

A REPERTORY GRID STUDY OF  
ANOREXIA NERVOSA IN FEMALES

Johan Frederik Tydeman

A thesis submitted in partial fulfilment  
of the requirements for the degree of  
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ERRATUM:

In the bibliography, on page 188, the sixth listed reference should read:

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### ABSTRACT

As an exploratory study, a sample of five anorexia nervosa subjects, diagnosed on standardized criteria, were tested while hospitalized for treatment, on elicited and assigned construct repertory grids, where the latter grid's construction reflected aspects of central interest to the syndrome. The two repertory grids for each subject were processed using Slater's (1972) "INGRID 72 PROGRAM : the principal components analysis for the repertory grid", and comprehensive data is tabulated and discussed with reference to each subject's psychological grid space. A comparison of the efficacy of the two repertory grid measures is discussed and nomothetic data is descriptively presented and viewed in terms of the literature. Suggestions for more refined repertory grid investigation in this area are forwarded.

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1.1.

PRIMARY ANOREXIA NERVOSA : THE EMERGENCE OF THE DEFINITIVE  
CLINICAL ENTITY

The publication of the first detailed medical description of a psychogenic cachexia, which he termed "pthisis nervosa" or a 'nervous malnutrition', is generally accredited to Richard Morton (1694). He described the case of an eighteen year old girl who "fell into a total suppression of her monthly courses from multitude of cares and passions of her mind" (in Rowland, 1970). Morton reports that her appetite for food vanished without any indication of bodily disease, she ate nothing and finally she died.

The eighteenth and nineteenth centuries saw the publication of numerous further reports of patients suffering from severe malnutrition as a result of voluntary restriction of food intake. It is however from the medical accounts of Gull and Laseque that the contemporary clinical entity is derived. In 1868 Gull described "a peculiar form of disease" occurring mainly in young women and characterized by extreme emaciation and amenorrhoea in the absence of any structural disease - a condition he termed "apepsia hysterica." However, in a paper delivered in 1874 he renamed the condition "anorexia nervosa", since he could find no evidence for the absence of pepsin and furthermore, he had observed the condition to also occur in men (the diagnosis of hysteria at that time being only applicable to women). Dally (1969) emphasises the importance of Gull's conceptualization of the aetiology of the condition by stating that Gull "... believed the condition to be brought about entirely by psychological factors, and he was well aware of the fact that the whole family were involved in the illness." (p.1)

Laseque, a French psychiatrist, ignorant of Gull's 1868 Oxford address, published in 1873 an article "De l'anorexie hysterique" in which he described eight cases of psychogenic cachexia. These two diagnostic labels of anorexia nervosa and anorexie hysterique are the ones now generally used in English and French speaking countries, respectively.

These two early systematic accounts of Gull and Laseque make extremely interesting reading, as the authors clearly approach the problem from entirely different perspectives. Gull, in true British empiricistic tradition, presents an analysis as direct and precise as any pathological report; whereas Laseque, in accordance with a more rationalistic tradition, concentrates far more on the psychogenic level, providing a descriptively far richer and psychologically insightful account by virtue of his phenomenological insights.

It is important to note that both Gull and Laseque in their diagnostic labels use the word 'anorexia', and as such, at this stage of the development of the clinical entity the condition was conceptualized as a feeding disorder of psychologically determined loss of appetite.

There has been disagreement as to whether anorexia nervosa can be regarded as a distinct clinical entity which warrants separation from other psychiatric conditions, or whether it is merely a symptom-cluster occurring in various forms associated in any specific instance with one of a number of definitive psychiatric disorders.

A definite clinical uniformity does emerge if diagnosis is made at the descriptive level alone. The typical anorexia nervosa patient displays a marked cachexia associated with eating very little food, notably an absence of all carbohydrate, is also amenorrhoeic, hyperactive, constipated, hirsute, has poor peripheral circulation and evidence of reduced metabolic activity (Crisp, 1970 a). However, combinations of these factors occur in a wide range of emaciated psychiatric patients whose symptomatology includes other factors warranting other diagnoses. Bliss and Branch (1960) reviewed the historical development of the concept of anorexia nervosa and "failed to find in the literature a neat solution of differentiating it from other forms of undernutrition." (p.23) They concluded that the condition should rather be viewed as a "nervous malnutrition" which could then fall under a number of more definite psychiatric diagnoses.

Subsequent to the publication of Bliss and Branch's 1960 monograph, a number of authors have claimed to be able to assemble a group of patients in terms of both descriptive and constitutional factors, and in terms of dynamic psychopathology, into a useful classification of primary anorexia nervosa as a distinct clinical entity (Bruch, 1970, 1974; Crisp, 1970a, 1973; Dally, 1969, 1972; Meyer, 1971).

For instance, anorexia nervosa patients are nearly always females who present in their adolescence with cachexia and amenorrhoea. King (1963) has further identified them as being more intelligent as compared with groups of other cachectic patients of comparable ages. King further maintains that they are more than averagely athletic and

usually come from a 'high' social class. Crisp (1970a) has stated that anorexia nervosa patients are characteristically extremely difficult to investigate psychopathologically, "because of their secretive behaviour and their fear of treatment." (p.453) He reports that they characteristically deny psychological difficulties to the extent of denying what is patently obvious to others, namely, that they have in the past avoided eating to an extreme degree. Bruch (1966) has noted that they often appear to hate their own bodies and classically present with a distorted body image where they over-estimate their weight and size to a delusional degree (also Bruch, 1962, 1970, 1974; Dally, 1969, 1972; Slade and Russell, 1973). Numerous authors note that these patients avoid weight gain through complicated behavioural patterns of bulimia and subsequent self-induced vomiting, the use of laxatives, excessive drinking and the use of diuretics.

The recognition of a uniformity in the clustering of these factors in patients with no other psychiatric condition, together with the recent identification of other definitive behavioural and psychodynamic factors to be elaborated later, is responsible for the present status of anorexia nervosa as a distinct clinical entity.

To be recognized as a distinct syndrome, the necessary diagnostic features of anorexia nervosa must be strictly defined. Bruch (1970) has delineated three classes of non-specific food refusal which present as similar to anorexia nervosa but where weight loss

is essentially incidental to some other primary condition. These she classes as psychoneurotic anorexia where non-eating is part of a psychoneurosis precipitated by stressful environmental factors which did not have direct bearing on weight; pseudo-anorexia nervosa, where non-eating is used as an essentially coercive weapon by an individual with a predominantly hysterical personality; and anorexia in schizophrenia. These non-primary anorexic classifications are important to keep in mind, as many of the cases cited in support of various treatment procedures often fit into one or other of these categories which effectively invalidates the proposal's efficacy as applied to primary anorexia nervosa. The most systematic elaboration of the diagnostic criteria for primary anorexia nervosa to date has been provided by Dally (1969). For Dally, a diagnosis of primary anorexia nervosa requires the fulfilment of four criteria.

Firstly, there must be a loss of weight due to an active refusal to eat. Dally stipulates that the minimum loss of weight must be ten percent. However, this figure is somewhat arbitrary and has been frequently contested in the literature. In order to formalize the notion of 'excessive weight loss', Bliss and Branch (1960) chose three hundred cases of anorexia nervosa in adolescent or adult females at random from the literature and applied a content analysis with regard to weight. They report that the average premorbid weight was one hundred and twenty-two pounds and that the average weight loss was forty-four pounds, that is, a thirty-six percent loss. This figure, while interesting, is however of little value as the cases sampled dealt with weight loss from premorbid weight and not from ideal weight

for age, height and sex, thereby failing to take cognisance of the very real possibility of premorbid obesity. Furthermore, these cases had already been diagnosed as anorexic in terms of unspecified and undoubtedly, judge-specific criteria. For their own study, Bliss and Branch decided to consider a loss of twenty-five pounds attributable to psychological causes as a weight criterion for diagnosis. This definition is rather aptly described by Bruch (1962) as being "overgeneral, colourless (and) a far cry from Morton's 'skeleton only clad with skin'." (p.187) Bruch argues that specification of the sufficient and necessary dimensions of a criterion of weight loss is not essentially required, as psychogenic weight loss alone with no differentiation from other feeding disorders is a barren and rather meaningless indicant.

Secondly, amenorrhoea must be present. Dally states that in sixty-four percent of his sample of one hundred and forty cases of anorexia nervosa, menstruation ceased before weight loss had begun. The remaining thirty-six percent ceased menstruating as soon as weight loss had begun or soon after. The consequent attribution of the cessation of menstruation to psychological factors rather than occurring as a secondary result of malnutrition is a point on which most authorities are agreed. However, Crisp (1973) has stated that he is convinced of the "major importance of dietary factors, essentially carbohydrate starvation, for the genesis of amenorrhoea in primary anorexia nervosa." (p.125) This view is not consistent with much of the contemporary literature and, indeed, seems somewhat

anomalous in terms of Crisp's overall view of the nature of primary anorexia nervosa.

While the criterion of psychogenic amenorrhoea would hold for the majority of cases presently classed as anorexia nervosa, males and prepubertal girls would necessarily be excluded. Dally does concede that a similar state can be said to occur in men, but far less frequently than in women. The proportion Dally gives is one male for every twenty-four females, however, far higher figures have been given. Beumont (1970a) states that "it is not as rare amongst boys as has been previously thought" (p.911), and he concludes that a figure of fifteen percent of the total anorexic population would probably be a more accurate assessment. Despite the fact that two eminent authorities, namely Bruch and Crisp, include psychogenically cachexic males under the category of anorexia nervosa by virtue of the presence of the central characteristic of a refusal to eat in the pathological pursuit of thinness, for the present purposes of elaborating the essential features of primary anorexia nervosa in adolescent females, Dally's point will be taken and males will be excluded.

The third criterion, a criterion by exclusion, is the absence of schizophrenia, severe depression or organic disease. This stipulation is made in order to eliminate the confusion which has arisen, firstly, between the visual and occasionally auditory hallucinations as well as the denial and regressiveness of the anorexia nervosa patient and true psychotic delusions; secondly, between the light

and labile depression sometimes associated with anorexia nervosa and endogenous depression; and finally, between the cachexia of anorexia nervosa and certain observationally similar organically based illnesses such as Simond's cachexia.

The final criterion for Dally, is that the age of onset should lie between eleven and thirty-five years, the most common between fifteen and twenty-three years. In the case of anorexia nervosa-like states which occur in middle aged women, Dally chooses to label the condition anorexia tardive, a state which he describes as being identical in all respects to anorexia nervosa except for the single fact that just sufficient food is eaten to sustain life and thus at no stage is there any real danger of fatality. Dally further justifies his exclusion of prepubertal girls by maintaining that these conditions are not identical with the primary anorexia nervosa of adolescence, and they should rather be classed with the common and usually short-lived eating disorders of childhood. Dally does, however, concede that it is possible that a continuity of disorder of feeding exists from infancy into puberty, however, only at the stage of puberty can the disorder be identified with a state of primary anorexia nervosa.

## 1.2. PRIMARY ANOREXIA NERVOSA : ITS NATURE AND PRECIPITATING FACTORS

Anorexics characteristically display, aside from the drastic curtailment of food intake, disorganized patterns of eating behaviour with marked obsessive-compulsive features. Abstinence

from eating often alternates with bulimia, uncontrollable impulses to gorge oneself. Bruch (1962, 1970) states that these compulsive phases of bulimia are a source of real terror on account of the complete lack of control experienced. She quotes one patient as saying, "I do not dare to eat. If I take one bite, I'm afraid I will not be able to stop." (1970, p.13). A commonly reported feature of anorexia nervosa is the occurrence of self-induced vomiting following the phases of compulsive overeating. 'Devices' other than vomiting are also used by many anorexics to counteract the effects of overeating in the general effort to remove unwanted food from their bodies, such as the use of laxatives, frequent enemas, excessive drinking and the use of diuretics. (Bruch, 1962, 1970; Crisp, 1965a, 1973; Dally, 1969, 1972).

Obsessive-compulsive features other than those directly associated with eating have been noted, such as washing and cleaning rituals, compulsive stealing and an obsessional concern with school-work. These features have however not been elaborated upon in any detail in the literature.

A major symptom of primary anorexia nervosa described by a number of authors, notably Hilda Bruch, is a disturbance in body image of delusional proportions (Bruch, 1962, 1966, 1970, 1974; Crisp and Fransell, 1972a; Crisp and Kalucy, 1974b; Dally, 1969, 1972; Slade and Russell, 1973). Bruch noted that while marked cachexia occurs in many other psychiatric conditions, what is specifically pathognomic about anorexia nervosa....

"is not the severity of the malnutrition per se, ... but rather the distortion of body image associated with it; the absence of concern about emaciation, even when advanced, and the vigour and stubbornness with which the often gruesome appearance is defended as normal and right." (1962, p.188)

Bruch's latter point of the denial of concern about thinness displayed by the anorexic is a feature consistently reported by numerous authors (notably, Crisp, 1965a, 1970a, 1973; Warren, 1965).

In a well controlled study on the body image of anorexia nervosa patients, Slade and Russell (1973) showed that these patients would markedly overestimate the width of their own bodies. This tendency towards over-estimation was specific to their own bodies and did not extend to their perception of other external physical objects. A second aspect of this study showed that the over-estimation of body width was less marked when anorexic patients were required to gauge the size of a female model. Furthermore, they were found to be exceedingly accurate in assessing the physical heights of both themselves and the female model. These findings clearly demonstrate that the body image delusions of the anorexia nervosa patient is linked to width or weight.

A second group of delusionary symptoms is related to the fact that anorexics are inaccurate in the perception or cognitive interpretation of internal stimuli, in particular enteroceptive

signals indicating nutritional needs. Bruch (1970) originally maintained that awareness of hunger and appetite were totally absent, but in later writing (1971) contradicted this by stating that there was "no true loss of appetite, inspite of the rigid self-starvation which is endured without definite hunger awareness". (p.44) Bliss and Branch (1960) report that some anorexic cases had quite normal appetites and sometimes ravenous appetites, but that these were stringently curbed. Thus Bruch's 1971 statement would seem more appropriate and is more in line with recent work which stresses the idea that the central syndrome of primary anorexia nervosa is not a disorder of feeding in general or of appetite in particular, and in fact has very little to do with food or feeding as such.

The frequently reported hyperactivity of the anorexic, a feature which had so impressed Gull, but which was subsequently lost sight of in the literature, is interpreted by Bruch (1970) as another manifestation of a falsified awareness of the body state amounting to a denial or lack of recognition of fatigue. Bruch states that this feature can express itself as an intensified interest in athletics or sport, but more often

"these activities appear to be aimless, e.g. walking by the mile, chinning or bending exercises, or just refusing to sit down or literally running around in circles." (1962, p.189)

Bruch comments that at the stage of extreme emaciation the amount of actual physical exertion may not be that large, but in view of the

state of emaciation and consequent physical frailty, is quite remarkable and far greater than in other psychiatric and non-psychiatric patients displaying equivalent degrees of cachexia.

The extreme academic industriousness of anorexics, which reaches hyperactive proportions, has been emphasized by Crisp (1970a,b, 1973). In contrast to Bruch, Crisp interprets this and other features of hyperactivity as praxis and another expression of the anorexic's relentless pursuit of thinness.

The only author to systematically elaborate on a paralyzing sense of ineffectiveness as an essential feature of primary anorexia nervosa, is Bruch (1962, 1966, 1970). She states that

"anorexic patients experience themselves as acting only in response to demands coming from other people and situations, and as not doing anything because they want to." (1966, p.560).

Bruch maintains that this sense of ineffectiveness is the most obscure of the anorexic features as it is heavily camouflaged by the patient's enormous "negativism and stubborn defiance." (p.561) She maintains that this excessive obstructiveness is a desperate cover-up for "an undifferentiated sense of helplessness, a generalized parallel to the fear of eating one bite lest control be lost completely." (p.561) This facet of emotional impotence Bruch interprets as a facet of a generalized inability to cope with the emotional stress in general, and identify problems in particular,

associated with puberty and adolescence. It is possibly also related to parental psychoneurotic conflicts as will emerge later.

Crisp (1970a) has published the most comprehensive analysis of the precipitating factors of primary anorexia nervosa.

Crisp matched a group of forty-four female anorexia nervosa patients individually with other women suffering from psychoneurotic disorders but displaying no evidence of weight disorders, matching them for age, sex and social class and investigated their relative birthweights. He found that the anorexic group had a significantly higher birthweight than the control group. Furthermore, he reports, when compared with their siblings, the anorexics were "significantly more heavy at birth than their sisters and the same weight as their brothers, independent of birth-order. (p.456) The explanation Crisp advances, and for which he claims support from animal studies, is that these high birthweights were at least partly related to an increase in maternal food intake before and during pregnancy. His conclusion is that "even by the time of the patient's birth the mother may.... have already influenced the former's constitution and avenues of social adaptation." (p.457)

Using forty-six anorexia nervosa patients and other women with psychoneurotic disorders, the same matching procedure was followed

to compare their duration of breast feeding. Crisp reports that the anorexic group was characterized by "either having been breast fed for a long period or else having been artificially (bottle) fed from the start." (p.461) Crisp's tentative inference from this phenomenon is that the anorexia group had, either way, received a more stable and consistent diet than the control group, which could be another contributing factor shaping their nutritional status in later life.

With respect to menarchal age, utilizing groups of fifty-five anorexic patients and fifty-five controls and the same matching procedure, Crisp found the anorexics to have a statistically significant earlier menarchal age than the control group. As early menarche has been found to be a function of a high growth rate, Crisp concluded that "the anorexia nervosa population is characterized by a significantly higher growth rate than normal...." (p.463). Crisp further cites evidence in support of the view that early menarche consistently occurs amongst obese girls (Mossberg, 1948; Quaade, 1955). This information squares with the observation made by numerous authors that the premorbid weight state of many anorexics is one of obesity. Thus Crisp's conclusion from these findings is that,

"high growth rate and premorbid obesity occur significantly more often in an anorexia nervosa population than in a 'normal' or psychoneurotic population." (p.465)

Anorexia nervosa, classically occurring in a premorbidly obese girl, almost always starts with a wish to lose weight which prompts dieting behaviour. Crisp (1965c) has stated that the adolescent growth spurt is characterized by, amongst other things, attendant 'puppy fat'. In terms of 'what causes what', this means that the classic anorexic has a higher growth rate than normal, is therefore thrust into the adolescent growth spurt early, is consequently to some degree obese, and therefore has an early menarche. Thus, it is classically at the time of puberty, with its necessary biological and identity changes, that the dieting behaviour of the anorexic begins. Crisp and many other authors have identified this dieting as the triggering mechanism for anorexia nervosa. Dieting in adolescents is a very common phenomenon, but what is pathognomic in the case of anorexia nervosa is that this dieting does not stop when an optimum weight level is reached, but continues until the individual is in an extremely emaciated state of which she is unaware.

### 1.3. PRIMARY ANOREXIA NERVOSA : AS A WEIGHT PHOBIA

Crisp (1970a, 1973) has made much of his contention that primary anorexia nervosa is neither an extension of a childhood feeding disorder nor a nervous malnutrition, but is essentially an adolescent weight phobia. Bruch (1962, 1966, 1970) talks in terms of the anorexic's relentless pursuit of thinness and interprets many of her observations as arising out of the patient's fear of getting fat.

In this perspective of primary anorexia nervosa as a manifestation of a weight phobia, much of the material so far presented acquires a new meaning. The feature of hyperactivity, so emphasized by Bruch, can now be interpreted, as indeed Crisp does, as a definite teleological action designed to protect the anorexic from weight gain. Vomiting rituals and other compulsively employed purgatives could also be interpreted in this light as activity designed to counteract any weight gain that might arise through a phase of bulimia or any other eating phase.

The idea of primary anorexia nervosa as being a person's mode of adaptation to a state of adolescent turmoil has frequently been suggested. (Bruch, 1970; Crisp, 1970a, 1974a; Dally, 1969; Dally and Sargent, 1966; Ehrensing and Weitzman, 1970; Meyer, 1971; Warren, 1968; Wold, 1973). Ehrensing and Weitzman (1970) succinctly state the significance of this point by noting that

"anorexia nervosa is a regressive resolution of a maturational crisis in which the young girl, confronted with the developmental tasks of adolescence, is unable to adapt adequately." (p.205)

This notion of the inherent regression involved in a state of anorexia nervosa is a point which has been greatly stressed by psychoanalytic writers. (Finch, 1967; Jessner and Abse, 1960; Thoma, 1963.) Another way in which the same point has been made is in the frequently found assertion that the fundamental psychological factor

in primary anorexia nervosa is a refusal to grow up. (Crisp, 1970a; Dally, 1969; Meyer, 1971.) Crisp (1970a) sums this point up by stating that the abnormally low prepubertal weight level of the anorexic arises due to the

"...greater and necessary sense of security that this physically regressed state confers upon ... the anorexic... which is... the main overdetermining factor in this process, giving rise, during its course, to their phobia of their normal weight and normal physically adult selves." (p. 454)

Thus, in these terms the anorexic, classically thrust into adolescence at an early age and being emotionally unequipped to deal with the pressures of adolescence, particularly with the new and often traumatic facet of sexuality that the menarche introduces, resorts to a denial of her female identity by pursuing thinness and thereby regressing to a physically prepubertal state.

The most powerful formulation of this idea has been presented by Rheingold (1964) who states that

"anorexia nervosa is one of the clearest and most dramatic expressions of the fear of being a woman." (p.279)

Rheingold conceives of anorexia nervosa explicitly as a flight from female sexuality, invoking the occurrence of psychogenic amenorrhoea as evidence in support of his contention. Crisp (1970a) has emphasized that severe cachexia leads to an effective shutdown of all sexual impulses at the biological level, which would further support the idea that anorexia nervosa is an attempt to return to a more

secure state of psycho-biological childhood. In addition, it has been noted that the onset of anorexia frequently coincides with a traumatic sexual experience, either real or in fantasy. (Crisp, 1965b; Jessner and Abse, 1960; Meyer, 1971; Rheingold, 1964.)

Rheingold (1964), considering the question of family dynamics in anorexia nervosa, answers in terms of his polemically elaborated notion of 'maternal destructiveness.' He states that

"in the relatively mild cases of this syndrome I have studied in the office, the mother in every instance was hostile, suspicious, competitive, censorious and puritanical (and the father, I need hardly add, a non-entity)." (p.279)

This over-generalized condemnation is one which finds only marginal support in the literature, but it does serve to point to the area of parental relations as being of some interest in anorexia nervosa and perhaps can help explain the anorexic's regression to a more infantile state.

Meyer (1971) stresses the importance of role modelling in the process of maturation. He notes that "many anorexic patients can talk freely about what seems to them their central problem - not wanting to grow up, not wanting to be like their mother", but forwards no coherent explanation for why this should be so, other than "some mothers, disappointed in their husbands and their way of life, turn their frustrated emotions onto their children". (p.540)

Ehrensing and Weitzman (1970), working in an orthodox psychoanalytic framework, maintain that cases of anorexia nervosa reveal disturbed ego and psychosexual development "beginning with the earliest mother-daughter relationship and continuing in each subsequent stage of development." (p.205) This leads "to a poor sense of self, minimal self-esteem (and) marked self-loathing." (p.206) These authors, stressing the mother-daughter relationship, like Rheingold and Meyer, also afford little evidence for their statements.

Wold (1973) in contrast to these writers, stresses the role of the father in the development of anorexia nervosa. From her review of cases, she notes that the fathers of anorexic patients were rigidly compulsive persons with violent tempers. They had been raised by domineering mothers who demanded absolute obedience and tolerated no aggression expressed toward her from her husband or son. Wold adds,

"each of these fathers seemed to identify the patient with his mother and to focus on his daughter the hostility he had never been able to express directly to his mother; this prevented the daughter's normal heterosexual development." (p.1396)

Wold adds a further point by noting that neither parent could tolerate aggression and the mother seemed to be a willing accomplice in focusing the father's hostility on the child rather than on herself.

Crisp et. al (1974a) used a standardized measure in investi-

gating the parents of thirty anorexia nervosa patients. From the study, they conclude that anorexia nervosa is often importantly and dynamically related to parental and family psychoneurotic morbidity. The authors claim that their findings

"lend support to the clinical proposition that the daughter's illness sometimes serves a protective function for one or both parents as well as the patient." (p.172)

They fail, however, to explicitly delineate generalizable reasons or parental attributes for the sample at any statistically significant level.

The theoretical framework elaborated in this section rests implicitly on the presupposition that the essential regressiveness of anorexia nervosa is unconsciously motivated. Crisp (1970a) has noted, as has Meyer (1971), that a number of his patients have, after a short period of therapy, been able to acknowledge that their refusal to eat was an expression of their fear of fatness and 'growing-up', but that they go no further towards identifying the overdetermining factors arising from the pivotal position of weight in relation to their pubertal state. (p.493) In this context, the crucial question which requires systematic answering, as yet not systematically asked in the main body of anorexia nervosa literature, (the varied 'explanations' of the more dynamically orientated authors show little consistency), is why does this fear of female sexuality arise, and in particular, why does this fear express itself specifically as a

weight phobia rather than as something else?

1.4. PRIMARY ANOREXIA NERVOSA : THE NECESSITY FOR A THEORY

Although the literature of contemporary philosophy of science is rife with controversy, there is a point on which most authors agree, namely, that the positivist notion of value-free observation statements associated with atomic facts which exist 'out there' independent of the knowing subject and his theoretical orientation, is an extremely naive notion of epistemology. Thus, in these terms, in order to approach the question of what reality is, conceptual frameworks must be employed and different frameworks necessarily define different worlds.

Science, as an explanatory endeavour, attempts to move from the identification and classification of a phenomenon or process to providing a causal account of the specific mechanisms responsible for the phenomenon or process in question. However, scientific explanations are provided in terms of explanatory theories, and it is the theoretical concepts which provide the observational data with a semantic base. That is, it is by virtue of the necessary theory-laden nature of 'facts' that observations, embedded within theory, are meaningful. In this sense, scientific theories can be seen as defining their own ontology.

The relevance of these epistemological pointings to an under-

standing of anorexia nervosa is quite clear. The various quasi-theoretical approaches to anorexia not only present different hypotheses as to its aetiology but, by virtue of their specific implicit theoretical presuppositions, they identify and emphasize different features of what it is that they are attempting to explain. This allows for a wide variety of interpretations of manifest symptomatology and the presentation of a number of different treatment proposals which can all lay claim to ontological status and efficacy respectively, and all of which are evaluated purely in their own terms.

Anorexia nervosa is essentially a clinical problem, and as such, what is of fundamental importance, is how the condition is to be treated. The most dramatic symptom of the condition is the extreme emaciation, and as it is this feature of the condition which can lead to fatality, most treatment proposals focus on the goal of significant weight gain. A number of proposals have been put forward in this regard. The most commonly proposed medical treatment is the administration of chlorpromazine and modified insulin (Crisp, 1965a; Dally and Sargant, 1960; Dally, 1967, 1969), which "always results in large and rapid gains of weight, however resistant initially patients are to eating." (Dally, 1969, p.52.) Various behaviour therapy techniques have also been proposed (Hallsten, 1965) and in severe cases, tube-feeding has been recommended (Dally, 1969).

Russell (1973) raises a question related to the relative efficacy of these proposals of, ...

"Whether the setting in which (these treatments) are conducted might be a common factor which accounts for the successes attributed to them. The importance of the patient's environment, the way it is manipulated, and the influence of her attendants have all been emphasized since the earliest writings." (p.47)

Thus Russell goes on to question whether the favourable response attributed to the administration of chlorpromazine as described by numerous authors might not in fact be due to the general effects of hospitalization. He maintains that chlorpromazine given as part of out-patient care is seldom effective, which might support his contention.

As anorexia nervosa is construed essentially as a psychogenic disorder to some degree or other by most authors, it follows that an equally important aspect of treatment as weight gain, should be psychotherapy. Thus, a psychodynamic understanding of anorexia nervosa is necessary, not only from a theoretical point of view, but also most significant for the planning and application of psychotherapy. Bruch (1962, 1970) has emphasized that an increase in body weight without a concomitant reduction in the disturbed body image must be viewed with considerable suspicion. Crisp (1970a, 1972b) has pointed out that as the weight phobia arises as a result of the stresses associated with puberty or the associated female sexual identity, if body weight is restored to normal and the patient starts menstruating again, then the same traumatic emotional factors

which caused the patient to relentlessly pursue thinness in the first place will prevail.

The point being made, is that as the disorder is conceived of as a developmental or maturational disorder associated with problems of sex, hostility and fear, it is essentially these factors which constitute the disorder of anorexia nervosa. As such, the specific techniques which are of optimal efficacy in achieving weight gain, while undoubtedly of medical importance, are not helpful as regards the understanding of the disorder. Furthermore, without such understanding, a cure in any sense of the word, is inconceivable. It is precisely for this reason that a comprehensive theory of anorexia nervosa is essential. Such a theory would involve exhaustive specification of the relevant symptomatology and the causally relevant factors involved.

These metatheoretical prescriptions are, of course, extremely difficult to fulfil in practice. What is required is detailed phenomenological investigation into individual cases to discover the precise meaning of all the facets of the condition and all their intricate ramifications for that subject. The present study is an attempt at precisely such a phenomenological investigation, and an attempt to find a viable research tool.

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2. GEORGE KELLY'S PERSONAL CONSTRUCT THEORY  
AND THE REPERTORY GRID

G. Kelly's (1955) personal construct theory is based on the assumption that every individual can be viewed as a "scientist" in the sense that every person is concerned with the prediction and control of his particular environment. Further, each individual develops his own personal repertoire of conceptual constructs by means of which he structures and interprets his world. The essential implication of this view, is that in order to understand an individual, one must know and understand the manner in which he constructs his world.

Embedded implicitly in Kelly's theory is the acceptance and emphasis of the necessary "theory-laden" or interpretation-laden nature of any representational system. Thus for Kelly, the individual does not respond, in any given instance, to any "real" situation, but rather to the situation as it fits into his construction of reality, of his world-view. Each individual erects for himself a representational model of the world, which allows him to make some sense of the experiences he encounters, and which allows him to map a course of action in relation to these experiences.

The notion of "man-the-scientist" is inextricably interwoven with the pre-eminence of the notion of time in Kelly's conception of man. Man is seen as orientated towards the future. Man exists primarily in the dimension of time, and only secondarily in that of space. In these terms, man lives in the present, linking the future with the past through anticipation. Hence Kelly's fundamental postulate states:

"A person's processes are psychologically channelized by the way in which he anticipates events." (1955).

Kelly emphasises, in explaining the selection of the terms he used, that "processes" denote a view of man as a continuously behaving organism. He is "not an object which is temporarily in a moving state, but is himself a form of motion." "Psychologically" does not mean a conception of psychological events, but of events which are conceptualized in a psychological manner. "Channelized" implies that a person's processes are not formless but structured, the structure both facilitating and restricting a person's range of activities. "Anticipates" exemplifies the theory's emphasis on subjective mental processes in general, and motivation in particular. "Anticipation" is both the push and the pull of the psychology of personal constructs. "Events" entails the teleological nature of psychological processes since "events" refers to future reality situations. (Bannister, 1962).

The key structural concept for "man-the-scientist" is that of the construct, broadly defined as a category by means of which the individual interprets a feature of his world. It is thus a concept of an organized cluster of concepts which the individual employs to chart his future actions, in relation to an experienced feature of his world. In experiencing his world, the individual discriminates between different kinds of events, grouping those that show common characteristics, and it is by means of this discrimination process that the broad limits or range of convenience of a specific construct are defined. Since events are never phenomenologically precisely identical, they are construed as similar or different via abstractions - a construct thereby being developed as an imposition

of order and regularity on an otherwise chaotic world.

Kelly considers it to be of fundamental importance that for constructs to be constructs, they must be dichotomous or bipolar, each having a pole of similarity and a pole of contrasts. Thus, to recapitulate, we can only know what a given construct means to an individual if we know what events he includes under this construct, and what events he views as being diametrically opposed to it.

Constructs can be categorized in a number of ways. There are core constructs which are basic to a person's functioning, and peripheral constructs which can be altered without serious modification of core orientation. Constructs may be permeable inasmuch as they can easily admit new people, situations, dispositions etc. into their range of convenience, or conversely can be impermeable. Constructs may be tight inasmuch as they lead to specific, unvarying predictions, or loose, leading the construer to expect varying outcomes under similar conditions.

Each individual's construct system is organized into a hierarchical arrangement. Thus, people can differ not only in their specific constructs, but also in the peculiar organization of these constructs. It is via an analysis of the higher-order abstractions reflected in an individual's hierarchical construct system that idiographic data can be meaningfully interpreted within a nomothetic framework.

In sum, an individual's personality is seen in Kellian terms as the complex matrix of his construct system. The specific constructs

which comprise an individual's system are employed in his interpretation of his world and in the anticipation of events in that world - the constructs thus define his world. To understand a person, the constructs he employs in construing his world, the experiences, events and situations subsumed under them, the specific way in which these constructs function, and the way in which they combine and are organized into a system, must be understood. A technique for providing such an understanding was devised by Kelly (1955) and has subsequently been modified and functionally sophisticated (e.g. Bannister, 1962 et 1965; Slater, 1969 et 1972).

The personal constructs of an individual which, as has been described earlier, form a subsystem with its own range of convenience, can be investigated by means of a technique known as the repertory grid. All current forms of this technique are derivatives of Kelly's (1955) original role construct repertory test, and involve essentially a sorting of constructs - these taking objectival form in the grids.

In short, the repertory grid can be seen as a technique designed to map out the unique psychological space of the individual. It combines the advantages of projective tests with those of more 'objective' psychological tests, in that it qualifies

"....in precise and statistically sophisticated form the responses of the subject while allowing him to deal with vital and meaningful material in terms of his personal life." (Bannister, 1972, p. 374)

Underlying all forms of the repertory grid, is the assumption that the psychological relationship between any two constructs for a given subject is reflected in the statistical association between them when they are used as sorting categories for the subject. The specific statistical associations are calculated from the numerical ratings or rankings assigned for each element in terms of each construct. The elements are the specific objects to be sorted; in different cases, these may be people, dispositions, situations etc., depending on which construct system is being examined.

Three major types of grid are in current use viz. (i) all-or-none rating scales (elements being allotted to one or other pole of each construct; (ii) those in which elements must be rank-ordered in terms of the constructs; and (iii) rating scales, in which elements are assigned a rating - the specific limits varying from grid to grid.

Constructs may be elicited in a specified manner from subjects, or they may be assigned by the tester. Assigned construct grids are particularly useful when the tester wishes to examine a particular construct subsystem defined by him - the specific constructs being chosen for their relevance to that subsystem. There is a problem, however, in that constructs may be understood in different ways by different people (Caine et Smail, 1969). However, there is evidence (Mair, 1966) to the effect that inter-subjective agreement concerning the meaning of constructs is not necessarily unattainable. This finding is in keeping with Kelly's "commonality corollary", and is further supported by Duck (1973).

Furthermore, when using grids for nomothetic purposes (i.e. for comparing individuals), assigned construct grids are most appropriate, as well as the use of standardized elements (Watson, 1970) for their general acceptability as opposed to their personal relevance. Thus, using grids in nomothetic studies does tend to reduce their ideographic sensitivity and vice versa (Slater, 1969).

In Kelly's original dichotomous construct grid, "matching scores" expressed the degrees of relationship between constructs. "Relationship scores", derived from Spearman rho correlations, are used in rating and ranking grids however, and tend to have fewer limitations statistically than matching scores (Slater, 1965).

According to Slater (1969), any grid is acceptable for analysis provided it is

"...a complete data matrix of known commensurate real numbers recording the variation in a personal construct system due to the interactions of a set of elements with a set of constructs." (p. 1288)

Slater further stipulates, that the fundamental properties of any grid are:

"that the variation it records is due to construct/element interactions; that it defines by column a dispersion of constructs in an element space; that the whole of the variation is restricted to a limited number of independent components, which can be ordered in magnitude from largest to least; and that each

component refers both to an axis in the element space and to a corresponding axis in the construct space." (ibid).

