A Measure of Therapist-Patient Understanding

By J. P. WATSON

INTRODUCTION

Repertory grids can be applied to individuals in many different ways (Bannister and Mair, 1968). A grid is obtained whenever an observer rates or compares a set of objects, the elements, in terms of a set of logically applicable notions, or constructs, using a consistent scoring procedure throughout (Slater, 1964).

There are also many different ways of comparing grids. The largest number of points for comparison between two or more grids are obtained when the same procedure is followed for comparing the same set of elements in terms of the same constructs on each occasion. Grids obtained from the same informant on two occasions can be used to measure the changes which have occurred in his attitudes in the meantime. This paper, however, is chiefly concerned with grids completed by two people at the same time. An attempt has been made to measure a psychiatrist's understanding of one of his patients by comparing grids prepared by both simultaneously.

METHOD

The patient was a 31-year-old bachelor, who had committed a series of minor sexual offences against adolescent boys, for which he had been placed on probation. He was receiving psychiatric treatment as a condition of his probation order, and was seen weekly by me between October, 1966, and March, 1968.

The patient and I simultaneously completed formally identical repertory grids on four occasions, roughly two months apart, between March and November, 1967. Each grid included 16 elements and 22 constructs; the elements were persons of current and past importance to the patient mentioned by him during treatment, while the constructs were comparative, emotional and evaluative terms used freely by one or both of us in the therapy sessions. Each element was scored on every construct on a 0–100 scale. While the patient was completing his grid I independently compiled a grid of guesses by writing down the scores which I thought he would be writing.

Each grid was written out in tabular form, the scores for each element forming a row and each construct being represented by a row of scores. Each of the eight individual grids was analysed by the method of principal component analysis employed by the M.R.C. Service for analysing repertory grids (Slater, 1965). Other grids were obtained by subtracting (a) the patient's grid on one occasion from his grid on the previous occasion, and (b) my grid from the patient's grid on each test occasion; these grids were analysed by the 'Delta' method of the M.R.C. Service (Slater, 1968). 'Delta' is one of several programs developed by Slater for comparing grids, and analyses the difference grid obtained from two formally identical grids in terms of its principal components.

RESULTS

The results of this experiment will be discussed under three headings.

A. *Therapist–patient understanding*

The argument is as follows. Inasmuch as I understood this patient, I will have guessed correctly the scores he ascribed to the various elements on the different constructs. The magnitude of the entries in the difference (or 'Delta') grid and of the variance in the Delta grid will be inversely proportional to the similarity between the patient's scores and my guessed scores. Further, if my understanding of the patient varied between test occasions then the overall consistency of the two (patient's and 'guessed') sets of scores will vary *pari passu*. Table I shows (a) the overall consistency of the scores in the two compared grids on each

occassion, (b) the total amounts of variation in the difference, or 'Delta', grid on each occasion, and (c) that my understanding of this patient, according to these measures, increased a little during the eight months or so of the experiment.

TABLE I

Therapist–patient understanding

Test occasion	Total amount of variation in difference grid (patient's grid minus therapist's grid)	Index of consistency (overall correlation between patient's and therapist's grids)
1	16·1	0·59
2	14·1	0·67
3	11·5	0·72
4	11·8	0·72

B. *Therapist–patient misunderstanding*

There are three points of particular interest in comparing the grids.

(a) The correlation between the scores given on two occasions for the same construct, using unchanging elements, measures the consistency with which the construct is used. This applies whether the scores are supplied by one rater on two occasions or by two raters on the same occasion.

(b) In a Delta grid, the elements with the largest sums of squares contribute most to the difference between the two original grids.

(c) In general, the principal components of a Delta grid define the dimensions of difference between the original grids.

There were positive correlations greater than 0·70 between my guesses and the patient's scores, per construct, as follows:

(a) on all four test occasions: 'sexually attractive to me now', 'like I would like to be', 'sad', 'masculine', 'feminine';

(b) on three test occasions: 'like my father', 'like my mother', 'like Dr. Watson', 'like me', 'anxious', 'easy to get on with', 'depressing', 'affectionate', 'wise';

(c) on two occasions: 'good', 'strong';

(d) on one test occasion: 'aggressive', 'unfriendly', 'like I would never like to be';

(e) on no test occasion: 'sexually attractive in general', 'jealous', 'frightening'.

