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Relationship between the Social Cognition and Object Relations Scale (SCORS) and Attachment Style in a Clinical Sample

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This present study examined the relationship between the Social Cognition and Object Relations Scale (SCORS) and two measures of adult attachment: the Relationship Questionnaire (RQ) and the Experiences in Close Relationships Questionnaire-Revised (ECR-R). Forty-five patients (76% female) at a university-based outpatient treatment clinic participated in this study. We hypothesized that higher levels of attachment security would be associated with higher, more adaptive ratings on the SCORS variables. Results indicated that the SCORS Self-Esteem (SE) variable was significantly positively related to the RQ's Secure Attachment ratings and negatively related with the ECR-R's Anxious Attachment scale. Additionally, negative trends were noted between SE and the RQ's Fearful and Preoccupied Attachment scores. The SCORS Emotional Investments in Relationships and Affective Quality of Representations variables were associated with higher Secure scores and lower, more maladaptive Preoccupied scores on the RQ. It was also associated with greater attachment anxiety as measured by the ECR-R. Using both clinician (SCORS) and participant-rated measures (ECR-R and RQ), this study provides further understanding on how object representations and attachment style relate within a clinical sample. Results are discussed in light of prior research examining relationships between object relations and adult attachments, and clinical implications are also reviewed.

Key Practitioner Message:

- Individuals with higher levels of attachment anxiety may enter therapy with more self-image problems.
- Individuals with higher levels of attachment anxiety may enter therapy with more maladaptive expectations about relationships.
- Patients who endorse high levels of attachment anxiety (e.g., fearful and preoccupied) may be more likely to present with Axis II complaints.
- Examining a patient's attachment style and object relations using different measures of assessment (e.g., explicit and implicit) can help gain a deeper and more comprehensive understanding of a patient.

Keywords: SCORS, Attachment, Object Relations, RQ, ECR-R, Social Cognition

INTRODUCTION

There are a number of theoretical similarities between object relations theory and attachment theory (Levy, Blatt, & Shaver, 1998; Shaver & Mikulincer, 2002). Both hypothesize that early relationships with caregivers come to influence how we think about ourselves and others. The quality and nature of these relational interactions with caregivers becomes internalized within the individual. These internalized representations guide how individuals perceive, conceptualize and experience relationships (Levy et al., 1998). These representations are composed of cognitive, affective, motivational and behavioural elements that serve as mental models or schemas for relationships and interpersonal experiences (Diamond & Blatt, 1994; Levy et al., 1998; Slade & Aber, 1992). Parent–child relationships have a strong influence on the

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development of these models, and both theories hold that experiences of reunion, separation and loss play a role in the formation (and activation) of these models (Steele & Steele, 1998). In addition to theoretical similarities, both the attachment theory and the object relations theory have informed conceptualizations of psychopathology (e.g., Blatt & Levy, 2003) and psychotherapeutic practices (e.g., Farber, Lippert, & Nevas, 1995; Grotstein, 1990; McWilliams, 1994; for a review of similarities and differences between the object relations theory and the attachment theory, see Levy et al., 1998).

Despite the similarities just discussed, data suggest that the constructs tapped by the object relations theory and those of the attachment theory are *related but distinct* (Buelow, McClain, & McIntosh, 1996; Priel & Besser, 2001). Thus, it is important to examine associations between the two fields to better understand how they are related (Cassidy, 2002). The present paper examines how attachment-based concepts (e.g., attachment anxiety and avoidance; prototypical patterns of attachment) relate to conceptualizations of important aspects of object relations representations (e.g., complexity of representations, affective tone of representations) using a clinical sample of patients entering psychotherapy. The focus of this study is to examine how unique cognitive and affective aspects of object representations relate to patterns of attachment in adults.

Although a number of authors (e.g., Calabrese, Farber, & Westen, 2005; Cassidy, 1998; Levy et al., 1998; Steele & Steele, 1998) have called for studies exploring the relationships between the attachment theory and object relations, to date, only a few studies have tackled this topic directly. Levy et al. (1998) examined the relationship between self-reported adult attachment style and the quality of internal representations for parents in a non-clinical sample of college students. Adult attachment styles were assessed using self-report measures (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). Representations for parents were assessed using the structural dimensional approach developed by Blatt and colleagues (1992) in which participants write narratives describing their parents. Attachment patterns were assessed by asking participants to rate how well three attachment prototype descriptions (Secure, Preoccupied, Dismissive) described them on a 1 to 7 scale. Results revealed, as expected, differences in the quality and nature of representations across the four attachment classifications. Securely attached participants' parental representations had higher levels of differentiation and elaboration, and parents were rated higher in benevolence and lower in punitiveness. By contrast, dismissing participants' representations were lower in differentiation, and they described parents as more punitive and malevolent. Preoccupied participants' representations involved high levels of ambivalence, and they described their parents as high in both benevolence and punitiveness. Fearful participants described their parents as punitive and malevolent, but surprisingly showed high levels of differentiation and conceptual complexity.

