The Importance of Social Connectedness: From Interpersonal Schemas in Depression to Relationship Functioning and Well-Being

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CITATION
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Public Significance Statement
What contributes to psychological well-being is not that far removed from what contributes to a life of misery—both are inextricably linked to having or not having social connections. Being connected with others, and how we think about and organize information (memories, beliefs) about ourselves as social beings, contributes importantly to depression and to mental and physical well-being.

Abstract
In this article, a program of research is described, which began with a focus on depression. A number of studies have demonstrated that negative self-schemas, particularly for interpersonal content, are well organized and appear to represent stable vulnerability factors for depression. Fortunately, this negative interpersonal structure is also modifiable through effective treatments (both psychological and pharmacological). An important extension of this research has involved investigating the impact of schemas on interpersonal phenomena (e.g., excessive reassurance seeking) and the formation of schemas about others (e.g., romantic partners). The dyadic partner-schema model, which articulates how self- and partner-schemas impact relationship functioning, is introduced, and some empirical findings related to this conceptualization are highlighted. The impact of social connectedness to mental and physical well-being is also described.

Keywords: depression, schemas, cognitive structure, interpersonal, connectedness

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showing evidence of sensitivity, specificity, and temporal stability. Although vulnerability to depression appears particularly linked to how interpersonal information related to self is structured, it may be important for research to extend beyond the self-schema to also examine schemas concerning close others. To illustrate this idea, the dyadic partner-schema model (Wilde & Dozois, 2019; Wilde, Gillies, & Dozois, in press) is presented as a framework for examining the interplay between self- and other-schemas in depression and relationship distress.

**Beck’s Cognitive Model of Depression**

Beck proposed a taxonomy of cognition, ranging from deeper cognitive structures to more surface-level cognitions (Beck, Rush, Shaw, & Emery, 1979): (a) schemas; (b) information processing and intermediate beliefs; and (c) automatic thoughts. Conceptually, the depressive schema is the most central of these constructs (Beck et al., 2011; Dozois & Beck, 2008). The depressive self-schema is defined as a well-organized and interconnected negative internal representation of self. Comprised of both content (e.g., core beliefs) and structure (or how that information is organized), the schema is believed to develop through early-life experiences and to remain dormant until it is triggered by negative life events such as loss or rejection. Childhood maltreatment, insecure attachment, and other adverse events are some of the early predictors of the development of a negative or maladaptive belief system (Lumley, Dozois, Hennig, & Marsh, 2012; Lumley & Harkness, 2009).

Once activated, schemas are believed to affect the manner in which information is processed and interpreted. For example, an individual vulnerable to depression may have underlying core beliefs that he or she is profoundly incompetent or unlovable. As long as this belief system remains inactive, depression is not likely. Once this schema is triggered by life stress (e.g., a failure or rejection experience), however, the individual is more likely to engage in information processing biases (e.g., attentional or memory biases toward negative content), exhibit cognitive distortions (e.g., mind reading, dichotomous thinking; see Covin, Dozois, Ogniewicz, & Seeds, 2011), and experience negative automatic thoughts associated with themes of loss, failure, worthlessness, defectiveness, incompetence, and inadequacy (Beck et al., 1979; Dozois & Beck, 2008).

The way in which schema content is organized within the self-system is particularly important in the context of depression (e.g., Dozois & Dobson, 2001a, 2001b). Negative content purportedly spreads more quickly and easily across schema content or nodes that are more closely interconnected (e.g., Bower, 1981). Figure 1 depicts this diathesis-stress model and how a stressor (especially one that matches one’s core belief system) activates the schema through the spreading of an associative network.

The activation of an individual’s self-schema, and ensuing information-processing biases, is also evident in more surface-level cognition or what are referred to as automatic thoughts. Such cognitions are labeled automatic in part because they are easily accessible and seem to almost spontaneously come to mind. Automatic thoughts are more superficial and proximal to a given situation than are other levels of cognition but functionally related to one’s deeper beliefs and schemas (see Dozois & Beck, 2008).

As such, automatic thoughts are considered the cognitive by-products of activated schemas.

