Brit. J. Psychiat. (1970), 117, 309–18

A Repertory Grid Method of Studying Groups

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Introduction

A repertory grid is obtained when a person compares and rates a set of 'elements' in terms of an appropriate set of 'constructs', using a consistent procedure throughout (Slater, 1964). The elements may be the names of real or imaginary people, qualities, or activities, in fact any group of items to all of which each construct is logically applicable.

Various forms of repertory grid have been devised since Kelly designed the Role Construct Repertory Test to facilitate the application of personal construct theory to practical psychotherapeutic problems (Kelly, 1955). The different ways in which grids have been used to examine clinical implications of this theory have been reviewed recently by Bannister and Mair (1968). These authors note that grid methods can also be employed independently of construct theory.

Repertory grids are frequently used to test clinical hypotheses about particular patients, and much of the present interest in grid technique is due to its applicability to individuals (Slater, 1965). It is also possible, however, to apply grid methods to groups of people, and this paper is concerned with one grid technique which is applicable to psychotherapeutic groups. The method is described, and discussed in general terms, in Part I of the paper, and one possible use of the technique illustrated in more detail in Part II. The main purpose of the paper is to show that the technique can provide information about interpersonal relationships in groups, psychological features of individual group members, and changes occurring in persons having group therapy.

Part I: The Method

Every member of the group who is willing to complete the test is given a piece of paper with a list of the names of the members of the group (the elements) printed in random order in a column on the left. A series of sheets of paper, each with the name of a construct printed on it, is pinned in a pile on the right.

The constructs are notions thought to be important in understanding the activities of the group, and in the present study were chosen by the therapists and were either comparative phrases, such as 'like me', 'like I would like to be', 'like my mother', and 'like my father', or emotional terms, as 'depressed', 'angry', 'jealous', 'frightened', and 'sexually attractive'. Constructs could equally well be elicited from the patients, and need not be restricted to comparative and emotional terms, so long as they are applicable to all the elements; for example, the constructs 'intelligent', 'wicked' and 'smart' might be included.

The raters are asked to indicate how much they think the constructs apply to the various members of the group by giving a score from 0 to 100 for each element in terms of each construct. Raters should be told that 0 and 100 are, respectively, the lowest and highest scores possible, so that for the construct 'depressed', for example, an element should be scored 0 if he is judged not at all depressed, and 100 if he seems as depressed as it is possible to be.

Each rater writes a score opposite the name of each group member on the sheet of paper which bears the name of the first construct, and then turns over that sheet and does the same for the other constructs, which are exposed one at a time. Raters are asked to give their first impressions, without deliberating very long over any one item, and are assured that it is their own opinions which are being sought, so that there are no 'right' or 'wrong' answers.

Most grids with 15 constructs can be completed in about 20 minutes. In the present study grids were normally completed during a group session, although sometimes they were

https://doi.org/10.1192/S0007125000193286 Published online by Cambridge University Press

taken home by the raters and returned by post to one of the therapists. The technique has been used by the author in six out-patient psychotherapeutic groups, each containing two therapists and between five and eight patients. All these groups were held at the Maudsley Hospital; five groups were conducted by registrars and the sixth by a consultant. Members of four groups completed grids on more than one occasion, with the same elements and constructs presented in different order.

Discussion of Method

This technique has three important features. (1) The raters are also the elements. (2) All the grids obtained on any test occasion in a group are prepared simultaneously. (3) The grids obtained from any one group all have the same form; the raters in a group use one scoring system to rate the same people in terms of an unchanging set of constructs.

Different grids can legitimately be compared if the elements, constructs, and the scoring system used are the same in all the grids. These conditions would be met by grids prepared by the members of a group simultaneously but which did not have the form of those obtained with the technique described here. For example the elements need not be the group members but could be fictional people such as Father Christmas, Dick Whittington and Snowwhite. Constructs could be elicited from patients rather than supplied by therapists; and scores could be obtained from rankings of the elements or by using 5 or 7 point rating scales, instead of with a 0–100 system. One of the merits of grid methods is that investigators are able to adapt the form of the grids they use to their particular experimental needs.

