high in conflict, and lacking in cohesion, expressiveness, and recreational orientation (Krantz & Moos, 1987). Moreover, during interactions between depressed persons and their spouses,

both parties experience their partners as more negative, hostile, mistrusting, and detached, and less agreeable, nurturing, and affiliating when compared to a nondepressed control group (Coyne, Kessler, Tal, Turnbull, Wortman, & Greden, 1987; Kahn, Coyne, & Margolin, 1985). Dysphoric partners also perceive their spouses as overly critical, particularly when marital discord is present (Smith & Peterson, 2008). Finally, distressed/depressed couples report dissatisfaction with their level of intimacy with their significant others (Coryell et al., 1993) and exhibit less intimacy than nondepressed couples (Crowe, 1997). Together, these results suggest that depression reduces the quality of marital relationships, which may contribute to the relationship dissatisfaction often reported in couples where a partner is depressed.

In addition, nondepressed partners of depressed individuals tend to evaluate their relationship and the depressed spouse less positively than the partners of nondepressed individuals, seldom agree with the depressed partner's statements, and rarely speak positively of their own somatic and psychological well-being. The nondepressed spouses tend to offer the depressed patient more help, but in an ambivalent way, because they evaluate their depressed partner negatively (Hautzinger, Linden, & Hoffman, 1982). As this deterioration in interaction and quality of the relationship results in increased marital distress, the risk of the spouse developing depressive symptomatology may increase and provide an opportunity for the depressed spouse to be rejected.

Emotional Problems

Depression in one partner also can influence the other partner's mood and emotional health. Couples with a depressed partner express more dysphoric and uncomfortable feelings and express more negative well-being than nondepressed couples (Hautzinger, Linden, & Hoffman, 1982). When examining couples with at least one member being treated for depression, Benazon (2000) found that spouses with a depressed partner reported significantly more emotional distress than couples in which neither partner was depressed. Indeed, meta-analysis findings support the belief that depressed individuals induce negative affect in others (see Segrin & Dillard, 1992, for a review). Overall, the evidence regarding depression in marriage suggests that the intimate partners of depressed individuals are at a higher risk of experiencing depression and interpersonal conflict than the partners of non-disordered people.

Gender Differences

Some have suggested that gender differences must be considered when examining depression in couples. For instance, couples with a depressed wife showed lower positivity and increased negativity than couples with a depressed husband, indicating that depression in wives is associated with more marital distress than depression in husbands (Johnson & Jacob, 1997). This is further compounded by the finding that women express negative affect significantly more than men (Johnson & Jacob, 1997; Padesky & Hammen, 1981).

Depression in Dating Relationships

In contrast to the wealth of information regarding depression in marriages, less research has studied the role of depression on dating relationships. Examining dating relationships in college students may be particularly important, however, because the college years are a developmentally important period for the formation of close relationships (Lee & Robbins, 2000), and the relationship dynamics shaped during this time may have an impact on subsequent close relationships. Furthermore, because of the potential for achievement and relationship concerns, some have argued that college is a crucial time for the onset of depression (Santiago-Rivera & Bernstein, 1996).

Relationship Satisfaction

Consistent with the literature on the consequences of depression on marital quality, depression in dating relationships is associated with decreases in relationship satisfaction. Remen and Chambless (2001) investigated the longitudinal relationship between depression and relationship adjustment in a sample of undergraduate men and women. These researchers found that an elevated level of dysphoria at baseline was predictive of relationship dissatisfaction at Time 2 for both men and women. In addition, low relationship satisfaction at Time 1 was predictive of subsequent increased symptoms of depression in women, suggesting that women may be particularly vulnerable to difficulties related to relationship distress. Other research has examined the relationship between depression, relationship satisfaction, and stress in dating couples. Tolpin and colleagues (2006) followed a sample of dating college

students for 10 consecutive days. They found that students scoring higher on a measure of depression experienced greater decreases in positive affect and relationship satisfaction when compared to students scoring lower on the measure. Individuals reporting more symptoms of depression also were more reactive to relationship stress than individuals with fewer depressive symptoms. Taken together, these findings suggest that mood plays an important role in individuals' satisfaction with, and experiences in, their intimate relationships.

Contagion

Another similarity between depression in marriage and depression in dating is the disorder's effect on the nondepressed partner's emotional well-being. When investigating contagious depression in heterosexual dating couples, Katz, Beach, and Joiner (1999) found a significant relationship between both partners' depressive symptoms, even when controlling for relationship satisfaction. Additionally, individuals whose partners were high in reassurance-seeking were more likely to experience symptoms of depression than those whose partners were low in reassurance-seeking. Research thus supports the notion that depressed individuals can instill negative mood in their partners.

Rejection

One potential consequence of depression in relationships is the increased likelihood of rejection of the depressed partner. Weinstock and Whisman (2004) found that depressed individuals who sought negative feedback from their relationship partner were more likely to be rejected by their partner. In their study, the

combination of depressive symptoms and low relationship satisfaction made individuals particularly vulnerable to being rejected. Unfortunately, this possible reduction in social support may serve to maintain or exacerbate the depressed person's negative mood.

The Interpersonal Theory of Depression

Because depression has such significant effects on individuals' close relationships, it is important to understand the means by which relationship distress occurs. Several theories have arisen to describe the interpersonal processes associated with depression. Coyne (1976a) proposed an interpersonal theory of depression in which depressed individuals engage in behaviors that serve to maintain and exacerbate their depression and that ultimately lead to their rejection by other people. Specifically, Coyne argued that depressed individuals persistently seek positive reassurance from close others to obtain support and validation. These others initially provide the reassurance sought by the depressed person, but as the depressed person continues to seek support, the other people become frustrated because of their inability to satisfy the depressed individual's need for reassurance. Eventually, others either avoid or reject the depressed person. For the depressed person, the cycle continues; the depressed individual continues to seek support from others and, as others become unable to satisfy the depressed person's mounting needs for reassurance, they distance themselves from the depressed person, leading to an intensification of support-seeking. Thus, depressed individuals' demands for positive

reassurance and support is a major pathway by which they unwittingly alienate the close people around them and perpetuate their own feelings of depression.

A central component of Coyne's (1976a) interpersonal theory is the depressed person's seeking of reassurance. Joiner and colleagues (1999) described *excessive reassurance-seeking* as "the relatively stable tendency to excessively and persistently seek assurances from others that one is loveable and worthy, regardless of whether such assurance has already been provided" (p. 270). Here, the depressed individual attempts to seek validation to assuage doubts about her or his self-worth and to ease fears as to whether other people truly care about her or him. According to Joiner and Metalsky (1995), the reassurance-seeking behaviors used by the depressed individual are the link between depression and rejection by others. These authors also have found empirical support to establish reassurance-seeking as a valid construct. Joiner and Metalsky (2001) conducted a series of studies evaluating the construct validity of reassurance-seeking, finding reassurance-seeking to be a replicable and valid construct that is distinct from related interpersonal variables, such as a need for acceptance and dependence on close others.

A growing body of literature has demonstrated a relationship between reassurance-seeking and depression. Joiner, Alfano, and Metalsky (1992) followed 524 university students over the course of five weeks and found depression to be associated with greater levels of excessive reassurance-seeking. In another study, Potthoff, Holahan, and Joiner (1995) assessed symptoms of depression and reassurance-seeking in a sample of undergraduates over a five-week period. These

authors also found a positive association between depressive symptoms and reassurance-seeking. Additional research by Joiner and Schmidt (1998) investigated the relationship between excessive reassurance-seeking and depression in a sample of 1,005 air force cadets before and after training. Results of the study found that initial reassurance-seeking scores predicted changes in depressive symptoms. Specifically, cadets whose symptoms of depression increased from Time 1 to Time 2 had higher levels of reassurance-seeking at Time 1 than cadets whose depressive symptoms did not change. Joiner and Metalsky (2001) also found reassurance-seeking to predict subsequent depression. People who had elevated scores on a measure of reassurance-seeking experienced more depressive symptoms later (Joiner & Metalsky, 2001).

Katz, Beach, and Joiner (1999) investigated the role of reassurance-seeking on dating couples in a sample of undergraduates. The results of their study indicated that women's reassurance-seeking predicted symptoms of depression in themselves and in their male partners. In addition, reassurance-seeking moderated the effect of a partner's depressive symptoms; individuals with dysphoric partners reported more symptoms of depression if the individual demonstrated reassurance-seeking tendencies. Taken together, these results suggest that reassurance-seeking is closely tied to experiencing depression and may be considered a potential vulnerability factor for depression.

Furthermore, evidence suggests that excessive reassurance-seeking is specific to depression, as opposed to other psychological disorders, such as anxiety (Joiner, Metalsky, Gencoz, & Gencoz 2001; Joiner & Schmidt, 1998), schizophrenia,

substance abuse, and externalizing disorders (Joiner et al., 2001). Joiner and colleagues (2001) separately examined adult and child psychiatric inpatients and found that both depressed adults and children exhibited significantly more reassurance-seeking than adults and children classified with other diagnoses. In another study, Joiner and Metalsky (2001) found that depressed individuals scored significantly higher on measures of reassurance-seeking than participants diagnosed with anxiety or substance disorders. In addition, depressed individuals did not differ from anxious individuals on other interpersonal behaviors, suggesting that excessive reassurance-seeking characterizes depressed people specifically (Joiner & Metalsky, 2001).

Another consequence of reassurance-seeking for the depressed person is the increased risk being rejected by others. In a study by Joiner and colleagues (1992), the researchers found that reassurance-seeking moderated the depression-rejection relationship. That is, students with symptoms of depression who initially scored high on a reassurance-seeking measure were significantly more rejected by their same-sex college roommates five weeks later than students who were not experiencing symptoms of depression. Notably, these effects were found in men, but not women, indicating that men with symptoms of depression who persistently seek reassurance are more likely to elicit rejection from other men than are men who do not seek reassurance from other men. Joiner and colleagues (1993) also found that individuals were more likely to be evaluated negatively by their same-sex roommates if they were both depressed and scored high on a measure of reassurance-seeking. Katz and

Beach (1997) obtained congruent results for women in heterosexual dating relationships, such that women with depressive symptoms were negatively evaluated by their dating partners if they were high in reassurance-seeking. Benazon (1998) performed a replication in a sample of married couples. In his study, the depressed spouse's excessive reassurance-seeking predicted the negative evaluation of the depressed spouse by the non-depressed spouse, even when controlling for marital satisfaction. As a whole, these studies suggest that excessive reassurance-seeking contributes to interpersonal difficulties, which ultimately lead to the rejection of the depressed person, as suggested by Coyne's interpersonal theory (1976b).

In summary, a large body of evidence supports the idea that depressed individuals experience interpersonal difficulties that maintain and intensify their depressive symptoms. Specifically, individuals' persistent attempts to gain positive reassurance from close others negatively influence their relationships and increases the likelihood they will be rejected by those from whom they seek support.

Self-Verification Theory

An alternate line of research examining interpersonal factors in depression is based on self-verification theory. Self-verification theory has been derived from self-consistencies theories (e.g., Aronson, 1968; Festinger, 1957) and suggests that individuals are motivated to seek self-confirming evidence from others in order to maintain a stable self-concept and maximize their perception of prediction and control (Swann, 1983; 1987). Thus, according to self-verification theory, individuals

are compelled to seek confirmatory evidence and, consequently, interact with people who are willing to provide such feedback.

