

Depressive Realism: Happiness or Objectivity

Fatih BİRİNCİ¹, Gülay DİRİK²

Abstract

Realism is described as objective evaluations and judgments about the world; however, some research indicates that judgments made by "normal" people include a self-favored, positive bias in the perception of reality. Additionally, some studies report that compared to normal people, such cognitive distortions are less likely among depressive people. These findings gave rise to the depressive realism hypothesis. While results of several studies verify the notion that depressive people evaluate reality more objectively, other studies fail to support this hypothesis.

Several causes for these inconsistent findings have been proposed, which can be characterized under 3 headings. One proposed explanation suggests that what is accepted as "realistic" in these studies is not quite objective and is in fact ambiguous. According to another perspective, the term "depressive" used in these studies is inconsistent with the criteria of scientific diagnostic methods. Another suggests that the research results can only be obtained under the specific experimental conditions.

General negativity and limited processing are popular approaches used for explaining the depressive realism hypothesis. Nowadays, the debate over this hypothesis continues. The present review focuses on frequently cited research related to depressive realism and discusses the findings.

Key Words: Depression, Cognitive Therapy, Mental Health

INTRODUCTION

Realism, the ability to experience and perceive reality objectively, is one of the core components of psychological health. Several studies report that there is a significant positive relationship between psychological health and the ability to evaluate reality (Taylor and Brown, 1988; Nadelhoffer and Matveeva, 2008). Generally, it is assumed that most psychological disorders involve a disconnection from reality, to some extent.

The evaluation of reality is primarily based on cognitive processes. According to Beck, depressive people are prone to major cognitive distortions about reality (Beck, 1972). As one of the most prevailing paradigms in psychotherapy, the cognitive approach emphasizes that depression involves depressive cognitive distortions

(Beck et al., 1979; Stone et al., 2001); therefore, cognitive therapy aims to change such distortions (Beck et al., 1979; Field, 2000).

Cognitive Distortions in Psychologically Healthy People

Despite the major assumption that psychologically healthy people are quite capable of evaluating reality, contradictory evidence has been published since the 1970s. To illustrate, Hendrick and Ugwuegbu (1974), Langer and Roth (1975), and Larwood (1978) reported that non-depressed people have some distortions in the perception of reality. Non-depressed people were reported to be prone to perceiving they had illusory control over their circumstances, even over completely random events. Langer (1975) referred to this notion as illusion

Received: 14.11.2008 - Accepted: 08.04.2009

¹Psych., Gemlik Rehberlik ve Araştırma Merkezi Özel Eğitim Bl., ²Psych. MD., Uludağ University Department of Psychology, Bursa.

Fatih Birinci, e-mail: fatihbirinci@gmail.com

of control. Similarly, it was reported that non-depressed people tend to attribute their success to internal factors and to attribute failure to external factors, which is known as self-serving bias (Miller and Ross, 1975). Ross (1977) reported that non-depressed people overwhelmingly attribute the causes of behavior to the individual, without considering contextual variables. The results of similar studies show that non-depressed (normal) people are overly optimistic about themselves and think that they have control over life—that they underestimate the probability of the occurrence of unwanted negative future events (Taylor and Brown, 1988).

Depressive Realism Hypothesis

According to the literature, distortion of reality is assumed to be a universal and common experience among psychologically healthy people (Brown, 1986); however, other studies contradict this assumption. Golin, Terrel, and Johnson (1977) reported that depressive people didn't claim to have illusory control in a dice experiment. Alloy and Abramson (1979) presented evidence that subjects estimated their control over a light bulb, but the switch-on ratio was actually predetermined by the researchers. The results showed that, as usual, non-depressed people claimed to have illusory control over the activation of the light; however, depressive people were more realistic and didn't have such cognitive distortion. The results of Alloy and Abramson's (1979) study attracted much attention, and several researchers re-examined this issue (Lewinsohn, Mischel, Chaplin, & Barton, 1980; Lewinsohn et al., 1980; Alloy & Abramson, 1982; Tabachnik et al., 1983; Dobson & Franche, 1989; Lovejoy, 1991; Margo et al., 1993; Presson & Benassi, 2003; Walker et al., 2003; Watson et al., 2008). Yeh and Liu (2007) obtained similar results; depressive individuals' evaluations about themselves, the world, the past, and the future were partially or completely more realistic than those of the non-depressive population. Thus, Mischel (1979) called this phenomenon the depressive realism hypothesis (DRH).

