# Object Relations Theory and the Rorschach: An Examination into Impaired Perceptions of Humanness

By

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My thanks and love to everyone who helped me along the way.

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### Introduction

Recognizing the considerable lag that the psychodiagnostic assessment of object relations remains behind modern analytic theory, the present study examined attempts at correcting this deficit. A review of the literature addressed the importance of object relations to the understanding of the borderline phenomena. A recent scale that measures object relations development using the thematic content of the Rorschach was the focus of investigation. Reliability and validity measures were replicated, using the Exner Comprehensive System of Rorschach administration and scoring. The object relations scale was compared to indices of the structural summary, including several newly created indices that focused specifically on object relations.

### Object Relations Theory

The development of the human capacity to perceive others as separate from oneself, yet maintaining the same "human" qualities has become an important issue in modern clinical psychology and psychiatry. "Object Relations Theory" regards the acquisition of the capacity for the processes of mental representations of "humanness" as being of central importance to personality development. This structural theory examines the "internal basis for an individual's capacity to experience human relatedness" (Urist, 1980, p. 821).

Present day object relations theory may be thought to have evolved from developmental psychology (e.g. Piaget, Werner), developmental

analytic theory (Ego Psychology - e.g. Hartmann, Kernberg, Kohut, Jacobson, Mahler, Spitz), and the part of the British school of analytic theory that has emphasized early structural capacity (e.g. Fairbairne, Klein). While no unified theory of object relations can be claimed, a central core of understanding prevails. Briefly, the theory maintains that healthy development requires the accurate perception of other people (the "object", distinquished from the "self"). Successful interpersonal relations (which might be thought of as the crowning achievement of psychological development) requires the capacity for these correct perceptions. The internal component of such perception, mental representations, are "expressions of cognitive development which occur as the consequence of the interaction between the innate capacities of the individual and experiences in reality" (Blatt, Chevron, Quinlan, & Wein, 1981, p. 1). These experiences between the self and others are internalized and serve as an experience base (the development of internal "cognitive structures"), which is drawn upon in later environmental interaction.

The construct of a "real" perception requires clarification, as three levels of "real" can be brought to mind. At the pre-perceptual level, the environment exists in a form that has not yet been structured in consciousness through the psychophysiological processes by which organisms "know" their world. In a sense, it is the "raw data." The modifications made by the processes of perception is the initial level of "reality" to which humans have access. This second level encompasses "real" information that is received prior to being "tainted" with experience. It is the result of the processes of perception before higher psychological functions give additional meaning to the incoming

sensory data. Finally, the internal representations that result from the modifications by the individual's psyche on information from this previous level yields "realness", or "reality", for that person.

The attempt at understanding the experiencing of reality requires its recognition as a complex, dynamic interaction. Not only are all levels of the psyche, including present internal representations, structures, fantasy, and conscious as well as unconscious content involved in the reception of perceptual reality, but they are also modified by such a process. To experience relationships, the individual psychologically manipulates perceptual reality in a fashion similar to past experiences with this organizational process. This requires a coordinated functioning of psychological processes which "act not only on 'real' perceptions of 'real' relationships, but...must (additionally) organize the affectively charged interweaving of psychic content" (Urist, 1980, p.821). This understanding is the perceptual basis for object relations theory. The significance of the extra-perceptual contributions to this process is inversely related with (normal) psychological development, with the maturing infant clearly drawing more heavily upon such factors than perceptual ("level two") reality.

The developing perceptual processing takes place within a social world. The "various levels of mental representations initially develop within the context of important, need-gratifying, interpersonal relationships and then generalize as cognitive structures which are expressed in all cognitive-affective endeavors" (Blatt et al. 1981, p. 1). The impact of experience on the developing structural capacity for object relations is similar to all developmental theories in its assumption of a maturational timetable.

Since these processes begin development immediately upon birth, it is the mother/primary caretaker[1] who forms the infant's environment and their modifying relationship which becomes the crucial issue of concern. These concommitant developmental modifications of early growth and its dynamic relationship within the caretaker relationship involves the continually changing experience of self and object. This change in the child requires appropriately modified changes in the responding caretaker. Winnicott (1960) describes the situation:

> One half of the theory of the parent-infant relationship concerns the infant, and is the theory of the infant's journey from absolute dependence, through relative dependence, to independence....The other half of the theory...concerns changes in the mother that meet the specific and developmental needs of the infant. (p. 588)

The developmental basis for object relations theory may be summarized as follows. The infant is not only completely dependent upon the caretaker for physiological requirements, but for most psychological requirements as well. The adequate development of the infant requires a "good enough environment", complete with appropriate nurturance and frustration. Continuous modification is essential for empathic caretaking, as the infant's needs are continually changing. If this compatibility is "adequate enough", internalization (structure formation) becomes possible. "With the help of 'in-tune' parenting, the child gradually acquires the internal capacity to handle functions that had previously been performed by the parent" (Urist, 1980b, p. 822). The hungry infant who initially cries until the perception of feeding

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[1]Modern analytic literature has maintained the use of the term "mother" to imply anyone who functions in the capacity of initial "significant other." In an effort to remove the generic use of sexually specific nouns (Publication Manual, 1983, p. 43), the use of the word "caretaker" will hereafter be used without implication of differences in the relationship.

learns that the caretaker brings relief. The perceived image of the caretaker begins to acquire similar meaning (i.e. is cathected with positive libidinal energies) and further development leads to the mental representation of the caretaker (with neither the process of feeding nor the feeder being present) sufficing to eliminate the anxiety of starvation.

To understand the dynamic complexities of object relations development, a depiction of healthy mature adult functioning seems appropriate. Many apparent paradoxes must be transversed and integrated. The perceiver must realistically assess many desirable and undesirable qualities in others, and yet synthesize these into a representation of a wholistic individual. This synthesis must take into account the many settings in which the individual functions, the impact of relationships, as well as the varying influence of one's own need state. These images must remain even at the expense of generating considerable anxiety, as in the case of acceptance of negative qualities, such as unreliability, in someone upon whom the perceiver must rely. This becomes critical when such reliance is crucial to the perceiver's integrity. This internal representation must be enduring, and the continuous flood of often contradictory data must make an ever-decreasing modification on the representation (as each datum contributes an ever smaller percentage to the overall information on the individual).

This delicately integrated representation must be understood as having many qualities such as needs, desires, and modes of functioning similar to other objects. And yet, the uniqueness of each object, in the face of so many, similarities must not be denied.

Self representation must remain equally enduring and integrated. This is a particularly difficult task which requires acceptance of negative self-attributes (self limitations) that may realistically jeapordize the person's success in relationships.

To achieve whole self- and object representations, the healthy adult must accept the precarious, ambiguous, and anxiety-provoking "realities" of life. To be sure, such anxiety evokes defense mechanisms. But mature defenses are successful because they allow the person to negotiate life with minimal distortion, something ill-afforded by impaired object relations.

## The Development of Object Relations

Thrust into the world, the newborn infant has neither the equipment with which to perceive, nor the psychological references with which to compare its perceptions. There is no inner world, no outer world, no me, no them, no boundaries, no self, and no object (Freud's views of psychological birth following physical birth (1926/1959, p. 138) is prevalent amoung theoreticians, with Bion (1977) and Laing (1976) expressing exception). This "tabula rasa" has a considerable distance to travel before achieving the mature object relations development previously described. "With development, object representations become increasingly differentiated, integrated, and accurate. They proceed from amorphous, global representation, to a somewhat differentiated emphasis on part properties, to representations which are highly articulated and integrated, and closely correspond to reality" (Blatt et al., 1981, p. 4).

Blatt (1981) presents the most systematized stages of object relations development, and will be presented here for purposes of

clarification. The description of the newborn infant previously described is that of a "prerepresentational, preobjectal stage." This is a true boundaryless state, with no differentiation "between pleasurable sensations and the object providing the satisfaction." The need-satisfying object is part of the "diffuse, global, affective, sensory, physiological experience" (p. 5).

With development, there begins the initial recognition of the object as somehow being separate from the self, but such a level of perception remains grossly underappreciative of the qualities of the object. Here, need gratification is perceived as coming from the object, and the object is a source of pleasure because of its function in need gratification. There is no distinction between the function and the person. This first stage, the Sensorimotor-Pre-Operational stage, yields a perception of an object that is differentially impoverished. "The object is (libidinally) cathected at the moment of need gratification" (p. 5), and the need gratifier/need gratification becomes important for the infant.

The caretaker provides need gratification in a variety of environments and during varied internal states of the baby, and these repeated experiences, along with continued physical maturation to allow use of such experience, contribute to increasing differention of the object. The behavioral concommitants of the first mental representation, that of searching for the object, appears. Perceptual constancy becomes prevalent, and the child has entered the second stage, Concrete-Perceptual Object Representation. Here, the object is recognized "independent of action or context...(the object is) an entity in its own right, with a variety of functions and actions, and a

constant affective involvement with the object is maintained independent of frustration-gratification" (p. 6). Behaviorally, the child recognizes the object in a variety of contexts, and imitation begins, "but the representation is a concrete, literal, fixed, perceptual totality which is not broken down into separate componants" (p. 6).

As the object representation differentiates, part-properties of the whole become perceptible and are used as symbols for the object. Like the representations themselves, the symbols becomes increasingly complex and abstract. The Iconic Object Representation stage brings considerable growth in abstraction and integration of the increasingly complex mental representation of the object. However, this essential integration is unable to process contradictary characteristics.

This transitional stage is composed of two subphases, the first being the External Iconic. The representation is "based on concrete sign rather than an abstract symbolization of the object" (p. 7). As the representation shifts from being dependent upon manifest features of the object to one based on more "internal abstract part-properties such as values, thoughts, and feelings" (p. 7), the child enters the Internal Iconic subphase. But throughout the Iconic Representation stage, nuance is lost, and representations are "based on extreme or vivid part-properties...often hostile, aggressive, and overidealized, idyllic features" (p. 7). Thus, the representations are considerably fragmented and unintegrated, lacking the cohesion and integration of later representations. Herein lies the psychological setting for the approprate use of splitting, a defensive functioning which, if retained in later life, becomes the pathological hallmark, major defense mechanism, and a major liablity of the borderline patient (see later

text). Surprisingly, Blatt does not address this crucial pathological outgrowth in his discussion of object relations development.

So far, object relations has developed from a unitary, undifferentiated representation, with function and person indistinguishable, to an increasingly more complex collection of often conflicting part-properties. The last stage, that of Conceptual Representation, reintegrates these disparate part-properties, resulting in a representation that is whole, complex, and appreciative of the many subtleties required to synthesize a psychological structure that does justice to the multi-faceted object.

> Conceptual representations are based on inner form and structure and are removed from ordinary nonreflective perception of manifest aspects of the object. The object is represented as a fully independent entity with specific and enduring characteristics, functions, values, and feeling, only some of which are relevant in any immediate situation....The actual object is not needed to maintain (or perpetuate) the representation. It is now possible to have evocative memory of objects and events outside the perceptual field by means of images, signs, thoughts, and symbols, and anticipatory representations of things not previously perceived. (p. 7-8)

Certainly, object relations development continues to grow and refine past this period of early childhood that corresponds with separation-individuation. Language, experience, and capacity for abstraction continues to mature and contribute to the child's representations, just as the child's interpersonal world moves beyond his/her parents to the relationships of later childhood, adolescence, and adulthood. But, with successful development, a level of structure is achieved that is qualitatively different than previous object relations, and further growth a refinement of this object relations plateau.

## Impaired Object Relations And Psychopathology

Object relations theory maintains that incompletely internalized whole self and object representations leave an individual without the psychological "prerequisites" to successfully negotiate interpersonal relationships. Such faulty development, theoretically either from a "less than adequate" upbringing, or an organic suceptibility leading to the person's experiences of their upbringing as "less than adequate", is held as being the contributor to as well as result of the severe psychopathologies. Global, gross distortions in such psychological components removes the capacity to even approximate "adequate" human functioning. This corresponds with severely impaired development of whole self and object representations, leading to psychotic disorders. Adequately developed object relations theoretically yields "neurotic" disorders in clinical populations. Inadequate development beyond the level of psychotic functioning therefore leads to the borderline disorders. Such psychopathology does not manifest the ubiquitous deterioration of psychotic populations, but tends to display behavior dsyfunctioning specific to interpersonal relationships. The Borderline Personality Disorder (301.83, DSM-III, 1980, p. 321) exemplifies such difficulties. "The central organizational failure in pathological narcissism (a feature of borderline conditions - Blanck & Blanck, 1979, p. 193) is an impairment in the developing capacity for reality testing in the circumscribed area of self-object relations" (p. 188). Patients with this incomplete development yield such deficits due to the "need to live in the immediacy of interaction...they search for replication of primary object experience" (p. 197).

## Psychoanalytic Theory and Borderline Pathology

For the modern psychoanalytic therapist and theoretician, borderline psychopathology is presently of primary importance. Just as Freud expounded upon hysteria as the central theory-deriving pathology during the early evolution of psychoanalytic theory, the borderline has emerged to occupy the position. "Oedipus has been replaced by Hamlet...as the mythical prototype of our period" (Sugarman & Lerner, 1980, p. 12).

