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The Relationship Between Adult Attachment Styles and Masterson's Delineation of Personality Disorders

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Approval

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Abstract

The present study addresses the degree of relationship between adult attachment styles, as assigned by attachment theory, and personality disorders, as delineated by Masterson's developmental self and object relations theory. Relationships between the avoidant-dismissive attachment style and characteristics of the exhibiting narcissistic personality disorder, between the preoccupied attachment style and the borderline personality disorder, and between the avoidant-fearful attachment style and the schizoid and avoidant personality disorders were anticipated. Eighty-six individuals involved in the Access Program in Spokane, Washington participated in the study. Thirty-four psychology students at George Fox University also participated in the study as a control group. Participants were asked to complete a packet of materials including a brief demographic questionnaire, the Relationship Questionnaire (Bartholomew & Horowitz, 1991), the Relationship Scales Questionnaire (Griffin and Bartholomew, 1994), the Bell Object Relations and Reality Testing Inventory (Bell, 1995), and the Roberts Relationship Inventory, (D. Roberts personal communication, July, 1996) an instrument developed by graduates of the Masterson Institute's post graduate training program. Results supported this study's hypotheses most

prominently in the relationship between attachment theory's "secure" style and Masterson's "healthy" response style, and attachment theory's avoidant fearful style and Masterson's schizoid personality disorder. A thorough discussion of the findings is included.

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Of all the goals in my life that I have aspired to achieve, this is certainly one of the most challenging and anxiety producing. It has required of me patience, drive, motivation, passion, commitment, and most of all, perseverance. I would like to take but a brief page of this work to thank those people who have offered the hope, encouragement, and never-ending faith in me and my ability to complete this exercise of will.

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Chapter 1

Introduction

Statement of the Problem

While the study of personality development in developmental psychology has been an important focus, some of the theories within the field have seemingly very different focal points. Attachment theory emphasizes the "attachment" process as being fundamental to personality development. In this theory, the manner in which a child learns to attach is a crucial determinant of how he or she will proceed in his or her adult relationships. On the other hand, James F. Masterson's developmental self and object relations theory asserts that it is the separation-individuation process which is critical to the formation of the adult personality. In other words, how a child learns to separate and discover a sense of autonomy from the primary caregiver is the pivotal element in character development.

While these two theories have different emphases, this paper purposes to show a necessary and unavoidable relationship between them. In order to have a healthy separation, a healthy attachment must precede it. This paper also aims to show that regardless of whether the focus is on attachment or separation, adult personalities tend to develop into the same kinds of patterns. These patterns will be further addressed in terms of both attachment theory's attachment styles and Masterson's theory's personality disorders.

Attachment Theory

Introduction and definitions. The term "attach", as a verb in developmental theory, refers to the process by which infants and mothers (or primary caregivers) become emotionally connected. It is during this process that infants learn about relatedness and fundamental trust. The

noun "attachment" refers to the bond, or the relationship which is created between the mother and the infant. Infants may develop healthy and secure attachments which are based on mutual trust and caring, or insecure types of attachments which seem to lack the consistency and warmth of the secure attachments.

It is not uncommon to hear the terms "bonding" and "attachment" used interchangeably in casual conversations. But bonding, in the technical sense, is not identical to attachment. The concept of "bonding" actually evolved from Lorenz' (1935/1957) ethological studies of imprinting by goslings. Ethology is the study of biologically based or innate aspects of behavior. In Lorenz' study, bonding describes the process by which the goslings developed a relationship to mother within the first 24 - 36 hours of life. In the human being, bonding refers to a biological drive within the parent and within the child to be connected and important to each other. In this way, bonding becomes a necessary precursor to attachment; it facilitates attachment, but does not imply it. The term "attachment" is broader and implies cognitive and emotional processes which overlay the basic biological drives of bonding. Also, comparatively, attachment takes considerably longer to develop.

Attachment theory's beginnings: John Bowlby. Attachment theory originated with John Bowlby (1969, 1988). Bowlby's background included both psychoanalysis and behavioral training, as well as some experience and interest in the area of ethology. He practiced psychoanalysis with adult clients, and through his experiences with these clients discovered that there were usually some fundamental problems in the ways in which the clients perceived and behaved in relationships. Because of the nature of his clients' issues and the pervasiveness and duration of the effects these had on relationships, he theorized that the development of these problems likely occurred early in his clients' childhoods. The issues seemed to be rooted in "character", an entity thought to be formed in early childhood. Later, in exploring the nature of the mother-child relationship, Bowlby asserted that the issue was one of an ethological nature.

Bowlby theorized that the early mother-child relationship served as a pattern for social relationships that the child would develop in the future. The child's first relationship with the primary caregiver established a template from which the child would learn to operate in subsequent relationships. Bowlby (1969) suggested that the attachment relationship developed in three phases within the first two years of the child's life. During the first phase, from birth to three months, the infant was indiscriminant in his/her relationships. In other words, the infant would display proximity seeking attachment behaviors to any human and in some cases would even display these behaviors to an animal object. During the second phase, from three months to six months, the infant's attachment behaviors were displayed more selectively to adult humans. In the third phase, after six months of age, the infant's attachment behaviors were displayed principally to the primary caregivers but may also have been displayed to other adults with whom they had consistent and frequent interactions.

Bowlby viewed the relational patterns which developed in the first months of life to be those which encouraged the child to be in a safe proximity to the mother. Bowlby suggested that infants possess a repertoire of behaviors which are considered attachment seeking behaviors and which promote proximity to the mother. Infants move through several stages of behavior as they attempt to establish proximity with the mother. In the first stage of this process, proximity seeking behaviors include crying, smiling and calling, among others. These behaviors are vague and are intended to help the child get his or her most basic needs met, such as food, attention, and a clean diaper. Their proximity seeking behaviors increase in complexity as they mature. In a second stage of proximity seeking, infants are able to discriminate between people and caregivers and can more directly signal the proximity of whom they wish. During this stage, infants are capable of being more specific in getting their needs met. A third stage involves primarily physical behavior such as reaching, grasping and, most importantly, locomotion. This stage allows the child to become more involved in attaining proximity and controlling the closeness to the primary caregivers and others. A fourth and less proximity seeking stage of mother-child attachment involves a greater realization by the child of a separateness between child and mother.

During this fourth stage, the child learns about cooperation and how behaviors of one member of the dyad can influence the behaviors of the other (Bowlby, 1969).

Bowlby (1969) believed that proximity seeking by the infant was prompted by experiences of pain, fear, discomfort, and hunger, for example. Differing degrees of distress require different responses from the mother before the infant can again feel safe and would terminate the proximity seeking behaviors. Experiences of mildly distressing circumstances might be calmed by only a look or an acknowledgement by the mother that the infant is safe, whereas experiences of highly stressful events might require physical contact for great durations in order to terminate the proximity-seeking behavior.

In his study of infants and the ill effects of early institutionalization, Bowlby (1973) noticed that when infants or young children were separated from their mothers, they showed a predictable series of emotional reactions. In the absence of the mother, infants or young children would typically first "protest" the separation through crying, active searching, and a seeming resistance to being comforted. Second, the child would show signs of "despair", crying, screaming, and high levels of anxiety. Finally, the infant would become "detached" from the mother, showing disregard and even active avoidance of her, if she did return.

Bowlby believed that it was within earliest attachment relationships that the "internal working models of attachment" were first developed in each child. The ways in which the attachment figures related to the infant were paramount in his or her emotional development.

> Children who experience their attachment figures as available and emotionally supportive will represent them as so and will probably represent themselves as competent and worthy of love. Children who experience attachment figures as depriving or rejecting will form a similarly rejecting working model of parents and will be likely to form working models of themselves as unlovable. (Schneider, 1991)

While John Bowlby was clearly the primary author of attachment theory, others have made significant contributions to developmental psychology based on his concepts. Mary Ainsworth was one of Bowlby's students and colleagues and eventually became known as the methodologist behind attachment theory research. She studied with Bowlby for a time and later went on to conduct research which supported and refined attachment theory.

Ainsworth and the "strange situation". In 1954, Ainsworth (1967) began studying the relationships between mothers and their infants in Uganda. During these observations, she noticed patterns of interaction between the infant and the mother across varying situations. From her observations, she concluded that the mother seems to act as a "secure base" from which the child can explore without anxiety. She began noticing the infants' patterns of interaction when the mother was not present or when there was a presence of a stranger in the room. She noted that the infants felt fairly intense anxiety in the absence of the mother and even more so in the presence of a stranger; they would cry when mother left and were hesitant to explore without her there. However, upon return of the mother, they would smile, seek proximity, and relax, ready to begin exploring once again.

Later, in 1963, Ainsworth (1978) continued to observe patterns of mother-infant interactions in a study conducted through Johns Hopkins University which was designed to replicate, in a more systematic way, the research she had begun in Uganda. This study involved four observers and twenty-six families who were expecting babies. It combined both primary observations within the home as well as later observations in a highly systematized laboratory environment. The laboratory portion of the study included observations under eight conditions. The first phase involved a brief introduction to the room in which the study was to be conducted. The second phase included the mother and the infant alone in the room which had a few toys on the floor for the infant to play with. In the third episode, a stranger entered the room as an unfamiliar, neutral presence. The mother left the infant in the room with the stranger in the fourth episode and in the fifth, she returned. During the fifth episode, the stranger left. The sixth episode involved the mother leaving the infant alone in the room by him or herself for the first time. In the

seventh episode, the stranger entered the room again and tried to comfort the infant, and in the final episode, the mother returned again.

It was the observations made during each of these different separation and reunion episodes which led Ainsworth (1978) to develop the classification system involving secure attachment, insecure-avoidant attachment, and insecure-anxious/ambivalent attachment styles.

The secure attachment style (class B) was defined by interactions between mother and child in which the mother acted as a secure base from which the child could explore free from anxiety. The children demonstrated a lot of eye gazing, proximity seeking, and interactive behavior with the mother. Upon separation the infants cried and were distressed; upon reunion they were happy to see their mothers and demonstrated this by proximity-seeking behavior, such as reaching their arms up in a gesture to be picked up, and smiling at their mothers. When a stranger was present, they hovered closer to their mothers and were more inhibited in their play.

The insecure-avoidant attached children (class A) presented with aloof behavior and countenance when near the mother. These children seemed highly independent and explored freely whether the mother was in the room or not, and even in the presence of a stranger. They avoided eye gazing upon reunion with the mother and behaved as though the mother's absence was not that important.

The insecure-anxious/ambivalent attached children (class C) had yet another pattern of interacting with their mothers. They seemed, generally, to be clingy with the mother, and were apparently reluctant to make efforts to explore their surroundings in the laboratory. Upon any separation from the mother, these babies became panicked, crying and screaming, seemingly inconsolable. These infants typically sought contact with the mother upon reunion, but simultaneously arched away from her and were unable to be comforted. A primary difference Ainsworth found between the American and Gandan babies was that American babies demonstrated less secure attachment behavior and less stranger anxiety, in general. However, those who demonstrated insecure attachment behavior seemed to do so within one of the two patterns described above.

Ainsworth (1978) and her team then compared the different infant attachment styles with the observation of the mother child interactions that were made in the homes. They found that they were able to make specific associations between the babies' attachment styles and the mothers' styles of parenting. Mothers of securely attached infants were significantly more responsive to their children's signals than were mothers of avoidant attached or anxious ambivalent attached. Mothers of securely attached infants held their infants longer upon reunion, and were quicker to attend to their distressing signals. Mothers of anxious children varied from being chaotic to incompetent, from emotionally frigid to outwardly hostile. The underlying quality, however, was a difficulty responding to their babies' needs in an attuned and consistent way. Finally, mothers of avoidant infants showed significantly less affection and warmth when holding their children. They often mocked their children or used sarcasm when speaking to them and appeared to be rigidly containing their anger and irritation with the child.

Measuring adult attachment patterns. Mary Main expanded the work of Ainsworth by applying attachment criteria to the behavior of older children and adults. Main, Kaplan and Cassidy (1985) developed an adult attachment interview. They found that the information gathered in this interview could not only identify the internal working model by which these adults related to their own parents, but also predicted the attachment styles utilized by their own children.

The development of the Berkeley Adult Attachment Interview (AAI) was an important milestone in the effort to assess internal working models of attachment of parents and their children. Main, et. al. (1985) administered the interview to parents and their six year old children and discovered parallel patterns of relating in parents and children. The "secure-autonomous" adults both presented a real and lively picture of their own parents as well as described having a secure base through at least one parent in childhood. Even if the secure adults had apparently unhappy attachment histories, they seemed to have worked through the issues and moved toward a more secure stance in adult attachment relationships.

Adults categorized as "dismissing of attachment", which parallels the avoidant category, were seemingly unwilling or unable to consider the attachment issues with any seriousness. They

appeared to have a deep discomfort and distrust of the process of looking inward. Their unhappy attachment experiences in childhood were either unacknowledged or discounted as "I really don't think about it" or "it just made me the strong person I am today".