Conceptually, the cognitive taxonomy operates in a top-down fashion (whereby the activation of the schema influences information processing that, in turn, impacts automatic thoughts). Practically, treatment using CBT occurs in a bottom-up fashion (i.e., treatment typically begins by helping the client discover and test negative automatic thoughts and moves systematically toward modifying deeper beliefs and schemas).

Considerable early research examined the levels of the cognitive taxonomy that included information process biases and automatic thoughts, but a dearth of research had been conducted on the most crucial element of Beck’s model—the organization of the self-schema. Moreover, a common finding (in the absence of naturalistic or experimental priming) was that the negative thinking, clearly found during a mood-disordered state, improved once depression remitted, suggesting that these

![Figure 1](https://example.com/f1.png)

*Figure 1.* Hypothetical depiction of the activation of depressotypic schema structure following stress. ● = negative core beliefs/memories; ○ = positive core beliefs/memories; ○ = activated beliefs. Depressed individuals tend to show less distances (or greater interconnectedness) among negative core beliefs, memories, and self-referent information and greater distances (less interconnectedness) among positive core beliefs and self-referent information (a). Nondepressed individuals tend to demonstrate the opposite pattern of clustering. A stressor activates a core belief or memory within the self-structure (b). Given the interconnection among negative core beliefs and memories, the activation of negative content spreads throughout the self-system, making negative thoughts and memories more readily accessible and available (depicted as gray circles in panel c), thereby influencing information processing (e.g., attention biases, memory biases) and increasing the frequency of negative automatic thoughts.
variables may function more as episode markers in depression than as vulnerability factors (see Dozois & Dobson, 2001b, for elaboration).

**Cognitive Structure as a Vulnerability Factor for Depression**

The Psychological Distance Scaling Task (PDST; Dozois & Dobson, 2001a, 2001b) was developed to examine cognitive structure as a putative vulnerability factor in depression. In this task, participants are presented with a grid that is divided into four quadrants on the computer screen or digital device. The x-axis refers to self-descriptiveness and is anchored with the description, not at all like me on the left and very much like me on the right. The y-axis pertains to valence and is anchored with the description, very positive at the top and very negative at the bottom. Adjectives are displayed in the middle of the grid and, using digital cursor, participants consider both axes and place each adjective on the grid in terms of where it fits in psychological space for them. After each response, a new grid and new adjective are displayed on the screen, until all adjectives are presented. The X and Y coordinate point for each adjective is recorded by the computer to compute the interstimulus distance among the positive schematic adjectives and among the negative schematic adjectives using the following formula (in this case, assuming that there are 20 adjectives in each category):

\[
\sqrt{\frac{(X_1 - X_2)^2 + (X_1 - X_3)^2 + \ldots + (X_{19} - X_{20})^2 + (Y_1 - Y_2)^2 + (Y_1 - Y_3)^2 + \ldots + (Y_{19} - Y_{20})^2}{n(n-1)/2}}
\]

where X is the adjective placement on the self-descriptiveness axis, Y is the adjective placement on the valence axis, and \(n\) is the total number of self-descriptive adjectives. As such, the average interstimulus distances for a particular content of self-referent adjectives equals the square root of the mean squared distances of every adjective-adjective combination, divided by the total number of possible distances for that content area (see Dozois & Dobson, 2001a for additional information concerning the development of this measure). In this task, smaller distances among adjectives are believed to reflect greater interconnectedness or consolidation of self-referent content, whereas larger distance among adjectives is indicative of less interconnectedness or consolidation. The psychometric properties of the PDST have been supported in previous samples of individuals with depression and in individuals without psychiatric difficulties (Crits-Christoph, Gallop, Diehl, Yin, & Gibbons, 2017; Dozois, 2002, 2007; Dozois & Dobson, 2001a).