Using similar methods as Levy et al.'s (1998) for assessing the quality of object relations (i.e., Blatt et al., 1992), Priel and Besser (2001) examined associations among adult attachment, internal representations and antenatal attachment in a sample of pregnant women. In this study, 120 pregnant women in their third trimester (with no psychiatric history) completed the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) and produced narrative accounts describing their mothers that were coded for object relations (i.e., emotional tone, complexity, integration). They also completed a self-report rating assessing antenatal attachment to their unborn baby. Results indicated that mothers who rated themselves as securely attached had less ambivalence, described their mothers more positively and had more complex, differentiated and integrated internal representations of their own mothers. Interestingly, complexity of internal representations also significantly differentiated between insecure groups. These results are similar to those obtained by Fonagy, Steele, and Steele (1991) who demonstrated that expecting mothers' Adult Attachment Interview status predicted their child's attachment status (as determined by the Strange Situation) at a 1-year follow-up.

As with Levy et al. (1998), fearfully attached participants were closest to the secure group regarding complexity of representations. Dismissing women had the least complex representations. Of note, in this study, object relations were found to mediate the relationship between mothers' attachment style and reported antenatal attachment to their unborn infant, suggesting that although attachment constructs and object relations overlap, they are also likely tapping some clearly distinctive content.

In a later study, Calabrese et al. (2005) examined associations between adult attachment and object representations of the self and others using a multi-item self-report measure of adult attachment and narrative measure of object relations. In this study, college students completed the Reciprocal Attachment Scale (West, Sheldon, & Reiffer, 1987; West & Sheldon-Keller, 1994) and were asked to write 11 narratives (including three that asked for interactions with their father and mother [most painful; most typical; most comforting]; two involving typical interactions with their significant other; and three interactions that were representative of the self [an incident typical of the self; an incident that shaped identity and an incident where the participant felt bad about the self]). These narratives were scored using the Social Cognition and Object Relations scale for Interview and Narrative data (SCORS; Westen, Barends, Leigh, Mendel, & Silbert, 1994). As expected, a number of relationships between Internal Working Models

(IWMs) and object relation representations were found. For example, higher levels of attachment security (i.e., having a sense that others are available as a secure base in times of need) were associated with higher levels of complexity and differentiation in object representations, increased ability to recognize and show emotional concern for others and enhanced ability to read social situations. In addition, higher levels of coherence of narrative, adaptive management of aggressive impulses and positive self-representations were associated with higher levels of attachment security.

While the strengths of the previous studies examining associations between object relations and adult attachment are many, there are ways in which this line of research could be improved. For example, current data focusing on the measurement of attachment (e.g., Fraley & Spieker, 2003; Fraley & Waller, 1998) suggest that adult attachment is best conceptualized along two dimensions (e.g., anxiety and avoidance). However, few studies have examined associations between attachment dimensions and object relations using attachment inventories explicitly designed for this measuring attachment dimensions. Furthermore, while clinical implications have been drawn from the studies described above, it is difficult to determine the extent to which findings comparing the object relation theory and the attachment theory arising from non-clinical populations generalize to clinical settings.

The present study addresses a number of gaps in the literature by examining associations between the structure of internal representations (as determined through a narrative-based task) and adult attachment (using self-rated measures of attachment style and *attachment dimensions*) in a clinical sample of individuals seeking psychotherapy. Given that prior research into object relations and the attachment theory has generally been conducted with categorical measures, we have decided to assess adult attachment using both a more categorical-based measure (consistent with prior research; e.g., Levy et al., 1998) and a dimensional measure of attachment anxiety and avoidance. We expected that Secure attachment (Low Avoidance, Low Anxiety) would be positively related to Complexity of Representations (COM), Affective Quality of Representations (AFF), Emotional Investments in Relationships (EIR) and Understanding of Social Causality (SC). In contrast, we expected that preoccupied attachment and higher scores for attachment anxiety would be negatively associated with AFF, COM and EIR. Finally, we expected dismissive attachment and higher scores on attachment avoidance to be negatively associated with COM and EIR. While previous studies have found higher COM for fearful individuals, we questioned if this relationship would be found in a clinical sample. Thus, we did not make hypotheses related to fearful attachment. This is only the second study to utilize the SCORS in relation to attachment and the first to do so in a clinical sample. As such, we wanted to compare any similarities that existed between Calabrese et al.'s (2005) non-clinical sample versus our clinical sample.

METHOD

Participants

Participants included 45 patients at a university-based outpatient treatment clinic. As can be observed in Table 1, patients were predominantly female and single. The mean age for the sample was 30.3 (standard deviation [SD] = 12.6). This sample consisted of primarily mood-disordered patients with relational problems manifested in either Axis II, or subclinical features of Axis II.

Procedure

Patients entering treatment were asked to participate in a research project, and no one was excluded based on a particular diagnosis or comorbidity. Therapists were assigned cases based on availability and caseload as it is routine practice for an outpatient clinic. Patients who agreed to participate in this project filled out an informed consent prior to engaging in the research study.

