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Perceived social competence and depression

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ABSTRACT

Differences in impressions of social skills between depressed and non-depressed college student participants were investigated. Participants engaged in a 15-minute, face-to-face 'getting acquainted' exercise with an assigned partner of the same sex. Based on Beck Depression Inventory scores, participants were classified as depressed or not and three types of dyads were studied: (i) depressed participant interacting with depressed participant; (ii) depressed participant interacting with non-depressed participant; and (iii) non-depressed participant interacting with non-depressed participant. Prior to the interaction, participants reported their mood. After the interaction, participants evaluated their own social competence and the competence of their partners, and completed a second measure of their mood. On all measures of social competence, depressed participants rated themselves as less competent than non-depressed participants. Depressed participants also rated their partners as less competent than non-depressed participants, regardless of the depression level of the partner. Participants' mood prior to their interaction covaried with ratings of one's own skills but not ratings of partners' skills. These results suggest that depressed individuals have a trait-like bias to perceive themselves and others in a negative manner, independent of the mood and manner of expression of their partners. Non-depressed participants did not rate depressed partners as less competent than non-depressed

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partners, suggesting that depression may be associated more closely with a cognitive set than a skills deficit.

KEY WORDS • depression • interaction • social competence

According to interpersonal theories of depression (Brown & Harris, 1978; Coyne, 1976, 1990; Hammen, 1997; Joiner, Alfano, & Metalsky, 1992; Joiner & Coyne, 1999; Segrin & Abramson, 1994), depressed/dysphoric individuals' interactions are often dysfunctional and induce negative reactions in others. Research indicates that poor social skills and negative self-schemata contribute to problems with depression. A meta-analytic review of the literature on social skill deficits has indicated, however, that depression is most strongly related to self-reports of social skill deficits (Segrin, 1990). Dysphoric individuals rate themselves and are often judged by observers to be less competent in social interactions (Dykman, Horowitz, Abramson, & Usher, 1991). During interactions, dysphoric persons reportedly evidence a lack of responsiveness that is manifested, for example, in poor eye contact, long silences, and lack of acknowledgment of partners' comments (Segrin & Abramson, 1994). However, observer ratings and detailed behavioral analyses of social skills during dyadic interactions reveal fewer consistent relationships with depression than do self-evaluations of depressives (Segrin & Dillard, 1992).

Several theoretical interpretations have been proposed to explain the 'depressogenic' aspects of dissatisfying or problematic interactions. Coyne (1976, 1990) has emphasized the role of an emergent pattern of depressive interactions, induced by the interpersonal behaviors of people who are depressed, with consequent ambivalence, negative mood, and withdrawal by friends and partners, culminating in covert rejection of the depressed person. This rejection serves, in turn, to increase the depressive's sense of isolation and dysphoria. Lewinsohn, Mischel, Chaplin, and Barton (1980) maintain that depression can result from deficits in such basic skills as expressions of warmth, friendliness, clear communication, interest in others, and reasonableness. In summary, current theories suggest that depressed individuals possess either a state dependent (Coyne) or trait-like (Lewinsohn) deficit in social competence and that this deficit has a negative impact on the quality of their social interactions.

Studies examining the interactions of dysphoric students and their room-mates over extended periods have indicated that their relationships tend to become more negative over time (Burchill & Stiles, 1988). Hokanson and Butler (1992), for example, reported that, over the course of an academic year, depressed students' room-mates exhibited increased levels of hostility and a progressive decline in social contact with their dorm-mates. The relationship between depression and negative interactions is not limited to room-mates. Nezelek, Imbrie, and Shean (1994) studied the everyday social interactions of non-clinical depressives over a 3-week period. People who were classified as depressed reported that they had less satisfying and less intimate social interactions than those who were classified as not depressed, even though the frequency of their interactions did not differ.

Despite evidence of dissatisfying and negative interactions associated with depression, the literature is inconsistent regarding the question of whether depressed people are actually less competent in terms of social skills (Dykman

et al., 1994; Lewinsohn, 1974), or simply perceive themselves as less competent (Beck, 1972). Segrin's (1990) meta-analytic study of the relationship between depression and social skills indicates that negative self perceptions, rather than actual skills deficits, are reported most consistently in the research literature. For example, Gotlib and Meltzer's (1987) study of the accuracy of depressed people's perceptions of their social competence is consistent with Segrin's (1990) conclusions. Interactions between non-depressed participants and depressed or non-depressed targets were videotaped and rated by observers for social competence. Depressed participants rated themselves as less competent than did non-depressed individuals; however, neither the observers nor partners rated the depressed targets as less competent.