Among other researchers, Swann has found empirical support for the notion that individuals are preferentially motivated to seek self-confirming, as opposed to self-discrepant, feedback from others (Swann, Stein-Seroussi, & Giesler, 1992; Swann, Wenzlaff, Krull, & Pelham, 1992; Swann, Wenzlaff, & Tafarodi, 1992). Furthermore, research demonstrates that individuals choose to interact (Swann, Hixon, de la Ronde, 1992; Swann et al., 1992; Swann, Wenzlaff, & Tafarodi, 1992) and feel more intimate (Swann, de la Ronde, & Hixon, 1992) with others who view them as they view themselves.

As stated previously, self-verification theory suggests that individuals seek information that is consistent with their own self-views. As such, while people with positive self-views seek positive feedback, individuals with negative self-views seek negative feedback and are drawn to others who view them negatively. Thus, when applied to depression, self-verification theory suggests that because depressed individuals hold negative self-views, they actively seek negative information about themselves from other people to maintain these negative views and thereby maintain cognitive consistency.

Empirical evidence has been found linking depression to negative self-verification. In a series of studies, Swann and colleagues (1992) evaluated the extent to which depressed individuals preferentially sought negative feedback from others. They found that, when given a choice about with whom to interact, nondepressed

individuals were more likely to interact with an individual who evaluated them positively while depressed people were more likely to interact with a negative evaluator (Study 1). Furthermore, depressed individuals tended to prefer friends and dating partners who evaluated them unfavorably, which was not true for nondepressed individuals (Study 2). Finally, such negative feedback-seeking activities were associated with later rejection by roommates. In another study, Giesler, Josephs, and Swann (1996) examined self-verification in a sample of undergraduates classified as depressed, low self-esteem, or high self-esteem. They found that depressed individuals were significantly more likely to choose to receive negative feedback than the nondepressed students placed in the low self-esteem or high self-esteem groups.

Seeking negative self-verification also has been linked to experiencing subsequent depression. For instance, Joiner (1995) found that participants who were interested in seeking negative self-verification by their roommates, and who were not liked by their roommates, were more likely to display an increase in depressive symptoms over the course of three weeks. This finding was significant when controlling for self-esteem. The results of this study suggest that seeking negative self-verification may be a potential vulnerability factor for depression.

Negative self-verification also has been examined in an inpatient population. Joiner, Katz, and Lew (1997) investigated the effects of negative self-verification in a sample of youth psychiatric inpatients. Consistent with previous research, the authors found a significant relationship between depressive symptoms and interest in negative

feedback. In addition, seeking negative self-verification predicted rejection in long-term peer relationships and was specific to depression, rather than associated with general distress.

Some research has examined the role of self-verification in intimate relationships. Katz and Beach (1997) examined the role of self-verification on depressive symptoms and relationship satisfaction in a sample of married and dating women. Results of the study showed that relationship satisfaction mediated the association between self-verification and depression. In another study, Weinstock and Whisman (2004) examined the self-verification theory in a sample of heterosexual dating undergraduates. The results of their study indicated that the relationship between negative feedback-seeking and partner rejection are best explained by their shared association with depressive symptomatology. This finding was contrary to the expectation that negative feedback-seeking mediates the relationship between depression and partner rejection. Furthermore, they suggest that relationship satisfaction may be a stronger predictor of rejection in relationships. In sum, converging lines of evidence support the idea that self-verification is applicable to meaningful, as opposed to merely generic, relationships.

However, several researchers have discussed important limitations to self-verification theory. Specifically, Alloy and Lipman (1992) noted that the focus of research confirming self-verification in depression should be on the tendency for nondepressed people to seek positive feedback and the failure of depressed people to show a positive bias. Moreover, they suggest that the artificiality of a laboratory

setting prompts depressed individuals to seek negative feedback. Outside this setting, depressed individuals may not actively seek any type of feedback. Finally, the authors note that because Swann and colleagues (1992) do not assess the valence of participants' motivation, participants may have actually been attempting to seek positive reassurance, instead receiving negative feedback. In sum, although the model of depressogenic interpersonal behavior proposed by self-verification theory has seen support in empirical research, some criticism persists regarding the applicability of this model in naturalistic environments.

The Integrative Interpersonal Theory of Depression

Despite the abundance of research on both the interpersonal and the self-verification theories of depression, little attention has been paid to how these theories are related. At first glance, these theories may seem incompatible, with the former predicting a positive-feedback search and the latter predicting a negative-feedback search by the depressed individual. Nevertheless, Joiner and colleagues (1993) have developed an integrative interpersonal theory of depression by combining the interpersonal and the self-verification models. In their integrative model, Joiner and colleagues propose that the contradictory needs for depressed individuals to be both confirmed and consoled ultimately lead to their rejection. Specifically, Joiner and colleagues suggest that depressed people seek reassurance from close others to satisfy their immediate emotional needs. Once this information is processed cognitively, however, the individual doubts the accuracy of the positive feedback and begins to

engage in negative feedback-seeking to meet his or her need for self-consistent information. Ultimately, these individuals are rejected by others who are unable to understand fully the complex needs of the depressed individual. Joiner and colleagues (1993) investigated this phenomenon in a sample of undergraduates over a five-week period. Results of the study indicated that depressed people used more positive reassurance-seeking and negative feedback-seeking than nondepressed students. Additionally, the combination of depression, reassurance-seeking, and negative feedback-seeking predicted subsequent negative evaluations by participants' same-sex roommates.

In another test of the integrative interpersonal theory of depression, Joiner and Metalsky (1995) examined the influence of negative feedback-seeking, reassurance-seeking, and depression on interpersonal rejection in a sample of same-sex undergraduate roommates over the course of three weeks. Consistent with their previous study, they found that depressed students reported significantly more reassurance-seeking and negative feedback-seeking than nondepressed students. The combination of depression, reassurance-seeking, and negative feedback-seeking at Time 1 also was predictive of increases in rejection by roommates at Time 2 for males. In addition, the effects of rejection were specific to depressive symptoms, as opposed to anxious symptoms or anhedonic mood.

Research also has investigated reassurance-seeking in dysphoric women in heterosexual dating relationships (Katz & Beach, 1997). In this study, the researchers examined reassurance-seeking and negative feedback-seeking in women, and

relationship satisfaction both partners. Consistent with Joiner's and colleagues' (1993) findings, the combination of depressive symptoms, reassurance-seeking, and negative feedback-seeking predicted reduced relationship satisfaction in male partners; feedback-seeking alone was not enough to adequately predict relationship satisfaction. These findings converge with other research to suggest that depressive features may influence people's abilities to interact effectively with others.

In summary, the impact of depression on intimate relationships has been investigated substantially. Overall, depression appears to be significantly associated with satisfaction and quality of relationships. Furthermore, depressed individuals tend to act in ways that perpetuate their depression and facilitate interpersonal difficulties with others—specifically, through excessive reassurance-seeking and negative feedback-seeking. Empirical support has been found for both of these interpersonal factors and their link to rejection in relationships. However, their apparent contradictory natures beget the need for greater scrutiny in order to identify them as opponent processes or as paradoxically complementary strategies in coping with depression.

The Present Study

Despite the wealth of research in the area of depression and close relationships, a number of questions remain about the influence of depression in dating relationships. For example, it is important to study these dynamics within dating relationships, because one partner's depressive behaviors can create distress in

the relationship (e.g., sadness, anger, hostility, resentment). Furthermore, ample evidence suggests that depression in relationships reduces relationship satisfaction (see Whisman, 2001), which is noteworthy insofar as some have suggested that relationship satisfaction is the most significant aspect in heterosexual dating relationships (Katz & Beach, 1997). Because individuals are establishing relationship scripts while dating, the relationship patterns created during this time also may have an impact on later relationships.

Additionally, neither interpersonal theory nor self-verification theory have been used to study previously depressed individuals, who are at risk for developing a subsequent depressive episode. Thus, we have little understanding as to whether these behaviors persist once depression remits. The problem of decline in marital satisfaction has long-term implications for couples: Nondepressed spouses still report that their relationships with their partners are of relatively poor quality, high in conflict, and lacking in cohesion, expressiveness, and recreational orientation even one year after the patients' depression remits (Krantz & Moos, 1987), suggesting these behaviors may continue to play a role in interpersonal interactions.

As mentioned previously, research suggests that individuals who have experienced a depressive episode are at risk for experiencing a subsequent depressive episode. Specifically, the risk of recurrence is exponentially increased with each successive depressive episode—approximately 50% of individuals diagnosed with major depression experience another episode of depression, and 40% of people with a history of three or more depressive episodes are likely to relapse within 7

weeks of recovery (Depression Guideline Panel, 1993). These statistics suggest that even a single episode of depression is a risk factor for depression and leaves many individuals vulnerable to subsequent episodes. As such, the present study will use past history of depression as a marker to identify depression-vulnerable individuals.

Studying depression-vulnerable individuals may also have implications for the treatment of depressed individuals. Results from studies used to assess interpersonal variables in depression offer the possibility that training depressed individuals on social skills and how to develop new interpersonal patterns can help improve personal relationships, by possibly reducing rejection, increasing social support, and reducing the risk of experiencing a subsequent depressive episode.

Finally, further exploring the link between feedback seeking behaviors, depression, and relationship functioning may give researchers more insight into the specific factors that contribute to and maintain relationship problems. Because it has been suggested that women may be more sensitive to interpersonal factors (Johnson & Jacob, 1997, Remen & Chambless, 2001), understanding women's experiences with feedback-seeking in their relationships may be particularly important.

The interpersonal dynamics associated with depression are complicated, as research indicates. Overall, a wealth of research demonstrates that there is a strong relationship between depression and dissatisfaction in intimate relationships. In addition, a variety of interpersonal approaches have been used to study relationships, finding that some behaviors in which depressed individuals engage (i.e., excessive reassurance-seeking, negative feedback-seeking) reduce the quality of their

relationships, increase their likelihood of rejection, and maintain or exacerbate their symptoms of depression. To this end, this study will attempt to measure relationship satisfaction, predict rejection, and examine the process of feedback-seeking in an at-risk population.

To test these questions, the present study used a longitudinal design to examine feedback seeking behaviors in a sample of previously depressed and never depressed women. Participants were identified through an online pre-screening procedure and through undergraduate courses at the University of Kansas and were recruited over the course of four semesters. Participants completed questionnaires at Time 1, assessing their symptoms of depression, feedback-seeking behaviors, and demographic information. Eight weeks later in the semester (Time 2), participants returned to the study to complete questionnaires assessing their history of depression, relationship satisfaction, and relationship status.

Method

Participants and Procedure

All participants in the study were undergraduate women attending the University of Kansas. Students who reported a previous history of depression or who reported no history of depression, and reported being in a heterosexual, exclusive dating relationship (the expectation that they are dating each other and nobody else) for a minimum of 6 weeks and less than 1 year were selected for the study.

Participants were selected from the Psychology Participant Subject Pool through an online pre-screening system. Students identified as currently depressed ($BDI-II > 13$)

were excluded from the study. Female students meeting the relationship selection criteria also were recruited from undergraduate women's studies courses.

Overall, 104 participants completed the Time 1 questionnaire. Of these, 76.9% ($n = 80$) returned for Time 2. Eight students completed both parts of the study but were excluded because they were in their current romantic relationship for less than six weeks ($n = 3$) or greater than 1 year ($n = 5$). One student was excluded from analyses because her romantic relationship ended during the period of time between online screening and Time 1. Women who reported dysphoric symptoms at Time 1 (i.e., BDI score > 13) also were excluded from the study ($n = 4$). An additional participant was identified as an outlier using Mahalanobis distance and dropped from the analyses.