In terms of these properties, a systematic, exhaustive analysis of a grid is made possible. Thus Slater's INGRID program, revised and extended in scope in INGRID (1972), specifies the relationships between the constructs, between the elements and between the constructs and elements - and further provides an analysis of the principal components of the grid. Furthermore, the program allows for arbitrary and unspecified properties to be attributed to the grids, and for presupposed properties to be fitted onto a grid so as to satisfy theoretical requirements. The latter feature allows for the assignment of constructs relevant to a specific theoretical or clinically appropriate issue, while the former feature permits abstraction from an analyzed grid for interpretive theoretical extension.

An essential advantage of the grid technique is that it presents an oblique mode of examination in that the subject is usually unaware of what is being measured (Bannister, 1965), namely, relationships between their judgements, rather than the judgements themselves.

However, while the level of statistical sophistication attained to date provides the means for a comprehensive analysis across a whole range of significant dimensions, the notion of "the person" is pre-eminent in Kelly's theory, and this must not be lost in an impressive mass of statistically significant correlations. So ulti-

mately these sophistications must be held in perspective and should remain but a tool in the understanding of the person.

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3. RATIONALE AND AIMS FOR THE PRESENT STUDY

The psychosomatic disorders present a unique problem area for investigation. These disorders arise out of unresolved emotional conflict and express themselves not as anxiety overtly pointing to the specific source of the underlying conflict, but rather in a displaced form of bodily dysfunction. Thus, what is of fundamental importance in the understanding of any psychosomatic disorder, is not the nature of the symptoms, but rather, what overdetermining motivating factors prevail.

Such understanding is not, of course, immediately available via the application of some methodological panacea. In fact, the problem is a peculiarly difficult one. The somatic symptomatology markedly obscures the nature of the underlying emotional conflicts. In these conditions, anxiety arising from the causally relevant emotional conflicts, are expressed by the process of displacement in the same form of bodily function. This is clearly no satisfactory resolution of the emotional conflict, but is a particularly potent defence against the emergence of intolerable anxiety.

A satisfactory theoretical explanation of the nature of primary anorexia nervosa in adolescent females must account for all these psychological complexities. It is against this background that the present study was undertaken.

It would seem that anorexia nervosa, be it conceived of specifically as a regressive flight from a maturational crisis or in the more general terms of an emotional disturbance, can only be rendered intelligible by a careful examination of the total situation in

which, and because of which, the condition arises. Surprisingly, little attention has been paid to this consideration in the literature. Although several authors have commented on the pathological relationships which exist between anorexic girls and their mothers and fathers, there has been no systematic research reported on this subject.

Thus, this area of investigation is a new one and one fraught with difficulties. In the first place, to systematically investigate psychological space and the nature of relations between people (including self and ideal self) is extremely difficult. The major problem is that of choosing a procedure which will both validly and reliably provide access to appropriate information. Furthermore, when the relations are presumed to be in some way disturbed or unsatisfactory, there is the added problem of having to focus on specific features of such relations, the nature of which are frequently poorly understood. However, it was felt that the problem was sufficiently important and viable to warrant initial investigation, making it thus an exploratory study.

The repertory grid technique derived from George Kelly's personal construct theory, provides a technique for investigating how an individual construes his world. Thus, by administering repertory grids to a sample of anorexia nervosa subjects, a total picture could be obtained and their specific construct systems could be elucidated. With the same view in mind, it was decided that both an elicited and an assigned construct repertory grid would be most appropriate in the present study. This was concluded for several reasons.

Firstly, as an exploratory study, it would allow the greatest scope and give as full a picture as possible.

Secondly, an assigned construct grid would allow a measure of "our" thinking. Thus, construct formation was based on features drawn from the literature known to be of psychological importance in the anorexia nervosa syndrome. The elicited construct grid would serve as a measure of the anorexic subjects' construing and thus indications of a difference of conceptualization could be noted.

Thirdly, the classic secretiveness of the anorexic subject could possibly result in a rather superficial construct system if only an elicited construct grid was utilized. (This fact could not obscure the construct space once it had been defined as it is the manner in which all the elements and constructs relate that is of significance.) This factor made it seem doubtful that anorexic-specific psychological factors would emerge as constructs.

Thus, the use of both forms of the repertory grid would allow one to see the most efficient means of repertory grid investigation as a research tool and comment on debate in this area. (Bannister and Mair, 1968; Duck, 1973; Mair and Boyd, 1967; Slater, 1969.)

Lastly, although this is an ideographic descriptive investigation, an assigned construct grid would allow some nomothetic comparison with reference to common modes of construing and thus make descriptive generalized findings more accessible and allow some reference back to theoretical issues in the literature.

There are thus no specific hypotheses associated with this study. There are, however, definite broad aims. In sum, these are as follows: To explore the void in research linking anorexia nervosa and the repertory grid technique and to assess whether the technique is an appropriate tool for the understanding of emotional disturbance, specifically anorexia nervosa. It is hoped that directions for future, more refined repertory grid investigation of anorexia nervosa will be forthcoming (including the methodological point of interest on the elicited and assigned construct grid distinction). Furthermore, it is an attempt to map out the ideographic construct systems of five anorexia nervosa subjects and by studying their psychological space it is hoped that an understanding of the individuals can be gained. Efforts to link findings to the literature, by drawing broad descriptive analyses will hopefully also direct future research impetus in the area.

#### Aspects of interest and investigation related to grid construction

##### Elements

Self and ideal self : to note the general configuration of each and to note the discrepancies between the two elements in the construct space as a general measure of neurosis (Rogers, 1963); to note descriptively if there is "a poor sense of self, minimal self-esteem and marked self-loathing" (Ehrensing and Weitzman, 1970); to note the relative association of these elements with other important figures in the subject's psychological space (especially mother and father, with reference to aspects reported in the literature); and to note if there is any descriptive evidence for regression and a desire for "a sense of security" (Crisp, 1970a) and a "flight from sexuality" (Rheingold, 1964).

Parents and parental figures : to note the general configuration of each and to note the discrepancies between the two in the construct space; to note aspects revealing a general psychoneurotic status in parents (Crisp, 1974a); with reference to the literature, to note any descriptive evidence for anxiety and depression in parents (Crisp, 1974a), characteristics of obsession-compulsion, rigidity (Crisp, 1974a; Wold, 1973) and a preoccupation with discipline (Crisp, 1974a) in fathers and hostility, suspiciousness and competitiveness in mothers (Rheingold, 1964); and to note, within construct and element dimensions, descriptive evidence for the dominance of the mother (Ehrensing and Weitzman, 1970; Meyer, 1971; Rheingold, 1964) or the father (Wold, 1973) and their relations to their anorexic daughter (Meyer, 1971; Wold, 1973, in particular).

Boy friend and male figures : to note how these elements are construed with reference to the reported poor female-identity of the anorexic (Meyer, 1971; Rheingold, 1964), and their relation to other elements.

Fellow patient figures : to note the general configuration of each, their association with other elements, especially self as an indication of perceived similarity/difference in the 'patient-role', and the disliked figures.

Disliked and authority figures : to note their general configuration and their relation to core elements in the psychological space.

The doctor figures : to note if they are of importance in the psychological space, and their respective associations with psychologically central elements for the grid space.

### Constructs

The constructs in the assigned construct grid were chosen to match various features of the syndrome noted to be of importance in the literature, and thus reflect both anorexic-specific characteristics and constructs noted to be of importance with reference to the parents.

A broad grouping includes constructs related to:

Body-image and eating behaviour

Introversion - extraversion dimension and associated characteristics

Obsessionality

Sexuality and 'female-role' characteristics

General constructs

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#### 4.1. DESIGN

Five anorexic subjects were tested while hospitalized for treatment. An elicited and an assigned construct repertory grid were administered to each subject. The grids were composed of individually elicited constructs and twenty-five bipolar anorexic-specific constructs respectively, with a variable number of elements. The elements were rated one to five with respect to each construct.

The raw data was fed into a UNIVAC computer and subjected to Slater's "INGRID 72 PROGRAM : the principal components analysis for the repertory grid." (1972)

#### 4.2. SUBJECTS

Five patients, diagnosed as "anorexic nervosa" by the psychiatric consultant on ward F3 Groote Schuur hospital, were utilized for the current research. All the subjects, when tested, fulfilled the following criteria:

- (i) below 80% of standard body weight.
- (ii) amenorrhoeic for a period of more than three months duration.
- (iii) showed a persistent pursuit of thinness and food "faddism."
- (iv) in addition, all the subjects were of the "non-eating" type, as opposed to the "purging" type (Dally, 1969), achieving their primary weight loss through a drastically reduced food intake.

When tested, all the subjects were being treated as in-patients in the psychiatric ward at Groote Schuur hospital. No standardization for first as opposed to second or third admission patients,

was made.

Summaries of the subjects' case histories are included in the Appendix.

#### 4.3. MEASURES EMPLOYED

##### 4.3.1. RELIABILITY AND VALIDITY OF REPERTORY GRID TECHNIQUE

Kelly is reported as referring to reliability as a "measure of the extent to which a test is insensitive to change" (Bannister et. al., 1971, p.76). This apparently derisive approach is in fact perfectly logical in terms of Kelly's insistence on the motility of the person. Thus the orthodox notion of "high reliability" is simply not appropriate in terms of Kelly's theory.

Furthermore, there can be no such thing as the reliability of the repertory grid, simply because there is no such thing as the grid. Bannister and Mair (1968) have emphasized that grid methodology is essentially a variable technique which can be cast into many different forms. Mair (1964) has suggested that instead of expecting a measure to yield near identical grid outcomes on all occasions, one should substitute the notion of predicting whether there should or should not be a change, given a particular analyzed grid.

Bannister et. al. (1971) quote Kelly as having defined validity as "the capacity of a test to tell us what we already know", thus drawing attention to the fact that there exists a tendency to assess

the validity of a novel measure only in terms of its relationship with familiar dimensions. Thus, in construct terms, the meaningfulness of a new construction is usually assessed by examining its implicative relationships with constructs already defined by their position within a publicly acknowledged network of constructs.

But in fact, as with reliability, there can be no validity measure for the grid. Rather, an attempt should be made to ensure that the specific grid being used provides results consistent with the underlying hypotheses - and that the use of grid methodology to date justifies their continued elaboration.

#### 4.3.2. THE ELICITED AND ASSIGNED CONSTRUCT REPERTORY GRIDS

The elements used are consistent in both the elicited and assigned grid for each subject. Although the majority of elements are common for each subject, being drawn from a supplied role title list, some variation was allowed for as each subject possibly had people specifically important to her not covered by the list. This role title list was supplied to ensure the inclusion of certain critical elements besides the more fundamental ones (Kelly, 1955). The role title list is printed below.

##### Anorexic subjects' role title list

1. Self
2. Ideal self
3. Mother
4. Father
5. A girl friend .....
6. A male you go out with or would like to go out with .....

7. A young male friend .....
  8. A female you don't like .....
  9. A male you don't like .....
  10. A female teacher/lecturer .....
  11. A male teacher/lecturer .....
  12. Your psychiatrist .....
  13. The doctor you feel could/could have help(ed) you best .....
  14. The most motherly person you know .....
  15. The most fatherly person you know .....
  16. Another anorexia nervosa patient that you know .....
  17. A patient on the ward you feel was/is most like you .....
  18. Your favourite stage or screen personality .....
  19. Brother .....
  20. Sister .....
- Etc.

Subjects added important people not covered by the role title list at the bottom of the list, supplying together with the name an identifying role title (e.g. aunt, ex boy friend etc.). However, apart from numbers one to four in the role title list, the element numbers on the role title list do not necessarily refer to that particular element in a given case. The reason for this, is that if subjects simply could not think of a person to fit a particular role-title, they were instructed to leave that particular element out. In the analysis of data, the INGRID 72 program does not identify missing elements. Thus, if an element is left out, the next element in order receives the number of the missing element. For this reason, the

element roles are provided in the tabulated results.

The elicited constructs are unique to each subject and were elicited using the triadic method (Kelly, 1955).

The twenty-five assigned anorexia nervosa relevant constructs were constructed after a careful analysis of the literature. These constructs are listed below:

1. Most like me - Least like me.
2. Most like I'd like to be - Least like I'd like to be.
3. Socially outgoing - Socially withdrawn.
4. Should lose weight - Shouldn't lose weight
5. Intelligent - Stupid.
6. Tends to over-dramatize - Tends to be placid.
7. Gets on well with people - Gets on badly with people.
8. Mature - Childish.
9. Expresses emotions freely - Doesn't express emotions freely.
10. Would like to get/enjoys - Wouldn't like to get/doesn't enjoy  
being married. being married.
11. Warm and accepting - Cold and rejecting.
12. Meticulously exact - Slapdash.
13. Sexually experienced - Sexually naive.
14. Dependent on other people - Self sufficient.
15. Fat - Thin.
16. Would like to have children - Wouldn't like to have children.
17. Assertive - Passive.

18. Makes me feel tense - Makes me feel relaxed.
19. Most sexually attractive - Least sexually attractive.
20. Energetic - Lethargic.
21. Strict and disciplinarian - Lax and permissive.
22. Trusting and open - Suspicious and secretive.
23. Enjoys eating - Dislikes eating.
24. Orders people around - Doesn't order people around.
25. Stubborn - Flexible.

As can clearly be seen, these constructs match various features of the syndrome discussed in the Introduction. Both specific anorexic-specific symptom-like constructs and constructs related to the anorexic subjects close familial (parental) relations are included.

#### 4.4. PROCEDURE

1. All the subjects were contacted while receiving in-patient treatment in the psychiatric ward at Groote Schuur hospital.
2. On agreement to participate, the experimenter explained in broad terms why he wanted the subject to fill out the grids. The subject was told that the grids included people and ways of seeing them and by filling in the grids the experimenter could discover "how you see your world and the people that make up that world."
3. The subject was then instructed to write down the names of the ten (or thereabouts) most important/meaningful people in her life.

4. The subject was then instructed to fill in the role title list.
5. Any people included in the subject's first list of ten but not included in the role title list, were added to the bottom of the role title list with the appropriate identifying role title.
6. All the people on the role title list were then transposed onto the columns of both grids, to form the elements.
7. Then, using the triadic method (Kelly, 1955), constructs were elicited from the subject. This involved taking groups of three elements and asking the subject to name one way (or more) in which two of the figures were alike and the third different. The named quality was written down as the emergent pole of the construct, and then the subject was asked for its bipolar opposite - this constituting the implicit pole of the construct. This procedure was followed until the subject's responses became repetitious (a level varying from subject to subject), showing that the construct space had been mapped (Kelly, 1955).
8. The subject was then instructed to rate each element with respect to each construct on a rating scale from one to five - one always referring to the left hand polarity of the construct in the extreme and conversely, five always referring to the right hand polarity of the construct in the extreme. The figure three was thus the pivot rating. A check was kept on the subject

to ensure that the scalar system was being applied in the appropriate manner.

9. When the subject had completed the elicited construct grid, she was instructed to fill in the assigned construct grid (in the manner described in (8) above) with the explanation that the experimenter now wanted her to rate the same people with reference to constructs he found of interest.
10. After initial processing, the raw data was fed into a UNIVAC computer and each grid was subjected to Slater's "INGRID 72 PROGRAM : the principal components analysis for the repertory grid." (1972)

Note: The computer printout presents comprehensively analyzed data, but, of course, does not reach any conclusions about the psychological space of the individual concerned. To reach such conclusions, the following procedure was followed for each grid.

11. The principal components were analyzed. As many components as was necessary to cover a minimum of 75% of the variation of the psychological space as represented by the grid, were analyzed. (See Table A for each grid.) The percentage of the total psychological space that these components independently comprise is given. For each component, a minimum of 75% of the element or construct space was analyzed. On occasions, elements or constructs over and above this figure were included if pertinent to the analysis of the psychological space. In each case, the actual percentage of the component that a particular construct

or element comprises, is specified. Furthermore, the percentage of the total variation of a particular construct or element that is included in a particular component, is also specified.

12. The correlation between constructs were analyzed. (See Table 1 for each grid.) Constructs which are significantly correlated are said to be "clustered" and provide an indication of the subject's mode of construing.
13. The inter-element relations were analyzed. (See Table 2 for each grid.) These are expressed as cosines in the computer printout, but are equivalent to correlation coefficients (Slater, 1972). Elements which are significantly correlated are said to be "grouped" and indicate that the subject construes these elements as being similar or opposed (positive or negative correlation).
14. The relations between constructs and elements (expressed as cosines) were analyzed. (See Table 3 for each grid.) This presents an analysis of all the bipolar constructs which were perceived as being significant for each element.
15. The degrees of freedom for the analysis of the inter-construct, inter-element, and construct and element relations are defined by the number of printed out principal components in the computer analysis (Slater, 1972). These vary from grid to grid as the grid matrices were of varying sizes defined by the number of constructs and elements. The relevant degrees of freedom and the critical values at the levels of significance ( $P < .01$ ;

$P < .05$ ;  $P < .1$ ) (Pearson correlation coefficient; two-tailed test) are listed on each table.

Note: Each grid (elicited and assigned) was analyzed independently of the other for each subject, and independently of the case history material presented in the Appendix.

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NOTES FOR THE INTERPRETATION OF THE TABULATED RESULTS

1. Table A represents the principal components of a given grid. The principal components are presented in descending order of magnitude of variation contribution, the number of presented components totalling a minimum of 75% of the variation of the total psychological space represented by the grid. The percentage of the total variation of the grid that a given component comprises, is presented to two decimal places under the component number on the table.

Constructs and elements totalling a minimum of 75% of their respective component space are included in each component.

On occasions, elements or constructs representing a larger figure of the variation are included if thought to be particularly pertinent to the psychological space.

The percentage of the total variation of a component that a given construct or element comprises is given. This is the first listed percentage figure. The second listed percentage figure is the percentage of the total variation of a particular construct or element which is accounted for by that particular component. Both these percentages are presented to two decimal places. Within a factor-analytic framework, the first listed percentage figure is of prime importance. The terms "positive" and "negative" pole have no intrinsic meaning other than to polarize constructs and elements within a component.

It should be noted that in a componential analysis (a form of factor analysis), a component is partially "forced" to allow groupings and clusters of elements and constructs to occur (i.e. less "specific" elements or constructs more "exterior" in X dimensional space, become "distorted" - where X equals the number of elements). This explains why, on occasions, any given element or construct, when its smaller variation is included in a component, may be associated with elements or constructs which do not mirror the relative correlation from the accompanying tables (and may show associations opposing correlational variable ones). The occurrence of this is minimal and occurs only in lesser contributing components. These occurrences, if pertinent, have been noted in the analysis (section 6), but otherwise ignored.

Elements presented in inverted comma's indicate that they have been abbreviated with reference to the original presentation (see section 4.3.2.) due to space limitations.

2. Table 1 represents the correlations between constructs for a given grid.

These correlations are derived from a two-dimensional space. A significant positive correlation between two constructs indicates that the two emergent (left) poles are construed as similar, and the two implicit (right) poles are construed as similar.

A significant negative correlation indicates that the emer-

gent pole of the one construct and the implicit pole of the other are construed as similar and the implicit pole of the former and emergent pole of the latter construct are construed as similar.

e.g. constructs Fat-Thin and Mature-Childish.

A significant positive correlation indicates that fat and mature, and thin and childish poles are construed as similar.

A significant negative correlation indicates that fat and childish, and thin and mature poles are construed as similar.

3. Table 2 represents the relations between elements for a given grid. These relations (expressed as cosines the equivalent of correlation coefficients) are derived from a two-dimensional space. A significant positive or negative correlation between two elements indicates that the two elements are construed as similar or opposed, respectively.
4. Table 3 represents the relations between constructs and elements for a given grid. These relations (expressed as cosines) are derived from a dimensional space defined by the number of elements. An element significantly positively or negatively related to a construct, has attributed to it the emergent or implicit pole of the construct, respectively. e.g. element Self and construct Fat-Thin.

A significant positive relation indicates that self is construed as fat.

A significant negative relation indicates that self is construed as thin.

5. Tables 1, 2 and 3 have the relevant significant correlational figures printed below the letter A, B or C, which refers to correlations significant at the one percent, five percent and ten percent levels, respectively, i.e.

A =  $P < .01$

B =  $P < .05$

C =  $P < .1$

(blank) = no significant correlation

\* = a negative correlation (e.g. A\*)

On each Table, the relevant degrees of freedom and the critical values at the levels of significance are listed.

(Pearson correlation coefficient; two-tailed test.)

On Table 3, positive digits are headed by the relevant letter with an asterisk, indicating a negative relation, viz. reference to the implicit pole of the construct (and vice versa).

This is due to the constructs being rated one to five (positive to negative) from emergent to implicit pole, as opposed to five to one (positive to negative) from emergent to implicit pole, which would have made the correlational digits sign match the construct reference pole.

---

## S.1. KATE

## ELICITED REPERTORY GRID

TABLE A : PRINCIPAL COMPONENTS

## COMPONENT 1 - 33.85

POSITIVE POLE				1st p	2nd p	NEGATIVE POLE				1st p	2nd p
C	2.	Sincere		23.90	73.04	C	2.	Affected		23.90	73.04
O	5.	Care about others feelings		18.53	77.72	O	5.	Indifferent to feelings of others		18.53	77.72
N	1.	Doubtful how you will be received		11.81	27.45	N	1.	Self confident		11.81	27.45
'S	4.	Patient		11.54	39.81	'S	4.	Impatient		11.54	39.81
	9.	Generous		8.04	57.71		9.	Stingy		8.04	57.71
	11.	Don't mind changing point of view		7.06	28.82		11.	Stubborn		7.06	28.82
	12.	Thorough		6.98	29.53		12.	Couldn't care less		6.98	29.53
	3.	Organized		5.89	22.30		3.	Disorganized		5.89	22.30
				Total	93.75					Total	93.75
E	2.	Ideal self		18.67	55.54	E	9.	A male you don't like		25.36	87.23
L	3.	Mother		8.11	69.85	L	8.	A female you don't like		12.12	60.24
'S	13.	"The Dr you feel could help you best"		5.65	46.99	'S	16.	"Another anorexia nervosa patient"		3.90	51.56
	1.	Self		5.32	29.91		21.	Brother G.		3.82	19.50
	12.	Your psychiatrist		3.66	22.77		18.	Your favourite stage or screen personality		2.59	53.13
	7.	A young male friend		3.65	27.45						
	14.	The most motherly person you know		2.27	24.78						
				Total	47.33					Total	47.79

## COMPONENT 2 - 22.62

C	1.	Self confident		37.87	58.83	C	1.	Doubtful how you will be received		37.87	58.83
O	6.	Joke about things		13.61	45.40	O	6.	Takes things seriously		13.61	45.40
N	10.	Optimistic		11.68	60.04	N	10.	Pessimistic		11.68	60.04
'S	7.	Extraverted		9.27	55.91	'S	7.	Shy		9.27	55.91
	13.	Keep their cool		5.78	45.39		13.	Worry		5.78	45.39
	8.	Outdoor		5.61	18.71		8.	Indoor		5.61	18.71
	4.	Patient		5.28	12.17		4.	Impatient		5.28	12.17
				Total	89.10					Total	89.10
E	2.	Ideal self		19.71	38.76	E	17.	"Another patient most like self"		25.64	90.48
L	19.	Brother A		9.16	32.47	L	21.	Brother G.		14.60	49.81
'S	15.	The most fatherly person you know		6.12	27.46	'S	1.	Self		3.77	14.16
	20.	Sister		3.51	38.72		12.	Your psychiatrist		3.39	14.09
				Total	38.50		10.	A female teacher/lecturer		3.26	15.99
										Total	50.66

## COMPONENT 3 - 14.38

C	3.	Disorganized		40.42	65.01	C	3.	Organized		40.42	65.01
O	12.	Couldn't care less		24.00	43.14	O	12.	Thorough		24.00	43.14
N	11.	Don't mind changing point of view		15.35	26.82	N	11.	Stubborn		15.35	26.82
'S	5.	Care about others feelings		5.29	9.42	'S	5.	Indifferent to feelings of others		5.29	9.42
	14.	Wait in background		4.12	30.38		14.	Worry about their status		4.12	30.38
				Total	89.18					Total	89.18
E	15.	The most fatherly person you know		21.32	60.82	E	4.	Father		19.03	71.63
L	7.	A young male friend		11.17	35.69	L	19.	Brother A		11.95	26.93
'S	21.	Brother G		5.14	11.14	'S	12.	Your psychiatrist		9.06	23.94
	9.	A male you don't like		3.76	5.49		5.	A girl friend		8.28	42.37
	16.	"Another anorexia nervosa patient"		2.69	15.11						
				Total	44.08					Total	48.32

## COMPONENT 4 - 7.77

C	4.	Impatient		41.86	33.15	C	4.	Patient		41.86	33.15
O	8.	Outdoor		35.53	40.71	O	8.	Indoor		35.53	40.71
N	1.	Doubtful how you'll be received		5.61	2.99	N	1.	Self confident		5.61	2.99
'S	12.	Thorough		5.08	4.93	'S	12.	Couldn't care less		5.08	4.93
				Total	88.08					Total	88.08
E	1.	Self		25.75	33.23	E	12.	Your psychiatrist		18.01	25.72
L	19.	Brother A		12.96	15.78	L	10.	A female teacher/lecturer		11.88	20.02
'S	4.	Father		2.66	5.41	'S	8.	a female you don't like		10.69	12.19
				Total	41.37					Total	40.58

COMPONENT 5 - 6.26

54.

POSITIVE POLE				NEGATIVE POLE					
		1st p	2nd p			1st p	2nd p		
C	2.	Affected	31.70	17.99	C	2.	Sincere	31.70	17.99
O	11.	Don't mind changing point of view	24.82	18.74	O	11.	Stubborn	24.82	18.74
N.	12.	Thorough	9.17	7.17	N.	12.	Couldn't care less	9.17	7.17
'S	9.	Stingy	8.54	11.23	'S	9.	Generous	8.54	11.23
	4.	Patient	6.05	3.86		4.	Impatient	6.05	3.86
Total				80.28	Total				80.28
E	8.	A female you don't like	15.35	14.11	E	10.	A female teacher/lecturer	17.57	23.85
L.	1.	Self	11.52	11.97	L.	11.	A male teacher/lecturer	14.79	50.93
'S	5.	A girl friend	5.17	11.51	'S	19.	Brother A	9.22	9.04
	18.	Your favourite stage or screen personality	4.90	18.59		20.	Sister	4.01	12.24
Total				36.94	Total				45.59

S.1. KATE Elicited Repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. Self confident - doubtful how you'll be received						B* A* -.57	A* A* -.83		A* A* -.74		C* A* -.43			
2. affected - sincere				C* A -.42										
3. organised - disorganised					B* -.53				B	B* .78				
4. patient - impatient									A* A* -.52	B	B -.50			
5. indifferent to feelings of others - care about others feelings									A* A* -.73	A	B .61			B
6. takes things seriously - jokes about things							B .54			A .70				.49
7. shy - extraverted														C .47
8. indoor - outdoor														
9. generous - stingy										C* -.42				
10. pessimistic - optimistic														A .67
11. stubborn - don't mind changing point of view														C .47
12. thorough - couldn't care less														
13. worry - keep their cool														
14. worry about their status - wait in background														

df.14. A: .01:623 B: .05:497 C: .1:426

TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

S.1. KATE Elicited repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.		
1. Self																							
2. Ideal self	A																						
3. Mother	.69																						
4. Father																							
5. A girl friend																							
6. A male you go out with or would like to go out with																							
7. A young male friend																							
8. A female you don't like																							
9. A male you don't like																							
10. A female teacher/lecturer																							
11. A male teacher/lectuer																							
12. Your psychiatrist																							
13. The Dr you feel could/could have helped) you best																							
14. The most motherly person you know																							
15. The most fatherly person you know																							
16. Another anorexia nervosa patient that you know																							
17. A patient on the ward you feel is/was most like you																							
18. Your favourite stage or screen personality																							
19. Brother A																							
20. Sister																							
21. Brother G																							

df.14. A:01:623 B:05:497 C:1:426

S.1. KATE Elicited repertory grid

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.
1.	A* .66	A* A* .63	A* A* .76			C* .47	C* A* .43	A B .59			A* .75		A* C* .74			A* .65	A* B .51	A B .63	A B .52	A B .46	
2.	B* .56	A* A* .83	B B .57	B B .54		B* .57	B* A* .84	B* .59				B C .54	B C .42		B* .59	A* .70	A .67	A .77			
C																					
3.	A A .78	A A .71																			
O																					
4.	C* A* .44	A* A* .77	A* A* .74				B* A* .59	A A .73			B* .58	B .43	B* .51								
N							C .45	B* .54													
5.	B .52																				
S																					
6.	B .59																				
T																					
7.																					
8.																					
R																					
9.																					
U																					
8.	A B .77	B .57																			
9.	B* .56	A* B .65	A* B .59																		
U																					
10.	B* .58	A* B .65	A* B .59																		
C																					
11.	C B .45	B C .49	C C .47	B .61																	
T																					
12.	A* .62																				
S																					
13.																					
14.																					

df.14. A:01 :623 B:05:497 C:1:426

## S.1. KATE

## ASSIGNED REPERTORY GRID

## TABLE A : PRINCIPAL COMPONENTS

## COMPONENT 1 - 26.70

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 13.	Sexually naive	21.86	59.55	C 13.	Sexually experienced	21.86	59.55
O 8.	Childish	17.97	70.04	O 8.	Mature	17.97	70.04
N. 11.	Cold and rejecting	13.18	51.37	N. 11.	Warm and accepting	13.18	51.37
'S 10.	Wouldn't like to get/doesn't enjoy being married	13.14	61.55	'S 10.	Would like to get/enjoys being married	13.14	61.55
2.	Least like I'd like to be	8.96	33.50	2.	Most like I'd like to be	8.96	33.50
14.	Self sufficient	6.23	29.33	14.	Dependent on other people	6.23	29.33
18.	Makes me feel tense	4.08	46.15	18.	Makes me feel relaxed	4.08	46.15
Total 85.42				Total 85.42			
E 17.	"Another patient most like self"	11.58	49.70	E 3.	Mother	15.03	69.18
L. 16.	"Another anorexia nervosa patient"	10.50	45.95	L. 14.	The most motherly person you know	8.05	35.35
'S 21.	Brother G	10.09	46.20	'S 2.	Ideal self	5.65	18.85
9.	A male you don't like	9.27	53.22	4.	Father	5.65	21.36
6.	"A male boy-friend figure"	6.74	42.04	15.	The most fatherly person you know	5.65	28.67
Total 48.18				Total 40.03			

## COMPONENT 2 - 15.94

C 11.	Cold and rejecting	13.34	31.04	C 11.	Warm and accepting	13.34	31.04
O 2.	Least like I'd like to be	12.56	28.04	O 2.	Most like I'd like to be	12.56	28.04
N. 13.	Sexually experienced	10.72	17.43	N. 13.	Sexually naive	10.72	17.43
'S 24.	Orders people around	9.25	31.84	'S 24.	Doesn't order people around	9.25	31.84
14.	Dependent on other people	9.10	25.58	14.	Self sufficient	9.10	25.58
15.	Fat	9.00	26.96	15.	Thin	9.00	26.96
7.	Gets on well with people	5.91	34.76	7.	Gets on badly with people	5.91	34.76
25.	Stubborn	5.34	31.40	25.	Flexible	5.34	31.40
Total 75.22				Total 75.22			
E 4.	Father	22.07	49.82	E 2.	Ideal self	13.91	27.71
L. 8.	A female you don't like	6.86	28.14	L. 7.	A young male friend	13.69	48.49
'S 12.	Your psychiatrist	4.55	24.83	'S 15.	The most fatherly person you know	5.94	18.00
19.	Brother A	4.46	16.41	20.	Sister	4.24	15.01
Total 37.93				Total 37.78			

## COMPONENT 3 - 13.05

C 2.	Most like I'd like to be	15.09	27.97	C 2.	Least like I'd like to be	15.09	27.97
O 12.	Meticulously exact	12.65	45.85	O 12.	Slapdash	12.65	45.85
N. 13.	Sexually naive	10.20	13.58	N. 13.	Sexually experienced	10.20	13.58
'S 14.	Self sufficient	9.54	21.95	'S 14.	Dependent on other people	9.54	21.95
24.	Orders people around	9.40	26.49	24.	Doesn't order people around	9.40	26.49
15.	Fat	8.13	19.94	15.	Thin	8.13	19.94
5.	Intelligent	6.37	27.70	5.	Stupid	6.37	27.70
6.	Tends to be placid	6.22	30.51	6.	Tends to over dramatize	6.22	30.51
Total 77.60				Total 77.60			
E 2.	Ideal self	22.71	37.04	E 15.	The most fatherly person you know	14.70	37.72
L. 19.	Brother A	6.25	18.83	L. 14.	The most motherly person you know	13.69	29.38
'S 1.	Self	5.40	17.14	'S 8.	A female you don't like	8.81	29.83
				18.	Your favourite stage or screen personality	7.88	26.84
				16.	"Another anorexia nervosa patient"	5.76	12.32
Total 34.36				Total 50.84			

## COMPONENT 4 - 11.90

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 4.	Should lose weight	27.61	49.03	C 4.	Shouldn't lose weight	27.61	49.03
O 23.	Enjoys eating	21.56	55.41	O 23.	Dislikes eating	21.56	55.41
N. 17.	Assertive	12.67	50.25	N 17.	Passive	12.67	50.25
'S 3.	Socially withdrawn	7.18	33.37	'S 3.	Socially outgoing	7.18	33.37
15.	Fat	5.41	12.10	15.	Thin	5.41	12.10
13.	Sexually naive	3.21	3.89	13.	Sexually experienced	3.21	3.89
Total 77.64				Total 77.64			
E 5.	A girl friend	26.79	60.83	E 17.	"Another patient most like self"	11.99	22.93
L. 20.	Sister	17.33	45.82	L. 12.	Your psychiatrist	7.98	32.52
'S				'S 10.	A female teacher/lecturer	7.18	31.88
Total 44.12				Total 33.18			
				13. "The Dr you feel could help you most" 6.03 34.83			

## COMPONENT 5 - 8.01

C 10.	Wouldn't like to get/doesn't enjoy being married	13.72	21.67	C 10.	Would like to get/enjoys being married	13.72	21.67
O				O			
N. 1.	Least like me	13.25	35.37	N 1.	Most like me	13.25	35.37
'S 19.	Most sexually attractive	10.04	31.41	'S 19.	Least sexually attractive	10.04	31.41
4.	Shouldn't lose weight	8.89	10.62	4.	Should lose weight	8.89	10.62
20.	Energetic	7.23	22.62	20.	Lethargic	7.23	22.62
6.	Tends to be placid	7.13	21.47	6.	Tends to over dramatize	7.13	21.47
3.	Socially withdrawn	5.51	17.24	3.	Socially outgoing	5.51	17.24
8.	Mature	5.23	6.11	8.	Childish	5.23	6.11
Total 78.70				Total 78.70			
E 7.	A young male friend	15.96	28.40	E 1.	Self	14.11	27.49
L. 18.	Your favourite stage or screen personality	12.93	26.83	L. 17.	"Another patient most like self"	9.54	12.28
'S 6.	"A male boy-friend figure"	8.02	15.00	'S 14.	The most motherly person you know	8.57	11.29
Total 36.91				Total 38.69			
				20. Sister 6.47 11.51			

S.1. KATE Assigned repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	
1. Most like me - Least like me	B .42																									
2. Most like I'd like to be - Least like I'd like to be					C .39		B* B -.46 .49			B .46	B A .47 .63					B* B* C* -.43 -.44 -.41										
3. Socially outgoing - Socially withdrawn							A .55			A .54						B .45										
4. Should lose weight - Shouldn't lose weight										A .37						B .46										
5. Intelligent - Stupid							B* C -.45 .42																			
6. Tends to over-dramatize - Tends to be placid																										
7. Gets on well with people - Gets on badly with people										A .61																
8. Mature - Childish										A .61																
9. Expresses emotions freely - Doesn't express emotions freely																										
10. Would like to get/enjoys being married - Wouldn't like to get/doesn't enjoy being married																										
11. Warm and accepting - Cold and rejecting																										
12. Meticulously exact - Slapdash																										
13. Sexually experienced - Sexually naive																										
14. Dependent on other people - Self sufficient																										
15. Fat - Thin																										
16. Would like to have children - Wouldn't like to have children																										
17. Assertive - Passive																										
18. Makes me feel tense - Makes me feel relaxed																										
19. Most sexually attractive - Less sexually attractive																										
20. Energetic - Lethargic																										
21. Strict and disciplinarian - Lax and permissive																										
22. Trusting and open - Suspicious and secretive																										
23. Enjoys eating - Dislikes eating																										
24. Orders people around - Doesn't order people around																										
25. Stubborn - Flexible																										

TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

S.1. KATE Assigned repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	
1. Self																						
2. Ideal self	B .44																					
3. Mother	A* .54 B* .53	B .43 A* .65 C* .40																				
4. Father			C .36 A* .65 C* .40																			
5. A girl friend																						
6. A male you go out with or would like to go out with																						
7. A young male friend																						
8. A female you don't like																						
9. A male you don't like																						
10. A female teacher/lecturer																						
11. A male teacher/lecturer																						
12. Your psychiatrist																						
13. The Dr you feel could/could have helped) you best																						
14. The most motherly person you know																						
15. The most fatherly person you know																						
16. Another anorexia nervosa patient that you know																						
17. A patient on the ward you feel was/is most like you																						
18. Your favourite stage or screen personality																						
19. Brother A																						
20. Sister																						
21. Brother G																						

df.20. A:01:537 B:05:423 C:1:360

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																				
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.
C	1.	B	A	A	A	B	B	B	A*	B*												
O	2.	-51	-54	-58	-36	-38	-50	-52	.66	.53												
N	3.	-83	-58	-58	C*	B	B	C*	B	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*
S	4.																					
T	5.																					
R	6.																					
U	7.																					
T	8.																					
S	9.																					
T	10.																					
T	11.																					
S	12.																					
	13.																					
	14.																					
	15.																					
	16.																					
	17.																					
	18.																					
	19.																					
	20.																					
	21.																					
	22.																					
	23.																					
	24.																					
	25.																					

