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Leanne K. Knobloch

Lynne M. Knobloch-Fedders

Marquette University, lynne.knobloch-fedders@marquette.edu

C. Emily Durbin

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Depressive Symptoms and Relational Uncertainty as Predictors of Reassurance-Seeking and Negative Feedback-Seeking in Conversation

Leanne K. Knobloch

Department of Communication, University of Illinois

Lynne M. Knobloch-Fedders

Director of Research and Kovler Scholar, The Family Institute at Northwestern University

C. Emily Durbin

Department of Psychology, Michigan State University

Abstract

Integrative interpersonal theory implies that relational uncertainty may play a role in the reassurance-seeking and negative feedback-seeking behavior of people with depressive symptoms. We sought to extend the theory by (a) documenting how individuals with depressive symptoms communicate under

conditions of relational uncertainty, (b) evaluating actor and partner effects, and (c) utilizing observational measures of reassurance-seeking and negative feedback-seeking. Sixty-nine romantic couples engaged in 50 minutes of conversation rated by independent judges. Multilevel modeling results indicated that the depressive symptoms of actors and partners were the primary predictor of an actor's reassurance-seeking, but an actor's relational uncertainty was the primary predictor of an actor's negative feedback-seeking. The findings illuminate the interplay among depressive symptoms, relational uncertainty, and communication.

Keywords:

Depressive Symptoms, Negative Feedback-Seeking, Reassurance-Seeking, Relational Uncertainty

Depression is a grueling mental illness that interferes with people's ability to accomplish their everyday activities (Pratt & Brody, 2008), to understand interpersonal situations (Jacobson, Weary, & Edwards, 1999), and to maintain satisfying relationships (Whisman, 2001). Approximately 18.1 million American adults suffer from major depressive disorder or dysthmic disorder each year (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). They experience symptoms such as irritability, fatigue, persistent feelings of sadness, disinterest in once-pleasurable activities, difficulty concentrating, and sleep disturbances (National Institute of Mental Health, 2008). Their romantic partners are affected by depression as well. Individuals with a depressed romantic partner are themselves vulnerable to psychological distress (Benazon, 2000), depression (Benazon & Coyne, 2000; Katz, Beach, & Joiner, 1999), and relationship dissatisfaction (Kouros, Papp, & Cummings, 2008; Whisman, Uebelacker, & Weinstock, 2004). Not surprisingly, then, depression has important implications for people's behavior in conversation (Rehman, Gollan, & Mortimer, 2008).

Integrative interpersonal theory highlights two conversation behaviors that are closely tied to depressive symptoms: reassurance-seeking and negative feedback-seeking (Joiner, Alfano, & Metalsky, 1993; Joiner & Metalsky, 1995). *Reassurance-seeking* involves asking for affirmation that an individual is lovable, worthy, and valued (Joiner, Metalsky, Katz, & Beach, 1999). *Negative feedback-seeking* involves soliciting disapproval, criticism, and disparagement (Joiner, 1995). These behaviors represent a quest for evaluation of either positive or negative valence (Timmons & Joiner, 2008). Most people engage in both behaviors occasionally, but integrative interpersonal theory argues that individuals with depressive symptoms tend to seek reassurance and negative feedback persistently and repeatedly, even after partners have already offered it (for reviews, see Pettit & Joiner, 2006; Timmons & Joiner, 2008).¹

Although integrative interpersonal theory originated in the field of psychology, it implies that a construct from the communication literature, relational uncertainty, may play a role in people's reassurance-seeking and negative feedback-seeking behavior. *Relational uncertainty* is the degree of confidence individuals have in their perceptions of involvement within interpersonal relationships (Knobloch, 2010; Knobloch & Solomon, 1999). Integrative interpersonal theory argues that people with dysphoric tendencies are driven to seek information about their own self-worth to render their relationships more predictable (Joiner et al., 1993; Joiner & Metalsky, 1995). By extension, we interpret the theory to suggest that relational uncertainty may motivate reassurance-seeking and negative

feedback-seeking behavior. Accordingly, the twin goals of our study are (1) to extend integrative interpersonal theory by incorporating relational uncertainty, and (2) to evaluate our theorizing using data from an observational study of romantic couples in conversation.

This topic merits study for several reasons. First, ample evidence suggests that uncertainty shares close ties with people's communication behavior (Berger & Bradac, 1982; Brashers, 2001; Knobloch, 2010), so integrative interpersonal theory could benefit from considering how individuals with depressive symptoms communicate under conditions of relational uncertainty. Second, research on the theory has been dominated by self-report methods, so scholars have called for observational tests to illuminate how partners behave in conversation (Casbon, Burns, Bradbury, & Joiner, 2005; Rehman, Boucher, Duong, & George, 2008; Timmons & Joiner, 2008). Further, an observational test of integrative interpersonal theory could shed light on the interplay within couples via actor effects and partner effects. Finally, with respect to application, the results could inform clinical guidelines for helping people with depressive symptoms communicate more effectively within their romantic relationships.

Integrative Interpersonal Theory

Integrative interpersonal theory combines Coyne's (1976) interpersonal theory and Swann's (1990; Swann, Wenzlaff, Krull, & Pelham, 1992) self-verification theory. It draws on Coyne's ideas to propose that people with depressive symptoms seek affirmation from partners, but then question the sincerity of the affirmation they receive, and embark on a downward spiral of excessive reassurance-seeking, doubts, and dysphoria. The theory draws on Swann's (1990; Swann et al., 1992) ideas to posit that individuals with depressive symptoms are caught between their conflicting desires for self-enhancement and self-verification. On one hand, such individuals seek approval from others because it is affectively pleasing. On the other hand, they solicit criticism from others because it meshes with their negative self-concept, confirms their unfavorable views of self, and offers a sense of control over their environment. Whereas reassurance from others is emotionally satisfying but cognitively dissonant, negative feedback from others is emotionally dissatisfying but cognitively confirming.

Integrative interpersonal theory has been supported by a variety of empirical tests. For example, people with depressive symptoms report engaging in more reassurance-seeking (Abela, Morrison, & Starrs, 2007; Joiner, Metalsky, Gencoz, & Gencoz, 2001; Starr & Davila, 2008) and negative feedback-seeking (Joiner, 1995; Weinstock & Whisman, 2004; see also Swann et al., 1992). Individuals who report high levels of depressive symptoms, reassurance-seeking, and negative feedback-seeking are especially vulnerable to rejection by partners (Joiner, 1996; Joiner & Metalsky, 1995; Katz & Beach, 1997). In addition, people's tendency to solicit reassurance and negative feedback is specific to depressive disorders rather than anxiety disorders or eating disorders (Burns, Brown, Plant, Sachs-Ericsson, & Joiner, 2006; Pettit & Joiner, 2001). All of these findings are consistent with integrative interpersonal theory.

