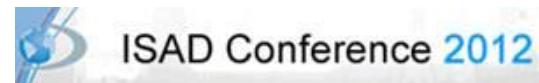


# **MEASURING COGNITIVE CONFLICTS AND THEIR RELEVANCE FOR UNIPOLAR DEPRESSION**

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# Introduction

- The notion of mental or intra-psychic conflict has been present in psychopathology for over a century throughout different theoretical orientations. However, internal conflicts have not been defined in measurable, operational terms, nor has their importance in depression been described.
- This study is based on the notion of cognitive conflict described in personal construct theory as **implicative dilemmas**, and on a new way of identifying these dilemmas by means of the repertory grid technique.

# Example of a Repertory Grid

- The **Repertory Grid Technique (RGT)** is a semi-structured interview aimed at the elicitation of the patient's personal constructs.

CONSTRUCTS		ELEMENTS												
		Self now	Mother	Father	Brother	Boyfriend	Friend 1	Friend 2	Non-grata	Friend 3	Cousin	Godmother	Friend 4	Ideal Self
1. Pessimistic	1. Optimistic	1	1	5	2	7	3	6	2	6	4	3	2	7
2. Self-demanding	2. Takes it easy	1	6	6	2	2	5	6	3	5	6	4	5	4
3. Fearful	3. Enterprising	2	2	6	2	4	5	6	5	2	3	4	5	5
4. Lives to work	4. Works to live	5	1	2	2	6	6	6	1	6	7	6	6	7
5. Imposes his/her wishes	5. Tolerant with others	6	2	1	1	4	3	6	1	7	3	4	2	7
6. Teasing	6. Touchy	2	7	1	6	4	3	4	6	3	3	5	6	3
7. Appreciates others	7. Does not appreciate others	2	6	6	6	1	5	4	7	4	2	2	5	1
8. Aggressive	8. Calm	6	4	2	2	7	4	6	2	6	6	6	3	7
9. Concerned about others	9. Selfish	2	2	6	7	2	3	5	7	3	3	2	2	2
10. Avaricious	10. Generous	6	1	1	1	7	5	5	1	6	3	3	6	7
11. Sensitive	11. Materialistic, superficial	1	5	7	7	1	4	5	7	1	4	3	4	1
12. Cheeky	12. Respectful	6	6	5	4	6	6	6	1	6	5	6	5	7
13. Hypocritical	13. Sincere	5	4	4	2	6	5	5	1	6	6	5	4	7
14. Blackmailer	14. Non blackmailer	3	2	2	1	5	6	6	1	6	6	6	3	7
15. Appears stronger than is	15. Natural	6	3	1	2	5	2	4	2	7	6	6	5	6
16. Does not look after the friendship	16. Looks after the friendship	6	3	3	3	6	2	1	2	4	4	6	4	7
17. Non Accessible	17. Accessible	5	2	2	1	4	2	4	1	6	3	5	2	7
18. Introverted	18. Extroverted	1	2	6	2	4	5	7	5	2	6	6	5	5
19. Gets depressed easily	19. Does not get depressed easily	1	2	6	3	6	3	7	6	1	3	3	3	6
20. Tries to find the good in things	20. Sees only the negative	6	6	4	6	1	5	2	7	6	3	3	5	1

