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CONCEPTUALIZATIONS OF DEPRESSION IN OLDER PEOPLE: THE INTERACTION OF POSITIVE AND NEGATIVE BELIEFS

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Abstract. Empirical evidence for the efficacy of Cognitive Therapy (CT) treatments for older adults, when compared with other psychotherapies, is inconclusive (Davies & Collerton, 1997). The current authors suggest that one reason for the equivocal findings lies in the failure to adapt the cognitive rationale sufficiently to cater for the different presentation of depression in older people; particularly for those experiencing first-episode late onset-depression. It is argued that existing models tend to focus on the negative aspects of self-appraisal, and fail to fully conceptualize the functional role of positive beliefs (i.e. functional beliefs that have maintained the self-esteem over many years). The work presents an alternative conceptualization of depression for older people, along with implications for therapy. This framework does not represent a brand new approach, but emphasizes specific aspects of existing psychological conceptualizations.

Keywords: Conceptualization, depression, intervention, older people.

Introduction

Current CT models of emotional disorders are greatly influenced by the notion of schemata. Schemata are often described as units of stored information that play an integral role in the information processing system. This information can potentially be positive or negative. The conceptualization of adult depression in CT operationalizes schemata as dysfunctional core beliefs held by patients concerning themselves (e.g. I

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am unlovable, unworthy, defective, inadequate, and vulnerable). Although a schema is not necessarily negative, CT models tend to focus on its dysfunctional role. In the view of the present authors, these models (i.e. the diathesis stress models) have paid too much attention to the negative action of schemata and failed to acknowledge the action of positive or functional beliefs.

Care must be taken when applying the diathesis-stress conceptualization to older people, particularly if it is their first-episode of depression. Often the models fail to account for how a person coped with schema triggering events earlier in his or her life, which theoretically should have exposed underlying weaknesses. Some conceptualizations attempt to account for such phenomenon through the formulation of compensatory strategies, which operate as buffers against exposure of dysfunctional schemata (e.g. If I do things for others, I'll feel good about myself). However, such strategies can only partly explain late onset depression in older people, and are not identifiable in many of the people seen in our service.

Additional care is required because first hand experience of applying the diathesis-stress models has revealed credibility problems with this patient group, as many older people do not see the relevance of relating early life experiences to their current problems. Furthermore, therapists must be cognisant of changes in ethics and values over time, if they are truly to understand the belief system of their patients. Hence, it is suggested that a more parsimonious model of depression would be able to explain adequately, in historical and contextual terms, the roles of a person's negative and positive beliefs. In particular, the framework should account for how positive beliefs have served to maintain a functional mood-state throughout most of the person's life. Such a model should also be able to account for the interplay between the dysfunctional and functional beliefs.

The Worth Enhancing Belief (WEB) system

This paper presents a framework accounting for the development and maintenance of functional rather than dysfunctional self-beliefs. The common goal of all functional self-beliefs is the achievement of a sense of worth that is crucial in maintaining good psychological health. It is hypothesized that the themes of "loveability", "adequacy", "strength", "intelligence" etc. can be subsumed within the superordinate theme of "worthiness". A person's early history, temperament and upbringing might determine the sorts of beliefs and attitudes utilized to maintain a sense of worth. For example, if someone obtains feedback indicating that he or she is either bright or athletic, that person is likely to develop positive beliefs regarding intellectual and sporting achievements respectively. Once formed the beliefs coalesce into the "Worth Enhancing Belief (WEB) framework", which is akin to a functional schema structure.

The WEB is analogous to the dysfunctional schema hypothesis, incorporating many features of both the schema and social cognitive theories, but focuses on the functional role of self-beliefs. Information entering the information processing system is filtered and, in a psychologically healthy individual, information consistent with the WEBs is selected. In the current context this process is described as "Nourishing the belief" (Figure 1).

