

Q Methodology Study of a Person in Individual Therapy

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Abstract: This article describes a case study where the Q Methodology approach was applied to explore the self-image of a person in short-term therapy. The person gained increased self-understanding and resolved an internal conflict related to a self-image issue that was underlying the presenting problem. Furthermore, the Q Methodology approach, combined with Perceptual Control Theory (PCT), suggested some ideas about the nature of the self-concept that can be explored in future research.

Keywords: individual therapy; Q Methodology; Perceptual Control Theory; self-image

1 THEORETICAL AND RESEARCH BASIS

Q Methodology (Block, 1978; Brown, 1980; Stephenson, 1953) can be a useful tool for gaining insight into the way that a person perceives himself or herself. With Q Methodology, it is possible to quantitatively describe the self-image of a person, in the person's own words and without using standardized individual difference variables. In this way, Q Methodology can be extremely beneficial in clinical practice where the uniqueness of a person is paramount. This article will show how Q Methodology, guided by Perceptual Control Theory (PCT) (Powers, 1973) can be helpful during a therapy case (Goldstein, 1991).

As suggested by PCT, let us assume that the self-image is a perception that a person controls. This means that a person will take action to maintain the experienced self-image at some preferred value. This preferred value (i.e., the "reference value") is typically a self-image that allows the person to see himself or herself in a positive manner. If the experienced self-image differs from the desired self-image as a result of some circumstance ("disturbance"), the person will take action to reduce this discrepancy. The action will consist of modifying various perceptions that make up the components of the

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self-image. This modification will then result in the person maintaining his or her self-image at the preferred value. For example, a person may consider himself or herself to be “a nonviolent person” but finds himself or herself participating in a war and killing other individuals. Rather than perceiving himself or herself as a murderer, the person might see himself or herself as fighting for right and good. Thus, the person is able to continue to maintain his or her self-image at the preferred value, in the aforementioned example as “a nonviolent person.”

The theoretical framework behind these ideas is that of PCT (Powers, 1973) and PCT-based psychotherapy (Goldstein, 2001). In PCT, the self-image would be a “system level” perception. The system level is the most abstract or highest level, 11th of 11 defined levels in PCT (see Powers, 1998, for a recent review of levels). System level control systems are responsible for perceptions that are the most general and abstract such as a personality, an economy, and a branch of knowledge. System level perceptions are constructed from more concrete perceptions, which are referred to in the PCT literature as “lower level” perceptions. Although perceptions from any lower level may be part of a self-image, it seems reasonable to assume that 10th level, “principle perceptions,” and 9th level, “program perceptions,” provide a large share of the personality information. Principle perceptions, in the case of describing a person, are generalizations about the person. Program perceptions are more specific statements about a person. The particular self-image exercise used in the case study is based on the idea that self-image is a systems level perception.

Q Methodology provides a way of operationalizing the self-image ideas in PCT. The statements in the Q sample (the total set of self-referential items) can be thought of as the lower level perceptions that form the building blocks of self-image factors. To begin the Q Methodology process, a set of items is developed that describes a person. The general idea is that these statements might be part of a conversation in which a person has talked about himself or herself. Typically, each of these items is typed on an individual index card or something functionally similar. Twenty-five to 75 items is the usual size of a Q sample. When this process is conducted as part of individual therapy, the therapist, as an incidental part of therapy, takes responsibility for compiling the client-describing items (e.g., Levin, 1961).

After the set of items has been compiled, the person Q-sorts the set of items in a prescribed manner as dictated by a *condition of instruction*, a sorting rule. In a therapy setting, a condition of instruction may be a specific therapy issue that the person is asked to think about. That is, the person is instructed to evaluate the items on the basis of the relevant issue and physically manipulate these items so that they are ranked from most unlike the person to most like the person. At appropriate times after this initial sort, the person is instructed to repeatedly Q-sort the set of items for several, different conditions of instruction. Thus, a condition of instruction provides a specific context and the person is then asked to describe himself or herself by means of doing a Q-sort.

After the person has completed all of the desired Q-sort exercises, 12 in this case study, each Q-sort is correlated with each of the other Q-sorts. The matrix of correlation coefficients is factor analyzed, the factors are rotated, and then the factor scores are obtained. The different factors that emerge are evaluated with respect to the idea that they are possible self-images.