S2. ANN  
 ELICITED REPERTORY GRID  
 TABLE A : PRINCIPAL COMPONENTS  
 COMPONENT 1 - 56.80

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 4.	Hardworking	11.32	81.90	C 4.	Lazy	11.32	81.90
O 2.	Methodical	10.38	81.43	O 2.	Haphazard	10.38	81.43
N. 10.	Sensible	8.72	86.59	N. 10.	Impractical	8.72	86.59
'S 1.	Responsible	8.48	71.25	'S 1.	Irresponsible	8.48	71.25
3.	Polite	7.98	78.41	3.	Impolite	7.98	78.41
8.	Reliable	7.19	86.15	8.	Unreliable	7.19	86.15
14.	Understanding	6.06	81.18	14.	Not understanding	6.06	81.18
20.	Sensitive	5.48	57.32	20.	Insensitive	5.48	57.32
6.	Tidy	5.37	44.14	6.	Untidy	5.37	44.14
22.	Considerate	4.93	68.13	22.	Inconsiderate	4.93	68.13
13.	Generous	3.95	52.99	13.	Mean	3.95	52.99
16.	Trustworthy	2.92	71.06	16.	Not trustworthy	2.92	71.06
5.	Introverted	2.72	39.71	5.	Extraverted	2.72	39.71
9.	Warmhearted	2.49	47.30	9.	Cold	2.49	47.30
19.	Good humoured	2.28	44.37	19.	Bad tempered	2.28	44.37
12.	Clever	2.08	24.65	12.	Stupid	2.08	24.65
15.	Unassuming	1.85	43.72	15.	Pompous	1.85	43.72
11.	Courageous	1.45	34.65	11.	Cowardly	1.45	34.65
17.	Withdrawn	1.42	23.37	17.	Self-assertive/aggressive	1.42	23.37
18.	Worried	1.35	19.78	18.	Carefree	1.35	19.78
21.	Pessimistic	.99	9.58	21.	Optimistic	.99	9.58
Total 99.41				Total 99.41			
E 3.	Mother	8.24	74.17	E 18.	Your favourite stage or screen personality	15.76	76.24
L 4.	Father	7.30	67.31	L			
'S 10.	A female teacher/lecturer	5.41	64.01	'S 9.	A male you don't like	14.26	77.13
1.	Self	5.29	43.73	8.	A female you don't like	12.46	86.83
2.	Ideal self	4.39	41.35	16.	"Another anorexia nervosa patient"	5.10	73.33
6.	"A male boy-friend figure"	2.93	34.74	23.	Sister-in-law	3.95	39.70
19.	Brother N	2.27	35.81	21.	Aunt	2.41	73.05
12.	Your psychiatrist	2.10	41.66	22.	Fiance's aunt	2.41	73.05
13.	"The Dr you feel could help you best"	2.10	41.66	7.	A young male friend	1.24	61.09
14.	The most motherly person you know	1.00	24.95				
15.	The most fatherly person you know	.83	26.27				
Total 41.86				Total 67.59			
COMPONENT 2 - 11.55							
C 21.	Pessimistic	36.50	71.45	C 21.	Optimistic	36.50	71.45
O 18.	Worried	21.43	63.62	O 18.	Carefree	21.43	63.62
N. 5.	Introverted	14.34	42.57	N. 5.	Extraverted	14.34	42.57
'S 17.	Withdrawn	7.36	24.49	'S 17.	Self assertive/aggressive	7.36	24.49
7.	Unfriendly	3.39	20.07	7.	Friendly	3.39	20.07
Total 79.63				Total 79.63			
E 1.	Self	19.64	33.01	E 2.	Ideal self	23.88	45.74
L 19.	Brother N	5.44	17.45	L 6.	"A male boyfriend figure"	12.80	30.86
'S				'S 18.	Your favourite stage or screen personality	9.26	9.11
				14.	The most motherly person you know	6.98	35.10
Total 25.08				Total 62.90			
COMPONENT 3 - 8.78							
C 6.	Tidy	21.24	26.98	C 6.	Untidy	21.24	26.98
O 12.	Clever	16.68	30.44	O 12.	Stupid	16.68	30.44
N. 20.	Insensitive	10.28	16.62	N. 20.	Sensitive	10.28	16.62
'S 22.	Inconsiderate	8.47	18.09	'S 22.	Considerate	8.47	18.09
2.	Methodical	8.08	9.79	2.	Haphazard	8.08	9.79
13.	Mean	6.77	14.01	13.	Generous	6.77	14.01
9.	Cold	6.49	19.07	9.	Warmhearted	6.49	19.07
Total 78.01				Total 78.01			
E 19.	Brother N	13.87	33.82	E 5.	A girl friend	13.74	41.17
L 12.	Your psychiatrist	9.70	29.67	L 6.	"A male boyfriend figure"	12.77	23.40
'S 13.	"The Dr you feel would help you best"	9.70	29.67	'S 4.	Father	5.86	8.35
9.	A male you don't like	6.81	5.89				
10.	A female teacher/lecturer	6.63	12.12				
Total 46.71				Total 32.37			

## COMPONENT 4 - 5.55

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 1.	Responsible	27.91	22.91	C 1.	Irresponsible	27.91	22.91
O 6.	Untidy	18.91	15.18	O 6.	Tidy	18.91	15.18
N. 20.	Insensitive	12.15	12.41	N. 20.	Sensitive	12.15	12.41
'S 17.	Withdrawn	9.48	15.16	'S 17.	Self-assertive/aggressive	9.48	15.16
12.	Clever	8.83	10.18	12.	Stupid	8.83	10.18
Total				Total			
77.28				77.28			
E 23.	Sister-in-law	41.07	40.34	E 3.	Mother	10.52	12.16
L. 15.	The most fatherly person you know	5.64	17.29	L. 9.	A male you don't like	8.06	4.26
'S 20.	Brother R	5.22	24.76	'S 8.	A female you don't like	5.19	3.53
Total				Total			
51.93				23.77			

TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

S.2. ANN Elicited repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.
1. responsible — irresponsible	.68	A	A	A*	A*	C	A	A*	A	C	B	A	A	A	B*	A	A*	B	B	B	A	A
2. methodical — haphazard	.85	A*	A*	B*	B*	A	A	B*	A	C	A	B	A	B	B*	A	A*	A	A	A	A	A
3. polite — impolite	.89	A*	B*	B	B	A	A	A*	A	C	B	A	A	A	C*	A	A	A	A	A	A	A
4. lazy — hardworking	.47	B	A*	B*	B	A	A*	A	A*	A*	A*	B*	A*	B*	A	A*	A*	A*	A*	A*	A*	A*
5. extraverted — introverted	.45	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*
6. tidy — untidy	.73	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
7. friendly — unfriendly	.36	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
8. reliable — unreliable	.62	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
9. cold — warmhearted	.57	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
10. sensible — impractical	.49	B	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
11. courageous — cowardly	.70	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
12. clever — stupid	.45	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
13. generous — mean	.67	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
14. understanding — not understanding	.55	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
15. pompous — unassuming	.51	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
16. trustworthy — not trustworthy	.57	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
17. self-assertive/aggressive — withdrawn	.42	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*	B*
18. worried — carefree	.47	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
19. goodhumoured — bad tempered	.58	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
20. sensitive — insensitive	.69	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
21. optimistic — pessimistic	.76	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
22. considerate — inconsiderate	.78	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

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TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	
1. Self	A	A	A	A	A	C*	A*	A*	A*	A	A	A	A	A	B*	A*	B	A*	B	A*	B*	B*	C*	
2. Ideal self	.61	.77	.56	.55	.55	.36	.55	.55	.56	.56	.56	.56	.56	.56	.44	.44	.44	.44	.44	.44	.44	.44	.44	.44
3. Mother	B	C	A*	A*	A*	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
4. Father	.52	.40	.71	.63	.63	.71	.63	.63	.37	.37	.37	.37	.37	.37	.61	.61	.61	.61	.61	.61	.61	.61	.61	.61
5. A girl friend	A	.77	.41	.63	.72	.41	.63	.72	.68	.67	.39	.40	.40	.40	.81	.81	.81	.81	.81	.81	.81	.81	.81	.81
6. A male you go out with or would like to go out with	.49	.54	.69	.65	.65	.49	.54	.69	.65	.65	.48	.48	.48	.48	.66	.66	.66	.66	.66	.66	.66	.66	.66	.66
7. A young male friend	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
8. A female you don't like	.78	.67	.57	.49	.49	.78	.67	.57	.49	.49	.49	.49	.49	.49	.74	.74	.74	.74	.74	.74	.74	.74	.74	.74
9. A male you don't like	.83	.76	.65	.65	.65	.83	.76	.65	.65	.65	.65	.65	.65	.65	.77	.77	.77	.77	.77	.77	.77	.77	.77	.77
10. A female teacher/lecturer	.56	.44	.55	.53	.53	.56	.44	.55	.53	.53	.45	.45	.45	.45	.62	.62	.62	.62	.62	.62	.62	.62	.62	.62
11. A male teacher/lecturer	.67	.38	.67	.38	.38	.67	.38	.67	.38	.38	.38	.38	.38	.38	.39	.39	.39	.39	.39	.39	.39	.39	.39	.39
12. Your psychiatrist	.66	.49	.66	.49	.49	.66	.49	.66	.49	.49	.49	.49	.49	.49	.74	.74	.74	.74	.74	.74	.74	.74	.74	.74
13. The Dr you feel would/could have helped) you best	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	.77	.77	.77	.77	.77	.77	.77	.77	.77	.77
14. The most motherly person you know	.67	.67	.67	.67	.67	.67	.67	.67	.67	.67	.67	.67	.67	.67	.77	.77	.77	.77	.77	.77	.77	.77	.77	.77
15. The most fatherly person you know	.73	.36	.73	.36	.36	.73	.36	.73	.36	.36	.36	.36	.36	.36	.62	.62	.62	.62	.62	.62	.62	.62	.62	.62
16. Another anorexia nervosa patient that you know	.76	.76	.76	.76	.76	.76	.76	.76	.76	.76	.76	.76	.76	.76	.81	.81	.81	.81	.81	.81	.81	.81	.81	.81
17. A patient on the ward you feel was/is most like you	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.81	.81	.81	.81	.81	.81	.81	.81	.81	.81
18. Your favourite stage or screen personality	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.73	.81	.81	.81	.81	.81	.81	.81	.81	.81	.81
19. Brother N	.54	.54	.54	.54	.54	.54	.54	.54	.54	.54	.54	.54	.54	.54	.58	.58	.58	.58	.58	.58	.58	.58	.58	.58
20. Brother R	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.58	.58	.58	.58	.58	.58	.58	.58	.58	.58
21. Aunt	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.58	.58	.58	.58	.58	.58	.58	.58	.58	.58
22. Fiance's aunt	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.58	.58	.58	.58	.58	.58	.58	.58	.58	.58
23. Sister-in-law	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.58	.58	.58	.58	.58	.58	.58	.58	.58	.58

df.20. A:01:537 B:05:423 C:1:360

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	
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S.2. ANN Elicited repertory grid

df.20. A.:01.:537 B.:05.:423 C.:1.:360

S.2. ANN  
 ASSIGNED REPERTORY GRID  
 TABLE A : PRINCIPAL COMPONENTS  
 COMPONENT 1 – 49.95

POSITIVE POLE			1st p	2nd p	NEGATIVE POLE			1st p	2nd p
C 4.	Shouldn't lose weight		9.59	72.25	C 4.	Should lose weight	9.59	72.25	
O 6.	Tends to be placid		6.96	55.98	O 6.	Tends to over dramatize	6.96	55.98	
N. 15.	Thin		6.18	61.36	N. 15.	Fat	6.18	61.36	
'S 1.	Least like me		5.73	45.00	'S 1.	Most like me	5.73	45.00	
24.	Doesn't order people around		5.66	77.66	24.	Orders people around	5.66	77.66	
13.	Sexually naive		5.17	61.48	13.	Sexually experienced	5.17	61.48	
17.	Passive		4.98	76.53	17.	Assertive	4.98	76.53	
19.	Least sexually attractive		4.80	69.90	19.	Most sexually attractive	4.80	69.90	
18.	Makes me feel relaxed		4.67	41.21	18.	Makes me feel tense	4.67	41.21	
9.	Doesn't express emotions freely		4.42	53.23	9.	Expresses emotions freely	4.42	53.23	
3.	Socially withdrawn		4.26	48.03	3.	Socially outgoing	4.26	48.03	
23.	Dislikes eating		3.81	81.07	23.	Enjoys eating	3.81	81.07	
25.	Flexible		3.73	57.42	25.	Stubborn	3.73	57.42	
12.	Slapdash		3.17	53.34	12.	Meticulously exact	3.17	53.34	
2.	Least like I'd like to be		3.16	36.00	2.	Most like I'd like to be	3.16	36.00	
20.	Lethargic		3.01	41.30	20.	Energetic	3.01	41.30	
14.	Self sufficient		2.99	18.27	14.	Dependent on other people	2.99	18.27	
16.	Wouldn't like to have children		2.73	37.49	16.	Would like to have children	2.73	37.49	
10.	Wouldn't like to get/doesn't enjoy being married		2.61	26.72	10.	Would like to get/enjoys being married	2.61	26.72	
21.	Lax and permissive		2.29	41.78	21.	Strict and disciplinarian	2.29	41.78	
11.	Cold and rejecting		2.20	41.78	11.	Warm and accepting	2.20	41.78	
7.	Gets on badly with people		2.15	26.15	7.	Gets on well with people	2.15	26.15	
5.	Stupid		2.07	35.76	5.	Intelligent	2.07	35.76	
8.	Childish		2.05	28.57	8.	Mature	2.05	28.57	
22.	Suspicious and secretive		1.50	29.72	22.	Trusting and open	1.50	29.72	
			Total	99.89				Total	99.89
E 4.	Father		3.02	32.68	E 22.	Fiance's Aunt	27.16	99.31	
L. 17.	"Another patient most like self"		2.31	58.57	L. 17.	Aunt	27.16	99.31	
'S 1.	Self		2.19	14.16	'S 23.	Sister in law	27.16	99.31	
10.	A female teacher/lecturer		1.98	20.95					
16.	"Another anorexia nervosa patient"		1.67	40.69					
9.	A male you don't like		1.39	16.04					
7.	A young male friend		1.37	21.34					
19.	Brother N		.93	21.31					
11.	A male teacher/lecturer		.74	25.45					
8.	A female you don't like		.61	5.59					
			Total	16.21				Total	81.48
COMPONENT 2 – 18.57									
C 7.	Gets on badly with people		13.02	58.82	C 7.	Gets on well with people	13.02	58.82	
O 1.	Most like me		12.61	36.81	O 1.	Least like me	12.61	36.81	
N. 8.	Childish		9.88	51.10	N. 8.	Mature	9.88	51.10	
'S 2.	Least like I'd like to be		9.83	41.58	'S 2.	Most like I'd like to be	9.83	41.58	
18.	Makes me feel tense		8.33	27.33	18.	Makes me feel relaxed	8.33	27.33	
11.	Cold and rejecting		7.17	50.43	11.	Warm and accepting	7.17	50.43	
6.	Tends to over dramatize		6.94	20.75	6.	Tends to be placid	6.94	20.75	
22.	Suspicious and secretive		6.78	49.76	22.	Trusting and open	6.78	49.76	
21.	Lax and permissive		5.15	34.90	21.	Strict and disciplinarian	5.15	34.90	
4.	Should lose weight		4.51	12.63	4.	Shouldn't lose weight	4.51	12.63	
5.	Stupid		3.54	22.68	5.	Intelligent	3.54	22.68	
			Total	87.76				Total	87.76
E 8.	A female you don't like		18.71	63.63	E 6.	"A male boy-friend figure"	6.54	44.00	
L. 9.	A male you don't like		14.37	61.34	L. 2.	Ideal self	5.74	57.00	
'S 7.	A young male friend		7.00	40.62	'S 3.	Mother	5.56	32.26	
18.	Your favourite stage or screen personality		6.04	56.36	12.	Your psychiatrist	5.52	50.00	
11.	A male teacher/lecturer		3.24	41.21	4.	Father	4.70	18.85	
			Total	49.36	13.	"The Dr you feel could help you most"	4.52	51.49	
					10.	A female teacher/lecturer	3.87	15.25	
					5.	A girl friend	2.69	24.87	
					14.	The most motherly person you know	2.47	18.77	
			Total	49.36				Total	41.61

## COMPONENT 3 - 9.30

POSITIVE POLE			1st p	2nd p	NEGATIVE POLE			1st p	2nd p
C 1.	Most like me		9.50	13.89	C 1.	Least like me	9.50	13.89	
O 10.	Would like to get/enjoys being				O 10.	Wouldn't like to get/doesn't enjoy			
N.	married		8.65	16.48	N.	being married	8.65	16.48	
'S 9.	Doesn't express emotions freely		8.50	19.04	'S 9.	Expresses emotions freely	8.50	19.04	
18.	Makes me feel tense		8.08	13.27	18.	Makes me feel relaxed	8.08	13.27	
3.	Socially withdrawn		7.98	16.75	3.	Socially outgoing	7.98	16.75	
5.	Stupid		7.60	24.37	5.	Intelligent	7.60	24.37	
25.	Stubborn		7.07	20.23	25.	Flexible	7.07	20.23	
12.	Meticulously exact		6.91	21.63	12.	Slapdash	6.91	21.63	
7.	Gets on well with people		5.04	11.40	7.	Gets on badly with people	5.04	11.40	
15.	Thin		4.95	9.15	15.	Fat	4.95	9.15	
6.	Tends to be placid		4.69	7.02	6.	Tends to overdramatize	4.69	7.02	
Total			78.97		Total			78.97	
E 1.	Self		62.88	75.74	E 8.	A female you don't like	10.16	17.30	
L 19.	Brother N		3.76	15.89	L 5.	A girl friend	4.40	20.35	
'S					'S 14.	The most motherly person you know	2.78	10.55	
Total			66.64		Total			17.34	

## COMPONENT 4 - 6.66

C 14.	Self sufficient		32.83	46.22	C 14.	Dependent on other people	32.83	46.22	
O 16.	Would like to have children		26.96	49.32	O 16.	Wouldn't like to have children	26.96	49.32	
N 10.	Would like to get/enjoys being				N 10.	Wouldn't like to get/doesn't enjoy			
'S	married		16.36	22.32	'S	being married	16.36	22.32	
3.	Socially withdrawn		7.56	11.36	3.	Socially outgoing	7.56	11.36	
Total			83.71		Total			83.71	
E 4.	Father		18.07	25.99	E 10.	A female teacher/lecturer	30.61	43.19	
L 6.	"A male boy-friend figure"		8.26	19.93	L 14.	The most motherly person you know	11.79	32.04	
'S 15.	The most fatherly person you know		6.55	20.97	'S				
3.	Mother		5.90	12.27					
Total			38.78		Total			42.40	

S.2. ANN Assigned repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.
1. Most like me - Least like me	A .70	A .68	A .76	A .73	A .65	A .55	A .47	A .45	A .85	A .45	B .49	B .46	A .46	A .65	A .55	B .47	B .45	A .85	A .45	B .53	B .53	A .71	A .68	A .37	A .50
2. Most like I'd like to be - Least like I'd like to be	B .46	A .71	A .66	A .60	A .60	A .44	A .63	A .56	A .60	A .71	A .68	A .37	A .50	A .44	A .44	A .63	A .56	A .60	A .71	A .68	A .37	A .50	A .37	A .50	A .50
3. Socially outgoing - Socially withdrawn	A .46	B .46	A .44	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46
4. Should lose weight - Shouldn't lose weight	B .49	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57	A .57
5. Intelligent - Stupid	A .49	A .57	A .65	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61
6. Tends to over-dramatize - Tends to be placid	A .59	A .40	A .74	A .58	A .63	A .59	A .67	A .57	A .63	A .59	A .67	A .57	A .63	A .59	A .67	A .57	A .63	A .59	A .67	A .57	A .63	A .59	A .67	A .57	A .63
7. Gets on well with people - Gets on badly with people	A .60	A .91	A .72	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38
8. Mature - Childish	A .87	A .67	A .43	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39
9. Expresses emotions freely - Doesn't express emotions freely	A .53	A .36	A .50	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46	A .46
10. Would like to get/enjoys being married - Wouldn't like to get/doesn't enjoy being married	A .50	A .60	A .46	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39	A .39
11. Warm and accepting - Cold and rejecting	A .42	A .42	A .43	A .46	A .54	A .41	A .49	A .69	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74	A .74
12. Meticulously exact - Slapdash	A .41	A .55	A .45	A .74	A .55	A .86	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58
13. Sexually experienced - Sexually naive	A .51	A .62	A .36	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62
14. Dependent on other people - Self sufficient	A .40	A .63	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62
15. Fat - Thin	A .51	A .62	A .36	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62	A .62
16. Would like to have children - Wouldn't like to have children	A .38	A .60	A .64	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38	A .38
17. Assertive - Passive	A .59	A .57	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58	A .58
18. Makes me feel tense - Makes me feel relaxed	A .83	A .63	A .51	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83	A .83
19. Most sexually attractive - Least sexually attractive	A .59	A .37	A .45	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59	A .59
20. Energetic - Lethargic	A .72	A .85	A .54	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72	A .72
21. Strict and disciplinarian - Lax and permissive	A .63	A .60	A .74	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63	A .63
22. Trusting and open - Suspicious and secretive	A .70	A .75	A .45	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70	A .70
23. Enjoys eating - Dislikes eating	A .61	A .61	A .57	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61	A .61
24. Orders people around - Doesn't order people around	A .87	A .43	A .50	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87	A .87
25. Stubborn - Flexible	A .40	A .38	A .41	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40	A .40

S.2. ANN Assigned repertory grid TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	
1. Self	C* -.38																							
2. Ideal self		C .40																						
3. Mother			B .43																					
4. Father				A .54																				
5. A girl friend					B* .50																			
6. A male you go out with or would like to go out with						B* .46																		
7. A young male friend							B* .45																	
8. A female you don't like								A .54																
9. A male you don't like									B .51															
10. A female teacher/lecturer										A .67														
11. A male teacher/lecturer											B* .43													
12. Your psychiatrist												B* .52												
13. The Dr you feel could/could have helped) you best													B* .79											
14. The most motherly person you know														A .39										
15. The most fatherly person you know															A .40									
16. Another anorexia nervosa patient you know																A .81								
17. A patient on the ward you feel was/is most like you																								
18. Your favourite stage or screen personality																								
19. Brother N																								
20. Brother R																								
21. Aunt																								
22. Fiance's aunt																								
23. Sister-in-law																								

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																								
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.		
C O N S T R U C T S	1.	A* .66	A* .47	B* .44	A* .58	C* .42	A* .56	A* .59	A* .55	A* .71	A* .64	A* .64	A* .63	A* .61	A* .56	A* .48	A* .61	A* .73	A* .64	A* .37	A* .63	A* .42	A* .72	A* .72		
	2.	A* .61	A* .47	B* .44	A* .58	C* .42	A* .56	A* .59	A* .55	A* .71	A* .64	A* .64	A* .63	A* .61	A* .56	A* .48	A* .61	A* .73	A* .64	A* .37	A* .63	A* .42	A* .72	A* .72		
	3.	A* .66	C* .37	A* .55	A* .59	A* .36	A* .43	A* .43	A* .43	A* .43	B* .46	B* .46	B* .51	B* .43	B* .51	B* .51	B* .51	B* .51	B* .51	B* .51	B* .51	B* .51	B* .51	B* .51		
	4.	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37		
	5.	A* .77	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38	A* .38		
	6.	A* .39	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61		
	7.	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37	A* .37		
	8.	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36	A* .36		
	9.	A* .65	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39	A* .64	A* .39		
	10.	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
	11.	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43		
	12.	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47		
	13.	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43		
	14.	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43	A* .43		
	15.	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47		
	16.	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61	A* .61		
	17.	A* .62	A* .49	A* .49	A* .62	A* .49	A* .49	A* .62	A* .49	A* .49	A* .62	A* .49	A* .49	A* .62	A* .49	A* .49	A* .62	A* .49	A* .49	A* .62	A* .49	A* .49	A* .62	A* .49		
	18.	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56		
	19.	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56		
	20.	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56	A* .56		
	21.	A* .62	A* .73	A* .83	A* .62	A* .73	A* .83	A* .62	A* .73	A* .83	A* .62	A* .73	A* .83	A* .62	A* .73	A* .83	A* .62	A* .73	A* .83	A* .62	A* .73	A* .83	A* .62	A* .73		
	22.	A* .57	A* .85	A* .92	A* .57	A* .85	A* .92	A* .57	A* .85	A* .92	A* .57	A* .85	A* .92	A* .57	A* .85	A* .92	A* .57	A* .85	A* .92	A* .57	A* .85	A* .92	A* .57	A* .85		
	23.	B* .45	A* .55	A* .69	A* .45	A* .55	A* .69	A* .45	A* .55	A* .69	A* .45	A* .55	A* .69	A* .45	A* .55	A* .69	A* .45	A* .55	A* .69	A* .45	A* .55	A* .69	A* .45	A* .55		
	24.	A* .45	A* .69	A* .69	A* .45	A* .69	A* .69	A* .45	A* .69	A* .69	A* .45	A* .69	A* .69	A* .45	A* .69	A* .69	A* .45	A* .69	A* .69	A* .45	A* .69	A* .69	A* .45	A* .69		
	25.	A* .47	A* .64	A* .64	A* .47	A* .64	A* .64	A* .47	A* .64	A* .64	A* .47	A* .64	A* .64	A* .47	A* .64	A* .64	A* .47	A* .64	A* .64	A* .47	A* .64	A* .64	A* .47	A* .64		

## S.3. MARY

## ELICITED REPERTORY GRID

TABLE A : PRINCIPAL COMPONENTS

COMPONENT 1 - 68.34									
POSITIVE POLE			1st p	2nd p	NEGATIVE POLE				
							1st p	2nd p	
C 10.	Try to create impressions		9.99	92.13	C 10.	Natural	9.99	92.13	
O 17.	Hypercritical		8.79	84.25	O 17.	Sincere	8.79	84.25	
N. 4.	Blames other people		7.29	90.41	N. 4.	Admit when they're guilty	7.29	90.41	
'S 9.	Surface thinking		7.26	83.80	'S 9.	Deepthinking	7.26	83.80	
5.	Non-understanding		7.03	80.07	5.	Understanding	7.03	80.07	
14.	All knowing		6.98	79.76	14.	Accepts that doesn't know everything	6.98	79.76	
11.	Enjoys meeting others		6.94	90.33	11.	Dislikes hurting others	6.94	90.33	
12.	Rejects other ideas		6.88	91.47	12.	Accepts other ideas	6.88	91.47	
16.	Nasty character		6.25	81.04	16.	Sweet character	6.25	81.04	
7.	Critical of others		5.95	80.20	7.	Accepting of others	5.95	80.20	
3.	Rowdy personality		5.87	72.80	3.	Peaceful personality	5.87	72.80	
18.	Tries to make people as themselves		4.76	71.96	18.	Leaves people to grow as themselves	4.76	71.96	
15.	Stingy		4.53	64.63	15.	Generous	4.53	64.63	
8.	Not artistic		3.30	36.72	8.	Artistic	3.30	36.72	
13.	Slack		2.54	42.96	13.	Reliable	2.54	42.96	
1.	Enjoys nature a little		2.15	42.71	1.	Enjoys nature a lot	2.15	42.71	
19.	Easily fed in with ideas		1.42	22.35	19.	Self thinking	1.42	22.35	
			Total	97.93				Total	97.93
E 4.	Father		14.15	89.87	E 2.	Ideal self	7.19	92.53	
L 14.	The most fatherly person you know		14.08	88.93	L 5.	A girl friend	6.18	94.06	
'S 8.	A female you don't like		11.93	83.87	'S 6.	"A male boy-friend figure"	6.11	86.99	
9.	A male you don't like		6.57	72.30	22.	Present boy friend	5.63	81.86	
18.	Brother N		3.17	44.12	1.	Self	5.01	87.12	
20.	Ex boy friend		2.58	39.35	16.	"Another patient most like self"	2.96	65.25	
21.	Ex female (close) friend		2.42	42.62	12.	Your psychiatrist	2.96	60.87	
7.	A young male friend		1.84	40.82	15.	"Another anorexia nervosa patient"	1.88	38.93	
17.	Your favourite stage or screen personality		.42	13.04	3.	Mother	1.79	48.16	
			Total	57.16	11.	A male teacher/lecturer	1.53	30.48	
					10.	A female teacher/lecturer	1.53	40.79	
			Total	57.16				Total	42.50
COMPONENT 2 - 9.79									
C 2.	Enjoys contemporary music		30.11	61.03	C 2.	Dislikes contemporary music	30.11	61.03	
O 8.	Artistic		26.32	41.96	O 8.	Not artistic	26.32	41.96	
N. 1.	Enjoys nature a lot		14.69	41.80	N. 1.	Enjoys nature a little	14.69	41.80	
'S 13.	Slack		8.28	20.06	'S 13.	Reliable	8.28	20.06	
19.	Easily fed in with ideas		5.23	11.77	19.	Self thinking	5.23	11.77	
			Total	84.63				Total	84.63
E 20.	Ex boy friend		15.15	33.10	E 11.	A male teacher/lecturer	18.84	53.77	
L 21.	Ex female (close) friend		12.75	32.17	L 17.	Your favourite stage or screen personality	7.59	33.77	
'S 19.	Brother M		6.78	30.72	'S 12.	Your psychiatrist	7.54	24.44	
18.	Brother N		5.75	11.46	14.	The most fatherly person you know	6.40	5.79	
			Total	40.43				Total	40.37
COMPONENT 3 - 6.87									
C 19.	Self thinking		30.12	47.56	C 19.	Easily fed in with ideas	30.12	47.56	
O 6.	Self disciplined		28.83	53.38	O 6.	Weak	28.83	53.38	
N. 8.	Artistic		8.42	9.42	N. 8.	Not artistic	8.42	9.42	
'S 16.	Nasty character		5.71	7.44	'S 16.	Sweet character	5.71	7.44	
13.	Reliable		5.04	8.57	13.	Slack	5.04	8.57	
			Total	78.12				Total	78.12
E 8.	A female you don't like		8.76	6.19	E 18.	Brother N	22.27	31.15	
L 17.	Your favourite stage or screen personality		7.07	22.07	L 15.	"Another anorexia nervosa patient"	14.11	29.37	
'S 22.	Present boy friend		6.47	9.45	'S 7.	A young male friend	9.53	21.25	
16.	"Another patient most like self"		6.45	14.29	3.	Mother	7.33	19.82	
			Total	28.75				Total	53.24

S.3, MARY Elicited repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
1. enjoys nature a lot — enjoys nature a little	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
2. enjoys contemporary music — dislikes contemporary music	A*	A	A	A*	A	A	A*	A	A	A*	A*	A	C	A*	A	A	A	A*	A*
3. peaceful personality — rowdy personality	A*	A*	A	A*	A*	A	A	A*	A	A	A	A*	A*	A	A*	A*	A	A	A*
4. blames other people — admit when they're guilty	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
5. understanding — not understanding	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
6. self disciplined — weak	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
7. critical of others — accepting of others	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
8. artistic — not artistic	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
9. deep thinking — surface thinking	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
10. try to create impressions — natural	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
11. enjoys hurting others — dislikes hurting others	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
12. accepts other ideas — rejects other ideas	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
13. reliable — slack	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
14. all knowing — accepts that doesn' know everything	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
15. generous — stingy	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
16. sweet character — nasty character	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
17. hypercritical — sincere	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
18. tries to make people as themselves — leaves people to grow as themselves	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*
19. self-thinking — easily fed in with ideas.	A*	A*	A	A*	A*	A	A*	A*	A	A*	A*	A	A	A*	A	A*	A	A*	A*

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S.3. MARY Elicited repertory grid TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	
1. Self	.94	A	A	A*	A	A	B*	A*	A*	A	B	A	A*	B	A*	A*	B*	A*	A*	A*	B*	A	
2. Ideal self		.62	A	A*	A	A	A*	A*	A*	A	A	A	A	A	A*	A	A*	A*	A*	A*	B*	A*	A
3. Mother			.58	A*	A	B	A*	A*	A*	A*	A	A	A*	A*	A	A	A*	A*	A*	A*	A*	A*	A
4. Father				.93	A*	A*	A	A	A	A	B*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
5. A girl friend					.94	A	A*	A*	A*	A*	A	A	A	A	A*	A*	A*	A*	A*	A*	A*	A*	A
6. A male you go out with or would like to go out with						.58	A*	A*	A*	A*	A	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
7. A young male friend							.47	B	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
8. A female you don't like								.80	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
9. A male you don't like									.80	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
10. A female teacher/lecturer										.59	A	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
11. A male teacher/lecturer											.45	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
12. Your psychiatrist												.72	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
13. The most motherly person you know													.86	A*	A*	A*	A*	A*	A*	A*	A*	A*	A
14. The most fatherly person you know														.70	A*	A*	A*	A*	A*	A*	A*	A*	A
15. Another anorexia nervosa patient that you know															.46	A	A*	A*	A*	A*	A*	A*	A
16. A patient on the ward you feel was/is most like you																.60	A	A*	A*	A*	A*	A*	A
17. Your favourite stage or screen personality																	.55	A*	A*	A*	A*	A*	A
18. Brother N.																		.68	A	A*	A*	A*	A
19. Brother M.																			.68	A	A*	A*	A
20. Ex-boy friend																				.45	A*	A*	A
21. Ex-female (close) friend																					.53	A*	A
22. Present boy friend																						.69	A
df.19.																							.55