Significant debate has taken place regarding how borderline pathology should be theoretically approached. Is it a specific disorder or a realm of disorders? Does the borderline patient show a stable and consistent (i.e. predictable and repetitive, and not the psychologically healthy attributes generally afforded by these terms) character disorder, or is it a less severe psychosis, manifesting greater adaptation to the world than is usually attributed to that level of functioning? Is borderline pathology primarily a disorder of ego functioning, or more specifically, that of object relations? Whether such pathology should be approached descriptively, or with psychoanalytic understanding of structural and dynamic etiology has produced considerable work.

The work of Otto Kernberg. While many names are associated with the current borderline research and theory, (Blanck & Blanck, 1979; Kohut, 1974, 1978; Masterson, 1981), perhaps the analyst whose contributions have made the greatest impact upon theory and therapy with the borderline is Otto Kernberg. The label "borderline" has produced considerable problems, initially emerging as a vague descriptor of pathology between neurosis and psychosis. As the understanding of such

pathology grew more precise, so has the use of the terminology. Kernberg maintained "the term Borderline Personality Organization, rather than 'borderline states' or other terms, more accurately describes these patients who do have a specific, stable, pathological personality organization; their personality organization is not a transitory state fluctuating between neurosis and psychosis" (1967, p. 641-642). Rather, borderline is seen "as a description of a certain range of ego functioning on the continuum of adaptation from psychosis to normality" (K. Smith, 1980, p. 60). It is this definition that will be used for the present study.

Kernberg maintains that a structural analysis is necessary for understanding the borderline personality organization. Briefly, the Kernbergian school holds four categories for structural differential diagnosis: 1)non-specific ego-weakness, including limited impulse control and anxiety tolerance, the latter often appearing as free-floating and separate from any anxiety-producing stimulus; 2)shifts toward primary process thinking, particularly in less structured situations, such as psychological testing; 3)reliance on specific primitive defenses (predominately splitting and projective identification); and 4)pathology of internalized object relations. It is the importance of the borderline personality organization to the understanding of object relations theory, and visa-versa, that makes their mutual study necessary.

## The Borderline Experience

The impaired object relations development of the borderline leads to an overwhelming and simultaneous need to both control and maintain a distance from the object. The inner experience of such pathology places

such patients in a no-win situation. The object is perceived as being both essential and devastating for one's own existence. The tremendous need of such a potentially harmful object produces the characteristic engulfment/abandonment dilemma of the borderline personality organization. As the borderline becomes emotionally close to another person, there is a fear of losing one's identity, individuality, or autonomy. The borderline responds by pulling back, only to find him/herself isolated and alone. The unstable relationships of the borderline are checkered by such periods of intense closeness and distant aloofness. The diffuse, free-floating anxiety associated with this pathology becomes understandable in this light.

Depression appears to be another common experience for the borderline, although it is thought to be of a primitive nature. Characterized as "anaclitic", these patients experience dysphoria amidst the imagery of helplessness and object loss. Their mental representations may be "insufficient to maintain a sense of contact with the object...in its absence...(leading to) a desperate need to deny object loss and seek immediate and direct replacement (Blatt, Wein, Chevron, & Quinlan, 1979, p. 389). Whereas the borderline suffers with anaclitic depression and fears loss of the object, this is contrasted with "introjective depression" and a fear of the loss of the love (acceptance, approval) of the object. In this latter, more developmentally mature depression, more typical themes of guilt and perceived failure abound.

A discussion of the borderline experience of social functioning requires an introduction. Appreciation for the dynamic interplay of the components of this disorder is needed for an understanding of the

diagnosis and object relations. Each of the four Kernbergian structural categories for understanding the borderline phenomena are simultaneously cause and effect for the other three. The borderline's belief systems manifest patterns of functioning which further contribute to the original belief systems. The following description of borderline functioning should be viewed in a similar dynamic interplay.

Impoverished self-esteem is a universal component of the disorder. The attempted application of causality, such as whether such limited esteem breeds social dysfunction, or that environmental feedback of genuine rejection as a result of limited interactive capacities manifests a reduction in self-worth, misses the point. Both are true.

The borderline's percept of others is likely to be shallow, having the capacity to process only the most noticeable of personal traits. "An individual's experience of others will be as differentiated or varied as are the internal representations with which he can match them up" (Hatcher & Krohn, 1980, p. 300). The experience of ambivalence is generally absent from their functioning and there is "little sense of genuine interpersonal encounter" (Sugarman, 1980, p. 50). They may perceive people as selfish, exploitive, or lacking concern about their best interests, and may react with considerable grandiose ideation and/or deprecation for others, presenting a self-sufficient and "loner" facade. Alternatively, they may respond with consuming concern or immature dependence in their interactions. They may have rigid belief systems regarding others (e.g. "women are treacherous and represent potential danger") or pathological rules for "effective functioning" (e.g. "I must act exactly like others to be accepted" - brilliantly caricatured in the 1983 Woody Allen movie "Zelig"). There is often a

desperate feeling of being alone or empty, accompanied by maladaptive efforts to "fill the void." It is important to recognize that Kernberg and others view the borderline personality organization as a "level of ego organization in which several personality dispositions exist" (K. Smith, 1980, p. 60), and not a personality type, per se.

Relationships are characterized by instability and explosiveness. Absent are the quiet joys, the experience of content, and the mundane pleasures of healthy genital relationships. Instead, emptiness and despair commands a heightened level of intensity for both pleasure and pain. Such interpersonal functioning becomes critical to and exemplary of the important and intense relationship of therapy. "Turbulent transferences/countertransferences (are the) sine qua non of treatment" (Gorney & Weinstock, 1980, p. 168). Typical characteristics of the borderline transference include "premature intensity of the transference feelings...(an) explosive, rapidly shifting nature, the lack of impulse control in regard to the affects in the transference, (and) the weakening of reality testing in connection with these feelings" (Kernberg, 1966, p. 238). For the neuroses, the process of transference is a gradual unfolding as a systematic regression develops within the therapy setting. Transference with borderlines occurs extremely fast, lacking any period of increasing intensity or intermediate structure, such as non-specific, pre-parental projections. Instead, the borderline patient may exhibit immediate transference manifestations of early conflicted object relations. It is likely that such ego states will be "split", with both components presented with the transference. Thus, well developed, yet completely opposite transferences (representing the presence of simultaneous, but apparently paradoxical ego states as a

result of splitting) can occur. Consecutive therapy sessions can therefore display a fully positive, idolizing transference followed by the most angry of negative transferences. It is not unusual for such rapid oscillations to occur within a single session.

Borderline Etiology

Pre-Oedipal pathology finds its origins during the course of separation-individuation development. Theoretically, the borderline has sucessfully negotiated Mahler's second stage of development, that of symbiosis. The resultant object relations development yields relatively differentiated self from object representations. Such fluid boundaries of schizophrenia are therefore absent from borderline functioning.

In varying degrees, the synthetic-fusion process of rapproachment does not occur for the borderline. Environmentally, rapproachment may be the most delicate period for the developing child's caretaker. Given the previous feedback that the child is becoming more autonomous and less burdensome during the practicing subphase of separation-individuation (the "child's love affair with the world", the subphase preceding rapproachment), the caretaker must be exquisitively sensitive to the toddler's rapidly changing needs. During rapproachment, new anxieties appear with the acquisition of newfound independence. The toddler needs to repeatedly "check-in" with the caretaker, "refueling" with external supplies of esteem. Behaviorally, the toddler is seeking additional physical contact, soothing, and verbal encouragement, which may mistakenly be perceived as regression by the caretaker. Patience, reassurance, and stability must come from the caretaker at this time, a potentially difficult task precisely at the point in maturation when he/she may have perceived the burden of

child-rearing as lessening. Conversely, the child's demonstration of independence may be a tremendous source of disappointment, particularly to the caretaker who derives a disproportionate amount of self-esteem and identity from his/her functioning in that role. Excessive, empathically-failing discouragement from seeking support, or from striving for independence (both integrally linked to the caretaker's own dynamics) at such a crucial developmental time period will theoretically impact the child's emerging personality.

The resultant object relations from "out-of-tune" parenting lacks the integration and synthesis of the prevously described "healthy" rapproachment. The aggressive, selfish, and sadistic qualities inherent in all individuals is a self-image that cannot be tolerated without mature object relations, as such "bad" attributes cannot be tempered by the more desirable natures of mankind. Good must be maintained separate from the bad for both self and object internalized images, as important, need-fulfilling significant others become overly threatening if their negative qualities cannot be similarly tempered. This task is made difficult by the continuous environmental feedback that no one has all positive or negative qualities.

> What the borderline failed to achieve...is the integration of his self- and object representations, which are kept polarized by the intense emotions by which they are invested. Because he cannot neutralize these intense emotions, his self- and object representations remain in a primitive and unintegrated state. (Sugarman & Lerner, 1980, p. 28)

The borderline is left to experience "rapid oscillations between idealization and deprication with a failure to take into account realistic aspects and features of the object" (Lerner & Lerner, 1980, p. 258). This accounts for the differential diagnostic quality of the

primitive defense mechanism of the borderline personality organization, the maintenance and dependence upon splitting.[2] What was once a normal and necessary developmental stage due to the infant's perceptual as well as affective-cognitive mechanisms becomes a maladaptive defensive strategy for the adult who must negotiate the social world.

Splitting

As we have seen, the developing ego matures from minimal perceptive capacities to an intermediary stage with appreciation for, and representations of part-properties of the object. The part-properties, and the introjections and early identifications associated with them are clearly divided into the realms of "good" and "bad" as a result of multiple determinants. Initially, the separation into good and bad objects is simply the result of the immature ego - things that are dissimilar (to the infant's fledgling ego capacities) are dissimilar. But this passive process quickly becomes actively enhanced. The child's perceptual capacities develop faster with respect to his/her abililties of synthesis and integration. Thus, as the baby begins to realize that nurturance and gratification come from the same object as does frustration, it is caught in the dilemma of being unable to handle this highly abstract construct of multi-faceted humanness.

> What originally was a lack of integrative capacity is used defensively by the emerging ego in order to prevent the generalizations of anxiety and to protect the ego core built around positive introjections (introjections and identifications established under the influence of libidinal drive derivatives). This defensive division of the ego, in which what was at first a simple defect in

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[2] Certainly, splitting serves as the differential diagnostic defense for the borderline, but its lack of adaptation for a world requiring integration produces a self-limiting effect. "The shifting, unstable, nature of defensive functioning...more accurately defines the borderline ego than any particular defense" (W. Smith, 1980, p. 159).

> integration is then used actively for other purposes, is in essence the mechanism of splitting. (Kernberg, 1975, p. 25)

Like all defensive mechanisms, splitting attempts to prevent the experience of anxiety. During the full use of the mechanism, negative introjections can be projected outward. Thus, not only can the "good" object remain untarnished by his/her "bad" qualities, but the unacceptable self componants are rejected as well. Lacking the capacities to integrate both good and bad, the infant distorts reality enough to keep the good and "throw away" the bad.

Kernberg suggests the time frame for such "normal" use of splitting to first appear at 3-4 months, reach a peak during the following months, and gradually extinquish toward one year of age (1966, p. 245). At that time, repression and the related "higher" level defenses such as reaction-formation and isolation become established. This represents a qualitative shift in ego functioning, where the mature ego defends against drive derivatives by banishing them into the unconscious. Splitting works by consciously keeping apart conflicting libidinal and aggressive introjects. "The drive derivative...attains full emotional, ideational, motor consciousness, but is completely separated from other segments of the conscious experience" (Kernberg, 1975, p. 26).[3] While repression serves to enhance the whole self-representation, splitting

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[3]A note on isolation appears warrented. This defense, more properly called isolation of affect, belongs with the group of repression-based mechanisms even though it may superficially appear similar to that of splitting. The affect and the ideation of the drive derivative remain isolated (hence the name) from each other in consciousness. In splitting, "there is a complete and simultaneous awareness of an impulse and its ideational representation in the ego. What are completely separated from each other are complex psychic manifestations, (each) involving affect, ideation, subject and behavioral manifestations" (Kernberg, 1966, p. 236).

functions to break it into polar parts (Klein, 1952). This latter psychological state of affairs is acceptable to the psyche of the infant, whose immature reality testing will not provide a continuous assault of stimuli to confront this mental split, or whose environment does not require stable or consistent functioning. But the pathological persistence of splitting in an adult will result in obvious liabilities.

Splitting and the therapeutic experience. The previously described transference manifestions of the borderline, one of oscillating, intense, disparate emotional states creates considerable difficulty for the therapist with the present understanding of the inadequate development of object relations and the reliance on splitting. Attempts by the therapist to discuss these alternating affective states results in considerable anxiety (often more than the patient can therapeutically tolerate). However, each state can be dealt with separately without the production of anxiety, as neither is unconscious (which requires the more developed defense of regression). It is the attempt to link the two, and directly thwart the function of splitting, that produces the anxiety.

