Gacono, C. (1988). A Rorschach analysis of object relations and defensive structure and their relationship to narcissism and psychopathy in a group of antisocial offenders. Unpublished doctoral dissertation. United States International University, San Diego.
Gacono, C. (1990). An empirical study of object relations and defensive operations in antisocial personality. *Journal of Personality Assessment*, 54, 589-600.
Gacono, C. and Meloy, R. (1994). *The Rorschach Assessment of Aggressive and Psychopathic Personality*. Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publishers.
Gacono, C., Meloy, R. and Berg, J. (1992). Object relations, defensive operations, and affective states in narcissistic, borderline, and antisocial personality. *Journal of Personality Assessment*, 59, 32-49.
Hare, R.D. (1991). The Hare Psychopathy Checklist-Revised Manual. North Tonawanda, New York: Multi-Health Systems.
Heaven, T. (1988). Relationship between Hare's Psychopathy Checklist and selected Exner Rorschach variables in an inmate population. Unpublished doctoral dissertation, United States International University, San Diego.
Holt, R. (1960). A method for assessing primary process-manifestations and their control in Rorschach responses. In M. Rickers-Ovsiankina (Ed.). *Rorschach Psychology* (pp. 375-420). Huntington, New York: Krieger.
Margolis, J. (1992). Aggressive and borderline-level content on the Rorschach: An exploratory study of some proposed scoring categories. Unpublished doctoral dissertation, California School of Professional Psychology, Berkeley.
Meloy, R. (1988). *The Psychopathic Mind: Origins, Dynamics and Treatment*. Northvale, New Jersey: Aronson.
Meloy, R. and Gacono, C. (1992). The aggression response and the Rorschach. *Journal of Clinical Psychology*, 48:(1), 104-114.
Rapaport, D., Gill, M. and Schafer, R. (1946). *Diagnostic Psychological Testing (Vol 1)*. Chicago: Year Book Publishers.
Rapaport, D., Gill, M. and Schafer, R. (1948). *Diagnostic Psychological Testing*. New York: International Universities Press.
Riquelme, J., Occupati, R., and Gonzales, E. (1991). Rorschach: Estudio de contenidos. Datos normativos para de sujetos no pacientes di Caracas y su area metropolitana. aportes al al sistema comprensivo de Exner [Rorschach: Study of the content. Normative data for non-patient subjects from the greater Caracas area. According to Exner's Comprehensive System]. Unpublished raw data.
Schafer, R. (1954). *Psychoanalytic Interpretation in Rorschach Testing*. New York: Grune & Stratton.
Smith, A., Gacono, C. and Kaufman, L. (1997). A Rorschach comparison of psychopathic and non-psychopathic conduct-disordered adolescents. *Journal of Clinical Psychology*, 53:4, 289-300.

Author's note: An earlier version of this paper was presented in "Contemporary Issues in Rorschach Interpretation" symposium, Dr. Ron Ganellen, Chair, the International Rorschach Conference, Boston, MA, 1996.

Correspondence can be addressed to the author at P.O. Box 140633, Austin, Texas, 78714; e-mail=DRCARL14@aol. com.

British Journal of Projective Psychology (1997) Vol. 42 No.2

Assessment of mental representations of relationships: A case study

Corine de Ruiter, Mirjam Lambermon and Leo Cohen

Abstract *Attachment theory and object relations theories share the premise that mental representations of relationships are shaped in childhood experiences with primary caregivers. Both theories have given rise to the development of assessment instruments to assess these representations in adults. Whether attachment measures, developed in normal samples, could he useful in clinical analyses is unknown. A case is presented to examine the diagnostic yield of a number of attachment (Adult Attachment Interview, Separation Anxiety Test, Adult Attachment Scale and Hazan and Shaver Attachment Style measure) and object relations measures (Concept of the Object Scale, Mutuality of Autonomy Scale), as well as relevant data from the Rorschach Comprehensive System. The analysis reveals that object relations and attachment measures show a reasonable degree of convergence. Attention is also given to areas in which the tests fail to converge. It is concluded that attachment measures could he useful in clinical assessment, and further research into the convergent and divergent validity of these measures seems warranted.*

Attachment theory ensued in the 1950's from John Bowlby's dissatisfaction with British psychoanalytic object relations theory (especially Melanie Klein's) which, according to him, placed too much emphasis on the infant's phantasy life and too little on inadequate caregiving behaviour of the child's caretakers in explaining adult psychopathology (Bowlby, 1958, 1959, 1960). Although Bowlby's (1973, 1980) theoretical ideas arose to a large extent from his clinical experience, and, although he provides aetiological explanations for disorders

such as depression and agoraphobia, his theory has only recently begun to attract the attention of clinicians. Attachment theory has spread strong roots in the field of developmental psychology, whereas psychoanalytic object relations theories have relied mainly on empirical evidence derived from studies of patients suffering from various types of psychopathology. Both attachment theory and contemporary object relations theories, such as those of Kohut (1971, 1977) and Kernberg (1976), share the premise that representations of self and other are shaped in childhood relationships with primary caregivers and that these representations have an impact on interpersonal relations and affect regulation later in life. Perhaps due to Bowlby's original position with regard to psychoanalytic theory, attachment theory and psychoanalytic object relations theories have developed relatively separate theoretical and empirical bodies of literature. However, in recent years a number of scholars have endeavoured to integrate the theoretical and empirical literature (e.g., Lieberman & Pawl, 1990; Fishler et al., 1990; Westen, 1991; Stern, 1985).

Attachment theory and object relations theories have a number of concepts in common, although the same concept is sometimes indicated in different terms, and similar terms can have a somewhat different connotation in the different theoretical frameworks. For instance, the terms sensitivity (of caregiving behaviour) and mirroring and merging (in Kohut's theory) both refer to the ability of the caregiver to identify with the infant's affective state. The theories also differ in the importance they assign to autonomy versus attachment, and in the age range they postulate for children's entering certain developmental phases. In this paper we will not attempt to review the conceptual similarities and differences between the two theories (for a comparison of different object relations theories, see Greenberg & Mitchell, 1983). Instead, we focus on the clinical application of some of the assessment instruments derived from these theories. An assessment of a patient's mental representation of relationships is relevant to treatment planning, because it provides insight into possible transference and/or issues of therapeutic alliance.

Both attachment theory and object relations theories have led to the development of assessment instruments for measuring internal representations of attachment relationships and object relations (for a review see Fishler et al., 1990). The attachment measures have generally been constructed on the basis of research with normal samples and are mainly used within a research context, whereas the object relations measures have largely been developed and validated for use in clinical populations and are used for clinical purposes. Whether attachment measures are useful in clinical assessment remains an important question. In this article we will address two main questions: (1) Is there a convergence of findings obtained with object relations and attachment measures of internal representations of relationships? and, (2) What is the contribution made by each set of measures to clinical assessment?

In order to examine the respective merits and shortcomings of object relations and attachment measures of internal representations of relationships, we decided to compare the diagnostic findings from a set of seven such measures for a single patient suffering character pathology accompanied by interpersonal difficulties. The attachment measures employed were the Adult Attachment Interview (AAI; George et al., 1984), the Separation Anxiety Test (SAT; Hansburg, 1980), the Adult Attachment Scale (AAS; Collins & Read, 1990), and the Hazan and Shaver (1987) Attachment Style Measure. The object relations measures were the Mutuality of Autonomy Scale (MOA; Urist, 1977) and the Concept of the Object Scale (COS; Blatt et al., 1976a), both based on the Rorschach test. Detailed information concerning these instruments will be provided below. The Rorschach test was administered according to the Comprehensive System (CS; Exner, 1986; 1990), and the CS variables related to the cluster Interpersonal Perception and Relations were also included in the analysis, because information from this cluster has a bearing on mental representations of relationships.