The third group of adults, paralleling the ambivalent child, Main et al. (1985) labeled as "preoccupied with early attachments". These adults described their childhood pain and hurt as still living within them as adults. They still seemed so terribly enmeshed with their parents that at times infantile feelings flooded them and they were unable to integrate what had happened to them in any coherent manner.

Assessing adult attachment styles is difficult given the complexity and sophistication of adult relationships. Mary Main (Main et. al., 1985) developed an interview method of investigating adult attachment. She obtained impressive results through the interview process, and her work is highly respected by most attachment theorists. However, the interview method is not one which is available to the general psychological community without investing much time and money into the training. Also, the interview itself and the corresponding scoring system are time consuming and may not be as feasible for some research or clinical application.

Hazan and Shaver (1987) began efforts to expand Main's notion of adult attachment styles. They chose to explore adult romantic attachments, believing that an adult romantic relationship is similar in attachment quality to the early childhood attachment to the mother. Hazan and Shaver used two questionnaires which addressed attachment qualities paralleling those in Ainsworth's and Main's studies to explore the notion that the attachment style in adulthood is approximately the same in infancy. They investigated the idea of a romantic attachment style which corresponded to the Ainsworth classifications of infant attachment, that is, related to concepts of self and social relationships and to early relational experiences with parents. They asserted that romantic love in adulthood is an attachment process in which affectual bonds are formed between lovers, just as affectual bonds are formed between infants and mothers. Hazan and Shaver conducted two studies using these questionnaires and found that the relative prevalence of the three different kinds of attachment styles are the same in adulthood as in infancy. They found the the three groups of

attachment-classified adults differ predictably in the ways in which they experience romantic love. They also found that "attachment style is related in theoretically meaningful ways to mental models of self and social relationships and to relationship experiences with parents" (Hazan & Shaver).

Interestingly, the results of studies conducted by Hazan and Shaver (1987), while demonstrating good construct validity, did not correlate with results of research conducted by Main (Main et. al., 1985). When adults are assessed using both measures, there seems to be virtually no correlation. The lack of correlation with Main's research suggests that Hazan and Shaver may have been measuring different theoretical constructs. As yet, reasons for these differences have not been decisively explained. It is likely, however, that the self report method of Hazan and Shaver's (1987) instrument is a difficulty. People tend to be fairly defensive, especially around relationship issues. In particular, defensiveness seems to be a major difficulty with avoidant adults who tend to rate themselves more as secure on the questionnaire, but turn out to be dismissing on Main's AAI (Karen, 1994). Shaver believes that when this trend is accounted for, the instruments will appear more congruent. (P. Shaver, personal communciation, September, 1995)

Another significant attempt has been made to measure adult attachment using a psychometric approach. Kim Bartholomew and Leonard Horowitz (1991) created an adaptation of Hazan and Shaver's (1987) Love Quiz attachment measure. In their adaptation, they changed the measure from including three attachment styles (secure, anxious-avoidant, and anxious-ambivalent) to four styles (secure, preoccupied, avoidant-fearful, and avoidant-dismissive). In this instrument, the statements created to represent the perspective of the securely attached adult corresponds conceptually to the categories classified as "secure" by other researchers (Main, et al., 1985; Hazan & Shaver, 1987). Bartholomew and Horowitz' "preoccupied" group corresponds conceptually to Hazan and Shaver's (1987) ambivalent group and to Main's (Main et al., 1985) preoccupied with attachment pattern. The "avoidant-fearful" attachment pattern is one which has not been explicitly discussed by previous researchers, but is similar to Hazan and Shaver's (1987)

description of the avoidant attachment pattern. Finally, the "avoidant-dismissing" classification conceptually corresponds to the dismissing attachment pattern described by Main (Main et al., 1985).

Consistent with Main, Bartholomew and Horowitz (1991) assert that the early attachment patterns, as measured by Ainsworth's studies, are still in place in adult relationships. The early patterns formed in relationships are a crucial component to the development of the adult personality. Attachment theory is not the only theory that asserts the cruciality of these first relationships. Another theory which agrees with this premise and which is relevant to this paper is James Masterson's developmental self and object relations theory.

Masterson's Developmental Self and Object Relations Theory

Introduction and definitions.

Like attachment theory, object relations theory, in general, places its emphasis on the critical role of the history of relationships as they relate to the formation of internal "working models of relationships" or, in other words, object relations units. Historically, this theory can be linked directly to Freudian psychoanalytic theory, a drive model suggesting that relationships are initiated and formed based on the need for drive gratification. More recently, object relations theory has shifted from this drive model to a relational model in which the relationships themselves are considered the primary need. In other words, object relations theory asserts that the fundamental human motivation is relationship with others. It also describes the ways in which people establish and maintain interpersonal connections.

Melanie Klein (1964) is generally considered the founder of this theoretical adaptation of classical psychoanalytic theory. Klein and others, including Winnicott (1965; 1975), Fairbairn (1952), and Guntrip (1961; 1969) comprise what has been called the British Object Relations School. Since then, American contributions to the theory have come from notable psychoanalytic theorists such as Jacobson (1964), Mahler, Pine, and Bergman (1975), Kernberg (1975; 1976; 1980; 1984), and Masterson (1976; 1981; 1993), among others.

Although there is some variation within the school of object relations, this study focuses specifically on one theory: James F. Masterson's developmental, self, and object relations

approach to personality development. According to Masterson, the essential focus of the study of human behavior in relationships is what he refers to as the "object relations unit," a fundamental prototype or template for relationships that becomes internalized early in life. In Masterson's words "the object relations unit is derived from the internalization of the infant's interactions with the mothering object. The unit is comprised of a self representation and an object representation which are linked by the affect that characterized the interaction." (Masterson, 1976, p. 57) This definition specifies both the content of the object relations unit -- the self representation, the object representation, and the affect that connects the two -- and its derivation. In other words, it is Masterson's position that the internal relational paradigm is formed by the early experience with the primary caregiver.

A foundational theory exists which explains the process by which object relations are established in the course of human development. Object relations theorists such as Rinsley (1982; 1989), Horner (1979; 1990;1992), Kernberg (1975; 1976; 1980; 1984), Hamilton (1990), and Masterson (1976; 1981; 1993) have relied on the explanatory formulation of Mahler's developmental paradigm (Mahler, et. al., 1975).

Development of object relations. The perspective described by Mahler, et. al. (1975) asserts that it is the nature of the relationships with primary caregivers, as opposed to innate drives, which determines the child's self-perception, perception of others and perception of relationships. Mahler's developmental paradigm conceptualized a child's development as having specific stages. The following is an overview of Mahler's developmental formulation for healthy child development.

According to Mahler, et. al., (1975), there are four stages of early childhood development, the primary task being separation-individuation: autism, symbiosis, separation-individuation, and "on the way to object constancy". During the autistic stage, from birth to about three months, the infant perceives him/herself and the mother as one; an undifferentiated unity.

During the symbiotic stage, which spans from approximately the third to the eighteenth month, a gradual sense of differentiation between mother and child evolves. However, this

differentiation occurs as the infant experiences an interdependent relationship in which he or she and mother comprise a single system, "a dual unity within a common boundary."

But it is not until the separation-individuation phase that a healthy developing child begins to experience real independence and differentiation from the mother. The separation-individuation stage consists of four subphases. The first of these subphases is the differentiation or "hatching" subphase. Simply, this is the time when infants become aware of the physical differentiation between him or herself and mother and this occurs between the sixth and the tenth months. The second subphase is called the "practicing" subphase. This takes place from about ten to sixteen months and entails more environmental exploring for the infant because of increased mobilization, not without frequent returns to mother for refueling of emotional support of separation. The third subphase, "rapprochement", follows and can be crucial in the emotional development of the child. This subphase occurs approximately between sixteen and twenty-four months and is characterized by a struggle for the child who, while he or she wants to remain near the mother and her support, experiences a fear of reengulfment. As a result, the child tends to both shadow the mother as well as flee from her, alternately, in an effort to deal with both dependency and autonomy needs. The final subphase of the separation-individuation stage is called "on the way to object constancy." This subphase is believed to begin at about twenty-four months and to continue throughout life. During this time, the child achieves object permanence and learns that he or she can cognitively take with him or her the image of the emotional object, and therefore feel the continued love and support of the mother, even while not in her presence. And the child learns to trust the enduring quality of the relationship with mother, regardless of the frustration of needs by the mother or her physical absence. Thus, object constancy is developed.

In short, Mahler believes that the most important developmental task in a child's first few years is the psychological separation from the mother, the realization of autonomy. If the child experiences sensitive, appropriate responses to need, encouragement of expression of feelings and separation from mother, along with affirmation of uniqueness, he or she will feel good about his or her existence. These feelings will result in a well-defined sense of self and body concept. He or

she will also have the capacity to discriminate accurately between hunger, other physical states, and emotions. And, these abilitites, ultimately, instill a sense of personal power or control in the child.

Masterson's developmental self and object relations theory and personality disorders. Addressing the issue of the development of personality disorders, Masterson (1976; 1981; 1993) has formulated a developmental, self, and object relations theory which proposes differential developmental determinants for the borderline, narcissistic, and schizoid personality disorders. He has coupled each of these with differential strategic treatment intervention strategies. Masterson proposes that a specific developmental arrest of the real self occurs as a result of a pathological experience of the child's pre-oedipal relationship to the primary caregiver and related unresolved issues of separation and abandonment. He suggests further that each personality disorder, based upon the arrested development, is characterized by a defining intrapsychic structure and a corresponding defensive false self. In other words, each personality disorder represents in behavior, cognition, and interpersonal functioning manifestations of its characteristic intrapsychic object relations, the pathological self and object representations, and its corresponding constellation of defenses. Because of the fundamental differences between the personality disorders in terms of intrapsychic structure and defensive functioning, disorder-specific intervention strategies are required of the therapist in order to establish the therapeutic alliance required for effective treatment.

Personality disorders related to early developmental arrest. Object relations theory defines and describes personality disorders in terms of the idiosyncratic object relations of each of the disorders. (Fairbairn, 1952; Guntrip, 1961, 1969; Klein, 1964, 1975; Jacobson, 1964; Winnicott, 1965, 1975, Kernberg, 1975, 1976, 1980, 1984; Masterson, 1976, 1981, 1993; Horner, 1979, 1990, 1992; Rinsley, 1982, 1989; Hamilton, 1990). These personality disorders generally correspond to those described in the Diagnostic and Statistical Manual, Fourth edition (DSM-IV), under Axis II disorders. Each personality disorder has its own classification based on intrapsychic structure and primary defenses.

According to Masterson, the *borderline personality disorder* results from an arrest in what Mahler conceptualized as the rapprochement subphase of the separation-individuation stage of development. As adults, these individuals tend to experience themselves and others as either "all good" or "all bad". Consequently, they operate with not one, but with two distinct internal object relations units (Masterson, 1976, pp. 55-63; 1981, pp. 133-135). The rewarding object relations unit (RORU) is comprised of an all good object representation which encourages regression in the form of helplessness, dependency, and clinging. The corresponding all good self representation feels loved and taken care of. Conversely, the withdrawing object relations unit (WORU) involves an all bad object representation that punishes or withdraws emotional support in response to efforts

to separate or individuate, and an all bad self experienced as worthless and unlovable. And efforts to separate or individuate, to express the real self, result in an experience of abandonment depression. Consequently, a false self develops aimed at maintaining connection to the object on the basis of helplessness and clinging. When this fails, the WORU is projected out in order to externalize the source of the bad feelings so as to defend against the experience of the affects of the abandonment depression. And primitive defenses such as splitting, avoidance, denial, acting out, projection and projective identification are employed, seemingly without regard to their ultimately self-defeating nature.

The *narcissistic personality disorder* is thought to be the result of a developmental arrest in Mahler's delineation of the practicing subphase of the separation-individuation stage of development, according to Masterson (1981, 1993). He suggests that narcissistic personality disorders differ from borderline personality disorders fundamentally, because, rather than operating with split object relations units, they utilize two fused object relations units. In this instance, the false defensive self is based on a grandiose self/omnipotent object-fused object relations unit, in which the self representation feels special and even perfect when admired or adored by the object. However, when the activation of this relational unit is disrupted, the impaired self/aggressive object relations unit is activated, the object being experienced as critical

and attacking and the self as empty and defective. The narcissistically disordered client, then, attempts to maintain a connection to the object either by gaining the admiration and adoration of the object or by establishing a sense of specialness via association with some idealized other. The primary defenses employed by individuals with this disorder are distancing, perfectionism, devaluation, idealization and grandiosity.

A third personality disorder is the *schizoid personality disorder*. (Masterson, 1993; Masterson & Klein, 1996) As yet, there is not much definitive information about the stage at which this disorder might develop. According to Masterson and Klein (1996), individuals with schizoid personality disorder generally do not have any "good" objects. As with the borderline and narcissistic disorders, the schizoid personality disorder also operates with two polarized object relations units. The master-slave unit is comprised of an object representation that is controlling, manipulating, and appropriating and a self representation that feels enslaved and imprisoned. The sadistic object-self in exile object relations unit consists of an object representation that is either utterly indifferent or sadistically rejecting, and a self that feels absolutely isolated and disconnected. As a result, the schizoid dilemma involves a) a fear of engulfment by the object, surrender of the self in a relationship, and b) fear of absolute isolation or banishment with no hope of reconnection. Consequently, the best one can do is to establish compromise in relationships which are neither too close nor too distant. While the borderline personality disorder attempts to maintain an attachment to the object through clinging, compliance, and helplessness, and the narcissistic personality disorder strives to secure connection by idealizing the other or by "basking in the glow" of the other's specialness, the schizoid personality disorder simply attempts to negotiate a safe distance in the relationship with the other, a distance which is neither too close, thereby risking appropriation and loss of self, or too far, risking banishment and absolute isolation. The defenses employed by the schizoid include the regulation of distance in relationships, fantasy relationships, and excessive self reliance.