The final group of participants included 65 female undergraduates, with 15 reporting a history of depression (23.1%) and 50 reporting no history of depression (76.9%). Participants ranged in age between 18 and 22, with a mean age of 18.7 years old ($SD = 1.18$). The majority of the sample (92.3%) classified their race as European American/White, 1.5% as Asian American, 1.5% as African American/Black, 1.5% as Hispanic American/Latino/Latina, 1.5% as Native American/American Indian, 1.5% as an international student, and 0% as other. Because the overwhelmingly European American/White identity of the sample precluded separate analyses by race, and because previous research offers no suggestion of differences in feedback-seeking patterns between racial groups, all races were collapsed into a single sample for subsequent analyses. All participants (100%) described their sexual orientation as

heterosexual. None of the participants in the final sample reported clinically significant levels of depression, as measured by the BDI-II ($M = 5.14$, $SD = 3.30$).

At Time 1, participants were asked to indicate how long they had been in their current dating relationship. Participants in the final sample reported the following: 3.1% dating for 6-8 weeks, 20.0% dating for 2-4 months, 26.2% dating for 5-7 months, 36.9% dating for 8-10 months, 13.8% dating for 11 months-less than 1 year.

The majority of participants (72.3%) reported spending time with their dating partner at least weekly, with 32.3% spending time together at least daily, 21.5% spending time together 4-6 times per week, 13.8% spending time together 2-3 days per week, and 4.6% spending time together once per week. Some participants indicated having biweekly (13.9 %) or monthly (4.6%) contact with their partner. Two participants (3.1%) reported spending time with their current partner less than once per month.

At Time 2, participants were asked to report on the status of the dating relationship they indicated at Time 1. The majority of participants (89.2%) reported still exclusively dating their Time 1 partner. One participant (1.5%) reported becoming non-exclusive with her romantic partner (dating, but also dating other people), and 9.2% of participants reported they were no longer dating the romantic partner they indicated at Time 1. Of the participants whose dating relationships ended by Time 2, 42.9% reported it was primarily their decision to break up or become non-exclusive, and 57.1% reported it was a mutual decision to break up or become non-

exclusive. None of the participants reported it being primarily their partner's decision to break up or become non-exclusive.

During data collection sessions, participants were tested in groups of one to six students. At Time 1, participants were given two copies of a consent form that included the purpose of the study, risks and benefits, and participant certification of consent. Participants were asked to keep one copy and return a signed copy along with the study questionnaire. To protect confidentiality, participants were asked to sit in alternate seats during both Time 1 and Time 2 data collection sessions. In addition, the questionnaires were designed so that all participants completed the entire questionnaire, regardless of whether or not they had ever experienced an episode of depression. This minimized participants' ability to infer other participants' history of depression based on whether they were filling out questionnaire pages. Participants were also instructed to turn in their questionnaires and consent form in blank manila envelopes, which had been provided to them. This prevented research assistants from associating a questionnaire with a certain participant. Before leaving the Time 2 data collection session, participants were given a debriefing form. The debriefing form included the purpose of the study and contact information for the researchers, the University of Kansas Institutional Review Board, and local crisis and counseling services in case the questionnaire raised issues participants wanted to discuss.

Measures

The Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21-item self-report measure of depressive symptomatology. It has been

used in both clinical and non-clinical student populations and has been shown to be reliable and valid (Beck et al., 1996; Steer & Clark, 1997). Scores can range from 0-63, with each item scored on a scale of 0 to 3. Higher scores indicate higher levels of depressive symptoms. In the present study, coefficient alpha was .73.

The Structured Clinical Interview for DSM-IV-I, Non-patient Edition (SCID-I/NP; First, Spitzer, Gibbon, & Williams, 2002). The SCID-I/NP is the standard interview used for making DSM-IV-TR diagnoses (Diagnostic and statistical manual of mental disorders, Rev., 4th Ed. Text Revision, American Psychiatric Association, 2000). For this study, a self-report version of mood module of the SCID was used. The mood module has been shown to have reliability (Zanarini et al., 2000), and earlier albeit very similar versions of the SCID have been shown to be valid (Fennig, Craig, Lavelle, Kovasznay & Bromet, 1994).

Depressive Interpersonal Relationships Inventory: Reassurance-Seeking Subscale (DIRI-RS; Joiner & Metalsky, 2001). The DIRI-RS is a 4-item self-report measure of reassurance-seeking, with each item rated on a 1 to 7 scale and higher scores indicating higher levels of reassurance-seeking. The DIRI-RS has been found to be both reliable and valid (Joiner, Alfano, & Metalsky, 1992; Joiner & Metalsky, 2001). For the present study, questions were reworded to be specific to seeking feedback from a romantic partner, following previous research (Benazon, 2000). The coefficient alpha for the reworded measure was found to be .85 in a sample of married and cohabitating couples. In the present study, the DIRI-RS was internally consistent, with alpha coefficients of .73 at Time 1 and .81 at Time 2.

Feedback-Seeking Questionnaire (FSQ; Swann et al., 1992). The FSQ is a widely used measure assessing negative self-verification. It measures individuals' tendency to seek feedback from other people within five ability domains: social, intellectual, artistic, athletic, and physical attractiveness. Each domain consists of 6 questions, with 3 worded positively and 3 worded negatively. Participants are asked to choose two out of the six questions in each domain on which they would like feedback. Scores are calculated by adding the number of negative questions selected and can range from 0 to 10, with higher scores indicating more negative self-verification. The internal consistency has been reported to be .63 in a sample of undergraduate students (Joiner et al., 1993); although this is low, the FSQ is the only measure used to assess negative feedback-seeking and is widely used in the literature. Additionally, because the FSQ assesses interest in feedback in different domains, some have suggested that coefficient alpha may not be an appropriate reliability statistic (Joiner, 1995) for this measure. In the present sample, coefficient alpha was .59 at Time 1 and .63 at Time 2.

Quality of Marriage Index-Revised (QMI-R; Norton, 1983). The QMI is a widely-used 6-item self-report measure of marital satisfaction. Items are rated on a scale of 0 to 7, with the exception of item number 6, which is rated on a 1-10 scale. Higher scores indicate greater satisfaction with the relationship. The QMI is highly correlated with the Dyadic Adjustment Scale (DAS; Spanier, 1976), another common measure of relationship satisfaction. For the current study, questions were reworded to apply to dating relationships, which has demonstrated good reliability in previous

research (Chatav & Whisman, 2009; Katz & Beach, 1997). Coefficient alpha in the present study was .86 for Time 1 and .96 for Time 2.

Relationship Assessment Scale (RAS; Hendrick, 1988). The RAS is a 7-item questionnaire used to assess global relationship satisfaction in couples who may not be married or cohabitating. Items are rated on a scale from 1 (*low satisfaction*) to 5 (*high satisfaction*). The RAS has demonstrated good reliability, validity, and correlates highly with the DAS. In the present sample, alpha coefficients were .70 for Time 1 and .78 for Time 2. In addition, the RAS has been found to discriminate between couples who stayed together and those who ended their relationship over the course of 2-3 months (Hendrick, 1988).

Background Information. Descriptive information was obtained from all participants. This information included participants' ages, gender, status of their romantic relationships, frequency of time spent with their partner, and sexual orientation.

Results

Data Screening

Before any analyses were conducted, data were examined visually for patterns suggesting random responding. There were no cases of random responding. Next, data were assessed for accuracy in data entry and for missing values. All participants completed the entirety of the questionnaires; however, 11 participants failed to complete item 6 on the QMI at Time 1, and 5 failed to complete item 6 on the QMI at Time 2. Thus, this item was removed from analyses, and overall QMI scores were

calculated using the first five items on the scale. Otherwise, there were no missing values.

Next, summed questionnaire totals were examined for normality, using skewness and kurtosis values provided by SPSS. (Version 17.0 was used for data cleaning and subsequent statistical analyses.) Following the recommendations by Tabachnick and Fidell (2001), a conservative alpha level (.001, $z = 3.090$) was selected for z -score tests of skewness and kurtosis. Based on this criterion, scores on the FSQ were positively skewed for both Time 1 and Time 2, while scores on Time 2 DIRI-RS were also positively skewed. Scores on relationship satisfaction scales (QMI and RAS) were negatively skewed at Time 1 and Time 2, with the exception of Time 1 RAS. Additionally, Time 2 QMI scores were positively kurtotic for both Time 1 and Time 2. Scores on all these measures were transformed following recommendations by Tabachnick and Fidell (2001). Time 1 RAS and Time 1 DIRI-RS were included in these transformations to maintain consistency in metric. Square root transformations on the DIRI-RS and FSQ improved normality. Negative skew for the QMI and RAS was addressed by taking the square root of the original score subtracted from the highest observed score plus one. This transformation improved normality for scores on the QMI and RAS. Note that this transformation reversed scale of the items. Following transformation, the most significant transformed skewness belonged to Time 2 RAS, $z = 2.620$, $p = .004$, and the most significant transformed kurtosis belonged to Time 2 FSQ, $z = -1.930$, $p = .027$, well within the critical value. Unless otherwise indicated, references to inferential analyses

performed on these variables later in the text refer to the transformed variables. Means and standard deviations on between-group tests will reflect the non-transformed metrics. Change scores between Time 1 and Time 2 represent the difference between transformed values. Tests on these difference scores also supported an assumption of normality. One participant was identified as an outlier using Mahalanobis distances ($D = 24.27 > D_{crit} = 16.74$; Lunneborg, 1994) and removed from further analysis. As previously mentioned, the final sample used in the analyses thus consisted of 65 participants.

Differences in Feedback-Seeking Behaviors

Table 1 displays the means, standard deviations, and differences in feedback-seeking behaviors between previously depressed and never depressed participants. Study participants reported using both reassurance-seeking behaviors at Time 1 ($M = 8.20$, $SD = 3.43$, $N = 65$) and Time 2 ($M = 9.42$, $SD = 4.84$, $N = 65$), and seeking negative self-verification at Time 1 ($M = 1.92$, $SD = 1.80$, $N = 65$) and Time 2 ($M = 1.92$, $SD = 1.93$, $N = 65$). Independent sample t -tests were conducted to test whether feedback-seeking behaviors differed between previously depressed and never depressed participants. Previously depressed participants ($M = 8.00$, $SD = 3.53$, $n = 15$) did not differ from never depressed participants ($M = 8.26$, $SD = 3.43$, $n = 50$) on the DIRI-RS at Time 1, $t(63) = .279$, $p = .781$. Similarly, no difference was found between previously depressed ($M = 9.27$, $SD = 5.11$, $n = 15$) and never depressed ($M = 9.46$, $SD = 4.81$, $n = 50$) participants on DIRI-RS scores at Time 2, $t(63) = .224$, $p = .823$. On the FSQ, previously depressed participants ($M = 1.60$, $SD = 1.21$, $n = 15$)

did not differ from never depressed participants ($M = 2.02$, $SD = 1.95$, $n = 50$) at Time 1, $t(34.09) = .089$, $p = .930$. However, at Time 2, previously depressed participants ($M = 1.13$, $SD = 1.60$, $n = 15$) reported significantly lower scores on the FSQ than did never depressed participants ($M = 2.16$, $SD = 1.97$, $n = 50$), $t(63) = 1.999$, $p = .05$, indicating that previously depressed participants sought less negative self-verification than never depressed participants later in the semester.