Happiness and Depression

The cognitive paradigm posits that cognitive processes are extremely important to happiness; however, the DRH clearly contradicts this paradigm. It is generally accepted that depression and happiness are contradictory terms; however, research that supports the DRH claims that depressive people are more realistic than non-depressed individuals. If this is true, happiness involves the cognitive distortion of realism. This hypothesis implicitly includes a provocative point of view—that hap-

piness includes illusion. Psychologically healthy people have a blind spot that prevents them from experiencing objective reality, which functions to increase their level of happiness (Ghaemi, 2007). Furthermore, if the DRH is true, cognitive therapy is, at least, partly erroneous. If an objective and realistic attitude towards life builds up depression, residual cognitive distortions could help the depressive individual to be normal. As a result, trying to cease these distortions might be far more harmful for the depressed people (Stone et al. 2001).

Is Depressive Realism a Myth?

Despite some research that supports the DRH, this support is contradicted by other findings. It was reported that there is no difference in the evaluation of the reality between depressed and non-depressed people (Dykman et al., 1989; Dobson & Pusch, 1995; Allan et al., 2007; Conn, 2007;). Some studies support the assumptions of the cognitive paradigm with results that indicate a higher level of the distorted perception of reality in depressed people (Dunning & Story, 1991; McKendree-Smith & Scogin, 2000; Stone et al., 2001; Chau & Milling, 2006; Moore & Fresco, 2007b).

Criticism about Depressive Realism Research

It is clear that the findings related to the DRH are contradictory. To analyze the nature of these contradictions, some criticism about the relevant studies were examined; such criticism can be grouped into 3 main categories (Dunning & Story, 1991; Conn, 2007; Yeh & Liu, 2007).

1. Objectivity of Realistic Evaluation

Some researchers claim that what is considered realistic in most studies is actually ambiguous (Dunning & Story, 1991; Clark et al., 1999; Dunn et al., 2006; Yeh & Liu, 2007). In most DRH research, a criterion for reality is taken as a solid realism point, and the extent of deviation from this point is considered unrealism; however, this type of realism point could easily be non-solid and a subjective reference (Dunning & Story, 1991). For example, some DRH studies include individuals' judgments about their social interactions. In such studies, unlike depressed people, non-depressed people perceived themselves more optimistically than reality called for; the depressive individuals made evaluations that were more in line with reality because they were more pessimistic about their interpersonal relationships, expectations about human nature, and expectations about the future (Tabachnik, 1983).

Stone et al. (2001) proposed the concept of general negativity to explain the DRH. Accordingly, it is accepted that normal people tend to distort reality favorably, whereas depressed people are more pessimistic than non-depressed people. Hence, depressed people always have a more negative attitude towards reality and appear to be more realistic. In fact, according to Stone et al. (2001), they are only more pessimistic than non-depressed people. This assumption has also been supported by different researchers (Walter et al., 1993; Fu, Koutstaal, Poon, & Cleare, 2005). However, the results of the researches including a consistent and solid realistic reference point weren't consistent. For example, Dunn et al. (2006), and Kapçı and Cramer (1998) concluded that depressed individuals are still more realistic when the experimental design uses a solid reference point.

2. The Validity of the Term Depression

Several studies were conducted to test the DRH and were subsequently criticized for labeling some people as depressive, despite not having been diagnosed (Ebert & Ebmeier, 1998; Clark et al., 1999; Conn, 2007; Yeh & Liu 2007). Most of these studies used the Beck Depression Scale to determine if an individual was depressed, but did not adhere to any classification standards, such as the DSM or ICD (Alloy & Abramson, 1979; Dykman et al., 1989; McKendree-Smith & Scogin, 2000; Conn, 2007). In addition, in some studies dysphoric people were used to represent depressive samples, despite the fact that dysphoria can't be considered a type of depression (Clark et al., 1999).

3. Generalizability of the Results

Studies that published results in support of the DRH were also criticized because the findings were not generalizable (Dunning & Story, 1991; Clark et al., 1999; Yeh & Liu, 2007). The criticism focused on the fact that these studies didn't include any emotional-social aspects of real life situations. Structured experiments cannot evaluate the inextricable nomological network of daily life. For example, Pacini et al. (1998) applied both a replication of light control experiment, and studied the subjects' daily life interactions and processes. They concluded that depressives were more successful at judging reality in an experimental design, but the reverse was true in their daily lives.

Recent Improvements

In time, DRH researchers came to consider these criticisms and implemented new experimental designs

accordingly. Thus, they avoided comparing depressive and non-depressive individuals' point of view as the objective standing point, and began to recruit research participants the were clinically diagnosed with depression. Instead of using artificial experimental designs that stressed only one aspect of cognition, they attempted to examine social cognition and interpersonal processes as well. Despite these changes to research protocols, the findings remained inconsistent (Stone et al., 2001; Fu et al., 2005; Yeh & Liu, 2007; Whitton et al., 2008).

