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The Spouses of Depressive and Schizophrenic Patients

A Controlled Study

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Summary. The personality structures and the well-being of the partners of a representative sample of 103 married depressive or schizophrenic hospitalised patients were examined. As a means of examination we used a semi-structured interview, the Giessen-test (Beckmann and Richter 1972, 1979) and the Eigenschaftswörterliste (Janke and Debus 1978).

Concerning personality, the comparison of self-image of the partners with the patient's estimation of his or her spouse resulted in good mutual agreement. The spouses of schizophrenic and depressive patients differed neither as far as the average profiles were concerned nor according to the cluster-analysis findings. In addition to this, both groups differed only to a minor extent from a representative sample of the general population. Whereas personal attitude and the well-being of the marital partners were for the most part independent of the depressive or schizophrenic kind of illness, personality and well-being of the spouses correlated with the course of the illness. The more phases of illness the spouses had witnessed, the more unattractive, self-controlled and uncommunicative they proved to be and the less irritated and sensitive they were when the patient was hospitalised. These findings are discussed in the light of further research.

Key words: Marriage – Attitude – Family relationship – Depressive disorder – Schizophrenia

Zusammenfassung. Es wurden 103 Ehepartner von repräsentativ ausgewählten, hospitalisierten Patienten, die entweder an einem depressiven oder schizophrenen Syndrom litten, bezüglich ihrer Persönlichkeit und Befindlichkeit untersucht. Als Untersuchungsinstrumente dienten neben einem semistrukturierten Interview der Giessen-Test (Beckmann und Richter 1972, 1979) und die Eigenschaftswörterliste (Janke und Debus 1978).

Was die Persönlichkeit betrifft, ergibt der Vergleich zwischen der Selbsteinschätzung der Ehepartner und der Fremdbeurteilung der Ehepartner durch die Patienten eine gute gegenseitige Übereinstimmung. Die Ehepart-

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ner schizophrener und depressiver Patienten unterscheiden sich weder in den mittleren Profilen noch nach den Gruppierungen der Cluster-Analyse voneinander. Zudem unterscheiden sich beide untersuchten Kollektive nur in geringem Ausmaß von einer repräsentativen Stichprobe der Allgemeinbevölkerung.

Während die persönliche Einstellung und darüber hinaus die Befindlichkeit der Ehepartner weitgehend unabhängig von der depressiven resp. schizophrenen Erkrankungsart der Patienten sind, korrelieren Persönlichkeit und Befindlichkeit der Ehepartner eng mit dem Krankheitsverlauf der Patienten. Die Ehepartner depressiver und schizophrener Patienten sehen sich umso unattraktiver, kontrollierter und verschlossener und umso weniger empfindlich und erregt, je mehr Krankheitsphasen sie bisher miterlebt haben. Diese Befunde werden im Lichte weiterer Forschungsergebnisse diskutiert.

Schlüsselwörter: Ehe - Einstellung - Familienbeziehung - Depression - Schizophrenie

Introduction

The spouses of psychiatric patients are usually affected immediately and violently by the effects of the disease. Conversely, the spouses have a determining influence on the environment of the patient, the kind of assistance provided thus depending mainly on them. Also, Brown et al. (1962, 1972) and Vaughn and Leff (1976a, b) demonstrated a close relationship between the attitude of the relatives towards the schizophrenic or depressive and the course the illness takes.

The more these interactions are recognized, the more interesting the personality of the spouses become, those features of personality being of paramount significance, which reflect the attitude towards the ill and the environment. However, the personality of the spouses of schizophrenic and unipolar depressive patients has barely been examined. The few available investigations are either not representative (Dupont and Grunebaum 1968; Lichtenberg and Pao 1960; Ernst and Kupper 1978; Baer 1975) or not controlled (Alanen and Kinnunen 1974, 1975; Lichtenberg and Pao 1960; Dupont and Grunebaum 1968). Until now there was no method that not only considered the spouse's attitude to the patient but also compared the spouse's self-portrait with the patient's opinion of the spouse.