Paired sample t -tests also revealed differences on feedback-seeking behaviors within groups at Time 1 and Time 2 (see Table 2). Participants with a history of depression did not show differences between Time 1 ($M = 8.00$, $SD = 3.53$, $n = 15$) and Time 2 ($M = 9.27$, $SD = 5.11$, $n = 15$) reassurance-seeking, $t(14) = -1.107$, $p = .287$. These participants did differ on their scores between Time 1 ($M = 1.60$, $SD = 1.21$, $n = 15$) and Time 2 ($M = 1.13$, $SD = 1.60$, $n = 15$) on the FSQ, $t(14) = 2.280$, $p = .039$. Although not significant, there was a trend between never depressed participants' use of reassurance-seeking between Time 1 ($M = 8.26$, $SD = 3.43$, $n = 50$) and Time 2, ($M = 9.46$, $SD = 4.81$, $n = 50$), $t(49) = -1.839$, $p = .072$. FSQ scores did not differ between Time 1 ($M = 2.02$, $SD = 1.95$, $n = 50$) or Time 2 ($M = 2.16$, $SD = 1.97$, $n = 50$) for never depressed participants, $t(49) = -.582$, $p = .563$.

Table 1

Means, standard deviations and differences among feedback-seeking behaviors between groups

	Total	Previously Depressed	Never Depressed	<i>T</i>	<i>p</i>
T1 DIRI-RS	8.20 (3.43)	8.00 (3.53)	8.26 (3.43)	.279	.781
T2 DIRI-RS	9.42 (4.84)	9.27 (5.11)	9.46 (4.81)	.224	.823
T1 FSQ	1.92 (1.80)	1.60 (1.21)	2.02 (1.95)	.089	.930
T2 FSQ	1.92 (1.93)	1.13 (1.60)	2.16 (1.97)	1.999	.50

Notes. DIRI-RS = Depressive Interpersonal Relationships Inventory--Reassurance Seeking; FSQ = Feedback Seeking Questionnaire; T1 = Time 1; T2 = Time 2

Table 2

Means, standard deviations, and differences in feedback-seeking behaviors within groups

	DIRI-RS			FSQ		
	T1	T2	<i>t</i>	T1	T2	<i>t</i>
Previously depressed	8.00 (3.53)	9.27 (5.11)	-1.107	1.60 (1.21)	1.13 (1.60)	2.28*
Never depressed	8.26 (3.43)	9.46 (4.81)	-1.839†	2.02 (1.95)	2.16 (1.97)	-.582

Notes. DIRI-RS = Depressive Interpersonal Relationships Inventory--Reassurance

Seeking; FSQ = Feedback Seeking Questionnaire; T1 = Time 1; T2 = Time 2

†*p* < .10; **p* < .05

Relationship Quality

A pair of hierarchical regression analyses were conducted to examine whether initial reassurance-seeking, initial negative feedback-seeking, and depression history predicted subsequent relationship satisfaction. In the first set, either Time 1 QMI or Time 1 RAS was entered, thereby controlling for initial relationship satisfaction. DIRI-RS, FSQ, and depression history were entered into the second set, followed by a third set containing all possible two-way interactions, and a final set containing the three-way interaction between DIRI-RS, FSQ, and depression history.

As seen in Table 3, neither DIRI-RS, FSQ, nor depression history were significant predictors of decreased relationship satisfaction via QMI after step two. Similarly none of the two-way interactions significantly contributed to the regression after step three. The three-way interaction entered in the fourth step trended towards significance, $t = -1.695$, $p = .096$. Results for the equivalent regression using the RAS as the dependent variable are displayed in Table 4. Again, no main effects nor interactions were significant after the second step and the third step. In this analysis, the three-way interaction also failed to reach significance.

A second pair of hierarchical regressions was conducted to test whether changes in feedback-seeking behaviors over the 8-week period predicted changes in relationship satisfaction. Time 1 relationship satisfaction scores (QMI or RAS) were entered into the first step to yield residual change scores in relationship satisfaction from Time 1 to Time 2. Next, DIRI-RS, FSQ, and depression history were entered into the second step, followed by all two-way interactions in the third set. Finally, the

three-way interaction term between DIRI-RS, FSQ, and depression history was entered.

Although the F change for step two was nonsignificant ($\Delta F(3,60) = 1.696, p = .178$), the main effect of change in DIRI-RS did significantly predict residual changes in relationship satisfaction, as measured by the QMI, $t = 2.247, p = .028$ (see Table 5). Similarly, the interaction between change in DIRI-RS and depression history trended toward significance, $t = 1.741, p = .087$, despite the overall nonsignificance of the step. The three-way interaction entered in step four added to the prediction of residual QMI change, $t = 2.273; p = .027$. The corresponding analysis using residualized RAS change scores (Table 6) found a significant main effect of DIRI-RS change after step three, $t = 2.575, p = .012$. None of the variables entered in step three added to the prediction of residualized RAS change, while the three-way interaction entered in step four trended toward adding significant prediction, $t = 1.727, p = .090$.

Table 3

Model and coefficient findings describing the sequential regression for Time 1 feedback seeking, Time 1 reassurance seeking, and depression history predicting residual relationship satisfaction at Time 2 as measured by the QMI (after controlling for Time 1 QMI)

Order of Entry In Set	Predictors	R^2	ΔR^2	ΔF	B	β	t
1	Baseline QMI (T1)	.221	.221	17.833*	.667	.470	4.223*
2	Main Effects FSQ (T1) DIRI-RS (T1) MDDhx	.248	.027	.722	.081 .286 .049	.059 .157 .020	.520 1.369 .173
3	2-Way Interactions DIRI-RS x MDDhx FSQ x MDDhx DIRI-RS x FSQ	.283	.036	.941	-.478 -.710 -.030	-.128 -.175 -.012	-.988 -1.431 -.102
4	3-Way Interaction DIRI-RS x FSQ x MDDhx	.318	.035	2.873†	-2.874	-.234	-1.695†

Notes. QMI = Quality of Marriage Index (items 1-5); FSQ = Feedback Seeking

Questionnaire; DIRI-RS = Depressive Interpersonal Relationships Inventory--

Reassurance Seeking; MDDhx = previous history of Major Depressive Disorder

† $p < .10$; * $p < .05$

Table 4

Model and coefficient findings describing the sequential regression for Time 1 feedback seeking, Time 1 reassurance seeking, and depression history predicting residual relationship satisfaction at Time 2 as measured by the RAS (after controlling for Time 1 RAS)

Order of Entry In Set	Predictors	R^2	ΔR^2	ΔF	B	β	t
1	Baseline RAS (T1)	.366	.366	36.415*	.673	.605	6.034*
2	Main Effects FSQ (T1) DIRI-RS (T1) MDDhx	.374	.008	.256	.087 .060 .011	.086 .045 .006	.788 .422 .056
3	2-Way Interactions DIRI-RS x MDDhx FSQ x MDDhx DIRI-RS x FSQ	.390	.015	.481	-.213 -.334 -.115	-.078 -.113 -.064	-.647 -.994 -.577
4	3-Way Interaction DIRI-RS x FSQ x MDDhx	.394	.004	.347	-.689	-.077	-.589

Notes. RAS = Relationship Adjustment Scale; FSQ = Feedback Seeking

Questionnaire; DIRI-RS = Depressive Interpersonal Relationships Inventory--

Reassurance Seeking; MDDhx = previous history of Major Depressive Disorder

† $p < .10$; * $p < .05$

Table 5

Model and coefficient findings describing the sequential regression for changes in feedback seeking, reassurance seeking, and depression history predicting residual changes in relationship satisfaction as measured by the QMI (after controlling for Time 1 QMI)

Order of Entry In Set	Predictors	R^2	ΔR^2	ΔF	B	β	t
1	Baseline QMI (T1)	.257	.066	4.458*	-.333	-.257	-2.112*
2	Main Effects Δ FSQ Δ DIRI-RS MDDhx	.373	.139	1.696	.049 .407 .072	.039 .271 .031	.311 2.247* .250
3	2-Way Interactions Δ DIRI-RS x MDDhx Δ FSQ x MDDhx Δ DIRI-RS x Δ FSQ	.443	.197	1.362	.827 .514 .186	.240 .186 .089	1.741† 1.231 .647
4	3-Way Interaction Δ DIRI-RS x Δ FSQ x MDDhx	.514	.265	5.166*	3.022	.304	2.273*

Notes. QMI = Quality of Marriage Index (items 1-5); Δ FSQ = change in Feedback Seeking Questionnaire; Δ DIRI-RS = Depressive Interpersonal Response Inventory--Reassurance Seeking; MDDhx = previous history of Major Depressive Disorder

† $p < .10$; * $p < .05$

Table 6

Model and coefficient findings describing the sequential regression for changes in feedback seeking, reassurance seeking, and depression history predicting residual changes in relationship satisfaction as measured by the RAS (after controlling for Time 1 RAS)

Order of Entry In Set	Predictors	R^2	ΔR^2	ΔF	B	β	t
1	Baseline RAS (T1)	.256	.050	4.401*			
					-.220	-.256	-2.098*
2	Main Effects	.399	.159	2.241			
	Δ FSQ				-.004	-.005	-.037
	Δ DIRI-RS				.286	.308	2.575*
	MDDhx				.024	.017	.132
3	2-Way Interactions	.426	.182	.518			
	Δ DIRI-RS x MDDhx				.278	.130	.956
	Δ FSQ x MDDhx				.191	.111	.726
	Δ DIRI-RS x Δ FSQ				.140	.108	.793
4	3-Way Interaction	.472	.223	2.981†			
	Δ DIRI-RS x Δ FSQ x MDDhx				1.458	.237	1.727†

Notes. RAS = Relationship Adjustment Scale; Δ FSQ = change in Feedback Seeking Questionnaire; Δ DIRI-RS = Depressive Interpersonal Response Inventory--Reassurance Seeking; MDDhx = previous history of Major Depressive Disorder

† $p < .10$; * $p < .05$

Rejection

At Time 2, seven participants reported their romantic relationship had ended (four previously depressed, 3 never depressed). A logistic regression analysis was performed on break-up status as an outcome and Time 1 reassurance-seeking and Time 1 negative self-verification as predictors. Neither DIRI-RS scores nor FSQ scores reliably distinguished between participants whose relationship dissolved and those who stayed together, $\chi^2(2, N = 65) = 1.280, p = .527$. Further logistic regressions using Time 2 feedback-seeking behaviors, change over time, and interactions with depression history were similarly nonsignificant.

Because of lack of power in the logistic regression, correlations between the potential predictors and break-up status were calculated for the entire sample. A point-biserial correlation from SPSS was used in the manual calculation of biserial correlations (Field, 2000). Consistent with predictions from the interpersonal theory of depression, there was a significant correlation (1-tailed) between the DIRI-RS change and break-up status, $r_b(63) = .233, p = .031$ in the overall sample, indicating that greater change in DIRI-RS score (Time 2-Time 1) was associated with a higher likelihood of breaking up. Changes in FSQ scores were not significantly correlated with break-up status, $r_b = .134, p = .144$. Zero-order correlations were also examined separately for the previously depressed participants and for the never depressed participants. There was a significant correlation (1-tailed) between change in DIRI-RS and break up status, $r_b = .599, p = .009$, and change in FSQ and break-up status, $r_b = .634, p = .002$, in the previously depressed sample, but neither the correlation (1-

tailed) for change in DIRI-RS and break-up status, $r_b = .069$, $p = .318$, nor change in FSQ and break-up status, $r_b = -.01449$, $p = 0.4602$, was significant for the never depressed participants. This suggests that changes in feedback-seeking levels were independently associated with breaking-up for the previously depressed participants, but not for never depressed participants.