Research on reassurance-seeking and negative feedback-seeking is voluminous, but scholars have called for additional work to address two shortcomings in the literature. One is that studies have relied almost exclusively on self-report measures (Benazon & Coyne, 1999; Rehman, Boucher, et al., 2008; Starr & Davila, 2008), typically operationalizing reassurance-seeking using the Depressive Interpersonal

Relationships Inventory (DIRI; Joiner & Metalsky, 2001) and negative feedback-seeking using the Feedback-Seeking Questionnaire (FSQ; Swann et al., 1992). In fact, integrative interpersonal theory lacks a comprehensive observational test, and only two investigations have employed coding techniques. One study, conducted to evaluate the validity of the DIRI against observer ratings of behavior, found that 18% of the variance was shared by the two methods (Joiner & Metalsky, 2001, Study 2). A second study documented no difference in observer ratings of negative feedback-seeking enacted by depressed versus nondepressed spouses during audiotaped interactions (Casbon et al., 2005). Accordingly, much remains unknown about how individuals seek approval and disapproval in conversation (e.g., Greenberg, 1999; Timmons & Joiner, 2008). Hypotheses 1 and 2 link people's depressive symptoms with their behavior to facilitate a formal test of integrative interpersonal theory.

H1: An actor's depressive symptoms are positively associated with his or her reassurance-seeking behavior in conversation.

H2: An actor's depressive symptoms are positively associated with his or her negative feedback-seeking behavior in conversation.

A second shortcoming of prior work is that scholars have not yet examined the interplay between partners. To address this issue, we draw on the actor-partner interdependence model (APIM; Kenny, Kashy, & Cook, 2006). The APIM argues that mutual influence occurs within dyads through actor effects and partner effects. *Actor effects*, such as the ones anticipated by Hypotheses 1 and 2, occur when an individual's characteristics predict his or her own outcomes. *Partner effects* operate when a partner's characteristics predict an actor's outcomes.

Integrative interpersonal theory suggests that a *partner's* depressive symptoms may lead an actor to seek reassurance and negative feedback. Individuals may feel insecure when a partner exhibits depressive symptoms, and, in turn, seek more self-enhancing and self-verifying information. Three lines of indirect evidence support the possibility. First, a person's depressive symptoms correspond with less relationship satisfaction for his or her partner (Kouros et al., 2008; Whisman et al., 2004), which should spark the partner's quest for self verification and relationship verification. Second, a person's depressive symptoms make his or her partner vulnerable to depression as well (Benazon & Coyne, 2000; Katz et al., 1999), which, according to integrative interpersonal theory, may prompt the partner to engage in more reassurance-seeking and negative feedback-seeking. Third, when an individual repeatedly asks for evaluation, the partner may lose confidence if he or she interprets the individual's behavior as a lack of trust, a problem with the relationship, or a need that will never be fulfilled (e.g., Katz & Joiner, 2001; van Orden & Joiner, 2006). In turn, the partner may feel compelled to solicit praise and authentication to verify his or her sense of self and the relationship. Hypotheses 3 and 4 predict that a partner's depressive symptoms correspond with an actor's behavior.

H3: A partner's depressive symptoms are positively associated with an actor's reassurance-seeking behavior in conversation.

H4: A partner's depressive symptoms are positively associated with an actor's negative feedback-seeking behavior in conversation.

Theorizing about Relational Uncertainty

We propose that relational uncertainty is a key construct to consider when theorizing about the link between depressive symptoms and conversation behavior. Relational uncertainty refers to the questions individuals have about participating in an interpersonal relationship (Knobloch, 2010; Knobloch & Solomon, 1999). It occurs when people are unsure about their own involvement in the relationship (*self uncertainty*), their partner's involvement in the relationship (*partner uncertainty*), and the status of the relationship itself (*relationship uncertainty*). Self, partner, and relationship uncertainty are overlapping but conceptually and empirically distinct sources of relational uncertainty (Knobloch, 2007).

Integrative interpersonal theory implies that individuals experiencing depressive symptoms grapple with issues of relational uncertainty, including questions about their self-worth, their attractiveness as a mate, the sincerity of their partner, and the viability of their relationship (e.g., Joiner et al., 1993; Joiner & Metalsky, 1995). Accordingly, an actor's depressive symptoms should be positively associated with his or her relational uncertainty. The theory is less explicit about the prospect of partner effects, but people may question the status of their relationship when their partner is suffering from depressive symptoms because of the demands of supporting him or her (e.g., Benazon & Coyne, 2000). Hypothesis 5 and Research Question 1 consider actor and partner effects of depressive symptoms on an actor's relational uncertainty.

H5: An actor's depressive symptoms are positively associated with his or her relational uncertainty.

RQ1: Are a partner's depressive symptoms positively associated with an actor's relational uncertainty?

Integrative interpersonal theory also hints at actor effects of relational uncertainty on people's reassurance-seeking and negative feedback-seeking behavior (Joiner et al., 1993; Joiner & Metalsky, 1995; Katz & Beach, 1997). The theory argues that individuals with depressive symptoms are motivated to gain self-enhancing and self-verifying information to make their relationships more predictable and understandable (Joiner et al., 1993; Joiner et al., 1999). In other words, people with depressive symptoms who are unsure about their value as a mate may turn to their partner for evaluation (Pettit & Joiner, 2006; Weinstock & Whisman, 2004, 2007). Hence, we interpret the theory to suggest that the relational uncertainty of actors should correspond with increases in their own reassurance-seeking and negative feedback-seeking behavior (Pettit & Joiner, 2006).

Indirect evidence for actor effects of relational uncertainty stems from research on a related construct. *Causal uncertainty* reflects an individual's belief that he or she does not adequately understand partners and social situations (Jacobson & Weary, 1999). Not only does causal uncertainty share a positive association with people's depressive symptoms (Chang, 2000; Edwards & Weary, 1998; Jacobson et al., 1999), but it also predicts people's reassurance-seeking behavior (Jacobson & Weary, 1999). In fact, causal uncertainty may mediate the association between people's depressive symptoms and their reassurance-seeking behavior (Jacobson, 2007). These findings imply that individuals with depressive symptoms who are experiencing uncertainty about their relationship may seek evaluation from their partner.