2 CASE INTRODUCTION

The client (L) is a woman in her 40s. This woman works as a book editor. The first author had been seeing one of her daughters over a period of years in individual therapy. He conducted 18 individual therapy sessions with L. Therapy ended upon mutual agreement and some satisfactory progress had been made.

3 PRESENTING COMPLAINTS

The presenting problem was that L was in conflict over whether to side with her parents or her younger siblings. A younger sister was claiming that the parents had abused her. L and the other siblings were, for the first time, communicating about the ways in which each of them was abused by the parents. The parents were denying all the charges. L was experiencing negative feelings from this conflict. Her sleep was being disrupted by bad dreams. L perceived that her concentration and functioning at work was being negatively affected.

4 HISTORY

L had no prior history of therapy, hospitalization, or medication needed for psychological reasons.

L was the oldest child in a large family with both parents present.

A sister of L was diagnosed as a multiple personality. A brother was described as homosexual. He traveled to a foreign country and did not communicate with his family. No one in the family seemed to have a successful marriage. L had been married but was divorced.

L had vague, disturbing memories of experiences taking place when she was younger. One involved being poked or pricked as an infant and L had somatic memories of this. If she touched herself in specific parts of her body, she felt pain. A second memory involved smells (smoke) and odors (alcohol). These memories were explored during one of our sessions and it seems pretty clear that they were abusive in nature and involved her parents in different ways.

5 ASSESSMENT

In terms of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM-IV) (American Psychiatric Association, 1994), the diagnosis was, Axis I—adjustment disorder with mixed anxiety and depressed mood. The diagnosis was based on clinical interview. The patient was showing psychological reactions to the new information revealed by her sister and the increased communication among her siblings about abuse.

Q Methodology was the way her self-image was assessed, which is described in greater detail below. Assessing/learning about L's self-perception/image was considered important because her presenting conflict was felt to be at the highest levels of psychological functioning, the system and principle levels in PCT terms.

STEP 1: COLLECTION OF SELF-STATEMENTS

The collection of the self-statements to be used for the Q-sort exercises began at the 8th session and continued through the 11th session. The progress note for the 8th session reads:

We used some of the statements in a letter she wrote (to her daughters), in order to do the self-image exercise. I kind of went through the process (of filling out a self-image exercise sheet) with her and explained what could be gained by it. She seems to be willing to give it a shot and is a good candidate for this approach.

The self-image exercise consists of a form with the following sequence of headings. This approach was derived from the PCT concept of how a perceptual hierarchy works (Marken, 1990). The headings are Self-Image Statement, Contrast Statement, How Statement, Why Statement, Method of Levels Discussion Statement (each heading is described below).

Self-Image Statement

L would pretend that she was talking to an actor who was going to play her in a movie. The statement would be a generalization about her that would provide a guideline to the actor. For example, the client (L in this case) might say, "I am anxious, insecure." The intent of this procedure was to obtain perceptions at the "principle level" of perception. In PCT, the principle level of perceptions pertains to generalizations, and is the next subordinate level to the systems level (10th of 11 levels in PCT).

Contrast Statement

L would describe what the actor would be like if she acted in an opposite or contrasting way to the self-statement. For example, the client might say, “Truly calm, having the assurance that if something goes wrong, it can be dealt with. The other extreme would be hyper-anxiety, incapacity.” The contrast statement helps define better what a person means by the self-statement. In PCT, the “contrast statement” is also at the 10th level of generality.

How Statement

L would give some examples of how the self-image statement could be achieved. That is, she was asked to provide some illustrative example of the means by which she could be/ behave in accord with the self-image. An example of this would be, “Trying to anticipate and ward off bad things while realizing that life is unpredictable. Trying to give the appearance of calm while really anxious (keeping feelings inside).” In reference to the self-statement and the contrast statement, the “how statement” is “going down a level” in the hierarchy of perceptions described in PCT. That is, the how statement is at a lower level of generality than the self-statement and the contrast statement.