Encorporating the other two structural categories of the borderline, non-specific ego weakness (in particularly, limited impulse control and the capacity to delay gratification) and shifts toward primary proces thinking (enhanced by the less structured setting of therapy) results in the following therapeutic picture:

> The borderline patient's vulnerability consists of latent, desperate aloneness and panic, which he may experience when his primitive rage begins to emerge in his relations with important people. This rage may appear in treatment when equally primitive longings to be held and nurtured surface and are frustrated by the

> realities of the therapeutic situation.... Developmentally, the furious borderline patient has regressed to a period where a sense of object constancy is not solidly established and the capacity to evoke the sustaining image of nurturant figures is lost. At the height of regression, the patient's ability to recognize previously valued aspects of the therapist, even though he is in the same room with the patient, may disappear. (Adler, 1977, p. 307-308)

## The Assessment Of Object Relations

While it is true that incompletely developed object relations leads to impaired interpersonal behavior, its assessment does not examine such behavioral problems alone. A dynamic understanding of both the disorder and its etiology is needed, as many different psychological states may produce similarly appearing behavioral manifestations. Rather, the evalution must be concerned with the individual's psychological functioning, particularly the intrapsychic activity that is invoked by interpersonal ideation. This activity involves affectively charged conscious and unconscious content concerning the self, the object, and the relationship between them. Equally important is the organization of such content within the individual's psyche.

> When a person is asked to spend an hour immersing himself in a field of impressions where amorphousness prevails and where strange and even alien forms may appear, he will set in motion a reparative process the aim of which is to replace formlessness with reminders of the palpably real world. He primes himself to recall, recapture, reconstitute his world as he knows it, with people, animals and things which fit naturally into the ingrained experiences around which he has learned to structure his phenomenal world. (Mayman, 1967, p. 17)

Inherent to the use of the Rorschach, or any projective test, is the assumption that the test subject's responses parallel some aspect(s) of their psychological life. The traditional tool of the analyst, the Rorschach seems particularly well suited for the examination of object relations. Generally considered the most ambiguous of the projective

test stimuli (other than the blank card on the TAT), the responses "bear the imprint of (the subject's) formative interpersonal history" (Mayman, 1967, p. 18).

The inseparability of the study of object relations and that of borderline functioning again becomes evident. Incompletely developed object relations does not exist independent of the corresponding psychiatric population.

Making generalizations about borderline testing is a difficult task due to the nature of the pathology itself. "Because borderline is a structural diagnosis referring to a level of personality organization in many different character styles, (a portion of the test results) will depend on the character style of the patient in question" (Sugarman, 1980, p. 43).

Nonetheless, the Rorschach appears to be particularly well-suited for testing borderline patients. Traditional testing indicates that neurotic patients remain intact throughout both structured (unambiguous) and unstructured (ambiguous) tasks, while schizophrenic groups perform poorly on both. Borderline patients tend to perform differentially, being able to adapt well to structured tasks, but revealing considerable pathology that is both qualitatively and quantitatively different from the schizophrenic group in unstructured testing. The "projective pull of the Rorschach blots elicits from them their deepest level of pathology" (Gorney and Weinstock, 1980, p. 185).

Borderline Rorschach Responses

Pathology of internalized object relations produces projective test themes commensurate with the interpersonal functioning and psychological life previously discussed as symptomatic for the borderline. Rigid,

"black or white" percepts are given, with little capacity to generate or tolerate constructs that have paradoxical componants. Ambivalence is absent, creating too much anxiety. Again, test indices of limited self-worth and dysphoric affect are common, and compensatory charactorological themes result. This may take the form of extensive narcissism with inordinate self-valuation or preoccupation, or conversely, themes of worthlessness. Total self-reliance or nihilistic independence may be portrayed, while productions indicating an absence of autonomy and pathological dependence upon others may likewise appear. Interpersonal themes may have an arbitrary or artificial flavor, and are likely to be presented in a shallow fashion unappreciative for the complex psychological world of the participants.

More undefended, less displaced themes may also be produced, such as object loss and resultant despair or decompensation, or primitive imagery of symbiotic merger. Symbolic difficulties with separation-individuation may also be present (Kwawer, 1980). "The blots may be experienced as merged with the self, so that they need to be omnipotently controlled or destroyed" (Gorney & Weinstock, 1980, p. 185).

Empathy, object relations, and the borderline phenomena. The examination of empathy is critical to object relations, the borderline phenomena, and their assessment. This highly abstract construct theoretically holds whole, fully internalized self and object representations as a prerequisite. It requires a temporary and controlled identification with another, a "regression in the service of the ego." Empathy commands a view from a vantage point of someone else, and an appreciation for dissimilar experiences. It is a connection with

another human being.

These descriptions of empathy do not sound dissimilar from the most primitive wishes of the borderline, and yet there are important differences. While self boundaries are loosened during the empathic experience, it serves to facilitate the human interaction, and restoration is fully within the control of the individual. The distinction of self and other is never lost; rather, greater understanding is enhanced. The boundary losses as well as the fantasies of fusion and closeness service the narcissistic deprivations of the borderline, while empathy requires enough narcissistic supplies as to make it independent of need state.

> The narcissistic person (a characterological type of the borderline personality organization) may sometimes seem to empathize deeply and respond intensely to another person, but this closeness usually proves to be an essentially selfish act aimed at closing an intolerable gap between self and other. The narcissistic person may be perceptive and adroit in his interpersonal relationships, but this is not empathy. (Mayman, 1967, p. 20)

Rorschach evidence for the capacity for empathy has generally focused on human content and human movement responses ("H" and "M", respectively). However, in a fashion similar to the confusion between borderline functioning and true empathy, pathological generation of such human responses has led to erroneous conclusions of the capaciy for empathy (King, 1958; Mayman, 1967; Urist, 1976). Urist (1976) addresses the presence of high sum M in certain psychotic inpatient populations. Exner (1983) includes the presence of an "M-" (a human movement response with the arbitrary or grossly distorted assignment of form) as one of his five diagnostic categories for schizophrenia. K. Smith (1980) warns that:

> evaluators may be misled by the presence of human movement responses on the Rorschach test to infer a capacity for empathy. It is important to differentiate between a hyperalertness to feeling states and an accurate empathic concern for others....While boundaries between self- and non-self representations are permeable (for the borderline), a temporary identification with another, while maintaining at the same time one's separateness, is quite difficult. (pp. 82-83)

The production of "H" and "M" responses alone is insufficient for attributing empathy. "While an individual may be able to 'put himself in another's shoes', he may do so on the basis of a loss of self-other differentiation, where he actually merges with the other" (Urist, 1976, p. 577). However, such responding taps some of the necessary componants of empathy. Human movement or content is not an indication of empathy by itself, but the empathic process will certainly result in the production of such responses. Research into these type of responses has attempted to refine the attribution of empathy, and conversely, to understand the limitations of such responses by diagnostic groups who demonstrate limited empathic capacity. W. Smith (1980, p. 159) describes borderline human percepts as "tend(ing) to be less well articulated and differentiated", while adequate M responses tend to be two or less. K. Smith (1980) discusses the importance of examining the content of M responses when attributing empathy, and suggests borderline M responses are generally "spoiled", often by primitive drive wishes. Frieswyk & Colson (1980) found an increase in the predictive value of M for hospitalization outcome when the criterion was enhanced to include only human-like percepts with adequately articulated movement.

### A Projective Approach To The Study Of Object Relations

Mayman (1968) was one of the first researchers to attempt the measurement of object relations, examining the mental representations

through the analysis of his Early Memories Test. Krohn and Mayman (1974) applied rating scales to written reports of patients' dreams. Blatt et al. (1981) used a five minute projective description task requiring subjects to answer the question, "describe your mother/father." The answer was subsequently rated on fourteen qualitative characteristics, yielding a score along his (previously described) theoretical continuum of object relations.

The measurement of object relations with the Rorschach can be characterized by two schools of thought, according to Spear (1980, pp. 321-322). One may be viewed as the "developmental/structural perspective", with Blatt and his associates at Yale pursuing this direction of research. "Drawing upon Werner's (1948) notion of the individual's developmentally increasing capacity for articulation, differentiation, and integration of object concepts, (Blatt and his associates) developed a detailed structual scoring system for evaluating the more formal cognitive aspects of an individual's object relations" (Spear, 1980, p. 322).

This elaborate scoring and structural analysis is not unlike other scoring systems, but it focuses solely on the level of object relations development of the subject. Briefly, the scale (Blatt, Brenneis, Brooks, Schimek, & Glick, 1976b) considers only human and quasihuman (H and (H) content) responses, further requiring either human activity (M determinant), or involving a substantial portion of the card, and containing explicit description of human (or quasihuman) qualities. On "rare" occasions, animal content may be included if human or quasihuman qualities are attributed.

These responses, once selected, are scored according to a number of

categories. These include form level; differentiation (H, (H), Hd, or (Hd) content); articulation of seven categories which examine for size or physical structure, clothing or hairstyle, posture, deliniation of unambiguous gender, age of figure(s), role or occupation, and specific identity (a proper noun); degree of articulation, which is simply the arithmetic mean of articulation categories per scored response; degree of intentionality of motivation, ranging from no reason offered for the action, to a description of the subject's choice of intention; object-action integration, scored as fused (action described with amorphous content), incongruent (object and action do not occur together in nature), nonspecific (not incongruent, but action could be produced by other objects as well), or congruent (the object is well-suited to perform the action); nature of interaction in responses with two or more human or quasi-human figures (scored as active-passive, active-reactive, or active-active); and content of interaction (malevolent or benevolent).

Mayman and his asociates at The University of Michigan have followed a "thematic/affective" orientation. Unlike the Blatt work, the thrust of the Mayman school is directed at the thematic contents of the projective productions. They examined the interactional content, focusing on the approximations of healthy functioning by the human percepts. It is the work of one of Mayman's students, Urist (1973), and the development of his Mutuality of Autonomy within Portrayed Relations in Rorschach Imagery (MOA) scale (Appendix A) that was the source of exploration for the present research.

The underlying hypothesis of the MOA scale maintains that portrayed relationships elicited by the Rorschach stimuli are representative of

the individual's experiences with, perception of, and capacity for human relationships.

> The (MOA) scale focus(es) on the developmenatal progression towards separation-individuation, with particular emphasis given to the autonomy of others vis-a-vis the self, and conversely, the autonomy of the self vis-a-vis others. (Urist, 1977, p. 4)

This seven point rating scale progresses from totally destructive relations, where the existence of one object precludes the healthy existence of another; to increasing awareness of the separateness, albeit unhealthy dependence within relationships; and finally towards a comprehension that the participants within the relationship have commonalities, positively interact, yet maintain properties to make them uniquely individual. The scale was applied to each Rorschach response defined by the following operational definition: "any response that contains a reference to a relationship, which may include animals, objects, vague forces, etc." (Urist, personal communication, 1982).

To summarize, Urist's MOA scale examines "relationship" Rorschach responses on a continuum that would be completely appropriate and useful for examining the range of object relatedness in interpersonal behavior. In fact, part of the validation studies (replicated by the present research) does just that (see Method).

Both the developmental/structural perspective of the Blatt school, and the thematic/affective perspective of the Mayman school have been demonstrated to be valid constructs for the assessment of object relations development and distinquishing between neurotic and schizophrenic patient groups that were diagnosed by traditional, time consuming clinical procedures that included psychological interviews and observed behavior, either in an inpatient milieu, or by outpatient

therapists.

> Drawing on the structural theories of psychoanalysis, which suggest progressive autonomy from others and individuation of self as aspects of human development, research with these scales indicates the level of object relations is a valid and quantifiable dimension of personality that can be assessed on the Rorschach, and that the assessments correlate with independent clinical assessments. (Kwawer, 1980, p. 98)

Moreover, Rorschach data on object relations has been used to predict treatment outcome (Mayman, 1967; Frieswyk & Colson, 1980).

These studies are not without their criticisms. Athey, Fleischer, & Coyne (1980, p. 277) in addressing the Blatt scale, poses the problem of "how one (may) differentiate the reflections of thought disorder organization and object relations so as to examine their interaction without confounding them?" The Blatt school (Blatt & Ritzler, 1974; Blatt & Wild, 1976) deals with this issue by the boundary-deficit hypothesis. Boundaries, whether between objects or thoughts, are conceptualized as having a common origin, and their deficits simply different manifestations. "Demonstrating parallels between thought disorder and object relations and/or assuming a superordinate common process (loss of boundary) does not clarify the nature of the parallel processes nor establish that they indeed are identical (Athey et al., 1980, p. 277).

Kwawer finds fault in the Urist study (and others), particularly in their application to borderline patients.

> Global assessments that assign a single numerical score to a Rorschach response or protocol imply a stability of level of object relations inconsistent with what may be in the nature of borderline psychopathology itself: that a characteristically wide range of levels of object relatedness is typically reflected in the interpersonal relations of borderline patients. (1980, p. 98)

However, this criticism may not be valid. A global measure, whether

arithmetic mean or clinical rating, is certainly affected by the variability of the construct being considered. An analagous Rorschach index, that of form level, is presented as a simple percentage in clinical use. It is understood by practioners that all levels of psychological functioning, from schizophrenia to normal functioning, produce both "good" and "bad" responses (a protocol with a form level percentage of 100% is viewed as a particular form of rigid, stimulus bound pathology). And yet this percentage is among the most reliable and clinically useful test datum, validly distinguishing between nosological groups.

Blatt has called for an integration of the two systems (Blatt et al. 1976b), but only one study has addressed this task. Spear (1980) examined both borderline and schizophrenic patients using both the Blatt scale and one by Krohn & Mayman (1974). However, the thrust of his research involved differential diagnosis for borderline subtypes, and his hypotheses were only partially upheld. His results did allow the "inference that (the two scales) tap relatively independent aspects of the capacity to represent objects" (p. 330) which he considered grew from "independent, though complimentary lines of development" (p. 334).

