

The Recognition of Psychopathology on the Repertory Grid

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Repertory grid testing (Kelly, 1955; Slater, 1965) of psychiatric patients, using people of significance in the patient's life as elements and eliciting the patient's own constructs has been employed in the clinical setting to demonstrate aspects of psychopathology (Ryle, 1967; Ryle, 1969), to measure change with treatment (Ryle and Lunghi, 1969; Rowe, 1971a) and to assess how far a therapist could predict a patient's responses (Rowe, 1971b). However, no systematic examination has been reported so far into the characteristic features of the construct systems of neurotic as opposed to normal subjects, although some apparent equivalences between grid features and psychological or psychopathological formulations such as identification or splitting have been described. While repertory grid testing remains an essentially ideographic exercise, it is important to identify features characteristic of neurosis if the method is to have more than a descriptive function in the investigation of patients. As a contribution to this we have tested with an identical method a series of students consulting with neurotic problems and a control sample of new students tested on arrival at the University.

The test given had a standard number of elements (16), and role titles were indicated for some of these (self, ideal self and mother and father). There were also 16 constructs, of which 8 were supplied (has a strong character, a passive person, a warm person, the sort of person who is likely to succeed academically, has a weak character, the sort of person who is likely to need psychiatric help at some time, an active person, a cold person).

Two studies are being carried out on this test material. In one, to be reported elsewhere, a number of specific predictions about differences between neurotic and normal grids will

be tested. In the experiment reported here sixteen tests were submitted blind to one of us (A.R.), half the tests being on students who were psychiatric patients and half being the tests of controls. The object of the experiment was to see how far these sixteen tests could be successfully sorted on the basis of repertory grid evidence into patients and non-patients.

METHOD

The control grids were administered in a group setting to students newly arrived at the University, and the eight used in the present study were randomly selected from a much larger number. The patients were under the care of colleagues in the University Health Service. One had been tested at intake in the same way as the controls; in the other seven cases testing was carried out at the time of their preliminary clinical assessment. All the patients were considered to be sufficiently disturbed to need regular psychotherapy.

The grids were analysed by the M.R.C. Unit for analysing repertory grids. Data derived from this analysis was presented to A.R. in such a way that no indication of patient status was available. These grids were rank-ordered from the highest to the lowest probability of psychiatric status, the features suggesting neurotic difficulties being noted. This judgement was based largely upon certain element distances (self/ideal self, self/parents) on construct correlations between some of the supplied constructs and, most important, upon the loadings of all constructs and all elements on the first two principal components. Elements were plotted out in relation to these components, the role-defined elements being identified and the sex of the other elements being given. These data represent less than is normally available in the clinical setting. From these data inferences were made about

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psychopathology in the way which has been described in previous papers (cited above). Four brief examples of reports on grids and of the equivalent clinical reports are provided in the Appendix to this paper.

RESULTS

The sixteen tests were rank-ordered by A.R., being numbered so that No. 1 was considered the most and No. 16 the least likely to be the test of a psychiatric patient. The list was now classified into patient and control status. It was found that numbers 1-6, 8 and 10 were those of patients. On checking medical records of the eight controls it was found that Nos. 7, 9, 11 and 12 had each consulted on one occasion with emotional symptoms during the fifteen months since their testing but had not been considered to need treatment. It is seen, therefore, that a very satisfactory sorting of patients from controls was achieved in this way, with milder cases being placed intermediately.

DISCUSSION

The demonstration that neurotic features can be confidently identified in repertory grid test results, without access to clinical information, is of some importance as it opens the way for a more formal investigation of the equivalences between psycho-dynamic and personal construct formulations. That such equivalences can be established, at least to some degree, is suggested by the comparison of grid predictions and clinical data given in the Appendix, but firmer criteria for both clinical and grid formulations must be developed. Meanwhile, testing of this sort would seem to offer an unusually effective means of identifying psychiatric patients from normals. However, this experiment has not established how far prediction of future breakdown might be possible as in seven of the eight patients testing took place on consultation and the decision to consult may have influenced the patient's construct system. It is hoped that further data on this will become available as more of the original control sample are likely to consult in due course.

SUMMARY

Data from the repertory grid tests of 8 patients and 8 controls were presented blind for rank ordering according to the probability of the subject being a patient. A very satisfactory sort was obtained.