The clinicians who conducted the psychological assessment and psychotherapy sessions were 18 advanced

Table 1. Demographic information ($N = 45$)

Variable	N	%
Gender		
Female	34	76
Male	11	24
Mean age (SD)	30.3	12.7
Marital status		
Single	32	71
Married	9	20
Divorced	4	9
Primary Axis I diagnosis		
Adjustment disorder	5	11
Anxiety disorder	7	15
Eating disorder	2	4
Mood disorder	21	47
V code relational problem	10	22
Axis II diagnosis	27	60
Axis II trait/features	11	24
Psychiatric severity	Mean	SD
Intake axis V GAF	59.5	4.9
SCL-GSI (SD)	1.0	5

SD = standard deviation, GAF = Global Assessment Functioning, SCL-GSI = Global Severity Index of the Symptom Checklist-90 Revised.

doctoral students (nine male and nine female) enrolled in an American Psychological Association (APA)-accredited Clinical Ph.D. program. The clinicians who completed the assessment received a minimum of 3.5 hours of supervision per week on assessment data, clinical interventions, organization of feedback session and weekly review of videotaped case material. The psychological assessment consisted of four steps including three meetings between the patient and clinician, and one patient appointment to complete a battery of self-report measures. The three meetings included (1) a semi-structured diagnostic interview and early memory protocol; (2) interview follow-up and (3) a collaborative feedback session. Each videotaped semi-structured clinical interview lasted approximately 2 hours and focused on a number of salient therapeutic topics such as presenting problems; past psychiatric and medical history; family history; developmental, social, educational and work history; an exploration of both historic and current relational episodes; and a mental status exam that included an assessment of all Diagnostic Statistical Manual Fourth Edition (DSM-IV) symptom criteria for schizophrenia, major depressive/manic/mixed episode, dysthymia as well as many anxiety symptoms. After the clinical interview, each participant received an interpretive/feedback session lasting 1–1.5 hours, also videotaped and organized according to the Therapeutic Model of Assessment (Finn & Tosanger, 1992, 1997; Fischer, 1994). Further details of the methodology and procedures used in this assessment process are described more fully elsewhere (see Hilsenroth, 2007).

SCORS raters were advanced graduate students enrolled in an APA-approved Clinical Psychology doctoral program. SCORS ratings provided by the clinician were based on the patient's level of relational functioning at the time of evaluation (e.g., semi-structured interview and feedback) and across the first two sessions of psychotherapy (when available). The SCORS variables were dimensionally scored based on relational episodes and self-statements verbally expressed directly to the clinician during the course of the psychological evaluation and the first two sessions of psychotherapy. External raters then independently rated the SCORS variables for each participant immediately after viewing videotapes of the clinical interview, feedback and first two psychotherapy sessions (when available). External raters in this study consisted of the same pool of doctoral-level graduate clinicians trained in the SCORS rating system (none provided video ratings for their own patients) or in some cases the study supervisor (a licensed doctoral clinical psychologist; Peters, Hilsenroth, Eudell-Simmons, Blagys, & Handler, 2006). Details regarding the establishment of the SCORS inter-rater reliability obtained in this study are described elsewhere (Peters et al., 2006). Patients devoted one session during the psychological assessment phase of treatment to complete a battery of self report measures including the RQ (Bartholomew & Horowitz, 1991) and Experiences in Close Relationships Questionnaire, Revised (ECR-R; Fraley, Waller, & Brennan, 2000).

Assessment Measures

SCORS-Global Ratings (Hilsenroth, Stein, & Pinsker, 2007; Westen 1995)

The SCORS consists of eight variables that are scored on a seven-point anchored scale in which lower scores (e.g., 1, 2 or 3) indicate more pathological responses and higher scores (e.g., 5, 6 and 7) indicate healthy responses. The eight variables are COM, AFF, EIR, Emotional Investment in Values and Moral Standards (EIM), SC, Experience and Management of Aggressive Impulses (AGG), Self-esteem (SE) and Identity and Coherence of Self (ICS). Specifically, COM evaluates how well the patient is able to see internal states (i.e., thoughts and feelings) in the self and other when reporting narratives. In addition, COM assesses the patient's relational boundaries and ability to integrate both positive and negative aspects of self and others. AFF examines a patient's expectations of others within a relationship and the description of significant relationships in the past. EIR assesses a patient's ability for intimacy and emotional sharing. EIM assesses the extent to which the patient utilizes abstract thought in relation to morality and compassion for others. SC assesses the extent to which the patient understands human behaviour. AGG assesses the patient's ability to tolerate and manage aggression appropriately. SE assesses the patient's self-concept, and ICS assesses a patient's level of fragmentation and integration. More thorough descriptions of the eight SCORS variables, global rating method and various training examples are provided in the manuals developed by Hilsenroth et al. (2007) as well as Westen (1995).