All of the above disorders are of a characterological nature. This implies that the window through which these individuals look at life is distorted in ways that prevent realistic, healthy,

spontaneous relating. The distortions are in the intrapsychic structure, or the character. Masterson (1976, 1981) describes the disorders as developing due to an incomplete separation from the primary caregiver. Personality disordered individuals have learned to suppress the real self and to express a false self in an effort to maintain connection with the primary caregiver and to avoid the experience of abandonment depression. This relational strategy becomes internalized in the form of object relations units. There are characteristic clusters of thoughts, behaviors and perceptions for each personality disorder which convey the individual's internal model of how the self relates to the object, and expectations based on this relationship. The perceptions often manifest themselves in the form of defenses activated to defend against the pain of a disruption of connection to an attachment figure. It is this internal representation of the relationship coupled with defensive strategy that Masterson uses to diagnose differentially his patients as personality disorders.

Theoretical Comparisons

Object relations theory, like attachment theory, addresses issues involving relationships and the patterns of interactions with others in the world (Fairbairn, 1952; Guntrip, 1961, 1969; Klein, 1964, 1975; Jacobson, 1964; Winnicott, 1965, 1975, Kernberg, 1975, 1976, 1980, 1984; Masterson, 1976, 1981, 1993; Horner, 1979, 1990, 1992; Rinsley, 1982, 1989; Hamilton, 1990). Both theories assert that much of what is healthy and what is pathological in adults stems from the relationships experienced in childhood. Both theoretical formulations place paramount emphasis on the role of the primary caregivers and the quality of the earliest relationships.

Both of these developmental postulates have terms for working models that imply some kind of internal program or "template" which determines the ways in which each individual is most likely to respond to others in relationship. The father of attachment theory, John Bowlby, (1969) referred to this template as an "internal working model of relationship", whereas Masterson (1976) referred to it as an "object relations unit". For attachment theory, the internal working model is manifested as an attachment style. Object relations theory suggests that object

relations units are manifested in the distinct ways in which individuals establish and maintain relationships with others. In this respect, then, the theories are quite similar.

The primary difference between the two theories lies in the focus relative to the developmental process. As mentioned earlier, attachment theory focuses on an attachment process which develops and changes throughout life. As individuals mature and experience different relationships, the quality of the attachment style is modified over time. But, attachment is always the focus. Masterson's object relations theory, however, does not focus much on attachment as a developmental process. The theory assumes attachment and includes a stage that deals with issues of intrapsychic attachment. Rather, Masterson's theory tends to focus on separation and individuation as the primary tasks of the developing personality early in life. (Masterson, 1981)

While these differences may appear to be quite fundamental, the differences may not be as substantial as they appear. Attachment theorists do recognize the significance of separation issues, as it is the child's response to separation that reveals the particular attachment style. So they focus on the quality of the attachment, whereas, Masterson focuses on the quality of the separation experience. Perhaps the discrepancy lies more in what kinds of attachment and separation are being described. Neither theory would suggest a permanent psychological fusion with the mother as part of normal development. Nor would either theory encourage a premature psychological separation from the mother in healthy development. Both would agree that an emotional connection, or attachment, to the mother is appropriate at all ages, but psychological separation, or the discovery of autonomy, is also to be desired at age appropriate times. Perhaps the reality is that both attachment and separation are critical developmental tasks and that one theoretical perspective focuses on attachment, while the other focuses on separation.

The main similarity between attachment theory and object relations theory in terms of early childhood development is that both theories rely on the premise that the conditions of relationship are what form the attachment styles or personality characteristics that follow. Each child learns early on what it takes to feel connected to the primary caregivers. For some children, the

connection comes easy just from being authentic and real. Other children learn that there are certain conditions, other than being authentic, by which the feeling of connectedness will develop. Unless these conditions are met, the child will not feel connected and will not experience a sense of inherent value or self-worth. Thus, the theories are related in that they both value the *conditions* of the early relationships and how these conditions help form the resulting adult personality. These ideas will be expanded upon in chapter four.

Goals and Predictions of the Study

The present study will explore the relationship between adult attachment styles and Masterson's conceptualization of personality disorders. Both attachment theory and object relations theory assert that it is the first experience with primary caregivers which provide the model for adult relationships and personality structure. A difference is that attachment theory emphasizes attachment as the crucial task, and object relations focuses on separation as the fundamental achievement. Nonetheless, in both theories it is thought that these early experiences will influence either the presence of a specific attachment style or characteristics of a personality disorder. Specifically, this study predicts that there will be relationships between the avoidant-dismissive attachment style and exhibiting narcissistic personality characteristics, between the avoidant-fearful attachment style and the schizoid, or avoidant personality characteristics, and between the preoccupied attachment style and the borderline personality characteristics.

In short, it is expected that there will be a relationship between adult attachment styles and personality disorders. Through this connection, it is hypothesized that differential treatment interventions may be effective for difficulties due to attachment styles as for personality disorders. For further rationale on the development of these predictions, see Tables 1 and 2.

Table 1

Differential Concepts in the Psychology of Personality Disorders

	Borderline	Narcissistic	Schizoid
Intrapsychic Structure:	Split O-R units 1) rewarding O-R unit 2) withdrawing O-R unit	Fused O-R units 1) grandiose self/ omnipotent object 2) impaired self/ aggressive object	Split O-R units 1) master/slave 2) sadistic object/ self in exile
Defenses:	avoidance, acting out, splitting, denial, projection, projective identification	grandiosity, entitlement, devaluation, idealization, control through manipulation	distancing, fantasy, self-sufficiency, intellectualization
Motivation:	To be taken care of	Perfection, wholeness	Safe interpersonal distance
*Fundamental Question:	Does anyone care?	Does anyone see what I see?	Is anyone there?

Note: The information in this table was adapted from The Masterson approach to treatment of the borderline personality disorder, a paper presented at the American Psychological Association National Conference in Washington, DC (Roberts, 1992).

*Note: This information was adapted from The Masterson approach to diagnosis and treatment of the schizoid disorder of the self, a paper presented at Providence Medical Center in Portland, OR (Klein, 1997)

Table 2

Differential Concepts of Attachment Styles

	Preoccupied (separation-sensitive) [preoccupied]	Dismissing (esteem-sensitive) [avoidant dismissing]	Dismissing (safety-sensitive) [avoidant fearful]
Overall theme:	Enmeshed/entangled and inconsistent concerning attachment	Disengaged: devaluing of attachment	Disengaged: rejecting of attachment
Primary strategy:	Fosters clinging, dependency and helplessness	Performance and/or perfection	Self-sufficiency; limited attachment
Unspoken demand:	Pressure to be rewarded for neediness, help-lessness and incompetence	Pressure to be acknowledged for performance, special-ness and perceived entitlement	Pressure to be provided with safety and non-intrusiveness
Core defensive decision:	"Separation is not safe."	"Need is not safe."	"Closeness is not safe."

Note: The information in this table was adapted from Differential diagnosis of caregiver attachment strategies, a paper presented at Tamarack Center in Spokane, WA (Hoffman, Cooper, & Powell, 1997).

Note: Brackets [] indicate attachment style categories used in this study.

Chapter 2

Methods

Subjects

The clinical sample included eighty-seven out-patients from the Access program in Spokane, Washington. The Access program was designed to accommodate individuals in the community who seem to have significant difficulty maintaining their lives without on-going help from mental health professionals in areas of anger management, communication skills training, and life skills training. Participants in the Access program have been described by program employees as having notable characterological deficiencies, if not diagnosable personality disorders. All subjects participate in the Access program on an out-patient basis. The sample had a mean age of 38 years (range = 19 - 58) and included 19 males and 68 females. The sample consisted of primarily Caucasian participants with a minority representation of six percent, and subjects had, on an average, four siblings with whom they grew up.

The non-clinical sample included thirty-four students from introductory psychology courses at George Fox University. This nonclinical group consisted of 10 males and 24 females, ages ranging from 18 - 21 ($\underline{x}$=19). On an average, the nonclinical group participants had 2.25 siblings. Five of the 34 nonclinical subjects (15%) were of ethnic backgrounds other than Caucasian. The students received course credit for their participation.

Instruments

The demographic questionnaire that was administered with the packet included general descriptive information, specifically age, race, gender, and number of siblings (see Appendix A). The demographic questionnaire also requested some general information regarding the

participant's parents, their marital status, and memories pertaining to the presence or absence of each parent during childhood. Due to inconsistent responding on some demographic items, not all demographic information was analyzed or reported in this study.

Four primary instruments were used in this study. The first is the Relationship Questionnaire (RQ) which was developed by Bartholomew and Horowitz (1991) as an adaptation of Hazan and Shaver's (1987) Love Quiz. It consists of four brief paragraphs describing the four different adult romantic attachment styles (see Appendix B). Participants were asked to rate each paragraph on a seven point scale reflecting the degree to which each paragraph describes the participant in relationships (1 = least like me; 7 = most like me). During early development of the instrument known as the Relationship Questionnaire, Bartholomew (1989) found moderate stability over about two months in young adults. The stability statistics for the secure, fearful, preoccupied and dismissing ratings were .71, .64, .59, and .49, respectively. Scharfe and Bartholomew (1994) conducted a study in an effort to evaluate stability in self-report attachment measures. They found on this and other self-report attachment measures 63% of females and 56% of males reported the same attachment pattern across two testing periods eight months apart.

The second attachment measure that was used in this study is the Relationship Scales Questionnaire (RSQ), developed by Griffin and Bartholomew (1994). This instrument, too, is a paper and pencil self-report measure using Likert Scale responding (see Appendix C). It includes 18 items based on phrases from Hazan and Shaver's "Love Quiz" (1987), Bartholomew and Horowitz's instrument (1991), and three items developed by Collins and Read (1990). While the self report aspect of this instrument may affect validity, reliability seems to be fairly good. For reliability and stability information, see Appendix C.

Object relations was assessed using a newly developed instrument designed to aid specifically in differentiating between the diagnoses from a Mastersonian perspective: the Roberts Relationship Inventory (RRI) (D. Roberts, personal communication, July 1996). This instrument was designed by 14 graduates of the Masterson Institute and includes 33 true-false items (see Appendix D). Each item was created and included to elicit the response of one of three

higher-functioning personality disorder diagnoses as they are described by Masterson and his followers. The questions themselves were formulated by two of Masterson's graduates, and were then rated by twelve other raters to establish construct validity and inter-rater reliability. Raters responses were calculated into percentages of agreement for each item. A cut off point (r=.86) was determined to eliminate those items that did not discriminate well enough and were not agreed upon by the expert raters. The mean percentage of all items was then calculated to determine overall reliability. Inter-rater reliability for the borderline personality disorder diagnosis was calculated as .94, for the narcissistic personality disorder diagnosis as .94, and for the schizoid personality disorder classification as .97. Later, the same raters went through the items to establish a "normal" or "healthy" pattern of responding in an effort to allow for a nonpathological category (r = .97). The mean reliability within diagnostic groups was .96.

In an effort to further establish Masterson's specific differential diagnostic strategy, these same Masterson Institute graduates also created scoring criteria for the Bell Object Relations and Reality Testing Inventory (BORRTI). They rated each BORRTI object relations item as true or false four different times: once as a typical borderline, once as a typical narcissist, once as a typical schizoid, and once as a "normal" or "healthy" person would respond. Percentages of agreement among these items were calculated for each item on each diagnosis. Then the mean of all percentages was calculated to determine the reliability of a Masterson theory interpretation of data collected from the object relations items on the BORRTI. The mean percentage of agreement on these object relations items was .95, and rater agreement for the items used fell between .857 to 1. Twenty items were determined to be characteristic of borderlines (mean agreement rating= .94); twenty three were found to theoretically describe narcissistic individuals (mean agreement rating= .94); and twenty five items were determined to describe the experience of the schizoid (mean agreement rating=.93). The "normal" response pattern involved forty-one of the items (mean agreement rating = .99).

Research Design

Subjects' responses to the four questionnaires were used to categorize them according to attachment style and object relations structure. The relationships among the attachment styles and object relations were assessed using Chi Squares. It was predicted that there would be statistically significant correlations between the avoidant-dismissive attachment style and the narcissistic personality disorder, between the anxious-ambivalent attachment style and the borderline personality disorder, between the avoidant-fearful attachment style and the schizoid personality disorder, and between the secure attachment style and the "normal" object relations response pattern.

