Preliminary Communication

Personality and object relations in patients with affective disorders:
idiographic research by means of the repertory grid technique

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Received 24 November 1998; received in revised form 15 August 1999; accepted 25 September 1999

Abstract

Background: This paper presents an idiographic approach to evaluate the self concept and the self-object-relationship of patients suffering from affective disorders. Methods: Significant dimensions of the personality and the object relations of 127 depressive patients and 34 orthopaedic patients were investigated with the repertory grid-technique. The self concept and the object relations were compared by means of nomothetically used idiographic results after recovery from manifest depression. Results: 'Low self esteem' was frequently found in patients with a long lasting course of illness and the ICD-10-diagnoses of 'bipolar affective disorder' and 'dysthymia'. The object relations of the depressive sample were characterised by the dimension 'symbiotic near'; 'ambivalent' and 'indifferent' partnership relationships were found much more frequently in the controls. Conclusions: The idiographic results help to differentiate the spectrum of affective disorders. They underline the importance of the interpersonal dimension of depression and may be used as a basis of a therapeutic appraisal. Limitations: The repertory grid-technique may not be used as a diagnostic instrument. However, the combination of idiographic results with further clinical informations enables the multidimensional assessment of the self concept and psychosocial coping mechanisms. © 2000 Elsevier Science B.V. All rights reserved.

Keywords: Affective disorders; Personality; Object relations; Idiographic method; Repertory grid-technique

1. Introduction

Studies of personality related dispositions in patients with affective disorders have a long clinical tradition (Kraepelin, 1913; Bleuler, 1922; Sjöbring,
The following psychodiagnostic and rating instruments were used:

- The Hamilton Depression Scale (HAMD, Hamilton, 1986) was administered on discharge to all patients by trained psychiatrists.
- The Repertory Grid Technique (Scheer and Catina, 1993) was applied prior to immediately post discharge.

The Repertory Grid Technique is an interview technique to document the ‘personal constructs’ of the interviewees (Kelly, 1955; Winter, 1985; Boker, 1999)). In order to establish a general comparability, the following persons (called elements) were presented to the interviewee: self, idealself (how I’d like to be), normative self (how I have to be), person of trust (someone I feel well understood by), person with whom the interviewee has a conflictuous relationship (someone I have a lot of trouble with), ‘me – as my mother sees me’, ‘me – as my father sees me’, ‘me in depression’, ‘me in mania’. Furthermore the patients were requested to name three more people who had played an important role in their life so far.

The interviewees were presented with triads of these elements. From each triad a bipolar construct can be obtained. By naming similarities or differences the patients gave information about ‘personal constructs’ that help them to recognise the elements mentioned above. The triad method used here enabled the interviewee to decide in which characteristics two of the three persons showed similarity and differed from the third. Then the characteristic of the third person was asked.

In another step the interviewees assessed all the elements in terms of the bipolar constructs. The question whether and to what extent constructs and elements (persons) are compatible was performed by means of a rating scale from 1 to 6. In this way a complete two-dimensional matrix of construct–element–connections (Grid) was created. The information content of the matrix was analysed in more detail by using Slater’s computer programme INGRID (Slater, 1972). The results of the main-component analysis were presented in a two-dimensional plot.

To operationalize the self-esteem the euclidian
distances between the self and the ideal self were categorized into three levels of self-esteem:

- Low self-esteem = self-ideal self – distance > 1.07
- Medium self-esteem = self-ideal self – distance 0.68–1.07
- High self-esteem self = self-ideal self – distance < 0.68.

The self-ideal–object plot (SIOP) was used to assess the relation between the self concept (self, ideal self, normative self) and the significant others (Norris and Makhlouf-Norris, 1976; Bartholomew, 1993). In the self-ideal–object plot two orthogonal axes represent the similarity of all the non-self elements with the self or the ideal self.

The object relations of depressive patients were operationalized on the basis of localisation of the elements in each quadrant of the self-ideal–object plot (Fig. 1):

- Localisation of the element in the first quadrant (element dissimilar to the self and the ideal self): Distance
- Localisation of the element in the second quadrant (element similar to the self, dissimilar to the ideal self): Ambivalence
- Localisation of the element in the third quadrant (element similar to the self and the ideal self): Symbiotic near
- Localisation of the element in the fourth quadrant (element similar to the ideal self, dissimilar to the self): Idealizing
- Localisation of the element in the field of indifference (space between 0.8 and 1.2): Not interpretable on account of methodical reasons (elements with a distance of 1 are considered neither as similar nor as dissimilar. 92% of the elements of grids of so-called Monte Carlo studies are located within this area (Norris and Makhlouf-Norris, 1976).

3. Sample

One hundred and twenty-seven inpatients affected by an affective and schizoaffective disorder admitted to the psychiatric university hospital of Frankfurt/Main were included into this study. Diagnoses were assigned by two independent psychiatrists on the basis of interviews and medical records, according to ICD10-criteria (Table 1). The final study sample consisted of those patients whose HAMD-score was below 10 prior to dismission. All patients were receiving psychopharmalogical treatment. Informed consent was obtained from all subjects. The control group of 34 patients (eighteen females, sixteen males) had been admitted to the orthopaedic university hospital Frankfurt/Main for hip and knee operations. Controls were interviewed with a standardized interview to insure the absence of any significant psychiatric and psychosomatic history.