Several methodological issues may have contributed to the inconsistency in results from previous studies regarding the degree to which social skills deficits or negative self-evaluations contribute to depression. Studies examining competence impressions have, for example, often used outside observer ratings to determine social competence (Borden & Baum, 1987; Gotlib & Meltzer, 1987). Evaluation of social competence by someone who is not part of the interaction may not be analogous to in situ evaluations. Observations by an outsider may not reflect the ongoing internal perceptions and subsequent reactions and adjustments of the interactants. In addition, the behavior of people who are being taped or observed may be quite different from their behavior in 'normal' conversations. Therefore, the present study used only the perceptions of the participants as dependent measures. Further, studies of the interactions of depressed people have focused on ratings of communications skills or partners' ratings of the impact of brief interactions with depressives on the partners' mood. Few studies have evaluated ratings of depressed individuals in terms of more detailed and multidimensional indices of social competence.

A broad index of competence provides a more comprehensive framework in which to evaluate behavior, including motivation, knowledge, skills, and context (Spitzberg & Cupach, 1984; Spitzberg & Hurt, 1987). Spitzberg and his associates have developed a model of social competence that includes motivation, knowledge, and skills (altercentrism, composure, expressiveness, and interaction management). A core prediction of the model is that enacting the following skills will increase the probability that a person will be viewed as competent by self and others: (i) showing attention to and concern for the other person, and the display of interest in the other person — altercentrism; (ii) the ability to relate in a manner appropriate for the situation — composure; (iii) behavioral animation — expressiveness; and (iv) management of turns, interruptions, and topic management — interaction management (Spitzberg, 1993; Spitzberg, Brookshire, & Brunner, 1990). The Conversational Skills Rating Scale (CSRS; Spitzberg & Hurt, 1987) measures these four indices and a fifth index of global competence. Spitzberg's rating scales allow for a more comprehensive and empirically validated focus than ratings of specific skills deficits.

The present study investigated self and partner's rating of social competence following face-to-face interactions between college students classified as depressed/dysphoric and non-depressed according to their scores on the Beck Depression Inventory. Both self and partner ratings of social competence were examined. It was predicted that depressed/dysphoric participants would rate themselves lower on all subscales of Spitzberg's social competence rating scale than non-depressed participants. Second, it was expected that depressed/dys-

phoric participants would be rated lower on all CSRS subscales than non-depressed participants by their partners. In addition, because characteristics such as flat affect and a tendency to self-focus have been reported to be characteristic of depressed individuals (Ingram, 1990), we predicted that participants would rate their depressed partners lowest on the skill clusters of altercentrism and expressiveness. Finally, participants' self-reported mood ratings obtained immediately prior to the interaction were expected to covary with ratings of their partner's social skills (i.e., participants in better moods would rate their partner's skills higher).

Method

Participants

One hundred and two undergraduate students (58 women, 44 men; $M = 18.7$ years of age, $SD = 2.3$) participated in partial fulfillment of an introductory psychology course requirement. Participants were recruited based on their scores on the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) from an earlier testing session. Students who scored at or above a score of 10 were classified as depressed/dysphoric and students who scored at or below a maximum score of two were classified as non-depressed. These cut points were adopted in accordance with previous recommendations (Gotlib & Meltzer, 1987; Kendall, Hollon, Beck, Hammen, & Ingram, 1987). The BDI is a 21-item questionnaire that assesses cognitive, affective, motivational, and somatic symptoms of depression. Test-retest reliability of the BDI is adequate, as is its internal consistency and validity with both clinical and non-clinical samples (Beck, Steer, & Garbin, 1988).

The term depressed/dysphoric refers to people who scored above the cut-point on the depression inventory and is used for ease of discussion. The term is not intended to imply that our participants had been diagnosed as clinically depressed. Prior to arriving at the study, the experimenter randomly assigned participants to one of three dyads based on their pre-session BDI scores: (i) depressed/dysphoric participant with another depressed/dysphoric participant; (ii) depressed/dysphoric participant with a non-depressed participant; or (iii) non-depressed participant with another non-depressed participants. All dyads were same sex. There were 13 depressed participant with another depressed participant dyads (10 female and 3 male); 24 depressed participant with non-depressed participant dyads (10 female and 14 male); and 14 non-depressed participant with non-depressed participant dyads (9 female and 5 male).