## Statement Of Purpose

Psychoanalytic theory has remained dynamic and ever developing, not unlike the human psyche that is its subject matter. However, psychological testing capacities have not advanced at an equal rate, leaving diagnostic data unable to appreciate human qualities that have both theoretical and observational meaning (Blatt & Lerner, 1983).

> In addition to the traditional focus on ego structures, cognitive styles, and impulse-defense configurations, often couched in abstract metapsychological lanquage, psychological test assessment must now include a fuller

> consideration of phenomenological, experiential, therapeutically relevant constructs such as self and object representation. These concepts...can allow us to formulate clinically meaningful generalizations about patients' experiences in an interpersonal matrix. (p. 8)

The present dissertation attempted to continue some of the research measuring the level of object relations development. It also examined the resultant projective indices produced from the psychological ramifications of incomplete development.

The present study is comprised of essentially two parts. The first consists of the replication of some of the work by Urist (1977) with adults and Urist and Shill (1982) with adolescents in the construct validation of the MOA scale.

One crucial difference exists. The system used in both Rorschach administration and scoring will be that of Exner (1974-1982, vol. I-III). Not only is this an expansion of the work by Urist, it is the only study to do so in the measurement of object relations to date. The rationale behind this decision warrents discussion.

## The Question of System Choice

Almost all of the psychoanalytic literature involving the measurement of object relations with the Rorschach (and the vast majority of all analytic Rorschach studies) use the administrative and interpretive system of Rapaport, Gill, & Schafer (1945). Of the five major systems prior to Exner (Beck, Hertz, Klopfer, Piotrowski, and Rapaport, Gill, & Schafer), it is the only one to drastically alter the administrative procedures of H. Rorschach's Psychodiagnostik (1942, originally published posthumously in 1921). Following the initial presentation of the card and the subject's undisturbed responses to it (the Free Association period), the card is removed from sight and

immediate questions regarding an elaboration of each response must be answered from memory. This latter procedure, which Blatt claims to emphasize "the subject's representation rather than his or her perception of the response" (1983, p. 9) is deemed by Blatt as making this system the most desirable for object relations studies. The card is seen one time, and the responses are not returned to following the completion of the card.

The decision for Exner. This bias by the analytic community seems only partially grounded in clinical choice. While argument can be made for the technique of inquiry by memory to minimize perceptual influence, there is good reason why the other four major systems, and Exner, chose to retain Rorschach's technique. By immediately following the responses to card I with a detailed inquiry, the subject is given feedback as to what is "wanted" on the remaining nine cards. This message becomes more precise with additional cards. Using the split presentation approach (presentation of the ten cards during Free Association, followed by a second presentation of the cards during the Inquiry), the subject is left to shape the ambiguity of the Rorschach stimuli by him/herself. This is particularly true in the orthodoxy of the Exner system, which leaves the subject virtually alone. It is not until the Free Association to all ten cards is completed that feedback as to what is desired by the examiner, in the form of questions regarding location, determinants, etc., is given (a single prompt for additional responses to an isolated response to card I being the sole exception).

But an untainted Free Association is not the only motivation for using the Exner system. With the death of Bruno Klopfer and Samuel Beck, the Comprehensive System appears to have emerged as the system

being taught with increasing popularity, and the vitality of the research behind it seems to support this effort.

Called the Comprehensive System, its original design was to take the best parts of the five major systems. But much to Exner's credit, he has compiled a program of research that has addressed many of the traditional challenges to the use of this potentially valuble tool. For example, interscorer reliability has survived as a serious opposition to the use of the Rorschach, and is often given as motivation to forego a structural analysis of the protocol. With the refinement of the Comprehensive System's scoring procedure, Exner (1978, p. 14) reports an interscorer reliability of .85 or greater. The nonpareil normative data is given not only for nonpatient adults, but for four psychiatric groups. Child norms are presented for each year from age five to sixteen, including a nonpatient and two psychiatric groups, effectively addressing the necessary modifications for interpreting the protocols of such developing psyches.

As important as object relations is to modern analytic theory, it is not the only reason for administering the Rorschach. This study attempted to incorporate the power of the Comprehensive System with some of the work of object relations assessment.

Response Selection

Unlike all other studies that assess object relations development with the Rorschach, Urist alone examines responses that are void of human or human-like content. Surprisingly, no mention is made of the significance of this decision in any of the object relations literature. To correct this flaw, this study examined MOA ratings both with and without the inclusion of such responses.

## Object Relations Development and the Structural Summary

The second part of the research involved comparing the MOA scale with the structural summary of the Rorschach. The middle ranges of object relations development (hence the middle ranges of pathology) was of prime concern for this project, as it has been in the literature. Thus, those structural indices which reflected the projection of the different componants of human interaction were expected to be specifically impaired with respect to the middle MOA scores. The fledgling status of the examined scale makes it presently impossible to quantifiably delineate the exact range of "middle" scores, yielding results that will offer only population trend information. It is hoped that the present research may contribute to the future goal of establishing an interval scale for the understanding of borderline personality functioning.

## Hypotheses

Preliminary hypotheses examined the relationship between well established indicators of overall, general pathology, and hypothetically, that of object relations development.

Hypothesis one: Developmental Quality (DQ) was expected to be positively correlated with the MOA scale. The DQ, or level of cognitive development was derived from Friedman's (1952) Developmental Level scoring system of the Rorschach. It was originally based on a developmental sequence of Werner, where the individual matures from "syncretic, diffuse, labile, and rigid modes of functioning to discrete, articulated, stable, and flexible modes" (Blumetti & Greenberg, 1978). DQ ratings examine the inherent qualities of the response content, and not that which is articulated (although articulation my change the

content). For example, the response "water" is inherently formless, and would be scored "vague." A "tidal wave, smashing up against a boat, the peaks lashing at its sides" is articulated into a well defined construct and would receive a developmentally higher score.

During the course of the investigation, the ongoing research by Exner resulted in a major scoring change in DQ (1983). Previously, a form level rating of "-" (form is arbitrary assigned or grossly distorted) meant the automatic assignment of a DQ rating of "-". This often yielded confusing results that made for ambiguous interpretation. The DQ rating of "-" has been dropped. In addition, a synthesis response (where "unitary or discrete portions of the blot are perceptually articulated and integrated or combined into a single percept" (1974, p. 63) is now possible for objects that have no form requirements. This latter change acknowledges the potentially sophisticated response that has no inherent form (e.g. "this swirling cloud is partially covering up this rainbow, you can see some of the colors shining through in the sky"). Protocals were rescored according to the new criteria prior to analysis.

Like so many structural summary indices, percentages are subject to cutoff levels for clinical significance. The new modifications have left the DQ scoring without such levels, so several critical values were examined.

Hypothesis two: Extended form level (X+% - the perceptual accuracy of all responses, regardless of the determinant) was expected to be positively correlated with the MOA scale. A well researched indicator of pathology, form level becomes fixed and consistent starting at age five and persists throughout adulthood (Exner, 1974). This is a measure

of goodness of fit for the response, how well the subject sees responses that other people see in the inkblot stimulus (and therefore the result of the perceptual qualities of the blot). Using the Comprehensive System, a nonpatient adult sample yielded an X+% of M = .81 (SD = .12, 1978, p. 4). Only schizophrenic samples show marked disturbances in such form level percentages (M = .57, SD = .14, p. 4), with 60% generally considered the critical X+%, and less than 70% considered suspect.

Hypothesis three: Pure form level (F+% - the perceptual accuracy of only those responses determined by form alone) will be positively correlated with the MOA scale.

Pure form is viewed clinically as similar to Extended form level, although it tends to be less sensitive. When a subject responds to a complex, shaded, and often multi-colored inkblot that has so much potential for projected kinesthesia, and articulates only the shape as the determinant of the response, he/she is thought to be taking a psychological step back, a break from the "bustling" mental processes involved in Rorschach responding. Again, it is only the schizophrenic group that distorts the "easier" to perceive pure form response (M = .62, SD = .08, compared to the nonpatient group of M = .89, SD = .08), but there is considerable more "misses" using this criterion. Essentially, it is psychologically a more simple task to accurately perceive less complex stimuli.

Hypothesis four: Erlebnistypus[4] (EB) values outside the range

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[4]Ambitent values are currently updated to +2 - -2 for sums of both sides of the EB ratio less than 7, +2.5 - -2.5 for sums between 7 and 10, and +3 - -3 for sums greater than 10 (L. Martin, of Rorschach Workshops, personal communication, April 4, 1984).

labeled "ambitent" will be positively correlated with the MOA scale. This ratio was originally described by Hermann Rorschach (1923/1975) and compares the number of human movement responses (an ideational activity, since there are no humans moving on the blots) to a weighted sum of the color responses (a responsive activity where the subject reacts to the present stimuli).

Considerable research has been done with this ratio. To summarize, two desirable adult response styles exist, and can be determined by the EB ratio (Exner, 1978). Called "introversive" and "extratensive" in the Comprehensive System, the styles remain consistent over time. For example, during problem solving tasks, both strategies employed and physiological responses to the stress significantly differed (1978, p. 98). Here, the concept of "problem-solving" is extrapolated, and is interpreted as how one solves the problems of life.

However, neither style is considered "better", as both are comparable in achieving the necessary solutions to presented problems, despite their different approaches. What is undesirable is the person between the two previously mentioned types, called "ambitent" (p. 94). Such a person does not enjoy the flexibility of both of the previous personality styles, but rather, the disadvantages of both. Ambitent status is also consistent over time, and the inefficiency of such a response type makes it overrepresented in clinical populations.

Hypothesis five: The presence of a Experience Actual / experience potential (EA:ep, Exner, 1978, p. 93) difference of greater than or equal to -2.5 was expected to be positively correlated with the MOA scale. The EA is the sum of the values of both sides of the EB, and refers to psychological activities performed by the subject, or

"psychological resources" that can be drawn upon. The ep is the sum of shading responses, and is associated with tension that "acts upon" the subject, and may be considered a "psychological liability."

Here again, new research by the Exner program resulted in further refinement of this structural summary index (1983) during the course of this study. Raw score differences between +2.5 - -2.5 places a person within the category of the majority of people with respect to having "a relatively adequate tolerance to stress and the accessibility to resources to contribute significantly to the formation and direction of most behaviors" (p. 9). Higher "D" scores (critical values based on the index'es standard deviation) are indicative of higher stress tolerance, while lower scores suggest greater potential for impulsiveness, and "chaotic behavior" (with the type of regression determined by individual personality style) "because the person is on stimulus overload" (p. 9).

The index was further refined by examining those specific contributors which reflect situational stress versus chronic, personality limitations leading to the experience of being "generally overwhelmed." The ep is composed of the sum of four Rorschach determinants, two being considered indicative of situational stress, and two influenced by the chronicity of personality underdevelopment. By removing the situation stress indicators (above the quantity given by most people, whether patient or nonpatient), an Adjusted D (p. 9-10) results that is representative of the latter, chronic clinical picture. The Adjusted D value was also expected to be positively correlated with the MOA value.

Other general structural indices were compared with the MOA scale. The purpose of such examinations was to increase the clinical meaning of

this new scale, and to suggest more specific directions for future research with the measurement of object relations.

Hypotheses addressing structural issues that are theoretically more specific to object relations follow. Each involve the creation of new structural indices, and were intended to provide impetus for future examinations of these componants of object relations development.

Hypothesis six: A whole human / parenthetic human percentage [H / (H + (H))] was expected to be positively correlated with the MOA scale. An H response requires the articulation of an entire and realistic human percept, while (H) addresses human-like monsters, mythical humans, and other, similarly "unreal" replies. A zero denominator resulted in the index set to zero. This percentage was intended to tap the capacity to perceive humans in a realistic, undistorted fashion. A whole human / extended parenthetic human percentage was also calculated. Here, the number of H responses was divided by all human, human-like, or human-part responses [H / (H, (H), Hd, or (Hd)].

Both of these percentages hypothetically tap a crucial property of object relations, namely that successful interpersonal functioning requires accurate perceptions of other humans, and must take into account their gestalt, and not merely part properties.

Hypothesis seven: Pure H% (H, not (H), Hd, or (Hd) - the number of H responses / total number of responses) was expected to be positively correlated with the MOA scale. This percentage theoretically reflected the capacity to perceive humans in an intact, whole manner. Pursuing a similar theoretical line of reasoning to the above hypotheses, this index addressed the amount of pure H responses with respect to the number of overall Rorschach responses. In a sense, it is an indication

of how much a person will get involved with the whole, accurately perceived complexities of another person. This percentage will be low for several maladaptive strategies. The person avoiding such involvement could withdraw from other humans (low # of H responses), perceive them in a distorted fashion (produce (H) responses instead of H), distort the inherent complexities of humans by reducing them to parts (Hd), and even distort these parts [(Hd)]. The psychological state of affairs of such a response to humans is likely to be a combination of the above processes. It is important to realize that the production of any of these latter responses is not pathological itself. Psychological "time-outs" and focusing upon abstract or part-properties of other humans is essential for healthy functioning. It is when the production of such responses diminishes the production of pure H responses (seen interpretively as the processes of distorting or reducing whole, accurate human perceptions as limiting such healthy functioning) that may be viewed as pathological.