**Sensitivity, Specificity, and Stability of the PDST**

For a variable to be considered a vulnerability factor, it should demonstrate sensitivity (be present in depressed individuals), specificity (occur more frequently in depressed individuals than in other psychiatric samples), and stability (be present and accessible, although not always accessed). A number of studies have examined the sensitivity, specificity, and stability of this construct, providing support that cognitive organization may be an important vulnerability factor for depression. To illustrate, in the initial investigation using this measure the PDST was presented to individuals with comorbid depression and anxiety, pure depression, pure anxiety, and or nonpsychiatric controls (using positive and negative interpersonal content). Our interest was in the sensitivity of cognitive organization but also its specificity to depression. Depressed and anxious groups displayed significantly less interstimulus distance (or more interconnectedness) among the negative adjectives than did nonpsychiatric controls. No significant differences were found between the depressed and anxious groups on negative content. For positive content, both depressed groups showed greater interstimulus distance (less interconnectedness) among adjectives than nonpsychiatric and anxious controls (who did not differ significantly from each other). Although the PDST was sensitive to depression, only cognitive organization for positive content showed specificity. These findings were, however, consistent with the idea that depression and anxiety share features of negative affect but that low positive affect is what seems to be unique to depression (Brown, Chorpita, & Barlow, 1998).

Dozois and Frewen (2006) tested both interpersonal and achievement content on the PDST in a sample of individuals with depression, persons with social anxiety, general anxiety controls, and nonpsychiatric controls. The sample of individuals with social anxiety was also examined separately from a general anxiety control group because of research findings that these individuals are similar to depressed individuals in terms of both positive and negative emotionality, suggesting that they may share a similar underlying pathogenesis (e.g., Brown et al., 1998). Negative self-structures for interpersonal content were more densely interconnected in individuals with depression and social anxiety compared with both the anxiety controls and nonpsychiatric controls. In addition, both social anxiety and depression were associated with less interconnected positive self-schemas for both interpersonal and achievement content. These findings provide further support for the specificity of the PDST.

Individuals with clinical depression (Dozois & Dobson, 2001a) or increasing severity of dysphoria (Dozois, 2002; Lumley et al., 2012) show well-interconnected negative content and loosely clustered positive content. This finding has also been demonstrated in child and adolescent samples (Dozois, Eichstedt, Collins, Phoenix, & Harris, 2012; Lumley et al., 2012; Lumley et al., 2009) and in individuals with past depression (e.g., Dozois & Dobson, 2003). In addition, cognitive organization appears to predict depressive symptoms beyond negative schema content (Lumley et al., 2012).

Aside from sensitivity and specificity, another important criterion for a variable to be considered a vulnerability factor is that it demonstrates temporal stability. A sample of females with depression was assessed on the PDST and administered information-processing tasks measuring attention to and recall of positive and negative interpersonal information. Participants were retested 6 months later when half of the sample had remained depressed and the other half was remitted (Dozois & Dobson, 2001b). Negative information processing was evident only during episode and shifted significantly once depression improved, suggesting that this variable operates more as a state than as a trait marker. In contrast, negative cognitive organization remained stable across time in those individuals who no longer met diagnostic criteria for major depression. This finding was replicated in a subsequent study that also found that the stability of negative cognitive organization was specific to interpersonal self-referent content (Dozois, 2007).
Demonstration that negative cognition is present in individuals who have remitted from an episode of depression does not necessarily rule out the possibility that it may represent a scar of the disorder rather than a cause. Therefore, the strongest evidence in support of the causal status of maladaptive cognition is to demonstrate that it is present in individuals who have never experienced depression and that it is predictive of the initial onset of a depressive episode. Although this work still needs to be conducted, some related research found that the interaction of cognitive organization and negative life events predicted depression 1 year later after controlling for initial depressive severity (Seeds & Dozois, 2010).

Together, these studies suggest that when people improve from an episode of depression, their information processing biases become deactivated, and they begin to produce a more organized positive self-schema. However, the well-organized negative schema structure appears to remain intact—an effect that appears to be especially true regarding the interconnectedness of negative interpersonal content.