Procedures

Subjects in the clinical group included participants in the Access Program in Spokane, Washington, a program designed for individuals needing consistent help with daily living issues, and referred to as a characterological population. Participants in the program were asked to volunteer to complete a packet of questionnaires in the interest of helping with research on adult relationships. Upon each individuals' agreement to participate, he or she was given a packet of materials and was asked to complete and return it within the week. Packets of materials included the following: Informed Consent document (to be signed and separated from the rest of the packet upon return of the materials), a brief demographic questionnaire, the Relationship Questionnaire (RQ), the Relationship Scales Questionnaire (RSQ), the Roberts Relationship Inventory (RRI), and the Bell Object Relations and Reality Testing Inventory (BORRTI). Participants were allowed to take the packet home and to return the completed materials within the week. Participants were informed that the results of the present study would be posted for their information upon completion of the dissertation.

The nonclinical group in this study consisted of students in introductory psychology courses at George Fox University. Students were given the opportunity to participate in the study in exchange for course credit. They took home and completed the packet of questionnaires described above and returned it within the week.

Chapter 3

Results

This chapter contains results of the study designed to assess similarities between attachment theory and object relations theory and their respective perceptions of adult personality dysfunction. Specifically, there will be three major sections. First, patterns of attachment and object relations will be described for nonclinical and clinical samples. Second, the relationship between measures of attachment and measures of object relations for nonclinical and clinical samples will be described. Finally, issues regarding the validity of attachment and object relations measures used in this study will be addressed.

Patterns of Attachment and Object Relations

In this subsection, patterns of attachment and object relations will be described, first within the nonclinical sample and then within the clinical sample. First, patterns emerged in the nonclinical group on the attachment instruments. As was predicted, most nonclinical participants fell into the "secure" classification on the RSQ (see Table 3). On the RQ, the nonclinical subjects were split evenly between the secure and avoidant-fearful categories (see Table 4). The correlation between these two attachment measures is modest and positive for the nonclinical sample (r=.49).

Second, patterns emerged in the nonclinical group on the object relations instruments, as well. As was predicted, most nonclinical participants emerged as "normal" on the RRI (see Table 5). Interestingly, the nonclinicals were evenly split between the normal and narcissistic classifications on the BORRTI (see Table 6). The correlations between these two measures of object relations is a low and positive (r=.22), suggesting that some validity questions must be evaluated. These validty issues will be discussed in the third section of this chapter.

Table 3

Attachment Patterns for Nonclinical and Clinical Samples on the Relationship Scales Questionnaire (RSQ)

Attachment Style	Nonclinical[a]	Clinical[b]
Avoidant Dismissive	4 (12.1)	13 (21.7)
Preoccupied	3 (9.1)	5 (8.3)
Avoidant Fearful	5 (15.2)	27 (45.0)
Secure	21 (63.6)	15 (25.0)

[a] $n = 34$

[b] $n = 87$

Note. Parentheses indicate percentages of nonclinicals and clinicals that fell into each category.

Table 4

Attachment Patterns for Nonclinical and Clinical Samples on the Relationship Questionnaire (RQ)

Attachment Style	Nonclinical[a]	Clinical[b]
Avoidant Dismissive	4 (14.8)	10 (20.4)
Preoccupied	2 (7.4)	3 (6.1)
Avoidant Fearful	11 (40.7)	22 (44.9)
Secure	10 (37.0)	14 (28.6)

[a] $n = 27$

[b] $n = 49$

Note. Parentheses indicate percentages of nonclinical and clinicals that fell into each category.

Table 5

Object Relations Diagnostic Categories for Nonclinical and Clinical Samples on the Roberts Relationship Inventory (RRI)

Object Relations Category	Nonclinical[a]	Clinical[b]
Narcissistic	8 (23.5)	6 (7.0)
Borderline	3 (8.8)	7 (8.1)
Schizoid	4 (11.8)	50 (58.1)
Normal	19 (55.9)	23 (26.7)

[a] $n = 34$

[b] $n = 86$

Note. Parentheses indicate percentages of nonclinicals and clinicals that fell into each category.

Table 6

Object Relations Diagnostic Categories for Nonclinical and Clinical Samples on the Bell Object Relations and Reality Testing Inventory (BORRTI)

Object Relations Category	Nonclinical[a]	Clinical[b]
Narcissistic	16(47.1)	27(31.4)
Borderline	2 (5.9)	3 (3.5)
Schizoid	0 (0.0)	25(29.1)
Normal	16(47.1)	31(36.0)

[a] n = 34

[b] n = 86

Note. Parentheses indicate percentages of nonclinicals and clinicals that fell into each category.

Results for the clinical group are very similar on the the two attachment measures (see Table 7). The correlation between these two measures in the clinical sample was modest and positive. (r=.47) Most participants from the clinical group fell into the avoidant fearful cell on the RSQ with a fair number of secure and avoidant dismissive classified individuals, as well (see Table 3). Interestingly, there were very few participants who fell into the "preoccupied" category on either test and in either testing group (see Tables 3 and 4).

Results for the clinical group on the two object relations measures suggest that these measures may be assessing different constructs. About 60% of the clinical sample fell into the schizoid category on the RRI (see Table 5). On the BORRTI about 1/3 of the clinical sample fell into each of the following three categories: narcissistic, schizoid, and normal (see Table 6). The correlation between these two measures of object relations within the clinical sample is low and positive (r=.18) suggesting validity issues which should be explored (see Table 10).

The attachment instruments yielded similar results in both the clinical and nonclinical groups. However, the nonclinical group did reveal a larger proportion of individuals who fell into the secure attached category (see Tables 7 and 8).

In the control sample, again, a large proportion of subjects fell into the "normal" category on the object relations measures (see Table 9). In the clinical sample on these measures, there is another cell that should be noted (see Table 10). Among the clinical sample a large number of subjects fell into the schizoid category on the Roberts and the narcissistic category on the BORRTI. This cell, while not congruent with the study's hypotheses, may represent a more complex diagnosis such as "closet narcissism" which will be elaborated upon in chapter 4.

In an effort to establish significant differences between mean scores for the clinical and nonclinical groups, T-tests were performed for each category within each test. Of the sixteen T-tests, two were signifcant at .05, three were significant at .01, four were signifcant at .001, and five were significant at .0001. Thus, t-scores demonstrated significant differences between groups. For means, standard deviations, and t-scores, see Table 11.

Table 7

Crosstabulations between the Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ) for the Nonclinical Sample

RSQ Attachment Style	RQ Attachment Style			
	Avoidant Dismissive	Preoccupied	Avoidant Fearful	Secure
Avoidant Dismissive	2	0	1	0
Preoccupied	0	0	3	0
Avoidant Fearful	1	0	4	0
Secure	1	2	3	10

$p \leq .01$

Table 8

Crosstabulations between the Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ) for the Clinical Sample

RSQ Attachment Style	RQ Attachment Style: Avoidant Dismissive	Preoccupied	Avoidant Fearful	Secure
Avoidant Dismissive	5	1	2	1
Preoccupied	0	0	4	0
Avoidant Fearful	4	1	15	2
Secure	1	1	1	11

$p \leq .000$

Table 9

Crosstabulations between the Roberts Relationship Inventory (RRI) and the Bell Object Relations and Reality Testing Inventory (BORRTI) for the Nonclinical Sample

BORRTI Categories	Roberts Categories			
	Narcissistic	Borderline	Schizoid	Normal
Narcissistic	5	1	3	7
Borderline	0	1	1	0
Schizoid	0	0	0	0
Normal	3	1	0	12

$p \leq .05$

Table 10

Crosstabulations between the Roberts Relationship Inventory (RRI) and Bell Object Relations and Reality Testing Inventory (BORRTI) for the Clinical sample

BORRTI Categories	Roberts Categories			
	Narcissistic	Borderline	Schizoid	Normal
Narcissistic	2	2	18	5
Borderline	1	0	2	0
Schizoid	0	4	20	1
Normal	3	1	10	17

$p \leq .001$

Table 11

Means and Standard Deviations for the Relationship Questionnaire, the Relationship Scales Questionnaire, the Roberts Relationship Inventory, and the Bell Object Relations and Reality Testing Inventory for Clinical and Nonclinical Groups, Including T-Scores

	Means for clinical group	Means for nonclinical group	T-Scores
Relationship Questionnaire			
Secure	54.2(30.5)	61.8(21.3)	2.88**
Avoidant Fearful	62.7(27.8)	56.9(24.4)	2.16*
Avoidant Dismiss.	48.3(29.2)	41.9(24.8)	2.34*
Preoccupied	66.8(34.0)	57.6(31.7)	3.04**
Relationship Scales Questionnaire			
Secure	60.3(14.2)	71.6(10.2)	6.21****
Avoidant Fearful	65.1 (9.3)	57.0 (8.3)	5.16****
Avoidant Dismiss.	63.9 (8.3)	65.2 (5.7)	.69
Preoccupied	52.3 (6.7)	55.7 (6.4)	2.52**
Roberts Relationship Inventory			
Normal	51.4(21.0)	70.0(15.1)	8.42****
Schizoid	56.6(13.9)	43.1(13.4)	6.89****
Narcissistic	44.8(18.3)	65.2(14.9)	9.53****
Borderline	41.9(13.0)	39.8(11.1)	1.15

(Table 11 continued)

Bell Object Relations and Reality Testing Inventory			
Normal	61.3(20.4)	70.3(11.0)	4.33****
Schizoid	56.7(17.8)	39.4(14.5)	8.20****
Narcissistic	61.8(14.5)	67.9 (8.6)	3.49***
Borderline	41.4(15.4)	28.3(14.4)	6.27****

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

**** $p \leq .0001$

Note: Standard deviations are represented in parentheses.

Relationship Between Attachment and Object Relations

In this subsection, the relationship between attachment and object relations will be described, first within the nonclinical sample and then within the clinical sample. The relationship between attachment and object relations is shown in Tables 12 - 15 for the nonclinical sample and in Tables 16 - 19 for the clinical samples. The number of cases that fall along the diagonal line should be noted as support for the hypothesis that there is a relationship between the classification systems of attachment theory and object relations theory. In other words, for each individual who is classified as both narcissistic and avoidant dismissive, borderline and preoccupied, schizoid and avoidant fearful, or normal and secure, there is added support to this study's hypotheses.

Chi square tests show that there is a significant relationship between measure of attachment and measures of object relations. Specifically in the nonclinical sample, the chi squares for the RQ and Roberts, RQ and BORRTI, RSQ and Roberts and RSQ and BORRTI were $\underline{x}^2(9) = 16.15$, $\underline{p}>.05$; $\underline{x}^2(6) = 13.4$, $\underline{p}<.05$; $\underline{x}^2(9) = 26.36$, $\underline{p}<.05$; and $\underline{x}^2(6) = 13.48$, $\underline{p}<.05$, respectively. In the clinical sample, the chi squares were $\underline{x}^2(9) = 52.09$, $\underline{p}<.05$ for RQ and Roberts; $\underline{x}^2(9) = 28.98$, $\underline{p}<.05$ for RQ and BORRTI; $\underline{x}^2(9) = 51.49$, $\underline{p}<.05$ for RSQ and Roberts; and $\underline{x}^2(9) = 32.74$, $\underline{p}<.05$ for RSQ and BORRTI.

In the nonclinical sample the cell within which most cases fall is the normal object relations and secure attachment cell (lower right corner of Tables 12 - 15). This confirms the predicted pattern in the nonclinical sample.

In the clinical sample (Tables 16 - 19), it should be noted that larger than expected numbers of subjects were found in several specific cells. One unanticipated cluster was found in the avoidant dismissive attachment and the schizoid object relations cell on the Roberts. (Tables 16 and 18) Another cluster is found in the avoidant-fearful attachment and narcissistic object relations cell on the BORRTI (Tables 17 and 19). These differences may be due to the tendencies of these instruments to over-categorize as schizoid on the RRI and as narcissistic on the BORRTI.

Table 12

Crosstabulations between the Relationship Questionnaire (RQ) and the Roberts Relationship Inventory (RRI) in the Nonclinical Sample

RQ Attachment Styles	Roberts Categories			
	Narcissistic	Borderline	Schizoid	Normal
Avoidant Dismissive	2	0	1	2
Preoccupied	0	1	0	1
Avoidant Fearful	3	2	3	3
Secure	1	0	0	9

Not statistically significant.

