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Interpersonal Perceptions by Depressed College Students[1]

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Depressed college students were compared with nondepressed psychopathological students and normal controls regarding perceptions of their dormitory roommates' interpersonal behaviors towards them. Results indicated that depressed subjects overestimated hostility in their roommates and underestimated friendly roommate behaviors. Subjects who were to become depressed later also displayed overestimations of their roommates' aggressiveness. The findings are discussed in relation to Beck's theory of depression.

KEY WORDS: depression; interpersonal; social cognition.

Cognitive and interpersonal theories of depression find a common ground in the study of depressed persons' social perceptions. Given the empirical findings that interpersonal discord plays a possible role in the onset and maintenance of the disorder (Barnett & Gotlib, 1988), it seems important to evaluate whether aberrant social perceptions are a feature in depression, and possibly contribute to interpersonal stresses. The relatively small literature on this topic has been recently reviewed by Alloy & Abramson (1988) and they point out that a variety of paradigms and measures have been used. These include studies of (a) depressives' judgments of the social impact they have on others; (b) their perceptions of acceptance/ rejection by others; and (c) their detection and short-term recall of

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social information directed at them by others. Research questions have also varied across studies. Some investigations adopt a normative approach and compare depressives' social perceptions with those of normal controls. Other studies involve not only such group comparisons, but also evaluate subjects' perceptions in relation to a standard set of stimulus materials, and thus are able to assess the degree of distortion exhibited in cognitive processes. Yet a third approach compares depressives' perceptions/judgments about others with others' self-reported behaviors/judgments — a procedure that precludes making a clear assessment of distortion from an objective standard, but does provide a measure of discrepancy between depressives' cognitions and those of others.

Taking an overview of these studies on depressives' social perceptions there appears to be a consensus in the data that they perceive self-relevant social information more negatively than do normals (Alloy & Abramson, 1988). However, evidence pertaining to the question of whether depressed persons distort social information (relative to an objective standard) or are discrepant (relative to the perceptions/judgments of others) is mixed. Several investigations report findings of a negative distortion or discrepancy (Dobson, 1989; Dykman, Abramson, Alloy & Hartlage, 1989; Gotlib, 1983; female subjects in Siegel & Alloy, 1990) while others do not (Hoehn-Hyde, Schlottman, & Rush, 1982; Lewinsohn, Mischel, Chaplin, & Barton, 1980; Strack & Coyne, 1983; Vestre & Caulfield, 1986). In these latter four studies it appears that depressive–normal group differences can be accounted for by normal subjects' overestimations of social information in a personally favorable direction. Lastly, several investigations found that depressives were less accurate than normals in their perceptions or recall of interpersonal information, but they evidenced no systematic negative bias in their responding (Hollander & Hokanson, 1988; Loewenstein & Hokanson, 1986).

These inconclusive results may be partially attributable to methodologic problems and procedural variations across investigations. Of the studies cited, the majority (9 of 12) used subclinical college students as subjects (exceptions are Gotlib, 1983; Hoehn-Hyde et al., 1982; Lewinsohn et al., 1980). Thus, the perennial question of the applicability of the bulk of the findings to depressive disorders may be raised. Second, it is apparent that in virtually all of these investigations subjects' "social perception" data actually are comprised of global judgments and inferences regarding such things as the valence of their impact on others, or the general favorableness of feedback they receive from the social environment. While such global data are informative, they leave a relatively large gap in this literature regarding depressives' perceptions of specific behavior patterns in others, and their sensitivity to discrete areas of social information. Finally, it should be

noted that the conceptual underpinnings of most of these studies stem from Beck's (1976) theory that negatively skewed cognitive processes play a causal/contributory role in depression, an hypothesis that requires longitudinal research designs in order to be tested. All the studies in this series utilized cross-sectional designs with currently depressed or dysphoric subjects and hence describe concomitant rather than prospective effects. The present study attempts to address these limitations by (a) using subjects who met Research Diagnostic Criteria (RDC) for depression; (b) employing, in part, a prospective design; and (c) studying depressives' perceptions of several specific behavior patterns displayed by a person with whom they are in an ongoing relationship.