Discussion

The present study sought to explore how feedback-seeking behaviors associated with the interpersonal and self-verification theories of depression continue to affect individuals who have been depressed in the past but are not currently experiencing a depressive episode. Although both theories identify interpersonal processes associated with active depression, no research to date has examined the applicability of the theories to a previously depressed and thus depression-vulnerable group. As such, it is not clear as to whether the feedback-seeking behaviors described by each theory persist once the depression remits, or if feedback-seeking patterns continue to be associated with deterioration of the interpersonal relationship once one is no longer depressed. Additionally, because individuals who experience a depressive episode are likely to experience subsequent depressive episodes, it is important to investigate the role of such feedback-seeking behaviors on these individuals' interpersonal relationships, given that interpersonal stress can promote and intensify psychological distress. Accordingly, this research was conducted to evaluate feedback-seeking behaviors in a depression-vulnerable group and to

determine whether the behaviors associated with the interpersonal theory, the self-verification theory, or an integrated theory accounted for disruptions in the quality and stability of participants' dating relationships.

The Interpersonal Theory

As previously discussed, the interpersonal theory of depression was first described by Coyne (1976a) to propose a mechanism through which individuals are rejected by others. Specifically, individuals' attempts to persistently seek reassurance from others ultimately end in their rejection, because other people find the continued reassurance-seeking aversive. Past research has found that currently depressed individuals who excessively seek reassurance are likely to be rejected by their same-sex roommates (Joiner et al., 1992), dating partners (Katz et al., 1999), and spouses (Benazon, 2000). However, research has not examined the extent to which reassurance-seeking behaviors affect relationships once the depression is in remission. Thus, little is understood about the endurance of reassurance-seeking behaviors.

To build on past research and further explore the interpersonal theory, one goal of the present study was to examine whether previously depressed individuals seek more reassurance from their romantic partners than never depressed individuals. As mentioned earlier, past research has demonstrated that currently depressed individuals seek significantly more reassurance than their nondepressed counterparts. However, no research to date has been conducted to evaluate reassurance-seeking behaviors in previously depressed individuals, who may be at risk for experiencing a

subsequent depressive episode. Thus, little is known as to whether these feedback-seeking behaviors persist once individuals are out of a depressive episode. In the present study, previously depressed participants did not seek reassurance significantly more than never depressed participants either initially, or later in the semester. However, both groups of participants did report seeking reassurance from their romantic partners. This suggests that the tendency to seek reassurance is not limited to individuals who are distressed; rather, seeking reassurance from one's partner may be a relatively common occurrence. At the same time, the previously depressed participants in the present study reported somewhat lower levels of reassurance-seeking than depressed participants used in other studies examining reassurance-seeking (Benazon, 2000). It may be that seeking excessive amounts of reassurance may be limited to times during which individuals are depressed. None of the participants used in the analyses reported current depression; thus, the participants may not have been prone to seeking reassurance in the same manner that depressed individuals do. Overall, the present study demonstrated that while individuals tend to seek positive reassurance from romantic partners, individuals who have been depressed in the past do not necessarily seek more reassurance than never depressed individuals.

Another aim of the present study was to examine how reassurance-seeking influenced participants' satisfaction with their dating relationships. Although the amount of reassurance sought at baseline was not predictive of a subsequent decline in relationship satisfaction, changes in the amount of reassurance participants sought

over the 8-week period were positively predictive of changes in relationship satisfaction. This suggests that individuals who are most persistent in pursuing seeking reassurance from their dating partners are more likely to experience a reduction in happiness with their relationships, when compared to individuals whose reassurance-seeking from baseline to the eighth week decreased the most. In addition, the added interaction between changes in amount of reassurance sought and depression history trended toward significance, suggesting that previously depressed individuals may be particularly prone to dissatisfaction in relationships when their reassurance-seeking increases. Future research should further explore the consequences of reassurance-seeking in previously depressed people's relationships to examine this finding.

Furthermore, these changes in amount of reassurance-seeking sought were related to the likelihood of the romantic relationship's termination for participants with a history of depression, but not for the never depressed participants. These findings suggest that individuals may continue to interact with their environment in ways that are potentially toxic, even after their depression remits. It may be that when previously depressed individuals alter the amount of reassurance they seek from their partners over time, they unwittingly frustrate their partners, since their partners do not know what to expect. Even though previously depressed individuals may not seek significantly more reassurance than never depressed individuals on average, the reassurance sought by previously depressed people tends to have especially negative consequences on their romantic relationships. It may be that the manner in which

previously depressed individuals seek reassurance is aversive to others, due to an enduring negative cognitive style or social skills deficits. Additionally, previously depressed individual's approach when seeking reassurance could be especially frustrating, because other people may have difficulty anticipating the previously depressed person's needs. Subsequent research is needed to explore the particular nature of reassurance-seeking in people with a history of depression, especially as it relates to their interpersonal functioning.

The Self-Verification Theory

In contrast to the interpersonal theory, the self-verification theory of depression (Swann, 1983; 1987) proposes that individuals are motivated to seek self-confirming evidence from others, in order to maintain cognitive consistency. In the case of depressed individuals, who are likely to hold negative self-views, these individuals tend to seek negative information about themselves from others, because the negative feedback is congruent with their self-perspective. Similar to findings regarding reassurance-seeking, research has indicated that seeking negative self-verification is associated with being rejected by others. Again, previous research examining negative-self verification has focused on currently depressed individuals. However, individuals with a history of depression, who may maintain a negative cognitive style, might continue to view themselves negatively and may have a tendency to seek negative self-verification to maintain cognitive consistency. Another aim of the present study was to investigate this question.

In the current study, previously depressed participants did not report seeking more negative self-verification than never depressed participants at the beginning of the semester. However, at the end of the semester, previously depressed participants reported significantly *less* negative self-verification than never depressed participants. Additionally, this change was significant within groups: while never depressed individuals maintained a consistent level of negative feedback-seeking over the course of 8 weeks, previously depressed participants reduced the amount of negative self-verification they sought. No differences across time were found within the never depressed group. This finding suggests that previously depressed women may be more prone to shifting their feedback-seeking style than never depressed participants. Although the finding that people with potential depressive features sought less negative feedback over time than nondepressed individuals is inconsistent with self-verification theory, this supports the notion that individuals who have depressogenic features may be prone to alter their interaction styles and thereby confuse their feedback providers.

Although previous research has found that seeking negative feedback about oneself predicts reduced relationship satisfaction, this was not found in the present study. It may be that once an individual's depression remits, seeking negative feedback alone may not be enough to reduce the quality of one's relationships. Alternately, because we were entering both types of feedback-seeking behaviors into our regressions simultaneously, any mediocre predictive power of negative self-

verification may have been diminished if it shared any relevant variance with the more predictive reassurance-seeking measure.

In the present study, seeking negative self-verification was not related to the termination of participants' romantic relationships, as found in past research. This finding indicates that seeking negative self-verification does not appreciably affect stability in relationships over an 8-week period. Thus, the rejection hypothesis devolving from self-verification theory was not supported by these present data.

Integrated Interpersonal Theory

In an attempt to combine the interpersonal theory and the self-verification theory, Joiner and colleagues (1993) have proposed an integrated interpersonal theory of depression, in which they suggest that the contradictory need for depressed individuals to be both confirmed and consoled that lead them to be rejected by others. Initially, depressed people seek reassurance from others to gain validation and have their immediate emotional needs satisfied. Once individuals cognitively process the information, however, they find the positive feedback unfulfilling, due to it being inconsistent with their own views, and begin to seek negative feedback to meet a desire for cognitive consistency. Ultimately, these individuals are rejected by others who are unable to understand fully the complex needs of the depressed individual. In past research the combination of depression, reassurance-seeking, and negative feedback-seeking predicted subsequent negative evaluations by participants' same-sex roommates. Again, these studies evaluated the integrated interpersonal theory in light of current levels of depression. None of the available research has explored the

integration of the interpersonal and self-verification theories with individuals who are vulnerable to depression.

Interestingly, the present study found that depression-vulnerable individuals are prone to changing their feedback-seeking styles, although not in the manner expected. According to the integrated interpersonal theory, a “cognitive-affective crossfire” occurs, in which depression is associated with a vacillating interpersonal style involving conflicting needs to be reassured, while also getting negative feedback (Joiner et al., 1993; Joiner & Metalsky, 1995). This theory posits that individuals will initially seek positive reassurance, and later seek negative self-verification after that information is processed cognitively. In the present study, previously depressed individuals sought less negative feedback at the end of 8 weeks, while continuing to seek reassurance from their partners. Participants in the present study may not have continued to hold negative self-views, thereby reducing the likelihood they would be motivated to gather negative information about themselves from other people. Certainly, participants’ open-ended responses on the Time 2 questionnaire overwhelming conveyed the message they were more interested in hearing positive information about themselves from their partners. Conversely, following participants over the course of 8 weeks may not have provided adequate time for this cognitive-affective conflict to emerge. Future research should further explore the manner in which previously depressed participants’ shift their feedback-seeking styles.

At the same time, shifting the amount of positive or negative feedback sought within the context of depression history yielded a powerful interaction that had a clear

association with relationship quality. In the present study, participants who increased the amount of reassurance sought, increased the amount of negative feedback sought, and who had a history of depression experienced the greatest decline in relationship satisfaction. In contrast, the interaction between both types of feedback seeking did not appear to contribute to any remarkable change in relationship satisfaction among the never depressed participants (see Figures 1-4). These results are consistent with the integrated interpersonal theory's assumption that depressed individuals may have seemingly contradictory feedback needs, that when expressed, may lead them interact with others in potentially confusing ways. As suggested by the present study, however, the chronological sequence of feedback seeking styles posited by Joiner and colleagues (1993) may not be strictly linear for previously depressed individuals. That is, individuals who have a history of depression may vacillate between seeking reassurance and attempting to negatively self-verify, rather than to systematically move from the former style to the latter.

The integrated interpersonal theory suggests that depressed individuals' needs to be confirmed and consoled by others ultimately leads them to be rejected by others. Support for this idea was found in the present study by both feedback styles being significantly associated with break-up through the 8-week period between measurement sessions among the previously depression (but not among the never-depressed). Thus, despite the appearance that never-depressed participants seemed to find ways to make their relationships continue independent of their changes in their feedback-seeking levels, the relationships of previously depressed individuals did not

enjoy this same durability. It is worthy of mention that the participants' descriptions of which member of the dyad instigated the break-up did not outwardly line up with the rejection hypothesis of the integrated interpersonal theory (all stated that their breakups were mutual or self-initiated). Nevertheless, this author is unaware of any research supporting the veracity of respondents' reports on measures assessing relationship dissolution; it may be that the participants in the study did not want to report being rejected, or had poor insight into the relationship dynamics that led to the dissolution of their dating relationships. In light of this point, the rejection hypothesis continues to offer the most reasonable elaborated mechanism of relationship dissolution.