Case-analysis

Our case is a 28-year-old married woman. She and her husband have a 9-month-old child. She appeared for treatment with symptoms of depression, sleep disturbance, fatigue, and fear of illness and death. There were marital problems taking the form of symmetric conflicts and limited sexual relations.

History

The subject has one sister 15 months her senior. She reports having lacked warmth and support from her parents during childhood, especially from her mother. She was constantly told that her older sister was "nice" and that she was the "difficult" one. She thought (and still thinks) her parents like her sister more.

During her teenage years her parents restricted her personal associations and she was often criticized. She would sometimes rebel but more often bear her misery spitefully. Her parents' marriage was not a happy one, which she attributed partly to her own "difficult" behaviour. Her father worked long shifts and she often felt obligated to stay at home to keep her mother company.

After high school she went to a teachers' college and has worked as a primary school teacher since obtaining her degree. She had a ten-year relationship before meeting her current husband. In the last few years of the former, the relationship was unstable. She developed bulimia and was treated for this on an individual outpatient basis with psychotherapy for two years.

The patient reports that she started keeping her husband at a distance before her pregnancy. The current symptoms and overt relationship difficulties appeared after the birth of their child. Her fear of losing her partner and/or job if she does not change renders her highly motivated for therapy.

Assessment

Procedure: The Rorschach test and the Adult Attachment Interview were administered by the first author prior to the start of treatment. The Separation Anxiety Test, Adult Attachment Scale and the Hazan and Shaver measure were administered one year later, after the patient had attended a total of 20 sessions of individual psychodynamic therapy with the first author. At this point in the therapy the patient had gained some insight into the nature and degree of her interpersonal difficulties, but in the estimation of client and therapist they had not yet been fully worked through. In order to test whether the treatment had already resulted in personality changes (involving changes in her mental representation of relationships), the Rorschach test was again administered, this time by the third author, whom the patient had not met before. Both prior to therapy and one year later, the Dutch Abbreviated MMPI (Luteijn & Kok, 1985) was administered (for a summary of test administrations, see Table 1).

Table 1
Summary of tests and measures for administrations prior to and 1 year after therapy

Test	Pre-therapy	After 1 year
Dutch Abbreviated MMPI	+	+
Rorschach test		
CS	+	+
MOA	+	+
COS	+	+
Adult Attachment Interview	+	–
Separation Anxiety Test	–	+
Adult Attachment Scale	–	+
Hazan and Shaver measure	–	+

Note: CS = Comprehensive System, MOA = Mutuality of Autonomy Scale, COS = Concept of the Object Scale.

Findings

Since the purpose of our case analysis is to assess the patient's internal representations of relationships with attachment and object relations measures administered at two different points in time, it seemed necessary to first examine whether the instruments administered at both testings yielded similar results. These instruments are the Dutch Abbreviated MMPI and the Rorschach test, scored according to the CS, MOA and COS.

Our patient's scoring profile on the Dutch Short MMPI did not change substantially from test to retest, i.e., she continued to score in the same range on scales for Negativism, Somatization, Extraversion and Social Inadequacy. The only scale that showed a change was the Psychoticism scale, with a decrease from the high to the medium range (the reference group used here is the psychiatric sample).

With regard to the Rorschach test, the first administration yielded 28 responses (see Appendix I), while the second administration yielded 27 responses. The following was noted in comparing the CS Structural Summaries of both administrations. The Depression Index in both test and retest protocols was positive. The most remarkable change from test to retest was a change from a T (texture) – less protocol to T = 2 in the second protocol. This may be a result of psychotherapy (see Weiner & Exner, 1991) and/or an exacerbation of relationship difficulties and the threat of divorce. The number of Food responses was 0 at both testings, and the Isolation Index also did not show a significant change. The active:passive ratio did not change, nor did the number of COP (co-operative movement) responses. However, the number of PER (personalized) responses dropped from 8 to 0, and the number of AG (aggressive movement) responses also decreased markedly (from 6 to 0).

In her first protocol our patient had four achromatic colour responses and no texture and vista responses. In the second she had only one achromatic colour response but also two texture responses and one vista response. It appears that her defences against certain painful emotions had lowered while in therapy. The lowering of AG (and to a lesser extent PER) also seems to point to an internalization process. Nonetheless, a number of striking personality features remained unchanged: her negative attitude toward the environment (S = 11 and 8, at the first and second testings, respectively), use of intellectualization as a defence against feeling (Hx = 4 and 2, 2AB+Art+Ay = 4 and 4), sexual preoccupation (Sx = 2 and 2), disturbed thinking (MQual- = 4 and 2), distorted perception (X-% = 0.25 and 0.26), stress tolerance (Adjusted D = +3 and +2). As far as Content was concerned (see Appendix I) the patient continued to report many masks and people hiding behind masks and clothes.

The test and retest codings for the MOA and COS scales yielded very similar results. For instance, the overall MOA score for the first Rorschach was 1.80 (possible scale range = 1 to 7), and for the second it was 1.86. Similar findings were obtained for the COS. (The second Rorschach protocol and the MOA and CS analyses can be obtained from the authors upon request).

In summary, the comparison of the test results at pre-therapy and after one year of therapy showed that the functioning of our patient had remained to a large extent unchanged. The changes that had occurred seemed to be related mainly to an increased awareness of her difficulties and an increased willingness to experience negative feelings.

Comprehensive System: Interpersonal Perception and Relations cluster. The Rorschach protocol was independently scored by the first and third authors, both of whom have extensive experience with the CS. Inter-rater reliability, adequate in previous studies (de Ruiter & Cohen, 1992), was also satisfactory for this single case [agreement for location: 100%, determinant: 88%, content: 88% (disagreements were always between A/Ad and H/Hd), special scores: 93%]. The summary of the CS cluster Interpersonal Perception for the first Rorschach protocol is presented in Table 2.

Table 2
Summary of Cluster Interpersonal Perception and Relations of the Comprehensive System for the Rorschach

CDI = 0	T = 0	Human Cont = 17	a:p = 9:8	COP = 1
HVI = yes	Food = 0	Isolate/R = 0.07	PER = 8	AG = 6

For interpretation of the cluster we followed the interpretation sequence presented by Exner (1991). Our patient scored positive on the Hypervigilance Index, suggesting that a hypervigilant style can be assumed as a core element of her psychological make-up. This would imply that she uses a considerable amount of energy to maintain a continual state of preparedness, which seems to have its origins in a negative or distrustful attitude toward the environment; that she is likely to be quite sensitive to issues of personal space and very guarded in her interpersonal relationships, and that she tends to want to feel in control of the interactions.

The value for Texture (T) was 0, which suggests that she experiences less need for closeness than most people. It does not mean that she does not have such needs, but indicates that she is more guarded in close interpersonal relations, especially those involving close physical contact.

Our patient gave an exceptionally high number of human contents (=17), signifying a very strong interest in others. Coupled with her hypervigilant style, this finding probably reflects a marked sense of guardedness. The value for Personalized (PER) responses was 8, which indicates that our patient is quite insecure about her personal integrity and tends to be overly authoritarian or argumentative when interpersonal contacts pose challenges to the self. She

may have difficulty maintaining close relationships, especially with those not submissive to her.

