THE REPERTORY GRID INTERVIEW OF A DEPRESSED PATIENT

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SUMMARY

The construct system of a patient of Depression is investigated with the Rank Order Repertory Grid Technique, using principal component analysis to analyse the grid matrix. The investigation helps test clinical judgments and hypotheses concerning the patient and also suggests new directions for further clinical enquiry. This case study demonstrates how the grid technique can make possible a more comprehensive understanding of the cognitive processes of the patient.

A depressed patient's thinking and preoccupation represent erroneous and exaggerated ways of viewing oneself and events (Beck, 1967). The patient shows a pervasive negative bias against himself which remains relatively immune to conventional corrective feedback (Kovacks and Beck, 1978). Important as these cognitive processes are, they are not given their due place in many of the psychometric tests of depression (Hamilton, 1960; Zung, 1965; Beck, 1967).

The Repertory Grid Technique is a particularly apt method to tap the cognitive processes of a depressive in mathematical terms (Rowe, 1969, 1971a, 1971b ; Space and Cromwell, 1980,. It provides a situation akin to a structured interview whose reliability and validity have been well tested (Bannister and Mair, 1968). It offers an added advantage that a great deal of precise information can be obtained in a short time, and, as the patient is often unaware of what exactly is being tested, it helps to overcome his resistance. With the recent computer-aided procedures available for protocol analysis, it may be used to fill the lacuna in clinical investigation.

From the many different varieties of grid techniques available in literature (Fransella and Bannister, 1977), the Rank Order Grid was chosen as the method of investigation. A full description of this method has been provided by Bannister and Mair (1968). The advantages of this method are that it is a satisfactory method (Fransella and Bannister, 1977), has a constant level of reliability (Slater, 1977), is easy to understand and perform and there is an easy and satisfactory method of statistical analysis (Fransella and Bannister, 1977).

METHOD

A case of Manic Depressive Psychosis, depressed type (ICD-9 ; WHO, 1978) was selected on the basis of her psychological sophistication and willingness to participate in the study.

(a) Selection of elements

The patient was asked to supply the names of six people who had an important role to play in her life. This provided six elements. Four elements were supplied by the investigators on theoretical basis, each with a specific purpose in mind (See Appendix I). In all, there were ten elements.

(b) Selection of constructs

The elicitation of constructs was done by the 'Triadic Method' described by Kelly

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(1955), using the 'Minimum Context Card Form'. Fifteen constructs which satisfied the six assumptions of Kelly as originally stated in his Role Construct Repertory Test (Kelly, 1955) were selected (Appendix II).

(c) Grid administration

The Rank Order Grid was compiled by the method described by Bannister and Mair (1968). A 15 × 10 matrix of data was thus obtained (Appendix III).

(d) Analysis

The grid was subjected to Principal Component Analysis, using a computer programme prepared by one of the authors (GSR). This programme is an adaptation of Slater's INGRID Programme (Slater, 1977) and was run on a Hewlett-Packard computer of the 21 MX Series. The output is in the form of the first two Principal Components which are orthogonal and can be represented on the X-and Y-axes. The factor loadings of the different elements on the two axes are printed out. These are then transferred on to a graph by hand. The data was first fed row-wise and the output gave the factor loadings for the ten elements. The plot of this represented the distribution of elements in component-space (Fig. 1). Then, the data was fed in column-wise and the distribution of constructs in component-space was obtained (Fig. 2).

The two plots were then scrutinized and inferences drawn. That such inferences are valid has been shown by numerous previous investigations (Fransella and Bannister, 1977).

CASE HISTORY

Mrs. L., a fifty-year old lady, presented with the symptoms of : tension, lack of interest, sadness, sleep disturbance and loss of appetite. She had three episodes of depression earlier, in 1959, 1969 and 1973, lasting for 6-10 months and treated with tricyclic antidepressants and electroconvulsive therapy.

The present episode was precipitated by stress factors that were of minor importance and did not unduly preoccupy the patient. Her lack of interest was global, she was prone to pessimistic ideation, saw deterioration in all personalized events and images and imagined that everything would turn out badly. Self-esteem seemed to be low and self-accusation was significant. However, she was not suicidal and did not manifest persecutory ideation.

The patient had a postgraduate degree in philosophy ; premorbidly, she was somewhat introverted, prone to introspection, serious about small matters, punctual and perfectionistic. She had been engaged in social work, but did little of socializing. A woman of high moral standards, she was described as a very loving mother.

Her husband was an Engineer in the MES, who was witty, extroverted and not so obsessional as his wife. However, despite this difference in temperament, they got along pretty well. Two siblings had mental illness ; but her siblings had not played any effective role.

She had three children (2 sons and 1 daughter) who were quite important people in her life. Unfortunately, the grid did not include these as elements.

One expected that she would show up on the grid to be a person who felt herself isolated, whose ideal self was very different from her present perception of herself, who did not strongly identify with anybody, whose self-esteem was low and who was pessimistic but not entirely hopeless.