Data for this investigation are taken from a relatively large bank of information collected in a study of the interpersonal relationships that developed between depressed persons and their college dormitory roommates over a 9-month period (see Hokanson, Rubert, Welker, Hollander, and Hedeen, 1989, for an initial report). The study included samples of (a) persistently depressed persons; (b) initially depressed subjects who remitted; (c) individuals who became depressed later in the year (new cases); (d) subjects who displayed nondepressive psychopathology; and (e) normal controls. (Hereafter, all these subjects will be referred to as "target" subjects.) Each of these targets was living with a same-sex, normal roommate in a 2-person dormitory room. Data regarding the relationship were collected from both targets and roommates at three points during the year: fall, winter, spring.

The data of current interest pertains to roommates' reports of their hostile and friendly behaviors towards target subjects, and target subjects' perceptions of those roommate behaviors. These data permit an assessment of the degree of discrepancy in targets' perceptions relative to roommates' self-characterizations of their behaviors. Perceptions of hostility and friendliness were chosen as our dependent measures because they afford an opportunity to test, in an interpersonal context, Beck's (1976) notions regarding negative cognitive bias. The composition of our depressed groups permits an assessment of discrepant perceptions during an episode, as well as before and after a period of depression. Our hypotheses are as follows: (1) Unremitted depressives, relative to normal and nondepressed psychopathology controls, will perceive roommates' hostile behaviors as more hostile than reported by roommates themselves, and will perceive roommates' friendly behaviors as less friendly than they actually are (concomitant hypothesis). (2) The new cases group, at the fall assessment (prior to depression onset), will display the same pattern of discrepant perceptions as predicted for the unremitted group (antecedent hypothesis). (3) The remitted depressives, at the spring assessment

(after remission) will display discrepant perceptions similar to those predicted above (residuals hypothesis).

METHOD

Details of research design and procedures of the overall project are presented elsewhere (Hokanson et al., 1989) and in the interest of brevity, only those methods that are pertinent to the current investigation will be described here.

Subjects

Approximately 2900 incoming freshman and transfer students entering Florida State University were initially screened with the short form of the Beck Depression Inventory (BDI-SF; Beck & Beck, 1972) and the Brief Symptom Inventory (BSI; Derogatis, 1975) at orientation meetings immediately prior to the fall semester. Persons scoring at 8 or above on the BDI-SF were identified as "possibly depressed" subject pool, and those who obtained a T-score above 70 on the General Symptom Index of the BSI (a measure of overall symptomatic disturbance) were designated as "possible psychopathology" pool. Individuals scoring 6 or below on the BDI-SF and below 65 on the BSI were assigned to a "normal" subject pool. These potential "target" subjects, along with their new dormitory roommates (with whom they were unacquainted) were contacted by phone and invited to participate in a 9-month study of roommate relationships.

Potential target subjects who volunteered (including persons in the normal pool) were scheduled for a lifetime version of the Schedule for Affective Disorders and Schizophrenia (SADS) interview, as well as a SADS pertaining to current functioning (prior month) shortly after moving on campus in the fall. Subjects who met RDC criteria for major, minor, or intermittent depression on the current SADS were retained in the study (n = 37), as were subjects who met criteria for nondepressive psychopathology (n = 19). A random sample of 200 subjects who met the SADS/RDC definition of "not currently ill" were also retained as normal controls.[3]

SADS assessments were conducted on all target subjects on two more occasions (winter, spring) and these interviews covered the interval since

[3]Subjects with SADS/RDC diagnosed bipolar features or who were suffering uncomplicated bereavement were excluded from analyses.