The value for COP was 1 and the value for AG was 6, which indicates that our patient's interpersonal activity is likely to be characterized by forceful and/or aggressive behaviour that is usually obvious to a frequent observer. This behaviour often represents a defensive tactic to contend with a sense of insecurity or discomfort in interpersonal situations.

Five of our patient's movement answers were coded for a pair: 7, 9, 17, 18 and 20. Three of the five (7, 9 and 17) involved negative interactions (7: two people in a fight; 9: two people in a distant, guarded posture; 17: two people with their backs turned to each other). Only one response (18: two women having a certain bond with each other) was clearly positive.

In summary, the findings from the CS cluster Interpersonal Perception and Relations indicated that our patient is rather reserved and tends to be fearful of close interpersonal contact and likely to respond aggressively when she feels insecure in interpersonal encounters.

Mutuality of Autonomy Scale

This scale assesses the degree to which perceived figures on the Rorschach are related in terms of mutuality of autonomy (Urist, 1977). The theoretical underpinnings of the scale are found in the writings of Kohut (1971, 1977) and Kernberg (1976), and the scale focuses on the developmental progression from symbiosis towards separation-individuation, with emphasis given to the issue of autonomy of others vis-à-vis the self and, conversely, the autonomy of self vis-à-vis others. The highest point on the scale (a score of 1) reflects a depiction of figures engaged in a relationship characterized by reciprocal acknowledgement of individuality, whereas the lowest point (a score of 7) reflects relationships characterized by overpowering, enveloping, devouring forces beyond their control. A score of 1 is given to depictions of interactions in which the figures are engaged in a relationship or activity that conveys a reciprocal acknowledgement of their respective individualities; the figures are separate and autonomous and involved in a manner that displays a sense of mutuality. A score of 2 is given when the figures are engaged together in some relationship or parallel activity without a stated emphasis on mutuality. At the third scale-point, figures are seen as leaning on one another, or one figure is leaning or hanging on another. Scale-point 4 is used when one figure is seen as the reflection or imprint of another. At the fifth scale-point, the nature of the relationship between figures is characterized by a theme of malevolent control of one figure by another. Scalepoint 6 is used when the imbalance between the figures is cast in decidedly destructive terms. Finally, at the seventh scale-point, the

relationship is characterized by an overpowering, enveloping force. Urist (1977) reported 52% exact inter-rater agreement and 86% agreement for ratings within one scale-point The validity of the scale was demonstrated in relatively high correlations (ranging from 0.43 to 0.67), with independent measures of mutuality of auonomy based on autobiographical data and ward staff behavioural ratings.

The MOA was applied to the first Rorschach protocol (as mentioned above, the MOA analysis of the second protocol yielded similar findings). The responses that portray a relationship between two animate or inanimate figures are 7, 9, 17, 18 and 20. The responses were independently scored by the first author and collectively by a team of psychologists; inter-rater reliability was 80% for exact agreement and 100% for ratings within one scale-point.

Response 7 contains two people who are standing opposite each other, "in a kind of fight, not as if they like each other a whole lot". This response was given a score of 2, because there is a relationship between the figures, which is, however, not characterized by a sense of mutuality. Response 9 depicts two people standing opposite each other in a guarded way, with the red in between symbolizing some warmth towards each other. This response was given a 2, because the negative quality of the interaction was seen as overruling the slight mutuality in the response (the warm feeling). In response 17 are two people who have their backs turned to each other. Here we also have given a 2 for the presence of some kind of relationship without the aspect of mutuality. Response 18 consists of two women looking at each other, who have a lot to say to each other, who have a certain bond with each other, and for which we have given a score of 1. Finally, response 20, two animals climbing a rock to meet at the top was given a score of 2.

The five responses rated for MOA yielded an average score of 1.80, and scores greater than 2 were entirely absent. It therefore appears that our patient is scoring within the healthy range on the MOA. She is capable of experiencing mutuality of autonomy (response 18), although most of her responses are characterized by parallel interaction with a somewhat hostile component (backs turned to each other; two people in a fight). Her score was substantially lower than the average of 3.20 for Urist's sample of patients suffering from neurotic to schizophrenic psychopathology.

Concept of the Object Scale

Whereas Urist's (1977) MOA scale focuses primarily on the content of object representations, Blatt et al.'s (1976; Blatt & Lerner, 1983a) Concept of the Object Scale assesses structural dimensions of object representation. Using Werner's (1948; Werner & Kaplan, 1963) developmental theory and clinical

experience as points of departure, Blatt et al. (1976b) developed a manual to rate three cognitive aspects of these human response on the Rorschach. These aspects are: differentiation (whole or part of a human or quasi-human figure), articulation (number and types of perceptual and functional features of the figure), and integration consisting of degree of integration of motivation of the action (unmotivated, reactive, intentional), degree of integration of object and action (fused, incongruent, non-specific, congruent), degree of integration of the nature of the interaction (active-passive, active-reactive, active-active), and degree of integration of the content of the interaction (malevolent, benevolent). Within each scoring category there is a developmental continuum, e.g., intentional action is developmentally more advanced than reactive action, which is again more advanced than unmotivated action. The perceptual accuracy of the response is also scored.

The development of human responses on the Rorschach was studied in a longitudinal sample of 37 subjects from 11 to 30 years of age (Blatt et al., 1976a). Blatt et al. noted a substantial increase in the number of well-differentiated, highly articulated and integrated human figures for increasing age. There was an increase in the attribution of activity congruent with the figure and in the degree to which the figures were seen as engaged in constructive and positive interactions. Studies of borderline and psychotic patients (Blatt et al., 1976a; Ritzler et al., 1980) have shown that, compared to normals, these patients give significantly fewer accurately perceived and more partial human figures, who are also significantly more engaged in unmotivated, incongruent, non-specific and malevolent activities. Interestingly, these patients show higher levels of articulation and integration on inaccurately perceived (F-) responses than normals. The responses at lower developmental levels occurred primarily on accurately perceived responses.

Our patient's first Rorschach protocol was rated independently by the first and second authors on the basis of the manual for the COS (Blatt et al., 1976b). Inter-rater agreement was 87.5% for articulation, 77% for motivation of action and integration of object and action, 100% for nature of action, and 90% for content. Our patient's final COS scoring is given in Table 3.

Blatt and Lerner (1983b) provided analyses of the object representations of five prototypic patients on the basis of their scores on the COS, and we will also analyze our case along similar lines. In this patient's Rorschach protocol, there were 18 responses containing human representations as defined by Blatt et al. (1976b), nine of which were quasi-human figures or partial figures. Seven of these 18 responses were inaccurately perceived. In general, the responses were highly articulated, with an emphasis on the perceptual features of posture (especially facial expressions) and clothing, and on the functional feature of

Table 3
Scoring of the Concept of the Object Scale for Rorschach Protocol I.