Procedure

Participants were scheduled in groups of six or eight. When they arrived at the lab, they were told that the experiment was about 'social interaction impressions', a general description of the requirements of the study was given, any questions were answered, and consent forms were distributed and signed. Next, participants rated their present mood on a scale of 0 to 99, using a visual analogue 'mood barometer' rating scale (Pangalila-Ratu-Langi & Jansen, 1988). High scores represented positive mood (labeled 'happy', 'elated'), whereas lower scores represented negative mood (labeled 'sad', 'blue').

Participants were next instructed to pair themselves with their pre-determined partner. Dyads were seated in chairs facing each other. Each dyad was

seated in separate corners of a large room (approximately 25 × 40 feet) so that each pair's conversation would not interfere with others. Once dyad partners were assigned, the experimenter questioned the participants in each pair to make sure that they were not previously acquainted with each other. Participants were told to engage in a 15-minute conversation with their partner. They were told to 'imagine they have just met this person in a social situation and are getting acquainted'. The experimenter then left the room while the conversations ensued.

Following the 15-minute interaction, one participant from each dyad was led into an adjacent room to complete the follow-up questionnaires and ratings. Participants were told they would have no further contact with their partners during the study and their partners would not be made aware of their responses. Participants then completed another 'mood barometer' identical to the one completed prior to their interactions. Participants next completed the Conversation Skills Rating Scale (CSRS; Spitzberg & Hurt, 1987), first rating their own skills and then rating their partner's skills. Participants were instructed to report only on the previous conversation when completing the CSRS. Finally, the BDI was readministered.

The CSRS consists of 25 molecular questions and five global ratings. The molecular questions comprise the four subscales (altercentrism, composure, expressiveness, and interaction management). Cronbach's alphas were computed for the subscales and each showed adequate reliability: altercentrism-self, $\alpha = .78$, altercentrism-partner, $\alpha = .84$; composure-self, $\alpha = .81$, composure-partner, $\alpha = .81$; expressiveness-self, $\alpha = .84$, expressiveness-partner, $\alpha = .87$; interaction management-self, $\alpha = .74$, interaction management-partner, $\alpha = .75$. The global ratings scale also had adequate reliability: global-self, $\alpha = .81$, and global-partner, $\alpha = .82$. All items were rated on a scale ranging from 1 to 5, using the following verbal anchors: 1 = *needs much development*, 2 = *needs some development*, 3 = *satisfactory*, 4 = *good*, and 5 = *excellent*.

Results

Pretest BDI scores were used to classify participants as depressed or non-depressed. Fifty participants scoring 10 or above were labeled depressed/dysphoric, and 52 scoring 2 or below were classified as non-depressed. Of the 50 depressed participants, 30 were women and 20 were men. Dichotomous codes of depressed or not depressed were used in subsequent analyses instead of the continuous scale BDI score because mid-range scores of 3–9 on the BDI were not represented in the present sample. The mean initial BDI score for the depressed group was 14.26, $SD = 3.75$. Of the 52 non-depressed participants, 28 were female and 24 were male. The mean initial BDI score for the non-depressed group was 0.61, $SD = 0.75$. Initial BDI scores correlated significantly with the follow-up BDI scores obtained approximately 3 weeks later during the experimental session ($r = .74, p < .001$).

Although the second BDI score obtained at the end of the experiment reclassified some of the participants, the original classifications were used in subsequent analyses. The decision to use pretest BDI scores for analyses was made for two reasons. First, regardless of which BDI score (pretest or experimental) was utilized to determine depression status in data analyses, the direc-

tion of the effects was the same and the significance levels were similar. Second, the experimental BDI was obtained following the social interaction and completion of the other dependent measures. Thus, it was unclear whether the experimental BDI score may have been influenced by the interaction, suggestion effects from the context of participation in the study, and/or present mood.

Preliminary analyses revealed that sex composition of the dyad did not account for variance in social skill rating or moods ratings, neither as a main effect nor in an interaction with any other independent variable. Therefore, subsequent analyses were collapsed across sex.