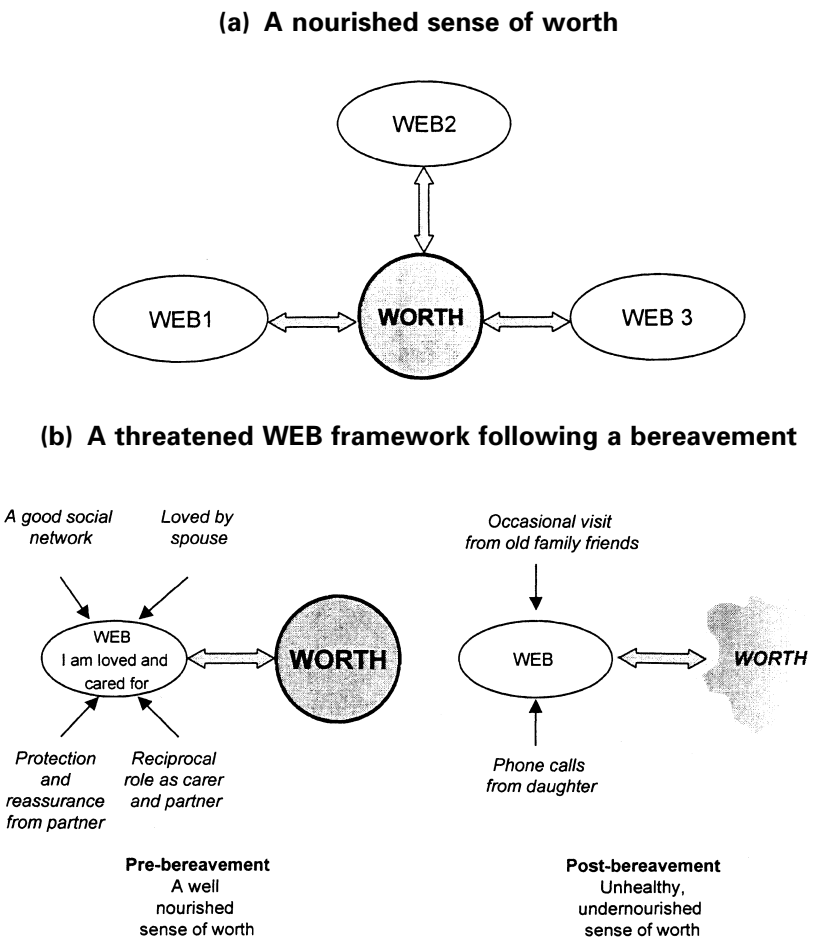


Figure 1. The WEB framework

Through the filtering process, the WEB becomes central to the way the person perceives him/herself. Without continuous reinforcement (i.e. "feeding"), a positive belief cannot operate effectively and therefore will not serve to enhance the individual's sense of worth. A summary outlining the nature of WEBs is provided in Table 1.

The proposed view shows some similarities to the work of Champion and Power (1995). They suggest that depressed individuals have an ambivalent model of the self, whereby self-worth is positive in circumstances where the person's important goals and roles are being maintained. However, negative self-worth will occur if such goals are threatened or lost. While this model offers a number of advantages over the diathesis-stress model, it once again takes a vulnerability perspective. It fails to account for the majority of individuals who change roles and goals as they get older without becoming clinically depressed. In contrast, the WEB conceptualizes late-onset problems from a good-health perspective, accepting that roles and goals are important, but recognizing

Table 1. The nature of WEBs

- WEBs are *functional* structures within the information processing system through which relevant information about the self is processed.
- WEBs process positive information that reinforces and maintains the person's sense of worth.
- A WEB must be continually fed to survive (i.e. nourishment of the belief). In an undernourished state a WEB can no longer function to enhance the person's sense of worth.
- The more high valence WEBs a person has in different spheres of their life, the greater opportunities the person has of maintaining a sense of worth. Therefore numbers of WEBs should correlate negatively with the probability of depression, as there is greater scope for compensation if one particular positive belief is challenged.
- Life events that directly challenge a key WEB represent major threats to a person's sense of worth (e.g. following a car crash a footballer is no longer able to walk).

that they are only features of the process through which a person achieves a sense of self-worth.

Some readers may think that there is some overlap with Lewinsohn et al.'s behavioural perspective (Lewinsohn, Hoberman, Teri, & Hautzinger, 1985), as they suggest that depressive complaints are caused and maintained through a low rate of response-contingent positive reinforcement. They claim that treatment should be aimed at increasing such reinforcement, using behavioural and cognitive techniques to assist the patient to re-engage in activities they previously found pleasurable. However, despite some obvious similarities, there is a fundamental difference between Lewinsohn et al.'s and the WEB framework, with the WEB formulating problems and interventions at the level of beliefs rather than activities (i.e. behavioural) level.