RQ (Bartholomew & Horowitz, 1991)

The RQ is a self-report measure that asks participants to read four paragraphs, each describing a prototypical attachment style, and to indicate how well each paragraph describes them. They are asked to rate on a seven-point scale the degree to which each style pertains to them where a score of 1 is 'not at all like me', a score of 4 is 'neutral/mixed' and a score of 7 is 'very much like me'. The attachment styles assessed are secure, dismissing, preoccupied and fearful. Individuals with Secure attachments are comfortable in close relationships and have an internalized sense of self-worth. They feel secure in relationships and can adaptively cope with loss and separations without deactivating affect to deny losses or become preoccupied with the loss to the exclusion of other activities. They are able to form bonds and appropriately mourn when those bonds are broken. Individuals with preoccupied attachments anxiously attempt to gain attention and affection from others. They have tremendous

difficulty coping with loss and separation. Individuals with fearful attachments feel simultaneously dependent on others acceptance of him or her, but also feel that others will eventually let them down. They long for closeness, but tend to avoid intimacy due to feared rejection and loss. Forming relationships and coping with loss and separations are difficult for them. Lastly, individuals with dismissing attachments avoid intimacy and closeness in general, but maintain their sense of self-efficacy by denying the value of close relationships (Bartholomew & Shaver, 1998). They have difficulty establishing relationships and tend to view independence and autonomy as more valuable than relationships. They tend to cope with losses and separations by denying the importance of attachments and turning their attention elsewhere.

ECR-R (Fraley et al., 2000)

The ECR-R assesses attachment anxiety (e.g., strong need for care and attention from attachment figures combined with an uncertainty about the willingness or capability of attachment figures to respond to him/her in an appropriate fashion; Rholes & Simpson, 2004, p. 4) and avoidance (e.g., discomfort with intimacy and need for independence, even in close relationships; Rholes & Simpson, 2004, p. 4) dimensions. It is a 36-item questionnaire where participants are asked to rate statements based on how they generally feel in emotionally close romantic relationships. The seven categories range from 'strongly disagree' to 'strongly agree'. Fraley and colleagues have presented considerable evidence that the four-category model of attachment is best characterized by the two-dimensional system. Secure adults are low in both attachment anxiety and attachment avoidance. Preoccupied adults are high in attachment anxiety and low in attachment avoidance. Dismissive adults are high in attachment avoidance and low in attachment anxiety. Fearful adults are high on both dimensions.

RESULTS

Inter-rater Reliability

SCORS ratings of relational episodes expressed during the assessment phase and first two sessions of treatment were calculated using intraclass correlation coefficients (ICCs). We used the Spearman Brown corrected one-way random effects model (1,2), which represents the average of the two raters used in the study. Shrout and Fleiss (1979) report the magnitude for interpreting ICC values in which poor is <0.40, fair = 0.40 to 0.59, good = 0.60 to 0.74 and excellent = >0.74. We achieved excellent reliability on AFF (0.83) and SE (0.82), good reliability on AGG (0.67) and fair reliability on SC (0.57), EIR (0.55) and COM (0.54). We did not obtain greater than 0.40 reliability on EIM and ICS. This is considered poor reliability, and as a result, these two variables were not included in analyses.

Table 2. Means and standard deviations of the SCORS, EC-R and RQ

	Mean	SD
SCORS variable		
Complexity	3.9	0.75
Affect	3.2	0.85
Relationships	3.5	0.80
Causality	3.7	0.77
Aggression	3.9	1.00
Self-esteem	3.1	0.68
RQ variables		
Secure	4.04	1.78
Fearful	4.69	1.94
Preoccupied	3.87	2.08
Dismissing	3.42	1.59
ECR-R variables		
Anxious	3.76	1.12
Avoidant	3.55	1.64

SCORS = Social Cognition and Object Relations Scale, ECR-R = Experience in Close Relationships Questionnaire-Revised, RQ = Relationship Questionnaire.

Descriptive Data

The means for the SCORS variables in Table 2 reflect a mild to moderate range of pathology (e.g., 3–4) within the sample of psychotherapy narratives. This range of pathology may manifest in less mature and increased negative relationship patterns, more simplistic representations of the self and other as well as lower self-esteem than scores in the 5 to 6 range. These scores are consistent with previous research that used outpatient populations (Ackerman, Clemence, Weatherhill, & Hilsenroth, 1999). Our ECR-R anxious mean (3.76) is consistent with normative means; however, our avoidant mean (3.55) is slightly higher (N = 22 000; http://www.psych.uiuc.edu/~rcfraley/measures/ecrr.htm; 3.64 and 2.93, respectively). In addition, our RQ means (see Table 2) were consistent with the normative means for the USA-Northeast sample (N = 228; Secure: mean = 4.23, SD = 1.58; Dismissing: mean = 3.94, SD = 1.73; Preoccupied: mean = 3.32, SD = 1.79; Fearful: mean = 3.80, SD = 2.00; see Schmitt et al., 2004 for details regarding normative data).

Intercorrelations between the SCORS and RQ Attachment Prototypes (See Table 3)

We initially hypothesized that the higher levels of attachment security would be associated with higher, more

Table 3. Relationship comparing SCORS-combined scores with the RQ

SCORS	RQ			
	Secure	Fearful	Preoccupied	Dismissing
Complexity			$r = -0.25$, $p = 0.09$	
Affect	$r = 0.43$, $p = 0.003$**	$r = -0.26$, $p = 0.08$	$r = -0.28$, $p = 0.06$	
Relationships	$r = 0.28$, $p = 0.06$	$r = -0.27$, $p = 0.07$	$r = -0.36$, $p = 0.01$**	
Causality			$r = -0.26$, $p = 0.08$	
Aggression				
Self-esteem	$r = 0.44$, $p = 0.002$**	$r = -0.28$, $p = 0.06$	$r = -0.25$, $p = 0.10$	