Participants were paired with another participant, and this created the potential for dependencies among scores within dyads. Our dyads were considered 'mixed' (Kenny, Kashy, & Bolger, 1998) because depression status was the same in some dyads and different in other dyads. Therefore, the first step was to examine potential dependence among the ratings from participants in the same dyad according to techniques discussed by Griffin and Gonzalez (1995). They recommend computing intraclass correlations for both *X* and *Y* variables, and they provide significance tests for these correlations.

Within this framework, depression status of self and partner and the mood ratings were considered predictor variables (*X*) and ratings of self and partner social skills were treated as dependent variables (*Y*). Within-dyad intraclass correlations for depression status, mood ratings, and ratings of social skill were calculated. The intraclass correlations for the self and partner ratings of social skills were moderate, $r = .28$, $t(102) = 2.79$, and $r = .37$, $t(100) = 3.66$, $ps < .05$, respectively. However, the intraclass correlations for each of the predictor variables were non-significant (depression status, $r = .04$; mood time 1, $r = -.05$; and mood time 2, $r = .17$). Kenny et al. (1998) suggest that, if intraclass correlations in the mixed variables case are less than .50, it is safe to use the person as the unit of analysis. Although none of the intraclass correlations exceeded .50, some of them approached it. Therefore, taking a conservative route, we assumed that our data were non-independent and analyzed them using a multilevel modeling approach.

Specifically, the data were analyzed using the hierarchical linear modeling (HLM) approach outlined by Bryk and Raudenbush (1992; see also Bryk, Raudenbush, & Congdon, 1996). These techniques were developed to analyze nested data using maximum likelihood estimation procedures. Our sample was represented by a two-level model; participants at the lower level were nested within dyads at the upper-level. A person's outcome variable (e.g., self-ratings of expressiveness) was predicted by equations that accounted for both within dyad variation and between-dyad variation (i.e., the non-independence). For example, the equations used for predicting ratings of one's own expressiveness were as follows:

Lower-level:

$$y_{ij} = b_{0j} + b_{1j}(\text{depression}) + b_{2j}(\text{partner's depression}) + r$$

Upper-level:

$$b_{0j} = g_{00} + u_0$$

$$b_{1j} = g_{10}$$

$$b_{2j} = g_{20}$$

[1]

In the lower-level equation, y_{ij} is the expressiveness of the i 'th person in the j 'th dyad; b_{0j} is the intercept for the j 'th dyad (the average score of the dyad); b_{1j} is

the effect of depression (a 0 or 1 dummy code); b_{2j} was the effect of partner's depression (also a 0 or 1 dummy code); and r was error. The upper-level equations treated b_{0j} as a random effect; it was calculated from the grand mean (g_{00}) plus the unique error (u_0) associated with the upper-level grouping variable, the dyad. The effects of depression and partner depression were also calculated based on the sample-wide effects (g_{10} and g_{20}), but these effects were treated as fixed (i.e., there is no error term in these equations). In sum, each person's rating of her own expressiveness was predicted from her depression, her partner's depression, and the variance associated with her dyad. Conveniently, because non-depressed was given a 0 dummy code and depressed was given a 1 dummy code, b_1 is really the mean difference between the non-depressed participants and depressed participants. Similarly, b_2 is the mean difference between having a non-depressed partner and depressed partner.

Ratings of own social skills

Self-ratings of social skill were examined using the equations described earlier. Each of the five subscales of the CSRS (altercentrism, composure, expressiveness, management, and global) were predicted from depression status of participant and depression status of partner (depressed or not depressed). Thus, the relationship between depressive status of participant and participant's partner with self-ratings of social skills were examined.

As can be seen in Table 1, on each of the five subscales, depression status of the participant contributed to the variance in social skill ratings of the self. Depression status of the partner did not affect social skill ratings of the self. The bs reported on Table 1 are unstandardized coefficients and, because depression status of participant and depression status of partner were coded as 0 and 1, bs are the mean differences between non-depressed and depressed participants. The b of $-.50$ listed in the row marked 'Participant's Depression' and in the column marked 'Global' indicates that 'Depressed participants rated their Global social skill, a mean of .50 points (on the 5-point scale) below non-depressed participants.' None of the coefficients representing the effects of partner's depression was significant. Non-depressed participants rated their social skills higher than depressed participants on all five subscales on the CSRS, regardless of the depression status of their partners.