Table 13

Crosstabulations between the Relationship Questionnaire (RQ) and the Roberts Relationship Inventory (RRI) for the Clinical Sample

RQ Attachment Styles	BORRTI Categories			
	Narcissistic	Borderline	Schizoid	Normal
Avoidant Dismissive	4	0	0	1
Preoccupied	0	0	0	2
Avoidant Fearful	6	2	0	3
Secure	2	0	0	8

$p \leq .001$

Table 14

Crosstabulations between the Relationship Scales Questionnaire (RSQ) and the Roberts Relationship Inventory (RRI) for the Nonclinical Sample

RSQ Attachment Styles	Roberts Categories			
	Narcissist	Borderline	Schizoid	Normal
Avoidant Dismissive	2	0	0	2
Preoccupied	0	2	1	0
Avoidant Fearful	1	0	3	1
Secure	5	1	0	15

$p \leq .001$

Table 15

Crosstabulations between the Relationship Scales Questionnaire (RSQ) and the Bell Object Relations and Reality Testing Inventory (BORRTI) in the Nonclinical Sample

RSQ Attachment Styles	BORRTI Categories			
	Narcissism	Borderline	Schizoid	Normal
Avoidant Dismissive	3	0	0	1
Preoccupied	2	1	0	0
Avoidant Fearful	3	1	0	1
Secure	7	0	0	14

$p \leq .05$

Table 16

Crosstabulations between the Relationship Questionnaire (RQ) and the Roberts Relationship Inventory (RRI) in the Clinical Sample

RQ Attachment Styles	RRI Categories			
	Narcissistic	Borderline	Schizoid	Normal
Avoidant Dismissive	3	0	8	2
Preoccupied	1	1	1	1
Avoidant Fearful	1	5	21	0
Secure	0	0	2	13

$p \leq .000$

Table 17

Crosstabulations between the Relationship Questionnaire (RQ) and the Bell Object Relations and Reality Testing Inventory (BORRTI) in the Clinical Sample

RQ Attachment Styles	BORRTI Categories			
	Narcissistic	Borderline	Schizoid	Normal
Avoidant Dismissive	5	0	1	7
Preoccupied	2	1	0	1
Avoidant Fearful	7	0	15	5
Secure	3	0	1	11

$p \leq .001$

Table 18

Crosstabulations between the Relationship Scales Questionnaire (RSQ) and the Roberts Relationship Inventory (RRI) in the Clinical Sample

RSQ Attachment Styles	RRI Categories			
	Narcissistic	Borderline	Schizoid	Normal
Avoidant Dismissive	3	0	5	5
Preoccupied	1	1	3	0
Avoidant Fearful	0	4	22	1
Secure	1	0	1	13

$p \leq .000$

Table 19

Crosstabulations between the Relationship Scales Questionnaire (RSQ) and the Bell Object Relations and Reality Testing Inventory (BORRTI) in the Clinical Sample

RSQ Attachment Styles	BORRTI Categories			
	Narcissistic	Borderline	Schizoid	Normal
Avoidant Dismissive	4	1	0	8
Preoccupied	3	0	2	0
Avoidant Fearful	8	1	13	5
Secure	2	0	1	12

$p \leq .001$

However, these clusters may also represent a sub-sample of closet narcissists who are difficult to categorize on tests such as these. In this way, the traditional component of self-focus is represented in the narcissistic or avoidant dismissive category, and the more understated, less grandiose component may be represented by a schizoid or avoidant-fearful classification.

Results indicate that for the nonclinical and clinical samples, there were too few preoccupied or borderline classifications to see clustering or pattern. The small number of preoccupied and borderline cases may represent both the limitations of self report measures in assessing these categories of behavior and the particular sample employed in this study. Further discussion of this issue appears in the discussion section of this paper.

Validity Issues

Finally, it is important to note that there may be some testing biases that influence the validity of the findings in this study. Certain patterns of responses are over-represented on both the attachment measures (RQ and RSQ) and the object relations measures (RRI and BORRTI). Specifically, in both the nonclinical and the clinical samples, participants fell more frequently than expected into the avoidant-fearful cells on the attachment instruments. Both object relations instruments seem to bias certain ways of responding to items. The BORRTI seems to bias the narcissistic classification among the nonclinical sample, meaning a larger proportion of participants fell into the narcissistic category on this instrument than on the RRI and on the same instrument in the clinical group. The RRI, on the other hand, appears to bias the schizoid classification with the clinical sample.

Chapter 4

Discussion

This chapter contains a discussion of the findings in this study. There are four sections in this chapter. The first section describes the major findings in this study, including some possible explanations for the results that did emerge. The second part of the chapter is a discussion of some of the limitations of this study. In the third section, suggestions for future research are made with respect to some of the limitations discussed. Finally, the fourth part of the chapter contains some important theoretical considerations. A brief summary can be found at the end of these four sections.

Major Findings

I predicted that there would be a relationship between Masterson's delineation of personality disorders and attachment theory's conceptualization of different attachment styles. Specifically, I predicted that there would be relationships between Masterson's narcissitic disorder and attachment theory's avoidant dismissive style, between Masterson's borderline disorder and attachment theory's preoccupied style, between Masterson's schizoid disorder and attachment theory's avoidant fearful style, and finally, between the "healthy" or "normal" response patterns from the Masterson perspective and attachment theory's secure style. In general, my hypothesis was supported by data gathered in this study.

One of the most significant results in the study was found in the connection between the secure attached group, and the "healthy" group that was delineated by Masterson people. The cell that combined these two categories was generally larger than most other cells and represented the

"healthier" group of participants. Those who endorsed these descriptive items are, in theory, the more realistic, well grounded, self-aware group, more likely to use introspection in understanding themselves in relationships rather than acting out their feelings before examining them. It is interesting that such an unexpected number of participants from the clinical group fell into the more healthy or normal categories. However, we can look to self-report as a possible reason for this clustering; even people with pathology can determine what healthy responses look like.

Based on the statistical findings in this study, it would seem that the best empirically supported hypothesis is in the relationship between attachment theory's avoidant-fearful attachment style and object relations' schizoid personality pathology. From both theoretical perspectives, individuals who endorse these descriptive items tend to appear more submissive, passive, and isolationist due to a fear of what being in relationships might mean to them. As far as the typical profiles for the classifications in this study go, the schizoid, or avoidant fearful, individual appears to be the "nicer", less offensive, more humble of the classifications. To others, higher functioning schizoids or avoidant fearful individuals may appear unassuming, unobtrusive, and "safe" to relate to because there is no threat of engulfment. It is interesting that so many of these participants either perceive themselves in this light or desire to be perceived as having these qualities.

A third but unpredicted group of participants emerged on the cross-tabulation tables. This was a group that fell into the narcissistic or avoidant-dismissive category on one instrument, and into the schizoid or avoidant-fearful category on another instrument. Thus, these participants produced data that described them both as self-focused, independent, and self-sufficient as well as avoidant, fearful, and desiring relatedness. In exploring the reasons for this cell elevation, it is suggested that these types of cells may represent the closet narcissistic population. In this way, the focus on others as a means of regulating the self is represented. Also represented is the intense fear of and reaction to criticism, and a desire to be both connected and independent in ways that feel good. Both the understated and passive appearance of the schizoid/avoidant fearful categories

and the self focused, grandiose and entitled internal workings of the narcissistic/avoidant dismissive categories are hypothesized as coexisting within these subjects.

Interestingly, two of the categories that were predicted to yield higher numbers of subjects did not. The first of these was the cell representing narcissistic on the object relations instruments and avoidant dismissive on the attachment instruments. It was hypothesized that the two theories were describing the same types of people with these terms based on a presentation of independence, dismissal of others as important in their lives, self-sufficiency, and, on occasion, either self-aggrandizing behaviors or degradation of others. At least on the object relations instruments, the targeted personality pathology was that of the exhibiting narcissist, most notorious for grandiosity, disrespect of others, and intense anger in the face of confrontation or criticism. The attachment instruments were targeting the individual whose style of attaching means doing so in way in which he or she appears independent, self-sufficient, and avoidant of intimacy or vulnerability. In the experience of the individual with an avoidant dismissive attachment style, to "need" a relationship is not safe because it exposes vulnerability.

The results indicate that fewer participants in general were categorized as either narcissistic or avoidant dismissive than were expected, and even fewer fell into the overlapping cell representing both theories classification of this type of individual. There are several possibilities for these results. First, the method of self-report may have again influenced the results of this study. Items created to elicit the endorsements of this type of individual may have been seen as the least socially desirable items. These items had high face validity in the areas of grandiosity, self-focus, and insensitivity to others. One who desires to be viewed as more socially acceptable would likely choose not to endorse such items. And, as Masterson would propose, for a narcissist to simply acknowledge these flaws in him or herself would be too painful an injury in itself. Another potential reason for the lack of individuals classified as either narcissistic or avoidant-dismissive is that there may be fewer people in the clinical sample who truly possess these qualities. In fact, there may be fewer individuals in the population who possess the kind of grandiosity and exclusive self-focus that the items describe. There are more likely to be more

narcissists of the aforementioned closet variety who do not display the grandiosity or the intense independence.

A second group of cells that were significantly under represented compared to hypotheses was the group that was called "borderline" on the object relations instruments and "preoccupied" on the attachment instruments. It was predicted that there would be an overlap between these two categories based on a presentation of impaired self-activation, an inability to maintain long term intimate relationships, and excessive neediness of and focus on others to feel fulfilled in a relationship. It seems that the two theories describe the same types of qualities in individuals and have different labels for them. Masterson's descriptions of the borderline personality disorder, however, includes the process called "splitting", a primitive defense mechanism to help the individual avoid the painful affects of the abandonment depression. While attachment theory does not describe a similar process in the preoccupied classification, the description of clinginess, over-focus on others and the relationship, along with lack of healthy self focus is congruent with the object relations' depiction of the borderline individual.

Results showed a strikingly low number of individuals who fell into either the borderline object relations category or the preoccupied attachment category. This may again be related to the self-report method of data collection utilized in this study. Masterson describes denial as being one of the primary defenses used by the borderline personality disorder, a defense which impedes an accurate perception of reality. Also, items targeting the borderline and preoccupied categories are less socially desirable and tend to overtly imply some level of dysfunction. Additionally, the low numbers may be due to a smaller group of true borderlines or preoccupied individuals in the populations used for this study.

Results did generally confirm the theory behind the hypostheses. The theory suggests that while there are some basic differences between the two developmental theories, enough similarities exist that they should be addressed. While attachment theory essentially uses attachment behaviors to categorize individuals into personality styles, object relations purports to assess intrapsychic structure to classify these same individuals into diagnostic groups. However,

there may be a theoretical connection in that observable attachment behaviors may in many cases be a reflection of the underlying intrapsychic structure.

Earlier in this chapter, I described the ways in which my hypotheses were supported by this study's data and how the results were consistent with the theory behind the study's hypotheses. The next question that must be addressed involves what the results are actually measuring. There are three possible answers to this question. The first of these is that attachment theory and object relations theory are two separate but related constructs, and it is for this reason that the correlations appeared and the relationship was confirmed. If this is the case, it can be suggested that the apparent differences between the theories are not as foundational and exclusive as some might think. For example, perhaps attachment theory's primary construct centers on the "attachment" process which is different from the "separation" process object relations describes as its construct. The constructs are, by nature, different. However, they may be related because the separation construct requires an attachment construct before separation can occur. There are threads of similarity that connect the constructs thereby supporting the notion that the avoidant dismissive style is similar to narcissistic qualities, the preoccupied style is congruent with the borderline personality features, the avoidant fearful style is quite like the characteristics exhibited by the schizoid personality disorder, and the secure attached style is not unlike the object relations view of health.

A second possible explanation points to the presence of one construct being described and discussed in two different languages, or terminologies. In other words, perhaps object relations theory and attachment theory are really assessing the same ideas, but approaching them from different angles. Perhaps attachment theory evaluates an individual in terms of attachment behaviors and theorizes that these behaviors developed based on the initial attachment that was formed with the primary caregiver in early childhood. Object relations theory may view this same individual in terms of an intrapsychic structure that was impaired by difficulties in the separation-individuation time in his or her development. Regardless of the approach or the evidence used to

classify this individual, perhaps object relations and attachment theory are evaluating the same construct: the nature of the relationship between the self and the other.

A third, and less appealing explanation for the results is strictly psychometric. There is a possibility that the correlations and result clusterings occurred simply based on the method of data collection. Because each of the instruments in this study utilized a self-report method to gather data, it is possible that they each drew for the same constructs. For example, an individual is likely to endorse similar items across instruments whether they are accurate or not, based on a natural tendency to want to appear consistent. Or, in writing the items it is easier to draw for one construct than the other. In this way, both the attachment and object relations instruments draw for the same construct and ignore the other one.

One aspect of self report measures should be noted. Both the attachment and object relations measures used in this study required self-report and therefore a self-analysis of the areas in question. Items were related to inner processes and typically, people with the Axis II diagnoses have difficulty accessing the inner processes and feelings related to their difficulties. Self report measures used to assess both attachment and object relations lends to consistency across instruments. Issues of self report will be expanded upon later in this chapter.

It is my opinion that the answer to this question may involve a combination of the latter two suggestions. Indeed, I believe the self-report method of data collection, especially with this population, to be inadequate simply based on the pathologies associated with personality disorders. These individuals are described by Masterson (1976; 1981) as having little observing ego and poor reality perception, not to mention a clear lack of insight into themselves. For this reason, along with general difficulties related to self report instruments, I believe psychometerics may have played a role in the results that were produced.