Figure 1

Representation of predicted residual QMI change scores by level of DIRI-RS and FSQ for previously depressed participants

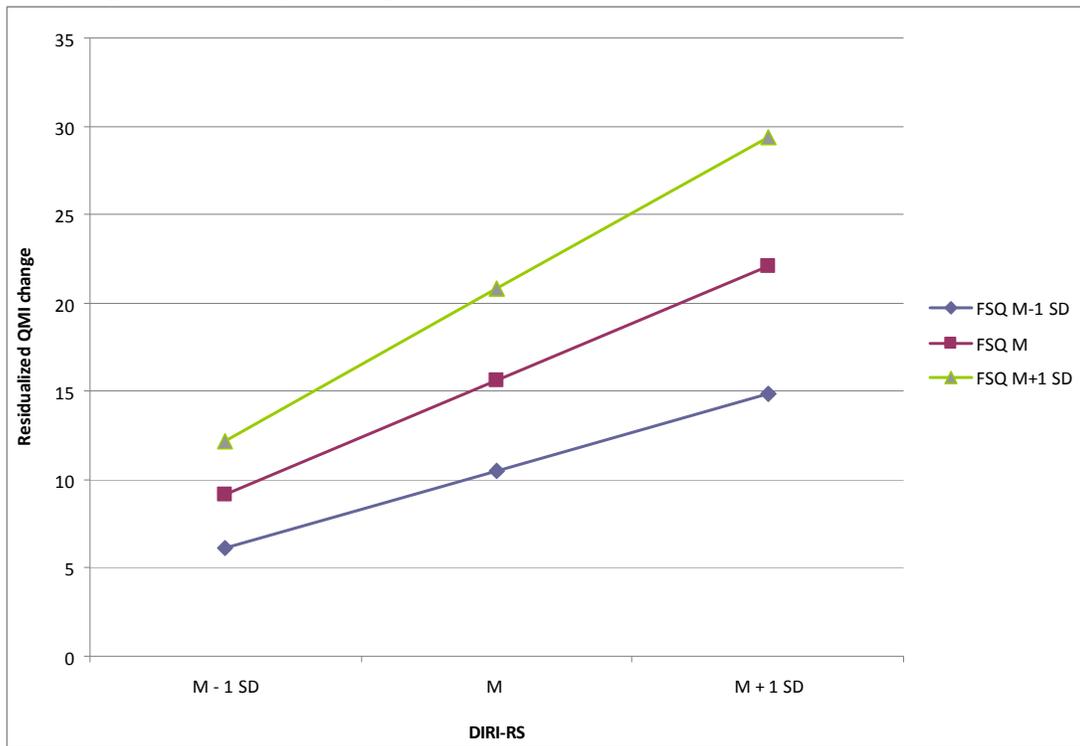


Figure 2

Representation of predicted residual RAS change scores by level of DIRI-RS and FSQ for previously depressed participants

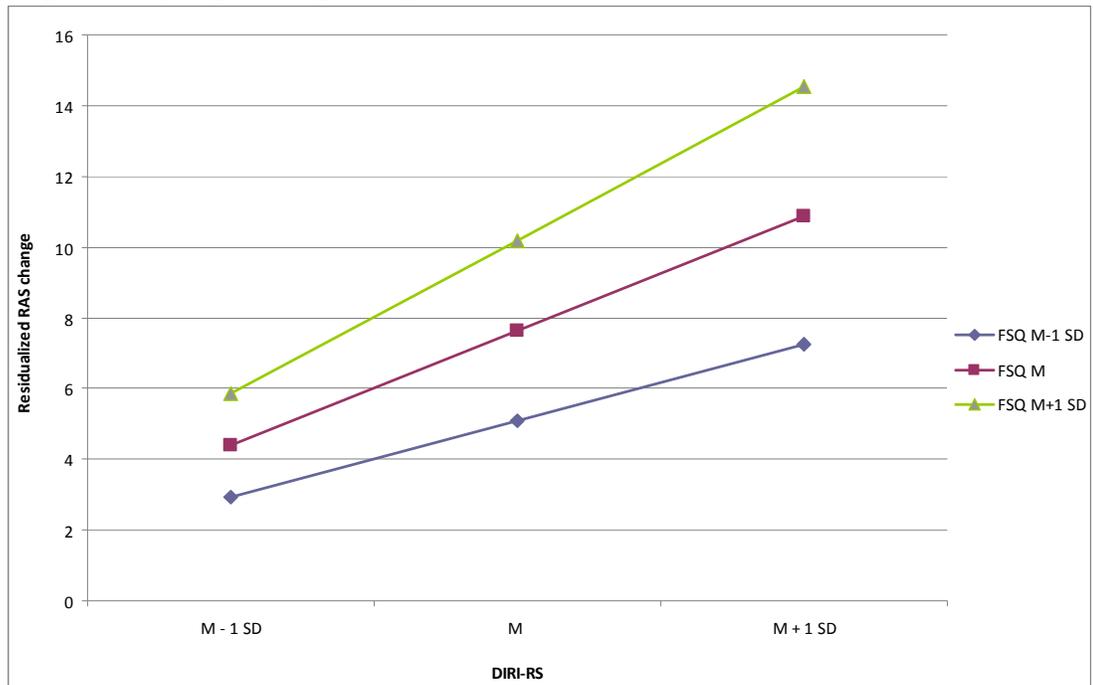


Figure 3

Representation of predicted residual QMI change scores by level of DIRI-RS and FSQ for never depressed participants

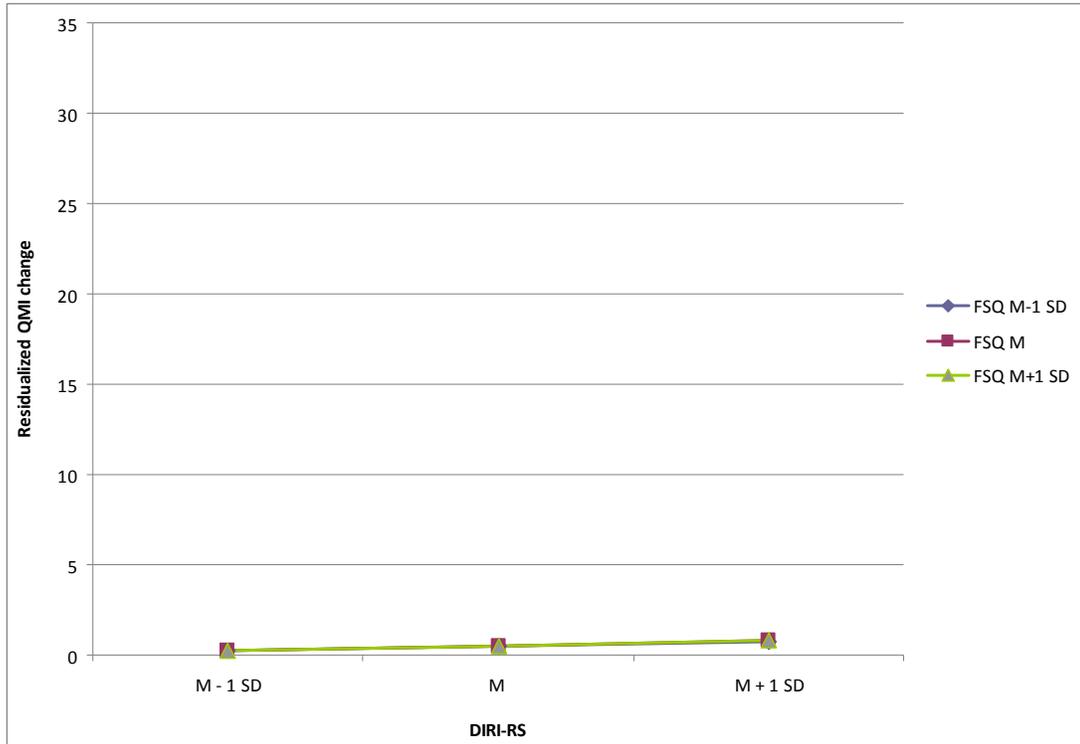
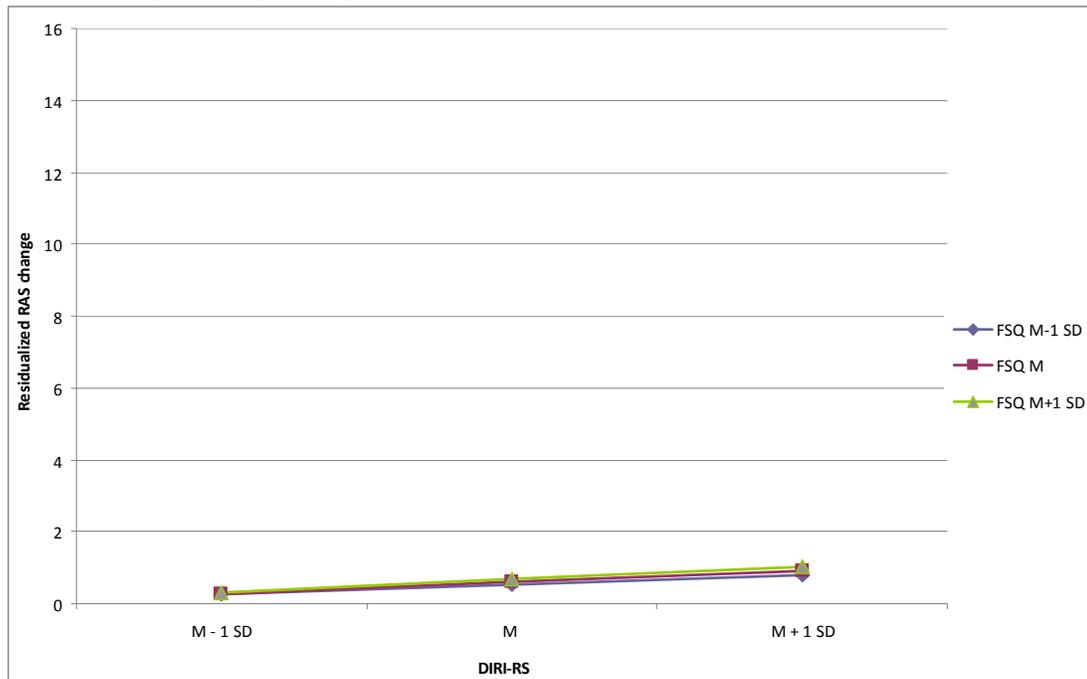


Figure 4

Representation of predicted residual RAS change scores by level of DIRI-RS and FSQ for never depressed participants



Summary

This study further explored the interpersonal and self-verification theories of depression, and how these theories are related in predicting outcomes in individuals' interpersonal relationships. While previous research demonstrates how reassurance-seeking and negative feedback-seeking impacts relationships in currently depressed people, there are no published studies describing the interpersonal processes in previously depressed individuals. As a result, we have little understanding of whether or not these processes continue to affect relationships once an individual's depression remits. Thus, this study fills an important gap in the literature by testing the interpersonal and self-verification models in a previously depressed sample.

In the present study, the interaction between changes in reassurance-seeking, negative feedback-seeking and depression history predicted declining relationship satisfaction. Additionally, previous research has suggested that individuals who seek excessive feedback are more likely to be rejected by others (Joiner et al., 1992; Joiner & Metalsky, 1995). In the present study, break-up status at Time 2 was used as a marker for rejection. Changes in feedback-seeking style were associated with breaking-up for previously depressed participants, but not for never depressed participants. This finding suggests that previously depressed individuals are vulnerable to rejection by their romantic partners when these individuals progressively engage in contradictory feedback-seeking styles. It is feasible that the partners of previously depressed individuals have difficulty providing adequate

reassurance to the previously depressed person, due to confusion in the amount and quality of reassurance needed.

Taken together, these findings indicate that reassurance-seeking is generally toxic to relationships, especially when combined with the tendency to shift one's feedback seeking style and when the person has a history of depression. This appears to be true generally, as a pattern of increasing reassurance-seeking and decreasing relationship satisfaction held steady, regardless of past depression history. However, history of depression may make individuals more prone to engaging in potentially confusing interaction styles; when reassurance-seeking combined with the tendency to increase one's negative feedback-seeking behaviors, diminished relationship satisfaction was observed disproportionately among individuals with a history of depression. Overall, because previously depressed people may continue to have a negative cognitive style, feedback-seeking by these individuals may be qualitatively different than other people who seek feedback. This approach in relationships has important implications for psychological treatment. Understanding such problematic interpersonal interactions, especially when an individual is prone to depression, allows for the identification of negative interaction cycles that can be addressed in therapy. Specifically, social skills training and cognitive-behavioral interventions aimed at interpersonal processes may be particularly relevant. In addition, couples interventions could help both partners understand and identify ways to more appropriately seek and respond to feedback.