The depressive sample and the control group did not differ significantly with regards to age, sex and socio-economic status. The patients with unipolar depression were significantly older than patients with other affective disorders. The proportion of depressive patients with a steady partner was significantly lower ($P < 0.01$), the proportion of divorced patients was significantly higher among the depressive patients ($P < 0.01$).
Table 1
Nosologic classification of the sample

<table>
<thead>
<tr>
<th>Diagnosis (ICD-10)</th>
<th>Sex</th>
<th>Mean age (years)</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>(S.D.)</td>
<td></td>
</tr>
<tr>
<td>Psychiatric sample</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric total sample</td>
<td>75</td>
<td>42.2 (12.1)</td>
<td>127</td>
</tr>
<tr>
<td>Bipolar affective disorder, in remission (F31.7)</td>
<td>13</td>
<td>41.9 (11.8)</td>
<td>30</td>
</tr>
<tr>
<td>Bipolar affective disorder (bipolar II disorder; F31.8)</td>
<td>3</td>
<td>38.6 (10.4)</td>
<td>10</td>
</tr>
<tr>
<td>Recurrent affective disorder, in remission (F33.4)</td>
<td>20</td>
<td>50.0 (13.5)</td>
<td>29</td>
</tr>
<tr>
<td>Dysthymia (F34.1)</td>
<td>17</td>
<td>40.7 (10.8)</td>
<td>30</td>
</tr>
<tr>
<td>Schizoaffective disorders (F25)</td>
<td>20</td>
<td>36.9 (8.9)</td>
<td>28</td>
</tr>
<tr>
<td>Somatic control group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic–surgical patients</td>
<td>18</td>
<td>43.9 (13.0)</td>
<td>34</td>
</tr>
</tbody>
</table>

4. Results

The HAMD total score of the depressive sample was 5.66 (S.D. 4.94). It was significantly higher than that of the orthopaedic sample 3.50; (S.D. 2.13, Mann–Whitney U-test: P < 0.05). Comparing the three self esteem groups we found that patients in the low self esteem group tended to operate...
have a longer duration of illness and a higher rate of diagnoses of bipolar affective disorder and of dysthymia (Kramer’s V-test).

The self-object-relations operationalized by Grid-interelement-distances (Figs. 3 and 4) differed significantly between the depressive sample and the controls. About half of the depressive patients described their partner as both similar to themselves and also similar to their own idealself (46.96%; controls: 24.24% Fischer’s exact test of independence: $P < 0.05$). This relationship pattern was most frequent among patients with schizoaffective psychosis (60.87%) and those with unipolar mania (80%). The proportion of the partners localised in the field of indifference was significantly lower among the depressive patients compared with the somatic patients (23.48%, controls: 40.39%; $P < 0.05$).

5. Discussion

This study is the first to use the Repertory Grid Technique in order to assess personality traits and object relations of patients suffering from affective disorders. In contrast to former studies that used standardised personality inventories only the methodological approach of this study permits to record quantitative measurements of subjective phenomena. The evaluation of distribution patterns of the self-idealself–partner relations in the self-ideal–object system revealed that the partners are important for the self identity of the depressive patient in a much stronger way than for the somatic controls. About half of the depressive patients ‘construed’ the partner as similar to the self and similar to the idealself.
These idiographic findings were validated by the results of the Gießen-Test-Partnership diagnostics (Beckmann et al., 1991) on the same sample; they showed a dominance of symmetrical relation patterns in depressive patients (Böker et al., 1997). Patients with dysthymia could be separated from patients with affective psychoses on this dimension (Böker, 1999). These differences confirm the findings of Matussek and Wiegand (1985), who pointed out the different importance of partnership conflicts in the two clinical groups of depressive patients. Taken together these findings underline the importance of psycho-social resources in the course of affective disorders (Hell, 1982, 1995; Willi, 1992; Mentzos, 1991, 1995).

No significant differences were found on the medium distances between self and ideal-self, between self and normative self and between ideal-self and normative self when the depressive sample was compared with the somatic controls. Patients with a long history of illness and the diagnoses ‘bipolar affective disorder’ and ‘dysthymia’ tended to have a lower self-esteem. In none of the patients with unipolar mania was a low self-esteem found after the symptoms had disappeared. The results point to a destabilisation of the self in the course of bipolar affective psychoses, as was described by Kröber (1993) and can also be used to confirm the ‘typus manicus’ (Zerssen, 1988). Moreover, the results show that the ‘low self-esteem’ operationalised by the grid parameter cannot be considered specific for the interval personality of depressed patients. The low self-esteem experienced by about a third of the orthopaedic patients can also be interpreted as a result of the loss of the narcissistic balance caused by the somatic illness.

The first limitation of the present study is the cross-sectional approach, which may not correspond to a lifetime perspective. It can be assumed that the investigated dimensions (object near, idealizing) may have moderated the impact of the disorder. But of course, examining this claim comparisons across time would be required. Nevertheless capturing of the data prior to or immediately after the discharge seemed useful, because many studies point out a relative stability of personality features of patients with affective disorders across time (Tellenbach, 1980; Perris, 1971; Paykel et al., 1976) and a change of personality features in the long run (Lauter, 1969; Kröber, 1993). Another limitation could be the influences of the present psychopharmacological treatment. However this seems unlikely since all patients were in a state of remission. The results of the treated patients are not affected by a present depressive mood (HAMD total score: 5.66). We can not rule out, that more psychologically minded patients were investigated. But administering the test is not dependent on psychologically mindedness. Furthermore, the sociodemographic data of the depressive sample and the controls did not differ significantly. In view of the investigation of relevant psychic dimensions of the self concept it was necessary to include all groups of affective disorders and schizoaffective disorders (heterogenity of the sample). A standardized personality inventory was used to validate/invalidate the idiographic results (data not shown; see Böker, 1999). It could be shown that the Repertory Grid Technique may not be used as a diagnostic instrument but may yet yield important information on subjective construction of the self and object relations.

References


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