# What is an Implicative Dilemma?

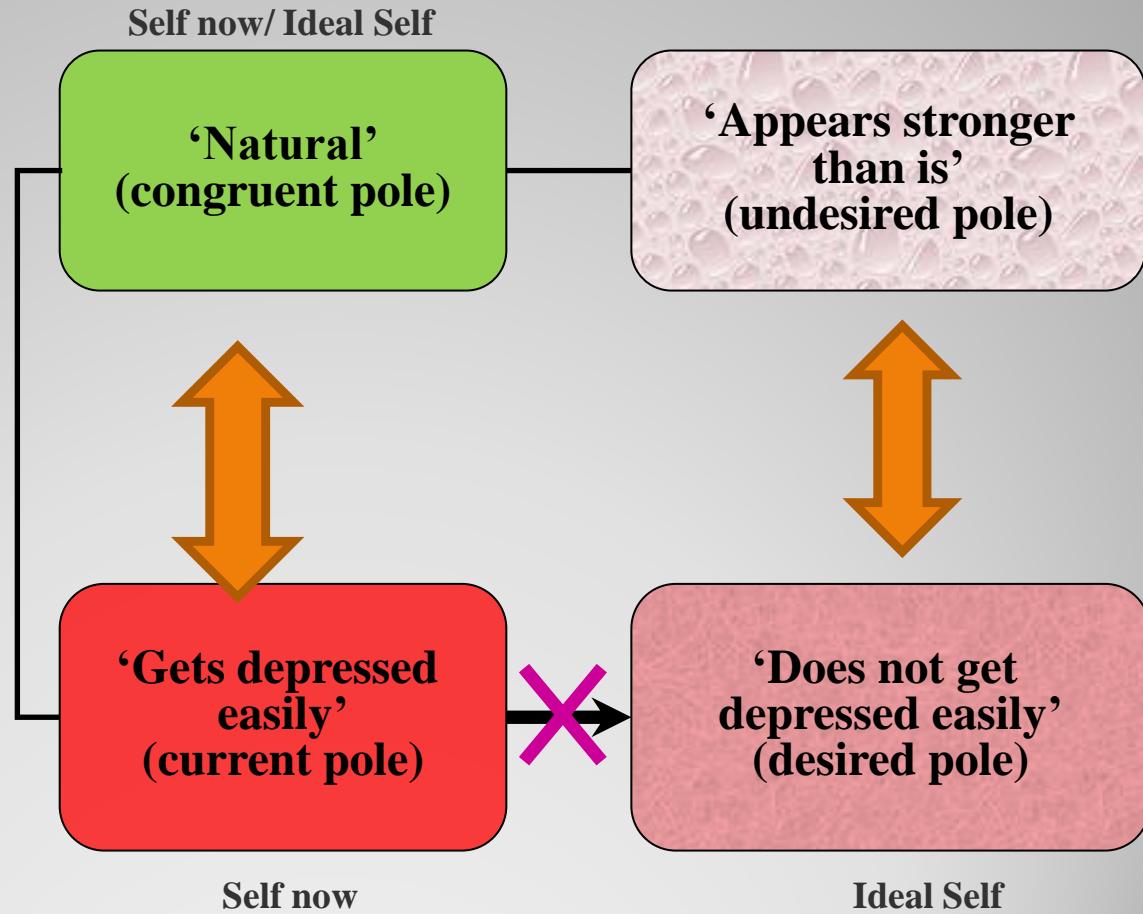
- IDs are a kind of cognitive conflict in which a desired change for the actual self (towards the ideal-self) implies an undesired change in another dimension or construct.
- To identify an ID with the RGT, there have to be found one (or more) constructs in which the actual self is rated in the opposite pole of the ideal-self. This would indicate a desire to change regarding that dimension, called "**discrepant construct**".
- In addition, that discrepant construct has to be correlated ( $r > .35$ ) to another construct (called "**congruent construct**") in which actual self and ideal-self are rated in the same pole so that that pole is linked to the self pole of the discrepant construct (see example below).

# Example of an ID from a patient of the clinical sample:

Congruent Construct

$r > 0.35$

Discrepant Construct



CONSTRUCTS		ELEMENTS											
		Self now	Mother	Father	Brother	Boyfriend	Friend 1	Friend 2	Friend 3	Cousin	Godmother	Friend 4	Ideal Self
1.	Pessimistic	1	1	5	2	7	3	6	2	6	4	3	2
2.	Self-demanding	1	6	6	2	2	5	6	3	5	6	4	5
3.	Fearful	2	2	6	2	4	5	6	5	2	3	4	5
4.	Lives to work	5	1	2	2	6	6	6	1	6	7	6	7
5.	Imposes his/her wishes	6	2	1	1	4	3	6	1	7	3	4	2
6.	Teasing	2	7	1	6	4	3	4	6	3	3	5	6
7.	Appreciates others	2	6	6	6	1	5	4	7	4	2	2	5
8.	Aggressive	6	4	2	2	7	4	6	2	6	6	6	7
9.	Concerned about others	2	2	6	7	2	3	5	7	3	3	2	2
10.	Avaricious	6	1	1	1	7	5	5	1	6	3	3	6
11.	Sensitive	1	5	7	7	1	4	5	7	1	4	3	4
12.	Cheeky	6	6	5	4	6	6	6	1	6	5	6	7
13.	Hypocritical	5	4	4	2	6	5	5	1	6	6	5	7
14.	Blackmailer	3	2	2	1	5	6	6	1	6	6	6	7
15.	Appears stronger than is	15.	Natural	6	3	1	2	5	2	4	2	7	6
16.	Does not look after the friendship	6	3	3	3	6	2	1	2	4	4	6	4
17.	Non Accessible	5	2	2	1	4	2	4	1	6	3	5	2
18.	Introverted	1	2	6	2	4	5	7	5	2	6	6	5
19.	Gets depressed easily	19.	Does not get depressed easily	1	2	6	3	6	3	7	6	1	3
20.	Tries to find the good in things	6	6	4	6	1	5	2	7	6	3	3	5