Hypothesis eight and nine: Empathy and object relations theory. These hypotheses return to the previously addressed controversy in the Rorschach literature involving the attribution for the capacity of empathy to the production of human movement (M) responses in the test protocal. Clinical populations clearly produce raw numbers of these responses, however, they are often "spoiled" by pathological attributions. There are many ways that such a pathological modification may take place. Human movement may be attributed to a parenthetic human content (e.g. "these two wizards are mixing potions") or to non-human content (e.g. "this is a couple of rabbits kissing"). The subject may perceive human movement or human content with poor form quality.

Special scores, indicators of thought disorders, may be assigned to the response (e.g. "this gentleman here is about to dance the two-step with this lizard").

Thus, a good M or H response, one theoretically indicative of healthy object relations will involve pure, whole human content, will have good form, and will not be assigned any special scores. But even this may not be enough. What about the response that fits all of the above criteria, yet is clearly lacking in the mutuality necessary for healthy object relations? For example, assume the following response has been perceived in a fashion that resulted in a good form rating: "This man is angry. He is about to finally get his revenge, by shooting his arch-rival in the head."

To be truly a good M response, a healthy object relations response, not only must all the previous requirements be passed, but some level of mutuality must be exceeded. Previously, such combinations of the different structural indices were left isolated, and their interactive meaning had to be deduced by the clinical wisdom of the interpreter. The present study attempted to not only formally combine these indices, but to supply what appears to be the missing quality of healthy thematic content by examining MOA rating cutoffs for those responses involving relationships.

Two new structural percentages were conducted by the present author for this study:

$$\text{GOODM} = \frac{\text{\# of M responses with good form level, pure H content, no special scores, and adequate MOA response scores}}{\text{\# of M responses}}$$

$$GOODH = \frac{\text{\# of H responses with good form level, no special scores, and adequate MOA response scores}}{\text{\# of H responses}}$$

Where:

-# H responses with good form level = "+" or "o"

-pure human content = human content, and not Hd, (H), or (Hd)

-no special scores = absence of special scores[5]

-adequate MOA response scores = various levels of MOA ratings that were investigated.

One other new Exner special score was included, that of Morbid Content (MOR). While not an indicator of cognitive slippage like the critical special scores (it is used as a depressive indicator, although its frequency is high in psychotic populations), such a quality seems to certainly ruin the hypothetical "good" nature of the proposed new indices.

These new indices were expected to correlate positively with the MOA scale.

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[5]Exner distinguishes between five critical special scores (indicative of thought disorder or cognitive slippage to a greater or lesser degree). These are (in order of increasing clinical severity, 1978): 1) "DV" (Deviant Verbalization), idiosyncratic, bizarre, or otherwise unusual modes of articulation; 2) "INCOM" (Incongruous Combination), where details of the blot are combined into an incongrous percept; 3) "FABCOM" (Fabulized Combination), involving a relationship between discrete blot details that have no chance of naturally occurring; 4) "ALOG" (Autistic Logic), where the subject spontaneously uses reasoning or justification that is indicative of loose or circumstantial associations; 5) "CONTAM" (Contaminated Response), involving the fusion of multiple percepts of the same blot area into a single percept that destroys any adequacy these previous percepts may have had if offered by itself.

# CHAPTER II

## Method

### Subjects

Both adult clinical and normal samples were used. The sample of 23 males and 27 females, ages ranging from 20 to 49, was intended to cover a broad range of psychopathology, and hypothetically, of object relations development.

The clinical sample consisted of 24 inpatients from a midwestern state hospital, and 16 outpatients from a university based clinic serving the school and surrounding communities. 10 non-clinical adults without a history of psychopathology and who had never received psychotherapy were also used. They were currently enrolled in psychology courses and obtained extra-credit for their participation in the research. Since both neurotic and "normal" patients have theoretically completed object relations development, a reduced number of nonclinical subjects were included in the sample.

### Instruments

In addition to the previously described MOA scale and Comprehensive System, the autobiographical task which contributed to the scale's original validation and reliability assessment was administered (with minor modification). This was reported by Urist as being derived from the work of Henry Murray (1938, in Urist, 1977), to "elicit descriptions of the important people in the subject's life, his relationships with them and their relationships with each other" (p. 5). He contrasts the ambiguous, projective requirements of the Rorschach with the

"undisguised" task of the autobiograpy. The Autobiography task and the scale used to evaluate its content for object relations are presented in Appendices B and C, respectively.

The third measure used in the original study examined the patient's actual ward behavior. Ward staff were asked to rate their personal "relationships with the subjects, as well as rate their perceptions of the subject's interactions with others on the ward" (p. 5). The Staff Rating scale (Appendix D) is described as being parallel to the Autobiographical scale, but directly applicable to interactive behavior. "While staff ratings would certainly be based on inference, they were regarded as the most direct, least projective measure of those object relational phenomena that were hopefully to be tapped simultaneously via the Rorschach and Autobiography measures" (p. 6).

Reliability

Table 1[6] indicates the interscorer reliability in terms of percent agreement within pairs of raters in the original study. These figures were regarded as "highly respectable given the subjective nature of the ratings."

TABLE 1

Reliability in Terms of Percent Agreement(A)

| | Rorschach | Autobiography | Staff |
|---|---|---|---|
| Percent Within 1 Scale Point | .86 | .79 | .83 |
| Percent Within ½ Scale Point | .66 | .51 | .70 |
| Percent Exact Hits | .52 | .41 | .58 |

(A) Reflects percent agreement between the two raters for each test.

[6] From "The Rorschach test and the assessment of object relations" by J. Urist, 1977, Journal of Personality Assessment, 41 (1), p.7. Copyright 1977 by The Society for Personality Assessment, Inc. Reprinted by permission.

Validity

The importance of measuring all extremes of pathology in the rated measures was not only emphasized to the raters in their arrival of an overall MOA score in the original study, but led to the inclusion of several other Rorschach scores. In addition to an overall score, each subject received 1) a score that reflected his highest (healthiest) single response, 2) his lowest single response, 3) a score representing the average of the best eight scored responses, 4) the average of the worst eight responses, and 5) the arithmetic average of all scored responses. Intertest correlations are shown in Table 2.[7]

Urist (p. 8) concludes:

> the data clearly support the hypothesis that 1) there is a consistency across all variables, a consistency that reflects an enduring aspect of the patients' capacity for relationships across a range of measures; and that 2) the Rorschach is able to tap in a measurable way this aspect of the mutuality of autonomy within the patients' experience of self and other.

While the overall Rorschach rating tended to correlate best with the Autobiography and Staff Rating tasks, a pattern of differential correlations seemed to have emerged. "Staff ratings tended to correlate relatively better with the healthier side of the Rorschach, while Autobiography ratings correlated relatively better with the more pathological Rorschach scores" (p. 8). With respect to all three measures of MOA, the Rorschach yielded the most "pessimistic" or "pathological" appraisal of the patients. Average raw scores were: Rorschach, 3.20; Autobiography, 3.71; and Staff Ratings, 4.22. The

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[7]From "The Rorschach test and the assessment of object relations" by J. Urist, 1977, Journal of Personality Assessment, 41 (1), p.7. Copyright 1977 by The Society for Personality Assessment, Inc. Reprinted by permission.

TABLE 2

Intercorrelations(B) Between Mutuality of Autonomy Measures(C)

| | Rorschach (overall) | Autobiography | Staff Ratings |
|---|---|---|---|
| Staff Ratings | .53 | .54 | |
| Autobiography | .67 | | |
| Rorschach | | | |
| average score | .83 | .63 | .43 |
| high average | .59 | .63 | .47 |
| low average | .81 | .57 | .28 |
| highest score | .09 | .40 | .25 |
| lowest score | .63 | .40 | .09 |

(B) All intertest correlations were significant beyond the .001 level.

(C) The use of the Spearman product moment correlation assumes equal interval data. Lingoes (1979) describes a scaling method (CM-III) which employs a monotonic transformation of raw scores "such that the average intercorrelation among them will be maximized subject to the restriction that rank order will be preserved. ...Mild nonlinearities will either be obviated or minimized, giving rise to greater stability in one's results (e.g. upon replication) and making the product-moment correlation a better indicator of the relationships that exist but which are attenuated" (p. 279). "This results, in effect, in creating an equal interval scale. In performing this transformation on the data the overall correlation average was improved by only .002 by the CM-III transformation, thus indicating that the original scales could be considered for all statistical purposes to have equal interval" (Urist, 1977, p. 7).

Rorschach and Staff Ratings were significantly lower and higher, respectively, than the other measures ( $p < .01$).

Within subject consistency is an important issue here, as each subject presented a number of repsonses across the Rorschach MOA dimension. While the subjects' lowest Rorschach scores correlated better with other measures than did the higher (healthier) Rorschach responses, ignoring these latter responses generated lower correlations than those measures which included the entire response range. Thus, the

full range of MOA scores yielded the most precise picture of the person's true capabilities.

> In other words, when one speaks of a stable, enduring, structurally defined capacity for object relationships, this still must take into account a range or repetoire of behavior across varying levels of functioning. With this range one can then point to areas of developmental arrest, regression, etc., much the same way one would describe the interplay of different levels of psychosexual development (p. 9).

## Procedure

The subjects were informed that they were participating in a question and answer test standardization project. The inpatient population was informed that their participation would in no way affect their present treatment. Outpatient data were made available to the respective therapists, and this was understood by these subjects. In fact, these diagnostic data were supplied at no cost to the outpatients, and served as the motivation for their participation. Subjects were additionally told that they could withdraw from the experiment at any time, that their participation was completely voluntary, and that they would receive no compensation (other than bonus points for the students).

Each subject was given the Rorschach using the administration procedures described in The Rorschach: A Comprehensive System, Volume I (Exner, 1974). The Autobiographical task was administered immediately afterward. The procedure varied somewhat from Urist's original study (1973), in which the patients were asked to write their responses to the Autobiographical task. Written performance requires a level of functioning which might have been beyond that of some of the subjects used in the present study, so they were only required to respond to the questions verbally after the task was read to them. However, level of

handwriting and neatness of presentation were completely removed from the raters' knowledge by this modification. The order of test administration was not counterbalanced, as the Autobiographical task has clear, emotional references which might have influenced the relatively ambiguous, projective draw of the Rorschach stimulus.

Task administration, rating of each of the tasks, and scoring of the Rorschach protocols were performed by separate personnel. The Rorschach's were administered by two advanced graduate students in clinical psychology who had completed their projective testing coursework and had been thoroughly examined by the present author in the administration of the Rorschach using The Comprehensive System. Although they were naive with respect to the experimental hypotheses and the details of the patients' current therapeutic status, the test site served to inform the administrators as to who were the inpatient subjects. A third clinical student administered the Autobiographical task.

The Staff Rating scale was administered by a selected ward aide for the inpatient subjects. This non-professional ward worker had regular, daily contact with the patient during hospitalization. Outpatient subjects were rated by their therapists with the same scale. Frequency of contact was generally one session per week.

Rorschach responses were rated with respect to the MOA scale by two practicing clinical psychologists with extensive experience in projective testing. Instructions to the raters are listed with the scale in Appendix B. Only the responses were considered in the ratings, as information regarding location, response scores, and structural summaries were withheld. The Autobiographical task was rated by two

other practicing clinical psychologists. These psychologists were specifically chosen for their familiarity with the lifestyles indigenous to the Midwest. Subject values used for the measures were the means of the two raters for each measure. Responses in which the decision to rate could not be consolidated were dropped. The four raters, the ward staff, and the therapists who were involved with the staff rating task underwent an appropriate training period prior to the actual exposure to the subjects' protocols. Each Rorschach protocol was scored blindly by the present author according to the scoring system described in The Rorschach: A Comprehensive System, Volumes I-III, system updates available from Rorschach Workshops published in The Alumni Newsletter (1981, 1983), and other recent modifications (L. Martin, of Rorschach Workshops, personal communication, April 4, 1984). The qualifications of the scorer included completion of all coursework in the clinical psychology training program and two, weeklong workshops with Dr. Exner.

CHAPTER III

Results

## Reliability

Table 3 indicates interscorer reliability in terms of percent agreement within pairs of raters for the present study.

Table 3

Reliability in Terms of Percent Agreement(D)

| | Rorschach | | Autobiography |
|---|---|---|---|
| | Responses | Overall | |
| Percent Within 1 Scale Point | .93 | .90 | .92 |
| Percent Within ½ Scale Point | .85 | .68 | .86 |
| Percent Exact Hits | .56 | .34 | .40 |

(D) Reflects percent agreement between the two raters for each test.

The Urist study does not address separate interscorer percentages for both individual Rorschach responses and Overall Rorschach ratings. However, the results in the present study indicate reliability between raters was at least as good as, and generally superior to, those originally reported.

## Validity

Replicating the Urist (1973) study, overall MOA ("OVERMOA" - the MOA scale applied to the entire Rorschach protocol based upon the raters' clinical application of the scale) and the MOA mean responses within the protocol that were rated (RMOA) were compared to independent measures of subject functioning rated on an MOA-like scale.

Autobiographical task ratings (AUTO) and OVERMOA Spearman

correlations of 0.25 were significant ($p$ = .031). OVERMOA and staff rating scales (STAFF), RMOA and AUTO, and RMOA and STAFF were not found significant. In fact, the one significant correlation appeared substantially below the original correlation value found by Urist (see Instruments).

