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RIGIDITY: A COGNITIVE STYLE CONCEPTUALIZATION
OF DEPRESSION

A thesis presented in partial fulfilment
of the requirements for the degree of
Master of Arts in Psychology at Massey
University.

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1975

ABSTRACT

The traditional ideas of depression as an affective illness are examined and evidence is presented that contrary to the view presented in many texts, depression is also associated with thought disorders as severe as those experienced in other psychopathological illnesses.

A model of depression as a single entity is proposed that suggests that the various manifestations of the disorder are due to a single underlying mechanism. This mechanism is conceived of in terms of cognitive style and cognitive control theory and evidence is presented that this is an adaptive mechanism for the individual and consists of selective blocking of incoming stimuli or in more general terms, 'rigidity'.

Twelve depressed patients were examined using a battery of tests which yielded 22 measures including level of depression, rigidity, anxiety, field-dependence and various scales of personality. These measures were then correlated using Pearsons Product-Moment correlation coefficients and were then subjected to cluster analysis using Tryons modification of Holzinger and Harmon's B-coefficient technique. This gave four meaningful clusters of which three matched the components of Becks primary triad, with the important addition that this analysis reveals the importance of rigidity as a factor in Beck's second component-negative self-concept.

Towards the end of my first year of graduate study I was faced with the problem that faces all graduate students at this stage of their academic career - the choice of a thesis topic. In my mind I had a number of aims that I wished to fulfill but no specific topic. Firstly I wanted a topic that would enable me to fulfill the requirements for a Master of Arts degree. Secondly it has always appeared to me that my fellow students choose such limited topics or areas that I felt the choice of a similar narrow topic would be like paddling up a back water. Thus the topic had to be fairly broad and yet still manageable within the time limits imposed by the degree regulations. Thirdly, I wanted to work on a theoretical topic that would raise more questions in mind than I could possibly answer and would perhaps lead me into a much wider programme of study at some future time. Fourthly, the topic chosen had to present problems of both a theoretical and practical nature that would enable me to gain understanding, new techniques and abilities in working in a particular area of psychology.

For over eighteen months I had been working in the Admission Ward of Lake Alice Hospital trying to cope with the day to day problem that faces every clinical psychologist in a hospital setting. One of the problems that both puzzled and intrigued me was the behaviour patterns of the newly admitted depressed patients. Because of the problems I had in dealing with these patients and my feeling that depression is probably one of the most widespread and major health problems facing many people today and the number of people attending general practitioners, psychiatrists and health workers appears to be growing, the topic of depression became the focus of my studies.

Reading all the literature available on depression, I soon focused on the specific area of the cognitive processes

in depression and quickly realized the need to draw together the research from both experimental and clinical psychology if a much needed theory of cognitive processes in depression is to be formulated.

I have no illusions that this thesis gives a complete theory of cognitive functioning in depression as there are many theories about what a theory is. In my view, in its most complete form a theory provides a system which allows precise deductions and empirical predictions to be made. In writing this thesis, it seems to me that in this area we still lack a large amount of detailed research that would allow this to be possible. Thus the propositions that I hope to put forward in this thesis might better be regarded as an attempt at a theoretical frame of reference for this area or as others have put it "towards a theory".

Thus the primary orientation of this thesis is not methodological but conceptual. Therefore I have not made a point of providing elaborate criticism of the design or methodology of the studies cited, although I have sometimes mentioned what has appeared to me to be fundamental methodological difficulties which have limited the conclusions that may be drawn. Readers who have predominantly methodological leanings will find this unfortunate but I wish to make it clear to those readers that it has not been my aim to evaluate the research in this area with a fine-tooth comb of methodological precision but to state the most important substantive issues and to offer an analysis within which to productively view these issues.

I have had a considerable amount of difficulty in deciding what literature I wanted to include. The major problem was that even the literature directly connected with my topic is both extensive and widely scattered, that it is virtually impossible to cite it all. Another problem is

that, because my topic lies across so many other psychological areas, tangential literature which was of relevance is also extensive. Although I want to give the flavour of research in the area of depression, I have made no attempt to cover everything. This is not a complete review of the literature on depression and in fact, I have deliberately ignored research on the biochemical and physiological nature of this disorder. Even within the area under study the studies cited are representative, not exhaustive. They were selected because they must be regarded as classic works in this young area and to have ignored them would have been foolish. Other studies have been included because they come to grips with what I consider to be fundamental issues within the area. Although I have tried to include all relevant studies, the perspective I have attempted to provide has determined which works have been included and which are not. Because this has been an attempt to define substantive issues many competent studies have been ignored because they do not contribute significantly to this perspective or because they contribute details rather than fundamental ideas. For example, the large number of studies that correlate some particular scale with other such scales or with other kinds of behaviour have generally been ignored.

I also had great difficulty in closing this work. Each time I read it, I found things that I wanted to elaborate upon or re-state. Regularly I found some new article, or one I had not known about or had overlooked, that deserved inclusion. It has been an act of will to decide that although my thesis was not as complete as I would have wished, it was best to present it as it was. My apologies to those readers who are familiar with this area and have found that I have not included some aspect or studies that they consider significant.

In order to deal with the problems of cognitive

functioning in depressives the reader has to have a knowledge of the concepts necessary for an understanding of this area. I apologise to those readers who already have a background in cognitive studies if they find the first chapter simplistic and unnecessary but I thought it a useful inclusion for those unfamiliar with this area and as a logical point in which to define the concept of cognitive style as I see it.

Once these terms have been defined the reader will go on to Chapter Two to a review of the literature on rigidity which is a central concept in this discussion, showing the lack of agreement over the nature of rigidity and postulating that a cognitive style conceptualization of rigidity may account for some of the discrepancies and disagreements in this area.

Chapter Three attempts to define depression and presents a number of representative studies on the classification of depression showing the nature of the disagreements over the subtypes of depression and I make some suggestions for further research in this area.

Chapter Four is a review of current knowledge regarding cognitive, psychomotor and perceptual deficit in depression.

Chapter Five reviews the literature on the family backgrounds, personalities and self-concepts of depressives with the idea that common elements in their socialization process may relate to the type of deficits they exhibit or provide some knowledge of how they arose.

Chapter Six provides an attempt to tie together the common strands that run through the previous chapters and to support these strands with further evidence that supports a cognitive style conceptualization of depression as a defense against the disruption of rigid thought or behaviour patterns.

Chapter Seven is a pilot study for a larger more systematic investigation of the theory presented here.

My thinking about the problems tackled in this thesis has covered a period of almost three years and during this time I have been helped and influenced by a number of people. I should particularly like to mention Professor George Shouksmith, my Supervisor, who gave me the freedom and encouragement to explore my own ideas and intuitions.

Having been appointed Junior Lecturer in the Psychology Department this has granted me the opportunity to gain a wider perspective from the preoccupations of my colleagues. These discussions were invaluable to me, and I wish to express my appreciation especially to Professor George Seth, Dr Elizabeth Wells and Mr Kerry Chamberlain. Professor George Seth's comments were particularly important for helping me to clarify my own ideas about thought processes through long and pleasant discussions while he was Visiting Professor to the Department.

I also wish to express my thanks to the Psychiatrists and nursing staff of Lake Alice Hospital, particularly to Dr S.L. Pugmire, the Medical Superintendent, for the help, encouragement and opportunities they all gave me to work with depressed patients which led to many of the ideas expressed in this thesis.

A very special mention must also be awarded to my wife Glenys, who spent countless hours, reading, checking, correcting and typing this work.

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