

Estimates of Change in a Depressive Patient

By DOROTHY ROWE

A continuing problem in the care of patients suffering with depression is the assessment of how depressed the patient is, and how the level of depression changes over time. In clinical practice the patient is used as his own control, but the psychiatric assessment often has to be made in ways prone to the errors of subjective assessment. The psychiatrist is interested in how the depressed patient views himself and the world around him, that is, in terms of Kelly Personal Construct Theory, what constructs the patient uses to structure areas of his life and where on these constructs the patient sees himself. Personal Construct Theory and the Repertory Grid Techniques provide a useful framework for idiographic estimates of change.

It was decided to investigate the constructs used by a depressed patient to structure her relationships with important people in her life. From these constructs it was proposed to develop a rating scale to show where on each construct—contrast dimension the patient placed herself.

It was predicted that:

- (a) the patient's constructs would relate to aspects of being self-confident and competent.
- (b) the patient's rating of herself on each construct—contrast dimension would vary over time.
- (c) her ratings at any point of time would reflect the level of depression she was experiencing.

METHOD

The patient was a 63-year-old woman who had suffered from recurrent depression for the past twelve years. On admission to hospital she was frightened and agitated, complaining of confusion and blaming herself for her illness. She was seen by the writer for psychotherapy three times a week for ten weeks. At the end of this period none of the presenting symptoms were apparent, and the patient was considered well enough to carry out the testing procedure.

The patient was asked to write down on separate cards the names of eight people who were important to her, including herself. The cards (elements) were then presented to her three at a time, and the question asked, 'Tell me some way in which two of these people are the same and the other different.' Eight constructs and their contrasts were elicited.

The elements were ranked one each construct and the rankings marked on a grid. The grid was analysed by the method described by Bannister and Mair (p. 62).

Twelve seven-point rating scales were devised, using seven of the patient's constructs as items. Five items which related to issues raised in therapy were supplied by the tester. The patient made three ratings of herself, (A) as I am now, (B) as I was on admission to hospital, (C) as I would like to be. The patient made ratings of her present condition, (D) two months later, on discharge, (E) four months later. The results are summarized in Table I.

DISCUSSION

The patient had always had difficulty in entering a shop, making a decision and so spending money. Thus on the grid the constructs, 'spends money easily', 'accepts new ideas', 'self-confidence', 'can accept power and leadership', group together as a complex of constructs about self-confidence and competence.

The ratings in Columns A, B, C, provide base lines against which to compare the other ratings. At the time of testing she was well but doubtful if she could cope at home. The ratings in Column D reflect her difficulties in coping with a physical illness. The ratings in Column E were made by her one month after her husband's death when she found she could cope. Copies of the rating scale are now posted to the patient regularly for follow-up.

CONCLUSION

The Repertory Grid Technique offers a useful method of understanding a depressive patient's illness in the framework of his own constructs and in forming an objective measure of change in the course of the illness.

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REFERENCES

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TABLE I

Comparison of ratings on personal constructs

Construct	Serial ratings					Contrast
	As I am now A	As I was on admission B	As I would like to be C	On discharge D	Six months later E	
Calm and collected	4	6	3	4	2	Shows feelings
Plenty of self-confidence	4	7	2	7	2	Lack of self-confidence
Accepts new ideas	2	7	1	5	1	Conservative
Can accept power and leadership	4	7	4	7	4	Not a leader
Permissive	4	5	4	4	2	Restrictive
Not religious	4	1	4	2	4	Religious
Spends money easily	5	4	5	7	4	Careful with money
<i>Supplied constructs</i>						
Appreciated by others	3	3	2	4	2	Not appreciated by others
Secure	1	7	1	6	2	Insecure
Superior	3	7	3	5	4	Inferior
Loving others	2	2	2	5	2	Not loving others
It is not my fault if I get ill	1	5	1	1	2	It is my fault if I get ill

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