When using an adequate measure the question is whether the personality of the spouses correlates either with the kind of disease (or rather the diagnosis) or with the course the disease has taken and the degree of disability of the patient, the selection being representative and controlled.

Previous studies led us to believe that the masculine spouses of schizophrenics are often passive and that the female spouses appear dominating and aggressive. In contrast to this, the spouses of unipolar depressives appear value-orientated. Such attitudes would be of significance for the therapy and rehabilitation of schizophrenic and depressive patients, if they could be confirmed. The well-being of the spouse at the time of patient illness must also be considered.

Table 1. Nosological classification of the observed groups

Diagnosis	Number	Sex	
		Masculine	Feminine
Schizophrenia	37	13 (35.1%)	24 (64.9%)
Schizo-affective psychosis	15	6 (40.0%)	9 (60.0%)
Schizophrenic group: schizophrenia and schizo-affective psychosis	52	19 (36.5%)	33 (63.5%)
Unipolar depressive psychosis	29	11 (37.9%)	18 (62.1%)
"Other depressions"	22	12 (54.5%)	10 (45.5%)
Depressive group: unipolar and other depressions	51	23 (45.1%)	28 (54.9%)
Total group	103	42 (40.8%)	61 (59.2%)

Methods

The methodology of the investigation is described in detail elsewhere (Hell 1982). Here the procedure is summarized in brief. The investigation was carried out at the Psychiatric University Clinic of Zurich. On the basis of their socio-economic group, all married patients who had entered the clinic within the course of a year who were aged between 20 and 65 and spoke German were registered. Furthermore, either a depressive or schizophrenic syndrome had to predominate the psychopathological state. Some reactive and neurotic depressions were included among the depressive syndromes apart from the prevailing unipolar depressive psychosis, in order to avoid overlooking potential affective disorders among first admissions. The diagnosis was established independently by the attending clinic doctor and the author.

Of the 121 patients who were admitted to the clinic during the year and who met the listed criteria 103 (85.1%) were examined. Table 1 shows the nosological groups arranged according to sex.

The patients and their spouses were interviewed in several single sessions totaling 3 to 5 h. The German Giessen-test (GT) by Beckmann and Richter (1972, 1979) was employed as a means of exploring the personality. This test characterizes the relationship between two persons by means of its emphasis on psychosocial features, and establishes which qualities a person attributes to himself (self-image) and which ones he ascribes to another person (alter-image). In this way, the self-image of the spouse as well as the alter-image that the patient has of the spouse, can be obtained.

Furthermore, the well-being of the spouses was explored by the Eigenschaftswörterliste (EWL) by Janke and Debus (1978) according to the recommendations of the test authors for a single application. The GT and EWL have been tested on German-speaking populations a number of times for validity and reliability (Beckmann and Richter 1972, 1979; Beckmann and Maack 1978; Janke and Debus 1978).

The schizophrenic and depressive group examined proved to be homogeneous in the statistic comparison (X^2) with respect to the most important social variables (social class, duration of marriage, age of patients and spouses). The seriousness and course of illness were determined by two criteria. First of all, the number of psychiatric hospitalisations implied the quantity of episodes and secondly, the social handicap and the course of the illness were rated using criteria similar to that of Bleuler (1972) and Angst (1978, 1980) in 6 scales.

Table 2. Comparison of GT-scales of different groups (by means of the *U*-test)

	Self-images of spouses of depressive versus self-images of spouses of schizophrenic patients		Alter-images of depressive versus alter-images of schizophrenic patients		Self-images of spouses of depressive patients versus alter-images of depressive	Self-images of spouses of schizophrenic versus alter-images of schizophrenic patients
	Male	Female	Male	Female		
GT-scale I	n.s.	n.s.	n.s.	n.s.	$P<0.01$	$P<0.01$
GT-scale II	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
GT-scale III	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
GT-scale IV	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
GT-scale V	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
GT-scale VI	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.