A similar claim emerges from studies of relational uncertainty. This work, although conducted outside the context of depression, suggests that people who are grappling with questions may be hypervigilant for insight into how their partner views them. For example, individuals who are unsure about the status of their relationship enact “secret tests” to uncover information about their partner's feelings (Baxter & Wilmot, 1984). Moreover, people experiencing relational uncertainty have difficulty recognizing relationship-focused talk (Knobloch & Solomon, 2005) and appraising their partner's behavior accurately (Knobloch, Miller, Bond, & Mannone, 2007), perhaps because they are overly eager to obtain cues about the status of their relationship (Knobloch & Satterlee, 2009). These studies cohere with theorizing that uncertainty motivates individuals to gain information (Berger, 1979; Berger & Calabrese, 1975). Based on the reasoning of integrative interpersonal theory, coupled with indirect evidence stemming from work on causal uncertainty and relational uncertainty, we expect actor effects such that people experiencing questions about dyadic involvement will engage in more reassurance-seeking and negative feedback-seeking.

H6: An actor's relational uncertainty is positively associated with his or her reassurance-seeking behavior in conversation.

H7: An actor's relational uncertainty is positively associated with his or her negative feedback-seeking behavior in conversation.

A related question is whether partner effects occur in addition to actor effects (i.e., a partner's relational uncertainty corresponds with an actor's reassurance-seeking and negative feedback-seeking behavior). Are individuals particularly motivated to gain self-enhancing and self-verifying information when their partner is grappling with questions about the nature of the relationship? Research suggests that partners who are unsure may act in ways that heighten the insecurities of actors. For example, they judge irritations as more severe (Theiss & Knobloch, 2009) and communicate less fluently (Knobloch, 2006). They also view their mate more negatively (Knobloch et al., 2007), are less satisfied with their relationship (Knobloch, 2008), and do less to maintain their relationship (Dainton, 2003). Thus, individuals may feel the need to seek reassurance and negative feedback when their partner is experiencing relational uncertainty.

H8: A partner's relational uncertainty is positively associated with an actor's reassurance-seeking behavior in conversation.

H9: A partner's relational uncertainty is positively associated with an actor's negative feedback-seeking behavior in conversation.

A final conceptual task lies in theorizing about how relational uncertainty may combine with depressive symptoms to predict people's reassurance-seeking and negative feedback-seeking behavior. Integrative interpersonal theory suggests three possible roles for relational uncertainty. One is mediation. If individuals question the status of their relationship when actors and partners grapple with depressive symptoms, and in turn, seek reassurance and negative feedback to quell their doubts, then relational uncertainty may mediate the association between depressive symptoms and behavior. Evidence of mediation would advance integrative interpersonal theory by suggesting that relational uncertainty accounts for the link between depressive symptoms and people's reassurance-seeking and negative feedback-seeking behavior (e.g., Jacobson, 2007).

A second possibility is moderation. Perhaps the link between depressive symptoms and behavior depends on the degree of relational uncertainty individuals are experiencing. Integrative interpersonal theory hints that relational uncertainty may intensify people's motivation to seek evaluative information when actors and partners are suffering from depressive symptoms (e.g., Joiner et al., 1993; Joiner & Metalsky, 1995; Katz & Beach, 1997). In other words, depressive symptoms may share particularly robust connections with reassurance-seeking and negative feedback-seeking behavior when relational uncertainty is high. Evidence of moderation would contribute to integrative interpersonal theory by identifying scope conditions that amplify or attenuate the link between depressive symptoms and behavior.

A third possibility is that relational uncertainty is a unique predictor of behavior. Perhaps depressive symptoms and relational uncertainty prompt individuals to seek evaluative information independently rather than in combination. If so, theorizing would progress by identifying whether depressive symptoms or relational uncertainty is the most potent predictor. Research Questions 2 and 3 ask whether relational uncertainty is a mediator, a moderator, or a unique predictor.

RQ2: Does the relational uncertainty of actors and partners operate as a mediator, moderator, or unique predictor of an actor's reassurance-seeking behavior?

RQ3: Does the relational uncertainty of actors and partners operate as a mediator, moderator, or unique predictor of an actor's negative feedback-seeking behavior?

Method

Recruitment Procedures

Evaluating our logic required a sample of romantic dyads with heterogeneous levels of depressive symptoms and relational uncertainty. To that end, we solicited couples in which at least one partner self-identified as experiencing dysphoria and/or relationship distress. Previous work shows that (1) people's relational uncertainty is strongly negatively correlated with their relationship satisfaction (Knobloch, 2008), and (2) floor effects of relational uncertainty may emerge in samples of very satisfied couples (Knobloch, 2010). Another motivation for recruiting for relationship distress was that people's depressive symptoms are strongly negatively correlated with their relationship satisfaction (Whisman, 2001). Thus, the recruitment procedures were geared toward soliciting a sample of romantic couples with heterogeneity in depressive symptoms and relational uncertainty.

The data were collected as part of a larger investigation conducted at an urban, university-affiliated Midwestern outpatient mental health center specializing in marriage and family therapy. The study was publicized to couples in the community by radio, print, and Internet advertisements, along with flyers hung in community centers, churches, and synagogues.

When individuals contacted the mental health center, an employee screened for the presence of depressive symptoms and/or relationship distress. As per the recruitment guidelines, couples were invited to participate if one or both partners self-identified as experiencing dysphoria and/or relationship dissatisfaction. Individuals were excluded if they reported (1) imminent suicide potential, (2) psychosis, (3) current substance or alcohol disorders, (4) lifetime diagnosis of schizophrenia, (5) domestic violence, or (6) child abuse (following Elkin, Parloff, Hadley, & Autry, 1985; Jacobson, Dobson,

Fruzzetti, Schmalings, & Salusky, 1991). Couples ineligible on these grounds were referred to appropriate services.

Data from this sample, in combination with another sample, contributed to a previous study evaluating the associations among depressive symptoms, relational uncertainty, and relationship quality (Knobloch & Knobloch-Fedders, 2010). Unique to this study are the conversation tasks and the reassurance-seeking and negative feedback-seeking variables.

Participants

The sample included 69 heterosexual couples ($N=138$ individuals; 54 married couples, 11 cohabitating couples, four dating couples). Participants ranged from 21 to 72 years of age (males: $M=43.19$ years, $SD=11.31$ years; females: $M=41.98$ years, $SD=11.04$ years). Their relationships averaged 10.89 years in length ($SD=11.97$ years). The sample was 69.6% Caucasian, 11.9% Black or African American, 9.6% Hispanic or Latino/a, 5.9% Asian or Asian American, 2.2% Native American or Pacific Islander, and 0.8% other. Approximately 65% of participants had children. Individuals reported a fairly high degree of relationship distress (males: $M=89.82$, $SD=21.29$, $\alpha=.94$; females: $M=82.00$, $SD=24.94$, $\alpha=.93$) via the Dyadic Adjustment Scale (DAS; Spanier, 1988).