the previous assessment. If a change in diagnostic status had occurred, a note was made of the date of change. The subsequent evaluations made possible the *post hoc* assignment of subjects to the following subgroups: (1) unremitted depressives (n = 19) — persons who received a depressive diagnosis at each assessment; (2) remitted depressives (n = 14) — those who received a diagnosis of depression at the fall interview, but who were judged to be "not currently ill" on the basis of the second or third SADS; (3) new cases of depression (n = 27) — persons who were not symptomatic at the fall assessment, but who received a depressive diagnosis on the second or third interview; (4) nondepressive psychopathology (n = 16) — subjects who received a nondepressive diagnosis on all assessments[4]; and (5) normal (n = 43) — subjects who were categorized as "not currently ill" on all SADS.[5]

The new cases group is important in evaluating possible antecedents of a depressive episode, and hence several additional details should be noted. The average elapsed time from the fall SADS assessment to the onset of a depressive episode was 2.69 months (SD = 1.36). The degree of symptomatic distress displayed by new cases prior to the episode was of concern, and, consequently, the BDI-Short Form and BSI screening scores of this group were compared with those of normal and currently depressed groups by one-way ANOVAs. A significant between-groups effect was obtained on the BDI-SF (F = 3.51; df = 2,100; $p < .05$), and cell comparisons by the Tukey–Kramer test indicated that new cases (M = 5.47) scored significantly higher than normals (M = 4.62) and significantly lower than currently depressed (M = 9.02) subjects (both $p < .05$). A similar pattern was obtained on the General Symptom Index of the BSI (F = 3.79; df = 2,100; $p < .05$), with new cases (65.7) scoring higher than the normal group (60.2) and lower than currently depressed subjects (72.8; both $p < .05$). Although elevated with respect to normals, it should be noted that the mean scores for the new cases were considerably below levels generally considered as indicating psychopathology (BDI-SF of 8; BSI of 70).

A second group warranting further description is the nondepressive psychopathology control group. The criteria for inclusion in this group was a primary diagnosis of a nondepressive disorder as specified by RDC. The majority (75%) of these 16 subjects received an anxiety-related diagnosis (10 generalized anxiety, 2 phobia), with the remainder displaying various personality disorders. The preponderance of anxiety diagnoses among these

[4]All of the nondepressed psychopathology subjects maintained their diagnoses across SADS assessments.

[5]The final sample of 119 target subjects and their roommates ranged in age from 18 to 22, were primarily Caucasian (95%), and were predominantly female (71%). Statistical analysis of gender distribution across groups by chi square was nonsignificant.

subjects created a potential problem for their role as nondepressive controls. Even though these subjects did not meet the criteria for syndromal depression, it was expected that some depressive symptoms would be present in this group (Heimberg, Vermilyea, Dodge, Becker, & Barlow, 1987). Indeed, *post hoc* inspection of the SADS symptom ratings revealed that most of these subjects displayed moderate signs of depressive symptoms.

Procedure and Measures

Twelve graduate students in clinical psychology and four advanced undergraduates served as SADS interviewers throughout the study. Details of their 6-week training may be found in Hokanson et al. (1989). Pairs of interviewers co-rated a total of four interviews and a mean percent of agreement for current primary diagnosis of 93% was obtained. Using Fleiss's (1971) method, kappa was found to be .83.

Target subjects and their roommates came to three data collection sessions in our laboratory during the year (October–November, January–February, April–May). At these meetings each participant completed a variety of self-report instruments regarding the roommate relationship during the past month. Of relevance to the present investigation are two forms of the Interpersonal Checklist (ICL; LaForge & Suczek, 1955) which each participant completed at each session. The ICL is a self-report test that is based on Leary's (1957) circumplex model of interpersonal behavior. It provides scores reflecting eight types of social responding: managerial–autocratic, competitive–exploitive, blunt–aggressive, skeptical–distrustful, modest–self-effacing, docile–dependent, cooperative–friendly, and responsible–overgenerous. At each laboratory session target subjects and their roommates were assigned to different rooms, and each was asked to indicate on the ICL the characteristic ways that they had behaved toward their roommate during the past month. Later in each testing session, targets and roommates were asked to respond to the ICL again, only this time to indicate how they perceived their roommates as characteristically behaving toward them during the past month. Thus, at three points during the year (fall, winter, spring) ICL data were collected from both members of each dyad regarding (a) how each participant characterized their own behaviors towards their roommate, and (b) how they perceived roommates' behaviors directed at them.