Results

1. Personality of Spouses of Depressive and Schizophrenic Patients

1.1. Personality of Spouses Correlated with the Diagnosis of Patients

1.1.1. Average Profiles. At first we questioned whether or not the average personality profiles of spouses of depressive and schizophrenic patients differ from one another (Table 2). In the sex-specific comparison, the GT-self-images of spouses who have a depressive partner do not deviate significantly from the GT-self-images of spouses who have a schizophrenic partner (applying the U-test on the level of GT-scales).

Furthermore, the patient's assessment of his spouse does not differ in a significant manner between depressive and schizophrenic patients. In addition to this, there are no significant differences on comparing the self-images of the spouses and the patient's assessment of his partner. This applies to both depressive and schizophrenic patients, with the general exception that the patients consider their partners as socially more attractive than themselves (Table 2).

If the disease groups are classified according to nosological criteria (pure schizophrenia versus unipolar depressive psychosis) and not syndromes, then the findings are analogous. There is one deviation from this pattern: the husbands of unipolar depressive women describe themselves as significantly more submissive ($P<0.05$) than the masculine partners of schizophrenic patients. A comparison of the depressive and schizophrenic groups under observation with a representative sample of spouses of the general German population (Beckmann and Maack 1978) showed that the wives of depressive and schizophrenic patients do not differ significantly from the female spouses of the general population (Fig. 1). Only the husbands of depressive patients reveal significant differences in

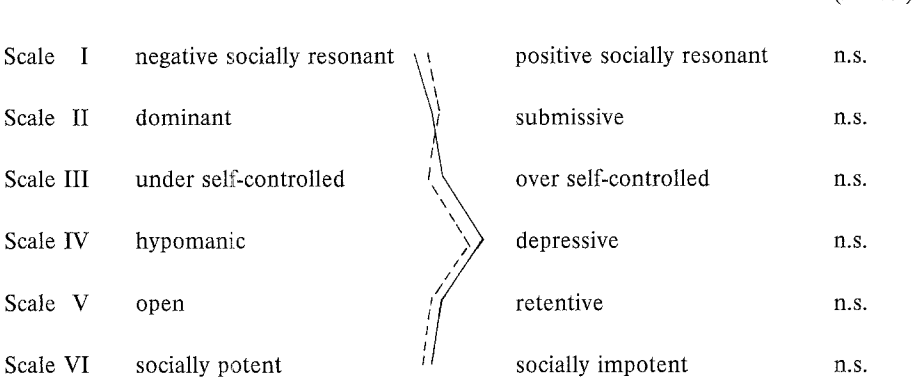

Fig. 1. Comparison of female spouses of the depressive group with a representative sample of female spouses of the general population in connection with the GT-self-image. (-----) Female spouses of a representative sample of the general population; (———) female spouses of the depressive group

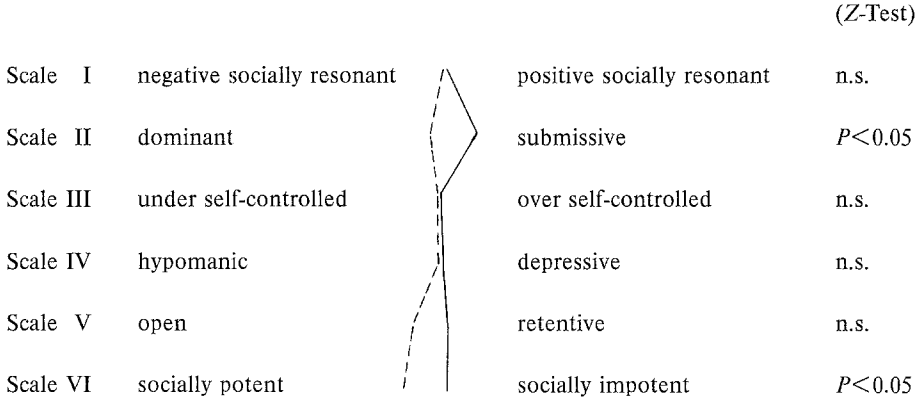

Fig. 2. Comparison of the masculine partners of the depressive group with a representative group of masculine spouses of the general population concerning the GT-self-image. (-----) Masculine spouses of a representative sample of the general population; (———) masculine spouses of the depressive group

2 of 6 scales, and the husbands of schizophrenic patients in 1 of 6 scales as compared with the general population (Fig. 2). (These deviations could however be dependent on the samples, which may differ as far as social class and age are concerned.)