Data Collection Procedures

Participants received self-administered questionnaires containing measures of depressive symptoms and relational uncertainty by mail, along with instructions to complete the questionnaires independently before the laboratory session. A trained researcher greeted the couple upon arrival at the mental health center, obtained informed consent, and settled partners into a room with couches, a coffee table, and concealed videotaping equipment. The researcher described the first topic of conversation (see Table 1), asked the couple to interact as naturally as possible, began recording, and exited the room. When the designated talk time had elapsed, the researcher knocked on the door, reentered the room, and described the next topic. In total, participants discussed six topics of conversation during 50 minutes of discussion.

Table 1 Instructions for the Topics of Conversation

Vacation planning (5 minutes)
We would like you to plan your next vacation. Please spend some time discussing where you would like to go, for how long, and what you would like to do.
Woman's conflict issue (10 minutes)
Next, we would like you to talk about [the conflict topic selected from the woman's DAS measure]. Please talk about the issue of disagreement and try to come up with a solution that you both agree with.
Man's conflict issue (10 minutes)
Please talk about [the conflict topic selected from the man's DAS measure]. Discuss the issue of disagreement and try to find a solution that you both agree with.
Woman's sad feelings (10 minutes)
For the next 10 minutes, we would like you to talk about what happens when [woman's name] feels sad or down. How do you both handle it when she feels sad or down?
Man's sad feelings (10 minutes)

Now, we would like you to talk about what happens when [man's name] feels sad or down. How do you both handle it when he feels sad or down?
Three best things about your relationship (5 minutes)
The last topic is for you to discuss the three best things about your relationship.

The six topics were chosen to elicit discussions of positive, negative, and neutral issues (see Table 1). Couples began with a 5-minute problem-solving conversation to plan their next vacation. Then, they discussed two issues of disagreement. They devoted 10 minutes to talking about the woman's highest-rated conflict issue (chosen from her responses to the DAS), and then they spent 10 minutes discussing the man's highest-rated conflict issue (chosen from his responses to the DAS). Afterwards, they engaged in two 10-minute conversations about how they cope with each person's depressive symptoms. First, they talked about what happens when the woman feels sad, and then they talked about what happens when the man feels sad. Finally, they participated in a 5-minute positively valenced conversation in which they identified the three best things about their relationship.²

Measures

Depressive symptoms

The Beck Depression Inventory (BDI-IA; Beck & Steer, 1993) asks people to rate their emotional, cognitive, and somatic symptoms of depression on a four-point scale. Consistent with the recruitment procedures, the mean score for both males ($M=11.13$, $SD=7.68$, $\alpha=.87$) and females ($M=15.05$, $SD=10.34$, $\alpha=.91$) was higher than population estimates, which typically fall between 4.00 and 6.00 (Kendall, Hollon, Beck, Hammen, & Ingram, 1987). Scores in this sample ranged from 0 to 45.

A score of 10 or above on the BDI-IA is the standard cutoff criterion distinguishing none to minimal depressive symptoms from mild to moderate depressive symptoms (Beck & Steer, 1993). Based on these guidelines, 61 participants (44.2%; $n=37$ men and 24 women) reported scores in the range of none to minimal symptoms (<10), 45 individuals (32.6%; $n=21$ men and 24 women) reported scores in the range of mild to moderate symptoms (10–18), 22 participants (16.0%; $n=9$ men and 13 women) reported BDI-IA scores in the range of moderate to severe symptoms (19–29), and 10 individuals (7.2%; $n=2$ men and 8 women) reported scores in the range of severe symptoms (≥ 30). In other words, more than half of the sample reported more than minimal depressive symptoms, and nearly a quarter of the sample reported moderate to severe depressive symptoms.

At the dyad level, 14 couples (20%) were comprised of partners who both reported BDI-IA scores <10 , 33 couples (48%) were comprised of one member who reported a score ≥ 10 ($n=10$ couples with the man's score ≥ 10 , 23 couples with the woman's score ≥ 10), and 22 couples (32%) were comprised of partners who both reported scores ≥ 10 . These numbers indicate that 55 dyads (80%) were composed of at least one member who met the BDI-IA cutoff score for at least mild to moderate depressive symptoms. In total, 61 dyads (93%) contained at least one member who met either the BDI-IA cutoff score for at least mild to moderate depressive symptoms or the DAS cutoff score for relationship distress.

Relational uncertainty

Brief versions of Knobloch and Solomon's (1999) scales gauged self, partner, and relationship uncertainty. These measures have shown evidence of reliability and validity in previous work (Knobloch, 2010). Participants responded to items prefaced by the stem "How certain are you about ...?" (1="completely or almost completely uncertain", 6="completely or almost completely certain"). All responses were reverse scored.

Self uncertainty contained four items: (1) how you feel about this relationship, (2) your view of this relationship, (3) your goals for the future of this relationship, and (4) how important this relationship is to you (males: $M=2.68$, $SD=1.13$, $\alpha=.85$; females: $M=3.01$, $SD=1.31$, $\alpha=.90$). *Partner uncertainty* also included four items: (1) how your partner feels about this relationship, (2) your partner's view of this relationship, (3) your partner's goals for the future of this relationship, and (4) how important this relationship is to your partner (males: $M=2.90$, $SD=1.12$, $\alpha=.86$; females: $M=3.02$, $SD=1.53$, $\alpha=.93$). Finally, *relationship uncertainty* involved four items: (1) how you can or cannot behave around your partner, (2) the current status of this relationship, (3) the definition of this relationship, and (4) the future of this relationship (males: $M=2.91$, $SD=1.09$, $\alpha=.86$; females: $M=3.18$, $SD=1.29$, $\alpha=.85$).

Reassurance-seeking and negative feedback-seeking

Teams of research assistants rated either the reassurance-seeking or the negative feedback-seeking of men and women during each 2-minute interval of conversation (procedures adapted from Casbon et al., 2005). After completing extensive training, judges made their ratings independently while reading transcripts and viewing the videotapes. They met as a team after rating the conversations of five couples, talked about their scores to minimize drift, and repeated the process of rating and meeting until they had judged all of the conversations.