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S.3. MARY Elicited repertory grid

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																					
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.
1.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
2.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
3.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
4.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
5.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
6.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
7.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
8.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
9.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
10.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
11.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
12.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
13.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
14.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
15.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
16.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
17.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
18.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
19.	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C

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## S.3. MARY

## ASSIGNED REPERTORY GRID

TABLE A : PRINCIPAL COMPONENTS

## COMPONENT 1 - 34.09

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 16.	Would like to have children	12.07	70.94	C 16.	Wouldn't like to have children	12.07	70.94
O 4.	Should lose weight	10.81	63.10	O 4.	Shouldn't lose weight	10.81	63.10
N. 15.	Fat	10.40	56.18	N. 15.	Thin	10.40	56.18
'S 24.	Orders people around	8.99	71.10	'S 24.	Doesn't order people around	8.99	71.10
10.	Would like to get/enjoy being married	8.16	54.86	10.	Wouldn't like to get/doesn't enjoy being married	8.16	54.86
1.	Least like me	7.87	71.92	1.	Most like me	7.87	71.92
21.	Strict and disciplinarian	7.02	51.24	21.	Lax and permissive	7.02	51.24
18.	Makes me feel tense	6.40	51.21	18.	Makes me feel relaxed	6.40	51.21
2.	Least like I'd like to be	5.59	47.28	2.	Most like I'd like to be	5.59	47.28
19.	Least sexually attractive	5.14	34.09	19.	Most sexually attractive	5.14	34.09
11.	Cold and rejecting	4.11	28.07	11.	Warm and accepting	4.11	28.07
6.	Tends to over dramatize	3.70	51.07	6.	Tends to be placid	3.70	51.07
23.	Enjoys eating	2.32	33.92	23.	Dislikes eating	2.32	33.92
Total 92.58				Total 92.58			
E 4.	Father	17.64	68.56	E 5.	A girl friend	11.18	79.56
L. 14.	The most fatherly person you know	15.96	67.67	L. 2.	Ideal self	10.64	75.25
'S 18.	Brother N	5.59	29.45	'S 6.	"A male boy-friend figure"	9.10	59.33
8.	A female you don't like	4.96	37.32	1.	Self	7.88	72.01
Total 44.15				16.	"Another patient most like self"	4.37	26.79
				22.	Present boyfriend	3.68	34.94
				Total 46.85			

## COMPONENT 2 - 16.80

C 13.	Sexually experienced	22.95	59.50	C 13.	Sexually naive	22.95	59.50
O 15.	Fat	10.12	26.94	O 15.	Thin	10.12	26.94
N. 9.	Expresses emotions freely	9.70	50.92	N. 9.	Doesn't express emotions freely	9.70	50.92
'S 7.	Gets on well with people	8.54	52.17	'S 7.	Gets on badly with people	8.54	52.17
2.	Most like I'd like to be	5.41	22.55	2.	Least like I'd like to be	5.41	22.55
4.	Should lose weight	5.22	15.01	4.	Shouldn't lose weight	5.22	15.01
14.	Self sufficient	5.07	21.78	14.	Dependent on other people	5.07	21.78
5.	Intelligent	4.71	40.16	5.	Stupid	4.71	40.16
12.	Meticulously exact	4.59	18.27	12.	Slepdash	4.59	18.27
Total 76.31				Total 76.31			
E 10.	A female teacher/lecturer	12.76	58.25	E 7.	A young male friend	17.32	71.14
L 3.	Mother	10.03	40.21	L 21.	Ex. female (close) friend	13.29	64.15
'S 22.	Present boyfriend	7.50	35.09	'S 9.	A male you don't like	8.14	32.17
14.	The most fatherly person you know	4.46	9.31	15.	"Another anorexia nervosa patient"	8.04	25.63
12.	Your psychiatrist	2.79	15.34	8.	A female you don't like	4.99	18.50
Total 37.54				Total 51.78			

## COMPONENT 3 - 12.84

C 22.	Suspicious and secretive	20.71	56.94	C 22.	Trusting and open	20.71	56.94
O 13.	Sexually experienced	13.37	26.49	O 13.	Sexually naive	13.37	26.49
N. 14.	Self sufficient	8.73	28.66	N. 14.	Dependent on other people	8.73	28.66
'S 12.	Meticulously exact	7.94	24.15	'S 12.	Slapdash	7.94	24.15
18.	Makes me feel tense	7.17	21.61	18.	Makes me feel relaxed	7.17	21.61
11.	Cold and rejecting	5.39	13.86	11.	Warm and accepting	5.39	13.86
15.	Thin	4.15	8.44	15.	Fat	4.15	8.44
23.	Dislikes eating	4.04	22.26	23.	Enjoys eating	4.04	22.26
25.	Stubborn	3.98	14.60	25.	Flexible	3.98	14.60
Total 75.48				Total 75.48			
E 16.	"Another patient most like self"	15.57	35.96	E 18.	Brother N	23.91	47.45
L. 20.	Ex boyfriend	5.44	24.59	L. 19.	Brother M	18.27	66.08
'S 14.	The most fatherly person you know	4.42	7.05	'S 13.	The most motherly person you know	4.99	23.04
6.	"A male boy-friend figure"	3.75	9.20				
Total 29.18				Total 47.17			

## COMPONENT 4 - 10.85

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 3.	Socially withdrawn	14.63	54.17	C 3.	Socially outgoing	14.63	54.17
O 12.	Meticulously exact	13.05	33.55	O 12.	Slapdash	13.05	33.55
N. 17.	Passive	10.95	43.20	N. 17.	Assertive	10.95	43.20
'S 25.	Flexible	10.62	32.92	'S 25.	Stubborn	10.62	32.92
21.	Lax and disciplinarian	8.30	19.28	21.	Lax and permissive	8.30	19.28
14.	Dependent on other people	7.94	22.03	14.	Self sufficient	7.94	22.03
11.	Warm and accepting	7.26	15.78	11.	Cold and rejecting	7.26	15.78
6.	Tends to be placid	5.43	23.85	6.	Tends to over dramatize	5.43	23.85
Total 78.18				Total 78.18			
E 15.	"Another anorexia nervosa patient"	31.24	64.31	E 8.	A female you don't like	15.12	36.21
L. 11	A female teacher/lecturer	15.39	40.04	L. 9.	A male you don't like	7.56	19.30
'S 16.	"Another patient most like self"	6.37	12.43	'S 17.	Your favourite stage or screen personality	6.24	21.76
12.	Your psychiatrist	2.67	9.46	20.	Your boyfriend	4.05	15.47
Total 55.67				Total 32.97			

## COMPONENT 5 - 5.84

C 19.	Most sexually attractive	16.21	18.41	C 19.	Least sexually attractive	16.21	18.41
O 16.	Would like to have children	15.53	15.63	O 16.	Wouldn't like to have children	15.53	15.63
N. 10.	Would like to get/enjoys being married	15.38	17.71	N. 10.	Wouldn't like to get/doesn't enjoy being married	15.38	17.71
'S 9.	Doesn't express emotion freely	9.02	16.46	'S 9.	Expresses emotions freely	9.02	16.46
21.	Lax and permissive	8.92	11.15	21.	Strict and disciplinarian	8.92	11.15
3.	Socially outgoing	5.48	10.92	3.	Socially withdrawn	5.48	10.92
5.	Stupid	4.91	14.55	5.	Intelligent	4.91	14.55
Total 75.45				Total 75.45			
E 3.	Mother	13.12	18.28	E 4.	Father	15.57	10.36
L. 13.	The most motherly person you know	10.16	21.34	L. 14.	The most fatherly person you know	10.25	7.44
'S 12.	Your psychiatrist	7.79	14.86	'S 11.	A male teacher/lecturer	7.76	10.86
				1.	Self	5.77	9.03
				2.	Ideal Self	5.57	6.74
Total 31.07				Total 44.92			

S.3. MARY Assigned repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.
1. Most like me — Least like me	.79																								
2. Most like I'd like to be — Least like I'd like to be																									
3. Socially outgoing — Socially withdrawn																									
4. Should lose weight — Shouldn't lose weight																									
5. Intelligent — Stupid																									
6. Tends to over-dramatize — Tends to be placid																									
7. Gets on well with people — Gets on badly with people																									
8. Mature — Childish																									
9. Expresses emotions freely — Doesn't express emotions freely																									
10. Would like to get/enjoys being married — Wouldn't like to get/doesn't enjoy being married																									
11. Warm and accepting — Cold and rejecting																									
12. Meticulously exact — Slapdash																									
13. Sexually experienced — Sexually naive																									
14. Dependent on other people — Self sufficient																									
15. Fat — Thin																									
16. Would like to have children — Wouldn't like to have children																									
17. Assertive — Passive																									
18. Makes me feel tense — Makes me feel relaxed																									
19. Most sexually attractive — Least sexually attractive																									
20. Energetic — Lethargic																									
21. Strict and disciplinarian — Lax and permissive																									
22. Trusting and open — Suspicious and secretive																									
23. Enjoys eating — Dislikes eating																									
24. Orders people around — Doesn't order people around																									
25. Stubborn — Flexible																									

S.3. MARY Assigned repertory grid TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	
1. Self	A .93																						
2. Ideal self	A* -.67	A .86		A* -.67	A .89	B .59	A* -.67	A* -.58	A* -.35	C* -.39	C* -.35	C* -.35	A* -.66	A* -.64									
3. Mother	A* -.41	A* -.41		A* -.41	C* -.41	B .49	B .49	B .41	B .35	B .35	B .35	B .35	A .59	A .35	B* -.39	B* -.39					B* -.46	C* -.38	
4. Father	A* -.63	A* -.52		A* -.63	A* -.52	B* .65	B* .41	B* .41	B* .41	B* .41	B* .41	B* .41	A* .81	A* .81	B* -.39	B* -.39							
5. A girl friend	A* -.65	A* -.65		A* -.65	A* -.65	B* .65	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .71	A* .71	A* .54	A* .54							
6. A male you go out with or would like to go out with	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
7. A young male friend	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
8. A female you don't like	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
9. A male you don't like	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
10. A female teacher/lecturer	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
11. A male teacher/lecturer	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
12. Your psychiatrist	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
13. The most motherly person you know	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
14. The most fatherly person you know	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
15. Another anorexia nervosa patient that you know	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
16. A patient on the ward you feel was/is most like you	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
17. Your favourite stage or screen personality	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
18. Brother N	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
19. Brother M	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
20. Ex boy-friend	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
21. Ex female (close) friend	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							
22. Present boy friend	A* -.38	A* -.38		A* -.38	A* -.38	B* .66	B* .47	B* .47	B* .47	B* .47	B* .47	B* .47	A* .54	A* .54	A* .54	A* .54							

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.
C	A	A	A	A*	A	A	A*	A*	A*	C*	A	A	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
O	-.89	-.91	.68	-.89	-.62	.58	.54	.35	.40	.40	.46	.54	.46	.60	.45	.77	.41	.50	.44	.44	.44	.44	.44	.44	.44
N	A	A	A	A	A	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
S	-.61	-.79	.49	-.70	-.73	.49	.50	.50	.53	.53	.45	.51	.45	.46	.46	.62	.53	.46	.48	.48	.48	.48	.48	.48	.48
T	A*	A*	A	A*	A*	A*	C*	C*	A*	A*	A	B	B	A	A	A	A	A	A	A	A	A	A	A	A
S	.55	.53	.62	.71	.58	.54	.35	.47	.68	.65	.50	.46	.73	.60	.45	.77	.41	.50	.44	.44	.44	.44	.44	.44	.44
R	C*	B*	B*	A	B*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*	A*
U	.40	.44	B	C*	-.64	.44	.66	.47	.53	.39	-.48	-.48	-.48	-.42	-.46	-.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
T	-.40	-.37	B	A*	A*	A*	B*	.67	.56	.52	.48	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
S	.82	.78	-.52	.51	.81	.44	.44	.49	.58	.56	.52	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
R	.50	.46	.54	.39	.39	.39	.39	.49	.58	.56	.52	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
U	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
C	.41	-.37	B*	A*	A*	A*	B*	.67	.56	.52	.48	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
T	B*	B*	A	A	A*	A*	A*	.67	.56	.52	.48	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
S	.52	.50	-.75	-.67	.57	.51	.46	.49	.58	.56	.52	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
R	A*	A*	B	A	A*	A*	A*	.67	.56	.52	.48	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
U	.83	.78	-.52	-.58	.79	.53	.46	.49	.58	.56	.52	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
C	A	A	A	A	A*	A*	A*	.67	.56	.52	.48	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
T	-.48	-.48	A	A*	A*	A*	B*	.67	.56	.52	.48	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
S	.76	.79	-.64	.75	.55	.55	.45	.49	.58	.56	.52	.48	.48	.42	.46	.62	.53	.40	.40	.40	.40	.40	.40	.40	.40
R	C	C	B*	B	A	A	A	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45
U	-.36	-.46	.46	-.48	-.66	-.66	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45	.45
C	A*	A*	C	A	A*	B*	C*	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
T	.57	.57	-.36	-.73	.66	.51	.39	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
S	.56	-.56	B*	C	C	C	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
R	A*	A*	-.39	-.43	.69	.69	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
U	A*	A*	A	A*	A*	A*	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
C	.57	.66	B*	-.76	.71	.71	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
T	.57	.66	B*	-.76	.71	.71	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41
S	.49	-.39	C	C	C	C	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41	.41

S.4. GWEN  
ELICITED REPERTORY GRID  
TABLE A : PRINCIPAL COMPONENTS  
COMPONENT 1 - 61.57

POSITIVE POLE				NEGATIVE POLE					
		1st p	2nd p			1st p	2nd p		
C	5.	Humble	17.64	88.15	C	5.	Superior attitude	17.64	88.15
O	6.	Humbleness	16.03	88.04	O	6.	Boastfulness	16.03	88.04
N.	13.	Straightforward	15.35	89.77	N.	13.	Pretense	15.35	89.77
'S	14.	Introverted	10.85	81.46	'S	14.	Extraverted	10.85	81.46
	2.	Respect of others feelings	10.61	85.95		2.	Disrespect of others feelings	10.61	85.95
	4.	Lack of confidence	8.79	69.47		4.	Confidence	8.79	69.47
	8.	Doubtfulness	6.43	64.68		8.	Leading	6.43	64.68
	3.	Accepting	3.99	49.23		3.	Inquisitive	3.99	49.23
	9.	Mixed feelings	3.33	34.28		9.	Clear thinking	3.33	34.28
	7.	Insecure	3.05	30.43		7.	Secure	3.05	30.43
	1.	Lack of self control	1.51	20.68		1.	Self control	1.51	20.68
	12.	Honesty	1.24	17.87		12.	Dishonesty	1.24	17.87
	11.	Kind	1.04	17.03		11.	Cruel	1.04	17.03
Total				99.86	Total				99.86

E	1.	Self	7.36	62.07	E	9.	A male you don't like	21.39	91.01
L.	16.	"Another anorexia nervosa patient"	6.94	58.85	L.	8.	A female you don't like	20.41	90.99
'S	17.	"Another patient most like self"	5.81	70.41	'S	10.	A female teacher/lecturer	13.28	83.43
	18.	Maternal grandmother	2.05	35.15		11.	A male teacher/lecturer	12.06	65.76
	15.	The most fatherly person you know	2.04	65.41		5.	A girl friend	1.99	31.90
	14.	The most motherly person you know	1.71	60.50					
	4.	Father	1.26	38.40					
	2.	Ideal self	1.08	34.45					
	6.	"A male boy-friend figure"	.88	21.33					
	7.	A young male friend	.69	13.07					
Total				29.82	Total				69.13

## COMPONENT 2 - 14.64

C	7.	Secure	19.04	45.17	C	7.	Insecure	19.04	45.17
O	1.	Self control	13.24	42.97	O	1.	Lack of self control	13.24	42.97
N.	9.	Clear thinking	11.53	28.22	N.	9.	Mixed feelings	11.53	28.22
'S	4.	Confidence	11.37	21.36	'S	4.	Lack of confidence	11.37	21.36
	12.	Honesty	11.16	38.26		12.	Dishonesty	11.16	38.26
	6.	Humbleness	6.41	8.37		6.	Boastfulness	6.41	8.37
	5.	Humble	5.94	7.05		5.	Superior attitude	5.94	7.05
	8.	Leading	5.84	13.99		8.	Doubtfulness	5.84	13.99
	2.	Respect of others feelings	4.56	8.78		2.	Disrespect of others feelings	4.56	8.78
Total				89.10	Total				89.10

E	12.	Your psychiatrist	15.13	79.96	E	16.	"Another anorexia nervosa patient"	13.20	26.61
L.	13.	"The Dr you feel could help you best"	15.13	79.96	L.	1.	Self	11.64	23.34
'S	19.	Father's cousin	5.07	27.79	'S	5.	A girl friend	10.29	39.23
	10.	A female teacher/lecturer	4.47	6.68		17.	"Another patient most like self"	9.68	27.89
	2.	Ideal self	4.04	30.67					
Total				43.84	Total				44.81

## COMPONENT 3 - 7.42

C	10.	Stubborn	78.30	88.29	C	10.	Flexible	78.30	88.29
O	9.	Mixed feelings	6.65	8.25	O	9.	Clear thinking	6.65	8.25
N.	7.	Insecure	4.56	5.48	N.	7.	Secure	4.56	5.48
'S	8.	Leading	3.04	3.68	'S	8.	Doubtfulness	3.04	3.68
Total				92.55	Total				92.55

E	11.	A male teacher/lecturer	24.46	16.07	E	18.	Maternal grandmother	7.07	14.61
L.	7.	A young male friend	11.10	25.03	L.	9.	A male you don't like	6.78	3.47
'S	1.	Self	9.15	9.30	'S	8.	A female you don't like	4.96	2.66
	6.	"A male boy-friend figure"	5.21	15.16					
	10.	A female teacher/lecturer	5.08	3.84					
	4.	Father	4.49	16.49					
Total				59.49	Total				18.81

POSITIVE POLE		1st p	2nd p	NEGATIVE POLE		1st p	2nd p
C 11.	Kind	38.83	61.03	C 11.	Cruel	38.83	61.03
O 1.	Self control	17.99	23.57	O 1.	Lack of self control	17.99	23.57
N. 9.	Mixed feelings	11.51	11.37	N. 9.	Clear thinking	11.51	11.37
'S 12.	Honesty	10.01	13.85	'S 12.	Dishonesty	10.01	13.85
		<b>Total</b>	<b>78.34</b>			<b>Total</b>	<b>78.34</b>
E 11.	A male teacher/lecturer	23.70	12.40	E 7.	A young male friend	17.71	31.81
L. 5.	A girl friend	6.53	10.05	L. 6.	"A male boy-friend figure"	18.78	43.52
'S				'S 9.	A male you don't like	8.07	3.29
				8.	A female you don't like	5.87	2.51
		<b>Total</b>	<b>30.23</b>			<b>Total</b>	<b>50.43</b>

TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

S.4. GWEN Elicited repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. self control — lack of self control			C .46	A .69			B .51	B .55	C .46					B .51
2. respect of others feelings — disrespect of others feelings			B* -.58	A* -.62	A* -.93	A* -.93	B* -.60	B* -.48	C* -.48				A .93	A* -.77
3. inquisitive — accepting				B .58	B .62	B .60	A .62	B .57	C .44				B* -.59	B .60
4. confidence — lack of confidence				A .63	A .66	A .72	A .86	A .63	A .63				A* -.71	A .83
5. superior attitude — humble				A .95	A .95	A .95	B .60	B .60	B .60				B* -.53	A .82
6. boastfulness — humbleness							A .67	A .67	A .67				B* -.51	A* .76
7. secure — insecure							B .61	B .78	A .78				A* -.68	B .74
8. leading (confident) — doubtfulness														B .54
9. clear thinking — mixed feelings														
10. stubborn — flexible														
11. kind — cruel														
12. honesty — dishonesty														
13. straightforward — pretense														
14. extraverted — introverted														

df.14. A:01:623 B:05:497 C:1:426

TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

S.4. GWEN Elicited repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
1. Self				C .43				A* A* A* C* -.72 -.75 -.76 -.42	A A A A	C A A C	.43 .76 .90 .43								
2. Ideal self	B* -.62							A* B* C* B* -.62 -.61 -.44 -.59	A A A A	A A A A	.76 .76 .75 .82								
3. Mother	B* A -.55							A* A* A* B* -.67 -.65	B* B* B* B* -.54										A .81
4. Father	A* B* A B -.69							A* A* A* C* -.63 .58	B* B* B* B* -.56 -.51 -.58										B* -.52
5. A girl friend	A C* C* .65							A* A* A* C* -.43 -.42											
6. A male you go out with or would like to go out with																			
7. A young male friend																			
8. A female you don't like																			
9. A male you don't like																			
10. A female teacher/lecturer																			
11. A male teacher/lecturer																			
12. Your psychiatrist																			
13. The Dr you feel could/would have helped) you best																			
14. The most motherly person you know																			
15. The most fatherly person you know																			
16. Another anorexia nervosa patient that you know																			
17. A patient on the ward you feel was/is most like you																			
18. Maternal grandmother																			
19. Father's cousin																			

df.14. A:01.623 B:05.497 C:1.426

S.4. GWEN Elicited repertory grid

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																		
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
1.	A*	.62																		
	A	.62	.67																	
2.	B*	.62	.67																	
	B*	.62	.67																	
	C*																			
3.	A*	.60	.50																	
	A*	.60	.50																	
	B*	.85																		
4.	B*	.85																		
	A*	.59	.67																	
5.	B*	.59	.67																	
	A*	.66	.72	.56																
6.	B*	.66	.72	.56																
	A*	.66	.76	.55																
7.	A*	.81																		
	A*	.81																		
8.	A*	.83																		
	A*	.83																		
9.	A*	.82																		
	A*	.82																		
10.	B	.58	.44	.54	.50															
	B	.58	.44	.54	.50															
11.	A	.88																		
	A	.88																		
12.	B	.59	.69																	
	B	.59	.69																	
13.	A*	.77																		
	A*	.77																		
14.	B*	.60																		
	B*	.60																		

df.14. a:01:623 B:05:497 C:1:426

## S.4. GWEN

## ASSIGNED REPERTORY GRID

TABLE A : PRINCIPAL COMPONENTS

## COMPONENT 1 - 28.82

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 3.	Socially withdrawn	20.75	74.93	C 3.	Socially outgoing	20.75	74.93
O 13.	Sexually naive	15.47	64.61	O 13.	Sexually experienced	15.47	64.61
N. 24.	Doesn't order people around	9.14	51.34	N. 24.	Orders people around	9.14	51.34
'S 16.	Wouldn't like to have children	7.70	38.86	'S 16.	Would like to have children	7.70	38.86
1.	Most like me	6.48	41.87	1.	Least like me	6.48	41.87
25.	Stubborn	4.61	24.24	25.	Flexible	4.61	24.24
17.	Passive	4.20	64.04	17.	Assertive	4.20	64.04
11.	Warm and accepting	3.55	37.20	11.	Cold and rejecting	3.55	37.20
19.	Least sexually attractive	3.47	37.59	19.	Most sexually attractive	3.47	37.59
7.	Gets on badly with people	3.39	29.90	7.	Gets on well with people	3.39	29.90
14.	Dependent on other people	3.03	27.02	14.	Self sufficient	3.03	27.02
4.	Shouldn't lose weight	2.91	12.22	4.	Should lose weight	2.91	12.22
12.	Slapdash	2.67	18.92	12.	Meticulously exact	2.67	18.92
9.	Expresses emotion freely	2.19	21.67	9.	Doesn't express emotion freely	2.19	21.67
Total 89.56				Total 89.56			
E 1.	Self	35.97	74.04	E 9.	A male you don't like	15.01	44.36
L. 16.	"Another anorexia nervosa patient"	10.01	38.41	L. 11.	A male teacher/lecturer	9.29	39.90
'S 17.	"Another patient most like self"	8.69	39.19	'S 10.	A female teacher/lecturer	8.95	40.74
6.	"A male boy-friend figure"	3.53	25.37	3.	Mother	2.51	14.41
Total 58.20				Total 35.76			

## COMPONENT 2 - 22.21

C 2.	Most like I'd like to be	27.69	87.60	C 2.	Least like I'd like to be	27.69	87.60
O 8.	Mature	17.70	59.74	O 8.	Childish	17.70	59.74
N. 18.	Makes me feel relaxed	8.27	25.47	N. 18.	Makes me feel tense	8.27	25.47
'S 24.	Doesn't order people around	5.91	25.58	'S 24.	Orders people around	5.91	25.58
14.	Self sufficient	5.90	40.44	14.	Dependent on other people	5.90	40.44
25.	Stubborn	5.48	22.21	25.	Flexible	5.48	22.21
11.	Warm and accepting	5.27	42.56	11.	Cold and rejecting	5.27	42.56
16.	Would like to have children	5.23	20.34	16.	Wouldn't like to have children	5.23	20.34
Total 81.45				Total 81.45			
E 2.	Ideal self	8.68	36.10	E 9.	A male you don't like	14.83	33.78
L. 13.	"The Dr you feel could help you most"	6.05	34.27	L. 16.	"Another anorexia nervosa patient"	11.95	35.34
'S 3.	Mother	6.01	26.59	'S 8.	A female you don't like	11.82	42.96
14.	The most motherly person you know	5.24	50.82	1.	Self	8.28	13.42
4.	Father	4.80	26.41	11.	A male teacher/lecturer	8.16	27.00
15.	The most fatherly person you know	4.08	32.95				
12.	Your psychiatrist	2.71	23.71				
Total 32.77				Total 55.04			

## COMPONENT 3 - 13.75

C 4.	Shouldn't lose weight	21.75	43.59	C 4.	Should lose weight	21.75	43.59
O 18.	Makes me feel relaxed	21.15	40.33	O 18.	Makes me feel tense	21.15	40.33
N. 10.	Wouldn't like to get/doesn't enjoy being married	19.83	66.34	N. 10.	Would like to get/enjoys being married	19.83	66.34
'S 15.	Thin	7.49	42.38	'S 15.	Fat	7.49	42.38
9.	Doesn't express emotions freely	7.07	33.29	9.	Expresses emotions freely	7.07	33.29
16.	Wouldn't like to have children	6.83	16.44	16.	Would like to have children	6.83	16.44
Total 84.12				Total 84.12			
E 7.	A young male friend	14.16	37.08	E 4.	Father	10.79	36.72
L. 10.	A female teacher/lecturer	10.92	23.72	L. 3.	Mother	10.55	28.89
'S 13.	"The Dr you feel would help you most"	10.04	35.21	'S 18.	Maternal grandmother	9.21	49.48
12.	Your psychiatrist	7.01	37.94	19.	Father's cousin	5.03	21.28
				8.	A female you don't like	4.88	10.98
Total 42.13				Total 40.46			

## COMPONENT 4 - 7.31

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 25.	Stubborn	22.08	29.45	C 25.	Flexible	22.08	29.45
O 4.	Shouldn't lose weight	15.20	16.19	O 4.	Should lose weight	15.20	16.19
N. 20.	Energetic	11.24	23.01	N. 20.	Lethargic	11.24	23.01
'S 18.	Makes me feel tense	10.89	11.04	'S 18.	Makes me feel relaxed	10.89	11.04
12.	Slapdash	8.19	14.67	12.	Meticulously exact	8.19	14.67
7.	Gets on badly with people	7.34	16.40	7.	Gets on well with people	7.34	16.40
15.	Thin	5.27	15.85	15.	Fat	5.27	15.85
Total 80.21				Total 80.21			
E 7.	A young male friend	19.90	27.70	E 17.	"Another patient most like self"	19.03	21.76
L. 19.	Father's cousin	11.68	26.27	L. 13.	"The Dr you feel could help you most"	10.11	18.85
'S 6.	"A male boy-friend figure"	9.26	16.88	'S 16.	"Another anorexia nervosa patient"	7.34	7.14
Total 40.84				Total 43.50			

## COMPONENT 5 - 5.38

C 20.	Energetic	16.76	25.25	C 20.	Lethargic	16.76	25.25
O 8.	Childish	15.75	12.87	O 8.	Mature	15.75	12.87
N. 7.	Gets on well with people	14.20	23.36	N. 7.	Gets on badly with people	14.20	23.36
'S 9.	Doesn't express emotions freely	9.61	17.70	'S 9.	Expresses emotions freely	9.61	17.70
24.	Doesn't order people around	7.21	7.56	24.	Orders people around	7.21	7.56
13.	Sexually naive	6.59	6.13	13.	Sexually experienced	6.59	6.13
1.	Least like me	5.40	6.51	1.	Most like me	5.40	6.51
Total 75.52				Total 75.52			
E 2.	Ideal self	33.25	33.49	E 11.	A male teacher/lecturer	14.88	11.93
L. 9.	A male you don't like	13.07	7.21	L. 10.	A female teacher/lecturer	9.32	7.92
'S 8.	A female you don't like	7.29	6.41	'S 19.	Father's cousin	7.77	12.86
Total 53.61				Total 31.97			

S.4. GWEN Assigned repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.
1. Most like me - Least like me		B* -.55											B* -.45						B* -.51			B* .46	C* -.41	C* .40	C* .41
2. Most like I'd like to be - Least like I'd like to be			A .71				A .63							B* -.50								A .69	A* .55	A* .41	C* .43
3. Socially outgoing - Socially withdrawn				C* -.37			C .43	B* -.45					A .65						B .48			A* .75	A .62	A .69	C* .43
4. Should lose weight - Shouldn't lose weight					C .38			B .53							A .92										
5. Intelligent - Stupid								B .51					B* -.44										B .51		
6. Tends to over-dramatize - Tends to be placid							A* -.64	A* .60					C* -.42										A* .75		
7. Gets on well with people - Gets on badly with people								A* .60																	C* .38
8. Mature - Childish								A* .60																	
9. Expresses emotions freely - Doesn't express emotions freely								A* .60																	
10. Would like to get/enjoys being married - Wouldn't like to get/doesn't enjoy being married								A* .60																	
11. Warm and accepting - Cold and rejecting								A* .60																	
12. Meticulously exact - Slapdash								A* .60																	
13. Sexually experienced - Sexually naive								A* .60																	
14. Dependent on other people - Self sufficient								A* .60																	
15. Fat - Thin								A* .60																	
16. Would like to have children - Wouldn't like to have children								A* .60																	
17. Assertive - Passive								A* .60																	
18. Makes me feel tense - Makes me feel relaxed								A* .60																	
19. Most sexually attractive - Least sexually attractive								A* .60																	
20. Energetic - Lethargic								A* .60																	
21. Strict and disciplinarian - Lax and permissive								A* .60																	
22. Trusting and open - Suspicious and secretive								A* .60																	
23. Enjoys eating - Dislikes eating								A* .60																	
24. Orders people around - Doesn't order people around								A* .60																	
25. Stubborn - Flexible								A* .60																	

TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

S.4. GWEN Assigned repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	
1. Self																				
2. Ideal self																				
3. Mother																				
4. Father																				
5. A girl friend																				
6. A male you go out with or would like to go out with																				
7. A young male friend																				
8. A female you don't like																				
9. A male you don't like																				
10. A female teacher/lecturer																				
11. A male teacher/lecturer																				
12. Your psychiatrist																				
13. The Dr you feel could/could have help(ed) you best																				
14. The most motherly person you know																				
15. The most fatherly person you know																				
16. Another anorexia nervosa patient that you know																				
17. A patient on the ward you feel was/is most like you																				
18. Maternal grandmother																				
19. Father's cousin																				

df.18. A:01.561 B:05.444 C:1.378

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																		
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
C O N S T R U C T S	1.	A	-61																	
	2.	A <sup>*</sup>		A	B	B														
	3.	B <sup>*</sup>																		
	4.	A <sup>*</sup>																		
	5.	B <sup>*</sup>																		
	6.	A <sup>*</sup>																		
	7.	B <sup>*</sup>																		
	8.	A <sup>*</sup>																		
	9.	B <sup>*</sup>																		
	10.	A <sup>*</sup>																		
	11.	B <sup>*</sup>																		
	12.	A <sup>*</sup>																		
	13.	B <sup>*</sup>																		
	14.	A <sup>*</sup>																		
	15.	B <sup>*</sup>																		
	16.	A <sup>*</sup>																		
	17.	B <sup>*</sup>																		
	18.	A <sup>*</sup>																		
	19.	B <sup>*</sup>																		
	20.	A <sup>*</sup>																		
	21.	B <sup>*</sup>																		
	22.	A <sup>*</sup>																		
	23.	B <sup>*</sup>																		
	24.	A <sup>*</sup>																		
	25.	B <sup>*</sup>																		

## S.5. JOAN

## ELICITED REPERTORY GRID

TABLE A : PRINCIPAL COMPONENTS

		COMPONENT 1 - 53.40				COMPONENT 1 - 53.40	
POSITIVE POLE		1st p	2nd p	NEGATIVE POLE		1st p	2nd p
C 22.	Dull	18.24	77.98	C 11.	Witty and bright	18.24	77.98
O 2.	Unjust	18.02	85.00	O 2.	Fairly broadminded	18.02	85.00
N. 7.	Limited interests	15.14	73.29	N. 7.	Broad interests	15.14	73.29
'S 1.	Selfishly introverted	10.69	73.84	'S 1.	"Bubbling" personality	10.69	73.84
3.	Presumptuous and inconsiderate	10.09	50.49	3.	Polite and considerate	10.09	50.49
5.	Selfcentered	9.40	35.17	5.	Outgoing and selfless	9.40	35.17
10.	Unintelligent	7.73	48.53	10.	Intelligent	7.73	48.53
4.	Slow and dull	4.48	58.00	4.	Quickwitted and lively	4.48	58.00
6.	Less apparently conscientious	3.14	31.63	6.	Conscientiously conscientious	3.14	31.63
9.	Fearful and pessimistic	2.92	20.95	9.	Intelligent and ambitious	2.92	20.95
Total		99.85		Total		99.85	
E 8.	A female you don't like	22.37	89.14	E 2.	Ideal self	14.10	86.74
L 16.	"Another anorexia nervosa patient"	12.80	82.55	L 12.	Your psychiatrist	6.24	59.71
'S 9.	A male you don't like	12.63	74.60	'S 18.	Your favourite stage or screen personality	5.75	36.51
10.	A female teacher/lecturer	6.86	65.64	15.	The most fatherly person you know	5.71	54.15
1.	Self	2.77	22.04	6.	"A male boy-friend figure"	2.78	45.15
17.	"Another patient most like self"	.73	11.67	Total		34.58	
Total		58.16		Total		34.58	
COMPONENT 2 - 22.22							
C 5.	Outgoing and selfless	34.32	53.44	C 5.	Selfcentred	34.32	53.44
O 3.	Polite and considerate	15.88	33.06	O 3.	Presumptuous and inconsiderate	15.88	33.06
N. 8.	Negative	14.45	45.22	N. 8.	Wilful	14.45	45.22
'S 9.	Fearful and pessimistic	13.52	40.37	'S 9.	Intelligent and ambitious	13.52	40.37
10.	Unintelligent	12.81	33.44	10.	Intelligent	12.81	33.44
6.	Less apparently conscientious	4.43	18.57	6.	Conscientiously conscientious	4.43	18.57
Total		95.41		Total		95.41	
E 1.	Self	14.10	46.89	E 11.	A male teacher/lecturer	27.36	81.93
L 20.	Aunt	5.18	68.92	L 18.	Your favourite stage or screen personality	18.19	48.05
'S 15.	The most fatherly person you know	4.76	18.78	'S 9.	A male you don't like	7.56	18.58
2.	Ideal self	4.16	10.66	12.	Your psychiatrist	2.10	8.36
4.	Father	3.28	27.87	Total		55.21	
3.	Mother	3.20	50.85	Total		34.68	
Total		34.68		Total		55.21	
COMPONENT 3 - 6.72							
C 8.	Wilful	39.42	37.31	C 8.	Negative	39.42	37.31
O 7.	Limited interests	12.12	7.38	O 7.	Broad interests	12.12	7.38
N. 3.	Polite and considerate	11.65	7.33	N. 3.	Presumptuous and inconsiderate	11.65	7.33
'S 5.	Outgoing and selfless	10.60	4.99	'S 5.	Selfcentred	10.60	4.99
9.	Intelligent and ambitious	10.54	9.52	9.	Fearful and pessimistic	10.54	9.52
Total		84.33		Total		84.33	
E 15.	The most fatherly person you know	16.18	19.31	E 1.	Self	23.51	23.54
L 4.	Father	12.63	32.39	L 6.	"A male boy-friend figure"	8.31	16.97
'S 8.	A female you don't like	10.73	5.38	'S 16.	"Another anorexia nervosa patient"	4.83	3.92
19.	Sister	4.88	15.46	Total		36.65	
3.	Mother	3.25	15.63	Total		47.67	
Total		47.67		Total		36.65	
COMPONENT 4 - 4.55							
C 11.	Dull	29.39	10.70	C 11.	Witty and bright	29.39	10.70
O 6.	Conscientiously conscientious	24.34	20.89	O 6.	Less apparently conscientious	24.34	20.89
N. 7.	Broad interests	23.25	9.59	N. 7.	Limited interests	23.25	9.59
'S				'S			
Total		76.98		Total		76.98	
E 17.	"Another patient most like self"	45.71	62.26	E 7.	A young male friend	13.74	30.05
L 12.	Your psychiatrist	13.24	10.79	L 19.	Sister	10.06	21.59
'S 3.	Mother	2.25	7.31	'S			
Total		61.20		Total		23.80	