The fact that similar grids are comparable has two implications. (1) If the grids are prepared simultaneously by different people they can give information about the relationships between the raters. (Inferences about a rater's relationships with the various members of the group can also be made from the rater's individual grid, in which the group members are the elements, whether or not every other person in the group is also a rater.) This matter is considered further in Part II of this paper. (2) If grids of a similar form are prepared at different times by the same person then comparing them can indicate changes occurring in the person over a period of time.

Repertory grids are often regarded as a source of information about the persons preparing them. Whenever this is done, there is an underlying assumption that the informant's use of the constructs, to compare and rate the elements, expresses aspects of himself such as his attitudes, feelings, or ways of construing. This assumption holds for grids prepared by the present method.

Thus this technique can provide information about individuals in groups, the relationships between members of a group, and changes which occur in persons during group therapy. Some of the ways in which such information can be obtained are mentioned below.

Results

In the author's study each grid was written out in tabular form (as in Fig. 1 below) so that the scores for each element formed a column and each construct was represented by a row of scores. Almost all the scores assigned by all the raters were numbers ending in zero or 5, such as 10, 15, 50, 75, or 90. Other scores were taken to be the nearest numbers ending in 5.

Grids written out like this are accepted by the M.R.C. Service for analysing repertory grids (Slater 1964, 1965). This service submits grids to a form of principal component analysis which examines grid structure and provides a number of parameters, each of which has particular uses. All the results given in this paper come from analyses made by the M.R.C. Service.

The following three examples demonstrate some simple ways of using the results.

(a) *Inspection of grids.* Comparative inspection of a group's grids can provide many hypotheses about the group. These hypotheses may clarify the therapists' current ideas about the group, or stimulate valuable new ideas, and be worth examining in the group. In one group, for example, the high scores given by all the raters to one patient for 'jealous', 'depressed', and

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'frightened' suggested that the patient could reasonably be regarded as the group scapegoat. This formulation helped the therapists to deal with this patient in the group.

(b) *The Construct means.* A construct mean is the average of the scores given by one rater for all the elements on one construct. In one grid, the construct means ranged from 16·7 for 'unfriendly' to 47·9 for 'angry'. This implies that the rater felt there was a good deal of angry feeling in the group, and much less unfriendliness; for constructs thought to apply very much to all the elements should have high means. The figures given above are evidence about the sorts of feelings in the group at the time the ratings were made.

(c) *Construct correlations.* Interpreters of grid results often assume that the statistical relationship between the series of scores for the same elements on two constructs is a measure of the psychological relationship between the constructs. Psychological inferences can equally well be made from the statistical relationship between scores given for the same elements on identical constructs by different subjects. This principle forms the basis of many measures of inter-rater reliability. Here, however, it is the level of agreement between raters which is the focus of interest, not merely a measure of the reliability of other data.

In one grid, the product moment correlation coefficient between the sets of scores for 'jealous', and 'frightened' was +0·93, implying little difference between the psychological meanings of these terms for the rater. The correlation between 'like I would like to be' and 'like a child' in the same grid was −0·84, indicating that being like the rater would like to be entailed being unlike a child. The pattern of construct correlations in a grid provides a great deal of information about the rater.

Much of Part II of this paper depends on the idea that particular construct correlations may be used as operational definitions of other factors of psychological interest. Thus, self-esteem may be measured by the correlation between 'like me' and 'like I would like to be', and the correlations between 'like me' and 'like my mother' and 'like my father' may be assumed to reflect aspects of the identifications the rater has with his parents. Individuals can be compared with each other and over time in terms of any of these construct correlations.

In general, any of the methods exemplified here can be used to compare grids. So can other methods, such as principal component analysis. The selection of the aspects of a series of grids which should be compared, depends on the investigator's purposes. The merits and disadvantages of some of the possible ways of comparing grids have not yet been established, and further work is needed to establish the validity and reliability of these methods. As Bannister and Mair (1968) point out, traditional psychometric notions of reliability and validity are difficult to apply to repertory grids.

Part II: Measuring Interpersonal Relationships in Groups

The aim of this part of the paper is to show that the simple technique which has been presented can be used not only to elucidate interpersonal relationships in groups but also to identify psychological mechanisms used by individual group members. The discussion deals with a small fraction of the information obtained from one group at one moment of its existence.

Repertory grids were simultaneously prepared by six of the eight patients and both the doctors in one therapeutic group: each rater used a 0 to 100 scale to rate each of the ten group members in terms of the same twelve constructs. One of these eight grids, that supplied by one therapist, Dr. Q, is shown in full as Fig. 1.