RESULTS

1. The Elements plotted in components space

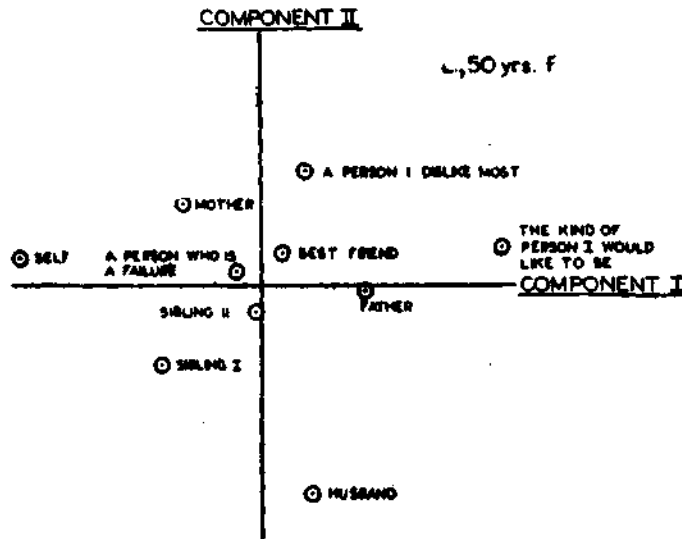An inspection of the plot of the first

COMPONENT II

L., 50 yrs. F

⊙ A PERSON I DISLIKE MOST

⊙ MOTHER

⊙ SELF   A PERSON WHO IS   ⊙ BEST FRIEND   ⊙ THE KIND OF
         A FAILURE ⊙   PERSON I WOULD
                                                  LIKE TO BE
─── COMPONENT I
                          ⊙
         SIBLING II ⊙   FATHER

         ⊙ SIBLING I

         ⊙ HUSBAND

FIG I

ELEMENTS PLOTTED IN CONSTRUCT - SPACE ON THE
FIRST TWO PRINCIPAL COMPONENTS IN TERMS OF
FACTOR - LOADINGS

II COMPONENT

L, 50yrs F

II ⊙ CORRUPTIBLE

⊙ POOR   II ⊙ GENEROUS
I
                XIII ⊙ INDIFFERENT TO
                       WHAT OTHERS SAY

                III ⊙ REPENTS IF DOES WRONG
                IX ⊙ PROUD OF COMPANIONS
II ⊙ WELL   ⊙ HELPFUL
II ⊙ DOES NOT MIX WITH PEOPLE I ⊙ JOVIAL ─────── I COMPONENT

I ⊙ SEES SAME AS/ME
  ⊙ UNCERTAIN OF HERSELF
I

                IV ⊙ HARD-HEARTED

                VII ⊙ SELF-RESPECTING
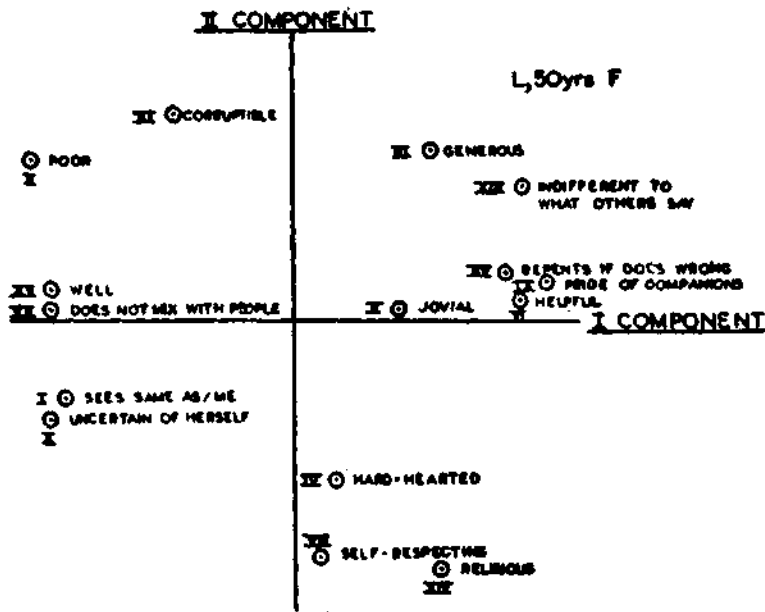   ⊙ RELIGIOUS
                    XII

FIG 2

CONSTRUCTS (EXPLICIT-POLE) PLOTTED IN ELEMENT -SPACE
ON THE FIRST TWO PRINCIPAL COMPONENTS

two principal components (See Fig. 1) revealed the following :

(a) The element 'self' was significantly separated from most of the other elements. This signifies that she construed herself as different from the other significant people, a trend of isolating oneself. This went along very well with her depressive symptomatology.

(b) The wide distance between the elements 'self' and 'the kind of person I would like to be (ideal)' came as a surprise. This self-ideal incongruence was interpreted to mean that there was motivation for improvement and betterment. So argued, this indicated, an cognitive theory basis, a good prognosis for this patient (Rowe, 1971a).

Some authors have taken the self-ideal congruence to mean low self-esteem, and by this reckoning our subject did not qualify for the 'low self-esteem' description.