Differentiation		Articulation		Motivation of	Integration Object-	Content of	Nature of
Card	Response	Perceptual	Functional	Action	Action	Action	Trans-Action
I	2.(Hd)+	—	Ro	NoAct	—	—	—
	3.(Hd)+	—	Ro	NoAct	—	—	—
	5.H–	Sz, Po	—	UnMot	Nonspec	Ben	—
II	6.Hd+	—	Sex	UnMot	Nonspec	—	—
	7.H+	Hsy, Po	Sex	Reactive	Nonsp	Mal	A-A
III	9.H+	Po	—	UnMot	Nonsp	Mal	A-A
IV	11.(H)+	Sz, Cl	Sex, SpId	NoAct	—	—	—
VI	16.(H)+	Cg, Po	Sex, Age, SpId	Int	Con	Ben	A-P
	17.H+	—	—	Unmot	Nonsp	Mal	A-A
	18.H+	Hsy, Po	Sex	Reactive	Nonsp	Ben	A-A
	19.Hd–	—	Sex	NoAct	—	—	—
VIII	21.Hd–	Hsy, Pst	Sex	Unmot	Nonsp	Mal	—
	22.(Hd)–	Pst	—	NoAct	—	—	—
	23.(Hd)+	—	Ro	NoAct	—	—	—
IX	24.Hd+	Cg,Po	Sex,SpId	Unmot	Con	Mal	—
	26.H–	Cg,Po	Sex	Unmot	Nonsp	Ben	—
X	27.H–	Cg, Po, Sz	—	UnMot	Nonsp	Mal/Ben	—
	28.(Hd)–	Po, Pst	SpId	UnMot	Nonsp	Mal	—

Hd = Human detail, (Hd) = Quasi-human detail, H = Human, (H) = Quasi-human. Sz = Size, Po = Posture Hsy = Hairstyle, Cg = Clothing, Pst = Physical structure. Ro = Role, Sex = Sex, SpId = Specific Identity, Age = Age.
NoAct = No action UnMdot = Unmotivated action, Reactive = Reactive action, Int = Intentional action.
Fused = Fused, Nonsp = Nonspecific, Con = Congruent, Ben = Benevo1ent, Mal = Malevolent A-A = Active-Active, A-P = Active-Passive.

sex. However, the articulations were not always appropriate, because our subject has a tendency to project her own feelings and needs (see responses 19, 21, 27). Considering the rather large number of human representation responses, the number of responses containing higher developmental level action (intentional, congruent) was relatively small The majority of the action responses contained unmotivated action with a non-specific integration of object and action. This could reflect the subject's representation that others' actions are unpredictable (their intentions are not readily apparent), but might also reflect her own helplessness to intentionally give direction to her behaviour. Furthermore, malevolent interactions predominated, although benevolent interactions were not completely absent. Sometimes malevolent and benevolent content were fused in one response (response 9). These two representations of human interaction (good vs. bad) continued to crop up in several ways in her protocol: the wicked stepmother who seems nice but is not (responses 11 and 24); the person who tries to hide his insecurity behind a brave posture (response 26), and the person who tries to dress colourfully in order to hide his sadness (response 27). In her representational world, people hide their "badness" behind colourful clothes, "good" postures and nice facial expressions. But these same people are also "frighteing, as if they take you by surprise" (response 12) and they have "Eyes looking straight ahead, as if wanting to penetrate you. Frowning eyebrows. What are you doing there? Accusing you of something" (response 28). The appearance-reality distinction makes it difficult to trust others. Her object representations also seem to be reflective of her self-image: in response 27 she made an explicit reference to herself as the person with the gloomy mood trying to hide behind a colourful way of dressing.

In summary, our patient's COS profile showed that her object representations are neither extremely developmentally disturbed nor extremely healthy. The relative lack of intentional and congruent representations could be interpreted as reflecting a lack of autonomy, while her object representations evince a relatively strong aggressive and possibly paranoid aspect.

Adult Attachment Interview

The Adult Attachment Interview (AAI; George et al., 1984) was developed by Mary Main and her colleagues to assess state of mind with respect to attachment relationships in adults. The interview focuses on the adult's attachment history and repeatedly asks the subject for evaluations and interpretations of that history. The attachment classification is based on the current state of mental organization rather than the attachment history (Main & Goldwyn, in press).

Each interview transcript is assigned several ratings and one classification. One set of ratings is assigned for "probable experience with each parental

figure during childhood". A second set of ratings is related to "state of mind". The single overall classification pertains to the individual's "present state of mind with respect to attachment" (Main & Goldwyn, in press). There are five adult attachment classification categories: Secure (F), Dismissing of attachment (Ds), Preoccupied by past attachments (E), Unresolved with respect to trauma or loss (U), and Cannot Classify (CC). The fifth category, CC, is rarely applicable. The validity of the AAI classifications is demonstrated by studies on the intergenerational transmission of attachment patterns. Parents assigned to the four major classifications tend to have infants who receive a similar classification on the basis of their behaviour in the Ainsworth Strange Situation (Ainsworth et al., 1978). Six independent studies showed an 80% average correspondence of parent-infant attachment (van IJzendoorn, 1992). These findings indicate that the parent's mental representation of attachment governs his/her behaviour towards the child, because the parent may be more or less sensitive to the child's needs and react accordingly.

The AAI was independently scored by the first and second authors, both of whom were trained by Main in the coding of the AAI. Inter-rater agreement within one scale-point was 100% for the (9-point) experience scales, 86% for the (9-point) state of mind scales, and 100% for the overall classification. What follows is a brief descriptive summary of the content of our subject's AAI. The scale codings are provided in Table 4.

Scales for probable experience during childhood. When our subject was asked at the beginning of the AAI to give 5 adjectives describing the relationship with her mother and father, she only provided negative descriptors for both parents. This set the tone for the remaining interview. Analyzing the description of her parents, there were several indications of rejection by both parents. For instance, the lack of physical affection between her and her father, cold reactions of her mother when the subject had hurt herself or when she was sick, and the favouritism both parents showed her sister. Besides displaying rejecting attachment behaviour, her parents were both somewhat involving-role reversing (meaning that both parents tried to elicit the attention and involvement of the subject as a child). The subject sometimes felt sorry for her mother's loneliness and stayed at home with her. Both parents were constantly nagging and critizing her behaviour and achievements and were very critical of her friends. It was unclear whether the parents were neglective when with the child.

Scales for states of mind respecting the parents. Our subject painted a very negative picture of her parents, and consequently there is no idealization in the transcript. Neither did she derogate attachment relationships or experiences. Most characteristic of this transcript was the negative description of

Table 4
Coding of the Adult Attachment Interview

Scale[1]	Mother	Father
Experience		
Loving	1	1
Rejecting	7	7
Involving-reversing	5	4
Pressure to achieve	1	3
Neglecting when present	?	?
State of mind respecting the parents		
Idealizing	1	1
Involving anger	7	7
Dismissing derogation	1	1
Overall state of mind		
Derogation of attachment	1	
Insistence on lack of recall	2	
Metacognitive processes	1	
Passivity of thought processes	6	
Fear of loss	1	
Unresolved loss/trauma	1	
Coherency of transcript	4	
Coherency of mind	4	

[1] All scales are 9-point scales.

both her parents, almost throughout. Several times her current feelings of anger were demonstrated by exaggerated speech, repetitions, run-on sentences, and efforts to enlist the interviewer's agreement. Furthermore, she gave a very one-sided view of her childhood, blaming her parents for her difficulties without assuming a role for herself in her history, placing her parents' behaviour in context or forgiving them for their shortcomings.

Scales for overall states of mind. Another characteristic of her AAI transcript was passivity of discourse. She often used childlike words or phrases. When discussing topics with a sexual content she exhibited difficulties in finding words and relied on vague phrases like 'or so', 'or whatever', 'or things or I don't know what'. There was no indication of trauma, unresolved loss, or fear of loss of her own child. She rarely mentioned having difficulty remembering childhood incidents. The transcript was slightly incoherent. Negative indicators of coherency were her frequent use of pseudo-psychological jargon, some lengthy responses with too much detail, some irrelevancies and the previously mentioned passivity of speech.