Why Statement

L would identify the desired outcome or result of being/behaving in accordance with the self-image statement. For example, the client might say, “Growing up with unpredictability—anything can happen—probably bad.” In PCT, the “why statement” is “going up a level,” as compared to the self-statement and the contrast statement, because the description becomes relatively more abstract and general (the “why statement” is part of the systems level of perceptions mentioned previously).

Method of Levels Statement

L would describe her positive and negative evaluation of being/behaving in accordance with the self-image statement. What does she like or dislike about being/behaving this way versus the contrasting way? An example of this would be, “I need to remind myself that I have dealt with hard times and that I have the resources within myself to deal with whatever happens in the future.” The therapist listens for perceptions at the periphery of the client’s awareness as the person talks about a topic. The purpose of the method of levels statement is to help the person become aware of “background” reactions to the topic being discussed.

In the ninth session, the therapist and L discussed the self-image exercises that she had completed. It was felt that there was a lot of self-understanding gained from doing this. Even without the benefit of the statistical analysis to be done, L already came to some tentative conclusions about the different aspects of herself that the exercises helped her recognize.

Altogether, L completed 12 self-image exercise sheets. For 11 of the sheets, two statements were randomly selected per sheet, which yielded a total of 22 items. Table 1 shows the 22 items that L had selected as describing her. All of the Table 1 statements, except for the last three, came from the client, are in her words, and are self-descriptions. The last 3 items were added by the therapist to bring the total of statements to 25, which helps make the Q-sorting easier, as explained below. The 3 added statements came from a PCT view of the healthy personality (Goldstein, 1998).

A conceptual ranking method of Q-sorting (Chignell & Patty, 1987) was utilized in the present case study. Using this methodology, the client is asked to arrange the items in a 5×5 matrix. Then, with the particular condition of instruction in mind, the client is directed to rank order the rows, then the columns, and finally the minor diagonals. The Q-sort is completely determined after these steps are completed. The conceptual ranking method simplifies the Q-sorting process in two ways. First, by using this method, several subsets are ordered sequentially rather than one whole set simultaneously. Second, there is no arbitrary forced normal distribution of items (Chignell & Patty, 1987).

STEP 2: Q-SORTING THE SELF-STATEMENTS ACCORDING TO CONDITIONS OF INSTRUCTION

Beginning with the 12th session, L started to Q-sort the Q-items according to different conditions of instruction. The selection of conditions of instruction and Q-sorting were spread out over five sessions. The client did the actual Q-sorting at home, not in the office, which served as a "homework assignment." In total, L completed 12 Q-sorts. The 12 conditions of instruction can be seen in Table 2. A guiding principle was to select roles and states of the client, which were as diverse as possible, as revealed in the therapy sessions.

The progress note for the 12th session includes,

I gave L the cards that I made up for her based on her self-image exercise sheets and suggested three conditions of instruction for her (her three guesses about what the analysis would reveal). I went over how to do the Q-sorting by conceptual ranking and how to use the recording sheet and I think she understands this.

On the 13th session, the progress note includes,

L handed in a number of Q-sorts that she did. I gave her some additional recording sheets. She is very interested to find out the results.