Ratings of partner's social skills

Ratings of partner's social skills were also analyzed with HLM procedures identical to those used in examining self-ratings of social skill described above (see Equation 1). Depression status of the participant (the rater) and depression status of the interaction partner (the one being rated) predicted ratings of the partner's social skill. Again, each of the subscales of the CSRS was analyzed in separate procedures. Results are presented in Table 2.

Depression status of the participant uniquely accounted for variance in ratings of their partners' social skills on each of the five subscales of the CSRS. Depressed participants rated their partners lower than non-depressed participants rated their partners. However, depression status of the partner (i.e., the person being rated) did not account for a significant amount of the variance on any of the social skills measures.

Pre-interaction mood effects

Transitory mood was also measured prior to the 15-minute social interaction

TABLE 1
Self ratings of social skills as a function of depression of participant and partner's depression

Predictor	Altercentrism		Composure		Expressiveness		Management		Global	
	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>
Participant's depression	-.26	2.39*	-.56	4.94***	-.52	4.85***	-.45	4.15***	-.50	4.57***
Partner's depression	-.13	1.21	.00	<1	-.14	1.29	-.11	1.05	.03	<1

Note: Depression status was coded 0 = non-depressed and 1 = depressed. *b* = unstandardized HLM coefficient.
* $p < .05$; ** $p < .01$; *** $p < .001$.

TABLE 2
Ratings of partner's social skills as a function of depression of participant and partner's depression

Predictor	Altercentrism		Composure		Expressiveness		Management		Global	
	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>
Participant's depression	-.25	2.14*	-.30	2.76**	-.30	2.62*	-.32	3.11**	-.23	2.21*
Partner's depression	-.18	1.58	-.13	1.20	-.17	1.50	-.07	<1	-.16	1.48

Note: Depression status was coded 0 = non-depressed and 1 = depressed. *b* = unstandardized HLM coefficient.
* $p < .05$; ** $p < .01$; *** $p < .001$.

TABLE 3
Predicting self and partner ratings of social skills from pre-interaction mood of participant

Predictor	Altercentrism		Composure		Expressiveness		Management		Global	
	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>
<i>Ratings of self</i>										
Participant's mood	.010	3.43**	.017	5.25***	.015	5.25***	.014	4.81***	.015	4.65***
<i>Ratings of partner</i>										
Participant's mood	.003	1.07	.008	2.50*	.008	2.67*	.005	1.60	.004	1.30

Note: *b* = unstandardized HLM coefficient.
* $p < .05$; ** $p < .01$; *** $p < .001$.

task. The HLM procedures were repeated, only this time self-ratings of social skills and partner ratings of social skills were predicted from pre-interaction mood. The results of these analyses are presented in Table 3. Mood significantly predicted self-ratings of each of the five subscales of social skill. People in a better mood rated their skills higher than those in a worse mood. To determine if mood had an effect on self-ratings of social competence, above and beyond depression status, the models were reanalyzed, including the depression status of participant in the equation. For each subscale on the self-ratings, the mood effect remained significant. This indicates that mood of the participant influenced ratings of their own social skills, above and beyond depression status effects.

Pre-interaction mood also predicted ratings of partner's composure and partner's expressiveness. People in a better mood rated their partner's composure and expressiveness higher than people in a worse mood. However, when depression status was also entered into the equation as a predictor, only the pre-interaction mood effect on expressiveness remained marginally significant. Thus, pre-interaction mood had some association with ratings of partner's social skill (composure and expressiveness), but these effects accounted for little variance above and beyond the effect of depression status.

Post-interaction mood change

Participants also reported their mood after the interaction. Traditional hierarchical multiple regression was used to analyze the relationship between depression scores and pre- to post-interaction mood change. Post-interaction mood scores were regressed onto pre-interaction mood scores at step 1 of the regression procedure. Mood at time 1 accounted for a large portion of the variance of mood at time 2, $R^2 = .69$, $p < .001$. Being in a better mood prior to the interaction was associated with being in a better mood following the interaction. Depression status of the participant and depression status of partner were entered as a set in step 2 of the regression procedure. These two variables did not significantly account for any additional variance in mood at time 2. Overall, participants reported an increase in mood from pre- to post-interaction (means = 69.6 ($SD = 17.9$) and 74.21 ($SD = 15.8$), respectively). However, depression status of self or partner did not relate to mood change.