1.1.2. Cluster Analysis. In order to do greater justice to the variety of test information, an additional structure analysis of personality was performed using the GT-self-images replies of the spouses, the multi-dimensional scaling of Kruskal (1971) and the cluster analysis of Meisel (1972). This procedure provides three larger clusters and a number of individual objects (Fig. 3). Figure 4 indicates the profiles of the spouse-groups determined by cluster analysis. Cluster I ("normal" group = 63%) has profiles which are similar to the average profile of the general

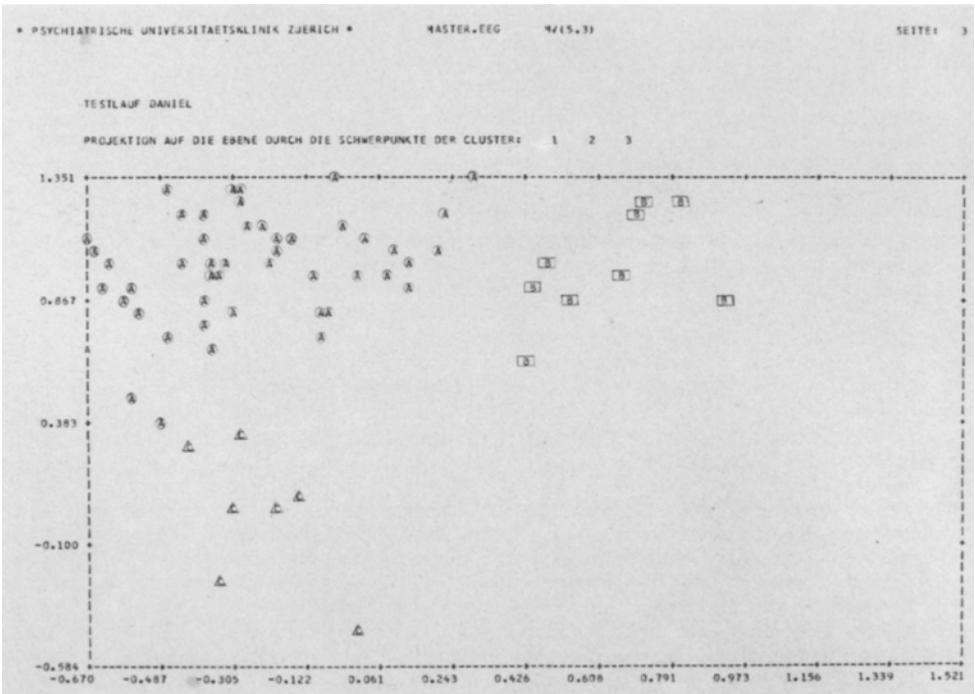

Fig. 3. Cluster-analysis of the GT-self-image of the spouses. (○) Cluster 1 ("normal" group); (△) Cluster 2 ("neurotic" group); (□) Cluster 3 ("socially especially desirable" group)

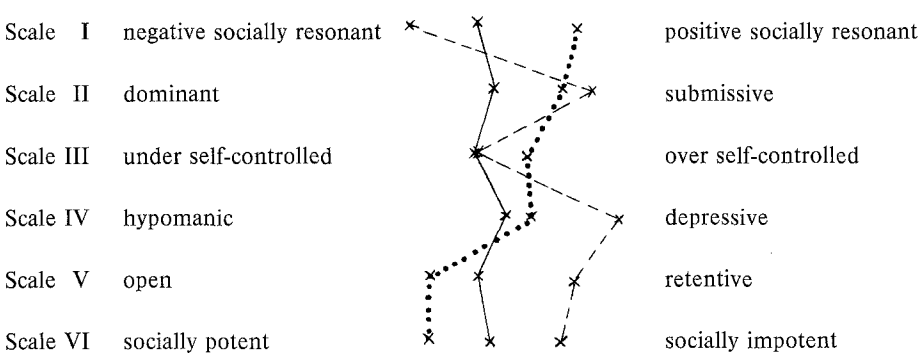

Fig. 4. Profiles of the observed spouse-groups on the basis of cluster-analysis. (X——X) Profile of cluster 1 ("normal" group); (X– – –X) profile of cluster 2 ("neurotic" group); (X·····X) profile of cluster 3 ("socially especially desirable" group)