Classification. Our subject was preoccupied with childhood experiences. She still felt anger and was unable to go beyond her negative memories. There was some inability to discuss aspects of her youth. The passivity of discourse around sexually loaded topics was striking. Passivity is rarely observed in transcripts of subjects who are angrily preoccupied with their past (Main & Goldwyn, in press). The passivity of our subject might be seen as an indication of her parents' sexually intrusive behaviour, but the transcript gave insufficient support for this interpretation. The subject mentioned (only) one incident in which her father watched her while she was washing herself.

Our subject was classified as E, i.e., she was evaluated as preoccupied by past attachments. The sub-classification was E2 (angry/conflicted)/El (passive), indicating that E2 is the main category, though El also fits the transcript.

Separation Anxiety Test

The Separation Anxiety Test (SAT; Hansburg, 1980, Dutch translation: Kolk:, 1989) is a standardized projective test designed to assess response patterns to separation. Studies support the psychometric properties of the test (Black, 1981; Hansburg, 1972) in terms of test-retest and internal reliability and the SAT significantly discriminates between poor-functioning and well-functioning subjects (Kolk, 1989; Levitz-Jones & Orlofsky, 1985). However, the SAT does suffer from a few psychometric weaknesses: the use of a priori scales, and several items are part of more than one scale (e.g., rejection, intrapunitive reaction, see below). Still, the SAT may be employed as a useful clinical instrument.

The SAT consists of 12 pictures, each depicting a child in a daily (mild) or a severe separation situation (6 mild and 6 severe pictures). The subject is requested to choose one or more of 17 possible statements, which reflect the child's response to the separation. Combinations of these statements are added to result in 8 scales: attachment (comprising responses reflecting rejection, loneliness, and empathy), individuation (adaptive reaction, well-being, sublimation), hostility (anger, projection, intrapunitive reaction), tension (phobic feeling, generalized anxiety, somatic reaction), defensiveness (impaired concentration, sublimation), loss of self-love (rejection, intrapunitive reaction), identity stress and reality avoidance (evasion, fantasy, withdrawal reaction). The following SAT analysis will be conducted according to Hansburg's (1980) method and is summarized in Table 5.

Our subject gave a total of 71 responses to the 12 pictures. Of these 43 (= 61%) were given to the severe separations, which is consistent with the tendency of most individuals to provide more reactions to the severe separations. Regarding the attachment-individuation balance, it is common for most individuals to show relatively more individuation responses to the mild pictures and relatively more attachment responses to the severe pictures. However, our subject displayed very few individuation responses on either kind of picture, and the percentages of attachment responses to both types of picture were similar (see Table 5). Furthermore, negative feelings of loneliness and rejection predominated in the attachment area. To illustrate the extreme nature of our subject's response pattern we noted that she responds with loneliness, withdrawal, rejection and phobic feeling to the picture of a mother who has just put her child to bed, which is, of course, a mild separation.

The pattern for hostility was not atypical, i.e., showing relatively more hostility in response to the severe pictures. Our subject often reacted with

Table 5
Pattern summary of the Separation Anxiety Test

Response pattern	Mild pictures	Strong pictures	Total	Percent of total
attachment			24	33.8%
rejection	5	4	9	
loneliness	6	6	12	
empathy	0	3	3	
individuation			3	4.2%
adaptive reaction	1	1	2	
well-being	0	0	0	
sublimation	1	0	1	
hostility			9	12.7%
anger	0	4	4	
projection	1	1	2	
intrapunitive reaction	1	2	3	
tension			16	22.5%
phobic feeling	4	3	7	
generalized anxiety	3	5	8	
somatic reaction	0	1	1	
loss of self-love			12	16.9%
rejection	5	4	9	
intrapunitive reaction	1	2	3	
identity stress			3	4.2%
identity stress	0	3	3	
reality avoidance			11	15.5%
evasion	0	1	1	
fantasy	0	0	0	
withdrawal	5	5	10	

tension to the separations, and again the ordinarily expected difference in reaction to pictures of mild and severe separations was not found here. The same applies to loss of self-love and reality avoidance, which were also frequent responses of our patient.

The picture that emerged from the SAT was one of a very poorly individuated patient with strong reactions of attachment need, tension, avoidance and loss of self-love to situations of separation. The lack of differentiation between mild and severe separations could either be a sign of dramatization of mild separations or of a continuing preoccupation with certain childhood experiences, or both.

Hansburg (1976, in Levitz-Jones & Orlofsky, 1985) delineated five SAT patterns as indicators of anxious attachment on the basis of a study of normal and disturbed adolescents. When all five patterns are present, severe anxious attachment can be assumed. The presence of three or four patterns is indicative of strong anxious attachment and one or two patterns signify mild anxious attachment The five attachment patterns are: (1) high attachment need (>25% of responses) accompanied by low individuation capacity (< 16%), (2) attachment need on mild pictures greater than or equal to individuation capacity on mild pictures, (3) high hostility or painful tension percentages (>30%), (4) strong reality avoidance or defensiveness (> 13%) and (5) strong levels of self-love loss (>8%). Our patient fulfilled patterns 1, 2, 4 and 5, which resulted in her classification as strongly anxiously attached, based on the SAT.

Hazan and Shaver Attachment Style Measure

Hazan and Shaver (1987) applied Ainsworth's childhood taxonomy of attachment relationships to adult romantic love experiences and employed Bowlby's assumption of the continuity of internal working models of self and relationships to construct a single-item measure of the three attachment styles appropriate to adult love. The measure asks the subject to evaluate his/her characteristic feelings in close adult relationships and choose one of the three attachment style descriptions to characterize his/her relationships. The descriptions are as follows (Hazan & Shaver, 1987, p.515):

Secure: "I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me."

Avoidant: "I am somewhat uncomfortable being close to others. I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being."

Ambivalent: "I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away."

Our patient marked the avoidant description as characteristic of herself.

Adult Attachment Scale

This scale was developed based on Hazan and Shaver's (1987) adult attachment descriptions and additional characteristics of the three attachment styles derived from the literature (Collins & Read, 1990). The scale consists of 18 items rated on a 5-point scale from not at all characteristic (1) to very characteristic (5). Factor analysis yielded three factors, each accounting for approximately 11% of the variance: Depend, Anxiety and Close. The Depend scale measures the extent to which the subject can trust others and depend on them in times of need. The Anxiety scale assesses anxiety in relationships, such as fear of abandonment and of not being loved. The Close scale contains items referring to the extent to which the subject is comfortable with closeness and intimacy. Internal consistency of the scales was adequate (ranging from 0.69 to 0.75) and test-retest correlations over a 2-month interval ranged from 0.52 to 0.68. Collins and Read (1990) conducted a discriminant function analysis to examine the relationship between their dimensional measure and Hazan and Shaver's (1987) categorical measure. The analysis yielded two discriminant functions on the basis of which 73% of the total sample could be correctly classified into the Hazan and Shaver categories. However, percentages correct classification varied considerably among the three styles (92% for secure, 45% for avoidant, and 27% for ambivalent). Collins and Read (1990) suggested that their dimensional measure offers advantages over Hazan and Shaver's (1987) categorical measure because the dimensional assessment is more sensitive. A categorical score is limited by virtue of the fact that some subjects fit into a category better than others.