Total effects of depression, depression of partner, and pre-interaction mood

Finally, we were interested in determining how much of the variance in ratings of social skill that depression status of participant, depression status of partner, and mood accounted for. We used traditional OLS multiple regression for this, regressing social skill rating onto depression status, partner's depression status, and pre-interaction mood of the participant. In order to calculate percentage of variance accounted for by our predictor variables (R^2), it was necessary to treat each participant as an independent case. For the *self-ratings* of social skill, the three predictor variables accounted for 16% of the variance in the altercentrism scale, 30% of the variance in the composure subscale, 32% of the variance in the expressiveness subscale, 28% of the variance in the management subscale, and 26% of the variance in the global skills subscale. For the ratings of *partner's* social skill, the three predictor variables accounted for 9 percent of the variance in altercentrism, 11% of the variance in composure, 14% of the variance in expressiveness, 12% of the variance in management,

and 9% of the variance in global skill. Each of these R^2 s was significant, $ps < .05$. Based on the previous sets of analyses, it should be noted that depression status of the participant and mood accounted for the variance in self-ratings, while depression status of the participant accounted for the variance in ratings of partner. Depression status of the partner did not account for a significant portion of variance in either ratings of own social skill or ratings of partner's social skill.

Discussion

Depressed/dysphoric participants rated their own and their partners' competence significantly lower than non-depressed participants on all the subscales of the social skills measure: Altercentrism, Composure, Expressiveness, Interaction Management, and Global Skills. This negative bias was not influenced by the depression status of the partners. That is, depression level of partners did not affect peoples' ratings of themselves or of their partners. These results are consistent with previous findings indicating that negative self-perceptions rather than actual skills deficits are most characteristic of depressed students (Gotlib & Meltzer, 1987). These findings expand on previous research by using an index of social competence that includes components of motivation, knowledge, skills, and context (Spitzberg & Cupach, 1984; Spitzberg & Hurt, 1987).

In this study, the depressive symptoms of the rater were more powerful determinants of ratings of self and partner social competence than the affect and behaviors exhibited by the person being rated. This finding is consistent with those of Dobson (1989), who studied perceptions of interpersonal impact among depressed, anxious, and normal participants. Results indicated that, although the individuals in three groups were responded to by partners in equal ways, individuals in the anxious and depressed groups believed that they were rejected more by the partners. Depression/dysphoria appears to generate a bias that extends to perceptions of both self and others. Perhaps depression contributes to a failure to recognize the positive responses and competencies of others in social situations because interactions with others are viewed as unrewarding. Likewise, positive mood may result in a bias toward positive attributions about competencies, independent of what actually is experienced.

Transitory mood state at the time of the interaction also covaried with self-ratings of social skill. People in a bad mood rated their own skills during the interaction less positively than people who were in a good mood. However, when evaluating the social skills of their partners, people's transitory moods did not influence their ratings, except for those skills associated with expressiveness. These results indicate that, regardless of risk for depression, transitory moods influence perceptions of the self, but not others; by contrast, depression influences evaluations of both self *and* other. This finding points to the uniqueness of depression/dysphoria (as opposed to mood) in influencing perceptions of others. This evidence may relate to the finding that depressed/dysphoric students interact as often as non-depressed students, but report less enjoyment and satisfaction with their social lives (Nezlek et al., 1994).

Interestingly, both depressed and non-depressed participants reported an improvement in mood after their interactions. Further, interacting with a depressed participant did not mediate mood change. That is, people who inter-

acted with a depressed participant reported the same mood increases as those who interacted with non-depressed participants. Future research is necessary to explain why, despite rating themselves and others as lower in social skills, depressed/dysphoric participants experienced positive mood changes following the interaction. Perhaps, as Rook (1998) suggests, positive aspects of social exchange predict different outcomes than negative aspects of social exchange. That is, depression may predict evaluations of competence, while other variables may be influencing post-interaction mood.

There are several possible limitations to the generalizability of this study. First, participants were drawn from a college population, and the generalizability of these findings to a clinically depressed population remains in question. Second, participants engaged in 15-minute conversations with strangers. This interaction may not have been long enough for perceptual biases in the assessment of partners' social competence to be evidenced. Hokanson and Butler (1992) reported that room-mates of depressed college students avoided them and exhibited increasing levels of hostility over the course of a semester. It may be that extended obligatory interactions allow for the expression of cognitive biases that are not evidenced after brief interactions.

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