Differences in cognitive immunization between depressed vs. nondepressed subj. (#113202)

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1) Have any data been collected for this study already?
No, no data have been collected for this study yet.

2) What's the main question being asked or hypothesis being tested in this study?
We hypothesize that individuals with depression will show higher levels of cognitive immunization when confronted with unexpected positive social feedback than healthy controls (H1). Conversely, we hypothesize that individuals without depression will show higher levels of cognitive immunization when confronted with unexpected negative social feedback than healthy controls (H2).

3) Describe the key dependent variable(s) specifying how they will be measured.
Cognitive immunization will be assessed following unexpected positive or negative social feedback by asking participants to what extent they can accept this feedback, using a 6-point Likert scale ranging from 0 (not at all) to 5 (very much). The main dependent variable will be the average of these ratings, separated between positive and negative social feedback. In addition, we would like to reserve the possibility of using composite indices of cognitive immunization that incorporate the content and evaluation of thoughts that occur as a result of the expectation violation.

4) How many and which conditions will participants be assigned to?
There will be no experimental conditions, but natural groups of participants (depressed vs. non-depressed) balanced by gender. The order of blocks of positive and negative social feedback will be counterbalanced.

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.
We will use simple t-tests to identify potential differences in average cognitive immunization ratings between the two groups.

6) Describe exactly how outliers will be defined and handled, and your precise rule(s) for excluding observations.
We plan to exclude participants who abort their participation prematurely. Furthermore, we reserve to exclude participants who show suspicious response patterns (e.g., no variance in their responses) or excessive response latencies (e.g., > 1 hour).

7) How many observations will be collected or what will determine sample size? No need to justify decision, but be precise about exactly how the number will be determined.
We will stop recruiting when at least N = 80 clinical and N = 80 nonclinical participants fully participated in the study.

8) Anything else you would like to pre-register? (e.g., secondary analyses, variables collected for exploratory purposes, unusual analyses planned?)
Differences in levels of immunization could be linked to relevant clinical variables, such as perseverative negative thinking, attributional style or former depressive episodes. We plan to investigate these relationships in more detail.
We further reserve to control our analyses for symptoms of social phobia or social anxiety.