Four judges assessed *reassurance-seeking* (see Table 2) by responding to an item that read: "During this interval, the individual sought reassurance ..." (0="not at all", 1="very mildly," 2="mildly," 3="moderately," 4="highly," 5="very highly," 6="extremely"). Six scores were computed for each individual, one for each conversation topic, by averaging the ratings across judges and intervals (males: $M=0.79$, $SD=0.70$; females: $M=1.04$, $SD=0.76$). Judges achieved a satisfactory level of reliability for both males (intraclass correlation=.76) and females (intraclass correlation=.76).

Table 2 Rating Guidelines for Reassurance-Seeking Behavior

Your task is to record a judgment for the degree to which participants actively seek assurances that they are lovable, worthy, competent, and likeable. This judgment is about asking a partner for approval. You should take both verbal and nonverbal cues into account.		
Use a rating of "6" for intervals in which an individual <i>requests</i> or <i>invites</i> praise a great deal. Participants in these intervals ask for validation, request support, solicit assurances, and seek comforting. Verbal examples include:		
	"I'm doing a good job,	"Do you <i>really</i> care about me?"

	don't you think?"	
	"I'm good at this, aren't I?"	"I can get through this, don't you think?"
	"You still love me, right?"	"Tell me that you'll be there for me."
Use a rating of "0" for intervals in which an individual does <i>not</i> seek reassurance at all. These intervals are completely irrelevant to self-validation. Individuals do not ask for praise, support, or comforting in any way.		
Indicate your response to the following item: "During this interval, the individual sought reassurance ..."		

0	1	2	3	4	5	6
Not at all	Very mildly	Mildly	Moderately	Highly	Very highly	Extremely
No indication of reassurance-seeking	Only subtle, indirect, or ambiguous reassurance-seeking statements	Number or directness of requests a bit more than 1	At least one obvious, direct, or clear reassurance-seeking statement	Multiple clear reassurance requests, but also several nonreassurance-seeking statements	Number or directness of statements a bit more than 4	Multiple clear reassurance requests; almost all speaking turns are reassurance-seeking

Rating guidelines adapted from Casbon et al. (2005).

Four other judges rated *negative feedback-seeking* (see Table 3) by completing the item "During this interval, the individual sought negative feedback ..." (0="not at all," 1="very mildly," 2="mildly," 3="moderately," 4="highly," 5="very highly," 6="extremely"). Individuals received a score for each of the six conversation topics that was averaged across judges and intervals (males: $M=0.43$, $SD=0.44$; females: $M=0.49$, $SD=0.51$). Interrater reliability was adequate for both males (intraclass correlation=.73) and females (intraclass correlation=.74).

Table 3 Rating Guidelines for Negative Feedback-Seeking Behavior

Your task is to record a judgment for the degree to which participants actively seek negative feedback about their behavior or their personality. This judgment is about asking a partner for criticism. You should take both verbal and nonverbal cues into account.		
Use a rating of "6" for intervals in which an individual <i>requests or invites</i> unfavorable evaluations a great deal. Participants in these intervals ask for criticism, invite negative		

judgments, and solicit rejection. Verbal examples include:		
	"I must be really stupid, don't you think?"	"Why do you think I'm so inept?"
	"I'm no good at this, am I?"	"You probably think I'm lazy."
Defensive statements <i>don't count</i> as asking for criticism. Examples include:		
	"Well, I just can't keep track of time."	"No one taught me the value of money."
	"I've never been good at school."	"I can't help it that I'm overweight."
Use a rating of "0" for intervals in which an individual does <i>not</i> request unfavorable evaluation at all. These intervals are completely irrelevant to negative feedback. Individuals do not ask for criticism or blame in any way.		
Indicate your response to the following item: "During this interval, the individual sought negative feedback ..."		

0	1	2	3	4	5	6
Not at all	Very mildly	Mildly	Moderately	Highly	Very highly	Extremely
No indication of negative feedback-seeking	Only subtle, indirect, or ambiguous negative feedback-seeking statements	Number or directness of requests a bit more than 1	At least one obvious, direct, or clear negative feedback-seeking statement	Multiple clear negative feedback-seeking requests, but also several nonnegative feedback-seeking statements	Number or directness of statements a bit more than 4	Multiple clear negative feedback-seeking requests; almost all speaking turns are negative feedback-seeking

Rating guidelines adapted from Casbon et al. (2005).

Results

Preliminary Analyses

A first preliminary analysis examined gender differences in the independent and dependent variables. Results of paired samples *t*-tests indicated that women reported more depressive symptoms, self uncertainty, and relationship uncertainty than men (see Table 4). In addition, judges rated women as enacting more reassurance-seeking than men.

Table 4 Paired Samples *t*-Tests Comparing Males and Females

Reassurance-seeking								
Males	0.19 (0.37) ^a	0.89 (0.76) ^{b,c}	1.05 (0.63) ^c	0.82 (0.58) ^b	1.35 (0.74) ^d	0.55 (0.49) ^e	5	57.73***
Females	0.41 (0.48) ^a	1.28 (0.67) ^b	1.14 (0.62) ^b	1.65 (0.76) ^c	0.86 (0.55) ^d	0.80 (0.54) ^d	5	55.58***
Negative feedback-seeking								
Males	0.07 (0.14) ^a	0.52 (0.50) ^b	0.51 (0.44) ^b	0.54 (0.38) ^b	0.73 (0.44) ^c	0.27 (0.32) ^d	5	31.50***
Females	0.15 (0.29) ^a	0.52 (0.51) ^b	0.50 (0.39) ^b	0.85 (0.56) ^c	0.52 (0.41) ^b	0.32 (0.40) ^d	5	36.56***

$n=69$ males or females. Cell entries are means; values in parentheses are standard deviations. Cell entries that do not share superscripts are statistically different in Bonferroni post hoc tests. * $p<.05$, ** $p<.01$, *** $p<.001$.

Substantive Analyses

We conducted the substantive analyses using multilevel modeling to accommodate the statistical dependence in observations across conversations and between partners (Raudenbush & Bryk, 2002; Snijders & Boskers, 1999). We distinguished dyad members by an actor's sex and computed interaction terms to examine an actor's sex as a moderator (Kenny et al., 2006, pp. 173–175). We employed restricted maximum likelihood (pp. 86–87), an unstructured covariance structure, and two-tailed tests of statistical significance.

Depressive symptoms as a predictor of behavior

Initial hypotheses argued that an actor's and a partner's depressive symptoms are positively associated with an actor's reassurance-seeking (H1, H3) and negative feedback-seeking (H2, H4). Two three-level models were created in which conversations were nested within individuals and individuals were nested within dyads. The models contained (a) conversation topic as a Level 1 predictor, (b) an actor's sex as a Level 2 predictor (1=males, -1=females), (c) an actor's and a partner's depressive symptoms as grand-mean centered Level 2 predictors, and (d) two interaction terms computed as an actor's sex multiplied by an actor's or a partner's depressive symptoms.