Msetfi et al. (2005, 2007) examined the incongruence of DRH research results. In an experiment in which they attempted to replicate Alloy and Abramson's (1979) original work, they observed that the interval between trials was a very important independent variable. As the interval increased, non-depressed people had more judgment errors, whereas the interval between trials did not affect the depressed group. They concluded that depressed people did not consider the entire context in the experiment, which made them appear to be more successful in the experiments; however, this same lack of consideration is problematic in their non-experimental daily lives. Adelson (2005) reported that non-depressed people attempt to consider all the variables in normal life and that depressed people don't, which is in agreement with Pacini et al. (1998). These researchers report that depressive people have limited focus of attention. This process, known as the limited processing, weakens their ability to be aware of the positive aspects of their lives.

CONCLUSION

Ackerman and DuRubeis (1991) conducted a meta-analysis that included 33 DRH studies and concluded that the results of 19 supported this hypothesis, while those of 14 did not. In another meta-analysis by Moore and Fresco (2007a), 118 studies (including 7013 subjects) were analyzed and more studies supported the DRH than did not. Accordingly, the debate over DRH research still hasn't resulted in definitive conclusions. Limited processing, which is considered a promising notion, requires further research that includes more peripheral variables over time. Nevertheless, the notion that normal people tend to perceive reality more positively and optimistically is fact, which leads to the idea that objectivity and happiness could be contradictory. Perhaps objectivity decreases happiness and happiness requires subjectivity. The depressive realism debate appears to consist of both psychological and philosophical aspects, which ensures that it will continue for some time.