In considering these results and the Rorschach response modifications that result from the choice of Exner versus Rappaport, Gil, & Schafer, a situation became apparent which seemed similar to a dilemma faced by Exner and his associates. The Exner system allows the level of elaboration of responses to be predominately decided by the patient, and is thought to be indicative of the personality being examined. The schizophrenia index (SCZI) of the Comprehensive System (1982) proved to be a very powerful and reliable measure for the assessment of that respective disoder. However, it was, and remains, plagued by a specific category of schizophrenic patients which produce protocols that the SCZI misses (Exner, 1983; L. Martin, of Rorschach Workshops, personal communication, April 4, 1984). These patients tend to give a limited shallow protocol, producing few of the indices that are then examined according to the criteria of SCZI. Thus, these schizophrenics respond to the Rorschach problem by distance, limited involvement, and superficial responses that are generally unelaborated and form determined. Such patients tend to be scored as false negatives on the SCZI, and Exner (1983; L. Martin, personal communication, April 4, 1984) continues to seek adequate alternatives for modifications to SCZI that will reduce such inaccurate results in this limited population.

In the present study, three of the "false negative" types emerged.

Three subjects gave protocols that had no responses with any interactional content. These superficial responses gave the judges limited data on which to base an OVERMOA rating - no responses with MOA ratings and shallow responses in general. Left with such a decision to make, the judges independently used the hypothesis that an absence of pathological relationship responses yielded a nonpathological OVERMOA score.

However, this working hypothesis did not appear consistent with the underlying hypotheses of the MOA scale. If relationship responses are indicative of capacities for relationships, then an absence of such responses would indicate a similar absence of such capacities. A decision to modify OVERMOA and RMOA scores for these three subjects to the most pathological rating seemed consistent with the scale's theory, and validity correlations were reexamined. The decision was further enhanced by the revelation that all three subjects were drawn from the inpatient sample and had psychotic diagnoses.

The Spearman correlations of .37 for OVERMOA and AUTO was again found significant and substantially increased ($\underline{p}$ = .0074). Other intertest correlations were increased, but failed to reach levels of significance (Table 4). Except where specified, all further calculations retained the modification rule that if there were no responses subject to rating by the MOA scale, the most pathological rating was assigned for OVERMOA and RMOA.

Considering the present dilemma of construct validation, that of assessing the validity of a tool with another unvalidated measure, the results of the above validation check for the MOA scale using the Comprehensive System were found acceptable. Correlations of OVERMOA

with the subject's highest rated response (HMOA, r = .55, $p < .0001$), and the subject's lowest rated response (LMOA, r = .31, $p = .03$), RMOA and HMOA (r = .76, $p < .0001$) and RMOA and LMOA (r = .44, $p = .002$) were all significant and suggest the MOA scale as a valid indicator of object relations. Unlike Urist's original study, the number of ratable responses per subject (M = 5.02, SD = 3.00) made high average and low average scores inapplicable.

Table 4

Intercorrelations(E) Between Mutuality

of Autonomy Measures(F)

| Modication Performed | OVERMOA pre | OVERMOA post | AUTO pre | AUTO post | STAFF pre | STAFF post |
|---|---|---|---|---|---|---|
| Staff | .08 | .19 | .36 * | N/A | | |
| Auto | .30 * | .37 ** | | | | |
| Rorschach RMOA | .74 **** | .79 **** | .16 | .25 | .07 | .17 |
| Highest Score | .55 **** | N/A | .19 | .76 **** | -.15 | |
| Lowest Score | .31 * | N/A | .16 | .44 ** | .30 | |

* $p<.05$ ** $p<.01$ *** $p<.001$ **** $p<.0001$

(E) Correlations with STAFF, N = 40. Rest of correlations: Premodification, N = 47, Postmodification, N = 50.

(F) For consistency with object relations measures, STAFF ratings (which run from most pathological to least pathological, opposite of the other measures - see appendix C) has been inverted, thus allowing for (similar i.e. positive) correlation coefficients.

## Rating Nonhuman Relationships

As previously discussed, Urist is alone in his decision to include

responses void of human content or movement in assessing object relations. To examine this, OVERMOA and RMOA were recalculated using only responses with M present (MONLY), only H content (HONLY), and only human or human-like content [HHONLY - content is scored either H, (H), Hd, or (Hd)]. This last recalculation, HHONLY, modifies the criterion for response inclusion in assessing object relations to one consistent with other measures of object relations assessment with the Rorschach.

It is important to remember that the correction rule for protocols without ratable responses remained in effect. For example, a protocol that formerly had three ratable responses, with none of these three involving M, would receive the most pathological rating for both OVERMOA and RMOA when using the MONLY criterion for response inclusion.

The validation measures of AUTO and STAFF were significantly correlated with OVERMOA and RMOA using MONLY and HONLY response selection criteria (see Table 5 for values). The HHONLY criterion yielded the single highest correlation for both OVERMOA ($r = .46$, $p = .0007$) and RMOA ($r = .36$, $p = .01$); yet surprisingly, STAFF ratings were not significant.

It appears, at least when using the Comprehensive system for Rorschach administration, that object relations assessment is best done considering only responses that contain human content or activity.

## Comparison with the Structural Summary

Few of the structural summary indicators of general pathology were significantly correlated with the (modified) OVERMOA or RMOA. Intercorrelations are presented in Table 6.

Neither the general Developmental Quality percentage [(DQPER) - (DQ "+" + "o" + "v/+")/# DQ] nor cutoff levels at 70 (DQ70), 80 (DQ80), or

Table 5

Intercorrelations(G) Between Mutuality of Autonomy Measures Across Response Selection Criteria

| | OVERMOA | | RMOA | |
|---|---|---|---|---|
| | AUTO | STAFF | AUTO | STAFF |
| Urist Criteria | .37 ** | .19 | .25 | .17 |
| MONLY | .43 ** | .34 * | .28 * | .39 ** |
| HONLY | .38 ** | .40 ** | .25 | .52 *** |
| HHONLY | .46 *** | .29 | .36 ** | .30 |

* $p<.05$ ** $p<.01$ *** $p<.001$

(G)Correlations with AUTO, N=50; Correlations with STAFF, N=40.

90% (DQ90) yielded significant correlations with OVERMOA or RMOA. Likewise, Extended form level (X+%) or Pure form level (F+%) proved nonsignificant when considering overall percentage or cutoff levels set at 70 (X+70 & F+70) or 80% (X+80 & F+80). Number of minus or weak responses was also nonsignificant. Ambitent classification of Erlebnistypus values (AMBI) proved nonsignificant as well.

The Experience Actual : experience potential (EA:ep) difference, now represented by D scores was found significant when correlated with OVERMOA ($r = -.373$, $p = .0075$) and RMOA ($r = -.414$, $p = .0028$). Adjusted D scores also yielded significant correlations with OVERMOA ($r = -.343$, $p = .015$) and RMOA ($r = -.365$, $p = .009$). The capacity for stress tolerence, whether it is modified by situational circumstances, or purely a chronic, underdeveloped ego that regresses in response to

Table 6

Intercorrelations Between OVERMOA, RMOA And

General Structural Summary Indices

| Variable | OVERMOA | RMOA | Variable | OVERMOA | RMOA |
|---|---|---|---|---|---|
| DQPER | -.10 | .05 | AMBI | .19 | .10 |
| DQ70 | .24 | .20 | ZF | -.14 | -.09 |
| DQ80 | .27 | .11 | ZD | .29* | .29* |
| DQ90 | -.01 | -.18 | MFREQ | -.22 | -.18 |
| DQSYN | -.19 | -.17 | MQPER | -.06 | .01 |
| DQVSYN | .28* | .22 | M- | .03 | .11 |
| X+% | -.21 | -.04 | M = 0 | .17 | .04 |
| X+70 | .16 | -.06 | M- or M = 0 | -.03 | -.11 |
| X+80 | .19 | .03 | $M^a < M^p$ | -.14 | -.21 |
| R- | .18 | .02 | Dscore | -.37** | -.41** |
| RWEAK | .12 | .01 | Adjusted Dscore | -.34** | -.36** |
| F+% | -.04 | -.09 | FC:CF+C | -.01 | -.09 |
| F+70 | -.06 | -.11 | R | .13 | .03 |
| F+80 | .00 | -.06 | | | |

* $p<.05$ ** $p<.01$ N=50

(H) Key to variables not previously explained in text or in Exner (1974, 1978, 1982)

DQSYN - The number of DQ "+" responses
DQVSYN - The number of DQ "v/+" responses
MFREQ - The number of M responses
MQPER - M quality percent [(M+ & Mo)/total M]
M- - The number of M- or M formless responses
M = 0 -# of M = 0: 1=yes, 2=no
M- or M=0 -The presence of either M=0 or M-: 1=yes, 2=no
Zd -Zd critical (Zd 3): 1=yes, 2=no
$M^a < M^p$ -1=yes, 2=no
FC:CF+C -1=yes, 2=no

environmental tension appears related to level of object relations development.

Indices Involving the Perception of Humanness

Consistent with the literature reviewed, mere number of human movement responses was nonsignificant with OVERMOA and RMOA. The presense of "M-" responses, absence of M responses, or either condition similarly proved nonsignificant (Table 6).

The production of human content responses proved to be an important indicator of object relations development (Table 7). Using the strict criterion for whole human content scoring, the raw number of human content responses [H] was found to be significant with OVERMOA ($r = -.034$, $p = .015$) and RMOA ($r = -.299$, $p = .034$). The percentage of pure H responses (H adjusted for total R) was found to be significantly correlated with OVERMOA ($r = -.396$, $p = .004$) and RMOA ($r = -.326$, $p = -.02$).

Table 7

Intercorrelations Between OVERMOA and RMOA with Human and Humanlike Content

| | OVERMOA | RMOA |
|---|---|---|
| H | -.34** | -.30* |
| H/R | -.40** | -.33* |
| H/(H) | -.17 | -.19 |
| H/ [H+(H)+Hd+(Hd)] | -.23 | -.16 |

* $p<.05$ ** $p<.01$ N=50

Two of the newly created percentages were found to be nonsignificant (Table 6). The whole human / parenthetic human [H/(H)]

and whole human/all human content [H/(H + (H) + Hd + (Hd)] did not prove to be correlated significantly with either OVERMOA or RMOA.

The GOODM and GOODH proved to be significant and potentially useful new structural indices. To reiterate their design, a GOODM response must have H content, and both GOODM and GOODH must have a form level rating of either "+" or "o", no critical special scores, and pass an MOA critical level if the response was applicable to MOA rating.

Special scores (with MOR scores = 0) were examined for critical5 = 0 and also for critical4 = 0, where the least pathological special score, that of DV (Deviant Verbalization) was permissible. MOA critical levels were set at increasing half point intervals until correlations became nonsignificant. Both the sum of the responses surviving GOODM and GOODH criteria (GM and GH, respectively) and the GOODM and GOODH percentages (GOODM% and GOODH%) were compared with both OVERMOA and RMOA scores. Test results for GOODM and GOODH are presented in Tables 8 & 9 and 10 & 11, respectively.

GOODM data with critical5 special scores reveal significant correlations with GM following the most severe MOA critical level (MOA = 1.0) throughout the middle ranges of such scores for both OVERMOA and RMOA ratings. GOODM% scores did not enjoy such significance. While the inclusion of M responses with DV special scores (i.e. critical4) reduced correlations slightly, it did, however, push them into the nonsignificant range.

GOODH data followed similar trends. Beyond the most stringent MOA critical level (MOA = 1.0), GH was found significant for both critical5 and critical4 special score levels when correlated with OVERMOA. GOODH% data was significant only with critical5 levels for middle MOA critical values.