TABLE 1
Q-Items and Their Factor Loadings

<i>Q-Items</i>	<i>Factor Loadings</i>				
	1	2	3	4	5
1. I want to love and be loved	0	0	+1	+5	+1
2. I am anxious, insecure	-5	-5	+3	-1	-3
3. I am resistant to change, uncomfortable with new relationships, procedures, or things	-3	-3	0	-5	-2
4. I tolerate imperfections in other people in my environment, and even in myself	+1	0	+6	-6	+4
5. I have inner strength	+6	+2	-5	0	0
6. I am a private person, keeping my thoughts and feelings mostly to myself, finding solace through time alone	-2	+5	-4	+4	+5
7. I have a need for control of myself but am always careful not to try to exert inappropriate control over others	0	+4	+4	-2	+2
8. I am protective, have concern for people in my charge, have a desire to nurture	+4	0	+4	+3	0
9. I am cautious about trusting others	-2	-4	+1	+2	-1
10. I am curious and seek knowledge in "safe" ways	+2	+6	-2	+2	0
11. I seek approval, wanting to please people and be assured of their approval, trying to avoid disapproval	-4	-2	+2	-3	-2
12. I am very careful to avoid destructive relationships and prefer no relationship to a destructive one	-2	+3	+5	0	+4
13. I have the resources within myself to deal with whatever happens in the future	+3	+1	-2	-2	-1
14. I can see the positive aspects of proposed changes if given a little time	+2	-1	-4	-3	+2
15. I avoid confrontations with others	-3	+4	-1	-2	+2
16. I can take charge when necessary and can give of myself to people who need me	+2	-1	+2	+2	+3
17. I am less open with others than most people and very careful to respect other people's privacy	-1	+3	0	+1	-6
18. I don't want to be controlled by other people and assume they feel likewise	0	+1	0	+3	-2
19. I was my own parent, my siblings' parents, and even my parents' parent	-1	-4	+3	+6	+6
20. I expect unreliability and hurt in relationships	-6	-6	+2	-4	-3
21. I try to understand my world so I can deal with it	+1	+2	-2	+1	-4
22. I am not as in touch with my own feelings and desires as I should be because I've repressed myself in an effort to gain love	-4	-2	-1	-4	+1
23. I select goals in tune with my values	+5	-2	-6	0	+3
24. Overall, I experience more positive than negative feelings/moods	+3	+2	-3	+4	-5
25. I am usually aware of how I will do something and why I am doing it	+4	-3	-3	-1	-4

NOTE: Items 23, 24, and 25 were provided by the therapist.

STEP 3: STATISTICAL ANALYSIS

There were three steps involved in the statistical procedure. First, the 12 Q-sorts were analyzed using the PCQ software (Stricklin, 2000). Second, the 13th Q-sort was derived statistically from the 12 Q-sorts. Third, the PCQ program was used again to factor analyze all 13 Q-sorts. Some good general references on the statistical issues involved are Block (1978) and Brown (1980).

TABLE 2
Conditions of Instruction Q-Sorts, Factor Number, and Factor Loading

<i>Conditions of Instruction Q-Sort</i>	<i>Factor Number</i>	<i>Factor Loading</i>
Sort the cards to show the way you are as a <i>parent</i>	1	.81
Sort the cards to show the way you were as a <i>child</i>	1	-.88
Sort the cards to show the way you are as the <i>lead editor</i>	1	.59
Sort the cards to show the way you would like to be <i>ideally</i>	1	.88
Sort the cards so that it reflects your <i>core personality</i>	2	.68
Sort the cards so that it reflects the way you are with your fiancé, as a <i>lover</i>	2	.49
Sort the cards so that it show the way you are when you are reading, a <i>reader</i>	2	.82
Sort the cards so that it shows you when you are <i>the opposite of your mother</i>	3	.56
Sort the cards so that it shows you when you are <i>riding a bike</i>	3	-.54
Sort the cards so that it describes you when your were <i>divorced</i>	3	-.53
Sort the cards so that it describes you in your <i>dreams</i>	4	-.63
Sort the cards so that it shows you when you are being <i>flexible or changeable</i>	4	-.76
Sort the cards so that it shows conflict between self-images (therapist added)	5	-.60

As noted above, the first phase of the statistical analyses entailed analyzing the original 12 Q-sorts. The correlation of each Q-sort with every other Q-sort was obtained. Then, the table of correlations was factor analyzed to obtain factors (four) and the factors were rotated. After that, the factor scores for each factor were calculated.

The second phase of the statistical analyses entailed creating a 13th Q-sort, which would serve as an index of interfactor conflict. According to PCT, a person in conflict vacillates between the two goals in conflict (Powers, 1973). Thus, in the present case study, the 13th Q-sort was derived from the factor scores of Factors 1 to 4. For each Q-item, the largest positive factor score was subtracted from the largest negative factor score. Then the difference scores were used to form a Q-sort, such that the items were ranked by order of the numerical value of the difference score. The rationale was that the larger the difference score for an item, the more the different self-images were in conflict with respect to that item.

The third phase of the statistical analyses involved analyzing all 13 factors to obtain comprehensive information about the client's self-image, with internal conflict assessed. The PCQ software (Stricklin, 2000) was used to correlate the 13 Q-sorts, extract centroid factors, judgmentally rotate the factors, and calculate the factor scores.

