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

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

‘Natural’ (congruent pole)

‘Appears stronger than is’ (undesired pole)

Discrepant Construct

‘Gets depressed easily’ (current pole)

‘Does not get depressed easily’ (desired pole)

Self now

Ideal Self

r > 0.35
Natural (congruent pole)

Appears stronger than is (undesired pole)

‘Does not get depressed easily’ (desired pole)

‘Gets depressed easily’ (current pole)

Discrepant Construct

r > 0.35

Congruent Construct

Self now/ Ideal Self

SELF now

Ideal Self
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

- Presence of ID (70.10%)
- Absence of ID (29.90%)

Comparison Group

- Absence of ID (66.66%)
- Presence of ID (33.33%)
Number of Implicative Dilemmas

Women

Clinical Sample
m = 3.22
dt = 4.24

Comparison Group
m = 0.82
dt = 1.91

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

Men

Clinical Sample
m = 1.67
dt = 2.27

Comparison Group
m = 0.61
dt = 1.24

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

- IDs 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) 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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