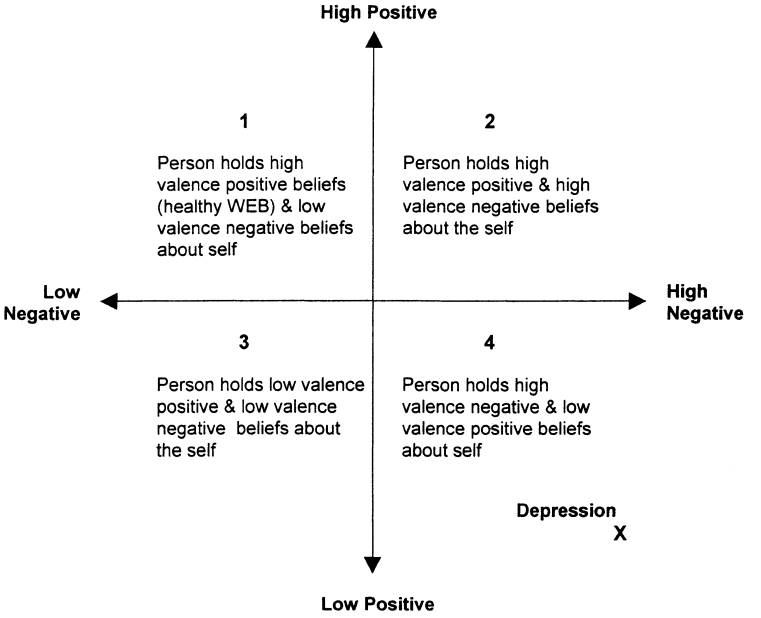
The previous section has attempted to highlight the importance of positive beliefs within the conceptualization of depression. In the following section the interactive nature of belief systems (i.e. positive and negative cognitions) will be discussed.

The interactive conceptualization

The interactive nature of positive and negative attributes of affect has been empirically investigated (MacLeod & Byrne, 1996), and was recently the subject of a symposium at the 1998 British Association of Behaviour and Cognitive Psychotherapies Conference, convened by MacLeod. An interesting point discussed by MacLeod was that positive and negative cognitions can be related to each other orthogonally in depression.

The present authors argue that traditionally CT theorists have tended to conceptualize depression along the negative dimension alone (i.e. via dysfunctional belief systems). It is suggested that this linear view fails to capture the true nature of a person's experience of depression. In this paper, the orthogonal relationship has been termed the "Interactive Conceptualization" (Figure 2), with the WEB framework representing the processes occurring along the positive axis.

Using the Interactive Conceptualization, we hypothesize that depression can be accounted for by simultaneous movement along the two axes. Movement from high/positive to low/positive on the positive axis is consistent with a failure to reinforce the existing positive self-beliefs – as outlined in the WEB-framework. Movement from low/negative to high/negative on the dysfunctional schema axis is consistent with the



Note: Traditional CT formulations have focused on the negative dimension solely. The Interactive Model allows us to focus on both dimensions and hence formulate through movements between the quadrants

Figure 2. The interactive model

reinforcement, or development, of negative self-beliefs. Note that the movement down the latter axis can be accelerated if events occur that directly challenge the person's positive self-beliefs (e.g. someone who perceives himself or herself as attractive, might feel rejected by being judged as unattractive).

This model is supported from work currently being undertaken by the first author (in preparation). However, this work also highlights the dynamic nature of belief systems. It appears that a person's relative degree of positivity/negativity changes continuously, and thus throughout the day (even within the hour) one can move between the four sectors described in Figure 2.

The first author's ongoing work suggests that people who rate themselves as being in a "good" mood spend more time in quadrant 1, while people rating themselves as depressed often find themselves permanently stuck at position X. At point X, a person's thinking tends to be much more inflexible, stable and global (e.g. I am totally worthless).

Implications for treatment

When working with the interactive framework, the therapist must assess both the patient's dysfunctional negative beliefs and the patient's premorbid functional belief system to determine how a sense of worth was previously maintained. This will involve identifying both the positive cognitions and the coping strategies employed to maintain

the patient's perspective. To accomplish this, many techniques from adult schema work (Padesky, 1994) can be used (e.g. downward arrowing and socratic questioning of positive events; positive data logs, imagery etc), but with the aim of identifying functional as well as dysfunctional schemata and beliefs. The work should also involve assessing the impact of recent negative events on the patient's belief system in order to determine possible challenges and evidence of undernourishment of previously functional beliefs. Having identified potential problems with a person's WEB system, it is possible to predict new potentially threatening beliefs (e.g. dysfunctional ones) that might emerge as a consequence of these events.

One of the advantages of the interactive model is that there is an overt acknowledgement that the patient has a past in which he/she has functioned well. This is of particular importance with respect to older adult work, helping to establish a good therapeutic relationship. A further advantage is that the approach highlights that the person has a wealth of coping resources that he or she has drawn upon in the past and may be able to do so again. This perspective also stresses that the patient has a very active role in therapy and is not merely a passive participant. Thus the therapist's goals are to help the patient move from position X (Figure 2), and start to move in a more functional way around the quadrants.

Conclusion

This work suggests placing greater emphasis on the operational role of functional beliefs and proposes an interactive conceptual model. Through the Interactive Conceptualization, we have provided the therapist with an integrated methodology regarding assessment, formulation and treatment, which is useful in situations where a change in circumstances (health changes, traumatic events, etc.) has led to diminution in previous sources of functional information regarding worth. Thus the conceptualization has implications for numerous specialities (e.g. physical health, trauma work etc.) besides Old Age Psychiatry.

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