For purposes of the present study, two sets of scores were derived from the ICL: (1) an hostility composite — the mean of scores on the competitive–exploitive, blunt–aggressive, and skeptical–distrustful scales; (2) a friendly composite — the mean of scores on the cooperative–friendly

and responsible–overgenerous scales. Each of these composites is comprised of scales that are adjacent to one another on the circumplex model that underlies the ICL. Our primary interest was to evaluate discrepancies in target subjects' perceptions of hostility and friendliness in their roommates. Hence, two sets of scores were used: first, the hostility and the friendly composite scores pertaining to roommates' reports of how they behaved toward target subjects; and second, the hostility and friendly composites of targets' perceptions of those roommate behaviors. Calculating the difference between a target's perception score and the roommate's self-characterization thus provides an index of discrepancy between the two. Test–retest reliabilities were calculated on the roommates' self-characterization composites using fall–winter data, and again on the winter–spring data. The mean reliability for the hostile composite was .76, and that for the friendly composite was .74. Similar analyses were performed on targets' perception scores, and yielded correlations of .71 (hostility composite) and .68 (friendly composite).

RESULTS

Overview

Our design is comprised of five groups of subjects (unremitted depressives, remitted depressives, new cases of depression, nondepressed psychopathology, and normals), with data being collected at three time periods (fall, winter, spring). The basic analyses to be used are repeated-measures MANOVAs, with two dependent measures (hostile composite, friendly composite). Three sets of analyses will be presented: (1) an evaluation of roommates' self-reported behavior towards target subjects; (2) targets' perceptions of those roommate behaviors; and (3) the conceptually more interesting discrepancy scores between roommates' self-characterizations of their behaviors and targets' perceptions of those behaviors.

Roommates' Self-Reported Behaviors

The Groups × Time repeated-measures MANOVA on roommates hostile and friendly composite scores yielded a significant between-groups effect, $F(8, 227) = 3.04, p < .05$.[6] Subsequent univariate repeated-measures ANOVAs on each measure revealed a significant group main effect on the

[6]Scores on each composite measure could range from 0 to 7; however, the actual range in our data was between 2 and 4 for virtually all subjects.

hostility score, $F(4, 114) = 2.78, p < .05$, and nonsignificant effects for time and the Group × Time interaction. The ANOVA on the friendly score yielded no significant findings. The significant between-groups main effect on the hostility score was followed up by the Tukey–Kramer test, which indicated that roommates reported significantly greater hostility ($p < .05$) toward the unremitted depressives (2.97) relative to the normal (2.61) and nondepressed psychopathology (2.65) groups. The means for the remitted (2.79) and new cases (2.84) groups were at intermediate levels and were not significantly different from other groups.

Target Subjects' Perceptions of Roommate Behaviors

The Groups (5) × Time (3) repeated-measures MANOVA on targets' perceptions of hostile and friendly behaviors indicated a significant between-groups effect, $F(8, 227) = 3.17, p < .05$, but nonsignificance on the time and Group × Time effects. Univariate ANOVAs on each dependent measure revealed significant main effects for groups on both perceptions of hostility, $F(4, 114) = 2.69, p < .05$, and perceptions of friendly behaviors, $F(4, 114) = 2.81, p < .05$. A subsequent Tukey–Kramer test across the five group means of the hostility measure indicated that the unremitted depressive (3.40), remitted depressive (3.11), and the new cases groups (3.23) perceived their roommates to behave with significantly more hostility than did the normal (2.74) and the nondepressed psychopathology (2.76) groups (all $p < .05$). The Tukey–Kramer test was also applied to the perceptions of friendliness group means and indicated that the nondepressed psychopathology group (3.44) judged their roommates to behave in a significantly more friendly manner ($p < .01$) than all other groups (unremitted = 2.61, remitted = 2.59, new cases = 2.88, normals = 2.79).