$N = 45$; **correlation is significant at the 0.01 level (two-tailed).
SCORS = Social Cognition and Object Relations Scale, RQ = Relationship Questionnaire.
Complexity = complexity of representations, Affect = affective quality of representations, Relationships = emotional investment in relationships, Causality = understanding of social causality, Aggression = experience and management of aggressive impulses.

adaptive SCORS ratings. We also hypothesized that the scores for the RQ's Preoccupied Attachment prototype would be associated with lower, more maladaptive SCORS ratings on COM, AFF, and EIR. Finally, we anticipated that greater degrees of avoidance and dismissiveness (i.e., higher scores for the RQ's Fearful and Dismissing Attachment prototypes) would be associated with lower, more maladaptive SCORS ratings on COM and EIR.

As can be seen in Table 3, a significant positive relationship between SCORS AFF and scores for the RQ's Secure Attachment prototype ($r = 0.43$, $p = 0.003$) were found. Participants who rated the RQ's Secure Attachment pattern as more descriptive of themselves tended to produce narratives that were rated as higher (i.e., more adaptive) on the SCORS AFF variable. A negative relationship was also found between AFF and the RQ's Preoccupied and Fearful Attachment prototype scores. However, these relationships only reached the status of a statistical trend and did not fully reach significance. A significant negative relationship was found ($r = -0.36$, $p = 0.01$) between the SCORS EIR variable and scores for Preoccupied Attachment prototype on the RQ. Participants who rated the RQ's Preoccupied Attachment prototype as more descriptive of themselves tended to produce narratives that scored lower (i.e., more maladaptive) on the EIR variable. As would be expected, a positive trend toward significance was noted between EIR and the RQ's Secure Attachment style, while a negative trend was noted with Fearful Attachment style. A significant positive correlation was found between SE and Secure Attachment ($r = 0.44$, $p = 0.002$), with participants rating the Secure Attachment paragraph as more descriptive of them producing higher SE scores. Negative relationships between SCORS SE and both the Fearful and Preoccupied Attachment scores were observed, although these only achieved a magnitude to suggest a statistical trend (i.e., $p < 0.10$). Lastly, a negative trend toward significance was noted between Preoccupied Attachment and SC. There were no significant correlations or trends noted between the SCORS and the RQ's Dismissing Attachment.

Table 4. Relationship comparing SCORS-combined scores with the ECR-R scales

SCORS	ECR-R scales	
	Anxious	Avoidant
Complexity	NS	NS
Affect	–0.50*	NS
Relationships	–0.35**	NS
Causality	NS	NS
Aggression	NS	–0.28***
Self-esteem	–0.46*	NS

$N = 45$; *$p < 0.01$; **$p < 0.05$; ***$p < 0.10$.
NS = not significant; SCORS = Social Cognition and Object Relations Scale, ECR-R = Experience in Close Relationships Questionnaire-Revised.
Complexity = complexity of representations, Affect = affective quality of representations, Relationships = emotional investment in relationships, Causality = understanding of social causality, Aggression = experience and management of aggressive impulses.

Intercorrelations between the SCORS and ECR-R (See Table 4)

We initially hypothesized that the ECR-R's Attachment Anxiety dimension would be associated with lower ratings (i.e., more pathological) on COM, AFF, EIR, AGG and SE and that the Attachment Avoidance dimension would be associated with lower (i.e., more pathological) ratings on AFF, EIR and SE. Attachment Anxiety was significantly negatively correlated with AFF ($r = -0.50$, $p = 0.000$), EIR ($r = -0\text{-}.35$, $p = 0.02$) and SE ($r = -0.46$, $p = 0.00$). That is, individuals that rated themselves as higher on Attachment Anxiety had lower, more maladaptive AFF, EIR and SE scores. There was a negative trend toward significance regarding the relationships between the Attachment Avoidance dimension and Aggressive Impulses, indicating that those that rated themselves as avoidantly attached were rated as having lower, more maladaptive AGG scores.

Table 5. Relationship comparing RQ with the ECR-R scales

RQ	ECR-R	
	Anxious	Avoidant
Secure	–0.55*	–0.41*
Fearful	0.49*	0.42*
Preoccupied	0.44*	NS
Dismissing	NS	0.35**

$N = 44$; *$p < 0.01$; **$p < 0.05$. NS = not significant.

Intercorrelation between the RQ and ECR-R (See Table 5)

As stated previously, we included two measures of adult attachment in order to stay consistent with prior research examining object relations and the attachment theory while simultaneously taking advantage of recent developments in the self-report measurement of attachment in adults. This afforded us the opportunity to examine the extent to which these two widely used self-report measures of attachment agree within our sample. As expected, the RQ's Secure Attachment was significantly inversely related with both attachment anxiety ($r = –0.55$, $p = 0.00$) and attachment avoidance ($r = –0.41$, $p = 0.01$). The RQ's Fearful Attachment was significantly positively related to both the ECR-R's Attachment Anxiety ($r = 0.49$, $p = 0.00$) and Attachment Avoidance ($r = 0.42$, $p = 0.00$). The RQ's Preoccupied Attachment was significantly positively correlated with the ECR's Attachment Anxiety dimension ($r = 0.44$, $p = 0.00$). Lastly, the RQ's Dismissing Attachment was positively related to the ECR's Attachment Avoidance dimension ($r = 0.35$, $p = 0.02$). In short, all relationships between the ECR-R and the RQ scores were as would be expected given current conceptualizations of the self-report measurement of adult attachment (Brennan, Clark, & Shaver, 1998; Shaver & Mikulincer, 2002).