Results

We are concerned with ways in which the data provided information about the relationships between the group members and about some of the psychological mechanisms used by them. Most of the statements to be made about these matters imply two assumptions. The first is that the entries in the grids are quantified judgements. In Fig. 1, for example, the scores represent statements like 'Dr. Q thinks Mr. Z is very depressed', and 'Dr. Q thinks Mr. Z is more depressed than Dr. P is', which give information about Dr. Q's relationships with

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FIG. 1.—Dr. Q's Grid, Occasion 3

Constructs	Elements											
	Miss A	Mrs. B	Mrs. C	Mrs. D	Mrs. E	Mr. W	Mr. X	Mr. Y	Mr. Z	* G	Dr. P	Dr. Q
1 Like me	70	20	30	30	40	25	50	50	15	50	80	100
2 Like I would like to be	40	20	30	20	50	20	30	50	10	20	60	80
3 Like my mother ..	35	10	40	25	20	35	20	30	0	15	40	80
4 Like my father ..	35	10	20	5	25	30	50	30	10	0	60	80
5 Affectionate ..	40	30	40	30	50	25	40	35	20	40	60	80
6 Sexually attractive ..	60	30	40	40	60	0	20	15	0	20	0	0
7 Like a child ..	50	60	40	40	40	40	30	30	60	50	0	0
8 Jealous	40	50	40	30	25	30	20	25	60	25	10	10
9 Unfriendly	30	40	20	0	0	25	5	20	35	25	0	0
10 Depressed	60	65	70	30	30	40	30	50	75	50	10	10
11 Angry	40	50	60	25	30	50	70	80	70	60	20	10
12 Frightened	60	80	70	30	40	60	30	30	80	50	10	10

* Element G is 'The Group'.

Mr. Z and Dr. P. It is as if the numbers in Fig. 1 replaced words or phrases like 'very', 'mildly', 'not at all', or 'severely and equal to'.

The second assumption is one often made by investigators using grid methods (Bannister and Mair, 1968). It is that the statistical relationship between the rows of scores for any two constructs in a grid is a measure of the psychological relationship between the terms correlated. It is sometimes difficult to be sure what the psychological significance is.

A great deal of information is contained in a grid like the one shown in Fig. 1, and very much more in a number of similar grids considered together. Five aspects of Dr. Q's group have been arbitrarily selected for discussion.

1. The relationship between the therapists

The results suggest that there was considerable mutual understanding between Dr. P and Dr. Q. This is inferred from the great similarity between Dr. Q's scores for himself, Dr. Q's scores for Dr. P, Dr. P's scores for himself, and Dr. P's scores for Dr. Q. The correlation between the numbers in the columns headed 'Dr. P' and 'Dr. Q' in figure 1 is $+0{\cdot}95$ ($p<0{\cdot}001$); the corresponding columns of scores for Dr. P and Dr. Q in Dr. P's grid correlate $+0{\cdot}97$ ($p<0{\cdot}001$), Dr. P's and Dr. Q's scores for Dr. P correlate $+0{\cdot}62$ ($p<0{\cdot}01$), and their scores for Dr. Q $+0{\cdot}70$ ($p<0{\cdot}01$).

Inter-therapist rivalries of various kinds might be expected in a group with two doctors. The correlation between two therapists' scores for each other would probably be much lower if one therapist perceived the other as some sort of rival. Probably, therefore, there was little rivalry between Dr. P and Dr. Q at the time when these scores were assigned.

2. The importance of various members of the group

The most important members of the group were Dr. P, Dr. Q, Mr. Z, and Miss A. That is, the most definite attitudes and strongest feelings were about these people, especially the therapists and Mr. Z.

In Fig. 1, Mr. Z has the lowest scores on constructs 1, 2, 3 and 5, the third lowest on construct 4, and the highest scores on constructs 7 to 12. The scores for Dr. P and Dr. Q are also extreme, but high when Mr. Z has low scores, and low when Mr. Z has high scores.

The same general tendency to score the therapists and Mr. Z at opposite ends of the construct scales was found in the grids of all the raters. For each grid, the scores for each construct were arranged in rank order, the lowest score receiving the rank position 1. Coefficients of concordance were calculated to assess the degree

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of agreement between the rank orders of the scores for all the raters, for each construct. These coefficients, their levels of statistical significance, and the group members contributing to the significance are shown in Table I.