S.5. JOAN Elicited repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. "Bubbling" personality — selfishly introverted	A* -.73			B .65	B .59	A .71			C .49	A .82	A .80
2. unjust — fairly broadminded	B* -.57	B* -.57		B* .67	C* .84	A* .48			C* .53	A* .77	C .52
3. polite and considerate — presumptuous and inconsiderate				B .67	A .84	C .50			B .50	A .52	A .72
4. quick witted and lively — slow and dull											
5. outgoing and selfless — selfcentred							C .57			B .67	A .79
6. conscientiously conscientious — less apparently conscientious										B .56	A .79
7. broad interests — limited interests								C .53			
8. willful — negative										A .72	B .60
9. intelligent and ambitious — fearful and pessimistic											
10. intelligent — unintelligent											
11. witty and bright — dull											

df.11.1 A.:01;.684 B.:05;.563 C.:1;.476

S.5. JOAN Elicited repertory grid TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	
1. Self		B .58																			
2. Ideal self		C .52	C .48					A* .89	A* .92	A* .84	B .60	A .75								B .68	
3. Mother				C* -.50				B* -.55												A .71	A .70
4. Father																				B* -.57	
5. A girl friend								A* .73	A* .47		A .72	B .56								C .51	
6. A male you go out with or would like to go out with																					
7. A young male friend								A .89	A .78		A* .69	B* .66	B* .63	A .75						C* -.51	B* -.60
8. A female you don't like								A .77			B* .58	B* .62	A* .76	B .61						B* -.62	C -.51
9. A male you don't like																					
10. A female teacher/lecturer																					
11. A male teacher/lecturer																					
12. Your psychiatrist																					
13. The Dr you feel could/could have helped) you best																					
14. The most motherly person you know																					
15. The most fatherly person you know																					
16. Another anorexia nervosa patient that you know																					
17. A patient on the ward you feel was/is most like you																					
18. Your favourite stage or screen personality																					
19. Sister																					
20. Aunt																					

df.11. A.:01:684 B.:05:553 C.:1:476

A\*  
-.69  
A  
.73  
B\*  
-.72  
B\*  
-.57

B  
.68  
B  
.60  
A\*  
-.72  
B\*  
-.57

B\*  
-.62

A\*  
-.69  
A  
.73  
B\*  
-.72  
B\*  
-.57

B  
.68  
B  
.60  
A\*  
-.72  
B\*  
-.57

B\*  
-.62

A\*  
-.69  
A  
.73  
B\*  
-.72  
B\*  
-.57

B  
.68  
B  
.60  
A\*  
-.72  
B\*  
-.57

B\*  
-.62

S.5. JOAN Elicited repertory grid

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																				
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	
C	1.	B*	.61	.66			A	.69	A*	.84	B*	.64	B*	.56	C	.68	C	.83	A*	.79	B	.59
	2.	A	.87				B*	.67	A	.89	A*	.84	A*	.74	A*	.85	B*	.77	A*	.52	C*	
O	3.	A	.83	A	.82				B*	.67	A*	.86	A*	.70	A*	.87	A*	.54	C*	.70	A	.63
N	4.	A	.74	A	.53				A*	.72	A*	.74	A*	.79	A*	.72	A*	.60	B*	.72	A	
S	5.	A	.80	A	.73	C*			B*	.60	A*	.77	B*	.57	B	.84	A	.60	A	.72	A	.74
T	6.	A*	.80	A	.58	B*	B*		C*	.50	A*	.72	B	.59	B	.51	B*	.63	A	.74	A	
R	7.	A*	.77	A*			B	.59	A*	.84	A*	.72	A*	.73	A	.80	C	.74	A*	.64	B	
U	8.	A*	.74	A*																		
C	9.	A*	.75	B*																		
T	10.	A*	.74	.59																		
S	11.	A	.82																			

df.11 A: .01;.684 B: .05;.553 C: .1;.476

## S.5. JOAN

## ASSIGNED REPERTORY GRID

TABLE A : PRINCIPAL COMPONENTS

## COMPONENT 1 - 26.71

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 24.	Doesn't order people around	16.81	70.70	C 24.	Orders people around	16.81	70.70
O 22.	Trusting and open	13.96	67.30	O 22.	Suspicious and secretive	13.96	67.30
N. 2.	Most like I'd like to be	12.11	61.61	N. 2.	Least like I'd like to be	12.11	61.61
'S 1.	Most like me	10.40	53.42	'S 1.	Least like me	10.40	53.42
18.	Makes me feel relaxed	7.38	51.46	18.	Makes me feel tense	7.38	51.46
11.	Warm and accepting	6.74	52.18	11.	Cold and rejecting	6.74	52.18
7.	Gets on well with people	6.35	48.18	7.	Gets on badly with people	6.35	48.18
17.	Passive	5.49	30.04	17.	Assertive	5.49	30.04
25.	Flexible	4.93	48.95	25.	Stubborn	4.93	48.95
13.	Sexually naive	3.57	17.24	13.	Sexually experienced	3.57	17.24
20.	Energetic	2.19	18.16	20.	Lethargic	2.19	18.16
23.	Enjoys eating	1.84	10.77	23.	Dislikes eating	1.84	10.77
16.	Would like to have children	1.81	6.65	16.	Wouldn't like to have children	1.81	6.65
15.	Fat	1.78	16.88	15.	Thin	1.78	16.88
Total 95.36				Total 95.36			
E 4.	Father	11.30	58.83	E 8.	A female you don't like	21.03	67.75
L 15.	The most fatherly person you know	10.31	50.90	L 10.	A female teacher/lecturer	13.35	51.45
'S 2.	Ideal self	6.50	30.72	'S 9.	A male you don't like	11.69	45.98
19.	Sister	5.47	58.73	18.	Your favourite stage or screen personality	5.92	15.21
14.	The most motherly person you know	2.14	33.23	16.	"Another anorexia nervosa patient"	4.94	25.14
Total 35.72				Total 58.33			

## COMPONENT 2 - 22.17

C 16.	Wouldn't like to have children	14.07	42.96	C 16.	Would like to have children	14.07	42.96
O 13.	Sexually naive	12.34	49.38	O 13.	Sexually experienced	12.34	49.38
N 10.	Wouldn't like to get/doesn't enjoy being married	9.85	36.88	N. 10.	Would like to get/enjoys being married	9.85	36.88
'S 14.	Dependent on other people	9.80	52.60	'S 14.	Self sufficient	9.80	52.60
17.	Passive	9.69	44.02	17.	Assertive	9.69	44.02
1.	Most like me	5.37	22.89	1.	Least like me	5.37	22.89
20.	lethargic	4.99	34.25	20.	Energetic	4.99	34.25
23.	Dislikes eating	4.97	24.11	23.	Enjoys eating	4.97	24.11
24.	Doesn't order people around	4.89	17.38	24.	Orders people around	4.89	17.38
3.	Socially withdrawn	4.49	47.17	3.	Socially outgoing	4.49	47.17
7.	Gets on badly with people	3.06	19.27	7.	Gets on well with people	3.06	19.27
19.	Least sexually attractive	2.99	14.50	19.	Most sexually attractive	2.99	14.50
6.	Tends to over dramatize	2.32	20.99	6.	Tends to be placid	2.32	20.99
5.	Stupid	2.21	16.95	5.	Intelligent	2.21	16.95
15.	Thin	2.11	16.58	15.	Fat	2.11	16.58
25.	Stubborn	.78	6.44	25.	Flexible	.78	6.44
Total 93.93				Total 93.93			
E 1.	Self	27.49	62.96	E 11.	A male teacher/lecturer	11.52	47.64
L 17.	"Another patient most like self"	27.31	75.77	L 9.	A male you don't like	5.26	17.17
'S 16.	"Another anorexia nervosa patient"	7.55	31.88	'S 6.	"A male boyfriend figure"	5.00	43.13
Total 62.35				Total 25.84			

## COMPONENT 3 - 12.80

POSITIVE POLE				NEGATIVE POLE			
		1st p	2nd p			1st p	2nd p
C 16.	Wouldn't like to have children	21.18	37.35	C 16.	Would like to have children	21.18	37.35
O 10.	Wouldn't like to get/doesn't enjoy			O 10.	Would like to get/enjoys being		
N.	being married	20.16	43.58	N.	married	20.16	43.58
'S 23.	Enjoys eating	12.39	34.70	'S 23.	Dislikes eating	12.39	34.70
6.	Tends to be placid	5.52	28.87	6.	Tends to over dramatize	5.52	28.87
3.	Socially outgoing	5.33	21.86	3.	Socially withdrawn	5.33	21.86
4.	Should lose weight	4.77	42.40	4.	Shouldn't lose weight	4.77	42.40
12.	Meticulously exact	4.54	19.20	12.	Slapdash	4.54	19.20
15.	Fat	3.53	16.02	15.	Thin	3.53	16.02
14.	Self sufficient	2.87	8.90	14.	Dependent on other people	2.87	8.90
18.	Makes me feel tense	2.75	9.19	18.	Makes me feel relaxed	2.75	9.19
Total				Total			
83.04				83.04			
E 18.	Your favourite stage or screen			E 8.	A female you don't like	5.82	8.98
L.	personality	53.99	66.51	L 15.	The most fatherly person you know	4.39	10.38
'S 2.	Ideal self	9.48	21.47	'S 14.	The most motherly person you know	3.46	25.74
1.	Self	8.57	11.33	3.	Mother	3.45	22.09
Total				Total			
72.04				17.12			

## COMPONENT 4 - 9.35

C 12.	Meticulously exact	17.53	54.09	C 12.	Slapdash	17.53	54.09
O 21.	Strict and disciplinarian	15.79	51.81	O 21.	Lax and permissive	15.79	51.81
N. 9.	Doesn't express emotions freely	11.99	33.39	N. 9.	Expresses emotions freely	11.99	33.39
'S 5.	Intelligent	10.58	34.25	'S 5.	Stupid	10.58	34.25
13.	Sexually naive	7.95	13.42	13.	Sexually experienced	7.95	13.42
8.	Mature	6.85	30.37	8.	Childish	6.85	30.37
17.	Assertive	4.60	8.81	17.	Passive	4.60	8.81
10.	Would like to get/enjoys being			10.	Wouldn't like to get/doesn't enjoy		
	married	4.59	7.25		being married	4.59	7.25
19.	Least sexually attractive	4.30	8.80	19.	Most sexually attractive	4.30	8.80
3.	Socially withdrawn	4.08	12.24	3.	Socially outgoing	4.08	12.24
25.	Stubborn	3.98	13.84	25.	Flexible	3.98	13.84
7.	Gets on badly with people	2.73	7.27	7.	Gets on well with people	2.73	7.27
Total				Total			
94.97				94.97			
E 10.	A female teacher/lecturer	27.46	37.06	E 16.	"Another anorexia nervosa patient"	14.33	25.52
L 12.	Your psychiatrist	10.60	50.09	L 8.	A female you don't like	9.65	10.90
'S 11.	A male teacher/lecturer	5.19	9.06	'S 7.	A young male friend	9.62	29.89
4.	Father	4.78	8.72	15.	The most fatherly person you know	8.42	14.56
Total				Total			
48.03				42.02			

## COMPONENT 5 - 6.56

C 19.	Most sexually attractive	36.00	51.69	C 19.	Least sexually attractive	36.00	51.69
O 14.	Dependent on other people	10.22	16.23	O 14.	Self sufficient	10.22	16.23
N. 5.	Intelligent	8.99	20.40	N. 5.	Stupid	8.99	20.40
'S 9.	Doesn't express emotions freely	8.08	15.77	'S 9.	Expresses emotions freely	8.08	15.77
8.	Childish	6.84	21.26	8.	Mature	6.84	21.26
4.	Shouldn't lose weight	4.33	19.72	4.	Should lose weight	4.33	19.72
2.	Most like I'd like to be	3.98	4.97	2.	Least like I'd like to be	3.98	4.97
Total				Total			
78.44				78.44			
E 13.	"The Dr you feel could help you best"	11.67	37.34	E 9.	A male you don't like	23.73	22.92
L 4.	Father	11.28	14.42	L 2.	Ideal self	10.29	11.94
'S 18.	Your favourite stage or screen			'S 1.	Self	8.94	6.05
	personality	9.22	5.82				
Total				Total			
32.17				42.96			

S.5. JOAN Assigned repertory grid TABLE 1 : CORRELATIONS BETWEEN CONSTRUCTS

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	
1. Most like me - Least like me	A .79																									
2. Most like I'd like to be - Least like I'd like to be		A .55																								
3. Socially outgoing - Socially withdrawn		A .62	B .44																							
4. Should lose weight - Shouldn't lose weight			B* -.48																							
5. Intelligent - Stupid		C* -.41																								
6. Tends to over-dramatize - Tends to be placid		B* -.46																								
7. Gets on well with people - Gets on badly with people																										
8. Mature - Childish																										
9. Expresses emotions freely - Doesn't express emotions freely																										
10. Would like to get/enjoys being married - Wouldn't like to get/doesn't enjoy being married																										
11. Warm and accepting - Cold and rejecting																										
12. Meticulously exact - Slapdash																										
13. Sexually experienced - Sexually naive																										
14. Dependent on other people - Self sufficient																										
15. Fat - Thin																										
16. Would like to have children - Wouldn't like to have children																										
17. Assertive - Passive																										
18. Makes me feel tense - Makes me feel relaxed																										
19. Most sexually attractive - Least sexually attractive																										
20. Energetic - Lethargic																										
21. Strict and disciplinarian - Lax and permissive																										
22. Trusting and open - Suspicious and secretive																										
23. Enjoys eating - Dislikes eating																										
24. Orders people around - Doesn't order people around																										
25. Stubborn - Flexible																										

TABLE 2 : CORRELATIONS BETWEEN ELEMENTS

S.5. JOAN Assigned repertory grid

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	
1. Self																					
2. Ideal self	B* -.52																				
3. Mother		C* -.39																			
4. Father			A* -.60	A* -.67	C* -.42																
5. A girl friend			C .39																		
6. A male you go out with or would like to go out with			B .45																		
7. A young male friend																					
8. A female you don't like																					
9. A male you don't like																					
10. A female teacher/lecturer																					
11. A male teacher/lecturer																					
12. Your psychiatrist																					
13. The Dr you feel could/could have help(ed) you best																					
14. The most motherly person you know																					
15. The most fatherly person you know																					
16. Another anorexia nervosa patient that you know																					
17. A patient on the ward you feel was/is most like you																					
18. Your favourite stage or screen personality																					
19. Sister																					
20. Aunt																					

df.19. A: .01:549 B: .05:433 C: .1:369

TABLE 3 : RELATIONS BETWEEN CONSTRUCTS AND ELEMENTS

		ELEMENTS																				
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	
C O N S T R U C T S	1.	B	-	C	A	-	-	-	A*	A*	B*	B*	C	A	A	A*	A*	A*	A*	A*	B	
		-.47		-.40	-.72				.57	.70	.44	.46	-.37	-.59	-.60	.38	.77	.43	.56	.48	.55	
	2.	B	-	B	-	-	C	-	.67	.67	.65	B*	B*	B*	A*	A*	A*	A*	A*	B	-	
		-.52		-.42					.46	.46												
	3.	B	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-.50	-.56																			
	4.	B*	-	C*	-	B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.41		-.46																		
	5.	C*	B	-	A*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.39	-.45		.57	.40	.38															
	6.	B	-	C	-	B	B*	C*	A*	-	-	-	-	-	-	-	-	-	-	-	-	-
		-.52		-.42																		
	7.	B*	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.49		.38																		
	8.	B*	-	C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.44		-.42																		
	9.	A*	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.71		.43																		
	10.	A*	-	C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.60		-.40																		
	11.	C	-	B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-.38		-.42																		
	12.	A*	C*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		.58	.41		.38																	
	13.	C	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-.39		.46	.54																		
14.	A*	-	C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.62		-.39																			
15.	A*	-	B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.69		-.47	-.48																		
16.	A*	-	C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.62		-.39																			
17.	B*	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.47		-.55	-.65	-.54																	
18.	A*	-	C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.46		-.38																			
19.	B*	-	B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.47		-.47	-.68																		
20.	A*	-	C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.46		-.38																			
21.	B	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.47		-.47	-.68																		
22.	A	-	B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.61		-.46	-.48	-.51																	
23.	C*	B*	-	A*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.37	.52		.71																		
24.	B*	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.43		-.49																			
25.	A*	-	B*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	.55		-.45																			

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6.1.1. S.1. KATEElicited repertory grid

Kate's five tabled principal components cover 84% of her total grid space. A consideration of these components plus inter-construct and inter-element correlations and relations between the two, should adequately describe Kate's psychological space.

Component 1 (33%) provides some fruitful information. On the negative element pole is grouped a disliked male (25%, 87%) and female (12%, 60%) plus another anorexic patient (3%, 51%). These basically "negatively" construed elements form a cluster in their intercorrelations. - The disliked male and female figures are significantly positively correlated ( $P < .01$ ; Table 2); both are significantly positively correlated with the anorexic patient element ( $P < .01$  and  $P < .05$  respectively; Table 2). The disliked male and female figures are significantly negatively correlated with self ( $P < .05$ ; Table 2) and the other anorexic patient marginally so ( $P < .1$ ; Table 2). Furthermore, both disliked male and female figures are negatively correlated with Kate's mother ( $P < .01$  and  $P < .05$  respectively; Table 2) while the disliked male is also negatively correlated with ideal self ( $P < .05$ ; Table 2).

These negative pole elements are construed as being "affected" (23%, 73%), "indifferent to the feelings of others" (18%, 77%), "self confident" (11%, 27%), "impatient" (11%, 39%) and "stingy" (8%, 57%). Table 3 confirms the similarity between the elements with reference to this construct system.

On the opposite pole is the grouping of ideal self (18%, 55%) and mother (8%, 69%) most notably, plus the ideal doctor element (5%, 46%) and a large percentage of the variation of self (5%, 29%). The construct characteristics applicable here are "sincere" (23%, 73%), "care about others' feelings" (18%, 77%), "doubtful how you will be received" (11%, 27%), "patient" (11%, 39%) and "generous" (8%, 57%).

Inspection of Table 2 shows that the ideal self and mother elements are significantly positively correlated ( $P < .01$ ) and both are negatively correlated with brother G ( $P < .01$  and  $P < .05$  respectively). Kate's mother is also seen as being positively correlated with the male teacher element ( $P < .05$ ).

Component 2 (22%) has as the largest contributing elements another patient similar to self (25%, 90%), brother G (14%, 49%) and a further percentage of the variation of the self element (3%, 14%). The other patient similar to self element is significantly negatively correlated with ideal self ( $P < .01$ ; Table 2) and the most fatherly person you know element ( $P < .05$ ; Table 2). Constructs on this pole include "doubtful how you will be received" (37%, 58%), "takes things seriously" (13%, 45%), "pessimistic" (11%, 60%), "shy" (9%, 55%) and "worry" (5%, 45%).

The opposite element pole has most notably ideal self (19%, 38%). Elements brother A (9%, 32%) and the most fatherly person (6%, 27%) are also associated with this pole. These elements are construed as having the polar opposite qualities to the negative

pole and are thus seen as "self-confident", "joke about things", "optimistic", "extraverted" and "keep their cool." Of particular interest in this component, when taken in conjunction with component 1, is firstly, the amount of grid space filled by the ideal self element and secondly, the distinction of self and ideal self. In component 1 these common attributes were noted, while in component 2, they fall on opposite poles. The constructs "optimism" and "keep their cool" with reference to ideal self ( $P < .05$  and  $P < .01$ ; Table 3) are the notable differences in this component. The identification through a patient similar to self is also striking.

Component 3 (14%) has as the two largest contributing elements, father (19%, 71%) and the most fatherly person you know (21%, 60%). As would be expected from their polarization, these two elements are significantly negatively correlated ( $P < .05$ ; Table 2). Father and brother A elements, significantly positively correlated ( $P < .01$ ; Table 2), are seen as "organized" (40%, 65%), "thorough" (24%, 43%), "stubborn" (15%, 26%), "indifferent to feelings of others" (5%, 9%) and "worry about their status" (4%, 30%). The most fatherly person you know element (21%, 60%), on the opposite pole, is construed as being "disorganized", "couldn't care less", "don't mind changing point of view", "care about others' feelings" and "wait in the background."

Of interest in this component are the element groupings of family members. Brother A, associated with ideal self and the most fatherly person element in component 2, is grouped with father in

component 3, suggesting some ambivalence in perception with reference to family members by Kate.

Component 4 (7%) presents on the positive pole the self element (25%, 33%) associated with the constructs "impatient" (41%, 33%), "outdoor" (35%, 40%), "doubtful how you'll be received" (5%, 2%) and "thorough" (5%, 4%). This construction complements the previous perceptions of self, with "doubtful how you'll be received" being the consistent construct throughout. This construct is significantly related to "takes things seriously" and "shy" ( $P < .05$  and  $P < .01$ ; Table 1). "Takes things seriously" is in turn significantly positively correlated with "pessimistic" and "worry" ( $P < .01$  and  $P < .05$ ; Table 1).

Kate's grid space from four components (78%), has been adequately covered. Her psychological space, although clearly defined, needs further refinement.

The most striking feature arising from all the components is the degree of psychological space related to family dynamics. It becomes clear that Kate holds strong views about her family members and has invested a lot of emotions in this framework. Kate's own identification and modelling is very tied up with her mother. Clearly, she would very much like to be like her, as can be seen by the correlation between ideal self and mother elements ( $P < .01$ ; Table 2). She sees her mother as having admirable qualities, with "optimism" and "keeping cool" being the only additions for her ideal self ( $P < .05$  and  $P < .01$  respectively; Table 3). Kate does, however, see herself rather

negatively as "doubtful how you'll be received" ( $P < .01$ ; Table 3), "shy" ( $P < .05$ ; Table 3) and "takes things seriously" ( $P < .05$ ; Table 3) which is significantly correlated with "pessimistic" and "worry" ( $P < .01$  and  $P < .05$  respectively; Table 1). With this view of herself it would appear her attainment of being like her mother would be rather difficult.

Furthermore, Kate's view of another patient most like herself is totally at variance with her construed ideal self ( $P < .01$ ; Table 2) and, as a consequence, her mother. In addition, another anorexic patient which she identified in component 1 with negatively construed figures is also opposed to the ideal self and mother elements. Thus, it could be concluded, that while Kate (as she sees herself) is removed from her ideal modelling goal, in a patient role, which one can surmise her mother must see her in to some degree, she is clearly negatively construed by her mother, thereby making her further removed psychologically.

In conclusion, certain other tentative suggestions can be postulated with reference to Kate and her family. Kate's mother is significantly positively correlated with Kate's ideal self ( $P < .01$ ; Table 2) and she is significantly negatively correlated with brother G ( $P < .05$ ; Table 2), who in turn is significantly negatively correlated with the ideal self element ( $P < .01$ ; Table 2). Kate's father, who is negatively correlated with the fatherly figure element ( $P < .05$ ; Table 2), shows no point of similarity with Kate's mother (Table 3). He appears to be a rather rigid man who is construed as being

"worried about their status" ( $P < .01$ ; Table 3), "organized" ( $P < .05$ ; Table 3), "stubborn" ( $P < .05$ ; Table 3) and "indifferent to the feelings of others" (component 3). He is construed as being similar to brother A ( $P < .01$ ; Table 2), who is positively correlated with the sister element ( $P < .1$ ; Table 2), who is in turn negatively correlated with self ( $P < .05$ ; Table 2).

It would appear thus, that at the moment Kate stands largely psychologically alone as she is not like anyone. A tentative "negative" pathway is suggested by her negative correlation with her sister, through brother A to her father.

Her attainment of her ideal self would bring her psychologically close to her mother and polarize her only with brother G, leaving her neutral with reference to other family members. It is possible that Kate could consider this polarization an advance, as brother G is significantly positively correlated with another patient most like herself ( $P < .01$ ; Table 2), thus showing similarity to her "sick" role.

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6.1.2. S.1. KATEAssigned repertory grid

Kate's five tabled principal components together contribute 75% to the total grid space. An analysis of these, plus extensive use of inter-element and inter-construct correlations should prove adequate to explain her psychological space.

Kate's first tabled principal component (26%) is specifically significant by virtue of the construct cluster of "sexually experienced" (21%, 59%), "mature" (17%, 70%), "warm and accepting" (13%, 51%) and "would like to get'enjoys being, married" (13%, 61%). Additional constructs on this pole include "most like I'd like to be" (8%, 33%) and "dependent on other people" (6%, 29%). These constructs are associated with the elements of her mother (15%, 69%) and the most motherly person she knows (8%, 35%). A small percentage of the variation of the elements ideal self (5%, 18%), father (5%, 21%) and the most fatherly person she knows (5%, 28%) are also included on this pole.

At the opposing positive element pole, possessing characteristics opposite to the above, are most notably another patient most like her self (11%, 49%) and another anorexic patient (10%, 45%).

The most significant element in this component is Kate's mother. This element Kate construes as being significantly positively correlated with the most motherly person and the most fatherly person she knows ( $P < .05$ ; Table 2), and negatively correlated with the boy friend figure and a disliked male ( $P < .01$ ; Table 2), and marginally

so with a disliked female, another anorexic patient and a patient most like herself ( $P < .1$ ; Table 2). The young male friend, the boy friend figure and the other anorexic patient are further all significantly negatively correlated with her father ( $P < .05$ ;  $P < .05$  and  $P < .01$  respectively; Table 2).

Turning to the salient constructs, the most contributing construct of "sexually experienced" is significantly positively correlated with the constructs "mature", "dependent" ( $P < .01$ ; Table 1) and with "would like to get/enjoys being, married" ( $P < .05$ ; Table 2). Significant correlations associated with "mature" reinforce this grouping of constructs.

The component space is relatively obscure, however, when the relevant elements are viewed in terms of the constructs, the position is somewhat clarified. Firstly, Kate construes her mother as significantly positively correlated with how she would most like to be ( $P < .01$ ; Table 3). She is construed as mature, enjoying marriage, warm and accepting, making her feel relaxed ( $P < .01$ ; Table 3) and sexually experienced ( $P < .05$ ; Table 3). Of note is that Kate further construes her mother as being marginally a dependent person who is neither sexually attractive nor in any way fat and who doesn't get on well with people ( $P < .1$ ; Table 3).

The patient who Kate entered as being most like herself on the other hand, she construes as disliking eating, not wanting to have children ( $P < .01$ ; Table 3), as not needing to lose weight, as stupid, childish, not wanting to get married, sexually naive, cold and

rejecting, suspicious and secretive, stubborn and ordering people around ( $P < .05$ ; Table 3). Furthermore, Kate sees her as being least like she would like to be ( $P < .05$ ; Table 3).

This construct system is further clarified in component 2 (15%). Here most significant clusters of constructs and elements emerge. At the one construct pole is the construct cluster of "cold and rejecting" (13%, 31%), "least like I'd like to be" (12%, 28%), "sexually experienced" (10%, 17%), "orders people around" (9%, 31%) and "dependent on other people" (9%, 25%). This cluster is most significantly associated with Kate's father. At the opposite element pole are notably her ideal self (13%, 27%) and a young male friend (13%, 48%). These elements are construed as having the opposite characteristics to the above, namely, "warm and accepting", "most like I'd like to be", "sexually naive", "don't order people around" and are "self sufficient."

An extremely significant association emerges from this component, namely, between the constructs of "sexually experienced" and "dependent on other people." In fact, these two constructs are highly significantly positively correlated ( $P < .01$ ; Table 1). Furthermore, Kate sees both herself and ideal self as negatively correlated with "dependent on other people" ( $P < .1$ ; Table 3). She furthermore construes her self as significantly sexually naive ( $P < .05$ ; Table 3). Kate's father who is significantly construed as epitomizing both these undesired constructs ( $P < .1$  and  $P < .05$  respectively; Table 3), is furthermore construed as significantly

not enjoying marriage, as being fat ( $P < .01$ ; Table 3) and mature, assertive (her ideal self is construed as significantly passive), authoritarian and stubborn ( $P < .05$ ; Table 3).

These features are largely borne out in component 3 (13%). Components 4 (11%) and 5 (8%) add little to the resulting analysis. In component 3, the most significant cluster of constructs is "most like I'd like to be" (15%, 27%), "meticulously exact" (12%, 45%), and "orders people around" (9%, 26%) plus "sexually naive" (10%, 13%) and "self-sufficient" (9%, 21%). These constructs are predominantly associated with the element of ideal self (22%, 37%). At the opposite element pole are significantly, the most fatherly person she knows (14%, 37%) and the most motherly person she knows (13%, 29%). These elements, as emerged from the extrapolation from component 2, are significantly related to the constructs "sexually experienced" (10%, 13%) and "dependent on other people" (9%, 21%).

The significance of these elements and constructs within Kate's psychological space has already been elucidated. In particular, her relationship with her father has been clarified.

There is, however, a further crucial aspect in need of explanation.

In many respects Kate would like to be like her mother. However, there is an important divergence. Her mother is construed as being both dependent and sexually experienced which Kate is most definitely not nor would like to be. There is, as has appeared throughout this discussion a patent denial of and flight from sexuality. The most sexually attractive person in Kate's construct system is the most psychologically removed element, namely, her favourite screen personality.

Both her real self and her ideal self are construed with indifference in terms of this construct. Her mother, who apart from her dependency and sexual experience (component 1), Kate would like to be like, is construed as sexually unattractive ( $P < .1$ ; Table 3).

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6.2.1. S.2. ANNElicited repertory grid

Ann's four tabled principal components cover 82% of her total grid space. The components present an unusual picture showing initial superficiality, but analysis of lesser components adequately cover Ann's psychological space.

Ann's first tabled principal component covers 56% of her grid space, a particularly large amount. It proves, however, to be only marginally helpful due to the even distribution of elements and constructs, particularly the latter, showing thus little discrimination.

The largest contributing elements, on the negative pole, are the stage or screen personality (15%, 76%) followed by the disliked male and female figures (14%, 77% and 12%, 86% respectively). A large variation percentage of another anorexic patient (5%, 73%), Ann's aunt (2%, 73%) and her fiance's aunt (2%, 73%) are also absorbed by this pole. Inspection of Table 2 shows all these elements to be significantly positively correlated ( $P < .01$  in all cases). This element grouping is seen in terms of the constructs "lazy" (11%, 81%), "haphazard" (10%, 81%), "impractical" (8%, 86%), "irresponsible" (8%, 71%), "impolite" (7%, 78%), "unreliable" (7%, 86%), "not understanding" (6%, 81%), "insensitive" (5%, 57%), "untidy" (5%, 44%) and "inconsiderate" (4%, 68%).

The opposite element pole has as the most contributing elements, mother (8%, 74%) and father (7%, 67%). Also associated with these elements are a female teacher/lecturer (5%, 64%), self (5%, 43%),

ideal self (4%, 41%) and the male boy friend figure (2%, 34%). The mother and father elements are significantly positively correlated ( $P < .01$ ; Table 2) and of note is that both are significantly positively correlated with the self element ( $P < .01$  in both cases; Table 2), but only mother is construed as being similar to the ideal self element ( $P < .05$ ; Table 2) at a significant level, showing her to be rather more particularly positively construed. The female teacher element is positively correlated with self, mother and father elements ( $P < .01$  in all cases; Table 2), and only marginally with ideal self ( $P < .1$ ; Table 2), thus pointing to one of the areas of discrepancy between self and ideal self with reference to element construing. The two doctor figures, namely, "your psychiatrist" and "the doctor you feel could help you best", were rated identically throughout the grid matrix, although Ann distinguished two separate people. This doctor grouping on the positive pole of component 1 (2%, 4% for both) shows a positive correlation with ideal self ( $P < .01$ ; Table 2), but not with the self element, pointing to a further area of discrepancy. Of further note, is the fact that the doctor elements are significantly positively correlated with the most fatherly person and the female teacher elements ( $P < .01$  in both cases; Table 2), suggesting that Ann sees characteristics of these elements in her doctor.

The elements on this positive pole are seen as "hardworking", "methodical", "sensible", "responsible", "polite", "reliable", "understanding", "sensitive", "tidy" and "considerate." (1st% and 2nd% figures match the bipolar opposite constructs on the negative pole, listed above.)

Component 2 (11%) is more definitive for Ann's psychological space. On the negative pole is grouped, most notably, the ideal self (23%, 45%) and boy friend figure elements (12%, 30%). These elements are construed as "optimistic" (36%, 71%), "carefree" (21%, 63%), "extraverted" (14%, 42%), "self-assertive" (7%, 24%) and "friendly" (3%, 20%). This picture presented by constructs opposes that for the positive pole elements, most notably self (19%, 33%) who is described as "pessimistic", "worried", "introverted", "withdrawn" and "unfriendly." This component clearly defines the difference between self and ideal self for Ann, and the significant positive correlation ( $P < .01$ ; Table 2) between the ideal self and boy friend figure elements.

Inspection of Table 3 shows that Ann construes her self as being introverted, withdrawn, worried and pessimistic ( $P < .01$  in all cases), while her ideal self and boy friend figure have none of these characteristics. Furthermore, she is neither friendly nor courageous, while both the other two are ( $P < .05$  and  $P < .01$  for both, respectively; Table 3). Common characteristics for all three elements include "hardworking", "understanding", "polite", "reliable" and "methodical" ( $P < .01$  in all cases; Table 3).

While Ann's boy friend figure (known to be her fiance) has some undoubted qualities in her eyes, he is not clever, which her ideal self is ( $P < .01$ ; Table 3) and he is construed as unassuming ( $P < .05$ ; Table 3) and sensitive ( $P < .01$ ; Table 3), which are not seen as desirable qualities by Ann and included for her ideal self.

The profile drawn so far of Ann, is of an extremely timid girl who sees in herself many neurotic characteristics. She clearly construes her boy friend figure (fiance) in an idealistic light. It appears, however, that her desire to be like him would be difficult for her to obtain as she embodies characteristics of pessimism, worry, being withdrawn and introverted ( $P < .01$  in all cases; Table 3). Furthermore, he is not clever, an important characteristic for Ann, and he shows no correlation with the teacher elements, viewed as important for her doctor, thus it is debatable how much he can "help" her achieve her ideal.