However, I also believe that there is one construct that is being measured in this study. Despite the differences between attachment theory and object relations theory, I believe there to be a solid connection between the two in construct. John Bowlby, father of attachment theory, described a concept he called "internal working models" of relationships (Bowlby, 1973, p.203)

which, in essence, is comparable to Masterson's concepts of "object relations units", the primary part of the intrapsychic structure. Attachment theory was born in the laboratory setting. When Ainsworth conducted her landmark research, (Ainsworth, 1978) she used the behaviors she observed in the laboratory to infer the internal working models of relationships in children. Similarly, attachment styles are still basically determined based on observable attachment behaviors. Conversely, Masterson has been working in the clinical setting where he attempts to understand the patient's internal structure based on the interaction in the therapeutic relationship. (Masterson, 1976; 1981; 1993; Masterson and Klein, 1996) In the clinical setting, unlike the laboratory atmosphere, the goal is to help the patient change from within. By understanding and altering the internal workings of the patient, a clinician is able to begin to see healthier behavior as a result. So, while attachment theory approaches the issue from a perspective of behavior as a window to the internal working models, Masterson's theory would take the approach of intrapsychic structure as a means of understanding and changing the behavior. Although they approach the construct from different angles, there is a common developmental strand, as well as a link between an internal experience which is related to an external expression.

While I have described my own interpretation of the results above, the mere existence of the question of how to interpret the results is an issue of validity within the testing procedure. Unfortunately, this is one of several of the limitations involved in this study.

Limitations of the Study

Despite the theoretical merit of this study, there are several limitations that should be considered. Limitations that will be discussed involve primarily issues of instrumentation and sampling.

Limitations of self report. First, a general limitation of this study involves problems with instrumentation. Unfortunately, there are few instruments available which assess attachment style, object relations or intrapsychic structure. Measurement and assessment of these abstract constructs is extremely difficult. There is nothing concrete or tangible involved, just theoretical constructs that can only really be understood after deep introspection and self-analysis or therapy.

Unfortunately, most existing instruments involve self-report. For example, an individual may perceive him or her self as being rather securely attached to significant others in their lives. However, this same individual may appear clingy and excessively needy to others, insecure in relationships and draining on those who try to maintain intimate relationships with him or her. Therefore, on a self-report measure, this person's perception of him or her self may be quite different from the perceptions of others in close relationships with him or her. Similarly, from the object relations approach, the difficulty of assessing the intrapsychic structure and all that it entails is intense. For example, a narcissistic individual will typically blame problems in his or her life on others or outside forces rather than acknowledge internal weaknesses or vulnerabilities, whereas others in this person's life may see flaws in his or her character which contribute to chronic relationship problems. In this case, the proverbial "blind spot" can be described as as a defensive structure: the way the intrapsychic structure allows the individual to unconsciously overlook his or her vulnerabilities in an effort to preserve his or her grandiose perception of the self. While some extensive work has been done in both areas of attachment style and intrapsychic structure through interview procedures, (eg. Mary Main's Adult Attachment Interview) such an approach was inappropriate because it was too time consuming and costly for this study and for use in a clinical setting.

It is commonly understood by researchers and clinicians that a primary reason for reliability problems with instruments such as those used in this study deals with the effects of the self-report method. Additionally, it is not possible for a person with an Axis II diagnosis to accurately assess his or her pathology because the nature of the defensive structure for such individuals is to keep them looking through the same distorted perceptions in an effort to preserve their sense and perception of the Self. Reality will inevitably be too painful, so the defenses go into action. These "blind spots" in relation to self perception are very important in self-report measures, but are not the only concern in this type of study.

Also a factor in self-report measures is social desirability. Social desirability is a factor in many kinds of research, but is a particular risk with instruments where items have high face

validity as in the self-report measures employed in this study. Individuals are able to differentiate between qualities that are desirable and undesirable by society's standards. Unless respondents are making a conscious effort to be honest and candid with their responses, there may be a tendency to endorse items that cast them in a more favorable light. This may be true especially for subjects that have thoughts or feelings of themselves related to inadequacy issues or frailties, or who have significant "blind spots". Individuals with Axis II diagnoses or characteristics certainly struggle with these types of concerns whether on a conscious or subconscious level.

Limitations of validity. Along with the above, an important aspect was lacking in this study. In order to accurately assess the validity of the object relations and attachment instruments, it would have been important to be able to compare the test results with diagnoses or clinical opinions of clinicians trained in one or both approaches. While we did have access to some of the DSM IV diagnoses, they were of limited use to the study because of the fundamental differences between the DSM's conceptualization of personality disorders and Masterson's conceptualization of personality disorders. The DSM criteria are based on the patient's observable behavior. On the other hand, behavior is not as important to Masterson in diagnosis as is why the behavior is occurring. What is the motivation and underlying process, or, intrapsychic structure?

The problem involving a lack of appropriate instrumentation is closely related to yet another instrumentation concern. Unfortunately, those attachment instruments that are available in paper and pencil form have yet to demonstrate good reliability. Test-retest studies have been less than favorable. It seems that when a second and/or third rater are brought into the equation (references), reliability does improve. Again, however, opportunities for this kind of study were not readily available given the time and money allotted.

There is an object relations instrument that has respectable statistical merit. This instrument was used in this study: the Bell Object Relations and Reality Testing Inventory (BORRTI) (see Appendix E). This instrument takes results of weighted items scored to place the participant on four object relations scales (alienation, egocentricity, social alienations, and insecure attachment) and three reality testing scales (Reality Distortion, Uncertainty of Perception, and

Hallucinations/Delusions). However, while this instrument has been shown to be reliable and valid when used as directed, the use of the BORRTI in this study was novel. Because the BORRTI's object relations subscales did not directly correlate to Masterson's description of the different personality disorders, the test, as intended, did not provide the information needed. The alternate use of the instrument negated the use of the instrument's prior reliability and validity. However, the method of using the BORRTI items that was created had good interrater reliability and construct validity.

It would appear that self-report measures clearly present a number of risks in data collection, especially with an Axis II population. People with personality disorders not only lack insight into themselves and their issues, but also have plausible reasons to wish to appear socially desirable. These weaknesses of self report measures are clearly a limitation of this study's methodology. Results are less reliable based on the limitations created by the instrumentation and the population in question. So, while I acknowledge the deficits in this study's predictive and consurrent validity, I have chosen to use the construct validity of each instrument from which to base my results.

Limitations of sampling. A second limitation involved difficulty in finding appropriate participants for this study. Ideally, the clinical sample would have included at least 100 participants with Axis II diagnoses, confirmed by Masterson Institute graduates. However, this ideal procedure may not only compromise treatment, but is also too time consuming and costly. Therefore, other options had to be utilized. This being the case, those individuals that did qualify to participate in the clinical sample, and who were fairly easily accessible, were few, and even fewer were willing to participate.

Another problem with the clinical sample involves the distribution of Axis II disorders within the sample. Students of Masterson have asserted that the population of treatment-seeking personality disorders includes a majority of narcissistic individuals (closet narcissistic and exhibiting narcissistic) and some borderlines and schizoids. According to some theories, the schizoid personality disorder is least likely to seek treatment because isolation is safe; treatment

and relationships are a risk. Thus, it was interesting when a majority of subjects emerged from the study in the schizoid category, possibly representing a higher functioning group of schizoids. A concern, after further analysis of these results, was that items written for schizoid endorsement are the most socially desirable items. Therefore, while there is likely a portion of subjects whom are accurately represented, there is a strong likelihood that many subjects either wanted to appear to have those characteristics and perceptions or actually believe they have those characteristics. It is comprehensible that a narcissist with sufficient grandiosity may in fact believe him or herself to possess those socially desirable characteristics. It is also plausible that a borderline might desire him or herself to have those qualities and, while realizing they are inaccurate, endorse the items nonetheless.

It has been commonly thought that clinicians would see fewer schizoid personality disorders in their practice simply due to the nature of the schizoid pathology. It was assumed that, because of the intense fear, there would be few of these individuals who would be brave enough to reach out in any form of a real relationship for fear of being engulfed or controlled. Through years of studying these kinds of individuals, Masterson and his colleagues have found that the other half of the schizoid dilemma, the half deeply desiring intimacy and relatedness, has emerged as being equally as strong as the fearful and avoidant half of the same dilemma. Typically, schizoid personality disorders will seek treatment when they feel they have become too isolated, "in exile", or beyond the point of becoming reconnected. When these feelings are experienced by a schizoid, he or she will often seek treatment in an effort to understand and better manage the feelings in or about his or her relationships.

The sample also presented another potential limitation involving level of intellectual functioning. Widely varying intellectual functioning can often be found within the Axis II population, and especially within a program such as Access, designed to teach life skills, communication skills, and basic personal management training. The self report instruments in this study require a certain level of insight and intellectual capacity to complete appropriately. It is a possibility that some of the respondents were unclear about what was expected of them in terms

of their participation on the questionnaires. It is likely that respondents used less depth in their responding than instruments would require in order to to be truly effective in evaluating attachment style and object relations.

Yet another problem with sampling in this study is the contrast in ages between the experimental and control groups. The clinical group not only had a greater range of ages (19 - 58 yrs) than did the control group (18 - 21 yrs), but the mean age was also significantly higher (clinical $\underline{x}$= 38; control $\underline{x}$= 19). The control group represented a population of late adolescents and early adults, still in the process of forming and developing their personalities. The clinical group, on the other hand, was generally a group of adults who had had more years to develop a particular way of perceiving themselves as they relate to the world and others in it. Therefore, in considering the issue of pathology, the clinical group may have been more likely to respond in a pathological manner than the control group simply as a function of age.

Suggestions for Future Research

Because there are important limitations to this study, some suggestions for future research are worthy of discussion. These suggestions involve the methodology of the study, primarily issues related to instrumentation. In future studies, instrumentation should be looked at closely and chosen based on statistical power, not convenience. Interviews are preferable for evaluation of intrapsychic structure and attachment style. By using the interview methods subjects can be understood further and more information can be gathered to help put them into categories. However, an even more effective method of data collection would involve a therapy setting. Therapists trained in attachment theory and Masterson's object relations theory would be the most appropriate and effective people to evaluate the issues in question. If a small group of these therapists would agree to participate in such a study on these two theories and evaluate some of their clients outside of the session, we could expect far greater results and more statistical power. The same or similar kinds of instruments could still be used, only the therapist would complete them as a sort of "observing ego" function: a person who is aware of the individual's self esteem,

relationships, defenses and vulnerabilities. At the very least, the issues of reliability and risks of self-report need to be addressed and corrected.

In future studies, if self-report measures must be employed, it will be important to structure and develop instruments which are simple enough and direct enough to cater to a population which may be less intellectually capable than the high functioning adults who create the instruments. For example, instructions for each instrument should be evaluated and simplified, if needed, for clarity. This evaluation may also be important in considering that respondents may not read all the directions thoroughly. Instructions must be brief, clear, and concise.

In developing self report measures, the particular pathology of the respondents should be considered during the item development stage. Masterson has described the tendency of the personality disorders to focus, almost exclusively, on the object, or others in his or her life. Because of this tendency, these individuals focus very little on themselves, gaining little or no insight into their issues and vulnerabilities. For this reason, self-report measures must be designed in a way in which respondents are still focusing on the object. Focusing on the self will likely activate defenses which will interefere with honest responding. For example, a narcissist is likely to endorse items which make him or her appear strong, well put together, competent, whether out of a sense of self perception, or out of ignorance of inner functioning. Items may need to be more normalized or subtle so they do not appear as dysfunctional to the respondent. Rather than having items focus on how "I often feel like playing the victim" or "I often think I am a victim", target the actual perceptions such as "I don't know why, but it seems that often the people I spend time with attack me, victimize me." In this way, the items address the "reality" that respondents perceive, not the thought or feeling that can so easily be up for analysis. Thus creating items within the pathology.

The Roberts Relationship Inventory (RRI) is a good start at a paper and pencil measure to assess a person's intrapsychic structure in accordance with the theoretical work of James Masterson. The instrument, while an important first step, has some flaws. As described above, the items designed to describe the schizoid perspective are clearly more socially desirable, leading

to more frequent endorsements by all subjects wanting to cast themselves in this light. More specifically, it will be important to write the items from within the defenses of the different personality disorders. Subjects will be able to respond in a more authentic and appropriate manner if the items are written from within the pathology. This is an important measurement to develop. Also, the RRI must be validated within a Mastersonian framework.

Implications for further development of the RRI are great for clinicians. An instrument that would allow clinicians to roughly approximate the personality pathology of their clients at the time of intake would help target specific kinds of qualities of the intrapsychic structure, thus decreasing valuable therapy hours used to diagnose clients and form treatment strategies. In this age of managed care and limited, short term therapy, any aid in understanding the nature of the client's issues would be appreciated and valuable.

Yet another piece of this study that might be expanded upon is data collection from self and others. Studies have shown that not only are studies more reliable when information comes from more than one source, but the data gathered is sometimes quite varied and demonstrative of the discrepancy between self report and other report. Specifically, it would be interesting to obtain self, significant other, and family member reports. Trends might shed additional light on the tendencies of both the different types of individuals to claim different qualities and the others in their lives who have different perceptions of them.

Theoretical Considerations

In chapter one, the connection between early attachment styles and attachment styles later in adulthood was described. Also, the link between developmental arrests in different stages of development were theoretically connected with personality pathology in the adult years. The present study addressed the tie between the ways in which attachment theory and object relations view adult relationships with others and themselves. One other necessary component should be addressed: the link between each theory's conceptualization of how and why early relationships are important in the development of adults and their relationships.