Limitations and Directions for Future Research

Although the current study's examination of depression-vulnerable individuals is an important contribution to the literature, several limitations of the research are still noteworthy. First, of the 65 participants in the study, 15 (23.0%) had a history of depression. While this sample size allowed for certain questions to be investigated, the number of research questions that could be examined was limited. Future studies should include a larger sample of previously depressed participants to provide adequate power to examine additional research questions.

Although this study identified a relationship between reassurance-seeking, negative self-verification, and depression history on relationship satisfaction, there are still questions as to how reassurance-seeking and negative self-verification are related to relationship satisfaction for previously depressed individuals. For example, the integrated theory suggests that depressed individuals initially seek reassurance from others, but as they process this information cognitively, find the information unfulfilling, and begin seeking negative feedback. However, in the present study, previously depressed individuals sought less negative feedback than never depressed individuals at the end of the semester. Future research should further explore the shifting feedback style used by previously depressed individuals to examine their pattern of feedback-seeking.

Additionally, the present study evaluated participants at two different time periods over the course of the semester. It may be helpful in future studies to examine the effects of feedback seeking behaviors at multiple time periods, to clarify

previously depressed people's patterns of feedback-seeking behaviors. Extending the length of the study to greater than 8 weeks may also generate data better suited to understanding the long-term chronology of interpersonal patterns within this population.

In the present study, rejection was measured by termination of the romantic relationship. However, other studies have examined rejection in the context of how individuals are regarded or devalued by others, while other research has indicated rejection may take the form of withdrawal or general attempts to distance oneself from the depressed person. Future studies should expand how rejection is measured by examining rejection from multiple frameworks and especially with regards to how the partner is observing the relationship.

In addition the measurement of negative self-verification is a possible concern. Although the FSQ is the only measure used in the literature to measure negative self-verification, the measure's internal consistency is low compared to those of other self-report instruments in this research area (e.g., the DIRI-RS). Future studies should consider developing an alternate measure with stronger psychometric properties of negative self-verification, as this would inspire greater confidence that a unitary, unidimensional construct was being measured.

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Appendix A: Time 1 Questionnaire

PART 1: Demographics

Name: _____

KUID: _____

Age: _____

Race: (check one)

- African American/Black
- Asian American
- Caucasian American/White
- Hispanic American/Latino/Latina
- Native American/American Indian
- International Student
- Other, specify _____

Relationship Status: (check one)

- Not in a current relationship
- Dating current partner for less than 6 weeks
- Dating current partner for 6-8 weeks
- Dating current partner for 2-4 months
- Dating current partner for 5-7 months
- Dating current partner for 8-10 months
- Dating current partner for 11-12 months
- Dating current partner for greater than 1 year
- Married

How often do you spend time with your partner?: (check one)

- At least daily
- 4-6 times per week
- 2-3 times per week
- Once per week
- Less than once per week, please specify how often: _____
- Other, specify _____

Which of the following do you identify as:

- Bisexual
- Gay or Lesbian
- Heterosexual/Straight
- Other, specify _____

PART 2: Relationship Satisfaction

Instructions: Think about your current relationship. For each question, please rate the extent to which you agree with each item, using the scale provided.

1	2	3	4	5	6	7
Very Strong Disagreement						Very Strong Agreement

1. We have a good relationship. 1 2 3 4 5 6 7
2. My relationship with my partner is very stable. 1 2 3 4 5 6 7
3. Our relationship is strong. 1 2 3 4 5 6 7
4. My relationship with my partner makes me happy. 1 2 3 4 5 6 7
5. I really feel like part of a team with my partner. 1 2 3 4 5 6 7
6. On the scale below, indicate the point which best describes the degree of happiness, everything considered, in your relationship.

1	2	3	4	5	6	7	8	9	10
Very Unhappy				Happy					Perfectly Happy

Instructions: Think about your current relationship. For each question, please rate your relationship on the scale provided.

1. How well does your partner meet your needs?

1	2	3	4	5
Poorly		Average		Very well

2. In general, how satisfied are you with your relationship?

1	2	3	4	5
Unsatisfied		Average		Extremely Satisfied

3. How good is your relationship compared to most?

1	2	3	4	5
Poor		Average		Excellent

4. How often do you wish you hadn't gotten into this relationship?

1 2 3 4 5
Never Average Very Often

5. To what extent has your relationship met your original expectations?

1 2 3 4 5
Hardly at all Average Completely

6. How much do you love your partner?

1 2 3 4 5
Not Much Average Very Much

7. How many problems are there in your relationship?

1 2 3 4 5
Very Few Average Very Many

PART 3: DIRI-RS

Instructions: Please circle your answer for each of the following questions, using the scale provided.

1. Do you find yourself often asking your partner how he truly feels about you?

1 2 3 4 5 6 7
Not at all Extremely often

2. Do you frequently seek reassurance from your partner as to whether he really cares about you?

1 2 3 4 5 6 7
Not at all Extremely often

3. Does your partner sometimes become irritated with you for seeking reassurance from him about whether he really cares about you?

1 2 3 4 5 6 7
Not at all Extremely often

2. What are some signs you have seen that your partner is below average in overall intellectual ability?
3. What about your partner makes you think she will have academic problems at school?
4. What about your partner makes you think she will do well at school, academically?
5. What academic subjects would you expect your partner to be especially good at?
6. What academic subjects would you expect to prove difficult for your partner? Why?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area III (Artistic/Musical)

1. What about your partner makes you think she would be a poor artist or musician?
2. What about your partner makes you think she is musically or artistically talented?
3. What is your partner's greatest artistic or musical talent?
4. Why is your partner unlikely to do well at creative activities?
5. What about your partner makes you think she is very imaginative?
6. In the area of art or music? what is your partner's biggest limitation?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area IV (Physical Appearance)

1. Why do you think men would find your partner attractive?
2. Why do you think men would find your partner unattractive?
3. What do you see as your partner's least physically attractive features?
4. What do you see as your partner's most physically attractive features?
5. Why should your partner feel confident of her appearance?
6. Why might your partner have little confidence in her appearance?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area V (Sports)

1. What are some sports you would expect your partner to be especially good at? Why?
2. What are some sports you would expect your partner to have problems with? Why?
3. What about your partner allows her to be a good athlete?
4. What about your partner prevents her from being a good athlete?
5. What is your partner's greatest natural athletic talent?
6. What natural athletic ability does your partner possess least?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

PART 5: BDI-II

Instructions: This questionnaire consists of 20 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. 0 I do not feel sad.
 1 I feel sad much of the time.
 2 I am sad all the time.
 3 I am so sad or unhappy that I can't stand it.

2. 0 I am not discouraged about my future.
 1 I feel more discouraged about my future than I used to be.
 2 I do not expect things to work out for me.
 3 I feel my future is hopeless and will only get worse.

3. 0 I do not feel like a failure.
 1 I have failed more than I should have
 2 As I look back, I see a lot of failures.
 3 I feel I am a total failure as a person.

4. 0 I get as much pleasure as I ever did from the things I enjoy.
 1 I don't enjoy things as much as I used to.
 2 I get very little pleasure from the things I used to enjoy.
 3 I can't get any pleasure from the things I used to enjoy.

5. 0 I don't feel particularly guilty.
 1 I feel guilty over many things I have done or should have done.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
 1 I feel I may be punished.
 2 I expect to be punished.
 3 I feel I am being punished.

7. 0 I feel the same about myself as ever.
 1 I have lost confidence in myself.
 2 I am disappointed in myself.
 3 I dislike myself.

8. 0 I don't criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't cry anymore than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying, but I can't.
10. 0 I am no more restless or wound up than usual.
1 I feel more restless or wound up than usual.
2 I am so restless or agitated that it's hard to stay still.
3 I am so restless or agitated that I have to keep moving or doing something.
11. 0 I have not lost interest in other people or activities.
1 I am less interested in other people or things than before.
2 I have lost most of my interest in other people or things.
3 It's hard to get interested in anything.
12. 0 I make decisions about as well as ever.
1 I find it more difficult to make decisions than usual.
2 I have much greater difficulty in making decisions than I used to.
3 I have trouble making any decisions.
13. 0 I do not feel I am worthless.
1 I don't consider myself as worthwhile and useful as I used to.
2 I feel more worthless as compared to other people.
3 I feel utterly worthless.
14. 0 I have as much energy as ever.
1 I have less energy than I used to have.
2 I don't have enough energy to do very much.
3 I don't have enough energy to do anything.
15. 0 I have not experienced any change in my sleeping pattern.
1a I sleep somewhat more than usual.
1b I sleep somewhat less than usual.
2a I sleep a lot more than usual.
2b I sleep a lot less than usual.
3a I sleep most of the day.
3b I wake up 1-2 hours early and can't get back to sleep.
16. 0 I am no more irritable than usual.

- 1 I am more irritable than usual.
 - 2 I am much more irritable than usual.
 - 3 I am irritable all the time.
- 17.
- 0 I have not experienced any change in my appetite.
 - 1a My appetite is somewhat less than usual.
 - 1b My appetite is somewhat greater than usual.
 - 2a My appetite is much less than before.
 - 2b My appetite is much greater than usual.
 - 3a I have no appetite at all.
 - 3b I crave food all the time.
- 18.
- 0 I can concentrate as well as ever.
 - 1 I can't concentrate as well as usual.
 - 2 It's hard to keep my mind on anything for very long.
 - 3 I find I can't concentrate on anything.
- 19.
- 0 I am no more tired or fatigued than usual.
 - 1 I get more tired or fatigued more easily than usual.
 - 2 I am too tired or fatigued to do a lot of the things I used to do.
 - 3 I am too tired or fatigued to do most of the things I used to do.
- 20.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I am much less interested in sex now.
 - 3 I have lost interest in sex completely.

Appendix B: Time 2 Questionnaire

PART 1: Demographics

Name: _____ KUID: _____ Age: _____

Race: (check one)

- African American/Black
- Asian American
- Caucasian American/White
- Hispanic American/Latino/Latina
- Native American/American Indian
- International Student
- Other, specify _____

Which of the following do you identify as: (check one)

- Bisexual
- Gay or Lesbian
- Heterosexual/Straight
- Other, specify _____

What is the status of the relationship you indicated at Time 1: (check one)

- Married
- Still dating exclusively
- Dating, but also dating other people
- No longer dating

If you are no longer dating the same partner from Time 1 OR if you are no longer dating the same partner exclusively, whose decision was it to break up or become non-exclusive? (check one)

- It was primarily my partner's decision to break up or become non-exclusive
- It was primarily my decision to break up or become non-exclusive
- It was a mutual decision to break up or become non-exclusive
- Other; please explain: _____

During your relationship with that partner, how often do/did you spend time with your partner?:

(check one)

- At least daily
- 4-6 times per week
- 2-3 times per week
- Once per week
- Less than once per week, please specify how often: _____
- Other, specify _____

In what city and state does that partner live? City: _____ State: _____

In what city and state do you live? City: _____ State: _____

PART 2: QMI & RAS

Instructions: Think about your current relationship. For each question, please rate the extent to which you agree with each item, using the scale provided.

- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|-------------------|---|---|---|---|---|----------------|
| | Strongly disagree | | | | | | Strongly agree |
| 7. We have a good relationship. | | | | | | | 1 2 3 4 5 6 7 |
| 8. My relationship with my partner is very stable. | | | | | | | 1 2 3 4 5 6 7 |
| 9. Our relationship is strong. | | | | | | | 1 2 3 4 5 6 7 |
| 10. My relationship with my partner makes me happy. | | | | | | | 1 2 3 4 5 6 7 |
| 11. I really feel like part of a team with my partner. | | | | | | | 1 2 3 4 5 6 7 |
| 12. Rate the degree of happiness, everything considered, in your relationship. | | | | | | | |

- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|--------------|---|---|---|---|---|---|---|---|-----------------|
| | Very Unhappy | | | | | | | | | Perfectly Happy |
| | | | | | | | | | | |

Instructions: Think about your current relationship. For each question, please rate your relationship on the scale provided.