Results for an actor's sex demonstrated that women engaged in more reassurance-seeking and negative feedback-seeking than men (see Table 7). The slopes for depressive symptoms revealed mixed support for the hypotheses. An actor's and a partner's depressive symptoms were positively associated with an actor's reassurance-seeking (H1, H3) but not an actor's negative feedback-seeking (H2, H4). An actor's sex did not interact with an actor's or a partner's depressive symptoms to predict an actor's behavior.⁴

Table 7 Actor's Sex and Depressive Symptoms or Relational Uncertainty Predicting an Actor's Behavior

	Depressive symptoms	Self uncertainty	Partner uncertainty	Relationship uncertainty
Reassurance-seeking				
Actor's sex	-.07***	-.09***	-.09***	-.10***

Actor's predictor	.01***	-.01	.04	-.01
Partner's predictor	.01*	.00	-.01	.05*
Negative feedback-seeking				
Actor's sex	-.05**	-.04*	-.04**	-.04**
Actor's predictor	.00	.03*	.03**	.04**
Partner's predictor	.00	.01	.00	.01

$N=828$ scores (6 conversation topics nested within 2 individuals nested within 69 couples). Each model contained the topic of conversation as a Level 1 predictor and two interaction terms involving an actor's sex as Level 2 predictors. Cell entries are unstandardized slopes. Actor's sex was coded such that 1=males and -1=females. * $p<.05$, ** $p<.01$, *** $p<.001$.

Depressive symptoms as a predictor of relational uncertainty

A second analysis evaluated whether an actor's depressive symptoms (H5) and a partner's depressive symptoms (RQ1) are positively associated with an actor's relational uncertainty. Two-level models were constructed in which individuals were nested within dyads. The models included (a) an actor's sex as a Level 1 predictor, (b) an actor's and a partner's depressive symptoms as grand-mean centered Level 1 predictors, and (c) two interaction terms calculated as an actor's sex multiplied by an actor's or a partner's depressive symptoms. Findings indicated partial support for H5: An actor's depressive symptoms predicted an actor's self uncertainty (slope=.03, $p=.003$) and relationship uncertainty (slope=.03, $p=.015$) but not partner uncertainty (slope=.02, ns). No partner effects were evident (RQ1), nor did an actor's sex exert main or interactive effects.⁵

Relational uncertainty as a predictor of behavior

A third set of hypotheses proposed that the relational uncertainty of actors and partners is positively associated with the reassurance-seeking (H6, H8) and negative feedback-seeking (H7, H9) of actors in conversation. The three-level models testing the first four hypotheses were repeated with the self uncertainty, partner uncertainty, or relationship uncertainty of actors and partners substituted as grand-mean centered Level 2 predictors instead of depressive symptoms.

Findings again indicated that men enacted less reassurance-seeking and negative feedback-seeking than women (see Table 7). An actor's self, partner, and relationship uncertainty did not predict his or her reassurance-seeking (H6), but a partner's relationship uncertainty was positively associated with an actor's reassurance-seeking (H8). An actor's self, partner, and relationship uncertainty were positively associated with an actor's negative feedback-seeking (H7). No main effects were apparent for a partner's relational uncertainty (H9), but an actor's sex moderated the association that the partner uncertainty of partners shared with an actor's negative feedback-seeking. To probe the interaction, two-level multilevel models were analyzed separately for men and women. Women's partner uncertainty was positively associated with men's negative feedback-seeking (slope=.04, $p<.001$), but men's partner uncertainty was unrelated to women's negative feedback-seeking (slope=-.02, ns).

Depressive symptoms and relational uncertainty as predictors of behavior

Research questions asked whether relational uncertainty acts as a mediator, moderator, or unique predictor of an actor's reassurance-seeking (RQ2) and negative feedback-seeking (RQ3). Notably, the prerequisite conditions for mediation were not fulfilled. Mediation would require the independent

variables to individually predict the dependent variables, but depressive symptoms did not predict an actor's negative feedback-seeking, and relational uncertainty did not predict an actor's reassurance-seeking (see Table 7). These findings rule out mediation.

To evaluate the possibility of unique prediction, three-level models were constructed to examine the independent variables together. The models included (a) conversation topic as a Level 1 predictor, (b) an actor's sex as a Level 2 predictor, (c) an actor's depressive symptoms, a partner's depressive symptoms, an actor's relational uncertainty, and a partner's relational uncertainty as grand-mean centered Level 2 predictors, and (d) four interaction terms computed as the product of an actor's sex and each of the substantive predictors.

Main effects of an actor's sex were apparent for both dependent variables (see Table 8). For an actor's reassurance-seeking, the depressive symptoms of actors and partners were positive predictors but the relational uncertainty of actors and partners were not predictors (RQ2). For an actor's negative feedback-seeking, all three sources of an actor's relational uncertainty were positive predictors but the depressive symptoms of actors and partners were not predictors (RQ3). One interaction effect involving an actor's sex emerged: Women's partner uncertainty was positively associated with men's negative feedback-seeking (slope=.04, $p < .001$), but men's partner uncertainty did not predict women's negative feedback-seeking (slope=-.02, *ns*).

Table 8 Actor's Sex, Depressive Symptoms, and Relational Uncertainty Predicting an Actor's Behavior

	Self uncertainty	Partner uncertainty	Relationship uncertainty
Reassurance-seeking			
Actor's sex	-.08***	-.08***	-.08***
Actor's depressive symptoms	.01***	.01***	.01***
Partner's depressive symptoms	.01*	.01*	.01*
Actor's relational uncertainty	-.04	.02	-.04
Partner's relational uncertainty	.00	-.03	.03
Negative feedback-seeking			
Actor's sex	-.05**	-.05**	-.05**
Actor's depressive symptoms	.00	.00	.00
Partner's depressive symptoms	.00	.00	.00
Actor's relational uncertainty	.04*	.03**	.05***
Partner's relational uncertainty	.01	.01	.01

$N=828$ scores (6 conversation topics nested within 2 individuals nested within 69 couples). Each model contained the topic of conversation as a Level 1 predictor and four interaction terms involving an actor's sex as Level 2 predictors. Cell entries are unstandardized slopes. Actor's sex was coded such that 1=males and -1=females. * $p < .05$, ** $p < .01$, *** $p < .001$.