Discrepancy Between Roommates' Behaviors and Targets' Perceptions

The perceptual discrepancy analyses presented in this section pertain directly to our hypotheses. Discrepancy scores on the hostility and the friendly measures were derived for each target subject by calculating the difference between the target's perception of their roommate's behavior on each measure and the roommate's self-reported score on that measure.[7] Positive numbers in Table I indicate that target subjects have overestimated

[7]Theoretically these scores could range from +7 to -7; however, our data showed a more restricted range, with virtually all discrepancy scores falling between +1.5 and -1.5.

a behavioral feature (relative to roommates' self-descriptions). The Groups (5) × Time (3) repeated-measures MANOVA on these data obtained a significant group effect, $F(8, 227) = 3.13$, $p < .05$, but failed to achieve significance on the time or Group × Time effects.

Mean discrepancy scores for hostile behaviors are presented in the upper half of Table I, and those for friendly behaviors in the lower half of the table. A repeated-measures ANOVA on the hostility scores indicated a significant main effect for groups, $F(4, 114) = 2.56$, $p < .05$, but nonsignificant findings for time or the Group × Time interaction. The similar analysis on friendly behaviors also produced a significant between-groups effect, $F(4, 114) = 2.48$, $p < .05$, and again, nonsignificant results for the time and Group × Time effects. In view of the significant between-groups effects on each measure, we proceeded to test our hypotheses using preplanned contrasts within the MANOVA.

Concomitant Hypothesis. The prediction that unremitted depressed subjects would overestimate their roommates' hostile behaviors, relative to control subjects, was tested by comparing the unremitted group mean with those of normal and nondepressed psychopathology subjects. These results, portrayed in the upper right column of Table I, indicated that the unremitted depressed group was elevated with respect to normals [+.43 vs. +.13; $F(1, 114) = 4.06$, $p < .05$], and with respect to the nondepressed psychotherapy group [+.43 vs. +.11; $F(1, 114) = 4.11$, $p < .05$]. Comparable contrasts between these groups were performed at each time period, and yielded significant differences between the unremitted group and each control group at the fall and the spring periods (both $p < .05$).

The companion concomitant prediction states that unremitted depressives should underestimate roommates' friendly behaviors relative to control subjects. Group comparisons similar to those described above were performed (lower half of Table I), and these results indicated a significant difference between unremitted depressives and normals [-.40 vs. -.13; $F(1, 114) = 4.15$, $p < .05$], as well as between unremitted depressives and the nondepressed psychopathology group [-.40 vs. + .52; $F(1, 114) = 7.89$, $p < .01$]. Comparable contrasts were performed at each time period, and the unremitted group was found to differ in the predicted direction from normals at the fall and spring evaluations (both $p < .05$). The unremitted group differed from the nondepressed psychopathology group at all time periods (all $p < .01$). Parenthetically, an incidental finding on this measure indicated that the nondepressed psychopathology group overestimated their roommates friendly behaviors (+.52) to a significantly greater degree than did any of the other groups (Tukey–Kramer test; all $p < .01$). The same finding was obtained at each of the three time periods (all $p < .01$).

Table I. Discrepancy Between Targets' Perceptions of Their Roommates' Behaviors and Roommates' Actual Scores

Target group (n)	Time			
	Fall	Winter	Spring	$\bar{x}$
	Hostile behaviors[a,b,c]			
Unremitted (19)	+.47	+.38	+.45	$+.43_b$
Remitted (14)	+.39	+.27	+.30	+.32
New cases (27)	$+.34_b$	+.41	+.43	+.39
Other pathol. (16)	$+.07_a$	+.17	+.10	$+.11_a$
Normal (43)	$+.03_a$	+.17	+.19	$+.13_a$
	Friendly behaviors[a,b,c]			
Unremitted (19)	-.46	-.31	-.44	$-.40_a$
Remitted (14)	-.35	-.16	$-.21_a$	-.24
New cases (27)	$-.09_a$	-.21	-.39	-.23
Other pathol. (16)	$+.31_b$	+.61	$+.63_b$	$+.52_c$
Normal (43)	$-.10_a$	-.12	$-.18_a$	$-.13_b$

[a,b,c] Cell means in each column with different subscripts are significantly different from one another by preplanned F tests.