Our patient obtained a score of 21 on the Depend scale, 22 on the Anxiety scale and 9 on the Close scale. Since no validation study of the Adult Attachment Scale has as yet been conducted in the Netherlands, we will compare the scores of our patient to the mean scores for the three attachment types as classified by Collins and Read's (1990) discriminant analysis in a college sample (p.648). Our patient's score of 21 on the Depend scale is close to the mean of the secure and ambivalent categories. The avoidant category scores considerably lower on this scale. The interpretation is that our patient seems to be able to trust others and depend on them when she needs them. The score of 22 on the Anxiety scale placed her in the scoring range of the ambivalent category. Both the secure and the avoidant categories score much lower on this scale.

The interpretation is that our patient seems concerned about being abandoned and/or not being loved. Her score on the Close scale was strikingly low (9), which would place her in the avoidant category, since both the secure and ambivalent categories score much higher (means of 22.5 and 23.0, respectively) on this scale. The Close score suggested that she is uncomfortable with closeness.

To summarize, the picture that emerged from her scores on the Adult Attachment Scale was one of a combination of strong avoidant and ambivalent tendencies. Our patient is afraid to let others get close to her, yet she is also afraid of being abandoned or not being loved. Her scoring on the Depend scale could be interpreted as showing that she is able to trust and depend on others, which seems to be somewhat out of line with the findings from the Anxiety and Close scales.

Discussion

In the discussion of the assessment findings we will focus on the two questions formulated at the beginning of our paper: (1) Is there convergence of object relations and attachment measures?, and (2) what is the contribution made by both types of measures to clinical assessment? Before addressing the first question we will briefly compare the findings of the different instruments derived from the same theoretical framework.

The MOA and COS are the two measures derived from object relations theory which we employed These measures revealed a picture of a patient who is functioning at a relatively high level of object representation. According to the MOA, she is capable of experiencing mutually autonomous relationships with others, and severe disturbances in her object representations are absent. Her COS profile also shows a relatively advanced developmental level, revealed by a high degree of articulation, a large number of whole Human responses, and very little inaccurate perception. However, in contrast to the MOA scale, the COS profile also seems to reveal some of the pathology of this patient's object representations: her tendency to overpersonalize, and the relative scarcity of higher developmental levels (intentional, congruent) in the action codings. Both the MOA and COS analyses show the predominance of hostile representations of human interaction, with the COS analysis also revealing the distrustful component.

The Comprehensive System for the Rorschach is not derived from either of the theoretical frameworks that are the focus of this article. We considered it nonetheless of interest to include the CS analysis for comparison purposes, because one of the CS interpretive clusters concerns interpersonal perception and relations. In line with the MOA and COS findings, the CS analysis of the

first protocol suggests a hostile component in her object representations. Furthermore, there were findings of guardedness and distrust, as well as difficulty with close physical contact.

All four attachment measures yielded an anxious attachment classification for the subject, although not all revealed the same classification (see below). On the basis of the AAI, our patient was classified as preoccupied by past attachments expressed in continuing involving anger and passivity of discourse. The SAT finding of poor individuation converges with the AAI classification of preoccupation/enmeshment. Similarly, the patient's strong reactions to the mild separations could be interpreted as showing a continuing preoccupation with her past. Her self-classification on the Hazan and Shaver measure points to guardedness and fear of intimacy, which we also find in her AAS profile. This profile also shows a fear of rejection (afraid of being abandoned or of not being loved), which was also a response frequently endorsed on the SAT.

In general, all instruments show a striking level of convergence. Part of this convergence is due to method invariance because several measures (MOA, COS, CS) make use of the same database. But the convergence is also present across varying methods from different theoretical frameworks. The COS, CS, Hazan and Shaver, and AAS analyses all showed a quality of distrust and/or fear of intimacy in this patient's object representations. The aggressive component was found in the MOA, COS, CS and AAI analyses. Both the CS and AAI suggested the presence of sexual preoccupation. The SAT analysis showed a preoccupation with self-esteem, which is highly characteristic of individuals classified as preoccupied by the AAI (Kobak & Sceery, 1988).

There are also divergences. The most striking of these is the findings of a healthy autonomy score on the MOA and the virtual absence of indications of individuation on the SAT, along with the preoccupied AAI classification which also indicates a lack of autonomy. Also, the object relations measures (MOA, COS), the CS findings, and the AAI show that hostility and/or anger are important components of our subject's object world. This hostile-anger component is absent, however, in her SAT responses (it is also absent from the AAS and Hazan and Shaver measures, because there is no hostility component in the items of these instruments). Furthermore, the convergence for the specific type of anxious attachment classification between the AAI and the Hazan and Shaver measure was low: our subject was classified as preoccupied on the AAI (corresponding to an ambivalent attachment on the Hazan and Shaver measure), but she classified herself as avoidant on the Hazan and Shaver measure (avoidant corresponds with Dismissing on the AAI). Brennan, Shaver and Tobey (1991) have recently addressed this issue and admitted that their avoidant category seems to characterize avoidant people differently than the AAI. The Hazan

and Shaver measure characterized avoidant individuals as consciously troubled and lacking self-esteem, whereas Main characterizes them as defensively self-sufficient and prone to deny the importance of attachment relationships. Bartholomew and Horowitz (1991) have argued that this difference in the definition of avoidance reflects two distinct avoidant styles. Consequently, they have added a fourth category "dismissive" and renamed Hazan and Shaver's avoidant category "fearful avoidant". The new dismissive category is expected to converge better with Main's dismissing AAI classification. Brennan et al. (1991) found indeed that 67% of individuals who classified themselves as avoidant on the Hazan and Shaver measure, classified themselves as fearful-avoidant on the Bartholomew measure, and only 17% classified themseles as dismissive on the latter measure. When viewing our case analysis in this light, it appears that our patient's self-classification should be considered fearful-avoidant, a categorization that corresponds better with her AAI classification.

Finally, we note the time gap between the administration of the SAT, Hazan and Shaver measure and the AAS, and the remaining measures does not seem to have influenced the findings to a great extent. For instance, the SAT and AAI, though administered at different times, showed good convergence, and the same applies to the CS-COS analysis and the Hazan and Shaver and AAS analysis.

In general, it seems that the object relations measures (MOA and COS) provide us with a somewhat more "normal" image of this subject's object relations, i.e., they seem to emphasize healthy elements apart from pointing to pathological ones. The attachment measures, and the CS analysis to a lesser extent, seem to point mainly at this patient's weaknesses in terms of representations of object relations. This pattern, if also encountered in other cases, could be due to the fact that object relations measures are developed for use in clinical samples and attachment measures for use in normal samples.

It is difficult to make general statements on the usefulness of the different types of measures for clinical assessment on the basis of findings from a single case. The choice of instruments for psychological assessment depends on the particular assessment question and the kind of psychopathology. Nonetheless, we feel that a few tentative remarks can be made. The diagnostic yield of the MOA in our case was rather meagre and failed to tap some salient features of this patient's object representations. Part of this failure may be due to the fact that the MOA coding is based solely on the relational responses involving pairs of animate or inanimate figures. This limitation to pair responses might cause the limited view of a subject's mental representations of object relations. The COS and CS analyses yielded highly converging findings, although the COS provides more information on the cognitive level of object representations The

CS has the advantage of greater psychometric sophistication and the possibility of comparison with normative data.