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REFERENCES

- KELLY, G. A. (1955). *The psychology of personal constructs*. New York: Norton.
- ROWE, D. (1971a). 'Changes in the construct system with the cessation of transvestite activities following aversion therapy.' Unpublished.
- (1971b). 'An examination of a psychiatrist's predictions of a patient's constructs.' *Brit. J. Psychiat.*, **118**, 231-4.
- RYLE, A. (1967). 'A repertory grid study of the meaning and consequences of a suicidal act.' *Brit. J. Psychiat.*, **113**, 1393-1403.
- (1969). *Student Casualties*. Allen Lane, The Penguin Press. London.
- and LUNGI, M. E. (1969). 'The measurement of relevant change after psychotherapy: use of repertory grid testing.' *Brit. J. Psychiat.*, **115**, 1297-1304.
- SLATER, P. (1965). 'The use of the repertory grid technique in the individual case.' *Brit. J. Psychiat.*, **111**, 965-75.

APPENDIX

Comparison of grid and clinical data

Four illustrative cases are described: Case 1, Case 7 (the highest ranked non-patient), Case 11 (the lowest ranked patient) and Case 16 (the lowest ranked non-patient). The grid data are as recorded before access to the clinical records except that the grammar and style are improved. Case records are modified in detail to preserve anonymity.

Case 1. Female. Grid data

The first principal component distinguishes weak from strong and the second aggressive from passive. Construct correlations of warmth and strength are positive and there is a high degree of identification of the subject with parents. The ideal self was not rated. Element distribution shows the subject and her family members huddled at the extreme weak end of the first component and all but one of the other elements are at the opposite pole. It is concluded that this is a patient; she sees all virtue

and resource to be lacking in the family, which suggests a depressive, simplified (split) view of the world.

Clinical data

She consulted because of social isolation and academic difficulty due to inability to attend seminars and tutorials. She avoids relationships because her feelings are so ambivalent and she is prone to vent anger on inanimate objects and there have been episodes of self-injury. The problem is seen as one of schizoid withdrawal.

Case 7. Female. Grid data

There is a high self/ideal-self separation and the distance of self from mother is one of the highest of the series. The self is far closer to father, suggesting cross-sex identification. In the element distribution the self is the strongest and the mother nearly the weakest of all elements but the ideal self is located near mother. The construct 'likely to need psychiatric help' has a low loading on both first and second components, suggesting that this is not a relevant construct. It seems probable that this girl may succeed as a student at a cost of conflict over femininity which might lead to psychiatric presentation at some stage. There is a possibility of homosexuality.

Clinical data

Control series. Medical records, however, recorded a consultation a year after testing for menstrual irregularity, depression and work difficulty.

Case 11. Male. Grid data

There is a small self/ideal-self separation and the distance from parents is median for the series. The element distribution on the first two components shows that the parents are polarized, father being seen as cold and likely to succeed academically, whereas mother is seen as a warm and strong personality. The self is nearer the mother than the father

and the ideal self nearer still. This suggests the possibility of sex role problems though, as identification is with a mother seen as warm and strong, this may not be so. The fact that academic values are seen as opposed to creative ones may lead to work difficulties.

Clinical data

The presenting complaint was a severe tic with no other symptoms of emotional distress. He seems to use the tic to gain attention, especially from his mother. He shows considerable drive and need to gain approval by being on top. It seems especially important to him to placate his father. Contrary to this need, however, he has a quite unrealistic ambition to become a painter. There is probably an underlying oedipal difficulty in this case.

Case 16. Female. Grid data

There is a high degree of identification with mother and the self/ideal-self separation is median for the series. There are positive correlations between the constructs 'warm personality' and 'weak' and between 'cold' and 'likely' to succeed academically. The first component distinguishes warm from cold and the second distinguishes needs psychiatric help from intelligent. Mother is seen as warm and father as cold and both are seen as weak and needing psychiatric help while the self is seen as strong and intelligent. While she is likely to be an effective student and unlikely to become a patient, the fact that the ideal self is nearer mother shows an awareness of some deficiency in herself of the softer attributes. Her view of her parents could represent the one dimensional attitudes of someone emerging from adolescence. If she can move toward her ideal she should manage well enough.

Clinical data

Control series. There had been one consultation for migraine.

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