This is a difficult and vague area to discuss because the two theories approach early development rather differently. However, a strong conceptual similarity provides the necessary link. Attachment theory asserts that children develop their own attachment styles based on things such as temperamental needs, parental availability, and parental "security" or "insecurity". Main, et.al. (1985) explored the relationship between the security of the primary caregiver and the attachment style of the child. Mothers who demonstrated more curiosity about who their child was going to become and who were more flexible with how they brought their own pasts into the relationship, tended to have securely attached children.

Mothers of avoidant children were found to be rejecting and indifferent to the attachment needs of the child. They became hostile in the face of any form of dependency from the child, and seemingly lacked desire and ability to be affectionate with their child. In this environment, children learned to feel connected by avoiding the attachment object(s). In some cases, the children learned how to be avoidant by devaluing and being hostile in relationships, while in others they were avoidant based on a fear of others and the pain they might inflict.

Belsky and Cassidy (1992) found a number of consistent characteristics between mothers of anxious/ambivalent attached children. Mothers of anxious/ambivalent children often appear as though they are inconsistent, uninvolved and incompetent where their children are concerned. However, there may be more involved in this interaction than what meets the eye. Belsky and Cassidy believe that these mothers may care for the children as much as any other mother, but that their caregiving abilities are impaired by the struggles with their own needs. On the one hand, these mothers experience a sense of jealousy that their child is in the position to be coddled and cared for. These feelings, coupled with an underlying wish for the child to remain enmeshed and dependent, may create a conflict which will later impede the child's efforts at autonomy, thus creating the anxious/ambivalent attachment style.

Attachment theory has tended to study these relationships based on the interpersonal activity that occurs between child and mother. Masterson's developmental self and object relations theory takes these same concepts and extends them into the intrapsychic arena. His theory studies

stages of intrapsychic development and, based on early relationships, develops hypotheses about why children begin showing various personality characteristics. This theory operates based on a concept of a "real" self versus a "false" self.

For example, children whose mothers tend to be either a) consistently critical and attacking, or b) consistently idealizing of the child often tend to have children with excessive narcissism or an exaggerated sense of self-importance. In the case of the former, the child learns that operating from the "real" self and exposing his or her needs for affection, attention and nurturance will lead to harsh criticism and attacks. In the case of the latter, the child learns that identification with the mother's idealized projection supports an inflated sense of specialness and grandiosity. In both cases, the child develops a "false", narcissistic self with which to relate to others.

According to Masterson, some mothers seem incapable of supporting the separation-individuation process in their children. Whereas the normally developed child experiences encouragement of separation-individuation and discouragement of regression, the child destined to become a borderline personality disorder experiences an inversion of this relational paradigm; that is, there is support for regression, dependency, and helplessness and withdrawal of emotional supplies in response to autonomous strivings and real self expression.

A third group of children experience their parents as being either intensely overbearing and controlling or emotionally indifferent. In both cases, the child is urged toward a state of relative "unconnectedness" in an effort to regulate the distance between him or herself and the mother. If he or she becomes too close the the mother, the mother may envelope, overwhelm, or engulf the child. If the child becomes too distant, then the risk is run that there will be no connection at all, just isolation. Later in life, these children will likely possess many schizoid characteristics, if not a diagnosable personality disorder.

The main similarity between attachment theory and Masterson's object relations theory relative to early childhood development is that both theories posit that the quality of the relationship with the primary caregiver significantly influences the development of the foundational attachment style or object relations with the primary caregiver. Each child learns

early on what it takes to feel connected to the primary caregivers. For some children, the connection comes easily just from being authentic and real. Other children learn that there are certain conditions, other than being authentic, by which the feeling of connectedness will develop. Unless these conditions are met, the child will not feel connected and will not experience a sense of inherent value or self-worth. Thus, the theories are related in that they both value the conditions or the early relationships and how these *conditions* help for the resulting adult personality.

Summary

This study predicted that there would be a relationship between attachment theory and Masterson's object relations theory in terms of how they conceptualize adult personality pathology. Hypotheses were supported, most notably in the areas of attachment theory's avoidant fearful style and Masterson's schizoid disorder, and attachment theory's secure style and Masterson's "normal" or "healthy" response pattern. While fewer participants fell into either the narcissitic/avoidant dismissive cell or the borderline/preoccupied cell, there was interesting clustering in other cells which may indicate more elusive diagnoses. Patterns of clusters in results were discussed and possible reasons for these were suggested.

There is a fundamental difference between the emphases the two theories describe with regard to childhood developmental tasks. Attachment theory focuses on attachment as being the primary task and the foundation for the developing adult attachment style. Masterson's object relations theory, on the other hand, has emphasized the task of separation-individuation as the crucial task for resulting personality development. While these views may seemingly be incongruent and difficult to reconcile, they do fit together theoretically in a rather necessary way. It should be noted that the emphasis of each is not exclusive. Masterson's object relations theory emphasizes separation-individualtion, but infers a healthy attachment. On the other hand, attachment theory, while not referring to "separation" as a task, measures attachment styles based on separation/reunion behaviors. Furthermore, in order to separate and individuate in a healthy manner, one must by definition have a healthy attachment from which to separate, develop and become an autonomous self.

While this is clearly a suggestive study, I hope that it does encourage more research in an effort to further understand the connection between attachment theory and object relations theory. I hope that as more similarties and correlations are uncovered, more dialogue between clinicians and researchers within them will occur. Both attachment theory and Masterson's developmental self and object relations theory contain brilliance and insight into early development and its effects on adulthood. I hope that some day the brilliance of both theories will come together to comprise an even more wholistic and encompassing theory by which we may learn to further help our clients, and ourselves, to a more whole and healthy existence.

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Appendix A

Demographic Questionnaire

Demographic Data

General Information -

Age: *Gender:*
Number of Siblings: *Race:*

Information about parents -
State your parents' ages:

Mother: _____ Father: _____

Did either of your parents work in the home as you were growing up? _____

If yes, which parent? _____ For how long? _____

At what age were you? _____

Please state each of your parents' current marital status. (ie. married, divorced, remarried, separated, deceased, etc.)

If your parents were divorced or are deceased, please specify how old you were when this occurred. _____.

To the best of my knowledge, my mother/father was a consistent and active part of the first five years of my life: (circle one for each)

Mother -

Strongly Agree Agree Undecided Disagree Strongly Disagree

Father -

Strongly Agree Agree Undecided Disagree Strongly Disagree

Treatment History -

*Have you ever received psychiatric treatment, psychotherapy, or other mental heatlh services?*___

If yes, specify which kinds of services you have received and the duration of the treatment.

- Kinds of services - _____

- Length of treatment - _____

Appendix B

Relationship Questionnaire

(Bartholomew & Horowitz, 1991)

Relationship Questionnaire

(Bartholomew & Horowitz, 1991)

The Relationship Questionnaire was constructed by Bartholomew and Horowitz in an effort to improve Hazan and Shaver's (1987) paper and pencil method of evaluating attachment syles. The questionnaire consists of four paragraphs each describing one of the four attachment patterns. Respondents are asked to read each of the four paragraphs and then to rate each one on a Likert scale from one to seven (1 - 7), one being least like me and seven being most like me. Initially, the questionnaire was given to partners of respondents, as well, to better classify respondents in the appropriate attachment pattern.

Relationship Questionnaire
(Bartholomew & Horowitz, 1991)

On a scale of one to seven, indicate the degree to which each statement is like you.
(1 = not at all like me; 7 = very much like me)
Write the number in the blank next to each statement.
Keep in mind both current and past relationships.

_____ It is easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.

_____ I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

_____ I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

_____ I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

Key:
1st paragraph: secure
2nd paragraph: avoidant dismissing
3rd paragraph: preoccupied
4th paragraph: avoidant fearful

* Higher scores suggest a stronger presence of an attachment style

Appendix C

Relationship Scales Questionnaire

(Griffin & Bartholomew, 1994)

Relationship Scales Questionnaire
(Griffin & Bartholomew, 1994)

The Relationship Scales Questionnaire (RSQ) was constructed by Dale Griffin and Kim Bartholomew in 1994 in an effort to further study reliability and stability characteristics of current attachment measures. The RSQ consists of statements based on phrases from Hazan and Shaver's instrument (1987), Bartholomew and Horowitz's measure (1991), and three items developed by Collins and Read (1990). The questionnaire uses 5-point Likert scale responding and asks respondents to read the statements and rate "the extent to which it describes your feelings about romantic relationships".

The eighteen item questionnaire measures three attachment scales developed by Collins and Read (1990): closeness, dependence, and anxiety. Average alpha coefficients were .75 for the closeness scale, .75 for the dependence scale, and .79 for the anxiety scale.

Scharfe and Bartholomew (1994) conducted a study to determine reliability of self-report questionnaires addressing attachment issues, including the RSQ. Results showed that across two testing periods, 63% of females and 56% of males reported the same attachment pattern. Results also indicated that 71% of females and 61% of males were stable on the secure/insecure classification.

After correlations were disattenuated, the average correlation for females was .78 (closeness, .83; dependence, .80; anxiety, .72) and for males was .86 (closeness, .96; dependence, .87; anxiety, .76).

Relationship Scales Questionnaire
(Griffin & Bartholomew, 1994)

The following are statements about relationships.
Keep in mind both past and present relationships while completing this questionnaire.
Read each item and rate it on a scale ranging from 1 to 5 (1 being "not at all like me" and 5 being "very much like me").

___ 1. I find it difficult to depend on other people.
___ 2. It is very important to me to feel independent.
___ 3. I find it easy to get emotionally close to others.
___ 4. I want to merge completely with another person.
___ 5. I worry that I will be hurt if I allow myself to become too close to others.
___ 6. I am comfortable without close emotional relationships.
___ 7. I am not sure I can always depend on others to be there when I need them.
___ 8. I want to be completely emotionally intimate with others.
___ 9. I worry about being alone.
___ 10. I am comfortable depending on other people.
___ 11. I often worry that romantic partners don't really love me.
___ 12. I find it difficult to trust others completely.
___ 13. I worry about others getting too close to me.
___ 14. I want emotionally close relationships.
___ 15. I am comfortable having other people depend on me.
___ 16. I worry that others don't value me as much as I value them.
___ 17. People are never there when you need them.
___ 18. My desire to merge completely sometimes scares people away.
___ 19. It is very important to me to feel self-sufficient.
___ 20. I am nervous when anyone gets too close to me.
___ 21. I often worry that romantic partners won't want to stay with me.
___ 22. I prefer not to have other people depend on me.
___ 23. I worry about being abandoned.
___ 24. I am uncomfortable being close to others.
___ 25. I find that others are reluctant to get as close as I would like.
___ 26. I prefer not to depend on others.
___ 27. I know that others will be there when I need them.

___ 28. I worry about having others not accept me.

___ 29. Romantic partners often want me to be closer than I feel comfortable being.

___ 30. I find it relatively easy to get close to others.

Key: lower ratings = 1's and 2's; higher ratings = 4's and 5's

Secure: 1(r), 4, 5(r), 6(r), 7, 8, 9(r), 11, 12(r) 13, 17(r), 18, 20, 21, 22, 23(r), 24(r), 25(r), 26, 28, 29 (lower ratings); 3, 10, 14, 15, 27, 30 (higher ratings)

Avoidant fearful: 3(r), 4(r), 8(r), 9, 10(r), 15, 16, 18(r), 25, 27, 30 (lower ratings); 1, 2, 5, 6, 7, 11, 12, 13, 14, 17, 19, 20 , 21, 22, 23, 24, 26, 28, 29 (higher ratings)

Preoccupied: 1, 2, 5, 6(r), 13(r), 15, 19(r), 20, 24(r), 26(r), 27, 29 (lower ratings); 3, 4, 7, 8, 9, 10, 11, 14, 16, 17, 18, 21, 22, 23, 25, 28, 30 (higher ratings)

Avoidant dismissing: 1, 4(r), 5, 8, 9(r), 11, 13, 15, 16(r), 18, 21, 23(r), 24, 25, 28 (lower ratings); 2, 3, 6, 7, 12, 14, 17, 19, 22, 26, 29, 30 (higher ratings)

Note: (r) indicates reverse item scoring.

Appendix D

Roberts Relationship Inventory

(D. Roberts, personal communication, July 1996)

Roberts Relationship Inventory

(Roberts, 1996)

The Roberts Relationship Inventory (RRI) was constructed by a group of 14 graduates from the Masterson Institute. Don Roberts and Deanda Roberts headed the group and its efforts to construct a paper and pencil instrument which might help diagnose clinical patients according to James Masterson's developmental self and object relations theory. The RRI consists of 33 statements which describe differing views of relationships and intimacy. Respondents are asked to respond with a "true" (T) if the statement describes their views and feelings and "false" (F) if the statement did not accurately describe their views and feelings.

