Background and Objectives: According to the negativity hypothesis, depressed individuals are over-pessimistic due to negative self-concepts. In contrast, depressive realism suggests that depressed persons are realistic compared to their nondepressed controls. However, evidence supporting depressive realism predominantly comes from judgment comparisons between controls and nonclinical dysphoric samples when the controls show overconfident bias. This study aimed to test the validity of the two accounts in clinical depression and dysphoria.

Methods: Sixty-eight participants, including healthy controls (n = 32), patients with DSM-IV major depression (n = 20), and dysphoric participants with CDC-defined chronic fatigue syndrome (n = 16) performed an adjective recognition task and reported their item-by-item confidence judgments and post-test performance estimate (PTPE).

Results: Compared to realistic PTPE made by the controls, patients with major depression showed significant underconfidence. The PTPE of the dysphoric participants was relatively accurate. Both the depressed and dysphoric participants displayed less item-by-item overconfidence as opposed to significant item-by-item overconfidence shown by the controls.

Limitations: The judgment-accuracy patterns of the three groups need to be replicated with larger samples using non-memory task domains.

Conclusion: The present study confirms depressive realism in dysphoric individuals. However, toward a more severe depressive emotional state, the findings did not support depressive realism but are in line with the prediction of the negativity hypothesis. It is not possible to determine the validity of the two hypotheses when the controls are overconfident. Dissociation between item-by-item and retrospective confidence judgments is discussed.

KEYWORDS: depressive realism, negativity, confidence judgment, dysphoria, chronic fatigue syndrome