Congruent Construct

$r > 0.35$

Discrepant Construct

Self now/ Ideal Self

‘Natural’  
(congruent pole)

‘Appears stronger  
than is’  
(undesired pole)

Self now

‘Gets depressed  
easily’  
(current pole)

‘Does not get  
depressed easily’  
(desired pole)



# Implicative Dilemmas

- This particular implication of one construct onto another represents a dilemma for the person: achieving his or her goal of moving towards the ideal self might imply becoming '*appears stronger than is*' and, thus, giving up an aspect ('*natural*') of his or her identity (as represented by the congruent pole).
- In order to preserve self-identity (and the person's sense of coherence), in cases with one or more IDs the system would not permit change in the discrepant construct to occur because that change would have negative implications in construing the self.
- Previous research shows that IDs are more common in clinical samples (about half of the subjects), although they were also found in a third of controls.

# Method

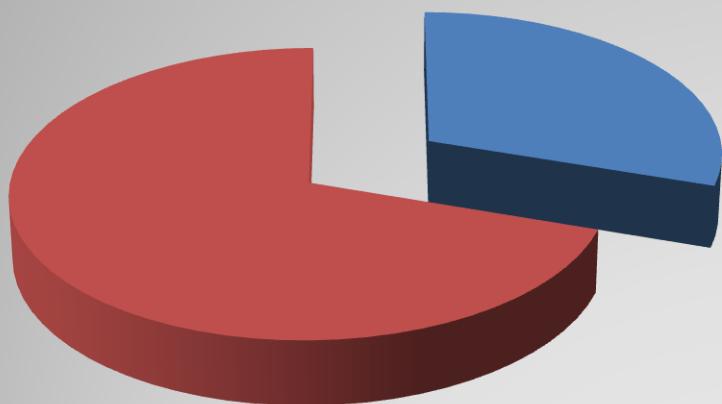
- ID were explored with the repertory grid technique in a sample of 113 patients diagnosed with major depressive disorder using SCID-I.
- A sample of 90 participants from the community served as a comparison group.
- The BDI-II was also administered to both samples.

# Results

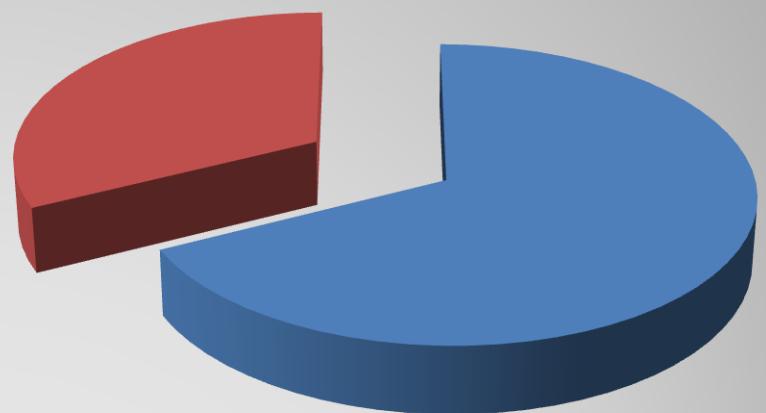
- Most depressive patients (70.10%) had at least one ID compared to 33.33% of the non-clinical sample ( $\chi^2 = 26.96$ ;  $p < 0.001$ ;  $\phi = -0.36$ )
- Furthermore, the number of dilemmas of the former sample triplicate those of the latter.