In place of the Hazan and Shaver measure it seems wise to recommend the new four-category self-classification measure developed by Bartholomew and Horowitz (1991), because the four-category system contains two different categories of avoidant (fearful and dismissive) attachment which seem to correspond better with the traditional Ainsworth typology as in the AAI. Bartholomew and Horowitz' (1991) measure can be used to get an indication of a person's self-reported attachment style. Use in combination with the AAS is recommended since the AAS reveals a more sensitive picture of the internal representations of attachment, especially in cases that do not fit the category perfectly. Clinicians should be cautioned to employ the Hazan and Shaver self-classification as a true classification of the individual's representation of attachment. Thus far, only the AAI classifications have been shown to predict infant attachment status, and thus only the AAI can be considered a valid instrument for assessing the Ainsworth attachment typology. As shown by our case analysis, the classifications on the basis of the AAI and Hazan and Shaver's measure may not correspond. Although in this case the attachment measures showed a relatively high degree of overlap in their diagnostic yield, we should not overlook the fact that each measure also provided very specific information (e.g., sexual preoccupation on the AAI; the strong loss of self-esteem and tension reactions on the SAT). For clinical purposes the use of combinations of these measures seems advisable, and it should be mentioned that the self-classification and AAS measures provide a qualitatively poorer yield than the AAI and the SAT.

In clinical practice, the time and resources required for the use of an instrument deserve consideration. Of the attachment measures the AAI is by far the most time-consuming to administer, transcribe and code (average total time approx. 13 hrs). The other measures only require the time it takes the patient to complete them and the psychologist to score them. If one does not have the resources, one could use the AAI for general clinical purposes, e.g., as a kind of intake interview, without conducting the expensive transcribing and coding processes. If used in this way, the AAI still yields a wealth of information on the subject's past relationships with parents, on possible traumatic experiences, and on a subject's present outlook on his/her past.

As mentioned in our introduction, object relations measures are mostly validated and employed in clinical populations and the attachment measures have generally been constructed using normal samples, although their use in clinical samples is increasing (mothers of failure to thrive infants [Benoit et al., 1989]; battered women [Sullivan-Hansen, 1990]; maltreating mothers

[Crittenden & Partridge, 1990]). Our case presentation showed that attachment measures can be useful in clinical assessment, in fact they seem to be rather sensitive measures. They provide valuable information on an individual's representational model of relationships in addition to the object relations measures traditionally used. Further controlled research into the convergences and divergences and clinical usefulness of both object relations and attachment instruments for use in clinical populations seems warranted and might contribute to a cross-fertilization of the two theories.

References

Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Bartholomew, K., & Horowitz, L.M. (1991). Attachment styles among adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226-244.

Benoit, D., Zeanah, C.H., & Barton, M.L. (1989). Maternal attachment disturbances in failure to thrive. *Infant Mental Health Journal*, 10, 185-202.

Black, H.M. (1981). Trait anxiety and separation distress: An analysis of two measures in parents and their adolescent children. *Dissertation Abstracts International*, 42, (5-B) 2042.

Blatt, S.J., Brenneis, C.B., Schimek, J.G., & Glick, M. (1976a). Normal development and psychopathological impairment of the concept of the object on the Rorschach. *Journal of Abnormal Psychology*, 85, 364-373.

Blatt, S.J., Brenneis, C.B., Schimek, J.G., & Glick, M. (1976b). A developmental analysis of the concept of the object on the Rorschach. Unpublished manuscript. Department of Psychology, Yale University.

Blatt, S.J., & Lerner, H. (1983a). Investigations in the psychoanalytic theory of object relations and object representations. In: J. Masling (Ed.), *Empirical Studies of Psychoanalytical Theories*, pp.189-249. Hillsdale, N.J.: Erlbaum.

Blatt, S.J., & Lerner H. (1983b). The psychological assessment of object representation. *Journal of Personality Assessment*, 47, 7-28.

Bowlby, J. (1958). The child's tie to his mother. *International Journal of Psycho-Analysis*, 39, 1-23.

Bowlby, J. (1959). Separation anxiety. *International Journal of Psycho-Analysis*, 41, 1-25.

Bowlby, J. (1960). Grief and mourning in infancy. *The Psychoanalytic Study of the Child*, 15, 3-39.

Bowlby, J. (1969). *Attachment and Loss. Vol.1: Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and Loss Vol. 2: Separation: Anxiety and Anger*. New York: Basic Books.

Bowlby, J. (1980). *Attachment and Loss Vol. 3: Loss: Sadness and Depression*. New York: Basic Books.

Brennan, K.A., Shaver, P.R., & Tobey, A.E. (1991). Attachment styles, gender and parental problem drinking. *Journal of Social and Personal Relationships*, 8, 451-466.

Collins, N.L., & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58, 644-663.

Crittenden, P., & Partridge, M.F. (1990). *Attachment in families with a maltreated infant: Representational models of infants and mothers*. Seventh International Conference on Infant Studies. Montreal: April.

Exner, J.E. (1986). *The Rorschach: A Comprehensive System. Volume I: Basic Foundations* (2nd ed.). New York: Wiley.

Exner, J.E. (1990). *A Rorschach Workbook for the Comprehensive System* (3rd ed.). Asheville, N.C.: Rorschach Workshops.

Exner, J.E. (1991). *The Rorschach: A Comprehensive System. Vol. II: Interpretation* (2nd ed.). New York: Wiley.

Fishler, P.H., Sperling, M.B., & Carr, A.C. (1990). Assessment of adult relatedness: A review of empirical findings from object relations and attachment theories. *Journal of Personality Assessment*, 55, 499-520.

George, C., Kaplan, N., & Main, M. (1984). Attachment interview for adults. Unpublished manuscript. University of California, Berkeley.

Hansburg, H.G. (1972). *Adolescent Separation Anxiety: A Method for the Study of Adolescent Separation Problems*. Springfield, IL: Charles C. Thomas.

Hansburg, H.G. (1976). Separation disorders: A manual for the interpretation of emotional disorders manifested by the Separation Anxiety Test. Unpublished manuscript.

Hansburg, H.G. (1980). *Adolescent Separation Anxiety: A Method for the Study of Adolescent Separation Problems*. Huntington, NY: Robert E. Krieger Publishing Company.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511-524.

Kernberg, O. (1976). *Object Relations Theory and Clinical Psychoanalysis*. New York: Aronson.

Kobak, R.R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representation of self and others. *Child Development*, 59, 135-146.

Kohut, H. (1971). *The Analysis of the Self*. New York: International Universities Press.

Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press.

Kolk, A (1989). Ontwikkelingsantecedenten van psychisch dysfunctioneren in het bijzonder de fobie. (Developmental antecedents of psychological dysfunctioning, in particular phobias). Amsterdam: Thesis.

Levitz-Jones, E.M., & Orlofsky, J.L. (1985). Separation-individuation and intimacy capacity in college women. *Journal of Personality and Social Psychology*, 49, 156-169.

Lieberman, A. F., & Pawl, J.H. (1990). Disorders of attachment and secure base behavior in the second year of life: Conceptual issues and clinical intervention. In: M. Greenberg, D. Cichetti & E.M. Cummings (Eds.), *Attachment in the Preschool Years: Theory, Research. and Intervention*, pp.375-397. Chicago: Chicago University Press.

Luteijn, F., & Kok, A.R. (1985). *Nederlandse Verkorte MMPI: Manual (Revised)*. Lisse, The Netherlands: Swets & Zeitlinger.

Main, M., & Goldwyn, R. (1997). Adult attachment classifications system. In: M. Main (Ed.), *Behavior and the Development of Representational Models of Attachment: Five Methods of Assessment*. New York: Cambridge University Press.