population. Cluster II ("neurotic" group = 8%) has a profile which is practically identical with that of unselected neurotics. These (to a large extent male) spouses consider themselves socially unattractive, submissive, lacking self-control, depressive, uncommunicative and "socially impotent". Cluster III ("socially especially desirable" group = 13%) considers itself to be exactly the opposite, namely socially attractive, self-controlled, open and "socially potent".

Table 3. Comparison of diagnostical groups of patients with groups of spouses on the basis of cluster-analysis of GT-self-image ($n=98$)

	Schizophrenia	Schizoaffective psychosis	Unipolar depressive psychosis	"Other depressions"	Total
Cluster I	18	5	15	10	48
and guard-zone	4	4	3	3	14
Cluster II	2	2	2	2	8
and guard-zone	0	0	0	0	0
Cluster III	2	1	4	2	9
and guard-zone	3	0	0	1	4
Individual objects	6	4	5	5	20
and smallest groups	2	0	3	2	7

(The sum is more than 98, because the clusters are not separated and overlap in the guard-zones.)

These groups—which are based on cluster analysis of personality profiles of the spouses—are also completely independent of the nosological or syndrome-type of the patient's illness. Spouses of schizophrenic and depressive persons are found with equal frequency in all clusters (Table 3).

1.2. Personality of Spouses Correlated with the Course of Illness

Apart from the diagnosis of the patient the GT-self-images of the spouses were compared with the course of depressive and schizophrenic disorders. Table 4 provides the correlation of the GT-self-images of the spouses with the course of illness and with the frequency of hospitalisation respectively. The spouses described themselves as being significantly more self-controlled and more uncommunicative as well as socially more "impotent" to a degree directly proportional to the seriousness of the course of the illness. The more frequently the patients had been hospitalised the more socially unattractive the spouses described themselves. These personality traits of the spouses of chronic or relapsing patients cannot be explained by reference to age and/or length of marriage as there is no significant correlation with these variables (Table 4).

2. Well-Being of Spouses of Depressive and Schizophrenic Patients (Correlated with the Diagnosis and the Course of the Patient's Illness)

Apart from personality, the well-being of the spouses at the time of observation was also of interest. When comparing the 14 categories of EWL with the diagnostic groups of patients (by means of the U-test), there were no significant correlations. However, the application of this EWL-procedure enabled recognition of the fact that frequency of hospitalisation and course of illness correlates with the self-estimation of the partners (Table 5). The less frequently the patients had been hospitalised, the more tired, distraught, and irritable the spouses describe

Table 4. Correlation of GT-self-images of spouses and psychosocial variables in the total group (Spearman correlation, $n=98$)

	Social class	Age of spouses	Length of marriage	Frequency of hospitalisation	Course of illness
Scale I	−0.071	0.010	−0.010	−0.200**	−0.135*
Scale II	0.198**	0.048	0.052	0.094	0.027
Scale III	−0.102	0.064	0.018	0.005	0.186**
Scale IV	−0.075	−0.034	−0.039	−0.122	0.072
Scale V	−0.028	0.031	−0.029	0.164*	0.182**
Scale VI	−0.010	0.161*	0.080	0.036	0.167**

* $P<0.10$ (tendency)
** $P<0.05$

Table 5. Correlation of well-being of spouses (on the basis of EWL) and psychological variables in the total group (Spearman correlation, $n=91$)