Ann's perception of her mother, with reference to her ideal self ( $P < .05$ ; Table 2) and self ( $P < .01$ ; Table 2), shows her to construe her mother as being "unassuming", "worried", "sensitive" and "introverted" ( $P < .01$  in all cases; Table 3), qualities which mirror Ann's view of herself. Furthermore, her mother is neither friendly nor clever, which are desired qualities. She is, however, more tidy, hardworking, warmhearted and good humoured ( $P < .01$  in all cases; Table 3) than Ann's self perception and is construed as particularly courageous ( $P < .01$ ; Table 3), a quality Ann does not possess but would like to. It is also interesting to note that Ann construes her father as being markedly similar to her mother, except for the quality of being particularly withdrawn ( $P < .01$ ; Table 3) (as opposed to being self-assertive/aggressive) which is a quality she recognizes in herself and her father and not in her mother.

Components 3 (8%) and 4 (5%) add little to the analysis other

than clarification of several points already noted.

Component 3, on the negative pole, has a girl friend (13%, 41%) as the most contributory element, which is an element of only marginal importance in Ann's grid space. The positive pole has brother N. (13%, 33%) and the two doctor figures (9%, 29% in both cases) as the main elements. They are seen most notably as "tidy" (21%, 26%), "clever" (16%, 30%) and "methodical" (8%, 9%), the remaining constructs showing no connection to these elements in terms of Table 3. The three elements are all significantly positively correlated to these constructs ( $P < .01$  in all cases; Table 3) showing them to be central in Ann's thinking with reference to them.

Of significance, is the fact that the doctor figures are significantly positively correlated with ideal self ( $P < .01$ ; Table 2), yet only marginally with mother ( $P < .1$ ; Table 2) and not at all with the boy friend figure. The connection thus appears to be largely through these three constructs, tidy, methodical and clever, (particularly the latter) which are qualities her fiance does not possess.

As has appeared throughout this grid analysis, Ann clearly centres a lot of her perceptions around her ideal self. Furthermore, she appears to be very concerned with close family figures with reference to this element. It has been noted how Ann sees herself embodying several neurotic characteristics. Her fiance approaches her ideal

perceptions closely, with one or two exceptions. Should Ann be hoping that through his influence she could approach her ideal perceptions, it is interesting that in a person clearly prone to idealized perceptions, she should see in her doctor the few qualities that her fiance does not possess.

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6.2.2. S.2. ANNAssigned repertory grid

Ann's four tabled principal components contribute 84% of the variation to her total grid space. Her total psychological space should emerge from an analysis of these components, relating the relevant elements and constructs to the remaining grid space.

Component 1 (49%) reveals a largely undifferentiated (in terms of variation) cluster of constructs. On the negative pole the constructs are "should lose weight" (9%, 72%), "tends to over-dramatize" (6%, 55%), "fat" (6%, 61%), "most like me" (5%, 45%), "orders people around" (5%, 77%), "sexually experienced" (5%, 61%), "assertive" (4%, 76%), "most sexually attractive" (4%, 69%) and "makes me feel tense" (4%, 41%). These constructs are associated with the elements of her fiance's aunt (27%, 99%), her own aunt (27%, 99%) and her sister-in-law (27%, 99%).

On the opposite element pole are grouped father (3%, 32%), another patient similar to self (2%, 58%) and the self element (2%, 14%), which are associated with the bipolar opposite qualities from those listed for the opposite pole above. Due to the negative pole elements covering over 80% of the component element space, the positive pole elements are rendered largely insignificant.

As this componential cluster, in general, is so large and skewed, it is rather unhelpful in clarifying Ann's construct system. However, an examination of how the relevant elements, and constructs relate to the others within the total grid space, should provide

some significant information.

The three negative pole elements are all significantly positively correlated ( $P < .01$ ; Table 2). Inspection of Table 2 shows the correlation to be +1.00, indicating that these three elements were rated identically throughout the grid matrix. Thus, a certain rigidity within Ann's construct system has emerged. This grouping is significantly negatively correlated with father, another anorexic patient and another patient most like self ( $P < .01$ ; Table 2) and with the two teacher elements and Ann's two brothers ( $P < .05$ ; Table 2).

The positive pole elements are more definitive of Ann's psychological space. The father element is significantly negatively correlated with the negative pole grouping ( $P < .01$ ; Table 2) and is significantly positively correlated with the boy friend figure (Ann's fiancée) ( $P < .01$ ; Table 2) and the mother and brother R elements ( $P < .05$ ; Table 2). The other patient most like self element is significantly positively correlated with another anorexic patient, a young male friend, a male teacher, a favourite stage/screen personality and a disliked male ( $P < .01$ ), brother R ( $P < .05$ ), and brother N and self ( $P < .1$ ; Table 2) besides being negatively correlated with the negative pole elements.

Except for an indication that close family members are central to Ann's thinking due to their tight intercorrelations, the picture is still unclear. Such a grid pattern can only emerge when extremity ratings have been used excessively. This would indicate an inability to differentiate finely between people with respect to constructs.

Within personal construct terms, this is the result of a lack of hierarchical differentiation within Ann's construct system.

An examination of component 2 (18%) reveals a significantly more differentiated system. The most psychologically significant construct cluster is "gets on well with people" (13%, 58%), "least like me" (12%, 36%), "mature" (9%, 51%), "most like I'd like to be" (9%, 41%) and "makes me feel relaxed" (8%, 27%). This construct system is related to the elements of a boy friend figure (fiance) (6%, 44%), ideal self (5%, 57%), mother (5%, 32%), Ann's psychiatrist (5%, 50%) and father (4%, 18%). The opposite element pole groups a disliked female (18%, 63%), a disliked male (14%, 61%), a young male friend (7%, 40%) and Ann's favourite stage/screen personality (6%, 56%). These elements are seen as having the bipolar opposite qualities to the negative pole constructs listed above. (It would thus appear that the lack of differentiation exhibited in component 1, representing a diffuse and pervasive construct system, is only operative at a superficial level. Although components 2 and 3 together only comprise 27% of the total grid space, they present a definitive system commenting on Ann's psychological space, as will emerge in the ensuing explication.)

The most contributing elements in this component are the disliked female and male figures. The disliked female is construed as being significantly positively correlated with the other elements grouped with it on the positive pole ( $P < .01$  in all cases; Table 2), as well as another anorexic patient ( $P < .05$ ). This element is significantly negatively correlated with the two doctor elements and

brother R ( $P < .05$ ) and marginally with ideal self and brother N ( $P < .1$ ; Table 2). A similar pattern emerges for the disliked male (Table 2).

The negative pole elements of a boy friend figure, ideal self, mother, psychiatrist and father are associated, as has been noted, with the cluster of "gets on well with people", "least like me", "mature", "most like I'd like to be" and "makes me feel relaxed." Inspection of Table 3 shows clearly that these constructs are central in Ann's thinking with reference to all these figures. This is explicable by the fact that these people close to Ann are tied together closely through a web of intercorrelations, showing again the importance of these figures to her psychological space.

The boy friend figure (fiance) is significantly positively correlated with the ideal self and with father ( $P < .01$ ; Table 2). The ideal self element in turn is additionally marginally correlated with mother and negatively with self ( $P < .1$ ; Table 2), while the mother and father elements are significantly positively correlated ( $P < .05$ ; Table 2). The psychiatrist is only significantly positively correlated with the ideal self ( $P < .01$ ; Table 2). The set of constructs associated with these elements, as has been noted from Table 3, is central to Ann's thinking. Inspection of Table 1 shows these constructs to form a tight coherent group through their intercorrelations. (Of note, is that there are no negative correlations on Table 1, indicating both a refusal to differentiate people markedly and a refusal to see one person as being many different things.)

An examination of component 3 (9%) serves to confirm aspects of Ann's psychological space noted. Again, there is a polarization of "disliked" elements and "closely" construed elements. The most contributing element, on the positive pole, is self (62%, 75%). Constructs associated with it are "most like me" (9%, 13%), "would like to get/enjoys being, married" (8%, 16%), "doesn't express emotions freely" (8%, 19%), "makes me feel tense" (8%, 13%) and "socially withdrawn" (7%, 16%). Inspection of Table 3 shows "socially withdrawn" and "doesn't express emotions freely" to be particularly important to Ann's perception of herself. ( $P < .01$ ; Table 3). With such a large area of the component element space (62%) being covered by the self element, the other elements, contribution is only marginal.

Component 4 (6%) adds little to the above analysis, contributing only information with reference to elements already discussed.

Drawing all the facets of the analysis together, what has emerged is that Ann's psychological space is largely concerned with her modes of construal of close related family members who form a web in their intercorrelations. Furthermore, there is a tendency for Ann to polarize this insular system with disliked figures. Both the patient elements are significantly positively correlated with the disliked element grouping, noted particularly in component 2. This suggests that Ann, in a patient role, construes her self as being disliked and an "outsider" with reference to her family group. This is confirmed by firstly, a

marginal positive correlation between the self element and a patient most like herself element ( $P < .1$ ), plus the fact that the two patient elements are construed as very similar ( $P < .01$ ; Table 2), and secondly, by the fact that the attributes Ann chooses in her self construction are mostly very different from those she picks for the other family members. Her self element shows only a negative correlation with ideal self and no positive correlation with this grouping. Characteristics she attributes to her self, namely, "least like I'd like to be", "socially withdrawn", "stupid", "don't express emotions freely", "least sexually attractive" ( $P < .01$ ; Table 3), "sexually naive" and "doesn't order people around" ( $P < .05$ ; Table 3) and "tends to be placid" ( $P < .1$ ; Table 3) are all attributes significantly correlated in her view of the patient elements.

Attributes associated with the ideal self are "least like me", "makes me feel relaxed" ( $P < .01$ ), "most like I'd like to be", "warm and accepting", "self sufficient", "flexible" ( $P < .05$ ) and "intelligent", "gets on well with people" and "mature" ( $P < .1$ ; Table 3). Contrasting the two construct systems presents a picture of an extremely timid, unhappy girl who knows only too well that she is not as she would like to be. She recognizes that her mother, father, fiance and ideal self are all "least like me" ( $P < .05$  and  $P < .01$  for the remainder; Table 3) and sees, most notably, that they are all relaxed about themselves and are self sufficient - qualities she does not possess.

A final point which emerges from the analysis is that Ann clearly admires her fiance greatly. He is significantly correlated

( $P < .01$ ; Table 2) with her ideal self and possesses many of the qualities she would like to have. Furthermore, it is interesting to note that her fiance and her father are significantly positively correlated ( $P < .01$ ; Table 2). It calls into question how much of a paternal figure Ann is looking for in her future husband.

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6.3.1. S.3. MARYElicited repertory grid

Mary's three tabled principal components cover 85% of her total grid space. An analysis of these components, particularly component 1, plus extensive use of inter-element and inter-construct correlations and the relations between each other, should adequately cover Mary's psychological space.

Mary's first tabled principal component (68%) presents an unusual picture. Firstly, it covers an unusually large area of her grid space and secondly, following from this, a large percentage of the variation of each construct and element is taken up by this component. To allow for this seventeen of the nineteen constructs and twenty of the twenty-two elements have been presented, constituting 97% and 99% of the component space respectively. Reasons for this unusual presentation became apparent when the first component's constituents are analyzed.

The most contributory elements are grouped on the positive pole. These are father (14%, 89%), the most father person Mary knows (14%, 88%), a disliked female (11%, 83%), a disliked male (6%, 72%), brother N (3%, 44%), Mary's ex boy friend (2%, 39%), an ex female close friend (2%, 42%) and a young male friend (1%, 40%). These elements form a tight inter correlated web as all these elements are significantly positively correlated with one another (Table 2). Further inspection of Table 2 reveals that all these positive pole elements are significantly negatively correlated with the negative pole elements, with the exception of a few of the lesser contributing

elements where no relation is found across poles. The few occasions, for the lesser contributing elements where a positive correlation across poles is found, it is evident that firstly, it is with a lesser contributing element on the opposite pole and always at a level less than the correlational figure binding it to its own group.

The negative pole elements of ideal self (7%, 92%), a girl friend (6%, 94%), a boy friend figure (6%, 86%), Mary's current boy friend (5%, 81%), self (5%, 87%), another patient most similar to Mary (2%, 65%), Mary's psychiatrist (2%, 60%), another anorexic patient (1%, 38%), mother (1%, 48%) and the male and female teacher elements (1%, 30% and 1%, 40%), as with the opposing pole, form a very tight web in their intercorrelations (Table 2).

A certain rigidity in Mary's psychological space is immediately apparent. She has polarized two groups of people, an "in-group" and an "out-group". The one group involves her self and people she sees similar to her. Mary attributes to them all the qualities she has for her self. The other group is headed by her father and is composed of disliked figures and ex friends. The consistency with which she views these two groups as having mutually exclusive characteristics is remarkable. Table 3 shows clearly how Mary and her ideal self oppose her father and the fatherly person element construct by construct with no point of similarity at all. The other associated elements in each group show an almost complete opposition with reference to the nineteen constructs. Some elements are, however, scored with indifference to some of the constructs, unlike

the central figures in the two groups.

Thus, without exception, Mary's self, ideal self, a girl friend and a boy friend figure are construed as complete opposites to her father and the fatherly person. The other elements in each group follow the construct pattern of these main figures.

The positive pole of component 1 reveals Mary's construal of the one group (c/f Table 3). This shows that Mary's father "enjoys nature a little", is a "rowdy personality", "blames other people", is "non-understanding", "critical of others", "not artistic", "thinks on the surface", "tries to create impressions", "enjoys hurting others", "rejects other ideas", is "slack", "all knowing", "stingy", has a "nasty character", is "hypercritical", "tries to make people as himself" ( $P < .01$  in all cases; Table 3), "dislikes contemporary music", is "weak" ( $P < .05$ ) and is "easily fed with ideas" ( $P < .1$ ; Table 3). The other members of this group are construed very similarly. All the seven other associated elements largely match this construct formation. At no point do any of the elements show opposing constructions, several of them are merely not correlated significantly with some of these constructs. Thus, the fatherly person element is construed identically to father (Table 2), the disliked female the same, except for no correlation with reference to constructs 2, 6 and 19. The young male friend is construed the same as father except for constructs 1, 2 and 3 which show no relation to this element. The disliked male reflects the group picture except for indifference with reference to construct 2, brother N, except for 2, 15 and 18, Mary's ex boy friend except for

1, 2, 6, 8, 15 and 19 and the ex female friend except for indifference with reference to constructs 1, 2, 6 and 8 also parallels the picture.

The negative pole elements are construed as having the bipolar opposite qualities to those listed above. Again, as with the positive pole elements, the negative pole elements are either all rated the same or are on occasions rated with indifference to certain constructs. No element in either group has a correlation with a construct in opposition to its group identity.

Thus, the core members of the group involving Mary, namely, the self, ideal self, girl friend, boy friend figure and present boy friend (element 22) are all rated without exception in opposition to the father group elements. The other members, Mary's psychiatrist (1, 2, 8), another patient most like self (2), another anorexic patient (1, 2, 6, 8, 19), a female teacher (1, 2, 3, 15) and a male teacher (1, 6, 8, 15, 18) reflect the same picture, with the constructs that they are rated with indifference towards, listed in brackets.

This group draws identity from being seen as "enjoying nature a lot", "peaceful personalities", "admitting when they're guilty", "understanding", "accepting of others", "accepting of other ideas", "accepting that they don't know everything", "generous", "sweet characters", "sincere", "leaving people to grow as themselves" ( $P < .01$  in all cases), "reliable", "self thinking" ( $P < .05$ ), "enjoying contemporary music" and "self-disciplined" ( $P < .1$ ; Table 3) (correlation figures as for self).

It follows from the above analysis that an analysis of component 2 (9%) and component 3 (6%) will add nothing to the above delineation of Mary's psychological space as all elements (except the stage/screen personality, maternal figure and brother M, who are psychologically not at all important for Mary (Tables 2 and 3)), and constructs have been viewed.

It now remains to draw conclusions about Mary's psychological space. Firstly, it is clear that Mary has a rigid construct system. She clearly has a need to see people as either like her or opposed to her and can thus not tolerate ambiguities "in the middle." This is evident from her division of elements into two groups having mutually exclusive characteristics. It is important to stress in this context that elements within a cluster are either rated positively or with indifference to the constructs relevant to that grouping, without exception. This alone points to the inflexibility of Mary's construct system as, if a person cannot be rated positively or negatively with reference to her identity she would rather see them as being neutral - opposition would produce ambiguities and probably anxieties for her.

Secondly, the correspondence between self and ideal self is unusual. They are rated identically on Table 3 except that her ideal self would be more "reliable" ( $P < .01$  as opposed to  $P < .05$ ). This tells us little about Mary except that it is debatable whether she is as satisfied with her self as she "says" she is. This correspondence appears to have aspects of her not being able to tolerate differences within her psychological space, unless polarized, rather than a

belief that she is exactly as she would like to be. It is also possible that the essence of her psychological space at the moment, her conflict with her father, has clouded more subtle differences in her psychological world.

Thirdly, Mary clearly is very antagonistic toward her father. He apparently stands for everything she is against. He is the dominant figure in Mary's psychological space and thus, particularly with the qualities of being non-understanding, hypercritical, blaming and critical of others, and enjoying hurting others, Mary must have tremendous friction at home. Her mother is construed as being positively correlated with her self and shows no point of similarity with her husband. She does not, however, match Mary's self perception identically. The omissions in construal and an analysis of the component contributions tend to show that she is not as central to Mary's psychological space as her father and more in the background.

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6.3.2. S.3. MARYAssigned repertory grid

Mary's five tabled principal components contribute 80% to her total grid space. A detailed examination of these components should prove adequate to delineate Mary's full psychological space.

In component 1 (34%), the most contributing elements are Mary's father (17%, 68%) and the most fatherly person she knows (15%, 67%), situated on the positive pole. These elements are construed as "would like to have children" (12%, 70%), "should lose weight" (10%, 56%), "orders people around" (8%, 71%), "would like to get/enjoys being, married" (8%, 54%), "least like me" (7%, 71%), "strict and disciplinarian" (7%, 51%) and "makes me feel tense" (6%, 57%). On the opposite negative pole, the elements grouped are a girl friend (11%, 79%), ideal self (10%, 75%), a boy friend figure (9%, 59%) and self (7%, 72%) and are construed as having the bipolar opposite qualities to those listed above.

Close examination of how the salient elements and constructs involved in this component relate to each other within Mary's psychological space is extremely illuminating. Firstly, Mary's father is significantly positively correlated with the most fatherly person element ( $P < .01$ ; Table 2), a disliked female and the female teacher elements ( $P < .05$ ). Furthermore, Mary sees her father as being significantly negatively correlated with her self, ideal self, a girl friend ( $P < .01$ ), a boy friend figure and another patient most like herself ( $P < .05$ ; Table 2). The most fatherly person presents a very similar picture in terms of relations (Tables 2 and 3).

Mary's construal of her father (and the most fatherly person), as represented in component 1, mirrors the view of Table 3, which adds to the profile of him by noting that he is also "least like I'd like to be", "tends to over dramatize", "cold and rejecting ( $P < .01$ ), "assertive", "suspicious and secretive", "sexually unattractive" ( $P < .05$ ) and "gets on badly with people" ( $P < .1$ ).

The negative pole elements of a girl friend, ideal self, a boy friend figure and self, are all significantly positively correlated with each other ( $P < .01$  in all cases) thus forming a tight cluster of elements for Mary's psychological space. All four elements are significantly negatively correlated with the father element and the most father person element ( $P < .01$  in all cases; Table 2). In addition, one or more of these elements are significantly negatively correlated with the disliked female and male figures, female teacher and maternal figure.

The construct picture for this element group has already been noted. Inspection of Table 3 verifies that all of these four elements are, without exception, significantly related with the constructs attributed to them in component 1, showing again the tightness in Mary's construing with reference to psychologically important elements.

What has emerged from component 1 thus, is the fact that Mary has polarized her psychological space into two "warring factions." On the one "side" is her self, ideal self, a girl friend and a boy friend figure centrally, plus her current boy friend (element 22)

through his association with self and ideal self ( $P < .01$ ; Table 2) and a patient most like herself through her negative association with father ( $P < .05$ ; Table 2). These elements, in terms of Table 3, are seen very similarly with reference to Mary's construct system. On the other "side" is her father, a fatherly figure, a disliked female, a female teacher most centrally, who are all seen as having very similar characteristics in terms of Mary's psychological space. Related to this group are Mary's mother, through her positive association with the teacher ( $P < .05$ ) and both maternal and paternal figures ( $P < .01$  and  $P < .1$  respectively; Table 2). (She is, however, only negatively correlated with the girl friend element from the opposing group, thus showing some lack of clarity at this stage in how Mary perceives her - this will be elucidated below.)

In component 2 (16%), the most significant cluster of constructs on the negative pole is "sexually naive" (22%, 59%), "thin" (10%, 26%), "doesn't express emotions freely" (9%, 50%) and "gets on badly with people" (8%, 52%). The elements grouped with these constructs are a young male friend (17%, 71%), an ex female friend (13%, 64%) and a disliked male (8%, 32%). These three elements are all significantly positively correlated with one another (Table 2). The first two elements show significant negative correlations to the two most contributory positive pole elements of a female teacher (12%, 58%) and mother (10%, 40%) ( $P < .01$  in both cases;  $P < .05$  in both cases, respectively; Table 2).

The two major negative pole elements are significantly correlated with all the constructs associated with them in this component

(Table 3). These two elements of a young male friend and an ex female friend appear to have little psychological significance for Mary and are essentially periphery figures. Besides their significant negative correlations to the female teacher and mother elements, they are not related to any of the other core elements found to be so important in component 1.

The two positive pole elements, a female teacher and mother, present a more illuminating picture. The teacher element is positively correlated with mother, father ( $P < .05$ ) and the fatherly person elements ( $P < .01$ ) and negatively, to a marginal degree, with self ( $P < .1$ ; Table 2). Thus, this element, as has been noted, is associated with one of the core element groups. Mary's mother, besides her positive association with the female teacher, is also seen as similar to the motherly person and fatherly person elements ( $P < .01$  and  $P < .1$ ). She is marginally negatively associated with the girl friend figure ( $P < .1$ ; Table 2), a member of the group construed by Mary as being close to her.

Mary's mother thus produces an obscure picture. From component 2 it can be seen that she is construed as "sexually experienced", "fat", and "gets on well with people", all of which are confirmed by Table 3 ( $P < .1$ ;  $P < .01$ ;  $P < .05$  respectively). Furthermore, she is seen as liking marriage and having children and as "flexible" ( $P < .05$ ), as "needing to lose weight" ( $P < .01$ ), as "enjoying eating" ( $P < .1$ ) and as "strict and disciplinarian" ( $P < .1$ ; Table 3).

Features which Mary's mother has in common with the element

cluster of father, fatherly person, disliked female and female teacher, are that she is "fat", "should lose weight" and "enjoys eating" ( $P < .05$ ;  $P < .01$ ;  $P < .1$  respectively; Table 3). Furthermore, she enjoys being married and having children and is "strict and disciplinarian."

Mary's mother has no features in common with the element group involved with Mary's self. She is, however, not construed as "overdramatizing", "getting on badly with people", "cold and rejecting", being "assertive" and "ordering people around" and being "suspicious and secretive", which her husband is construed as. Thus, it would appear that although Mary's self and her ideal have no points of similarity with her mother, she is not seen as negatively as her father, as she does not possess many of the authoritarian characteristics attributed to him. She still appears a representative of the "old-disliked-authority-order", but is not in immediate confrontation with Mary as her father is.

An analysis of components 3, 4 and 5 adds little to the above exploration of Mary's psychological space. Component 3 (12%) groups on the negative element pole Mary's two brothers, N and M (23%, 47%) and (18%, 66%). These two elements are significantly positively correlated ( $P < .01$ ), but appear to be peripheral figures in Mary's psychological space. Both are negatively correlated with the boy friend figure ( $P < .01$  and  $P < .1$  respectively) and a patient most like Mary ( $P < .01$ ), an ex boy friend and a favourite stage/screen personality ( $P < .05$  and  $P < .1$  respectively; Table 2). However, besides their correlation with the boy friend figure, brother M

shows no relation to any of the core elements and brother N, only a marginal connection (negative correlation with ideal self,  $P < .1$ ; Table 2). The only significant positive pole element, another patient most like Mary (15%, 35%) is also not central to Mary's psychological space. This element shows a negative correlation to father ( $P < .05$ ) and a significant positive correlation to the boy friend figure ( $P < .01$ ; Table 2) as its only connection to the core elements. The main constructs associated with this element are "meticulously exact", "dislikes eating" ( $P < .01$ ) and "thin" ( $P < .05$ ; Table 3). Only the latter construct is common with Mary's self perception.

Component 4 (10%) contributes little to the analysis for similar reasons. The most contributing element, another anorexic patient (31%, 64%) is also a periphery figure for Mary. The only significant positive correlation it shows is with the male teacher element, an equally obscure element in Mary's psychological space (Table 2). The other positive pole element of a female teacher (15%, 40%) has already been closely examined, as has the disliked female (15%, 36%), the only significant negative pole element. Component 5 (5%) has the mother and father elements as the main contributors, both of which have been analyzed with reference to Mary's psychological space.

In conclusion, it is evident that Mary has a tight construct system. She has polarized basically two groups of people attributing to each mutually exclusive features. The most interesting aspects of this polarization, noted above, are the similarity in construal of

Mary's self and ideal self and secondly, her clear opposition to her father, a conflict that appears central to her psychological space, with her mother, although associated with her husband, very much in the background.

Some of the characteristics attributed to all the "negative" figures (opposing Mary's desired qualities) include authoritarian features, plus an enjoyment of marriage and children. Interestingly, some anorexic-specific features are also included. All the negatively construed figures are fat and should lose weight, while Mary, her ideal self and the other elements associated with her, are significantly thin and shouldn't lose weight.

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6.4.1. S.4. GWENElicited repertory grid

Gwen's four tabled principal components cover 89% of her total grid space. An analysis of these components, particularly component 1 because of its large contribution, should adequately delineate Gwen's psychological space.

The first tabled principal component (61%) has the major contributing elements grouped on the negative pole. This group is comprised of a disliked male (21%, 91%), a disliked female (20%, 90%), a female teacher (13%, 83%) and a male teacher (12%, 65%). The four elements are all significantly positively correlated ( $P < .01$ ; Table 2). They are construed as showing a "superior attitude" (17%, 88%), "boastfulness" (16%, 88%), "pretense" (15%, 89%), "extraversion" (10%, 81%), "disrespect of others feelings" (10%, 85%), "confidence" (8%, 69%) and to be "leading" (6%, 64%). The elements concerned are all correlated at the same level ( $P < .01$ ; Table 3) without exception to these constructs.

The opposing positive pole groups most notably, the elements self (7%, 62%) and the two patient elements - another anorexic patient (6%, 58%) and another patient most like Gwen (5%, 70%). They are construed as having the bipolar opposite qualities to the negative pole elements, and are thus seen as "humble", having "humbleness", to be "straightforward", "introverted", to have "respect for others feelings", a "lack of confidence" and "doubtfulness." The three elements are all significantly positively correlated ( $P < .01$ ; Table 2) and are all significantly associated with the listed constructs attributed to them

( $P < .01$  or  $P < .05$ ; Table 3).

What has emerged from component 1 is a polarization of elements that occupy most of Gwen's psychological space. This is, however, not merely rigidity in Gwen's construct system, but rather clarity in her construal of the elements. To clarify this point, an inspection of Tables 2 and 3 reveals that there are essentially four clusters of elements in Gwen's psychological space. The one group involves her self element plus the two patient elements, all of which are intercorrelated ( $P < .01$ ). Marginally associated with this group are her father ( $P < .1$ ), the most fatherly person ( $P < .1$ ) and her maternal grandmother ( $P < .1$ ; Table 2). (Correlation figures with reference to the self element. The last three listed elements are not intercorrelated nor show an association with the patient elements.) The three core elements in this group are in turn all negatively correlated with the cluster composed of the disliked figures and the two teacher elements. The third group of elements is composed of the ideal self element, the two psychiatrists (rated the same throughout the matrix and consequently correlated +1.00) and the most fatherly and motherly elements. All these elements are significantly positively correlated with each other and all are negatively correlated with the group two elements, but show marginal or no association with the group one elements. They are thus construed as significantly different from the disliked figures and teacher elements, but are rated with indifference with reference to the self and patient elements. The fourth group is composed of the remaining elements who appear psychologically as unimportant or peripheral figures for Gwen and show only marginal relations to other

elements and to each other. This group includes her father's cousin, her maternal grandmother, a young male friend, a boy friend figure and her mother.

A consideration of these different element groupings with reference to the construct system should adequately delineate Gwen's psychological space, thus necessitating no recourse to the remaining components. The group involving Gwen's self and the patient elements have been construed as "humble", having "humbleness", "straightforward", "introverted", to have "respect for others feelings", "lack of confidence" and "doubtfulness" (component 1; <sup>c</sup>/f Table 3). In addition, all these elements are seen as "lacking in self-control", to be "accepting" and "insecure" (Table 3). This contrasts with the view of the disliked figures and teacher elements. They were construed as having a "superior attitude", to be "boastful", to show "pretense", to be "extraverted", "disrespectful of others' feelings", to have "confidence" and to be "leading" (component 1; <sup>c</sup>/f Table 3). In addition, they are all seen as "inquisitive", the two disliked figures, female and male, as "secure" ( $P < .1$  and  $P < .05$  respectively), "clear thinking" ( $P < .05$ ), "cruel" and "dishonest" ( $P < .05$ ) and the two teachers, female and male, as having "self-control" ( $P < .01$  and  $P < .1$  respectively) and the female teacher as being "secure" and "clear thinking" ( $P < .01$ ; Table 3). The clear polarization is obvious when one notes that no construct quality runs across groups.

The group involving Gwen's ideal self, the two doctor figures and the motherly and fatherly figures, comments fruitfully on her

psychological space. All of the latter four elements are significantly positively correlated with the ideal self ( $P < .01$ ; Table 2). The two doctor figures were rated the same throughout the grid matrix and thus show a correlation figure of +1.00. The paternal and maternal figures are significantly positively correlated ( $P < .01$ ) and they both show a significant positive correlation with the doctor figures ( $P < .05$ ; Table 2).

The discrepancy between the self and ideal self elements, with reference to Table 3, shows that the ideal self is correlated with "honesty" ( $P < .01$ ) while the self is not. The ideal self is also more "humble" and has "humbleness" ( $P < .01$  as opposed to  $P < .05$  in both cases) and is more "straight forward" (less pretense) ( $P < .01$  as opposed to  $P < .05$ ). In addition, the ideal self would not be lacking in self-control, confidence, be insecure, doubtful, have mixed feelings and be introverted, which Gwen is.

The doctor figures are only rated significantly with four constructs, "self-control" and "honesty" ( $P < .01$ ; Table 3), being the most notable. Gwen sees herself as markedly lacking the former and really desiring the latter. These two constructs thus appear to be the basic core difference between her self and ideal self, recognized in her doctors.

The most fatherly and motherly persons, as has been noted, are also involved in the grouping. Both are significantly positively correlated with the doctor figures and with the ideal self ( $P < .05$  and  $P < .01$  respectively; Table 2). Both are seen as having "respect

for others' feelings", to be "humble", to have "humbleness", to be "honest", "straightforward" and "introverted" ( $P < .01$  in all cases) as well as "doubtful" ( $P < .05$ ). In addition, the motherly figure is seen as "kind" ( $P < .1$ ) and the fatherly figure as "accepting" ( $P < .01$ ; Table 3). With reference to two constructs, they parallel Gwen's self perception (and not her ideal) in that they are "doubtful" and "introverted". However, they parallel her ideal in that they are both extremely honest. Additionally, like the ideal self, they are not lacking in "self-control", do not feel "insecure" nor think in a "mixed" manner, which Gwen does. They are also seen as significantly more "humble" and "straightforward" than she is. These factors seem to far outweigh their similarities to Gwen's self and thus point again to areas where Gwen would welcome change in herself.

It is interesting to note that the most motherly and fatherly persons play such a large role in Gwen's psychological space, while her parents are in the background. Gwen's father, the apparently more psychologically important of the two parents, has qualities of "respect for others' feelings", "humbleness", "straightforwardness", and "introversion" in common with the fatherly person. However, Gwen sees her father as "stubborn" ( $P < .05$ ) while she sees the fatherly person as "accepting" and "honest" ( $P < .01$ ; Table 3). These appear to be the crucial differences in her perception of them and those perceptions which place the fatherly person close to her ideal self.

Gwen's mother is a totally obscure figure. She shows no correlation with any other element on Table 2 and presents no meaningful profile on Table 3. She thus appears to be psychologically insignificant and a peripheral figure in Gwen's psychological space. It is probably for this reason, and the crucial differences noted above between her father and the fatherly person, that the motherly and fatherly persons play such an important role - as "parental substitutes." The "weak" parental figures can be of little support in helping a girl who presents as generally timid, lacking in confidence and self-control and who desires to be more forceful and honest.

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6.4.2. S.4. GWENAssigned repertory grid

Gwen's five tabled principal components cover 77% of her total grid space. The distribution of component contributions is unusually even. A consideration of these components plus extensive use of the relations between constructs and elements should adequately comment on Gwen's psychological space.

Component 1 (28%) has on the positive pole the most contributing element, self (35%, 74%). It is associated with another anorexic patient (10%, 38%) and another patient most like Gwen (8%, 39%). These last two listed elements are significantly positively correlated ( $P < .05$ ) and show significant positive correlations to self ( $P < .01$  and  $P < .05$  respectively; Table 2). This grouping is construed as "socially withdrawn" (20%, 74%), "sexually naive" (15%, 64%), "don't order people around" (9%, 51%), "wouldn't like to have children" (7%, 38%), "most like me" (6%, 41%), "stubborn" (4%, 24%), "passive" (4%, 64%) and "warm and accepting" (3%, 37%). Table 3 confirms the general validity of this construction for these elements. On the negative element pole is grouped a disliked male (15%, 44%), a male teacher (9%, 39%) and a female teacher (8%, 40%). The two teacher elements are significantly positively correlated with each other ( $P < .01$ ; Table 2) and with the disliked male ( $P < .01$  and  $P < .05$  respectively; Table 2). This element grouping is construed as having the bipolar opposite characteristics to the positive pole elements, and are thus seen as "socially outgoing", "sexually experienced", "ordering people around", "would like to have children", "least like me", "flexible",

"assertive" and "cold and rejecting." Again, Table 3 confirms the general validity of this pattern of construing for these elements.

This component has shown quite clearly two distinguishable groups of elements within Gwen's psychological space. Gwen clearly sees herself most markedly in a patient role and perceives as important the similarities between her and her fellow patients. No other elements are involved in this group. An analysis of lesser components reveals further element clusters.

Component 2 (22%) has the most contributing elements to the component space grouped on the negative pole. Elements most notably in this group are a disliked male (14%, 33%), another anorexic patient (11%, 35%) and a disliked female (11%, 42%). The two disliked figures are significantly positively correlated ( $P < .01$ ; Table 2) and, as has been noted above, oppose the patient element associated with self in component 1. When the relevant constructs attributed to this grouping are viewed, however, the common characteristics can be seen. Most notably, these elements are construed as "least like I'd like to be" (27%, 87%) and "childish" (17%, 59%). Table 3 shows that all these three elements are significantly related to these two constructs. Characteristics attributed to the disliked figures were noted in component 1, namely, those which opposed Gwen's self perception. Here is presented, notably the construct "childish", a disliked attribute common to her and the disliked figures. (Table 3 shows Gwen to be significantly related to this construct ( $P < .05$ )). Table 1 shows "childish" to

be significantly associated with "least like I'd like to be", "dependent on other people", "tends to over-dramatize", "dislikes eating" ( $P < .01$ ) and "stupid" ( $P < .05$ ; Table 1).