Table 8

GOODM Intercorrelations for Critical5 = 0

| MOA Cutoff Level | OVERMOA | | RMOA | |
|---|---|---|---|---|
| | GM | GOODM% | GM | GOODM% |
| 1.0 | -.24 | -.09 | -.23 | -.10 |
| 1.5 | -.31* | -.15 | -.33* | -.18 |
| 2.0 | -.30* | -.15 | -.30* | -.15 |
| 2.5 | -.30* | -.15 | -.30* | -.15 |
| 3.0 | -.30* | -.15 | -.30* | -.15 |
| 3.5 | -.30* | -.15 | -.30* | -.15 |
| 4.0 | -.30* | -.15 | -.30* | -.15 |
| 4.5 | -.30* | -.15 | -.30* | -.15 |
| 5.0 | -.27 | -.12 | -.27 | -.12 |
| 5.5 | -.27 | -.12 | -.27 | -.12 |

* $p<.05$ N=50

Table 9

GOODM Intercorrelations for Critical4 = 0

| MOA Cutoff Level | OVERMOA | | RMOA | |
|---|---|---|---|---|
| | GM | GOODM% | GM | GOODM% |
| 1.0 | -.24 | -.07 | -.22 | -.07 |
| 1.5 | -.32* | -.31* | -.15 | -.31* |
| 2.0 | -.27 | -.11 | -.25 | -.11 |
| 2.5 | -.27 | -.11 | -.25 | -.11 |
| 3.0 | -.27 | -.11 | -.25 | -.11 |
| 3.5 | -.27 | -.11 | -.25 | -.11 |
| 4.0 | -.25 | -.10 | -.26 | -.12 |
| 4.5 | -.27 | -.11 | -.25 | -.11 |
| 5.0 | -.24 | -.23 | -.23 | -.08 |
| 5.5 | -.24 | -.08 | -.23 | -.08 |

* $p<.05$ N=50

Table 10

GOODH Intercorrelations for Critical5 = 0

| MOA Cutoff Level | OVERMOA | | RMOA | |
|---|---|---|---|---|
| | GH | GOODH% | GH | GOODH% |
| 1.0 | -.30* | -.26 | -.21 | -.13 |
| 1.5 | -.37** | -.34* | -.34* | -.32* |
| 2.0 | -.35** | -.29* | -.29* | -.18 |
| 2.5 | -.35** | -.29* | -.29* | -.18 |
| 3.0 | -.35** | -.29* | -.29* | -.18 |
| 3.5 | -.35** | -.29* | -.29* | -.18 |
| 4.0 | -.35** | -.29* | -.29* | -.18 |
| 4.5 | -.35** | -.29* | -.29* | -.18 |
| 5.0 | -.32* | -.22 | -.26 | -.12 |
| 5.5 | -.32* | -.22 | -.26 | -.12 |
| 6.0 | -.32* | -.22 | -.26 | -.12 |
| 6.5 | -.32* | -.22 | -.26 | -.12 |
| 7.0 (no cutoff) | -.32* | -.22 | -.26 | -.12 |

*$p<.05$ ** $p<.01$ N=50

Visual inspection of the tables reveals almost no impact being made by the MOA cutoff levels. In clinical terms, one may deduce that once the response has passed the distinguishing factors of pure H present (for GOODM), adequate form level, and no special scores, it is in fact a GOODM or H response that appears to have significant relationship with level of object relations development. The previously hypothesized response, one that meets all of the requirements for content, form level, and absence of special scores, but lacks mutuality of autonomy,

Table 11

GOODH Intercorrelations for Critical4 = 0

| MOA Cutoff Level | OVERMOA | | RMOA | |
|---|---|---|---|---|
| | GH | GOODH% | GH | GOODH% |
| 1.0 | -.24 | -.15 | -.15 | -.06 |
| 1.5 | -.33* | -.26 | -.27* | -.18 |
| 2.0 | -.27* | -.15 | -.22 | -.06 |
| 2.5 | -.27* | -.15 | -.22 | -.06 |
| 3.0 | -.27* | -.15 | -.22 | -.06 |
| 3.5 | -.27* | -.15 | -.22 | -.06 |
| 4.0 | -.27* | -.15 | -.22 | -.06 |
| 4.5 | -.27* | -.15 | - 22 | -.06 |
| 5.0 | -.25 | -.09 | -.20 | -.01 |
| 5.5 | -.25 | -.09 | -.20 | -.01 |
| 6.0 | -.25 | -.09 | -.20 | -.01 |
| 6.5 | -.25 | -.09 | -.20 | -.01 |
| 7.0 (no cutoff) | -.25 | -.09 | -.20 | -.01 |

* $p<.05$ N=50

just doesn't seem to appear with any discernable frequency.

# CHAPTER IV

## Discussion

The present study has attempted to continue the research in the measurement of object relations using the MOA scale of Urist (1973, 1977). Object relations assessment is still in its infancy, faced with construct validation when such constructs remain only inferentially meaningful, at best. Nor does a ready population with clearly demarcated levels of object relations present itself. The borderline patient, currently "center-stage" in psychoanalytic theoretical concern, remains far from being reliably diagnosable as a clinical research population.

### Reliability and Validity

The initial thrust of the present study was an extension of the reliability and validation work by Urist (1973, 1977) and Urist & Shill, (1982) to Rorschach administration and scoring using the Exner Comprehensive system. This was discussed as desirable as a result of the extensive benefits and ongoing research of the Exner system.

Using interscorer reliability, the present data reached or surpassed that of the Urist study on almost every level. Despite its extremely abstract appearance, the scale seems manageably reliable for clinical use.

Crucial to any discussion of validity is the understanding that the non-projective measures used in the original study are not more "accurate" assessors of object relations development. On the contrary, there are clearly many factors besides object relations that affect

interpersonal functioning, and innumerable, non-personality factors that might affect subjective appraisals of interpersonal functioning. Thus, the dilemma facing the creation and validation of a tool to measure object relations development may be thought of as similar to that facing Alfred Binet (1916) in the first comprehensive attempt at the measurement of intelligence. A theoretical construct was used to create a tool, and the criteria for validity comparison (i.e. level of adaptive functioning, school achievement) were important correlates, but significantly different from the original construct. Ultimately, the development of such a tool has led to an intrinsic meaning of its results, the IQ (it is acknowledged that Binet's contribution was that of the construct "Mental Age"). This is exemplified by Arthur Jenson's (1969, p. 8) restatement of Edwin Boring's comment, "intelligence, by definition, is what intelligence tests measure." Certainly all recent developments in the measurement of intelligence must prove a significantly high correlation with the criterion of an age-appropriate Wechsler scale. Thus, while the constructs used for validation supply impetus for clinical use of the scale, it will be this latter work that provides the most important information regarding its potential advantages.

The present data yielded results similar to Urist's in finding the MOA scale as a viable measure of object relations. The validity measures were enhanced by a modification rule, whereby subjects offering no responses containing relationships were reassigned overall MOA scores of seven, the most pathological rating. The thrust behind such a rule follows the logic that if relationship responses reflect the capacity for relationships, then a protocol without relationship responses is

likely to reflect severe impairment in this capacity. Clinically, the diagnostician presented with a relationshipless protocol might begin to form hypotheses regarding such impairment, which may be further explored by other test data which "forces" the patient to deal with relationships (the TAT, for example), clinical interview, or case history.

It is important to recognize that the correlations involving the protocol's response with the highest rating, as well as the lowest rating, are theoretically indices of validity, and not reliability. Object relations development yields a range of overt behavior, from the person's best compensated interaction to a level of regression below that which might be thought of as "typical." Theoretically, the person with a lower level of object relations development will regress lower, and produce a lower level of "optimal" functioning than his/her counterpart with a higher level of object relations development.

Urist's decision to include all interactive content responses for rating with the MOA scale, unlike other attempts at object relations measurement (Blatt et al., 1976a & b; Blatt & Lerner, 1983; Krohn & Mayman, 1974; Spear and Lapidus, 1981) which limit their ratings to human or human-like content was not supported. Reexamining the data with such criteria suggested that the MOA scale would be enhanced by limiting responses to include only those which present human or human-like content, or if absent, human movement determinants, similar to the criteria for inclusion presented in Blatt et al. (1976b). However, this conclusion should be interpreted cautiously, as the overall MOA scores that remained intact after the transformation (i.e. were not subject to the modification rule of OVERMOA = 7 if number of ratable responses = 0) were based upon the ratings of all responses.

The most prudent suggestion for such results is that of calling for experimental replication using the Blatt et al. inclusion criteria with the MOA scale.

Some Post-Hoc Thoughts Regarding the MOA Scale

Urist (1977) states that his raters reported the scale as "concrete and specific enough" (p. 9) so that factors other than object relations were not taken into account. He proposed replication of the study using excerpted responses, so that raters would get exposure to just those responses needing rating, and not entire protocols, to examine the possibility of unconscious inclusion of such extraneous variables. Urist and Shill (1981) performed this replication with adolescents, and concluded that indeed, factors other than object relations were eliminated.

Such a conclusion is questionable. The process of excerpting may remove such factors as form level, sum or presence of special scores (thought disorder), developmental quality, or primitiveness of content for the protocol in general, but they will remain present in each of the excerpted responses undergoing the rating process. In fact, the strategy may have backfired. Protocals generally exhibit a tendency toward cohesion, and a relative improvement along the criteria discussed during more simple, less involved responses. The failure to "rebound" with more simple stimuli (i.e. X+% versus F+%) or the inability to take the psychological step back to produce the more simple response (i.e. Lambda too low, Exner, 1978) is considered clinically significant. By removing the simple, less involved "noninteractional" responses from each protocol, the rater may be left with responses that tap the lower level of functioning indicators that Urist attempted to avoid in the

first place.

This is not an attack on the validity of the Urist scale, but an acknowledgement that such factors cannot be removed from as multi-dimensional a construct as object relations. Nor is such a separation necessarily desirable for clinical use. The Rorschach response that scores in the healthiest range of MOA rating, but also receives a pathological special score would not be interpreted as being representative of well developed object relations.

With respect to the clinical application of the scale, the raters of the present study, as well as the present author, found little "concrete" about the scale. The ambiguities regularly fell into three categories. First, rating "4" appeared too restrictive. It is described as "one figure is seen as the reflection or imprint of another," with "shadows and footprints" given as an example. The raters were at a loss to find responses for this category that were not reflections, shadows, or footprints. They also felt compelled to assign all reflection responses to this category, often over other, more important concerns of relatedness within the response.

Secondly, responses with multiple levels of relatedness need to be addressed. This may be resolved with as simple a modification as the operational definition of scoring the responses' highest (or lowest) level of mutuality, but this must be unambiguously dealt with.

The third criticism is the most severe - the scale often fails to address levels of drive sublimation. For example, rating seven (the most pathological) discusses criteria of being "swallowed up, devoured." Does this mean a response of "a monster, biting the head off its victim" should receive an identical rating as that of "a boy eating an ice cream

cone?" Hardly. But this was a quality frequently complained about by the raters instructed to "stick to the criteria of the scale." Figure integrity, one of the crucial factors of the scale, must be linked to drive sublimation. The oral destructiveness described in the example responses represent different levels of functioning, and would be clinically interpreted differentially. Sublimation must be incorporated into the scale so that, for example, figures whose integrity is "meant to be lost" can be appropriately rated. It does appear that limiting the rated responses to the previously recommended Blatt criteria would also eliminate this problem.

## Clinical Use of the Exner System

It must be recognized that the administrative procedures for Exner were somewhat more restrictive in the present research than in actual clinical use. Formal scoring of the responses (and the data which contributes to the structural summary) is strictly limited to the articulations of the Free Association and the Inquiry proper. The emphasis of the Exner system is clearly directed at a structural interpretation, but in clinical practice, the diagnostician is free to return to the responses during the Testing of Limits. Questions regarding thematic content and outcome are appropriate during this time, as long as they do not influence the scoring of the response. This latter line of questioning, the Testing of Limits, was not performed in the present research. Thus, the data were void of potential thematic enhancement which would be available during clinical use. A conservative hypothesis would be that such response content expansion would increase the power of the MOA scale. Using this approach, the power of the Exner structual summary would be available with clear,

unambiguous thematic content for object relations assessment.

## Structural Indices and Object Relations

As a construct, the various levels of object relations development will differentially affect psychopathology. The primitively developed object relations of the schizophrenic will be involved in the ubiquitous ineffectual functioning of that disorder. The borderline's object relations will allow for considerable adaptive functioning outside the realm of interpersonal functioning, but begins to deteriorate when dealing with issues of autonomy, closeness, abandonment, and other, diagnostically significant themes. Neurotic pathology stems from developmental issues beyond that of object relations, which is intact and complete with whole, self and object representations.

When the object relations development of these nosological groups can be psychometrically differentiated, then the structural summary indices diagnostically indicative for these groups should prove meaningful for their object relations measurment as well.

For example, form level below 60% is an indication of schizophrenia. When a rating value of object relations is available for this diagnostic category, then it should prove indicative of form level below 60% as well. However, the entire continuum of object relations development will have a significantly deflated correlation with such a form level cutoff, because object relations development beyond that of schizophrenia will surpass this level of form quality.

This situation exemplifies much of the difficulty in considering correlational data with structural summary indices for general pathology. The indices have clinical meaning for diagnostic groups, but are not continuums of levels of development in general.

A notable exception to this is the D score, and its modification, the adjusted D score. Having the psychological resources available to handle the stresses one is presented with indeed sounds like a corollary of object relations development. These indices were the only ones of those listed under general psychopathology which had a meaningful continuum along all levels of psychopathology (and object relations), and was not subject to the problem of nosological differentiation previously discussed.

Indices of Hummaness

Those indices that specifically address theoretical components of object relations proved meaningful when correlated with the MOA scale. H responses, those responses which see whole, real humans, was a significant indicator both in raw frequency and when adjusted for overall responses.

The new indices of GOODM and GOODH offer considerable potential for future clinical use. It seems clear that the presence of DV should remain part of the exclusion criteria. The superior correlations of GOODM and GOODH response totals (GM and GH, respectively) over their percentages (GM/M and GH/H) indicates that the production of "spoiled" M and H responses (according to the GOODM and GOODH criteria) is expected and, by itself, not pathological. It is the survival of some of these responses when put to the GOODM and GOODH acid tests that appears correlated with object relations development.

To reiterate one of the results, the GOODM and GOODH were negligibly modified by the criterion of MOA cutoff level. The interpretation of this is important for clinical understanding. As a construct, clinical use of the GOODM and GOODH does not suggest total

disregard for the level of mutuality in the thematic portion of the response. Quite the contrary, the theory behind their formation addresses a "spoilage" of M and H responses with impaired object relations. The lack of significance that the MOA rating played in discerning the process of spoiling addresses the sensitivity by which the other structural indices of the Exner system (although previously not combined) detect such a pathological process. The previously hypothesized response, one that has pure H, good form level, no special scores, but impaired Mutuality of Autonomy rarely exists.

In its hypothetical clinical use, however, such a response might occasionally present itself to the diagnostician. Clinical intuition would still advise scoring this response as spoiled, in violation of the criteria for inclusion in either the GOODM or GOODH.