DISCUSSION

The present study assessed the relationship between patients' object representations (e.g., SCORS ratings of psychotherapy narratives) and self-reported attachment style (e.g., RQ and ECR-R) in a clinical sample. The findings from this study indicate that patients who rated themselves as securely attached had more positive expectations of relationships and experienced significant others more favorably. In addition, they described themselves in a more positive and adaptive fashion. On a whole, these results are generally consistent with prior research focusing on the relationships between attachment and object relations (Blatt et al., 1992; Calabrese et al., 2005; Priel & Besser, 2001). Together, this body of work suggests that across clinical and non-clinical samples, individuals with higher levels of attachment security are not only more open to the idea of relationships but are more likely to hold positive expectations for relationships and others. In psychotherapy, individuals with higher levels of attachment security are thus also more likely to have more positive expectations for forming relationships with the therapist and others in their life. These findings couple well with research linking Secure Attachment patterns in patients to the formation of a strong working alliance (Eames & Roth, 2000; Mallinckrodt, Gantt, & Coble, 1995; Mallinckrodt, Porter, & Kivlighan, 2005).

Patients who rated themselves as having a preoccupied/anxious attachment had a tendency to view relationships in a less invested and more maladaptive fashion (EIR). Participants scoring higher in Attachment Anxiety on the ECR-R also described significant others as more malevolent (AFF) and were rated as having a lower sense of self-worth (SE). Lower, more maladaptive ratings on AFF, EIR and SE are consistent with past research demonstrating that preoccupied/anxiously attached individuals tend to be more affectively laden (e.g., sadness) around loss and have a number of fears regarding their ability to sustain relationships. This can result in more clinging and controlling behaviours. In addition, they often view their self-worth in relation to others responding to them with love and support (Calabrese et al., 2005; Carnelley, Pietromonaco, & Jaffe, 1994; Collins & Read, 1990; Keelan, Dion, & Dion, 1998; Levy and Davis, 1998; Mikulincer & Nachshon, 1991; Mikulincer & Orbach, 1995; Mikulincer, Orbach & Iavnieli, 1998; Pistole, 1989; Shaver & Mikulincer, 2002). A limited negative relationship was found between the RQ's Preoccupied Attached and SCORS SC, suggesting that these patients had a more difficult time describing interpersonal events in logical, organized and coherent fashion. It is possible that preoccupied individuals experience such anxiety surrounding sustaining relationships, that their ability to view interpersonal events in a fashion similar to how most adults would view them is reduced (e.g., increased distortion). Their preoccupation with maintaining relationships (and inversely their intense fears regarding loss) may result in failures to correctly ascertain other's intentions. In addition, they may be more likely to misperceive the meanings of other people's actions. There was no developmental component to the present study. Nonetheless, prior research in attachment provides a context for thinking about the current findings (see Mikulincer & Shaver, 2003). Adults with higher levels of attachment security are more likely to have had a history of relational experiences with their significant others in which they felt supported, validated and free to explore the world and themselves. They are more likely to have had experiences in which others were available when needed and capable of providing support and assistance, without being overbearing. This is expected to result in internalizations of

others and relationships in a more positive manner. Object Relations Theory would also suggest that individuals who have internalized/more positive and mature representations of others would also be more likely to be capable of forming trusting and adaptive relationships as adults. Thus, one would expect that secure attachments and internalized representations for others would be related, as data suggest here. Given the correlational nature of the present study, our results do not suggest that Secure Attachment causes positive internalized representations, or vice versa. They merely suggest that the two are likely to co-occur as both theories would predict. It is likely that having positive representations of others and relationships provides one with a greater willingness to enter relationships, seek assistance when needed and be open to others, all of which, in turn, may further foster a sense of security. The present results suggest that these relationships between Secure attachments and positive representations of others and relationships in general continue to exist even when the individual is in distress (as was the case here with patients presenting for psychotherapy). In considering the clinical ramifications of this, such individuals are likely to enter therapy with the ability to form a therapeutic bond and a willingness to view the therapist as helpful and well intentioned despite their present level of difficulty. They are also more likely to be willing to seek support outside of the therapeutic encounter. Even when distressed, patients in our sample continued to evidence positive representations of others and relationships. Such assets may be leveraged by the therapist to establish the therapeutic relationship, validate additional support seeking efforts and provide a base from which the patient can explore their distress and difficulties.