Ritzler, B.A., Zambianco, D., Harder, D., & Kaskey, M. (1980). Psychotic patterns of the concept of the object on the Rorschach. *Journal of Abnormal Psychology*, 89, 46-55.

de Ruiter, C., & Cohen, L. (1992). Personality in panic disorder with agoraphobia: A Rorschach study. *Journal of Personality Assessment*, 59, 304-316.

Stern, D.N. (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.

Sullivan-Hansen, J. (1990). The representational models of battered women as seen in the Adult Attachment Interview. Doctoral dissertation, University of Virginia, Charlottesville.

Urist, J. (1977). The Rorschach test and the assessment of object relations. *Journal of Personality Assessment*, 41, 3-9.
Weiner, I.B., & Exner, J.E. (1991). Rorschach changes in long-term and short-term psychotherapy. *Journal of Personality Assessment*, 56, 453-465.
Werner, H. (1948). *Comparative Psychology and Mental Development*. New York: International Universities Press.
Werner, H., & Kaplan, B. (1963). *Symbol Formation: An Organismic-Developmental Approach to Language and the Expression of Thought*. New York: Wiley.
Westen, D. (1991). Social cognition and object relations. *Psychological Bulletin*, 109, 429455.
van IJzendoorn, M.H. (1992). Intergenerational transmission of parenting: A review of studies in nonclinical populations. *Developmental Review*, 12, 76-99.

The authors would like to thank the patient whose case is presented here for her permission to use her assessment data for our analysis.

Preparation of this article was supported by a fellowship of the Royal Netherlands Academy of Arts and Sciences awarded to Corine de Ruiter.

Corine de Ruiter, Ph.D
Dr. Henri van der Hoeven Kliniek
Dept. of Research & Public Relations
P.O. Box 174
3500 AD Utrecht
The Netherlands

Mirjam W.E. Lambermon, Ph.D.
Center for Child Welfare
Den Bosch
The Netherlands

Leo Cohen, Ph.D.
Dept. of Medical Psychology
Free University Hospital
Amsterdam
The Netherlands

Correspondence should be addressed to Corine de Ruiter, Ph.D., Dr. Henri van der Hoeven Kliniek, Dept. of Research & Public Relations, P.O.Box 174, 3500 AD Utrecht, The Netherlands.

Appendix I

Rorschach protocol

I.

1.I see a butterfly here. Do I have to describe more? (Whatever you want.) Because of those wings, two grabbers in front, they don't fit. A butterfly is gentle, this one wants to grab something. A spider or a scorpion can have claws like that. That's it. (Could you see more in it?)

Wings from the middle. (What made it look like a butterfly?) Because of the clippings that I have done with the children. The open holes were the holes they had to fill with coloured paper.

2. Something else you mean? A mask because of those upper white spots as eyes, the white point as nose. A very scary mask. Kind of a devil's head with those kind of horns. Yes.

(Scary?) Because of the black colour and the irregular shape.

3. The little patterns that we sometimes do with the children. Symmetrical turn-over patterns. A folding job of a mask, devil's mask. That is just because it is symmetrical.

You get a nice feeling with this because it is fun to do with the children (The same mask?) Yes, with the eyes and the nose.

4. (V) Like this the image of the spider is not good. Scorpion with those kind of grabbers.

It is coming towards you. These are the grabbers, this the tail, he is really coming towards you.

5. (V) And like this I see a very fat figure in it. A fat person. (You can put it aside.)

Head, body, legs. He's standing with his legs apart.(Fat?) The whole outline. Maybe it's not fat, but something very powerful or something. I am standing here, this is me. With both feet on the ground.

II.

6. A cervix of someone menstruating. Because of that red spot that looks like blood.

Because of the photos I had from those ultrasound scans. You could always see things like hollow space clearly then.

7. Two people standing with their hands opposite each other. In these two red spots two faces; body, and they are sitting on their haunches. A kind or fight or something. Opposite each other, not as if they like each other a lot.

Eyebrows, eyes, moustaches. Two Indian men or something.

8. (V) Like this I see that butterfly again. Because of the head. A little friendlier than the first one.

Because of his feelers, there's nothing scary about it.

III.

9. Also two people who are standing opposite each other. It looks like they're very detached from each other, while this red spot is actually a bit of warmth for each other. And I miss that in the figures.

With buttocks backwards. Stand-offish posture. You sometimes see those pictures with a heart in between. After all red is the colour of love.

10. (V) A spider, big spider head. You might say a cross spider. But that is not quite right.

Hairy legs, head with big eyes. A red sign on its back (Hairy?) Because the lines aren't sharp at all. We have worked with the kids on spiders sometimes too. Image that you pretend that they are hairy.

IV.

11. A kind of giant body. Wearing a very large fur coat.

Very large shoes. (Fur coat?) I have been to the musical Snowwhite. The stepmother wore a black coat, and that's why her head seemed so small. It is a little pompous.

12. On the other hand also a very frightening animal because of the irregular shapes, immensely fat, bloated tail.

Head, black stripe over its head. Not a beaver. Pointed head, but also a very fat tail. Something sneaky because the face stays so small. As if it also has something powerful in it. (Frightening?) The face, and the whole posture, as if they take you by surprise. Fierce eyes, pointed face.

13. (V) This is a bat.

Wings, head. Only this should go backwards. His legs are forward.

V.

14. This is a bat yes, I find it just beautiful.

Really typical. Legs flying behind it, and then those enormous wings.

15. (V) And the other way also. No, I don't see more in it.

Also head, legs, wings.

VI.

16. 1 don't see anything in this one. Oh yes. Only the top part, as if that is a mountain on which someone is standing who is moving his arms up and down.

To me it has something holy in it. As if it could be Jesus. A very powerful person it seems, to whom other people feel very submissive or something.

Face with two eyes, nose, mouth. Arms making a flying motion. Because he's standing there so stiff and stern. You should be quiet. As if he has something to say. Pictures you saw on TV when a movie was shown. It has something of the past. I cannot say it is that Bhagwan-man. Wearing a long gown. (Beard?) That fits with that person. Dark-haired figure. Someone in his thirties. Emanating serenity. Something powerful, but also somewhat pleasant.

17. (V) Like this I see two people with their backs turned to each other. People, bears.

Arms or legs.

VII.

18. Two women looking at each other. It seems to me that. I find it a cosy picture. As if those women have a lot to say to each other. They have a certain bond with each other.

Faces, ponytails standing upright. Looking at each other. Their faces are going towards each other as if they are pulling towards each other.

19. (V) X-ray of your pelvis. When I was pregnant with [child] I had these ultrasound scans. Only here the child is already gone.

Diaphragm. Uterus. It still has to close. It's because of those scans and the doll we used in the prenatal exercises.

VIII.

20. Two animals that are climbing a kind of cliff to meet each other at the top. Kind of feline.

21. The top the face of a man. It looks like a kind of Indian, long hair. A bit furrowed face. He is looking in a very dark manner. A bit malicious, rough.

The white part is his face. The grey part is his hair. This is a kind of coat he's in. Hollow eyes, these are the furrows. (Malicious?) Face hidden, kind of concealed. Grim, contracted. I had a teacher in elementary school who had that also. I always thought he looked a bit like a monkey. He didn't like me.

22. (V) This is again such a scary mask.

(Scary?) Eyes, big, hollow eyes. (Hollow?) They 're expressionless, vacant

23. At the bottom there is again a kind of devil's mask. A very large bird or something.

Head, eyes, beak.