In Table 2, the reader can see how the Q-sorts, defined by the conditions of instruction, group together to form the different factors. Thirteen of 13 Q-sorts have been accounted for in five factors. Factors 1, 2, and 3 were discussed in therapy sessions with the client. Factor 1 is defined by Q-sorts *parent*, *child*, *lead editor*, and *ideal*. Factor 2 is formed from Q-sorts *core personality*, *lover*, and *reader*. Factor 3 was made from Q-sorts *riding a bike*, *divorced*, and *the opposite of your mother*. Factors 4 and 5 were not discussed during therapy because of time constraints.

A few general comments about how the factors are interpreted in Q Methodology will be made. One looks at how the Q-sorts group together. Q-sorts that form a grouping have something in common with each other and something different from the other groupings. Different groupings of Q-sorts in this case study are possible self-image factors.

The interpretation of each factor is suggested by the Q-item sequence. Each factor will have a different arrangement of the same Q-items as can be seen in Table 1. As one goes from the Q-sort extremes to the center (from -6 to 0 or from +6 to 0), the intensity of the feeling goes from strong to weak. The person who produced the results (i.e., in therapy cases, this is the client) takes an active role in arriving at the factor interpretation, as can be seen in the following selections from the progress notes; thus, the interpretation or meaning is not left to the therapist alone.

6 CASE CONCEPTUALIZATION

One of the major goals of therapy was to assist the client (L) in understanding herself better. The Q Methodology exercise described in this article assisted with this goal. Factor 1 describes L as being/behaving protective, nurturing, and mature at one extreme versus anxious and withdrawn at the other extreme. Factor 2 describes her as curious about her environment, a seeker of knowledge. Factor 3 describes L as being passive at one extreme versus controlling and active at the other extreme. These different aspects of the client's personality are apparent under different conditions of instruction. On the 14th session, the progress note states,

We went over the results of the Q Methodology study based on the Q-sorts done to date. Two self-images emerged. One was a protector role (Factor 1 in Table 1) and the other was a passive seeker of knowledge role (Factor 2 in Table 1). It is likely that the passive attitude helped her survive in her family and it is likely that the protector role was allowed and somewhat encouraged by her parents, who were not very protective. It is interesting that the three conclusions that she came to all were associated with the first factor. It seems reasonable to assume that this means the Factor 1 self-image is more apparent to her. The passive, curious attitude is described by Q-sorts which include *core personality*, *reader*, and *lover* (Factor 2 in Table 2).

Factor 1 will be used as an illustration of how the factor loadings may be interpreted. Factor 1 is a bipolar factor, which means that there are positive and negative loadings on the factor as shown in Table 2. In Q Methodology, this suggests the presence of internal conflict when the factor involves the self (S. R. Brown, personal communication, April 28, 2002). As can be seen in Table 1, the Q-items on the positive pole suggest a confident, secure, nurturing person, whereas those on the negative pole suggest an anxious, weak, withdrawn person. The items from Factor 1 can be arranged from most unlike to most like L. The following items had strong negative loadings on Factor 1

(either a -4, -5, or -6): Item 20 (I expect unreliability and hurt in relationships), Item 2 (I am anxious, insecure), Item 11 (I seek approval, wanting to please people and be assured of their approval, trying to avoid disapproval), and Item 22 (I am not as in touch with my own feelings and desires as I should be because I've repressed myself in an effort to gain love). In contrast, the following items had a strong positive loading on Factor 1 (either a +4, +5, or +6): Item 5 (I have inner strength), Item 23 (I select goals in tune with my values), Item 8 (I am protective, have concern for people in my charge, have a desire to nurture), and Item 25 (I am usually aware of how I will do something and why I am doing it).

Q-sorts for Factors 2, 3, 4, and 5 can be derived in a similar way from Table 1. If the reader does this, the fact that each factor self-image has a different ordering of Q-items will be appreciated. As one looks at the *most unlike* to *most like* dimension, and one reads the item descriptions, the feeling of the dimension will be suggested.

The client was the oldest child in a family, which involved an alcoholic father who was allegedly physically and sexually abusive, and an emotionally unstable mother who was controlling and critical. Sometimes, the client took on the role of protector toward her brothers and sisters in an attempt to shield them from her parents' actions. At other times, she kept a very low profile as a way of protecting herself.