The attachment theory also holds that adults with higher levels of attachment anxiety have more experiences with their significant others that left them feeling invalidated, unsupported and/or that important others would not be there during times of need. One's self-esteem can become compromised when caregivers are not attuned to a patient's needs, especially when feeling a sense of threat or danger in the world (Ainsworth, 1982, 1989; Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1973, 1977, 1980, 1982; Carnelley et al., 1994; Collins & Read, 1990; Fraley & Shaver, 1998; Levy & Davis, 1988; Pistole, 1989; Mikulincer et al., 1998; Shaver & Mikulincer, 2002, 2005). This combination, low self-esteem and fear that others will be unavailable when needed, can result in notable anxiety as the individual fears that he or she will not have access to the other during times of need *and tends to anticipate that they will be unable to manage the situation on their own*. This can produce rather animated attempts to keep significant others within reach in more anxiously attached individuals. This can culminate in quite complex feelings about others and relationships. On one hand, there is a longing for support, protection and care afforded by others. On the other hand, there is resentment of others' needs for autonomy and chronic fears that others will leave them or let them down. Thus, their preoccupation with relationships is, in part, based more on an antagonistic functional dependency as opposed to a true desire for relatedness between equals. As such, they often experience an angry preoccupation with significant others and conflictual feelings about partners, and tend to be hypervigilent for cues that others are leaving or may be unavailable (Kobak et al., 1993). As such, it is of little surprise that their internal representations for others tend to be more malevolent, and their ability to invest in relationships emotionally is less mature. This is consistent with the present findings. In addition, the inverse relationship between internalized positive self representations (i.e., self-esteem) and anxious attachments is also consistent with what would be expected. This combination of negative self-representations, limited capacity for investing emotionally in relationships and more malevolent representations for others are likely to be coupled with attempts to maintain closeness despite intense feelings of being let down and powerful fears of abandonment. In the clinical setting, such individuals may present with unrealistic expectations for therapy, anticipation that the therapist will abandon them or fail to assist them and greater intensity of emotions surrounding patient–therapist interactions (see Holmes, 2010). Therapists will need to handle treatment ruptures with care, may need to work to increase such individuals capacity for relatedness and attempt to help such individuals cultivate a more positive, agentic sense of self.

While findings with regard to Secure and Preoccupied attachments tended to be consistent with prior research using non-clinical samples, there were also some findings that were not in accordance. We did not find that COM was positively correlated with Fearful Attachment as with prior research (Blatt et al., 1992; Levy et al., 1998). In the present study, patients who rated themselves higher on the RQ's Fearfully Attached prototype did not describe other people (or themselves) in more differentiated ways. Instead, our results tended to indicate that fearful attachment was more associated with less differentiated representations of self and others. One possible explanation for the discrepancy between our findings and those of Levy et al. (1998) is the use of a clinical sample. That is, often times, people seek out psychotherapy because they are struggling with understanding themselves and others in a complex and nuanced fashion, which subsequently lead to relational difficulties. Furthermore, the present study made use of a sample in which many patients were experiencing some Axis II traits. Prior research with the SCORS (e.g., Ackerman et al., 1999; Stein, Pinsker, & Hilsenroth, 2007) has indicated that patients with Axis II traits or disorders tend to have lower COM scores on the SCORS relative to patients without Axis II traits and non-clinical

samples. In the attachment literature, fearful and preoccupied styles of attachment have also been associated with Axis II pathology (Agrawal et al., 2004). Thus, these two lines of research may suggest that in clinical settings individuals with greater levels of attachment anxiety (i.e., Fearful and Preoccupied attachments) may be more likely to present with Axis II complaints. Additionally, research with the SCORS has tended to suggest that patients with Axis II complaints are less likely to have well-differentiated self-other boundaries and view others in less complex terms. These lines of inquiry may help to illuminate our findings in the present study. Namely, in our clinical sample composed of several individuals with Axis II traits, the relationship between attachment anxiety and COM was negative. It is possible that in non-clinical samples where individuals high in attachment anxiety are nonetheless free from Axis II qualities, associations between Fearful attachments and COM may be different as was the case in Levy et al. (1998).

No significant relationships between the RQ's Dismissing Attachment prototype and the SCORS variables were observed in the present study. Similarly, no relationships were observed for the Attachment Avoidance dimension from the ECR-R and the SCORS variables. These findings are generally consistent with Calabrese et al.'s (2005) study. However, they are in contrast to Blatt et al.'s (1992) and Levy et al.'s (1998), who found more simplistic representations of people and decreased investment in relationships for dismissive types. The present study did reveal a limited relationship between the SCORS AGG variable and ECR-R Attachment Avoidance scores, although this relationship failed to reach statistical significance. This may make conceptual sense because avoidant individuals are more likely to anticipate and be sensitive to aggression and harm (not necessarily physical), which inclines them to avoid intimacy in relationships (Bartholomew & Shaver, 1998). Crawford et al. (2006) found some limited relationships between interpersonal aggression and avoidant attachment (*r*-values ranged from 0.24 to 0.34). Still, given the limited nature of the relationship between Attachment Avoidance and AGG observed in this study, further research is needed to substantiate these conclusions in clinical samples.