Antecedent Hypothesis. This prediction states that the new cases group at the fall evaluation (prior to their becoming depressed) should display a greater overestimation of their roommates' hostile behaviors than the normal and nondepressed psychopathology groups. The comparison of the new cases with these control groups at the fall period indeed indicated that the new cases were elevated relative to normals [+.34 vs. + .03; $F(1, 114) = 4.16, p < .05$], and with respect to the nondepressed psychopathology group [+.34 vs. +.07; $F(1, 114) = 4.01, p < .05$).

The antecedent hypothesis also predicts that the new cases group, in the fall period, should underestimate roommates' friendly behaviors, relative to control groups. Group comparisons similar to those described above indicated that the new cases did not differ from the normal group [-.09 vs. -.10; $F(1, 114) = .788, p > .50$], but did differ from the nondepressed psychopathology group [-.09 vs. + .31; $F(1, 114) = 6.94, p < .01$). This latter difference, however, appears to be attributable to the relatively high overestimation of friendliness by the nondepressed psychopathology subjects.

Residual Hypothesis. This prediction was tested by comparing the remitted depressed group with controls at the spring evaluation, by which time all subjects in the remitted group had received a SADS designation of "not currently ill." With regard to the hostility measure, the remitted

group did not significantly differ from normals [+.30 vs. +.19; $F(1, 114) = 1.29$, $p > .30$] nor from the nondepressed psychopathology group [+.30 vs. +.10; $F(1, 114) = 1.84$, $p > .20$]. On the measure pertaining to friendly behaviors, the remitted group was not different from normals (-.21 vs. -.18), but they did underestimate roommates' friendly behaviors relative to the nondepressed psychopathology group [-.21 vs. + .63; $F(1, 114) = 7.60$, $p < .01$]. As earlier, this difference is probably attributable to the substantial overestimation of friendliness exhibited by the nondepressed psychopathology subjects. With regard to the remitted group, it is noteworthy that, at the fall evaluation (when they were depressed), they displayed a significant overestimation of their roommates' hostility relative to control groups ($p < .05$) and an underestimation of roommates' friendliness relative to normals ($p < .05$) and nondepressed psychopathology ($p < .01$) controls.

DISCUSSION

With regard to our concomitant hypothesis, the findings suggest that unremitted depressed subjects exhibit a negative bias in their perceptions of their roommates' hostile and friendly behaviors. That is, in relation to normal and nondepressed psychopathology control groups, the persistently depressed subjects displayed an overestimation of roommates' self-reported hostility and an underestimation of roommates' friendly responding. Our findings with the unremitted group parallel, in part, those obtained by Siegel & Alloy (1990) in a study involving college roommates. They found that dysphoric female subjects, relative to anxious and normal controls, perceived their roommates as evaluating them less favorably than actually was indicated in roommates' ratings. However, a comparable negative discrepancy was not obtained with dysphoric male subjects in their study. It was not possible to explore this potentially interesting gender difference in our study because we had so few male subjects (29% of the sample). On the surface, the present findings run counter to the notion of depressive realism (Alloy & Abramson, 1988), but it should be noted that the nature of our discrepancy measure does not permit us to completely rule out an explanation based on accurate perceptions by depressed subjects. It is possible, for example, that the roommates of depressed subjects actually behaved with more hostility than they self-reported on the ICL. If this were the case, the depressed subjects could in fact be realistically reflecting that high hostility in their perceptions data, and they would still obtain high discrepancy scores because their roommates were underreporting their hostile behavior. Such an interpretation would be strengthened if roommates' self-reports of their hostile responding were relatively low. However, this

did not seem to be the case here in that our analysis of self-reported roommate behaviors found that they indicated elevated levels of hostility toward the unremitted depressive subjects. Thus, one could argue that the most parsimonious explanation of these findings is that depressed subjects' perceptions appear to be exaggerations of already high levels of aggression in their roommates.