Dimensions of EWL	Social class	Age of spouse	Length of marriage	Frequency of hospitalisation	Course of illness
1. (activity)	−0.039	0.115	0.023	−0.053	−0.004
2. (lack of activity)	0.148*	0.017	−0.055	0.099	−0.001
3. (fatigue)	−0.004	−0.015	−0.066	−0.143*	−0.111
4. (distraughtness)	0.155*	0.056	0.017	−0.142*	0.004
5. (extrovert attitude)	0.131	0.129	0.030	−0.016	0.064
6. (introvert attitude)	−0.032	0.165	0.051	0.144	0.041
7. (day dreaming)	−0.024	0.050	0.008	0.086	0.016
8. (irritability)	0.001	−0.069	−0.113	−0.190**	−0.283***
9. (sensitivity)	0.003	0.137	0.098	−0.081	−0.258***
10. (self confidence)	0.127*	0.308***	0.204**	0.029	0.069
11. (timidity)	0.039	−0.075	−0.052	−0.039	−0.105
12. (depressedness)	−0.014	−0.047	−0.072	−0.136	−0.118
13. (high spirits)	0.208**	0.147*	0.103	0.178*	0.181*
14. (aggressiveness)	0.097	0.042	0.005	−0.085	−0.044

* $P<0.10$ (tendency)
** $P<0.05$
*** $P<0.01$

themselves as being. The shorter the patient's handicap due to illness, the significantly more irritable and sensitive the partners consider themselves. These connections cannot be explained by reference to age or length of marriage (Table 5).

Discussion

For family-therapeutic reasons, dealing with the spouses of psychiatric patients has become popular. Early investigations have looked at the spouses of psychotic patients and have contributed to the assortative mating issue in an essential way. According to these investigations, the spouses of schizophrenic patients are no more susceptible to an endogeneous psychosis than is expected (Egger 1942; Früh 1943; Bleuler 1972; Fowler and Tsuang 1975). On the other hand, the findings for affective disorders are not homogeneous though they do not exclude a certain homogamic tendency (Gershon et al. 1973, 1975; Dunner et al. 1976; Negri et al. 1979; Baron et al. 1981; Fowler and Tsuang 1975).

In spite of the interest in family therapy, the personal aspects of the marital relations of depressive and schizophrenic patients have hardly been examined statistically. This lack of research material gives rise to prejudices as far as the relatives are concerned and frequently makes the therapeutic approach more difficult instead of facilitating it. For this reason, we attempted to contribute to the marital relations of schizophrenic and depressive patients by way of understanding the spouse's personalities. Using the Giessen-test (GT), self-image, as well as the patient's estimation of his or her spouse (alter-image) could be determined. The application of this test ascertained not so much the psychopathological symptoms as the personal attitudes of the spouses to the ill person and the environment.

Taking a critical approach to this method it must be said, that the GT only disposes of a medium test-retest reliability. For this reason not only constant personality traits but also variable or reactive attitudes of the spouses—after the patient has become ill—form part of the findings. Merely a momentary emotional state of the spouses in question can be pinpointed by means of the EWL. In this connection the question of how much the spouse's well-being is being intruded upon is left open. It is however conspicuous that the results of GT and EWL—although both tests measure completely different experiencies—are identical in tendency.

This investigation represented only psychiatric in-patients, and of course these hospitalised patients represent only a selected sample of serious psychotic syndromes. Strongly out-lined syndromes, as may be found in a psychiatric clinic, are not disadvantageous for assessing the postulated connections between type of illness and personality of spouse.

If specific personalities and conspicuous attitudes of the spouses were decisive in connection with schizophrenic or unipolar depressive disorders, this would have been observed in this investigation, considering the relatively large number of persons (103), either in the investigated self-image concepts of the spouses or in the patient's estimation of his or her partner. This is *not* the case.

The independence of the diagnosis of the patients in connection with personality of spouses was ascertained in several ways:

a) by comparing the self-images of spouses of depressive patients with those of spouses of schizophrenic patients (as far as the statistic average is concerned),
b) by an analogous procedure on the basis of the patient's estimation of his or her spouse in both groups,
c) by comparing both groups with a representative sample of spouses of the general population,
d) and finally by clustering the personality images of the spouses of both groups by means of a cluster analysis.