The raters agreed that Drs. P and Q were like they would like to be and less child-like, jealous, unfriendly, depressed, angry and frightened than the other members of the group. Mr. Z was unlike what the raters would like to be and was thought to be the most child-like, jealous, depressed and frightened person in the group. Mrs. B was also regarded as frightened, depressed and child-like; and Mr. W as frightened. Mr. Y was judged the most angry, and Miss A the most unfriendly person in the group.

The therapists were important in the group because they were thought to be ideal and not emotionally disturbed. The patients' expectations of help from the therapists doubtless contributed to this attitude. It may come as no surprise to find that the therapists were regarded in this way; but comparable data suggested that a patient and not a therapist was judged the most ideal member of each of two other groups.

Mr. Z received higher scores than any other member of Dr. Q's group on several emotional constructs. This might have been because Mr. Z was more emotionally disturbed than anyone else in the group, and therefore warranted these high scores, or because of distorted interpersonal perceptions which led to certain feelings being inaccurately ascribed to Mr. Z, who might have been functioning as a scapegoat in the group. There was a product moment correlation of +0·86 between Mr. Z's scores for himself and the mean of the other raters' scores for Mr. Z on five emotional constructs; Mr. Z agreed with his fellow raters that he was very jealous, depressed and frightened.

Mr. Z was important in the group because he was very disturbed and was the group scapegoat. The consensus about Mr. Y being angry and Miss A being unfriendly can be ascribed to particular problems of these patients and the psychological mechanisms used by them in the group. Miss A's unfriendliness is discussed later in the paper.

3. The emotional language of the group

The nature of the personal relationships in a group is affected by the usage of emotional

TABLE I

Elements consistently given extreme scores: Dr. Q's group, occasion 3

Construct	W[1]	Level of significance	Elements accounting for significance	
			Low scores[2]	High scores[3]
Like me	0·34	1%	Z B	Y
Like I would like to be	0·54	1%	Z B	P Q
Like my mother	0·22	5%	Z	None
Like my father	0·09	N.S.	None	None
Affectionate	0·18	N.S.	None	None
Sexually attractive	0·22	5%	Z	None
Like a child	0·55	1%	P Q	Z B
Jealous	0·34	1%	P Q	Z
Unfriendly	0·41	1%	P Q	A
Depressed	0·60	1%	P Q	Z B
Angry	0·25	1%	P	Y
Frightened	0·53	1%	P Q	Z B W

[1] Values for W are the coefficients of concordance for the ranked scores of all raters on each construct.
[2] Group members in this column were judged the least depressed, angry, etc.
[3] Group members in this column were judged the most depressed, angry, etc.

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terms by the group members. For example, the effects of an interpretation about feeling angry or depressed partly depend on whether or not these words mean similar things to the giver and receiver of the interpretation. The agreement about the meanings of emotional terms in Dr. Q's group was inferred from the correlation between scores given for the same construct by different raters. The correlation between Dr. P's and Dr. Q's scores for depressed (Table II) was +0·77, implying that the therapists largely agreed about what 'depressed' meant, and about how depressed the various members of the group were.

Table II shows that the mean Drs P and Q correlation for certain constructs was greater between than among the patient raters. The agreement about 'depressed' and 'frightened' was greater than for 'unfriendly', 'jealous' and 'angry'. Only for 'angry' did the therapists share one meaning of an emotional term and the patient-raters another. Here the mean correlation was less among all raters than between therapists or among the patients; for the other constructs the mean correlation for all the raters was less than for the therapists only and greater than for the patients only.

These figures imply a consensus about the meanings of 'depressed' and 'frightened'. One wonders if the word 'angry' is more likely to mean different things to different people than 'depressed' or 'frightened'. If not, then the disagreement about how angry people were indicates that angry phenomena were differently perceived by various raters. Perhaps problems concerned with various angry feelings were being explored in the group when these grids were prepared.

4. Self-esteem and identification with parents

We will assume that the correlation between scores for 'like me' and 'like I would like to be' is a measure of self-esteem, and that the correlations between 'like me' and 'like my mother' and 'like me' and 'like my father' reflect aspects of the identifications the rater has with his parents.