On the 17th session, the progress note contained,

Looking at the items (for Factor 1) and thinking about it led L to say that she has always felt caught between her parents on the one hand and her siblings on the other hand. She also said that she never really received the parenting that she needed. This is her ideal self-image. She is strong, caring, and protective.

This is the major conflict that brought L into therapy.

The progress note for the 15th session included,

I can't remember how we got into it, but we talked about the idea of L being spontaneous, saying and doing what she wanted. Some experiences that brought on this experience are her swinging, rocking, going on a bike down a hill. Usually, she is free like this only when she is engaged in a solitary activity. However, in her adult life, she has been free like this with G, her fiancé, and with her daughters to some degree. I tried to follow the four steps of Alvin Mahrer (1989) to help L decide how to be/ behave more like this free, noncontrolling, spontaneous L. One of the problems is that L doesn't feel comfortable about overtly expressing her emotions. It was dangerous to do so in the past.

On the 16th session, the progress note states,

We reviewed Factor 3 self-image from the Q Methodology study.

This was defined by three Q-sorts. On one side, we had L when she was divorced, and L when she was bike riding. On the other side, we had anti-N (her mother). After discussing the meaning of this, we came up with the idea that this was an active L who is

breaking free, changing the status quo versus an L who stayed in a relationship even when it was bad, who maintained the status quo, who was depressed.

Factor 3 is a bipolar factor, which suggests internal conflict. This self tries to be the opposite of the way she perceives her mother. At times of crisis, L can become very active and act in an assertive manner, like her mother. However, the conflict arises when at other times, she can become quite passive.

The progress note for the 16th session also includes,

L focused on her remarks connected with daughter K. She also focused on the new L who is more confident, spontaneous, and aggressive. L reported that she talked to her boss differently and actually spoke to K differently, more like the spontaneous, free, aggressive, and confident L.

After discussing the meaning of this, we came up with the idea that this was an active L who is breaking free, changing the status quo versus an L who stayed in a relationship even when it was bad, who maintained the status quo, who was depressed.

Factor 2 describes the way L is when she is by herself. The client has become a very good observer of her environment, is very curious, intelligent, and an introvert.

The fact that her ideal Q-sort (Factor 1) and core personality Q-sort (Factor 2) do not load on the same factor suggests that she is experiencing some adjustment problems. Ideally, she wants to be like a Factor 2 person. L is not really herself when she is around other people. She is protecting others or pleasing others rather than herself; she is other-focused rather than self-focused. L says that she can be herself with her fiancé and with her brothers and sisters. She must trust the people, which is not easy for her in view of her family background and divorce.

On the 18th and last session, the progress note informs,

We discussed a third factor that showed up in the Q Methodology analysis (Factor 2 in Table 2). The Q-sorts, which defined this factor, included lover, reader, and core personality. The feeling of independence and self-sufficiency and freedom came through on this factor. We also reviewed the meaning of the other two factors we discussed so far.

As mentioned previously, Factors 4 and 5 were not discussed as a result of therapy ending with this session. Factor 4 seems to be the way L is in her dreams. Factor 5 consists of one Q-sort, the one created to measure interfactor conflict and does not seem to be a self-image factor. As discussed later in Section 8, the patient had accomplished her purposes and was ready to stop.

7 COURSE OF TREATMENT AND ASSESSMENT OF PROGRESS

One of the main purposes of this article was to make therapists aware of the Q Methodology approach and the contributions it could make to therapy work. Benefiting

from this approach, the client grew in self-understanding beyond what is normally expected from short-term therapy (18 sessions). Recall that the client's best guess about the outcome referred to Factor 1 self-image. Factor 2 self-image was recognized as soon as it was presented. Factor 3 self-image was surprising to the client; prior to therapy, the client's awareness of this self-image had been limited. The client's conflicts with her daughter are likely due to Factor 3 self-image, as will be seen later in the discussion. The client would be/ behave like her mother at times of stress, at least initially, but was not aware of it.

The presenting problem involved a significant conflict in the client's Factor 1 self-image. She resolved the conflict by choosing to protect and support her brothers and sisters rather than to please her parents. The client encouraged her parents to go into therapy together to deal with the abuse charges of their children. When they continued to deny things, she broke off communication with her parents completely. This choice helped her resolve the presenting conflict. She was satisfied that it was the best way to handle the problem after her parents refused to go for counseling. When the client was growing up and living in her parents' house, L would have probably become anxious and withdrawn so as to avoid parent punishment.