Recognizing that even nonpatients produce few "M" (M = 3.48, SD = 1.8) and "H" (H + Hd, M = 4.77, SD = 1.4; Exner, 1978, pp. 4-5), cutoff levels for GOODM and GOODH will be very low. It may be that the production of any GOODM or GOODH has significant meaning in terms of level of object relations development.

## Recommendations for Future Research

The present research, adding to that of Urist (1973, 1977) and Urist & Shill (1982) suggests considerable clinical potential for the Mutuality of Autonomy scale. The next step is to provide test values for clinical differential diagnosis.

Future research therefore requires the acquisition of a borderline sample, in addition to one with schizophrenic, neurotic, and "normal" subjects. Application of the MOA scale to these samples could then easily be analyzed for power of differentiation. The new indices of

GOODM and GOODH call for similar examination.

It is hoped that the measurement of object relations will progress to a level where differential diagnosis is possible, and that individual patient scores will have clinical meaning. The MOA scale offers potential to fulfill this goal, and it is hoped that the conclusions and recommendations of the present research make a meaningful contribution to this pursuit.

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# APPENDIX A

## MUTUALITY OF AUTONOMY WITHIN PORTRAYED RELATIONSHIPS IN RORSCHACH IMAGERY SCALE

# MUTUALITY OF AUTONOMY SCALE

Mutuality of Autonomy refers to the degree to which people in relationships are conceived, by the subject, as psychologically autonomous; as possessing an enduring, inherent psychic existence. The subject experiences others as possessing a self, while at the same time objectively recognizes his or her own existence as one object among many. Both self and others are simultaneously experienced by the subject as possessing an identity, a will, and the subjective, affective experience of selfhood. The subject conceives of relationships as respecting these attributes independently of fluctuations in the need state of either one's self or of the other individual within the relationship.

# MUTUALITY OF AUTONOMY WITHIN PORTRAYED RELATIONSHIPS IN RORSCHACH IMAGERY

The following is an attempt to construct a series of ordinal gradations in the degree to which relationships in Rorschach imagery are characterized by a recognition and preservation of the integrity of the respective figures. These seven categories are by no means exhaustive; rather, they attempt to define a sense of ordinally related steps or degrees, capturing the extent to which figures are portrayed as maintaining or losing their own integrity within object relations.

Please rate each response that seems appropriate to this dimension; that is, rate each response that refers explicitly or implicitly to two or more figures[1] in relationship to each other. On the attached sheet, write the number of the card, the number of the response, and your score from one through seven. After going through the patient's entire Rorschach, make an overall (1-7) rating that you feel best represents the Rorschach protocol as a whole for this dimension.

1) Figures are engaged in some relationship or activity where they are together and involved with each other in such a way that acknowledges their individual integrity. The image contains explicit or implicit reference to the fact that the figures are separate, and involved with each other in a way that recognizes or expresses a sense of mutuality in

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[1]The word "figures" here is to be understood in its broadest sense; figures can be humans, animals, plants, vague forces, inanimate objects, etc.

the relationship. (For example, on card II, "Two bears toasting each other, clinking glasses.")

2) Figures are engaged in some activity or relationship which has no particular bearing on the question of their integrity (Card III: Two women doing their laundry).

3) Figures are seen as leaning on each other, or one figure is seen as leaning or hanging on another. The sense here is that objects do not "stand on their own feet," or that in some way they require some external source of support or direction.

4) One figure is seen as the reflection, or imprint of another. The relationship between objects here conveys a sense that the definition or integrity of an object exists only in so far as it is an extension or reflection of another. Shadows, footprints, etc. would be included here.

5) The nature of the relationship between figures is characterized by a theme of malevolent control of one figure by another. Themes of influencing, controlling, casting spells are present. One figure may literally or figuratively be in the clutches of another. Such themes portray a severe imbalance in the mutuality of relations between figures. On the one hand, figures may be seen as powerless and helpless, while at the same time, others are omnipotent and controlling.

6) Not only is there a severe imbalance in the mutuality of relations between figures, but here, the imbalance is cast in decidedly destructive terms. Two figures simply fighting is not "destructive" in

terms of the integrity of the figures, whereas a figure being tortured by another, or an object being strangled by another are considered to reflect a serious attack on the integrity of the object. Similarly, included here are relationships that are portrayed as parasitic, where a gain by one figure results by definition in dimuniton or destruction of the integrity of another.

7) Relationships here are characterized by an overpowering, enveloping force. Figures are seen as swallowing up, devoured, or generally overwhelmed by forces completely beyond their control.

# APPENDIX B

## AUTOBIOGRAPHICAL TASK

AUTOBIOGRAPHICAL TASK

Directions: Now I would like to get some about your past. I will ask you questions concerning your family history, personal history, social history, major experiences, aims and aspirations, and your estimate of your self and world. Please consider these questions a general guideline, and be sure to include any information which you believe to be relevant. Of course, your answers will be completely confidential and used only for this research project. I will ask each section first, then answer as you see appropriate. Do not feel a need to answer all of the questions, or to produce a lengthy account of your past. Just mention a few brief comments with respect to the most important features of your growing up. (Only the numbered sections are to be read to the subject. Each numbered section should be read in its entirety prior to the subject responding. If necessary (due to the level of the patient's functioning), assist the subject by rereading parts of the numbered portions).

Family History (be sure that all responses refer to the family of origin and the respective time period).

1) Describe your parents. What are they like? What kind of people are they?

2) What was your general home atmosphere like? What was the nature of your attachment to your family? Who was your favorite parent? What fantasies did you have about you parents; what kind of disappointments and resentments did you have? Which parent do you most resemble? What was the attitude of each of you parents toward you? What kind of special enjoyments did you have at home? Were there any special

difficulties or unhappiness?

3) What are your sisters and brothers like? Tell me about your grandparents and other relatives.

Personal History (be sure it is history)

1) What was your early development (or growing up) like? Include your play activities, toys and animals, other children, fantasies about your self, favorite stories and heroes, and generally describe what you were like as a child.

2) Describe your school age behavior. Include your scholastic record, best and worst subjects, and age when finished.

3) Discuss your friendships. Who were your firends? What did you look for in a friend? What did your friends value in you?

4) What were your associations (or dealings) with groups? How were you regarded and why? Describe your ambitions and ideals. What kind of hero worship did you have; were there any people, historical or present, who you attempted to imitate? What qualities did you particularly admire? What interests and amusements did you have?

Social History

1) At what age did you begin dating? What would you look for in a boyfriend/girlfriend? Have you ever been in love? How often? What type of person was selected? What are your fantasies of an ideal mate? What is your attitude toward marriage?

Major Experiences

1) What are your positive major experiences?

2) What are your negative major experiences?

Aims and Aspirations

1) What are your chief aims for the immediate future?

2) If you could remodel the world to your heart's desire, how would you have it, and what role would you like to play in such a world?

Estimate of Self and World

1) What is your general estimate of and attitude toward the social world?

2) What is the world's estimate of and attitude toward you?

3) What is your general estimate of yourself?

Is there anything else that you think is important for someone to understand past?

# APPENDIX C

## RATING SCALE FOR THE AUTOBIOGRAPHICAL TASK

TO WHAT EXTENT ARE RELATIONS BETWEEN PEOPLE

CHARACTERIZED BY MUTUALITY

1) Here, relationships are characterized by a clear sense of the integrity of each of the partners, where the overall tone is one of mutual respect, rather than neurotic compromise. Relationships can be deep, meaningful and satisfying, with no risk to the integrity of the participants. Such interactions are portrayed as mutually enhancing rather than draining or depleting. Within the relationship, the integrity of one's partner is not only tolerated, but is appreciated and valued.

2) Relationships here clearly reflect a sense of individuals mutually interacting. The mutuality, however, is essentially portrayed in terms of interlocking neuroses. People clearly separate however the mutual "give and take" between them is in the service of neurotic needs, so that people are seen as feeding into one another's pathology. While the subject seems clearly to have the capacity for mutuality in relationships, his portrayal of mutuality is somehow perjorative or disparaging.

3) Here, there is a tentative, fleeting tendency in relationships toward a recognition of each other as individuals, each in his/her own right. In theoretical terms, the category corresponds to the border between narcissistic and object cathexis. Relationships here tend to vacillate between satisfaction-oriented, or mirror-types of interactions on the one hand, and relationships where individuals are experienced as mutually effecting each other without severe risk to the integrity as separate individuals

4) People are portrayed as getting along with each other only in so far as they are alike. The importance of "likeness" here goes well beyond an apppreciation for shared interests and tastes: the tone here is more one of people needing to act as narcissistic reflections of each other. Rather than seeing relationships as centering around shared internalized interests and values, here people are seen as acting "as if" they shared things in common, in order to engage each other. The underlying narcissictic assumption is that people must be alike, or must "mirror" each other, in order to maintain any level of interest or concern one for other.

5) Relationships reflect an underlying "functional" orientation. People interact and relate to each other only insofar as a function is performed by one individual for the other. People are essentially experienced in terms of the functions they perform, and every interaction is predominantly seen in terms of its potential for frustration or satisfaction. All interaction are by definition functional, where one person "performs" and the other person "receives." The emphasis here is clearly on the function rather than on the person.

6) While lacking the extreme malevolent and overpowering quality of the following category, relationships here are characterized by an overriding absense of any real sense of people as active agents in their relations with each other. The predominant theme is one of coercion or manipulation. The emotional tone of these interactions is an aggressive one. Interactions are portrayed as destructive in almost a parasitic way: in order for one person to gain another must lose.

7) The overall impression is conveyed by the subject's description of

relations between people is one of malevolent, overpowering envelopment. The idea of some malevolent power taking control of a completely helpless, passive victim can be reflected in any number of metaphors and themes. The tone is generally oral aggressive and often has the quality of "gobbling up," "sweeping up," "swooping down," etc. Where these themes are not explicitly mentioned, the "overwhelming" quality is implicit in his/her descriptions of human interactions.

1 2 3 4 5 6 7
(Assign one rating to each subject)

# APPENDIX D

## STAFF EVALUATION OF WARD BEHAVIOR

STAFF EVALUATION OF WARD BEHAVIOR

Patient:_____ Ward:_____

To What Extent Does The Patient Experience

Relationships As A Mutual Experience?

1) The patient exhibits extreme confusion over who they are; they may believe they are someone else, or that someone is controlling their actions and thoughts. When in close contact with others on the ward, they may actually describe feeling as if they were someone else, or this may be inferred from their behavior.

2) While not experiencing as total a loss of self-boundaries as is manifest in the above situation, the patient experiences others as impinging on his/her integrity in a concrete way. While they still know who they are, they may feel, for example, that others can read their mind.

3) While the boundary loss is not as primitive as above, the patient seems to experience the world as an extension of his/her own feelings: if they feel X, then they expect everyone else to feel X. If they wish Y to be true, then regardless of reality input, for them it is true.

4) While not distorting reality as seriously as in the above cases, the patient easily loses a sense of their own integrity when confronted with a situation in which they are challenged in some way. This may be reflected in defensive style of oppositionalism, where in order to maintain their own integrity they must contiually be "right," or in a style where they agree with whomever they are with, and tailor

themselves to meet the expectations of others.

5) The patient's impressions of others are highly colored by their mood at the time. While not seriously distorting reality, they are relatively unable to step back and take distance from their highly subjective definiition of the situation, even when presented with conflicting "evidence." The world around them is often experienced as an extension of the nuances of their own feeling state.

6) The patient has the ability to experience themself as separate and unique, hovever, for whatever neurotic reasons, this may be fraught with anxiety. They may deny or inhibit their uniqueness, or may use it defensively. This may be experienced depressively, in the sense "there is nothing special about me," or by attempting to hide certain talents and skills form others.

7) The patient may experience themself as separate and unique in such a way that enhances their ability to relate to others deeply, meaningfully, and empathetically.

VITA 2

William Richard Picker

Candidate for the Degree of

Doctor of Philosophy

Thesis: Object Relations Theory and the Rorschach: An Examination into Impaired Perceptions of Humanness.

Major Field: Psychology

Biographical:

Personal Data: Born in Union, New Jersey, December 17, 1956, the son of Eugene and Annette Picker.

Education: Graduated from Thomas Jefferson High School, Elizabeth, New Jersey in June of 1974; received the Bachelor of Arts degree from Fairleigh Dickinson University, Teaneck, New Jersey in 1978; enrolled in the clinical psychology program, Oklahoma State University, 1978-1984; received Masters of Science degree at Oklahoma State University in July, 1981. Completed requirements for Doctor of Philosophy Degree at Oklahoma State University in July, 1984.

Professional Experience: Psychology Intern, The Postgraduate Center for Mental Health, 1982- 1983; Psychology Extern, Eastern State Hospital, 1981-1982; Psychological Associate, Children's Medical Center, 1981-1982; Psychological Associate, The Psychological Services Center, 1979-1982; Diagnostic Coordinator, Sapulpa Headstart, 1981; Diagnostic Examiner, Carl Albert Mental Health Center, 1981; Psychological Associate, Logan County Mental Health Center, 1980, Teaching Assistant for Individual Mental Testing and The Psychology of Human Problems, Oklahoma State University, 1979-1981; Associate Member, The Society for Personality Assessment, The National Academy of Neuropsychologists, and The New Jersey Psychological Association.