# Rate of Implicative Dilemmas

Clinical Sample



Comparison Group



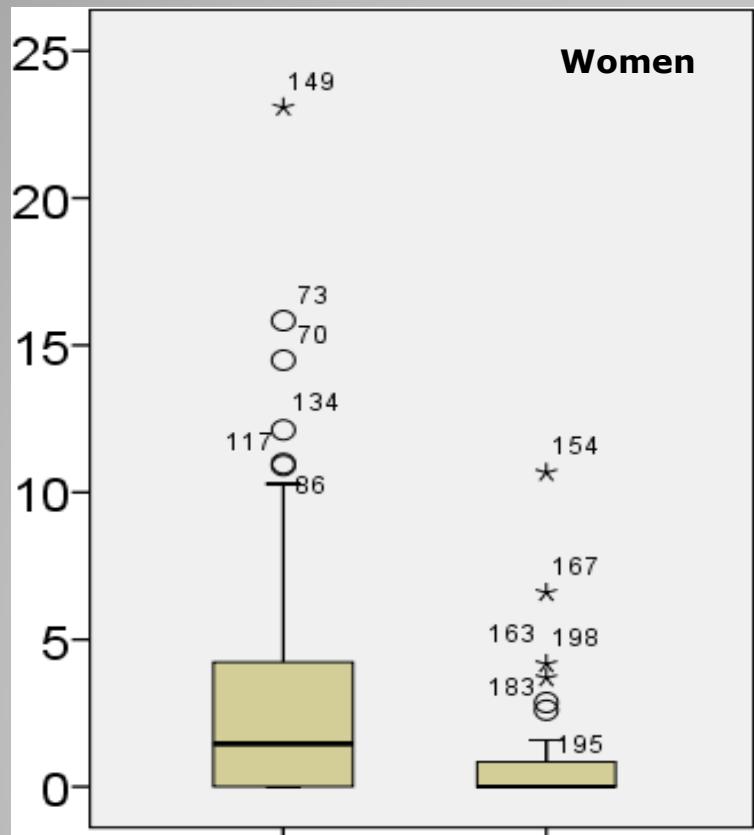
█ Presence of ID (70.10%)

█ Absence of ID (29.90%)

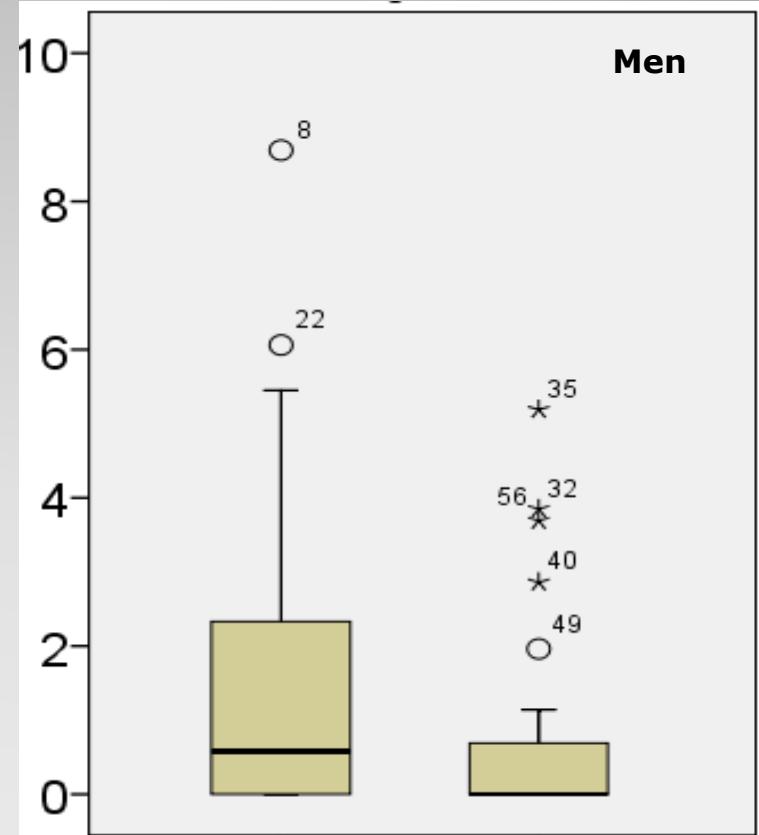
█ Absence of ID (66.66%)

█ Presence of ID (33.33%)

# Number of Implicative Dilemmas



(U = 1211.00; p < 0.001; r = 0.39)



(U = 329.00; p = 0.003; r = 0.34)

# Discussion

- IDs s are more prevalent and frequent in depressive patients. This finding is a promising first step in the line of research studying the role of IDs as cognitive factors in depression and, more important, to develop psychotherapy methods to solve them.
- Although the presence of these cognitive conflicts may help to explain the difficulty of depressive patients to overcome their dysphoric mood, it cannot be considered as an explanatory model for depression, rather just an element to be considered, and one additional target for intervention.
- Our results on the presence of IDs in MDD help to explain the blockage and the difficult progress of these patients, most of them becoming chronic. Also, these results justify the need for specific interventions focused in the resolution of these internal conflicts. We have already designed an intervention module ([www.us.es/tcp](http://www.us.es/tcp)) which is in the process of being empirically tested for efficacy as a complement to CBT for depression.

# Thanks for your attention!

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