8. How well does your partner meet your needs?

- | 1 | 2 | 3 | 4 | 5 |
|------------|---|---|---|-----------|
| Not at all | | | | Very well |

PART 4: FSQ

Instructions: We are interested in finding out what you would want to ask your partner in order to learn more about yourself. Please choose from each of the following five lists of open-ended questions the 2 questions you would more like to have your partner answer about you. Please read the entire list in each area before you decide on your questions. Remember, you are choosing 2 questions you would like your partner to answer about you.

Area I (Social)

7. What is some evidence you have seen that your partner has good social skills?
8. What is some evidence you have seen that your partner does not have good social skills?
9. What about your partner makes you think she would be confident in social situations?
10. What about your partner makes you think she does not have much social confidence?
11. In terms of social competence, what is your partner's best asset?
12. In terms of social competence, what is your partner's worst asset?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area II (Intellectual)

7. What are some signs you have seen that your partner is above average in overall intellectual ability?
8. What are some signs you have seen that your partner is below average in overall intellectual ability?
9. What about your partner makes you think she will have academic problems at school?
10. What about your partner makes you think she will do well at school, academically?
11. What academic subjects would you expect your partner to be especially good at?
12. What academic subjects would you expect to prove difficult for your partner? Why?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area III (Artistic/Musical)

7. What about your partner makes you think she would be a poor artist or musician?
8. What about your partner makes you think she is musically or artistically talented?
9. What is your partner's greatest artistic or musical talent?
10. Why is your partner unlikely to do well at creative activities?
11. What about your partner makes you think she is very imaginative?
12. In the area of art or music? what is your partner's biggest limitation?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area IV (Physical Appearance)

7. Why do you think men would find your partner attractive?
8. Why do you think men would find your partner unattractive?
9. What do you see as your partner's least physically attractive features?
10. What do you see as your partner's most physically attractive features?
11. Why should your partner feel confident of her appearance?
12. Why might your partner have little confidence in her appearance?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Area V (Sports)

7. What are some sports you would expect your partner to be especially good at? Why?
8. What are some sports you would expect your partner to have problems with? Why?
9. What about your partner allows her to be a good athlete?
10. What about your partner prevents her from being a good athlete?
11. What is your partner's greatest natural athletic talent?
12. What natural athletic ability does your partner possess least?

Please enter the numbers of the 2 questions from the above section which you would want your partner to answer about you:

The 1st question I would like my partner to answer about me is # _____

The 2nd question I would like my partner to answer about me is # _____

Please describe what led to your decisions on which questions to ask your partner. Include in your response what kind of information about yourself you'd want your partner to tell you.

PART 5: Self-report SCID

Instructions: For this questionnaire, you will be asked to recall a period of time in your life that you felt down or depressed. If you can recall more than one time, think of the time that you felt the worst. Your responses will be kept strictly confidential.

1. Have you ever had a period of time when you were feeling depressed or down most of the day nearly every day? (check one)

_____ Yes
please explain:

_____ No
please briefly describe a time when you felt moderately sad or down:

a. Did this experience last longer than two weeks? (check one)

_____ Yes

_____ No

b. Please indicate how long it lasted (estimate)

c. How old were you (in years) when you experienced this?

2. During that time, did you lose interest or pleasure in things that you usually enjoyed?

_____ Yes
please explain what that was like:

_____ No
please briefly describe any other time when you lost interest or pleasure in things that you usually enjoyed.

a. When was this? _____

b. Did it last longer than two weeks? (check one)

_____ Yes
_____ No

c. Was it nearly every day? (check one)

_____ Yes
_____ No

3. During this time period did you notice any changes in your appetite (were you eating more or less)?

- Yes
- No

a. If you answered yes to the previous question, was it nearly everyday? (check one)

- Yes
- No

b. Did you experience any weight gain (not intentional)? (check one)

- Yes
- No

c. Did you experience any weight loss during that period (when not dieting)? (check one)

- Yes
- No

4. Did you notice any changes in your sleep during this period (trouble falling asleep, trouble staying asleep, or waking too early)?

Yes, please explain

Was it nearly every night? (check one)

- Yes
- No

No. If no, how many hours of sleep did you sleep per night on average (estimate)? _____

5. During this same time period were you so fidgety or restless that you were unable to sit still?

Yes
Did other people notice? (check one)

Yes
 No

Was it nearly every day? (check one)

Yes
 No

No

What about the opposite—were you talking or moving more slowly than what was normal for you?

Yes
 No

Did other people notice? (check one)

Yes
 No

Was it nearly every day? (check one)

Yes
 No

6. What was your energy like during this period? (check one)

Normal
 Felt fatigued/lack of energy

a. Was this nearly every day? (check one)

Yes
 No

7. During this same time period did you have negative feelings about your self such as feelings of worthlessness? (check one)

Yes
 No

a. Was this nearly every day? (check one)

Yes
 No

8. Did you have the feeling of being guilty about things you had done or not done?

Yes

No

a. Was this nearly every day? (check one)

Yes

No

9. During this same time period did you have trouble thinking or concentrating?

Yes

What kinds of things did it interfere with?

No

please describe any other time that you experienced trouble thinking or concentrating.

10. During this same time period was it difficult to make decisions about everyday things? (check one)

Yes

No

11. During this same time period were things so bad that you were thinking a lot about death or that you would be better off dead?

_____ Yes

a. Did you think about hurting yourself? Yes No

b. If you responded yes, did you hurt yourself? Yes No

_____ No

12. Just before this began, were you physically ill?

_____ Yes, please list your condition _____

_____ No

13. Just before this began, were you using any medications?

_____ Yes

If yes, was there any change in the amount that you were using?

_____ Yes

_____ No

_____ No

14. Did this begin soon after someone close to you died?

_____ Yes, please explain _____

_____ No

15. Have you ever had a period of time when you were feeling so good, high, excited, or hyper that other people thought you were **not** your normal self or you were so hyper that you got into trouble?

_____ Yes, please briefly explain:

_____ No, please describe a time in your life when you felt very happy:

16. Has there ever been a period of time when you were so irritable that you found yourself shouting at people or starting fights or arguments?

_____ Yes

_____ No

a. If yes, did you notice that you were shouting at people that you did not know?

Yes No

b. If yes, please explain what that was like:

c. How long did it last? _____

Appendix C: Forms for Participants

Consent form for Psychology 104 Subject Pool

INTRODUCTION: The Department of Psychology at the University of Kansas supports the practice of protection for research participants. The following information is for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or the University of Kansas.

PURPOSE OF THE STUDY: The purpose of this two-part study is to investigate women's behaviors in dating relationships over the course of a semester.

PROCEDURES: This is a two-part study. This study involves filling out some questionnaires at the beginning and the end of the semester. Some of the questions will be personal, such as questions asking about your own experiences with relationships and emotional states. However, the questionnaires are designed so that anyone can fill it out, whether or not they have had experience with relationships and with different emotions. Your responses to the questionnaires will be kept confidential. Filling out each questionnaire will take no more than one hour of your time.

RISKS and BENEFITS: We do not anticipate that participating in this study will cause any risks. If you are uncomfortable with any of the questions, you may skip them. We hope that this research will lead to a better understanding of behaviors in relationships and will have some benefit to society.

REIMBURSEMENT FOR PARTICIPATION: In exchange for your participation, you will receive one credit toward your PSYC 104 research requirement for every half hour or portion thereof that you participate. Although this is a two-part study, you will receive credit for your time spent during the first part, even if you do not return to the second part of the study.

INFORMATION TO BE COLLECTED: To perform this study, researchers will collect information about you. This information will be obtained from questionnaires assessing emotion and behaviors in relationships. Information about past emotional states also will be collected. All questionnaires will be kept in locked filing cabinets in a secure laboratory accessible to only the Ingram research team. Once we have finished gathering information from you, the information will go into a database where it will be identified only by a code number. Information collected for the purposes of this research will only be accessible to members of the Ingram research

team unless required by law or unless you give written permission. Permission granted on this date to use and disclose your information remains in effect indefinitely.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION: You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION: You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose information collected about you, in writing, at any time, by sending your written request to: Dr. Rick Ingram, Department of Psychology, University of Kansas, Lawrence, KS 66045. If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study and the use and disclosure information about me for the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 964.7429 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email dhann@ku.edu

I agree to take part in this study as a research participant. I further agree to the uses and disclosures of my information as described above. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

Print Participant's Name

Date

Participant's Signature

Research Contact Information:
Rick Ingram, Ph.D.
Faculty Sponsor
Department of Psychology

Brenda Sampat, M.A.
Principal Investigator
Department of Psychology

Fraser Hall
University of Kansas
Lawrence, Kansas 66045
(785) 864-9819

Fraser Hall
University of Kansas
Lawrence, Kansas 66045
(785) 864-4121

Because of the nature of this research and the personal questions that it involved answering, you may have questions or issues that you would like to discuss further. We have provided information about how to contact us in case you would like to talk about your feelings concerning your participation in this study. We have also listed the phone numbers of some organizations on campus and in Lawrence that provides counseling services in case your participation in this study has raised some issues that you want to talk about with someone.

We are grateful for your participation in this study. Thank you again.

Counseling services:

- KU Psychological Clinic, 340 Fraser Hall, (785) 864-4121. Small fee per session.
- Counseling and Psychological Services (CAPS), Watkins Health Center, (785) 864-9580. Small fee per session.
- Headquarters, 24-hour crisis hotline available, (785) 841-2345. No charge.

To discuss the study with one of the researchers:

Brenda Sampat, M.A., Principal Investigator, bsampat@ku.edu

Rick Ingram, Ph.D., Faculty Advisor, (785) 864-9819; reingram@ku.edu

To discuss your rights as a research participant:

Human Subjects Committee Lawrence, (785) 864-7429

David Hann, dhann@ku.edu

Reassurance-Seeking in Dating Relationships
Debriefing Form

The purpose of the present study is to gain a better understanding of behaviors women engage in with their partner while they are in exclusive dating relationships. Research indicates that women who experience sad moods engage in reassurance-seeking with their partners, and we are attempting to explore this research further. Specifically, we are exploring how the frequency and quality of reassurance-seeking affects women's satisfaction with their relationships and how women seek reassurance from their partners under different emotional states.

Understanding more about seeking reassurance in relationships could be useful in couples counseling, could help people make more informed decisions about their behavior in relationships, and could help people have more rewarding relationships.

Thank you for your participation in this study!

=====

Because of the nature of this research and the personal questions that it involved answering, you may have questions or issues that you would like to discuss further. We have provided information about how to contact us in case you would like to talk about your feelings concerning your participation in this study. We have also listed the phone numbers of some organizations on campus and in Lawrence that provides counseling services in case your participation in this study has raised some issues that you want to talk about with someone.

We are grateful for your participation in this study. Thank you again.

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- Headquarters, 24-hour crisis hotline available, (785) 841-2345. No charge.

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Brenda Sampat, M.A., Principal Investigator, bsampat@ku.edu

Rick Ingram, Ph.D., Faculty Advisor, (785) 864-9819; reingram@ku.edu

To discuss your rights as a research participant:

Human Subjects Committee Lawrence, (785) 864-7429

David Hann, dhann@ku.edu