Table III shows the self-esteem and parent identification scores of the raters in Dr. Q's group. A rater with a high positive correlation in the self-esteem column would be content with himself, in a general way. If a person regards himself as substantially like he would like to be, then concomitant positive correlations between 'like me' and 'like my mother', and 'like me' and 'like my father' indicate his over-all approval of his parents. Dr. P and Dr. Q are like this, according to Table III. Mr. X and Mr. Y had high or moderate self-esteem, a positive identification with one parent and a negative identification with the other. They might have been reasonably well adjusted to having one 'bad' parent, or have had major problems with one parent only. Possibly Mr. Y had fewer unsolved problems with his father than Mr. X had with his, for Mr. Y's self-esteem was greater.

It is difficult to be content if one's self-esteem

TABLE II

The same constructs used by different raters: Dr. Q's group, occasion 3

Construct	Construct correlations		
	Therapists only Dr. Q–Dr. P correlation	The mean of the correlation of each rater's scores with other raters' scores	
		Patients only	All raters
Depressed	+0·77	+0·44	+0·51
Frightened	+0·76	+0·41	+0·50
Jealous	+0·42	+0·36	+0·42
Unfriendly	+0·83	+0·23	+0·34
Angry	+0·88	+0·55	+0·17

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TABLE III

Self-esteem and identification with parents: Dr. Q's group, occasion 3

Rater	Construct correlations		
	Like me—like I would like to be	Like me—like my mother	Like me—like my father
Dr. P	+0·74	+0·61	+0·81
Dr. Q	+0·87	+0·77	+0·82
Mr. Z	+0·05	+0·33	+0·13
Mrs. E	+0·04	+0·29	+0·32
Mr. W	+0·71	+0·34	+0·47
Mr. X	+0·46	+0·52	−0·57
Mr. Y	+0·86	+0·55	−0·53
Miss A	+0·83	−0·13	−0·46

A correlation of ± 0·58 or more is significant at the the 5 per cent level; of ± 0·71 or more at the 1 per cent level; and of ± 0·82 or more at the 0·1 per cent level.

is low and one is negatively or weakly identified with one's parents. For Mr. Z, 'like me' was not significantly correlated with the ideal, mother or father constructs. A need for self-esteem and for positive identifications could have contributed to the disturbances seen in Mr. Z by all the raters. The hypothesis that Mr. Z tended to try and validate his poor opinions of himself in the group would partly explain why he was so disturbed and why his feelings were perceived by others in the group.

The rest of the discussion concerns Miss A, who seems to have had a high level of self-esteem and negative attitudes to both parents. It should be difficult to maintain self-esteem in the presence of permanently negative identifications with both parents. Miss A was presumably not well adjusted in herself or to her parents, for she was thought to be the most unfriendly person in the group. These findings can be ascribed to certain psychological mechanisms used by Miss A which are demonstrable from test results.

5. Psychological mechanisms in one patient

It was earlier assumed that the statistical relationship between scores on two constructs reflects the psychological relationship between the terms correlated, whether the constructs are different and obtained from one grid or are identical terms used in two grids. Table IV shows which of the four constructs 'like me', 'like my mother', 'like my father', and 'like I would like to be' were significantly positively correlated with each other in the individual grids of Miss A, Dr. Q, and Dr. P.

We will further assume that the statistical relationship between different terms used by different raters to assess the same elements (using the same scoring system) can also be psychologically meaningful. For example, a significant positive correlation between one rater's 'depressed' and a second rater's 'frightened' might indicate that one rater meant by 'depressed' what the other meant by 'frightened'.

Table V shows that the scores given by Miss A for 'like me', 'like my mother', 'like my father', and 'like I would like to be' were each significantly positively correlated with one or more sets of scores given by other raters for various constructs. In what follows, numbers in brackets refer to correlations indicated in Tables IV and V.