Other patterns were associated with SCORS variables: AFF and EIR across Secure, Preoccupied and Anxious attachments. This is consistent with attachment research that shows the ability to count and rely on caregivers in times of need relates to how significant relationships are experienced and how invested he or she is in others and relationships as adults. That is, there is going to more negative emotions experienced in adult relationships surrounding perceptions and intentions of other people if caregivers responded in a more pathological fashion with respect to emotional availability, consistency, attentiveness and reactivity to the child's needs (Ainsworth, 1982, 1989; Ainsworth et al., 1978; Bowlby, 1973, 1977, 1980, 1982; Calabrese, Farber & Westen, 2005; Carnelley, Pietromonaco, & Jaffe, 1994;Collins & Read, 1990; Fraley & Shaver, 1998; Levy & Davis, 1988; Pistole, 1989; Shaver & Mikulincer, 2002).

The present study may also have implications for psychotherapy. For example, patients who were anxiously attached had more maladaptive expectations and investments in relationships. They also exhibited a lower sense of self-worth. Therefore, the therapist can be mindful of ways in which these aspects of object relations manifest during the course of therapy. A therapist might adjust therapeutic interventions and therapist behaviours, and pay closer attention to how these three variables might impact her/his ability to optimally benefit from therapy. In addition, this provides a more complex view of how a person's object relations within a given attachment style impacts his/her ability to maintain mutually satisfying relationships outside the therapy. Knowing this information early on in treatment can help the therapist hone in on important areas of focus and reduce hindrances to treatment. Building on this, using the SCORS can also enable clinicians to monitor the patient's object relations dimensionally throughout treatment to see if there are adaptive changes (e.g., increased self-esteem and increased expectations and investment in relationships) across treatment. This is consistent with Davila and Levy (2006) who pointed out that one of the main objects of psychotherapy from an attachment perspective is to work on the patients' internal working models to make their attachment style more flexible and adaptive (Eagle, 2006). However, assessing this may not always be easy. For example, Makinen and Johnson (2006) did not find any significant group differences in attachment dimensions as measured by the ECR-R across 13 sessions of treatment. They suggest that attachment styles are 'enduring characteristics that are not easily modified' (p. 1062). Prior research with the SCORS, however, has shown sensitivity to change in internal representations (Fowler, Ackerman, Speanburg, Bailey, & Blagys, 2004; Porcerelli, Shahar, Blatt, Ford, Mezza, & Greenlee, 2006). It is possible that explicit self-report measures may be particularly useful as assessment tools of more stable personality characteristics, while narrative-based methods like the SCORS may have excellent utility for understanding change as a function of therapy over time.

There were several limitations to our study. One limitation is that some meaningful relationships might have been missed due to limited statistical power. While there were several notable trends, only 6 of 36 correlations reached the level of statistical significance. Thus, it would be useful to replicate the findings described here using a larger clinical sample. In addition, generalizability of our findings is somewhat limited given the sample size and the fact that the preponderance of patients in our sample

was single women, and many had Axis II traits. Additionally, we were not able to use two of the SCORS variables (e.g., EIM and ICS) in the present study due to poor reliability. While the SCORS has been repeatedly shown to be a reliable measure (Eudell-Simmons, Stein, DeFife, & Hilsenroth, 2005; Fowler, Hilsenroth, & Handler, 1995; Fowler et al., 2004; Porcerelli, Cogan, & Hibbard, 1998; Stein et al., 2007), reliability for these two variables were questionable in the present study and thus unavailable for use. This is particularly unfortunate with regards to EIM, which we expected would differ considerable across attachment types.

In considering the number of magnitude and number of significant correlations, a few comments are in order. It is important to note that it is common for explicit self-report measures, such as the RQ and ECR-R, and more implicit-based measures, such as the SCORS-G, to show only a limited relationship to one another as a result of cross-method assessment (Bornstein, 2002; McClelland, Koestner, & Weinberger, 1989). Kagan (1988) and Meyer and Archer (2001) highlight the importance of recognizing the influence of methods used to assess specified constructs (i.e., clinician-rated versus self-attributed). They posit that the goal be to empirically clarify what each method accomplishes for clinical practice. In this case, the RQ and ECR-R are assessing patients' self-representation as they report them (Meyer, 1996; Hiller et al., 1999), whereas the SCORS is targeting object representational and behavioural themes derived from coded narratives. Thus, it would make sense that the measures would not be correlated highly with each other. This is also another reason why we highlight and report both significant correlations in addition to trends ($r \leq 0.10$).

Despite the limitations just described, this study contributes to the attachment/object relations literature in multiple ways. First, this is one of the first studies to examine attachment and object relations in a clinical sample. The present study made use of a naturalistic treatment-seeking clinical sample and thus extends previous research by confirming some findings that were previously studied in non-clinical samples. While some results were consistent with previous studies using non-clinical samples were observed, it is also important to note that results regarding Fearful attachments differed from prior work. They also suggest that many relationships between object relations and attachment may hold even when the individual is distressed. Findings regarding attachment security and attachment anxiety were generally as expected in our clinical setting and similar to results obtained with non-clinical settings. In addition, this is the first study we are aware of to examine the relationships between the RQ and ECR-R in a clinical sample. Results revealed that the relationship between RQ attachment prototype scores and ECR-R attachment dimensional scores were as would be anticipated (Brennan et al., 1998), supporting the use of both instruments in clinical settings.

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