8 COMPLICATING FACTORS

The major complicating factor was that the patient was ready to stop therapy before all of the benefit from the Q Methodology approach could be applied. If the client had stayed in therapy for a longer period of time, the next step would have been to have her notice the operation of the different self-images in everyday situations. She would have noted which self-images occurred together and which did not. She would have found out the contexts in which the self-images appeared. A little bit of this started to occur during our sessions but more of this would have occurred had therapy continued.

Another next step would have been to encourage the client to simultaneously notice all of her self-images. Then the questions would have been asked: How do you feel when you are doing this? Who is observing the self-images? The suggestion would have been made, based on PCT psychotherapy, that the point of view of the "Observer Self" is different from and superordinate to any of the self-images. The client's level of awareness would have been raised so that she could have had a more complete picture of herself.

In addition, it should be noted that there are a number of possible complications that did not occur with regard to the present case study but might occur when using the Q Methodology approach with other clients. For example, the client may not have sufficient insight to do the Self-Image Exercise. In addition, the client may be noncompliant with the "homework" assignments of completing the exercise sheets or doing the Q-

sorts. Finally, the therapist may not have the additional time to carry out the statistical analyses or might not have access to the statistical software.

9 MANAGED CARE CONSIDERATIONS

This was not a managed care case. However, it is clear that the number of sessions involved (18) is well within the number of sessions allowed by most Health Maintenance Organization (HMO) plans. There is nothing in the Q Methodology approach that would seem objectionable to the managed care organization. They would probably view Q Methodology as a form of Cognitive Behavior Therapy with a focus on self-image issues.

10 FOLLOW-UP

No formal follow-up was conducted, except to obtain verbal permission to write up the case study. L was happy at her work, in her second marriage, and pleased with her daughter's status, who was completely self-supporting; she did wish that her daughter would reconsider and return to school for an advanced degree.

11 TREATMENT IMPLICATIONS OF THE CASE

The present case provides an example of how Q Methodology results can be used in therapy to highlight the areas where conflict is present. The client did benefit from exploration of these areas. For example, in the case of L, these methods highlighted the conflict in Factors 1 and 3. One can view the results in terms of Millon (1990). In Factor 1, the conflict can be thought of as between focus on self and focus on others. In Factor 3, the conflict can be phrased as one of active versus passive roles.

The PCT approach to psychotherapy encourages the therapist to help the client resolve internal conflicts by focusing awareness on the conflicted material (Powers, 1973). The general therapy strategy in PCT is to help the person psychologically move awareness above the level where the conflict is present. The "Method of Levels" in PCT is the primary technique for doing this (Goldstein, 1989). In the present case study, the "Method of Levels" statement in the Self-Image Exercise was an effort to achieve this.

This study differs in several methodological respects from one written about previously (Goldstein, 1989). In that case, the Q-items were single words that came from a standardized test. The conditions of instruction were structured so that the client could focus on people in his life. That client was instructed to describe the different people in his life using adjectives. The result was that three classes of people emerged. This helped

understand the presenting problem (fear of public speaking) and gave some direction to the therapy.

The advantage of using items from a standardized set, as in this previous case, is that one can see how the client understands himself or herself in relationship to the way he or she understands the significant others in his or her life. One obtains a wider, more panoramic view in the sense that one sees the world of people as viewed by the client. The self-description is put in the context of the way a person describes others. In addition, a second advantage is that one can describe different clients in the same terms, which makes it easier to generalize from one case to another. In contrast, if one wants a more in-depth look at a person's self-concept, the approach taken in this study seems better. Self-statements were used, versus single words or phrases, which described generalizations about a client.

Another therapy issue is to establish the best way to generate the conditions of instruction. In the present case study, the conditions of instructions were chosen that sampled L's diverse roles, states, and turning points in life, based on the client's personal history as revealed in therapy. This obtained promising results for L.