Table IV shows that for Drs. P and Q 'like me', 'like I would like to be', 'like my mother' and 'like my father' were inter-related (2–12). For Miss A 'like me' and 'like I would like to be' were positively correlated together (1) but not with the parent constructs. But Miss A's 'like I would like to be' was positively correlated with Dr. Q's self, ideal, and parent constructs (14–18) and with Dr. P's self and father constructs (23, 24). This means that each member of the group received similar

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TABLE IV

Some significant construct correlations from the grids of three raters: Dr. Q's group, occasion 3

Rater		Constructs		
Miss A		me	Mother	Father
	Ideal	1	—	—
	Father	—	—	
	Mother	—		
Dr. Q		me	Mother	Father
	Ideal	4	6	7
	Father	3	5	
	Mother	2		
Dr. P		me	Mother	Father
	Ideal	10	11	12
	Father	8	9	
	Mother	—		

TABLE V

Correlations between different constructs used by different raters: Dr. Q's group, occasion 3

First rater		Second rater—Miss A			
		Construct			
Name	Construct	like me	like my mother	like my father	Ideal
Dr. Q	me	13	—	—	14
	Mother	15	—	—	16
	Father	—	—	—	17
	Ideal	—	—	—	18
	unfriendly	—	19	—	—
	depressed	—	—	20	—
	frightened	—	21	—	—
	child	—	22	—	—
Dr. P	me	—	—	—	23
	Father	—	—	—	24
	unfriendly	—	25	—	—
Mr. W	Ideal	26	—	—	—
Mr. Y	Father	—	27	—	—
	frightened	—	—	28	—
	child	—	—	29	—
Mr. Z	depressed	—	30	—	—
	child	—	31	—	—

Notes to Tables IV and V

Each number in these tables refers to a construct correlation of not less than +0·70. For example, the number 4 (Table IV) indicates that the correlation between Dr. Q's scores for 'like me' and 'like I would like to be' was not less than +0·70. Again, the number 14 (Table V) means that the correlation between Dr. Q's scores for 'like me' and Miss A's scores for 'like I would like to be' was not less than +0·70.

Wherever a dash (—) appears in these tables, the construct correlation was negative or insignificantly positive.

In the text, significantly positive construct correlations are referred to by the numbers appearing in these tables.

Key: some constructs are referred to in these tables by abbreviations, as follows: me = 'like me'; Mother = 'like my mother'; Father = 'like my father'; Ideal = 'like I would like to be'; child = 'like a child'.

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scores from Dr. Q on the self, ideal and parent constructs, and from Miss A on 'like I would like to be'.

The word 'like' in these comparative constructs can be used in different senses and may apply to various personal attributes. On this occasion, what made Miss A think people were like or unlike she would like to be also led Dr. Q to judge them like or unlike himself, his ideal self, and his parents. Miss A, Dr. Q and Dr. P shared a comparing dimension. This might indicate some kind of identification between Miss A and the therapists, especially Dr. Q.

Being like Miss A's father or mother was not significantly correlated positively or negatively with being like herself or her ideal self. (Her 'like me' and 'like I would like to be' were insignificantly correlated with her 'like my mother' and 'like my father'.) However, her ways of comparing people with her parents, especially her mother, were important in the group, for there were many significant positive correlations between her 'like my mother' and 'like my father', and other raters' constructs (19–22, 25, 27–31). Incidentally, it might be possible to define a person's internal parents in terms of the different meanings of like in 'like my mother' and 'like my father' which he is able to use. This idea implies that on this occasion Miss A's internal parents were disconnected from her self-image and self-ideal, because her parental like was unrelated to her self and ideal self like.

Table V shows that Miss A's 'like my mother' was highly correlated with various constructs of other raters. This means, for example, that what made Dr. Q judge people depressed, frightened and unfriendly was the same as what reminded Miss A of her mother. There are several possible explanations of this.

(a) It could simply be that Miss A's mother was a depressed, frightened, and unfriendly person. Even if this *was* so, it was not Miss A's opinion, for *her* 'like my mother' was not positively correlated with her 'depressed', 'frightened' and 'unfriendly'. Perhaps Miss A used the mechanism of denial about certain aspects of her mother. The hypothesis that Miss A's mother was depressed and frightened does not in any case explain why Miss A's 'like my mother' was positively correlated with Dr. Q's 'depressed' and 'unfriendly' or why Miss A was judged the most unfriendly person in the group.