On the positive pole are grouped the elements ideal self (8%, 36%), the ideal doctor element (6%, 34%) and mother (6%, 26%). The first two elements are marginally positively correlated ( $P < .1$ ; Table 2). These elements are construed as "most like I'd like to be" (27%, 87%), "mature" (17%, 59%) and "makes me feel relaxed" (8%, 25%). Table 2 shows that the common link is "most like I'd like to be." All the elements are significantly related to this construct ( $P < .01$ ,  $P < .05$  and  $P < .05$  respectively). Both the ideal doctor and mother are construed as "mature" ( $P < .1$  and  $P < .05$  respectively), while Gwen's ideal self and her ideal doctor would both make her "feel relaxed" ( $P < .1$  and  $P < .01$  respectively; Table 3).

This component has shown the importance of the construct pole "childish" for Gwen's self perception, it being a common characteristic with reference to the disliked figures and another anorexic patient, who she construes similarly to her self. It has also shown the common characteristics with reference to Gwen's ideal self, her ideal doctor and mother. They are all as she would like to be to some degree, "maturity" and "making her feel relaxed" being especially important. These elements are not intercorrelated and thus their common links are noteworthy. Component 2 also draws into focus the discrepancy between self and ideal self which

deserves further attention.

Table 2 shows that the self and ideal self are not correlated. Table 3 shows that, with reference to the construct space, they only correspond in not ordering people around ( $P < .05$  and  $P < .01$  respectively). While Gwen's self "tends to over-dramatize", "gets on badly with people" ( $P < .01$ ) and "expresses emotions freely" ( $P < .05$ ), her ideal self is construed as having the opposite qualities of "tends to be placid", "gets on well with people" ( $P < .05$ ) and "doesn't express emotions freely" ( $P < .1$ ). In addition, Gwen's ideal is seen as being "most like I'd like to be" ( $P < .01$ ), "warm and accepting" ( $P < .05$ ), making her "feel relaxed" and to be "energetic" ( $P < .1$ ; Table 3), none of which she is. The remaining constructs attributed to her self are not wanted for her ideal, namely, her thinness and dislike of eating, her sexual unattractiveness and naivety, her stupidity, childishness, tendency to over-dramatize, her passivity, dependence and social withdrawness, which result in her getting on badly with people. Interestingly, her view of her self as expressing emotions freely she wishes to change.

The contrasting of these two elements points to a girl who sees in herself anorexic-specific qualities, reinforced by her alignment of herself with the patient elements. She views herself as a rather timid person, socially withdrawn and prone to dependence on those close to her.

Component 2 also points to a further element cluster. The ideal self element appears to be largely alone, showing a marginal positive correlation to the ideal doctor element. The two doctor elements

appear to form a group themselves ( $P < .01$ ; Table 2). (The girl friend element is significantly positively correlated with the doctor elements ( $P < .05$ ) but remains otherwise psychologically obscure.) The two doctor elements are seen as "tends to be placid", "makes me feel relaxed", "thin", ( $P < .01$ ), "mature" ( $P < .05$ ), "warm and accepting" ( $P < .05$  and  $P < .1$  respectively) and "don't express emotions freely" ( $P < .05$ ; Table 3). This last construct, noted above, again appears as a desirable attribute. It is significantly correlated with "dislikes eating", "placid", "dependent", "gets on well with people", ( $P < .01$ ) and "socially outgoing" ( $P < .05$ ; Table 1), a rather confused picture.

Component 3 (13%) has grouped on the negative element pole, father (10%, 36%) and mother (10%, 28%) as the major contributing elements. These two elements are significantly positively correlated with each other ( $P < .01$ ), with the most motherly person element ( $P < .05$ ) and negatively with another anorexic patient ( $P < .1$  and  $P < .01$  respectively; Table 2). The most fatherly person also appears to be marginally part of this grouping through his significant association with the most motherly person element ( $P < .01$ ; Table 2).

The negative pole elements are seen as "should lose weight" (21%, 43%), "makes me feel tense" (21%, 40%), "would like to get/ enjoys being, married" (19%, 66%), "fat" (7%, 42%), "express emotions freely" (7%, 33%) and "would like to have children" (6%, 16%). Table 3 shows that both mother and father have only a tentative connection to the ideal self in that they are both construed as

"most like I'd like to be" ( $P < .05$ ; Table 3), but no other construct is common to all the elements. Besides both of them (mother and father) being seen as "fat", needing to "lose weight", "enjoying marriage" and "liking to have children" ( $P < .01$  in all cases; Table 3), mother is additionally seen as "enjoying eating", "getting on well with people" ( $P < .05$ ) and "mature" ( $P < .1$ ; Table 3).

The most fatherly and motherly persons, besides sharing common qualities with Gwen's parents, are both construed as "most like I'd like to be" ( $P < .01$ ), "enjoying marriage" ( $P < .1$  and  $P < .05$  respectively), "mature" ( $P < .1$  and  $P < .05$  respectively), "warm and accepting" and "trusting and open" ( $P < .1$ ; Table 3).

Having looked closely at the people psychologically important to Gwen, it is of note that there is no point of similarity between her self perception and her mother, father, fatherly figure, motherly figure and psychiatrist elements. She construes her fellow patients similarly to herself and many anorexic-specific characteristics are evident in her modes of construing. Gwen clearly sees herself extensively within the patient model and this is probably, as a result, seen a lot in the patient role by those close to her. Her parents appear to lack the qualities necessary in Gwen's eyes to draw out the timid, dependent profile she sketches for herself, noted above. The most fatherly and motherly figures, with qualities of being warm and accepting, trusting and open and most importantly mature, a very central construct for Gwen, appear to be more favourable models for Gwen.

The analysis of the three major principal components has clarified Gwen's psychological space, in particular her view of her self, her psychologically "distant" ideal self and the role of her parents. The use of anorexic-specific constructs is of note. The remaining tabled principal components add little to the above analysis. Component 4 (7%) involves the elements of a young male friend, seen to be a psychologically unimportant figure (Tables 2 and 3) and the patient elements who have been discussed in detail already. Component 5 (5%) deals largely with the ideal self which has also been analyzed extensively. These remaining components do serve, however, in conclusion, to draw attention to the element clusters in Gwen's psychological space. Polarized groups are, her self plus the patient elements, the two disliked figures with the teachers, her parents plus the most fatherly and motherly persons, who show a marginal relation to Gwen's ideal self and a clear negative relation to the patient group involving Gwen (suggesting that in the patient role she is psychologically very distant from them). The doctor elements form a fourth group, again showing a marginal positive relation to the ideal self, an element which stands largely alone. The remaining elements found to be largely unimportant and secondary within Gwen's psychological space constitute the last group.

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6.5.1. S.5. JOANElicited repertory grid

Joan's four tabled principal components together cover 86% of her total grid space. The first two components together cover 75% of the grid space and thus a detailed analysis of them in particular should map out Joan's psychological space, with the aid of the correlation tables.

Joan's first tabled principle component (53%) has the most contributing elements grouped on the positive pole. These elements include a disliked female (22%, 89%), another anorexic patient (12%, 82%), a disliked male (12%, 74%) and a female teacher (6%, 65%). These elements are construed as "dull" (18%, 77%), "unjust" (18%, 85%), having "limited interests" (15%, 73%), to be "selfishly introverted" (10%, 73%), "presumptuous and inconsiderate" (10%, 50%) and "self centred" (9%, 35%).

Inspection of Table 2 shows that these four elements are all significantly positively correlated ( $P < .01$  in all cases, except the disliked male and female teacher correlate with the anorexic patient at  $P < .05$  in both cases). With this tight web of inter correlations, these elements clearly form a grouping that is construed very tightly by Joan. Interestingly, the anorexic patient is significantly positively correlated ( $P < .01$ ; Table 2) with Joan's self perception and thus has many qualities in common. This group involving the self, mother, and less so the anorexic patient and the motherly figure (Tables 2 and 3), show qualities in common with the disliked figures and female teacher and thus give an insight into

Joan's psychological space. This will be discussed more fully below. Further inspection of Table 2 shows that the four positive pole elements discussed are all significantly negatively correlated with the elements ideal self, a boy friend figure, the two doctor elements, the most fatherly person and Joan's sister, who, in turn, are all significantly positively correlated, thus forming a further element grouping, psychologically very distant from Joan's self perception and the disliked figures.

Inspection of Table 3 shows that the positive pole elements discussed are all significantly related to the ascribed constructs. The constructs "dull", "unjust" and "limited interests" are particularly representative. ( $P < .01$  in all cases; Table 3).

On the negative pole are grouped the elements ideal self (14%, 86%), Joan's psychiatrist (6%, 59%), her favourite stage/screen personality (5%, 36%), the most fatherly person she knows (5%, 54%) and a boy friend figure (2%, 45%). With the exception of the stage/screen personality, all these elements are significantly positively correlated (Table 2) and with the addition of the ideal doctor, sister and more marginally the father element, they form a tight cohesive group construed very alike by Joan (Table 3).

The negative pole elements are seen as having the bipolar opposite qualities to the positive pole elements and are thus seen, most notably, as "witty and bright", "fairly broadminded", having "broad interests" and "bubbling" personalities. Table 3 confirms that all these elements are significantly related to this construct

picture. The elements of Joan's sister and her ideal doctor also largely reflect this construct system.

What has emerged from the analysis of component 1 is the view Joan has of the "disliked" group, which interestingly includes another anorexic patient, who is very similar to her self. Constructed as diametrically opposed are the group involving her ideal self, boy friend figure, fatherly person and the two doctor elements. It is clear that Joan has a very poor self image, with no point of connection or similarity with her aspired to construct system. Joan's self perception is brought into focus in component 2.

Component 2 (22%) has grouped on the positive element pole, self (14%, 46%), Joan's aunt (5%, 68%) and the most fatherly person (4%, 18%). The latter two elements are significantly positively correlated ( $P < .05$ ; Table 2) but show no relation to the self element. These elements are seen as "outgoing and selfless" (34%, 53%), "polite and considerate" (15%, 33%), "negative" (14%, 45%) and "fearful and pessimistic" (13%, 40%). The "mixed" picture produced here is explained by the fact that Joan's aunt is significantly related to the constructs "outgoing and selfless" ( $P < .05$ ) and "polite and considerate" ( $P < .01$ ) as is the paternal figure ( $P < .01$ ; Table 3). The self element is rated with indifference to them. However, the self element is seen as "negative" and "fearful and pessimistic" ( $P < .01$ ) and Joan's aunt is also seen as having the latter quality ( $P < .1$ ), this forming the connecting link.

In addition to viewing her self as "negative" and "fearful and

pessimistic", Joan also sees that she is "selfishly introverted" ( $P < .05$ ), "unintelligent" ( $P < .01$ ) and "less apparently conscientious" ( $P < .01$ ; Table 3). (The latter quality appears to be less desirable than its bipolar opposite "conscientiously conscientious", which is attributed to elements in the group involving ideal self, a boy friend figure, and Joan's psychiatrist, while she and another anorexic patient are seen as "apparently conscientious.")

Joan's mother is construed similarly to her self (significantly positive correlation  $P < .05$ ; Table 2) and is seen as "negative" and "fearful and pessimistic" ( $P < .01$  and  $P < .05$ ; Table 3), while the most motherly person is also part of this grouping (significantly positively correlated with mother  $P < .05$ ; Table 2) and is seen as "fearful and pessimistic" and "unintelligent" ( $P < .01$ ;  $P < .05$ ; Table 3).

Another anorexic patient has all the qualities attributed to Joan's self and is seen as "unjust", "dull", having "limited interests" ( $P < .01$ ) and to be "presumptuous and inconsiderate" ( $P < .1$ ; Table 3).

This view by Joan of her self and the people similar to her contrasts with her ideal self who is seen as "fairly broadminded", "polite and considerate", "quick witted and lively", "outgoing and selfless", "witty and bright", having "broad interests" ( $P < .01$ ) and a "bubbling" personality ( $P < .05$ ; Table 3). The contrast between the introverted, fearful and negative self image and the extroverted, lively, unselfish ideal self who is construed as being

socially sophisticated, is marked.

Joan clearly sees herself in a patient role and the poor quality of her female models (mother and motherly person) in her eyes is quite striking. They appear to have no "redeeming", positive features. The close connection between self and the other anorexic patient and between this other patient and the disliked figures has been noted. It would thus appear, through this link, that Joan actively dislikes many of the features attributed to her self and those around her, making her appear very unhappy.

Joan's ideal self is associated with the doctor elements, the boy friend figure, fatherly person and her father marginally. Of particular note is that the fatherly person appears psychologically closer to Joan's desired set of attributes and thus more viable for her as a model than her father. Her father she sees as "polite and considerate", "quick witted and lively", "outgoing and selfless", qualities he has in common with the ideal self and fatherly person, who is also seen as having "broad interests", to be "witty and bright", "fairly broadminded" and to be a "bubbling" personality - all qualities considered very desirable by Joan. Consequently, the fatherly person element is construed as much closer to her ideal self than is her father ( $P < .01$  and  $P < .1$  respectively; Table 2). It is of further interest to note that the doctor elements are significantly positively correlated with the ideal self and have attributed to them all the qualities her parents are lacking, suggesting that it is through this model that Joan may achieve the

help to move from her introverted, negative, fearful self to a more relaxed harmony.

A further aspect arising out of the consideration of Joan's self, ideal self and parents is the strong association between Joan's sister and her ideal self and the elements involved in this group. Joan's sister is significantly negatively correlated with the disliked figures and another anorexic patient ( $P < .05$  in all cases; Table 2) thereby stressing the psychological distance between the two sisters. She is seen as having many of the qualities desired by Joan and she is significantly positively correlated with her father ( $P < .05$ ), while Joan is with her mother ( $P < .05$ ; Table 2). However, Joan's mother is for her construed as having only "negative" qualities and thus there is the suggestion of a polarization within the family. How much of Joan's anorexic symptomatology is a "retreat" into illness due to her jealousy of her sister, who is all she would like to be, is a matter for conjecture.

(The remaining two principal components, covering 6% and 4% of the grid space add little to the above analysis of Joan's psychological space and serve only to confirm and reiterate previously noted dimensions. Component 3 has as the two main contributing elements self and the fatherly person, both of which have been analyzed extensively, while component 4 is dominated by the element "another patient most like self" which appears to be psychologically obscure and of little importance (Tables 2 and 3)).

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6.5.2. S.5. JOANAssigned repertory grid

The five principal components tabled for Joan cover 77% of her grid space. They present an unusually evenly distributed picture. An analysis of these components with extensive use of the accompanying correlation tables should adequately define Joan's psychological space.

Component 1 (26%) has grouped on the positive element pole father (11%, 58%), the most fatherly person you know (10%, 50%), ideal self (6%, 30%) and Joan's sister (5%, 58%). These elements, with the marginal addition of the most motherly person element, form an element grouping that is very similarly construed by Joan. Her father is significantly positively correlated with the fatherly person element ( $P < .1$ ) and with Joan's sister ( $P < .01$ ). The fatherly and motherly persons are significantly positively correlated ( $P < .01$ ) with each other and the sister element ( $P < .05$  and  $P < .1$  respectively). Joan's sister is the only element with a direct positive correlation with the ideal self element ( $P < .1$ ), which appears a bit removed from the other element associated with it, as will emerge in the ensuing discussion (correlation figures; Table 2).

The positive pole elements are construed as not "ordering people around" (16%, 70%), "trusting and open" (13%, 67%), "most like I'd like to be" (12%, 61%), "most like me" (10%, 43%) \*(see over), "makes me feel relaxed" (7%, 51%), "warm and accepting" (6%, 52%) and "gets on well with people" (6%, 48%). With the exception of the ideal self element, with reference to the construct "makes me feel relaxed" to which it is rated with indifference, all the constructs are related sig-

nificantly to each of the elements (Table 3). The similarity in construing of the elements is evident.

On the negative element pole are grouped a disliked female (21%, 67%), a female teacher (13%, 51%) and a disliked male (11%, 45%). These three elements, which are all significantly positively correlated (Table 2) form a tight element group, and with the addition of the male teacher element are construed very similarly by Joan. The elements are significantly negatively correlated with the father and sister elements (Table 2).

The negative pole elements are seen as having the bipolar opposite qualities to the positive pole elements and are thus seen as, "ordering people around", "suspicious and secretive", "least like I'd like to be", "makes me feel tense", "cold and rejecting", getting on "badly" with people and "assertive." Table 3 confirms that each element is significantly positively correlated to each of these constructs.

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\* It seems clear that Joan rated this first construct incorrectly. "Most like me" is significantly positively correlated with "most like I'd like to be" ( $P < .01$ ; Table 1), yet the two elements self and ideal self are seen very differently (Table 3). Furthermore, elements of her sister and father for example, which are significantly positively correlated ( $P < .01$ ; Table 2) and show connections to the ideal self, oppose the self element construction (Table 3) and show no similarities, only bipolar opposite qualities. Reference to the original (raw) grid in the appendix verifies Joan's misinterpretation and confusion in rating this construct. It will thus be eliminated from the ensuing analysis.

Component 1 has thus drawn into focus two distinct groups of elements in Joan's psychological space. The one, composed of the teacher and disliked elements is construed as having the bipolar opposite qualities to the elements associated with her ideal self. Component 2 provides further delineation of Joan's psychological space by concentrating on the self element.

Component 2 (22%) has grouped on the positive element pole, self (27%, 62%), another patient most like Joan (27%, 75%) and another anorexic patient (7%, 31%). The self element is significantly positively correlated with the patient most like self ( $P < .05$ ; Table 2) and it in turn is significantly positively correlated with the anorexic patient ( $P < .05$ ; Table 2). Table 3 confirms that these three elements are construed very similarly. They are seen as, "wouldn't like to have children" (14%, 42%), "sexually naive" (12%, 49%), "wouldn't like to get/doesn't enjoy being, married" (9%, 36%), "dependent on other people" (9%, 52%), "passive" (9%, 44%), "lethargic" (4%, 34%) and "dislikes eating" (4%, 24%). In addition, Joan sees her self as needing to lose weight, stupid, not at all sexually attractive ( $P < .05$ ) and not ordering people around ( $P < .1$ ; Table 3).

An analysis of this pole of component 2 has brought several features of Joan's psychological space into focus. Firstly, it is evident that she construes her self as being very similar to her fellow patients, and thus it would appear that Joan sees herself (and presumably is thus seen) in the patient role. Secondly, Joan sees her self in a very poor light. She notes that she is a passive,

dependent person who is stupid and not at all sexually attractive, and lethargic. This contrasts markedly with her ideal self who is seen as "socially outgoing", "getting on well with people" ( $P < .05$ ), "warm and accepting" ( $P < .01$ ), "flexible", "energetic", ( $P < .05$ ) and "enjoying eating" ( $P < .01$ ; Table 3). Furthermore, the other anorexic patient (construed as similar to her self) shows a very strong similarity to the disliked female element ( $P < .01$ ; Table 2). This suggests that Joan sees many characteristics common to her self and the disliked figures, particularly when in a patient role. In addition, this patient element is significantly negatively correlated with her ideal self, father and sister, as is the disliked female element (Table 2), thus polarising Joan within the family milieu. Her sister and father, seen similarly, parallel her ideal self. Joan is, however, seen very negatively, both by her self and them, as is evident by the web of correlations above.

The role of Joan's mother is rather obscure. She is seen as tending to over-dramatize ( $P < .05$ ), to be stupid, liking having children, and strict and disciplinarian ( $P < .1$ ; Table 3). She appears to be psychologically a relatively unimportant figure for Joan and within the family to be construed as an "in-the-background" figure, showing some similarities to Joan and only one, "strict and disciplinarian", with father.

Within this context, the most motherly person element, seen as making Joan feel "relaxed", to be "flexible", "liking children" ( $P < .01$ ), "enjoying marriage", to not "order people around" and to be "trusting and open" ( $P < .05$ ), and to "express emotions freely" ( $P < .1$ ; Table 3),

appears to be a far more "real" person for Joan and one with qualities similar to those desired for her ideal self. The most fatherly person element, while construed by Joan to be similar to her father, is however seen to "get on better with people" ( $P < .01$ ;  $P < .05$ ), to be more "warm and accepting" ( $P < .01$ ;  $P < .05$ ) than her father and in addition to have qualities of "flexibility" and to be "energetic" ( $P < .01$  and  $P < .05$ ) which her father doesn't have. In addition, the fatherly person is not "strict and disciplinarian" which her father is seen to be ( $P < .1$ ; Table 3). This to some extent explains why the fatherly person element is apparently "more accepting" of the disliked female and patient elements than is her father, reflected by the significant negative correlations (Table 2). The fatherly person does, however, appear to have qualities which would allow him better understanding of Joan's self and thus, as with the motherly figure element, appears to be psychologically for Joan a more viable model.

A further point which arises out of the analysis of family dynamics is the antithesis in construction of the self and sister elements. Joan's sister is seen as "most like I'd like to be", as getting on "well" with people, "warm and accepting", "trusting and open", and "flexible" ( $P < .01$ ; Table 3) amongst other qualities. She embodies many characteristics Joan would like to have. Furthermore, she is construed as very similar to her father and presumably psychologically much closer to him, a position Joan would like to be in. Thus the possibility of sisterly jealousy and rivalry is brought into question. Active dislike could also be present as Joan's sister

is negatively correlated with all the figures grouped with Joan, including the disliked elements.

An analysis of the remaining tabled principal components adds little to the above stated dimensions of Joan's psychological space and serve largely to substantiate it.

Component 3 (12%) is dominated by the favourite stage or screen personality (53%, 66%) associated with the ideal self and self elements. This element appears to be psychologically relatively unimportant for Joan showing no definitive association with other elements (Table 2). Thus this component serves largely to note qualities of the stage/screen personality and more incidentally to note some of the common qualities between these three elements. The only common characteristic, as noted on Table 3, is "should lose weight" (4%, 42%). The dislike of marriage and children is the common link between the self and stage/screen personality elements, while for the ideal self and stage/screen personality elements it is their "enjoyment of eating", tendency to be "placid", "socially outgoing" and "need to lose weight." This positive element pole covers 72% of the component's element space, thus rendering the negative pole largely insignificant and adds nothing of relevance to Joan's psychological space.

Component 4 (9%) has as the most contributing elements on the positive pole, a female teacher (27%, 37%) and Joan's psychiatrist (10%, 50%). The relevant common characteristics are "intelligent" ( $P = .1$  and  $P = .01$  respectively) and "assertive" ( $P < .05$ ; Table 3).

The female teacher has been noted to be part of a grouping of elements including the other teacher element and the two disliked figures. Their characteristics and relation to the core elements in Joan's psychological space have been noted. Joan's psychiatrist and the ideal doctor element appear psychologically obscure and of little relevance (Table 2) and Table 3 attributes other qualities to her psychiatrist at only a marginal level. Component 5 (6%) concerns mainly the disliked male element analysed in detail above.

In conclusion, Joan's psychological space has been mapped out with components 1 and 2 embodying the core characteristics. Her father, sister and the maternal and paternal figures appear to be of prime importance plus the patient elements associated with Joan's perception of herself.

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6.6.

SUMMARY AND COMMENTS ON THE PSYCHOLOGICAL GRID SPACE  
OF THE SUBJECTS

Kate's elicited construct grid psychological space reveals a relatively small number of constructs with a few anorexic-specific constructs. Her mode of construing is tight. Kate's self element appears to stand largely alone polarized with her ideal self and mother. She notes in her self several generalized neurotic characteristics. A degree of identification by Kate through the patient elements is evident, these elements being associated with the disliked figures and opposed to her ideal self. Kate's father is construed as a rigid, obsessional man who stands aloof from his family, and he shows no point of similarity with his wife, who is construed as markedly similar to Kate's ideal self. The remaining elements are largely peripheral, Kate centering her perceptions on close family members and the patient figures. There is an indication of family "fragmentation" involving her parents, brother and sister due to their distinct polarizations with reference to qualities in Kate's psychological space (this is not reflected in the assigned construct grid). Within this context, the construed "doubtful how you'll be received" is very important in Kate's psychological space.

Kate's assigned construct repertory grid space reveals a relatively tight mode of construing with the role of anorexic-specific constructs not being central. Kate's self element remains isolated with similarities being noted with the patient elements where anorexic-specific qualities are noted. All these elements are markedly different from her ideal self. Kate appears to centre her perceptions through her close family members and the patient elements. Kate's

father is construed as polarized with her ideal self and as obsessive, cold and aloof. He shows no point of similarity with Kate's mother, who is construed very similarly to Kate's ideal self with several important divergences. Here it is evident that maturity is associated with a desire for and an enjoyment of marriage, leading to dependency and sexual experience, qualities Kate does not desire for her ideal self. Thus the constructs associated with sexuality and the female role are central to Kate's psychological space.

Thus, it would appear that although Kate used few anorexic-specific factors in her elicited grid, a markedly similar picture is presented in both psychological spaces. However, the assigned grid affords a clearer understanding of the nature of Kate's identification and associated problems. Both grids reflect father as verifying the model noted by Wold (1973) and Crisp (1974a) with reference to his characteristics and he appears to be the central polarization and point of conflict for Kate. Should Kate's mother be helping to focus the hostility, as noted by these authors, it is not immediately apparent from the grid space. It is of note that Kate's parents present as markedly different and opposed figures. While Kate's self and ideal self are very different, suggesting some level of neuroticism (Rogers, 1963), Kate's self perception does not parallel that sketched by Ehrensing and Weitzman (1970) to any significant degree, although elements of minimal self-esteem are present. The constructs centering the area of conflict for Kate with reference to her modelling, accentuate sexuality and female-role characteristics, possibly suggesting some flight from the maturational crisis noted by numerous authors.

Ann's elicited construct grid psychological space, reveals a relatively large number of constructs with a few anorexic-specific constructs related to obsessionality and introversion being noted. The dimensions of introversion and social sophistication are central to Ann's construct system. Ann's mode of construing is relatively tight and a degree of rigidity is apparent, largely due to the use of extreme ratings and a refusal to markedly discriminate between people. Ann's self element is construed in a negative light, with qualities of pessimism, worry, self-doubt and withdrawness being central. There is a suggestion of Ann identifying with the patient elements, who are associated with the disliked elements. Ann centres her perceptions through the core elements of her mother, father, fiance and doctor elements, the latter being strongly associated with the female teacher element. Ann's mother and father are seen as markedly similar to self and embodying generalized neurotic qualities. Polarized to her self, are her fiance and doctor elements, the latter having the few qualities the former does not have in their strong association with the ideal self.

Ann's assigned construct grid psychological space shows a tight mode of construing and reflects a similar rigidity to the elicited grid. There are certain core elements and characteristics and the remainder appear very peripheral. Ann's construal revolves around dimensions associated with introversion, social withdrawness, general social sophistication and emotional expression, with a few aspects of obsessionality involved. The role of "maturity" is central. Ann's self is largely insular and is seen negatively, associated with the

patient elements and disliked elements. These figures are polarized with her mother, father, fiance and ideal self elements, who are construed similarly. The bipolar opposite qualities to those noted above are particularly applicable to her fiance and ideal self. Thus, maturity is associated with extraversion, social outgoingness and friendliness, while the obsessional qualities remain constant. Ann's parents are construed as similar and associated with the ideal self element, thus polarizing Ann's self within the family milieu.

Thus, both psychological spaces verify a rigidity in Ann's construct system, and the central nature of Ann's mother, father, fiance and ideal self in her perceptions. The role and construed qualities of her mother and father differs in each psychological space and in neither parallels any model presented in the literature, except a suggestion in the elicited space where generalized neurotic qualities were noted (Crisp, 1974a). Both parents are consistently seen as similar. A possible explanation for the differing perceptions in the two psychological spaces of Ann's parents is due to the more "anorexic" nature of the assigned grid "forcing" her perceptions of like-self and different-to-self within a patient model. The consistency of the construal of similarity between her ideal self and fiance points to the core nature of these elements. Ann's self and ideal self are construed as markedly divergent, suggesting a degree of neuroticism (Rogers, 1963). Her self perception shows minimal self-esteem and a degree of self-deprecation (Ehrensing and Weitzman, 1970), but her parents do not compliment these authors' further observations. The pervading picture in the construct space is one of dimen-

sions related to introversion, social withdrawness and social incompetence - these qualities all being associated in Ann with immaturity. Other anorexic-specific features in the construct space are largely peripheral, although Ann does note them to be of importance with reference to the patient figures with whom she identifies.

Mary's elicited construct grid psychological space reveals no anorexic-specific constructs and an extremely tight mode of constructing with one rigid polarization of the elements and all constructs. One group involves Mary, her ideal self, psychiatrist, fellow patients and current friends polarized with her father, father figures, disliked figures and ex-friends. This mutually exclusive polarization suggests that Mary must either see people as like her or different to her with no intermediary stages, indicating that ambivalent perceptions would probably produce anxiety. The polarization makes the attributed construct qualities largely insignificant in that all "positive" and "negative" characteristics follow the groups. Generally, however, Mary's father is construed as cold, critical and callous and is clearly the centre of her conflict. Mary's mother is a more obscure element with Mary's self and ideal self perceptions, but clearly in the background and a periphery element. An unusual feature is the similarity between Mary's self and ideal self construct patterns. It is possible that differences in this area were clouded by Mary's desire to polarize herself with her father and thus it is not possible to comment on Mary's 'actual' perceptions of her self with reference to change.

Mary's assigned construct grid psychological space reveals a very tight mode of construing with the central use of anorexic-specific constructs, and a rigid polarization of elements in the space. (Her polarization is not as complete as in the elicited grid space probably due to the fact that she was presented with categories not of her own making, producing some looseness.) Essentially, Mary has polarized her self, ideal self and patient elements with her father, father figure and disliked figures within the construct space. Mary's father is seen as in favour of marriage, having children, as being sexually experienced, a disciplinarian, authoritarian, cold and rejecting, fat and enjoying eating. Mary's mother is associated with her husband and has many of the same characteristics, but is clearly more in the background and not central to the polarization. Mary's self and ideal are diametrically opposed to the above stated qualities and these elements, being associated with the patient figures, suggest that in the patient role Mary is particularly polarized to her father. An unusual feature again reflected is the similarity between self and ideal self elements. Anorexic-specific constructs are used in that all "negative" figures are fat, enjoy eating, marriage and having children plus authoritarian characteristics are associated with them.

Both psychological spaces reveal extremely similar dynamics although no anorexic-specific characteristics were forwarded in the elicited grid. The assigned grid does, however, afford a clearer picture of the characteristics involved in Mary's conflicts. Both grid spaces reveal a rigidity in Mary's construing, the central point being her opposition to her father, who matches the models drawn by

Crisp (1970a) and Wold (1973). Her mother appears as a peripheral element associated with self and father in the respective spaces. This suggests that she is secondary to the conflict and possibly focusing the confrontation between Mary and her father for her own needs. (Crisp 1974a, Wold, 1973.) In both grid spaces, the self and ideal self elements are construed as markedly similar. The validity of this as an indicant of Mary's desire or need to change, is dubious as differences are probably clouded by her opposition to her father. All elements are essentially involved in the polarization, but the central figures are those noted. With reference to characteristics delineated as desirable for Mary, it would appear that there is evidence of a flight from the maturational crisis in Crisp's and Rheingold's terms, with the role of constructs related to sexuality and female role characteristics being central. Mary, associated with the patient elements, makes use of anorexic-specific characteristics in noting that all "negative" elements (those unlike her), are fat and involved with eating behaviour.

Gwen's elicited construct grid psychological space reveals a relatively small number of constructs with no anorexic-specific construct qualities. Her mode of construing is relatively tight and clear, with the first component providing all the necessary information. Within Gwen's psychological space, her self is strongly associated with the patient elements, suggesting that she clearly sees herself in this role. Her self perception presents 'negatively' with qualities of introversion, lack of confidence and self-control,

insecurity and marked self doubt. This contrasts with her ideal self who is construed as markedly different, with qualities of honesty and self-control being central. The maternal and paternal figures and her psychiatrist are strongly associated with her ideal self, while her mother and father are perceived as insignificant peripheral elements. The disliked and authority figures are polarized with Gwen's self and the remaining elements are largely incidental to the essence of her psychological space.

Gwen's assigned construct grid psychological space reveals a looser construct system, but one with clarity. Anorexic-specific qualities are of importance in this grid space. Gwen's self element is strongly associated with the patient elements suggesting aspects of identification with the patient role. She construes her self as being socially withdrawn, sexually naive, not wanting children, to be passive, childish and dependent. This contrasts markedly with her ideal self where maturity is a central feature. Her mother and father are perceived as being similar and to be fat, enjoying eating and to favour marriage and having children. They do, however, appear to be less central than the maternal and paternal figures who are construed as having the necessary qualities to draw out the timid, dependent profile Gwen sketches for her self. The disliked and authority figures are polarized with the self element and the remaining elements are peripheral to Gwen's psychological space.

Thus, although Gwen did not use anorexic-specific constructs in her elicited grid space, a very similar picture presents in both spaces, the assigned grid being more definitive of element divergence with

reference to Gwen's anorexia. Gwen's self element is on both occasions strongly associated with the patient elements, accentuating the importance of the patient role. Her self perception on both occasions differs markedly from her ideal self and is seen in a self-depricatory light. Gwen presents as a timid, immature girl who lacks confidence, security and self control and who is markedly introverted. She furthermore notes sexual naivety and not wanting to have children as important constructs. Within the total psychological space, Gwen's parents are not central to her thinking and are perceived as differing from her self in being fat and enjoying marriage and children. The maternal and paternal figures are consistently construed more favourably. Her parents thus do not present similarities to any model noted in the literature. The large discrepancy between self and ideal self suggests a level of neuroticism (Rogers, 1963) and her poor sense of self and minimal self-esteem partially compliment Ehrensing and Weitzman's (1970) observations. Constructs related to the dimensions of introversion, weight and particularly sexuality and the female role, are central to Gwen's perception. Her dislike of the idea of marriage, having children, her childishness and dependency, compliment the postulations of the authors who note a regressive drive away from the maturational crisis of maturity and womanhood.

Joan's elicited construct grid psychological space reveals a matrix involving few constructs, with generalized qualities and a few marginal anorexic-specific constructs. Her self appears largely in-

sular but strongly associated with the fellow anorexic patients. Joan presents an introverted, fearful and negative self image, and her association with the disliked figures suggests that she actively dislikes certain features in her self. This construal contrasts markedly with the extraverted, unselfish, lively and socially sophisticated ideal self. Joan's mother is construed as similar to her self and is seen as negative and fearful and pessimistic, as is the maternal figure, thus suggesting that her female models are very poor. Her father is an obscure element and is overshadowed by the paternal figure who shows associations with the ideal self. The doctor elements are seen very positively and possess all the qualities lacking in her parents, suggesting that it is perhaps through this model that Joan hopes to change. The remaining core element is Joan's sister who is seen as significantly similar to her ideal self and possessing many of the qualities that Joan wishes for her self, and thus the possibility of jealousy is brought into question.

Joan's assigned construct grid psychological space reveals a relatively tight mode of construal with the role of constructs related to sexuality and the female role being particularly central. Joan's self is associated with the patient elements and through them to the disliked figures suggesting that she, to some extent, actively dislikes attributes of her perceived "negative" self image (passive, dependent and stupid). Furthermore, Joan does not want to have children, be married and desires sexual naivety. Her ideal self contrasts markedly on the dimensions related to social outgoingness, warmth and flexibility. Joan's mother is an obscure element and

largely peripheral, with the few noted perceptions differing with Joan's self - these perceptions involving aspects of sexuality and the female role. Her father is marginally associated with her ideal self, but both parents are overshadowed by the maternal and paternal figures who are more central to Joan's psychological space and construed as closer to her ideal self. The doctor elements and Joan's sister are significantly associated with her ideal self and again the question of sisterly jealousy arises.