The depressive realism notion appears to be strongly supported in laboratory studies involving such nonsocial tasks as the perception of contingencies and recall of performance feedback (Alloy & Abramson, 1988). It is suggested however, that naturally occurring interpersonal processes frequently require the detection of multiple and subtle social cues from others — a perceptual task that is probably considerably more complex than that encountered in laboratory studies. Interpersonal affairs may thus afford more of an opportunity for cognitive predispositions to influence judgments about complex social information. It is reasonably well documented that depressives harbor negative self- appraisals of their social skills, as well as negative expectations about their acceptance by others (e.g., Cofer & Wittenborn, 1980; Hokanson & Meyer, 1984; Youngren & Lewinsohn, 1980). Such predispositions may indeed interact with complex situational cues to produce judgmental and inferential errors — a position supported by our data and in keeping with Beck's (1976) view of negative cognitive bias as a concomitant in the disorder.

The antecedent hypothesis derives partial support from our findings with the new cases group. At the fall evaluation the new cases were, on average, several months away from a depressive episode, and initial psychometric assessments indicated that they were considerably below threshold for a depressive diagnosis. Nevertheless, at the time, this group exhibited a greater overestimation of hostility in their roommates than did controls. These results are consistent with the hypothesis that depression-prone individuals function in the interpersonal world with sensitivities to negative reactions in others, and when such events occur, our findings suggest that they apparently exaggerate their intensity. Whether these exaggerations actually play a contributory role in subsequent depression cannot be determined from the present data; however, logic dictates that they probably contribute to problems in interpersonal relationships. Since there appears to be reasonable evidence of a correlation between interpersonal discord and future depression (review by Barnett & Gotlib, 1988), we can entertain the possibility that perceptual misjudgments regarding others' hostility are a part of depressogenic processes that are mediated by social strife.

Results pertaining to the prediction that discrepant perceptions would be in evidence following remission from depression (residuals

hypothesis) were ambiguous. The key group here is the remitted depressives who were in an episode at the fall assessment but who were asymptomatic by the spring evaluation. These subjects did display, relative to controls, overestimations of roommates' hostility and underestimations of friendly responding while they were depressed in the fall. However, their perceptual discrepancy data were at intermediate levels in the spring, and were not reliably different from either the unremitted depressive group or nondepressed controls. Thus our findings fail to support the notion that negatively biased social cognitions persist beyond a period of depression. This failure to find discrepancies in remitted cases poses an apparent contradiction to our antecedent results (where a negative bias was in evidence during the predepression period). The antecedent findings raised the possibility that the negative processing of interpersonal information is a trait-like vulnerability factor for depression. However, our nonsignificant postdepression results fail to support that notion, and we can only speculate that social–cognitive processes that occur in a premorbid period may be different than those that take place a relatively short time after remission.

Lastly, comment is required on our results regarding the nondepressive psychopathology subjects. Unfortunately this was a relatively small (n = 16), nonhomogeneous group in the design, and hence no conclusions may be drawn from their data. However, the majority of subjects received an anxiety-related diagnosis, and hence our attention is drawn to current literature that explores the relationships between anxiety and depressive disorders. Reviews of this literature suggest that these syndromes have both shared and unique characteristics (D. A. Clark & Beck, 1989; L. A. Clark, 1989). Several recent studies have indicated that the content of maladaptive cognitions in each disorder may differ, with depressives' content focusing on loss and failure experiences, while anxious subjects dwell on anticipated harm or danger (D. A. Clark, Beck, & Brown, 1989; D. A. Clark, Beck & Stewart, 1990; Greenberg & Beck, 1989). The cognitive measures employed in this line of research assess subjects' automatic thoughts, ruminations, or recall of self-relevant information. To our knowledge, no studies in this area have addressed possible syndromal differences in social perception. In this light the present findings pertaining to the nondepressive psychopathology group are suggestive in that they displayed (in contrast to the depressed group) a general overestimation of friendly responding by their roommates. Given the predominance of anxiety disorders in this group, these findings argue for future studies exploring possible social–cognitive distinctions between anxiety and depressive disorders.

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