(b) Perhaps Miss A's attitude to her mother and her unfriendliness had little to do with each other. After all, Miss A's self-esteem was high (Table III), and Table V suggests that her ideal self *was* the therapists as they actually were, for her 'like I would like to be' was positively correlated with Dr. P's and Dr. Q's 'like me' (14, 23). One can argue that Miss A was siding with the therapists, so that it was no wonder she was thought to be unfriendly; she regarded herself more as a therapist than a patient. This implies that she was denying problems; perhaps this is where her attitude to her mother comes in.

(c) Miss A thought that people who were like her mother were not particularly like or unlike her, for the correlation between her 'like my mother' and her 'like me' was not positively or negatively significant. People whom Miss A thought resembled her mother were also thought by Dr. Q to be depressed, frightened, and so on (19–22). Dr. Q thought people who were depressed and frightened were unlike him and unlike he would like to be, so Dr. Q regarded the feelings he called depressed and frightened as undesirable, bad feelings. (The correlations between 'like me' and 'like I would like to be', and 'depressed' and 'frightened' in Dr. Q's grid (Fig. 1) were all negative.) He would also have regarded resemblance to Miss A's mother as undesirable. Miss A herself did not think this, for her 'like me' and 'like my mother' were insignificantly correlated.

Table V shows that Dr. Q's 'like me' and 'like my mother' were both significantly positively correlated with Miss A's 'like me' (13, 15); Dr. Q regarded Miss A as like him and as like his mother. Dr. Q's self-esteem was high (Table III), and 'like me' and 'like my mother' were correlated together for him (2), so he regarded resemblance to mother as good, and it was therefore also good to resemble Miss A. Dr. Q regarded Miss A as a good mother. This attitude would contribute to Miss A's high self-esteem; it is not surprising that Dr. Q regarded Miss A as less unfriendly than did other raters in the group.

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(d) We are nearer to explaining why Dr. Q's 'depressed', 'frightened' and 'unfriendly' were like Miss A's mother. Miss A and Dr. Q seem to have unconsciously colluded with each other, in order to enable them both to avoid feeling depressed and frightened about aspects of their respective mothers. Perhaps Dr. Q was well defended against feelings about his mother; this would amount to a counter-transference problem for Dr. Q.

(e) The situation can also be described as follows. We might suppose that it was Miss A's feelings about her mother which made other members of the group depressed, frightened and so on. Miss A's feelings about her mother were denied by her and not only ascribed by her to other members of the group but also felt by them and felt to originate in Miss A. This mechanism might have operated in raters who regarded Miss A as unfriendly, perhaps as a persecuting woman, or mother. The explanation will not do for Dr. Q, who did not regard Miss A as particularly unfriendly.

There were interesting features of Dr. Q's group, such as the usage of the term 'angry' and relationships involving Mr. Y, which have not been mentioned; the foregoing discussion merely exemplifies one approach to grid results.

The clinical features of Dr. Q's group on the occasion under discussion were in agreement with the interpretations of test results given here. Clinical information has been withheld, however, because the method will be most useful if interpretations of grid results can be justified or falsified on logical grounds, and based on a minimum of (explicit) assumptions, before they are applied clinically.

Conclusion

The technique presented in this paper may help to solve a variety of problems concerning therapeutic groups. The paper shows that the method can be used to examine interpersonal relationships, and also to measure the consensus about how much who feels what, in a group. Further, it is clear that grids can readily provide hypotheses about a group. It is also possible that psychological mechanisms can be identified using comparative grid methods. This possibility merits further investigation, because psychological mechanisms are very difficult to measure.

The technique may also help to define differences between groups and, more tentatively, to establish whether or not a particular patient has changed significantly during treatment. Similar comparative grid methods can also, in principle, be applied to two person relationships, families, and other sorts of group.

Summary

A modified repertory grid method of studying groups is described. It is suggested that the technique can provide information about interpersonal relationships in groups, psychological features of individual group members, and changes occurring in persons having group therapy.

Some results obtained in one group are used to examine the interpersonal relationships in the group at one moment in time.

Acknowledgements

I thank Dr. R. F. Hobson for much helpful discussion, Dr. H. H. Wolff for constant encouragement, Dr. P. Slater for analysing a large number of grids for me, and the colleagues and patients who submitted to the test procedure.

The paper is based on one given to the Psychotherapy and Social Psychiatry Section of the Royal Medico-Psychological Association in March 1969.

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(*Received 21 May 1969*)

https://doi.org/10.1192/S0007125000193286 Published online by Cambridge University Press