Modifiability of Cognitive Structure

The evidence reviewed thus far indicates that negative schema structures may be a stable vulnerability factor for depression. As noted earlier, CBT targets negative cognitions, beginning with automatic thoughts and eventually helping clients to change deeper core beliefs. Myriad clinical trials and numerous meta-analyses indicate that CBT is efficacious for the treatment of depression and the prevention of relapse (see Beck et al., 2011; Dozois et al., 2012; Dozois & Bieling, 2010). We sought to test whether CBT can modify these stable negative interpersonal structures (Dozois et al., 2009). Individuals with major depressive disorder, who received CBT + pharmacotherapy (PT), had significantly less organization for negative interpersonal content and greater cognitive organization for positive interpersonal content following treatment than did those treated with PT alone. When within-group analyses were conducted, individuals in the CBT + PT condition showed significant pre-post changes on negative and positive cognitive organization, whereas those in the PT-alone condition failed to exhibit changes in cognitive structure. These findings suggest that depressive schemas can be altered by CBT and highlight a putative mechanism through which this psychological intervention has an added benefit over PT (i.e., by altering deeper cognitive structures, thereby reducing risk for future cognitive reactivity and subsequent relapse). An important caveat, however, is that this study examined only the combination of CBT and PT compared with antidepressant medication alone—It is possible that it was the combination of interventions rather than CBT alone that resulted in this change. Indeed, subsequent research has yielded discrepant findings (e.g., Dozois et al., 2014; Quigley et al., 2019; Quilty, Dozois, Lobo, Ravindran, & Bagby, 2014). Quilty et al. (2014), for example, reported the results from a study of patients with depression who received CBT or PT. Participants completed the PDST, and a battery of other tests, before, during, and after therapy. Positive content became more interconnected and negative content less consolidated over treatment, with no significant between-groups differences. These results suggest that enduring cognitive risk factors can be modified with multiple treatment modalities.

Summary of Self-Schema Structure Findings

Cognitive organization shows sensitivity and specificity to depression and temporal stability. Cognitive organization also shows sensitivity to treatment change. However, a common theme that emerged in this program of research is that the way interpersonal information about self is organized is a particularly stable vulnerability factor for depression. The idea that interpersonal core beliefs are important to psychopathology is not a new idea—Attachment theories, for instance, have for decades discussed the development of internal working models (e.g., Bowlby, 1973). However, this was the first time that interpersonal schema structure—the organization of interpersonal cognitions—has been shown to represent a particular vulnerability for depression. The good news, as well, is that we can modify these deeper beliefs, not only through CBT but also with evidence-based pharmacological interventions. These findings also speak to the importance of social connections and our beliefs about relationships and who we are as social beings (Diener et al., 2017; Dozois, 2018). We are biologically and cognitively wired to be loved, to love, and to belong. As such, it is logical that the manner in which we organize socially-related information in self-schema structures effects depression.

The Impact of Self-Schemas on Interpersonal Functioning

Given the importance of interpersonal schemas, a recent line of my research has focused on how the content and structure of these interpersonal schemas impact stress generation and interpersonal behaviors in depression (Dobson, Quigley, & Dozois, 2014; Dozois & Rnic, 2015; Evraire & Dozois, 2011, 2014; Wilde & Dozois, 2018, 2019; Wilde et al., in press). For example, several studies have demonstrated that core beliefs related to abandonment (and anxious attachment) are associated with excessive reassurance seeking (ERS; e.g., Evraire et al., 2011, 2014; Evraire, Ludmer, & Dozois, 2014). ERS is the “relatively stable tendency to excessively and persistently seek assurances from others that one is lovable and worthy, regardless of whether such assurance has already been provided” (Joiner, Metalsky, Katz, & Beach, 1999, p. 270). ERS can negatively impact close relationships, corroborate negative beliefs about self-worth and interpersonal relationships in individuals with depression, and increase depressive symptomatology. We have also found that maladaptive interpersonal schemas and behavior predict the generation of negative interpersonal life events and, in turn, subsequent depressive symptoms (Dozois & Rnic, 2017).

Partner Schemas

Relationship difficulties are common in depression and represent both a risk factor and consequence of the disorder (Whisman, 2013). Relationship problems are associated with numerous negative outcomes for individuals with depression, including increased risk of relapse (Jacobson, Fruzzetti, Dobson, Whisman, & Hops, 1993) and poorer response to psychological and pharmacological interventions (e.g., Bromberger, Wisner, & Hanusa, 1994; Quilty, Mainland, McBride, & Bagby, 2013). A more comprehensive understanding of these risk factors, and the interface between cognitive and interpersonal models of depression, may be obtained.
by extending research beyond the self-schema to also examine schemas concerning close others. Wilde and Dozois (2019) recently developed the dyadic partner-schema model to account for relationship distress in depression (also see Wilde et al., in press). Five main hypotheses (Hs) are advanced in this model (indicated by H#; see Figure 2):