A final analysis examined moderation by considering whether depressive symptoms and relational uncertainty interact to predict behavior. The three-level models reported in Table 8 were reconducted using the heterogeneous compound symmetry covariance structure (Kenny et al., 2006, pp. 173–175)

with four additional two-way interaction terms (computed as the product of the depressive symptoms of actors or partners multiplied by the relational uncertainty of actors or partners). Finding revealed that only two of the 24 new interaction terms were statistically significant predictors. An actor's depressive symptoms showed a trend to be more positively associated with an actor's negative feedback-seeking when a partner's self uncertainty and partner uncertainty were low rather than high, but the slopes did not reach statistical significance at either end of the distribution. These results suggest a lack of moderation. In sum, the findings for RQ2 and RQ3 imply that the depressive symptoms and relational uncertainty of actors and partners are unique predictors of reassurance-seeking and negative feedback-seeking.⁶

Discussion

In this study, we meshed integrative interpersonal theory with relational uncertainty via the actor-partner interdependence model to investigate people's reassurance-seeking and negative feedback-seeking behavior. Our research design was observational: Couples experiencing depressive symptoms and/or relationship distress engaged in a 50-minute conversation about topics of positive, negative, and neutral valence. The multilevel modeling results supported some, but not all, of the predictions deduced from integrative interpersonal theory.

Depressive Symptoms versus Relational Uncertainty

A primary tenet of integrative interpersonal theory is that individuals with dysphoric tendencies are motivated to solicit both self-enhancing and self-verifying feedback (Joiner et al., 1993; Joiner & Metalsky, 1995; Katz & Beach, 1997). Only half of this claim was compatible with the data. The depressive symptoms of both actors (H1) and partners (H3) were positively associated with an actor's reassurance-seeking behavior. Conversely, the depressive symptoms of actors (H2) and partners (H4) did not predict an actor's negative feedback-seeking behavior.

The results for H1 and H3 are consistent with a sizeable body of research documenting a link between depressive symptoms and self-reported reassurance-seeking behavior (Starr & Davila, 2008), but our investigation is the first to verify an association between depressive symptoms and observer ratings of reassurance-seeking behavior. Perhaps more important, it is the first to document partner effects of depressive symptoms on reassurance-seeking behavior in conversation. Scholars have long theorized that depressive symptoms are embedded in the interpersonal context (Beach, Sandeen, & O'Leary, 1990; Coyne, 1976). They have made great strides illuminating how people's depressive symptoms may be contagious to partners (Benazon, 2000; Benazon & Coyne, 2000; Katz et al., 1999), may spark rejection from partners (Segrin & Dillard, 1992; Starr & Davila, 2008; Weinstock & Whisman, 2004), and may be dissatisfying for partners (Whisman et al., 2004). Our findings complement these strands of research by illuminating yet another dyadic aspect: An individual's depressive symptoms correspond with more reassurance-seeking behavior from his or her partner. These results enhance integrative interpersonal theory by implying that people's depressive symptoms are manifest in their own behavior and may spill over to their partner's behavior as well.

Contrary to the theory's logic, an actor's negative feedback-seeking behavior was not related to the depressive symptoms of actors (H2) or partners (H4). At least four explanations may account for the null findings. One possibility is that previous research may have capitalized on shared method variance

in observing a connection between people's depressive symptoms and their self-reported negative feedback-seeking behavior (e.g., Joiner et al., 1993; Joiner & Metalsky, 1995; Weinstock & Whisman, 2004). Notably, however, several self-report investigations (Katz & Beach, 1997; Pettit & Joiner, 2001) and the only prior observational study (Casbon et al., 2005) did not document a bivariate association between depressive symptoms and negative feedback-seeking behavior. A second possibility is that people with depressive symptoms engage in very subtle or very infrequent negative feedback-seeking behaviors. Of course, a third explanation is that integrative interpersonal theory is mistaken in its premise that people's depressive symptoms correspond with their negative feedback-seeking behavior. Before discarding the theory's logic about negative feedback-seeking, however, scholars should consider a fourth possibility: Features of the dyadic context (other than relational uncertainty) may moderate the link between depressive symptoms and negative feedback-seeking (e.g., Casbon et al., 2005; Pettit & Joiner, 2001).

We sought to advance integrative interpersonal theory by incorporating relational uncertainty along with depressive symptoms as a predictor of people's reassurance-seeking and negative feedback-seeking behavior. Results revealed mixed support for our theorizing. Actor effects of depressive symptoms on relational uncertainty were apparent for self and relationship uncertainty (H5), but partner effects did not exist (RQ1). With respect to communication, actor effects of relational uncertainty on reassurance-seeking did not emerge (H6), and only the relationship uncertainty of partners was positively associated with the reassurance-seeking of actors (H8). All three sources of relational uncertainty reported by actors were positively associated with the negative feedback-seeking of actors (H7), and the partner uncertainty reported by women was positively associated with the negative feedback-seeking of men (H9). These findings, considered as a set, imply that individuals experiencing questions about their relationship may be particularly motivated to seek negatively valenced information.

More broadly, the data speak to a hotly contested topic by implying that the link between relational uncertainty and communication may vary by dyadic domain. Early theorizing proposed that individuals seek information when they are unsure (Berger & Calabrese, 1975). In contrast, subsequent theorizing argued that people prefer to tolerate uncertainty when seeking information is risky, face threatening, or disadvantageous (Brashers, 2001; Sunnafrank, 1990). The latter proposition is bolstered by evidence that individuals experiencing relational uncertainty avoid talking about sensitive topics within dating relationships (Knobloch & Carpenter-Theune, 2004) and cross-sex friendships (Afifi & Burgoon, 1998). We examined this issue in a new domain by considering the information-seeking behavior of romantic dyads experiencing depressive symptoms and/or relationship distress. For couples in these circumstances, the face threats inherent in requesting evaluation from a partner may be subordinate to their desire for information. Our findings add complexity to the debate by suggesting that some people may be so motivated to obtain their partner's criticisms that they disregard identity threats, risk embarrassment, and act contrary to social norms.

Perhaps the most intriguing finding for integrative interpersonal theory is the divergence between reassurance-seeking and negative feedback-seeking behavior. In fact, depressive symptoms and relational uncertainty emerged as unique predictors of people's behavior rather than mediators or moderators. An actor's reassurance-seeking behavior was predicted by the depressive symptoms of

actors and partners (RQ2), but an actor's negative feedback-seeking behavior was predicted by the relational uncertainty of actors (RQ3). The theory conceptualizes reassurance-seeking and negative feedback-seeking as parallel constructs: Both represent a quest for information but with opposite valences (Joiner et al., 1993). Our results depart from this conceptualization by suggesting that the origins of the two behaviors may differ. Whereas people's reassurance-seeking behavior may be tied to the dysphoric tendencies of actors and partners, their negative feedback-seeking behavior may be tied to the questions they have about their relationship. These findings underscore the need for additional theorizing about the foundations of people's requests for approval versus disapproval.