The elements which contributed most to the Delta grid (those for which my guesses were most unlike the patient's ratings) included a former girl friend, an idiosyncratic fantasy figure, and two relatives.*

A study of the major components of these Delta grids showed that the major dimension of difference concerned the opposition of the constructs 'good', 'wise', 'like I would like to be', and 'affectionate' with 'unfriendly', 'aggressive', and 'like I would never like to be'. This means that my guesses were consistently higher on 'good', 'wise', etc., and lower on 'unfriendly', etc., for two or three elements (the former girl friend and the relatives) than the patient's scores. Conversely, my guesses for the fantasy figure (in particular) were consistently higher on 'unfriendly', etc., and lower on 'wise', 'good', etc., than the patient's scores.

These results indicate that I had relatively little understanding of the patient's usage of the constructs 'frightening', 'jealous', 'sexually attractive in general', 'like I would never like to be,' 'unfriendly' and 'aggressive'; and of all his scores for a former girl friend, a particular fantasy figure, and two of his relatives. The two relatives were relatively unimportant in the patient's current life, and he talked little about them in treatment; but the girl friend and the fantasy figure were ongoing sources of distress and support to him, and I made many interpretative remarks about them. The general area of misapprehension as far as the constructs were concerned seems to have been my assessment of the patient's appraisal of threat and anxiety in people (the ways he tended to see people as unfriendly, aggressive, and frightening), an area which had a sexual connotation for him.

C. *Dimensions of patient change*

The differences and similarities between the patient's successive individual grids (the ways in which his ratings changed and did not change) reflected changing and unchanging psychological features of the patient. Information about these features was also provided by the

* For obvious reasons, the elements cannot be identifiably specified.

difference, or Delta, grids obtained by subtracting his grids for occasions 2, 3 and 4 from those he prepared on occasions 1, 2 and 3 respectively.

This paper is more concerned with therapist–patient differences and similarities over time than with changes occurring in the patient, and these will not be discussed in detail. A comparison of Tables I and II, however, shows that the patient's grids on successive occasions were more alike than were his grids and mine on any occasion.

TABLE II

Patient changes during treatment

Between occasions	Total amount of variation in difference grid (derived from two of the patient's grids)	Index of consistency (overall correlation between two of the patient's grids)
1 and 2	8·24	·79
2 and 3	10·67	·73
3 and 4	6·51	·84

Table II suggests that, while the patient changed relatively little during the experimental period, he changed more between occasions 2 and 3 than between occasions 1 and 2 or 3 and 4. The dimensions of change particularly concerned his mother and a boy he knew, and the constructs 'jealous' and 'anxious'. This is understandable in terms of his unhappy relationships with a physically ill and mentally disturbed mother with whom he and his two brothers lived, and who seemed quite definitely to prefer his younger brother to him. There was no great change, according to the grids, in his relationship with me, which remained positive and idealized. The elements 'Dr. Watson' and 'self' both consistently contributed greatly to the major component of his grid, in the same sense as the constructs 'good', 'like I would like to be', 'affectionate', and 'wise'.

CONCLUSION

A measure of the similarity between a patient's grid and my guesses of the scores comprising that grid is a measure of the accuracy with which I predicted the patient's rating behaviour, and hence of my understanding of him. That similar results were obtained on four test occasions implies both that the patient's grids were psychologically meaningful and also that I understood him to a considerable extent. My guesses would probably have been much less like the patient's scores if the patient had been more changeable. On the other hand, the relative consistency of successive grids and guesses is evidence for the reliability of comparative grid methods.

SUMMARY

The degree of understanding, and the dimensions of misunderstanding, between a doctor and a patient have been examined during an eight month period, using a repertory grid method. The patient completed an identical grid on four occasions, and on each occasion the doctor supplied a grid of guesses of the patient's ratings. The changes occurring in the patient during the experimental period are briefly discussed.

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4