REPERTORY GRID TECHNIQUE

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Definition: The therapist uses repertory grid (RG) technique to assess a client's system of personal constructs - bipolar dimensions (e.g. conservative-radical, deep-superficial) used to interpret and anticipate events.

Elements: The therapist first elicits (e.g. by asking for names fitting role titles such as 'someone I like', 'someone I dislike', 'my partner') *elements* of the client's world (the term has a different meaning from this section's heading). RG *elements* usually concern significant others and/or aspects of the self (e.g. `myself now'; `how I would like to be'; `myself as others see me'), but may relate to life events, relationships, or therapy sessions. Next, the therapist elicits *constructs* from the client, usually by taking triads of *elements* elicited (e.g. `myself now'; mother'; `father'), and, for each triad, asking for some important way in which two of the triad's *elements* are similar and thereby different from the third. Finally, all the RG *elements* are sorted on all of the constructs, usually by the patient rating them on a 1-7 scale where 1 and 7 denote the contrasting poles of the construct, or by ranking them. After the session the therapist can use software to analyse the resulting grid of ratings statistically, or simply 'eyeball' the grid without any computer analysis. Statistical analysis, if used, reveals similarities and differences in how the client construes *elements*; relationships between his/her *constructs*; conflicts and dilemmas; and aspects of the structure of the construct system, such as the strength of relationships between constructs. The therapist may also scrutinise the content of the client's constructs. The grid may indicate aspects of the client's view of the world of which s/he was previously unaware and on which therapy might usefully focus (e.g. positive implications of the client's symptoms revealed by correlations between constructs describing the symptoms and other constructs in the grid), and a pictorial representation of these may be shown to the client. It also yields individualised measures to monitor therapy outcome e.g. dissimilarity in construing of self and ideal self; correlations between constructs indicating dilemmas.

Related Procedures: Laddering.

Application: Usually with individuals, but also with couples, families, and groups, particularly in personal construct psychotherapy, which focuses on the client's reconstruction of his/her world, involving revision of existing constructs and experimentation with new ones.

1st Use? Kelly (1955)

References:
1. Kelly GA (1955) *The Psychology of Personal Constructs.* New York: Norton (republished by Routledge, 1991).
2. Fransella F, Bell R, Bannister D (2004) *A Manual for Repertory Grid Technique.* Chichester: Wiley.
3. Winter DA (1992). *Personal Construct Psychology in Clinical Practice: Theory, Research and Applications.* London: Routledge.

4. Winter DA (1988) Reconstructing an erection and elaborating ejaculation: personal construct theory perspectives on sex therapy. *International Journal of Personal Construct Psychology*, <u>1</u>, 81-99.

<u>Case Illustration</u> (Winter 1988)

Sam, aged 25, came for psychotherapy for help with difficulties in obtaining an erection of five years duration. The therapist elicited the following *elements:* 14 people fitting the role titles mother, father, other close relatives, a man and a woman I like, a man and a woman I dislike, someone in authority, women with whom I've had a sexual relationship, together with 'myself', 'my ideal self', and 'myself without a sexual problem'. The therapist then elicited 12 *constructs* by asking Sam to compare and contrast the people in 12 triads of these *elements*, plus the construct 'has sexual difficulties – does not', and 2 constructs that Sam had used in discussing his problems - 'sexually attractive – unattractive' and 'lovable – unlovable'. The grid was completed by asking Sam to rate his *elements* on a 1-7 scale on each *construct*. After the session, the therapist entered the grid into a computer, and statistical analysis showed, surprisingly, that Sam rated `myself without a sexual problem' as further from `my ideal self' and less honest and lovable than `myself now', and also that Sam's ratings of people as 'sexually attractive' and as 'often like to dominate' were correlated. The grid gave a clue to the origin of such constructs by showing that his ratings of `myself without a sexual problem' resembled his ratings of `my father'. Feedback of such grid results to Sam led him to recall occasions from his childhood when he had seen his father flirting with other women, and being 'ridiculous' in front of his mother. Sam imagined that if he could obtain an erection he might behave as sexually inappropriately as his father had, even to the extent of becoming a rapist.

Discussion of insights from Sam's repertory grid allowed him to accept that his negative view of sexuality based on his childhood perception of his father were now obsolete, freeing him to explore alternative views of his adult relationships. After 6 1-hour sessions, a repeat grid assessment showed that he now rated `myself without sexual problems' more like he rated `my ideal self' and as honest and lovable, and that he no longer rated sexually attractive people as dominating. He had begun sexual relationships again, and on most such occasions obtained an erection.