Our results as a set have notable ramifications for integrative interpersonal theory. First, our data imply that the theory should be extended to encompass interdependence between dyad members *vis-à-vis* actor and partner effects (e.g., Kenny et al., 2006), particularly with respect to people's reassurance-seeking behavior. Second, our findings suggest that incorporating relational uncertainty would bolster the theory's explanatory power, particularly with respect to people's negative feedback-seeking behavior (e.g., Jacobson, 2007). In terms of research design, our study provides an example of observational techniques that can be used to complement the self-report measures dominating previous work on reassurance-seeking and negative feedback-seeking (e.g., Joiner & Metalsky, 2001; Swann et al., 1992). Hence, this investigation moves integrative interpersonal theory forward in both conceptual and empirical ways.

Strengths, Weaknesses, and Directions for Future Research

One strength of our study is its interdisciplinary focus. The field of psychology, the birthplace of integrative interpersonal theory, has produced an impressive body of scholarship on reassurance-seeking and negative feedback-seeking (Timmons & Joiner, 2008). Implicit in the theory's logic is relational uncertainty (e.g., Joiner et al., 1993; Joiner et al., 1999), which has long been the subject of theorizing in the field of interpersonal communication (Berger & Bradac, 1982). The results illuminate the benefits of interdisciplinary research by showcasing how constructs from both disciplines can shed light on couples' conversation behavior.

A second strength lies in considering both actor and partner effects. Although integrative interpersonal theory emphasizes interdependence between people (Joiner et al., 1993; Joiner & Metalsky, 1995; Swann et al., 1992), most previous work has investigated the characteristics of individuals that predict their own reassurance-seeking and negative feedback-seeking behavior (e.g., Starr & Davila, 2008; Weinstock & Whisman, 2004). In fact, this study is the first to evaluate how a partner's characteristics predict an actor's reassurance-seeking and negative feedback-seeking behavior in conversation. Our findings suggest that features of both actors *and* partners correspond with an actor's quest for self-enhancing and self-verifying information.

Third, we employed an observational research design. Although the self-report scales employed in previous work to measure reassurance-seeking and negative feedback-seeking are reliable and easy to administer, they merely index how people *say* they behave (Rehman, Boucher, et al., 2008; Starr & Davila, 2008). In contrast, our investigation considered how individuals *actually* behave. The measurement strategies probably capture different facets of the constructs: Whereas the self-report measures assess people's perceptions of their preferences, habits, or tendencies, the observational measures index the judgments outsiders make about people's behavior in particular situations. In fact,

the only study to collect both self-report and observational data on reassurance-seeking behavior documented just 18% overlap between the two methods (Joiner & Metalsky, 2001, Study 2). Our investigation lacks the self-report data needed to compare the measurement strategies directly, but our results imply that observational techniques are viable for operationalizing these behaviors.

Several weaknesses stem from the decision to conduct a controlled observational study. First, participants discussed preassigned topics in an unfamiliar location. If they perceived the setting to be artificial or atypical, their behavior may not have duplicated the way they usually behave. Second, couples did not enact very much reassurance-seeking or negative feedback-seeking on average. More research is needed to determine if (1) the behaviors are relatively rare in conversation, (2) features of the research design constrained people's behavior, and/or (3) the independent judges were not able to recognize understated cues that would be visible to insiders. Moreover, the study was predicated on the rather stringent assumption that depressive symptoms and relational uncertainty are apparent in relatively minute features of conversation. The null findings, then, could reflect the challenges inherent in predicting isolated slices of people's behavior. Finally, the sample was not particularly large ($N=69$ couples). The multilevel modeling analyses took advantage of six repeated measures per individual ($N=828$ observations), but the sample size may have hampered the ability to detect small effects.

Another limitation is that the cross-sectional research design prohibits conclusions about causality. Whereas we conceptualized people's depressive symptoms as a predictor of their reassurance-seeking and negative feedback-seeking behavior, scholars have theorized that people's depressive symptoms are both a cause and an effect of their behavior (Coyne, 1976; Joiner, 2000). Empirical evidence supports both pathways (Joiner & Metalsky, 2001; Joiner et al., 1999), so additional work is needed to untangle the direction of any causal associations.

A final avenue for future research is to identify the specific communication behaviors that comprise reassurance-seeking and negative feedback-seeking behavior. A critique that Greenberg (1999, p. 293) leveled at this literature a decade ago is still relevant: What do people actually *do* when they seek reassurance and negative feedback? What verbal and nonverbal cues signify these behaviors? How do partners respond? Our study had some success operationalizing the behaviors via gestalt ratings made at 2-minute intervals; consequently, a next step is to employ more sophisticated observational techniques. Moment-by-moment coding would be useful for illuminating the sequential nature of people's requests and responses. Work along those lines would provide further insight into the important question of how people's depressive symptoms intersect with their conversation behavior.

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Notes

1. The enduring, repetitive, and relentless nature of reassurance-seeking behavior distinguishes it from people's functional attempts to gain social support (Joiner et al., 1999, p. 274; Katz & Joiner, 2001).
2. Couples who qualified for a second study of treatment outcomes for depression received 16 sessions of free conjoint psychotherapy for participating in both studies. Couples who did not qualify for the second study, or who declined to enroll in the second study, received \$100 in exchange for their participation in this study.
3. Despite high positive correlations among the self, partner, and relationship sources of relational uncertainty, results of confirmatory factor analyses indicated that the 12 items did not form a unidimensional factor. These findings are consistent with both theoretical conceptualizations of the construct (Berger & Bradac, 1982; Knobloch & Solomon, 1999) and all previous tests of the factor structure of the items (for review, see Knobloch, 2007). Accordingly, we retained self, partner, and relationship uncertainty as unique variables but considered them in separate analyses to avoid multicollinearity (following Knobloch, 2006, 2008).
4. Marital status (married vs. dating or cohabitating) was not a statistically significant predictor in any of the multilevel models.
5. These analyses share some overlap with those reported by Knobloch and Knobloch-Fedders (2010).
6. Findings for all of the hypotheses and research questions were very similar for (a) the subsample of 55 couples in which one or both partners reported at least mild to moderate depressive symptoms, and (b) the subsample of 61 couples in which one or both partners reported at least mild to moderate depressive symptoms or substantial relationship distress.

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