- **H1:** Partner-schemas are key contributors to ongoing cognitions and behaviors toward romantic partners.
- **H2:** Depressive behaviors occur within a dyadic context.
- **H3:** Dysfunctional dyadic interactions impact present and future relationship distress and depression.
- **H4:** There is a reciprocal relationship between distress and depression.
- **H5:** Self- and partner-schema structures become consolidated over time as a result of negative partner interactions.

The central axiom of this model is that, in addition to self-schemas, highly organized negative partner-schema structures contribute to biased cognitions (e.g., attributions) about one’s romantic partner, which subsequently lead to maladaptive behavioral responses toward that partner. These processes set the stage for dysfunctional interpersonal processes by eliciting negative responses from romantic partners and perpetuating negative dyadic interactions. These ongoing maladaptive interactions and cognitive processes (e.g., activation of schemas and attributions) contribute to depression and relationship dissatisfaction and further reinforce and consolidate highly organized, negative self- and partner-schema structures. For instance, Wilde and Dozois (2018) found that partner-schemas predicted relationship quality and one’s attributions about the relationship over and above self-schemas (whereas self-schemas predicted depression more than did partner-schemas). Although some empirical support exists for this model, we are just beginning to test its various components and predictions, and further validation research is needed.

**Connectedness and Well-Being**

In addition to the impact of interpersonal schemas on depression and relationship distress, we also know that social connectedness is crucial for our mental health and well-being (Diener et al., 2017) and that loneliness, social isolation, and living alone is related to poor mental health (Perlman, in press) and dramatically associated with increased risk of mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Indeed, we are already seeing the negative effects of social isolation and physical distancing measures on mental health during the coronavirus 2019 pandemic in Canada (e.g., Dozois & Mental Health Research Canada, in press).

Social isolation and loneliness have become such a problem in our modern society that in January 2018, the United Kingdom government appointed a Minister of Loneliness. A 12-month investigation into the prevalence of loneliness in the United Kingdom revealed that 9 million individuals suffer from loneliness: 14% of the population! Loneliness is also a significant problem in Canada (arguably, we need a similar minister in our country). According to an Angus Reid Institute (2019) poll, 35% of Canadians indicate that they are often or always alone, and 48% report feeling somewhat or very lonely. Research is needed to test the impact of social disconnection on the development of cognitive structures and whether interventions aimed at increasing social connectedness can modify negative interpersonal cognitions and prevent the onset of depression.

**Conclusion**

In this article, I have tried to demonstrate that interpersonal schemas are important in depression. Research was described that the cognitive organization of interpersonal content demonstrates sensitivity, specificity, and stability in depression. I also presented some data that, although a stable cognitive vulnerability factor for depression, interpersonal schema structures are treatable. Some work on the role that negative interpersonal schema structures play on interpersonal behaviors and relationship functioning was also discussed, and a recent conceptual model (the dyadic partner-
Résumé

Cet article décrit un programme de recherche qui, au départ, était axé sur la dépression. Bon nombre d’articles ont démontré que les schèmes de soi négatifs, en particulier pour le contenu interpersonnel, sont bien organisés et semblent représenter des facteurs de vulnérabilité stables pour la dépression. Heureusement, cette structure interpersonnelle négative est aussi modifiable au moyen de traitements efficaces (tels que les thérapies cognitivo-comportementales). Un important prolongement de cette recherche a inclus l’examen de l’incidence des schèmes sur des phénomènes interpersonnels (par ex., recherche excessive de réassurance) et la formation de schèmes au sujet d’autrui (par ex., les partenaires romantiques). Le modèle dyadique partenaires-schémas, qui illustre la façon dont les schèmes au sujet d’autrui influence la formation de partenaires-schémas en CBT, peut nous aider à mieux comprendre les mécanismes de traitement change et développer des stratégies qui améliorent davantage la qualité de vie.

Mots-clés : dépression, schèmes, structure cognitive, interpersonnel, connectivité.

Références