References

- Ackerman R, DeRubeis RJ (1991) Is depressive realism real? *Clinical Psychology Review*, 11: 565-584.
- Adelson R (2005) Probing the puzzling workings of 'depressive realism'. *Monitor on Psychology*, 36(4): 30-34.
- Allan LG, Siegel S, Hannah S (2007) The sad truth about depressive realism. *The Quarterly Journal of Experimental Psychology*, 60(3): 482-495.
- Alloy LB, Abramson LY (1979) Judgment of contingency in depressed and nondepressed students: Sadder but wiser? *Journal of Experimental Psychology: General*, 108(4): 441-485.
- Alloy LB, Abramson LY (1982) Learned helplessness, depression, and the illusion of control. *Journal of Personality and Social Psychology*, 42: 1114-1126.
- Beck AT (1972) *Depression: Causes and treatment*. Pennsylvania: University of Pennsylvania Press, pp.25-29, 217-239.
- Beck AT, Rush AJ, Shaw BF et al. (1979) *Cognitive therapy of depression*. New York: Guilford Press, pp.61-86; 244-271.
- Brown RW (1986) *Social Psychology, The Second Edition*. New York: The Free Press: pp.162-165.
- Chau PM, Milling LS (2006) Impact of dysphoria and self-consciousness on perceptions of social competence: Test of the depressive realism hypothesis. *Clinical Psychologist*, 10(3): 99-108.
- Clark DA, Beck AT, Alford BA (1999) *Scientific Foundation of Cognitive Theory and Therapy of Depression*. New York: John Wiley & Sons: pp.50-53; 211-213.
- Conn S (2007) Critiquing findings of depressive realism in contingency judgment tasks: Examining the effects of outcome density and response rate. Unpublished thesis presented to Pomona College Department of Linguistics and Cognitive Science 12.04.2008, <http://www.lcs.pomona.edu/>
- Dobson KS, Franche RL (1989) A conceptual and empirical review of the depressive realism hypothesis. *Canadian Journal of Behavioural Science*, 21: 419-433.
- Dobson KS, Pusch D (1995) A test of the depressive realism hypothesis in clinically depressed subjects. *Cognitive Therapy and Research*, 19(2): 179-194.
- Dunn, B. D., Dalglish, T., & Lawrence, A. D. (2006) The accuracy of self-monitoring and its relationship to self-focused attention in dysphoria and clinical depression. *Journal of Abnormal Psychology*, 116(1), 1-15.
- Dunning D, Story AL (1991) Depression, realism, and the overconfidence effect: Are the sadder wiser when predicting future actions and events? *Journal of Personality and Social Psychology*, 61(4): 521-532.
- Dykman BJ, Abramson LY, Alloy LB et al. (1989) Processing of ambiguous and unambiguous feedback by depressed and nondepressed college students: Schematic biases and their implications for depressive realism. *Journal of Personality and Social Psychology*, 56(3): 431-445.
- Ebert D, Ebmeier KP (1998) *New Models for Depression*. New York: Karger Publishers: p.13.
- Field A (2000) *Depression, Handouts and Notes on Aspects of Clinical and Abnormal Psychology*, 01 05 2008, <http://www.statisticshell.com/clinical.html>
- Fu T, Koutstaal W, Fu CHY et al. (2005) Depression, confidence, and decision: Evidence against depressive realism. *Journal of Psychopathology and Behavioral Assessment*, 27: 243-252.
- Ghaemi SN (2007) Feeling and time: The phenomenology of mood disorders, depressive realism, and existential psychotherapy. *Schizophrenia Bulletin*, 33(1): 122-130.
- Golin S, Terrel F, Johnson B (1977) Depression and the illusion of control. *Journal of Abnormal Psychology*, 86: 440-442.
- Hendrick C, Ugwuegbu DC (1974) Personal causality and attribution of responsibility. *Social Behavior and Personality: An International Journal*, 2(1): 76-86.
- Kapçı EG, Cramer D (1998) The accuracy of dysphoric and nondepressed groups' predictions of life events. *The Journal of Psychology*, 132(6): 659-670.
- Langer EJ (1975) The illusion of control. *Journal of Personality and Social Psychology*, 32: 311-328.
- Langer EJ, Roth J (1975) Heads I win, tails it's chance: The illusion of control as a function of the sequence of outcomes in a purely chance task. *Journal of Personality and Social Psychology*, 32(6): 951-955.
- Larwood L (1978) Swine flu: A field study of self-serving biases. *Journal of Applied Social Psychology*, 8(3): 283-289.
- Lewinsohn PM, Mischel W, Chaplin W et al. (1980) Social competence and depression: The role of illusory self-perceptions. *Journal of Abnormal Psychology*, 89(2): 203-212.
- Lovejoy MC (1991) Maternal depression: Effects on social cognition and behavior in parent-child interactions. *Journal of Abnormal Child Psychology*, 19(6): 693-706.
- Margo GM, Greenberg RP, Fisher S et al. (1993) A direct comparison of the defense mechanisms of nondepressed people and depressed psychiatric inpatients. *Comprehensive Psychiatry*, 34(1): 65-69.
- McKendree-Smith N, Scogin F (2000) Depressive realism: Effects of depression severity and interpretation time. *Journal of Clinical Psychology*, 56(12): 1601-1608.
- Miller DT, Ross M (1975) Self-serving biases in the attribution of causality: Fact or fiction? *Psychological Bulletin*, 82: 213-25.
- Mischel W (1979) On the interface of cognition and personality: Beyond the person-situation debate. *American Psychologist*, 34: 740-754.
- Moore MT, Fresco DM (2007a) Depressive realism: A meta-analytic review. Poster presented at Association for Behavioral and Cognitive Therapies, 41st meeting, November 15-18, Philadelphia.
- Moore MT, Fresco DM (2007b) Depressive realism and attributional style: Implications for individuals at risk for depression. *Behavior Therapy*, 38: 144-154.
- Msetfi RM, Murphy RA, Simpson J (2007) Depressive realism and the effect of intertrial interval on judgements of zero, positive, and negative contingencies. *The Quarterly Journal of Experimental Psychology*, 60(3): 461-481.
- Msetfi RM, Murphy RA, Simpson J et al. (2005) Depressive Realism and Outcome Density Bias in Contingency Judgments: The Effect of the Context and Intertrial Interval. *Journal of Experimental Psychology: General*, 134: 10-22.
- Nadelhoffer T, Matveeva T (2008) Positive Illusions, Perceived Control, and the Free Will Debate 05 05 2008, <http://gfp.typepad.com>
- Pacini R, Muir F, Epstein S (1998) Depressive realism from the perspective of cognitive-experiential self-theory. *Journal of Personality and Social Psychology*, 74(4): 1056-1068.
- Presson PK, Benassi VA (2003) Are depressive symptoms positively or negatively associated with the illusion of control? *Social Behavior and Personality*, 31(5): 483-495.
- Ross LD (1977) The intuitive psychologist and his shortcomings: Distortions in the attribution process. *Advances in Experimental Social Psychology*, 10: 173-220.
- Stone ER, Dodrill CL, Johnson N (2001) Depressive cognition: A test of depressive realism versus negativity using general knowledge questions. *The Journal of Psychology*, 135(6): 583-602.
- Tabachnik N, Crocker J, Alloy LB (1983) Depression, social comparison and the false consensus effect. *Journal of Personality and Social Psychology*, 45(3): 688-99.
- Taylor SE, Brown JD (1988) Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin*, 103(2): 193-210.
- Walker WR, Skowronski JJ, Thompson CP (2003) Life is pleasant--and memory helps to keep it that way! Review of *General Psychology*, 7(2): 203-210.
- Watson LA, Dritschel B, Jentsch I et al. (2008) Changes in the relationship between self-reference and emotional valence as a function of dysphoria. *British Journal of Psychology*, 99: 143-152.
- Whitton SW, Larson JJ, Hauser ST (2008) Depressive Symptoms and Bias in Perceived Social Competence Among Young Adults. *Journal of Clinical Psychology*, 64(7): 791-805.
- Yeh ZT, Liu, SI (2007) Depressive realism: Evidence from false interpersonal perception. *Psychiatry and Clinical Neurosciences*, 61: 135-141.