Q Methodology does not offer principles for choosing conditions of instruction. In that the conditions of instruction are the way that the situation is introduced into the assessment process, a reasonable general principle would seem to be that the conditions of instruction should sample a person's life situations as widely as possible. Past, present, and future life situations can be selected. This study included past and present life situations.

There are other intensive single case studies in the literature that the interested reader may want to refer to. One of them involves therapy cases (Levin, 1961). Another involves a nontherapy case (Ricks, 1956). Still a third refers to an autobiographical study by the creator of Q Methodology (Stephenson, 1990).

In the beginning of this article, the PCT view that the self-image was an abstract, controlled perception was briefly presented. The PCT version of self allows for the integration of the self-as-product view (a structure) and the self-as-producer view (a process) (Robertson, Goldstein, Marmel, & Musgrave, 1999). Is the self-image a controlled experience? PCT has a procedure called "the test for the controlled variable," which can be used to explore this issue (Marken, 1997). Something happens in a person's environment that alters his or her experiences independent of his or her own actions. A disturbance is said to occur. If a perception is a controlled experience and it is disturbed, then the person will make efforts to restore the perception to its desired state.

Robertson et al. (1999) tested this implication of PCT in a college population and found good empirical support for it. In this study, participants were asked to give a self-description by selecting which 20 out of 89 possible adjectives were personally relevant and then Q-sorting the 20 adjectives from "most like me" to "most unlike me." Then participants were asked to make up five personality statements based on five adjectives from the Q-sort. Each participant served as his or her own control. Each participant was fur-

ther asked to select five more adjectives from among those 69 adjectives that were not considered as personally relevant and to create a personality statement from each of the five irrelevant adjectives. The last step introduced the disturbance: "Imagine that someone whom you know well were to tell you, for each of the 10 statements—No, you are not like that. What would you reply to him or her?" The results ($n = 8$) were clear and supported the idea of the self-image as a controlled perception. For personality statements based on the five relevant adjectives, in five out of eight cases, participants replied in a way that continued to insist on the description after the disturbance. For personality statements formed from five irrelevant adjectives, none of the students continues to insist on the description.

The case study discussed in this article is consistent with the results reported by Robertson et al. (1999) about the test for the controlled variable. Toward the end of the therapy sessions, one of the client's daughters wanted to drop out of college in her senior year while she was in a major depression. According to her daughter, her mother L's first reaction was not too helpful. The daughter felt as though she was being forced to go to college and felt guilty for wanting to stop. She felt criticized and not supported by her mother. This does not seem like the Factor 1 or 2 self-images. It may be related to the Factor 3 self-image. The client became very active, assertive, and controlling.

After discussing the issue in therapy with the daughter and client present, the client became very supportive of her daughter. She went and spoke to the administrators at her daughter's college. She took her daughter to the family physician to follow through on a recommendation for an antidepressant. She stayed home from work with her daughter the day after the therapy session. This seems like Factor 1 and 2 self-images at work. The client was very protective and learned what she should do to be supportive. Thus, the relationship between L and her daughter improved. In addition, the relationship between the client and her siblings became better. It seems reasonable to assume that learning more about her self-image contributed to these positive changes by removing internal conflict.

12 RECOMMENDATION TO CLINICIANS AND STUDENTS

1. Consider using Q Methodology in some of your cases. Is self-understanding a therapy goal? Is the person in conflict? Is the person unaware of an important internal conflict? Yes answers to these questions would recommend the Q Methodology approach for adult clients having adequate insight and motivation for personal growth and exploration.
2. Consider using the Self-Image Exercise as a way of finding out about a person's self-image. In a short amount of time, the person generates a large number of self-statements.
3. Consider using PCT (Powers, 1973) to think about your cases. PCT provides a useful conceptual framework that can be communicated readily to clients and provides a coherent view of how a person functions psychologically and physically. The client L

- was viewed as behaving/being in ways to control her self-images, which Q Methodology helped to describe.
4. Think about the ideas of self-image suggested by this study. For example, multiple self-images seem to be a fact that emerges from Q Methodology studies of a person.

13 CONCLUSIONS

In summary, the present case study demonstrates the usefulness of Q Methodology in a case from a clinical practice. The statistical barriers to applying this approach have been removed by the availability of computers and computer software programs. Q Methodology makes a nice addition to the therapy toolbox.

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