Thus, it is evident that Joan's two psychological spaces merge and largely reflect similar dynamics, the assigned construct space being more definitive of the nature of her anorexia. The total psychological space construes Joan as having a poor sense of self, little self-esteem and several generalized neurotic characteristics. This construction complements Ehrensing and Weitzman's (1970) model. The consistently marked discrepancy between self and ideal self plus the characteristics noted for the self patterning and the aspect of active dislike of several of these features, suggests an unhappy girl and a level of neuroticism (Rogers, 1963). Joan's parents do not present any meaningful picture and thus do not compliment models in the literature. They appear as peripheral figures overshadowed by the maternal and paternal figures. Joan's perception that her father is strict and a disciplinarian and the characteristics noted for her mother in the elicited grid space, suggest that her parents do marginally have features complimenting Crisp's (1974a) observations. Characteristics used by Joan to differentiate elements include constructs related to sexuality and female role features. Her construal

of her self as childish, immature, passive, dependent and withdrawn plus her dislike of the idea of marriage and having children, suggests that Joan is regressing to the more secure state of childhood through her anorexia and avoiding the maturational crisis. (Crisp, 1970a; Rheingold, 1964.) Other anorexic-specific constructs do not play a central role in Joan's construing. Extensive identification is drawn from the disliked elements and the patient elements in particular in both grid spaces. Her sister, polarized with the self element, is possibly a source of jealousy. The role of this sisterly divergence as a possible source of Joan's illness is not immediately apparent in the total grid space.

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7. CONCLUSIONS

In general, the present study has been both valuable and significant in its exploratory endeavours. The repertory grid proved most appropriate in the investigation of a disorder with a psychogenic component, like anorexia nervosa. A large body of information on each subject was exposed by the grids and a review of the case summaries reveals the accuracy of the grid's psychological space in delineating central issues and characteristics. This in itself is highly significant as if a grid can reveal what can only be extracted from numerous lengthy history taking sessions with notoriously secretive subjects, then for that reason alone it would be a most appropriate clinical tool. Furthermore, the total grid space did in a number of cases do more than merely confirm data already known from the history. To know that an anorexic has a very poor relationship with her father is indeed of significance. But what is more important is to know how she sees her father, what it is about him that she feels is at the core of their poor relationship and how she would ideally like him to be. Such information is rarely immediately accessible to a patient who is immersed in an emotionally traumatic situation, but is most patently revealed by an examination of the significant relationships which exist in her construct space. As has been stressed in the Introduction, it is only by understanding what specific psychogenic symptoms mean to a person with those symptoms that an understanding of the person is possible. The grid as a technique for coming to such an understanding has been shown in this study to be most valuable.

A flaw which became evident in this study, was the specific struc-

ture of the assigned construct grid and the role title list, which was common to both grids. Basically, they were both too long. Slater's principal components program can accommodate a twenty-five by twenty-five grid matrix. It was felt that in an exploratory study, by using this program to its maximum capabilities, a maximum amount of significant information would be extracted. This was an error. While it is certainly true that a large grid matrix presents extensive information, a lot is redundant. The analysis consequently becomes tedious and unwieldy and essential core data was, on occasions, clouded by peripheral constructs and elements. Thus, the first improvement for future repertory grid research in this area, would be to lessen the grid matrix size to the essential core characteristics which will become evident below.

With reference to the aim of exploring whether an elicited or assigned construct grid would be most appropriate in an investigation of this nature, several points emerge. The two grid spaces were found to present markedly similar pictures for all the five subjects in spite of the fact that seldom were anorexic-specific constructs forwarded by the subjects in the elicited grid. This suggests that the core essentials of the subjects' dynamics are focused in the element dimension and this observation compliments Kelly's (1955) statement that grouping elements by inspection (or statistically) is most valuable in getting to the essence of a person's psychological space.

On all occasions, the assigned construct grid was found to be more definitive of the actual polarizations between elements and provided greater depth to the understanding of the subjects' anorexia

per se. By the same token, parental characteristics were more clearly defined.

Constructs related to the introversion-extroversion dimension and constructs related to sexuality and the female-role were found to be central in the subjects' construing. Thus, the constructs of "sexually experienced - sexually naive", "most sexually attractive - least sexually attractive", "would like to get/enjoys being married - wouldn't like to get/doesn't enjoy being married" and "would like to have children - wouldn't like to have children" were core constructs. Often associated construct poles were introversion, immaturity, dependence and passivity.

In this context, the observations of Crisp (1970a), Ehrensing and Weitzman (1970) and Rheingold (1964) were generally shown to have some validity viz. that the anorexic weight loss is a regressive mechanism to achieve a greater sense of security (Crisp) and that it can be seen as a flight from the maturational crisis of budding womanhood (Ehrensing and Weitzman) and a distaste for the accompanying female-role features, sexuality in particular (Rheingold). Furthermore, this serves to confirm Crisp and Fransella's (1972) observation, in their repertory grid investigation of two anorexic patients, where a strong association between the constructs "maturity" and "likely to become pregnant" was noted.

Constructs relating to weight, eating and obsessionality were used by a few of the subjects definitively, but with no consistency in the framework of a nomothetic analysis. These constructs were, however, pertinent in delineating parental characteristics. The remaining con-

structs in the assigned grid were generally peripheral to the modes of construing and could thus be largely excluded from future repertory grid investigation.

An element consistently important in all the psychological spaces was the ideal self. This is explicable by the fact that for all but one subject, the self and ideal self perceptions were markedly divergent. The construal of self was consistently 'negative' reflecting poor self-esteem and self-deprecation. Commonly included qualities for the self included pessimism, rigidity, passivity, childishness, stupidity, an inability to express emotions and qualities related to social incompetence (besides the constructs relating to sexuality and the female-role, noted above). These factors tend to confirm observations of Ehrensing and Weitzman (1970) and Rogers (1963).

Both parents and the maternal and paternal figures played a role in most of the psychological spaces and the doctor elements, always associated with the ideal self, and the disliked figures were also core elements in a number of grids. The remaining elements appeared largely peripheral when viewed nomothetically and could thus be mostly eliminated for future research purposes. This tends to accentuate the core nature of the parental elements.

There was nomothetically, no consensus on parents being construed as similar or 'opposite' to one another. In three cases the parents appear distant figures superceded by the paternal and maternal figures, with the role of the psychiatrist element being

central. In the remaining cases, the father appeared as the central source of conflict, with him being perceived as a rigid, compulsive person much concerned with discipline. Thus, the observations of Crisp (1974a) and Wold (1973) are confirmed in these two cases. In only one of these cases could it be said with any degree of assurance that the mother was helping focus the hostility onto the anorexic daughter and away from her self as Wold feels is the case.

In general, however, the parents were seen as having a level of psychoneuroticism, complimenting Crisp's (1974a) observations. It is of interest to note that the father presented as either a conflict figure or a peripheral element, while no consistency could be found nomothetically with reference to the mother's perception. There was a strong positive identification with her in only one grid space and no evidence in support of Rheingold's (1964) perception of a "hostile, suspicious, competitive, censorious, puritannical" women was found.

It would thus appear, that no one consistent picture of parents of anorexics emerges from a nomothetic analysis of a small sample of cases. The lack of consistency suggests that more research in an ideographic framework is necessary until greater understanding is obtained of the parental role in the anorexia nervosa syndrome.

With this in mind, future repertory grid investigation of the syndrome should actively include the parents in the research. This would allow a detailed ideographic investigation of their perceptions of each other and their anorexic daughter, while her perceptions of them could also be obtained. With reference to the models presented

in the literature, aspects the parents' grids could present that would be looked for, would be the degree of similarity or divergence in their general personalities and dominance or submissiveness by either partner (Ehrensing and Weitzman, 1970; Rheingold, 1964; Wold, 1973); their general psychoneurotic status, particularly with reference to anxiety and depression (Crisp, 1974a; Meyer, 1971); obsessive-compulsive features and rigidity in the father (Crisp, 1974a; Wold, 1973); hostility towards the anorexic daughter by her mother (Rheingold, 1964); aspects of the mother focusing conflict away from herself and between her husband and anorexic daughter (Wold, 1973) and the nature of the anorexic subject and her mother's relationship over the years (Ehrensing and Weitzman, 1970) which could be achieved by including the daughter at different ages as elements.

Besides these specific aspects, a detailed ideographic investigation of the family nexus with the repertory grid, would launch the search for meaning and theory much more firmly and systematically within the area of family dynamics than has been the case to date.

Furthermore, to allow such an investigation to have more dynamism, a longitudinal study involving the testing of the patient (and her parents) at certain key weight levels, would greatly extend its value. Thus, the family members and patient could be tested when she was below 80% of standard weight and then again as she rose to 90% and then to normal weight. This would produce a picture of the changes in the patient's grid space with treatment and most importantly, would note the concomitant changes in the parents' psycho-

logical spaces. In this context, Crisp's (1974a) observation that there was an increasing level of anxiety and depression in the parents as their anorexic daughter improved, could be studied.

The repertory grid envisaged for this investigation would involve a combination of both elicited and assigned constructs, with the constructs noted above to be of central nomothetic value, to be included. Elements would be similarly reduced to the core figures. The ultimate goal for research of this order, would be that

"...as further patients are studied it may become possible..... to identify factors which are predictive of outcome in the individual case, and which will help to focus psychotherapeutic efforts."

(Crisp and Fransella, 1972a, p.405.)

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9.1.1. S.1. KATE

Kate was admitted to the psychiatric ward at Groote Schuur Hospital on the 6th April 1974, at the age of 14 years. She had been attending hospital as an outpatient, but finding that she was unable to control her pursuit of thinness, she requested hospitalization for the appropriate help. At this stage her weight had dropped since June 1973 from 104 lbs to 62 lbs (60% of standard weight).

As a very young child, Kate tended to be preoccupied with her weight and was self-conscious about being thin. Shortly before reaching puberty, she began to fear putting on weight, being particularly concerned about her legs. It was at about the time of her menarche in June 1973 that she began to diet. During the ensuing year, she regained her appetite for a short while, enjoyed eating sweets and cake, and as a result gained a little weight. But very soon she was again dieting and overcome by an urgent need to be thin.

Vomiting was not a prominent feature, but did occur when Kate first started dieting. Laxatives were apparently not particularly abused, but were used at times to relieve constipation.

After Kate's initial menstrual period in June 1973, she never menstruated again. It is noted that she was psychologically well prepared for menarche by her mother.

In her relationship with her parents, there seemed to be nothing of any marked significance. She was fond of her father

who was described as a professional man, rather obsessional in his way of life and fussy about his food. Kate is said to have related well with her mother who was a school counsellor. She was a little envious of her two elder brothers and younger sister who were all participating more actively socially than Kate.

At school, Kate was doing well academically, but experiencing difficulties in respect of social integration with her peers.

Kate's dieting and initial loss of weight coincided with the onset of puberty. She stressed the fact that she had wanted to join several of her peers in their preoccupation with dieting. It also so happened that her brother developed liver disease and for a while refused to eat. This was at the time of Kate's menarche and may have contributed towards the precipitation of her abnormal dietary regime.

In the ward, Kate was assessed as being an alert, intelligent, sensitive girl, with obsessional personality characteristics. She was extremely thin, but neat and tidy in her appearance. She talked freely, and was both friendly and co-operative in her attitude. She was not depressed and did not manifest any significant degree of anxiety.

A diagnosis of anorexia nervosa was made and dietary measures were instituted to facilitate weight gain. Supportive psychotherapy was provided. Kate proved well-motivated and very co-operative. Her efforts were well rewarded and during the course of nine weeks, her weight increased to 88 lbs.

On the 17th June 1974 she was discharged, to be followed up as an outpatient. The fact that she had gained weight so satisfactorily, coupled with an absence of any marked neurotic disturbance, pointed to a favourable long-term prognosis. But her difficulty in relating satisfactorily to her peers had not been resolved and a prolonged need for psychotherapeutic support and control was recognized.

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9.1.2. S.2. ANN

Ann was admitted to the psychiatric ward of Groote Schuur Hospital early in February 1974, at the age of 25 years. She had been seen at the hospital as an outpatient in July 1973 when a diagnosis of anorexia nervosa was made, but at that stage she was completely unmotivated for treatment.

On admission, Ann's weight was 105 lbs (79% of standard weight). Her previous maximum weight is not known, but her mother described her as having been "well covered". It was some two and a half years previously, soon after the death of her father, that Ann lost interest in eating and began to lose weight. When she did eat a little, she complained that the food "stuck in her throat" and made her feel sick. This resulted in self-induced vomiting. She apparently would often talk in terms of wanting to put on weight, but being unable to do so.

For the last two years, Ann had not menstruated. She expressed anxiety about her amenorrhoea because she was engaged, but would not consider marriage unless she was "normal". She had enjoyed normal petting with her fiance, but had decided to avoid having sexual intercourse before marriage.

It would appear that Ann's pathological dieting was precipitated by her father's death. She found it extremely difficult to adjust to his death and for some months was very depressed. Ann has, in fact, remained depressed in fluctuating degrees since that time. Her father was an even-tempered man, employed as a clerk in the

Civil Service, and Ann was very fond of him. She also enjoyed a satisfactory and very close relationship with her mother. Her older brothers have always been good to her and she had very little difficulty in her relationship with them.

At school, Ann's academic progress was above average standard and she matriculated. She was described as a conscientious, serious-minded young person. She tended to be rather shy and retiring, but at the same time always showed a concern for others and was recognized as a very helpful individual. She was popular and became head girl of her school.

After leaving school, she embarked on a teacher's training course. She again worked hard and completed the course, but became very anxious in the process. She then wanted to teach, but was afraid that she would not be able to cope. She became employed in a bank, where she was again rather anxious, but gradually settled down and ultimately adjusted quite well. She is still employed at the bank where she has now been for over five years.

Socially, since leaving school, Ann has led a rather quiet and isolated life, but she gets on well with her fiance and they hope to get married shortly.

In the ward, Ann proved to be an intelligent, likeable individual, but somewhat withdrawn. It was soon apparent that Ann was resistant to treatment. Having gained only a few pounds she insisted her eating had improved and that she saw no reason to gain any further weight. A treatment regime involving curtailment of visitors and bed confinement proved only marginally helpful and

she was discharged on the 15th May 1974 as little progress was being made. Follow-up supportive psychotherapy was arranged.

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9.1.3. S.3. MARY

Mary was admitted to the psychiatric ward at Groote Schuur Hospital on the 22nd January 1974, at the age of 16 years. Admission had been recommended a few months earlier, but she had preferred to receive help as an outpatient. It was only after an emotionally intolerable situation had developed at home with her father that Mary had requested admission to the ward.

Mary had started to diet about two years earlier when she weighed 136 lbs. Her weight gradually dropped to a level of 87 lbs. As a result of outpatient management, she gained a few pounds and when she was admitted to the hospital she weighed 95 lbs (80% of standard weight). She agreed that she was too thin, but could not see the need to weigh more than 100 lbs.

Mary's dieting started when a doctor advised her to do so and perhaps more particularly because her family teased her and called her a "potato". She had been very self-conscious about her fat stomach. During the course of the two years prior to admission, Mary had indulged periodically in bouts of over-eating which were always followed by vomiting. She had also occasionally used laxatives for constipation.

Mary has thus far never menstruated. Her primary amenorrhoea has been investigated gynaecologically with complete negative results. This symptom does not appear to cause Mary any anxiety. She admits to occasional masturbation, but denies any guilt feelings. She has not experienced sexual intercourse.

Mary's family situation is significantly disturbed. Her parents were both brought up in Greece. Her mother is a trained social worker and is described as warm, loving and generous, but dominated by her husband. Father, an industrial chemist, is an emotionally very volatile personality, and is described by Mary as being nervous, temperamental, stubborn and very excitable. He has difficulty in accepting what he sees as an over-permissive way of life in South Africa. He experiences great difficulty in controlling and disciplining his children, and not infrequently finds himself involved in an emotionally explosive encounter with Mary. It was when the relationship between Mary and her father became intolerable, while her mother was away from home on a visit to Greece, that Mary's hospitalization was precipitated. Mary has no sisters but two younger brothers, the more senior of whom has been involved in delinquent behaviour.

During the last two years, Mary was unable to adjust to school discipline and finally refused to continue with school, shortly before being admitted to hospital. Her relationship with her father is such that it is not surprising to find that she is unable to adapt to authority figures.

In the ward, Mary was seen as a thin but neatly dressed, attractive, likeable girl. In discussing her relationship with her father, she readily tended to become anxious and depressed. This ambivalent relationship is clearly all-important to her. She is a girl endowed with more than average intelligence and recognized her need for psychological attention.

A diagnosis of anorexia nervosa was made and in addition to dietary measures in her treatment regime, considerable time was devoted to her parents with a view to establishing an emotionally more stable family situation. The psychiatric social worker was particularly occupied with dealing with the parents and found the father quite unable to cope adequately with his paternal role.

Mary made satisfactory progress and was discharged on the 1st March 1974. She was placed in a tutorial college and the family as a whole continued to receive psychotherapeutic support. Mary's long-term prognosis was considered to be quite favourable.

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9.1.4. S.4. GWEN

Gwen was first admitted to the psychiatric ward at Groote Schuur Hospital on the 19 December 1973, at the age of 17 years, weighing 62 lbs (60% of standard weight). Her weight problems antedated to March 1972 when she weighed 115 lbs, and she started losing due to cutting out carbohydrates and fats from her diet to curb her acne. A bout of flu later in the year, while on holiday, precipitated a further weight loss of 30 lbs.

Gwen had her menarche at eleven years, but since the onset of her anorexia she has been amenorrhoeic, a factor which notably does not disturb her. Gwen has always enjoyed cooking and her father reported that she often made him food, but rarely partook herself. During her stay on the ward, Gwen often hid her food. Her weight loss was due to a restricted food intake with no history of vomiting and only occasional use of laxatives.

Gwen is an only child. Her mother had one other child who died at eighteen months and thereafter she refused to have any more. Gwen grew up in a tight, closed family setting where her maternal grandparents live in the household and an aunt next door. She had measles and polio at a young age which has left her with slight facial weakness.

Gwen always did well at school academically, but had great difficulty making friends and was consequently rather isolated. She has never shown any interest in boys, but it was noted by the doctor at the time of her admission that "she is very attached to

her father who is the only male in the family at present - her uncle and maternal grandfather having both died in the last few months."

In her relationship with her parents, Gwen has always been very close to her father and has had a poor relationship with her mother. It was evident that, although Gwen had just matriculated and had enrolled at university at the time of her first admission, she was still very dependent on her parents.

On the ward, Gwen was assessed as being a clever girl, sensitive by nature, who talked freely and showed no depressive symptomatology, but some indications of obsessionality.

After the diagnosis of anorexia nervosa, the relevant dietary measures were instituted and Gwen was put to bed to facilitate weight gain.

Gwen was generally well motivated and she gained weight and became less preoccupied with her anorexic symptoms. Psychologically, she seemed to mature and she expressed the feeling that she had developed considerably. Gwen was discharged two months after admission, somewhat earlier than desired, due to family reasons.

After discharge, and returning home briefly, Gwen went to university and into residence, where she was unhappy. She could not make friends and had difficulty coping with initiation practices. She became anxious and preoccupied with her weight, which declined. She requested readmission during her mid-year vacation, some three months after her initial discharge. On this occasion, attempts to

get Gwen to gain weight were met with greater resistance than before and she required constant reassurance. She was discharged at 88% of standard weight some two months later, having made the decision to forego university for that year.

On returning home, she reported that her parents tried to force her to eat, against which she rebelled. She was readmitted on the 6th November 1974, for some four months due to the re-occurrence of her anorexic symptomatology.

Gwen appeared to do markedly better on this third admission and a change of university allowed her to keep close contact with the hospital. Her prognosis was viewed as fair on her discharge.

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9.1.5. S.5. JOAN

Joan was first admitted to the psychiatric ward at Groote Schuur Hospital on the 10th January 1974, at the age of 25 years, where it was necessary for her to stay some five months before some degree of improvement could be noted.

Joan had been sick for a number of years prior to her admission. She had been hospitalized in several centres around South Africa in 1967, 1970 and 1973 due to her severe weight loss. When Joan was admitted to Groote Schuur Hospital she weighed 72 lbs (62% of standard weight).

Joan, one of identical twins, was the lightest at birth. Her sister was married on the 15th December 1973 and reportedly has always been the more outgoing of the two and has no psychological problems of note. Joan grew up having an apparently normal childhood. In standard seven, she was sent to boarding school in her home town and remained there until she passed her matric.

While away from home doing her nursing training, Joan developed her first anorexic symptoms. She reports that she became emotionally upset under the stress of her work. She started to diet with a group of friends and lost weight from 130 lbs to 90 lbs. Her periods stopped and she developed symptoms of anorexia nervosa which have persisted to the present time. Joan's anorexic symptomatology was complicated by depression and she has been on anti-depressants intermittently since that date.

Menarche was at thirteen years for Joan. Her periods were always irregular and she became amenorrhoeic in 1967 with the onset of her anorexia nervosa. She has remained amenorrhoeic for long periods ever since, with only the occasional period.

Prior to her illness, Joan was "plump" (130 lbs), had a small circle of friends and occasional encounters with boyfriend figures. With the onset of her dieting, Joan refused food, hid meals away and had temper tantrums when her mother gave her "too much" food. She never vomited and used laxatives weekly to relieve constipation. Joan also became much more withdrawn and developed obsessional personality traits.

Joan's father died in 1971. She was never very close to him and she reports that he was a timid man, "pernickety" about things she did. Joan "bickers" a lot with her mother and has temper tantrums in response to her. She gets upset when her mother tries to encourage her to be more sociable and outgoing, and less dependent. However, it was clear that Joan's mother was still somewhat over-protective.

While in the ward, Joan was assessed as being a quiet, introverted person, immature for her age. She was slightly depressed and displayed symptoms of anxiety and obsessionalism and was seen to be a rather dependent person.

A diagnosis of anorexia nervosa was clear, and dietary measures were instituted to facilitate weight gain and supportive psychotherapy was provided. Joan's progress was slow and she was dis-

charged on the 30th June 1974, at only 85% of her standard weight as it was felt she was becoming too dependent on the ward.

On discharge, Joan appeared to make an adequate work and social adjustment, but her weight declined steadily. Readmission was required for a month in November 1974. Joan's prognosis is seen as "guarded" in view of the longstanding duration of her symptoms.

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9.2.1. S.1. KATE

Assigned repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2	2
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2	3	1	2	3	2	3	2	4	4	4	3	3	3	3	3	4	4	4	3	3	4
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5	2	1	2	2	2	3	3	2	2	2	2	2	2	3	2	3	3	3	2	2	2
6	3	4	3	4	3	4	4	3	3	3	4	4	4	3	3	3	3	3	4	3	4
7	3	4	4	3	4	3	4	3	3	3	3	3	3	4	4	4	3	4	4	4	3
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24	2	3	3	2	3	4	4	3	3	3	3	3	3	4	4	3	2	3	2	3	2
25	3	3	3	2	3	3	3	3	3	3	2	3	3	4	3	2	3	2	3	2	

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Elicited repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2	2
1	4	2	3	2	2	3	3	1	1	2	2	3	4	3	2	2	4	2	1	2	4
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6	2	3	3	3	3	3	2	3	4	2	3	2	3	3	4	3	2	3	4	4	3
7	3	4	4	4	4	3	3	4	4	4	4	3	3	3	4	4	3	4	4	4	3
8	4	4	3	3	4	4	4	3	4	3	3	2	3	2	4	4	3	4	4	3	3
9	2	1	2	2	3	2	2	3	3	2	2	2	2	2	2	3	3	3	2	2	3
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13	3	4	3	3	3	3	3	3	3	2	3	2	3	3	3	3	2	3	3	3	3
14	3	3	3	2	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3

9.2.2. S.2. ANN

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Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	2	2	2	2	
1	1	5	5	5	5	5	2	3	3	5	3	5	5	5	3	3	3	3	5	4	3	3	3
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3	5	1	4	5	1	1	3	3	3	1	3	1	1	2	3	3	3	3	3	3	3	3	3
4	5	5	5	5	4	5	5	3	3	5	3	5	4	5	1	5	5	3	5	5	2	2	2
5	5	1	1	1	1	1	3	2	2	1	1	1	1	1	1	3	3	3	1	2	3	3	3
6	5	4	4	5	1	4	3	1	3	5	3	5	5	4	3	2	4	3	5	5	1	1	1
7	1	1	1	1	1	1	3	5	5	1	3	1	1	1	2	3	3	3	1	1	2	2	2
8	1	1	1	1	1	1	5	4	3	1	3	1	1	1	2	3	3	3	1	1	1	1	1
9	5	1	1	5	1	3	3	1	3	3	3	1	1	2	2	3	3	3	3	3	1	1	1
10	1	1	1	1	1	1	3	5	3	5	3	1	1	5	1	2	2	3	1	1	1	1	1
11	2	1	1	1	1	1	3	3	4	1	3	1	1	1	2	3	3	3	2	2	2	2	2
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13	5	3	5	3	3	2	5	3	3	5	3	3	3	3	3	3	3	2	2	2	3	3	3
14	2	3	5	5	4	5	1	3	3	1	3	3	3	1	3	3	3	1	2	2	2	2	2
15	5	3	3	3	3	3	2	2	3	3	5	4	3	1	5	5	3	5	4	3	3	3	3
16	1	1	1	1	1	1	3	1	1	5	3	3	3	3	1	3	3	3	3	3	3	3	3
17	5	2	3	5	3	2	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3
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19	5	2	3	3	3	1	3	3	3	5	3	3	3	3	3	3	2	3	3	3	3	3	3
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25	1	4	1	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

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Elicited repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2	2	2	2
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7	2	1	1	1	1	1	2	1	3	3	3	1	1	1	1	2	1	2	2	2	2	2	2
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21	5	1	5	4	4	1	3	3	3	4	3	3	3	1	2	2	3	1	5	4	3	3	3
22	2	1	1	1	2	1	3	4	4	2	3	3	3	2	2	3	2	5	3	3	3	3	3

9.2.3. S.3. MARY

Assigned repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2	2	2
1	1	1	3	5	1	2	3	5	4	3	4	4	3	5	4	3	3	4	3	4	4	2
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8	3	3	2	3	3	2	4	4	4	1	2	2	3	3	2	3	3	4	4	3	3	1
9	1	1	2	1	1	3	4	3	3	2	4	3	3	1	4	3	1	3	2	3	4	1
10	5	5	1	2	5	4	4	2	1	1	2	1	1	1	3	3	3	3	4	4	3	4
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24	4	5	3	1	5	5	4	2	3	2	3	3	4	1	5	5	3	1	3	4	4	3
25	2	2	4	4	1	1	1	1	1	1	3	4	3	1	4	1	2	4	3	2	2	2

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	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	1	2	2	2
1	1	1	2	4	1	1	2	4	4	3	3	3	2	4	3	1	3	3	2	1	1	1	
2	1	1	3	5	1	1	1	1	1	3	4	3	1	5	2	1	3	1	1	1	1	1	
3	1	1	1	4	1	1	2	5	4	3	1	1	3	5	1	1	4	4	4	3	2	2	
4	5	5	4	1	5	5	2	1	3	5	4	5	3	1	5	5	3	2	3	3	3	5	
5	1	1	1	5	1	1	3	4	3	3	2	1	2	5	1	1	2	4	4	5	4	1	
6	3	3	4	4	2	1	5	3	3	2	3	2	3	4	4	1	1	5	3	3	3	1	
7	4	5	4	1	4	4	3	1	3	4	4	4	3	1	5	4	2	2	3	1	1	5	
8	2	1	3	5	2	1	4	5	5	2	5	4	4	5	4	2	5	4	2	1	2	1	
9	1	1	2	4	1	1	4	5	5	1	2	2	3	5	3	1	3	5	2	4	3	1	
10	5	5	5	1	5	5	2	1	1	5	5	5	3	1	5	4	3	1	3	2	2	5	
11	5	5	5	1	5	5	4	1	2	4	5	5	4	1	5	5	4	3	4	3	3	5	
12	1	1	2	5	1	1	3	5	4	2	2	2	3	5	2	2	3	3	3	4	5	1	
13	2	1	2	4	2	2	4	2	5	1	1	1	2	2	1	1	1	4	2	3	4	1	
14	5	5	3	1	5	5	2	1	1	4	5	4	4	1	5	3	2	3	3	1	3	4	
15	2	1	1	5	1	2	4	5	5	3	3	1	2	4	1	1	3	2	2	2	3	2	
16	2	1	1	5	1	1	4	5	4	2	1	1	2	5	1	2	3	2	2	3	4	2	
17	5	5	5	1	5	5	3	1	2	5	5	5	4	1	3	4	3	2	2	1	1	5	
18	5	5	3	1	5	5	3	1	2	4	3	3	4	1	3	3	3	4	3	2	2	5	
19	1	1	3	3	1	2	4	1	3	1	1	2	2	3	3	1	1	5	5	2	3	1	

9.2.4. S.4. GWEN

Assigned repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
1	1	5	4	2	3	3	3	4	5	4	4	2	2	4	4	3	3	4	3
2	5	1	2	2	3	3	3	5	5	5	5	3	2	2	2	4	4	4	2
3	5	3	2	4	3	4	2	1	1	1	1	3	3	4	4	5	5	2	4
4	5	3	1	1	3	5	5	3	3	4	3	3	3	2	3	5	1	2	3
5	4	1	1	1	3	1	1	1	2	1	1	1	1	1	1	2	1	1	1
6	1	3	2	2	3	2	2	2	2	2	2	3	3	2	2	1	1	2	2
7	4	1	1	2	1	3	3	2	2	2	3	2	2	3	3	3	3	3	4
8	4	1	1	1	1	1	1	4	4	1	1	1	1	1	1	4	3	1	1
9	1	3	3	2	3	3	3	2	3	3	2	3	3	2	1	2	1	1	1
10	3	3	1	1	3	3	3	1	1	3	3	3	3	1	1	3	3	1	1
11	2	1	2	2	3	2	2	3	4	4	4	2	2	2	2	2	2	2	2
12	4	3	3	3	3	2	5	3	1	1	3	2	2	2	2	2	3	2	4
13	5	3	3	3	3	5	3	5	1	1	1	3	3	3	3	5	5	3	3
14	1	3	3	3	3	3	3	2	2	3	3	4	4	3	3	1	1	2	2
15	4	3	2	2	3	4	4	3	3	4	3	3	3	2	4	4	2	2	3
16	5	3	1	1	3	3	3	2	2	3	4	3	3	2	2	5	5	2	3
17	4	3	3	3	3	3	3	2	2	2	1	3	3	3	3	3	4	3	3
18	1	3	1	1	3	1	4	1	1	3	1	4	5	3	3	1	3	1	1
19	5	3	3	3	3	4	2	3	1	4	2	3	3	3	3	3	3	3	3
20	2	1	4	2	4	2	1	3	1	3	3	3	3	3	3	4	3	3	3
21	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3
22	3	3	3	3	3	3	3	4	4	4	4	4	3	3	3	3	3	3	3
23	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	3	3
24	5	5	3	3	3	3	3	1	1	1	1	3	3	3	3	3	3	3	3
25	1	3	1	3	3	1	1	4	4	3	4	3	3	2	1	4	2	3	1

ELEMENTS

Elicited repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
1	5	3	4	4	4	4	5	4	4	2	2	2	2	4	4	5	5	4	4
2	1	1	2	1	3	1	1	5	5	3	3	1	1	1	1	1	1	1	1
3	3	3	2	2	1	3	3	1	1	1	1	2	2	2	3	5	3	1	1
4	5	3	4	4	4	3	3	1	1	1	1	2	2	3	3	5	5	4	3
5	5	5	3	5	2	5	5	1	1	1	1	5	5	5	5	5	5	5	5
6	5	5	5	5	2	5	5	1	1	2	1	5	5	5	5	5	5	5	5
7	5	3	3	3	4	3	3	2	1	1	4	2	2	3	3	5	5	2	2
8	5	3	4	2	2	2	2	1	1	1	1	2	2	3	3	4	4	4	2
9	5	2	2	2	3	2	4	1	1	1	4	2	2	3	3	4	4	4	2
10	1	3	3	1	4	1	1	4	4	1	1	3	3	3	3	4	3	4	1
11	1	1	1	1	2	1	1	3	3	3	3	1	1	1	1	1	1	1	1
12	3	1	3	3	3	3	3	4	4	3	3	1	1	1	1	3	3	3	3
13	1	1	1	1	3	1	1	5	5	4	5	1	1	1	1	1	1	1	1
14	5	3	2	4	3	4	2	1	1	1	1	3	3	4	4	5	5	4	4

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9.2.5. S.5. JOAN

Assigned repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2
1	1	4	2	1	3	3	3	5	5	4	4	3	2	3	1	3	2	5	2	3
2	1	4	2	1	3	2	2	5	5	5	3	2	3	3	1	4	3	3	2	2
3	3	1	2	3	3	3	2	3	2	4	2	3	4	3	2	3	5	1	2	2
4	3	3	5	5	5	5	5	4	5	4	5	5	5	5	5	5	4	5	5	
5	4	2	3	2	3	1	3	3	2	1	1	1	1	3	3	3	2	1	2	3
6	3	4	2	3	3	4	4	2	3	2	4	3	4	3	4	2	3	5	3	2
7	3	1	2	1	2	1	1	3	3	4	3	2	2	2	1	3	4	1	1	1
8	3	2	2	2	2	2	2	4	1	1	1	2	3	2	2	3	3	3	2	1
9	4	3	3	5	3	3	2	2	2	4	4	4	3	2	2	2	4	4	3	1
10	5	2	1	1	1	1	1	2	1	1	1	1	1	1	1	3	4	5	1	2
11	3	1	2	1	2	2	3	4	3	4	3	3	2	2	1	3	4	1	1	2
12	3	1	3	1	2	1	3	3	2	1	1	1	3	2	3	4	2	1	2	1
13	5	5	3	4	3	3	2	1	1	4	1	3	3	3	2	3	5	2	3	5
14	4	5	4	3	5	5	4	3	5	4	5	4	3	4	5	2	1	5	3	3
15	3	3	3	3	5	3	3	5	3	5	2	4	4	3	4	5	5	3	3	3
16	5	2	1	1	1	1	1	2	1	3	1	2	3	1	1	3	4	5	1	5
17	5	4	3	3	2	2	3	1	1	1	1	1	2	3	3	4	4	1	3	3
18	1	3	2	4	3	4	3	1	1	1	2	2	3	4	4	2	3	1	2	2
19	5	3	3	2	4	3	2	1	5	4	1	3	2	3	3	2	4	1	2	3
20	4	1	2	3	1	1	1	3	3	3	3	2	2	2	1	4	3	1	2	2
21	3	2	1	2	2	3	3	4	4	1	1	2	3	2	3	4	2	3	2	2
22	2	1	3	1	3	3	3	4	4	4	2	1	2	2	1	4	4	5	1	1
23	3	1	4	3	1	2	1	5	3	4	2	3	3	3	4	4	4	1	2	3
24	4	5	3	5	3	2	2	1	1	1	1	3	4	4	4	2	4	1	4	4
25	2	3	2	2	3	2	3	1	1	1	2	1	2	3	4	2	1	1	3	1

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Elicited repertory grid  
Rate 1 - 5

	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2
1	4	2	3	3	3	2	2	5	4	3	2	2	3	3	2	4	3	1	2	3
2	3	5	3	3	3	4	3	1	1	2	4	5	5	3	4	2	3	4	3	3
3	3	1	2	1	3	3	3	4	5	4	4	2	3	2	1	4	3	3	2	2
4	3	2	3	2	3	3	3	4	4	4	2	3	3	3	2	3	3	2	2	2
5	3	1	3	2	4	3	4	5	5	4	5	3	2	3	1	4	4	5	2	2
6	5	3	3	3	4	2	3	4	3	4	2	2	3	3	3	4	2	3	3	3
7	3	1	2	3	2	2	4	5	4	4	2	1	2	3	2	4	2	1	3	3
8	5	3	4	3	3	4	3	2	2	3	1	3	3	3	2	4	2	2	3	3
9	4	2	3	2	2	2	3	2	2	2	1	1	2	3	2	4	4	1	2	3
10	4	2	3	2	3	1	2	4	3	2	1	1	2	3	3	4	3	1	2	3
11	3	1	3	3	3	2	2	5	4	5	2	3	2	3	2	5	4	1	2	3