(The above finding probably explained why, despite the pessimism, she kept her appointments regularly and never entertained suicidal ideas. She was completely asymptomatic after four months of treatment with tricyclic antidepressants.)

(c) She did not identify with any of her parents although she was closer to her mother (This was later verified from the patient).

(d) The considerable gulf between her husband and herself in attitudes and temperament was evident on the grid (Inspite of this, however, they had adjusted quite well).

(e) There was no considerable identification with the elements 'the person I dislike most', and 'the person I think is a failure in life'. In view of this, and (b) above, she did not emerge out to be excessively self-critical and having low self-esteem.

II. Constructs plotted in component space

The following are some of the impressions conveyed by the graph (See Fig. 2) :

1. The close proximity of constructs 1 and 10 suggests that she views 'the person who sees things like her' as also 'uncertain' (This goes very well with her depressive symptomatology.).

2. The constructs 7 and 12 have almost the same distribution. Is her interpretation of 'being well' consistent with 'low sociability' ? From her premorbid personality, the answer seems to be 'yes'.

3. The constructs 6, 8 and 15 also are placed close to each other. This is quite understandable. It probably suggests some redundancy in the grid.

4. The construct 13 ('indifferent to what others say') is surrounded by constructs with positive connotation. Its high correlation with these constructs suggests that the subject has used it in a positive manner, and tells us a lot about her psychological make-up.

5. The construct 12 ('well') finds a place away from the cluster of 'positive' constructs (constructs 5, 6, 9, 15). The explanation can again be sought in the premorbid personality when she, with a background of training in philosophy, does not see all these as necessary for well-being or health.

Thus, from the analysis, most of the clinical hypotheses regarding the patient got tested, except that the impression of low-esteem was not validated. Her behavioural manifestations revealed that probably the grid was right (This, however, can become

a circular argument). The grid, moreover, gave hope to the treating physician that this patient will comply with treatment and is likely to benefit considerably.

CONCLUSION

The grid is perhaps best looked upon as a particular form of structured interview which tends to map the construct system of an individual, a sort of idiographic cartography. Multivariate analysis helps to define this construct system in mathematical terms. The present case study maps out the construct system of a depressed subject in her own terms. The information it supplies is important, considering that the cognitive aspects of a depressive are as important as the affective aspects (Beck, 1967).

The first immediate task it serves is to give the psychiatrist a better understanding of the patient. It helps him not only to test hypotheses and judgments, but also to form new hypotheses for further work with the patient. It may also point out some systematic errors in the judgement of the psychiatrist.

The same grid investigation, with some further elaborations, can be put to additional uses. It can be used to study the degree of patient—therapist understanding. The physician may get some idea of the prognosis of the patient. With some modifications, it can be used to study rapport, transference, countertransference and a host of other indices. The grid can also be used to effect change. An important need in this area is to interpret the grid in consultation with the patient. This is implied in Personal Construct Psychotherapy (Epting, 1977).

The grid, thus, is a very adaptable form of technology that places little restrictions on the psychologist. It would be interesting to use it more often to get better understanding of patients.

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APPENDIX I

Elements elicited from patient

1. Father
2. Mother
3. Spouse
4. Sibling I
5. Sibling II
6. My best friend

Elements supplied to the patient

Element	Purpose
1. Self	Basis of interrelation and comparison.
2. The kind of person I would like to be (Ideal self).	To test the motivational manifestations and self-ideal congruence.
3. A person I dislike most	To judge self-criticalness and self-hate.
4. A person who I think is a failure in life.	To judge self-esteem.

APPENDIX II

Constructs

Construct pole		Contrast pole
1. See things the same as me.	..	See things differently
2. Poor ..	..	Well-off
3. Generous •	..	Mean
4. Hard-hearted	..	Soft-hearted
5. Jovial ..	..	Sober
6. Helpful	..	Not helpful
7. Does not mix with people (asocial).	..	Social
8. Self-respecting	..	Ashamed of self
9. Pride of his companions	..	A disgrace
10. Uncertain of himself	..	Thinks he is always right
11. Corruptible	..	Not corruptible
12. Well ..	..	Ill
13. Indifferent to what others say	..	Anxious for approval
14. Religious..	..	Not religious
15. Repents if he does anything wrong.	..	Does not repent.

APPENDIX III

The Grid Matrix

Constructs	Elements									
	1	2	3	4	5	6	7	8	9	10
1	1	10	5	8	7	3	9	6	4	2
2	1	10	6	5	2	3	4	9	8	7
3	9	2	3	5	1	4	6	7	10	8
4	10	5	8	2	9	6	3	7	1	4
5	10	4	9	3	2	8	6	7	1	5
6	10	2	1	9	4	6	7	5	8	3
7	1	10	3	2	5	4	6	8	7	9
8	2	1	6	7	9	8	10	4	5	3
9	10	1	2	9	3	6	8	7	4	5
10	1	10	5	3	6	8	4	9	7	2
11	5	8	10	9	1	2	4	7	3	6
12	5	10	9	1	4	3	6	7	8	2
13	10	2	5	9	1	8	3	6	4	7
14	8	3	1	2	10	9	5	6	4	7
15	10	3	1	6	2	9	5	8	7	4