The personalities of the spouses of depressive and schizophrenic patients assessed by the GT are statistically evenly distributed, whereby conspicuous answer patterns are comparatively rare.

According to the cluster analysis, 63% of the spouses have a personality profile which resembles the average profile of the general population, 8% had a profile which is frequently that of the neurotic, and 13% had a personality complementary to that (namely a socially particularly desirable one). The statistical distribution of GT-self-images of the spouses of depressive and schizophrenic patients does not differ essentially—and in particular for women—from that of the general population. These findings also correspond to the investigator's observations during the additional interview, whereby there was the impression of a diagnostically unordered variety of character types amongst the examined spouses of depressive and schizophrenic patients. The results however are only partly in accordance with the works of Ernst and Kupper (1978) and Baer (1975), who applied other test procedures. It is true that the spouses of unipolar depressive patients did not prove to be more uncontrolled, more depressive or more emotionally unstable than other control groups. The observation of Ernst and Kupper (1978), according to which the spouses of unipolar depressive patients see themselves as socially desirable persons—and that more than usually—could however be due to the fact that their non-representative sample was based on a selection of particularly cooperative partners.

The findings of Lichtenberg and Pao (1960), Dupont and Grunebaum (1968) and Alanen and Kinnunen (1974, 1975), who considered the male spouse of schizophrenic patients as especially passively dependent, could only be confirmed in our own investigation in as much as the husbands of schizophrenic patients have a tendency to describe themselves as being more submissive than the general male spouse. However, the husbands of depressive patients had a clear tendency to depict themselves as more submissive than those of schizophrenic patients.

It must be concluded from this investigation that the diagnostically defined type of illness of the patient has no important connection with the personal attitudes of the spouses. On the other hand, the degree of seriousness and the course the disease has taken, both in the case of depression and schizophrenia, appear to be clearly connected with the self-portrait and the well-being of the spouses.

The results can be allied with the findings of genetic studies which have ascertained that it is more the type of a psychotic disease than its course which is genet-

ically determined. The spouses of patients who are chronically ill or relapse again and again consider themselves—as far as the GT-self-image is concerned— as being socially more unattractive, more self-controlled and more uncommunicative than the spouses of patients who have recently become ill. They appear cautiously reserved, and the fact that they react (according to the EWL) with less sensitivity and less irritation to the patient's hospitalisation than the spouses of patients, who have recently become ill, is in line with this.

This connection between the uncommunicative, inhibited attitude of the spouses and the unfavorable course the disease takes, can be explained in completely different ways: First by reference to the choice of spouses, sometimes patients who were ill before marriage or premorbidly conspicuous patients (whose illness is likely to take an unfavorable course) have linked themselves with partners who had difficulties in choosing a partner, themselves being neurotic. Of the examined schizophrenic patients 35% (mainly women) and 8% of depressive patients married after having already been admitted to a psychiatric clinic. A few patients had become acquainted with each other in the clinic itself. Secondly, the persistent witnessing of a psychotic disorder in the spouse of a patient can lead to cautious reserve and further to a defensive attitude. Such a pattern of reactions should not be seen as merely the passive experiencing of a situation, but can in many cases be considered as active adaptability and sometimes as freely chosen.

Finally, complex interactional mechanisms between the marital partners may have contributed to the unfavorable course the illness has taken as well as to a neurotic caricature of the spouses.

It is not unreasonable that these described factors play a rôle individually, and that these different groups of causes also intertwine.

The investigation described is as a cross-sectional study in which the methodology is unsuitable for clarifying in detail the relevant connections. It indicates however that the attitude of spouses correlates less with the depressive or schizophrenic type of illness, but far more with the course the illness takes. Further research could proceed from these facts. One must consider that the sociodynamic inquiry of family attitudes is of greater significance concerning the rehabilitation of the ill persons than as a means of exploring the pathogenesis of the illness patterns.

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