The RRI items were initially developed and created by Don Roberts and Deanda Roberts. Items were then evaluated and edited by twelve other Masterson Institute graduates. The final step in the inventory's development involved each Masterson graduate going through the inventory four times: once answering as a typical borderline, once answering as a typical narcissist, and once answering as a typical schizoid, and once as a healthy, normal respondent. Items were scored by averaging total responses to each item, True responses being given a value of one (1), and False responses being given a value of zero (0). An 85% cut-off point was determined (r=.86) and those not falling within that percentage were not used as discriminating items. Results of raters' scores revealed the following statistical averages indicating content validity and inter-rater reliability: the borderline diagnosis averaged .94, narcissistic diagnosis averaged .94 and the schizoid diagnosis averaged .97, and the healthy diagnosis averaged . 97, the overall average being .96.

Relationship Inventory
(Roberts, 1996)

Instructions
The following statements describe relationships.
If the statement is usually true for you, circle T.
If the statement is usually false for you, circle F.
Please answer all questions.

T F 1. I need a lot of support from people.

T F 2. I am interested in people who give me my space.

T F 3. I really want a long term commitment, but I've been known to take what I can get.

T F 4. I deserve good relationships.

T F 5. When there is conflict in a relationship, I'd like to disappear.

T F 6. I am attracted to people who take care of me when I'm feeling down.

T F 7. I experience a sense of ease with people.

T F 8. People who understand me respect me.

T F 9. I can be shy when I first meet people, and I continue to be cautious in my relationships.

T F 10. I probably don't deserve it, but I would like someone to take care of me.

T F 11. Often when people want a commitment from me, I feel like I want to withdraw from them.

T F 12. Me worst fear in relationships is to be controlled or trapped.

T F 13. I am attracted to all kinds of people who recognize and appreciate my unique qualities.

T F 14. When there is conflict in a relationship, I can often see the problem when others can't.

T F 15. When people are different from me, it feels more safe if I know where they stand.

T F 16. If someone insists that I do everything for myself, I feel like they are cold and uncaring.

T F 17. I have a special way of tuning in to people.

T F 18. When there is conflict in a relationship, I just want to feel better.

T F 19. Generally, I like to please people - - if I just know what is expected of me.

T F 20. Relating to people is usually easy for me, because I am good at it.

T F 21. I'd like to have a long term relationship, but it can sound suffocating to me.

T F 22. When I'm criticized unfairly, I often feel like I want to lash out at the person.

T F 23. It's hard to believe I deserve a good relationship, and I don't know if it's a possibility anyway.

T F 24. I can be successful at making long term committments if I can find someone who is just like me.

T F 25. I can walk into a room and within a short time find the people who are on my same wavelength.

T F 26. If I could find someone to take care of me, I would feel happier and my life would be better.

T F 27. I would feel cared for in a relationship if the other person would tell me what he/she wants.

T F 28. Relationships are never safe enough to be easy, and for me they are often like walking through a mine field.

T F 29. When people are different from me, it interferes with my being understood.

T F 30. When I can relate to people who don't crowd me, who allow me space, it seems safer.

T F 31. My worst fear in relationships is to be abandoned by the people I need the most.

T F 32. When people are different from me, I want to figure out how to please them.

T F 33. I have trouble needing people, because dependence in relationships may not be safe.

(continued)

(Relationship Inventory, cont.)

Key:

Normal responses: (F) 3, 5, 6, 10, 11, 16, 18, 21, 22, 23, 24, 26, 27, 28, 29, 32, 33; (T) 4, 7, 8, 20

Narcissistic responses: (F) 1, 3, 5, 9, 15, 16, 18, 19, 21, 23, 27, 28, 30, 33; (T) 4, 7, 8, 13, 14, 17, 20, 24, 25, 29

Borderline responses: (F) 2, 7, 8, 9, 11, 12, 13, 14, 15, 17, 20, 21, 25, 29, 30, 33; (T) 1, 3, 6, 10, 16, 18, 19, 26, 27, 31, 32

Schizoid responses: (F) 1, 4, 6, 7, 8, 10, 13, 16, 18, 19, 20, 24, 25, 26, 29, 32; (T) 2, 5, 9, 11, 12, 15, 21, 23, 28, 30, 33

Appendix E

Bell Object Relations and Reality Testing Inventory

(Bell, 1995)

Bell Object Relations and Reality Testing Inventory (BORRTI)

(Bell, 1995)

The BORRTI, in its full intended form, is a 90 item paper and pencil, self report measure evaluating two primary areas: object relations and reality testing. When used as designed, the BORRTI yields four Object Relations subscales (Alienation, Insecure Attachment, Egocentricity, and Social Incompetence) the three Reality Testing subscales (Reality Distortion, Uncertainty of Perception, and Hallucinations and Delusions). Both of the two primary components on this instrument are represented by 45 items.

The BORRTI was designed to be used with populations eighteen years old or older. However, it has been successfully used with more widely varying age ranges, as well. Scoring of the BORRTI can be done by hand, though there is a computer scoring system available for the administrator's convenience.

While the BORRTI, when used as directed and designed, demonstrates good reliability and validity, its use in this study was novel, based on this study's theoretical focus and need for different diagnostic categories. In this study, subjects were given the entire BORRTI instrument, although only the object relations instruments were evaluated in the scoring process. Also, scoring was not conducted as directed by the manual. Items were used based on their statistical merit, the history which has indicated that they are fairly good and discriminating items.

Scoring was conducted based on the results of fourteen expert raters. These expert raters were graduates of Masterson's post graduate training Institute. They evaluated each item four different times, once as a normal or healthy person might respond, once as an exhibiting narcissist would respond, once as a borderline would respond, and once as a schizoid personality disorder would respond. A true response was given a score of "1" and a false response was given a score of "0". Responses from each of the fourteen raters for each item within each diagnostic category were taken and means were calculated, revealing a score between "0" and "1". A cut off was determined that eliminated items that were either endorsed as true by less than twelve of the raters

or false by less than twelve raters. In other words, for an item to be considered discriminating, it had to be endorsed as either true by twelve or more raters or false by twelve or more raters. Those items which did not meet the cut off in mean rater agreement were eliminated for scoring use with that diagnostic category. Overall, on the BORRTI the mean percentage to agreement between raters on these object relations items was .95. Twenty items were determined to be characteristic of borderlines (mean agreement rating = .94); twenty-three were found to theoretically describe narcissistic individuals (mean agreement rating = .94); and twenty-five items were determined to describe the experience of the schizoid (mean agreement rating = .93). The "normal" response pattern involved forty-one of the items (mean agreement rating = .99).

While the instrument was not used as originally intended, and is therefore not held to the same level of statistical power, this study's use of the test is able to demonstrate solid construct validity.

Key of reponses by diagnostic category.

Normal: (F) 3, 4, 6, 8, 11, 16, 17, 18, 20, 25, 28, 29, 32, 34, 41, 44, 47, 48, 49, 52, 54, 58, 59, 61, 62, 65, 70, 71, 73, 76, 80, 81, 89; (T) 1, 13, 14, 26, 37, 47, 55, 68, 78

Narcissistic: (F) 3, 4, 6, 11, 28, 29, 32, 44, 52, 59, 65, 70, 73, 80; (T) 1, 16, 17, 18, 20, 41, 47, 68, 71

Borderline: (F) 4, 6, 14, 47, 65, 70, 81; (T) 3, 11, 13, 29, 32, 36, 39, 44, 48, 52, 55, 62

Schizoid: (F) 14, 18, 20, 26, 37, 41, 44, 55, 58, 68, 71, 78, 81, 89; (T) 6, 16, 25, 32, 36, 39, 54, 59, 70, 73, 80

Appendix F

Consent Forms

The relationship between attachment styles and personality structure
Consent Form

1. Study Title:	The Relationship Between Adult Attachment Styles and Adult Character Pathology
2. Performance Site:	Access Program - Spokane Mental Health Spokane, WA
3. Investigators:	The following investigator is available for questions at the phone below: Name: Kristina K. Roberts, M.A. Telephone #: (503)452-7424 Times: 8 am - 8 pm (msg)
4. Purpose of the Study:	By filling out a couple of brief questionnaires, volunteers can help further research on a developmental view of adult pathology.
5. Patient Inclusion:	This study includes participants in the Access Program in Spokane, WA who agree to participate.
6. Patient Exclusion:	Those in the above mentioned population who do not wish to participate are excluded.
7. Description of Study:	Participants will agree to take part in the study by reading and contemplating the informed consent. They will then complete a brief demographic questionnaire and four other paper and pencil measures. Participants will be given up to a week to complete and return the instruments. The entire duration of the study should be about six months.
8. Benefits:	This study will be of primary benefit to the field of developmental psychology. The study will only benefit the participant in the case of introspective value and availability of the results of the study.
9. Risks:	The only potential risks involved concern any emotional discomfort from the issues raised in the questionnaires.
10. Alternatives:	The study does not evaluate different methods for obtaining this data. Therefore, there is no alternative.

11. Removal:	Participants who have completed each of the necessary documents in their entirety and returned them to the designated location have fulfilled all study requirements.
12. Right to Refuse:	Participants in the Access Program may choose NOT to participant or may withdraw from the study at any time with no penalty or effect on their treatment.
13. Privacy:	The results of the study may be published. The identity of participants will be unknown to the researcher and will remain so in the case of publication.
14. Release of Information:	Data collected throughout the study will be kept confidential. Data will not be accessible to anyone but researchers and will be used for research purposes only.
15. Financial Information:	The study will require NO financial obligations on the part of the participants.

16. Signatures:

The study has been discussed with me and all my questions have been answered. I understand that additional questions regarding the study should be directed to investigators listed above. I understand that if I have questions about subject rights, or other concerns, I can contact Alisa Dejarlais at 383-4651. I agree with the terms above and acknowledge I have been given a copy of the consent form.

_____

Signature of the Participant Date

_____

Witness Date

_____

Investigator(s) Date

The relationship between attachment styles and personality structure
Consent Form

1. Study Title:	The Relationship Between Adult Attachment Styles and Adult Character Pathology
2. Performance Site:	George Fox University, Newberg, Oregon
3. Investigators:	The following investigator is available for questions at the phone below: Name: Kristina K. Roberts, M.A. Telephone #: (503)452-7424 Times: 8 am - 8 pm (msg)
4. Purpose of the Study:	By filling out a couple of brief questionnaires, volunteers can help further research on a developmental view of adult pathology.
5. Patient Inclusion:	This study includes students at George Fox University in introductory psychology classes who agree to participate.
6. Patient Exclusion:	Those in the above mentioned population who do not wish to participate are excluded.
7. Description of Study:	Participants will agree to take part in the study by reading and contemplating the informed consent. They will then complete a brief demographic questionnaire and four other paper and pencil measures. Participants will be given up to a week to complete and return the instruments. The entire duration of the study should be about six months.
8. Benefits:	This study will be of primary benefit to the field of developmental psychology. The study will only benefit the participant in the case of introspective value and availability of the results of the study.
9. Risks:	The only potential risks involved concern any emotional discomfort from the issues raised in the questionnaires.
10. Alternatives:	The study does not evaluate different methods for obtaining this data. Therefore, there is no alternative.

11. Removal:	Participants who have completed each of the necessary documents in their entirety and returned them to the designated location have fulfilled all study requirements and will receive course credit.
12. Right to Refuse:	Students may choose NOT to participant or may withdraw from the study at any time with no penalty or effect on their grade.
13. Privacy:	The results of the study may be published. The identity of participants will be unknown to the researcher and will remain so in the case of publication.
14. Release of Information:	Data collected throughout the study will be kept confidential. Data will not be accessible to anyone but researchers and will be used for research purposes only.
15. Financial Information:	The study will require NO financial obligations on the part of the participants.

16. Signatures:

The study has been discussed with me and all my questions have been answered. I understand that additional questions regarding the study should be directed to investigators listed above. I understand that if I have questions about subject rights, or other concerns, I can contact Kathleen Kleiner (538-8383). I agree with the terms above and acknowledge I have been given a copy of the consent form.

Signature of the Participant Date

Witness Date

Investigator(s) Date

Appendix G

Raw Data Tables

Explanation of Raw Data

Columns 1 - 3:	Identification Number
Columns 4 - 5:	Age in years*
Column 6:	Race (1 = white; 2 = non-white)*
Column 7:	Gender (1 = male; 2 = female)*
Columns 8 - 10:	Score on Relationship Questionnaire**
Columns 11 - 13:	Score on Relationship Scales Questionnaire**
Columns 14 - 16:	Score on Roberts Relationship Inventory***
Columns 17 - 19:	Score on Bell Object Relations and Reality Testing Inventory***

* No response

** secure; avoidant fearful; avoidant dismissing; preoccupied

*** schizoid; narcissistic; borderline; normal

001 49 1 2 28.6 85.7 14.3 85.7 0.00 0.00 0.00 0.00 73.9 44.0 28.0 68.1 52.0 73.9 33.3 68.3
002 31 1 2 28.6 42.9 57.1 100. 0.00 0.00 0.00 0.00 65.2 36.0 36.0 45.5 80.0 43.5 61.1 46.3
003 33 1 2 14.3 100. 14.3 100. 0.00 0.00 0.00 0.00 69.6 28.0 64.0 27.3 88.0 39.1 38.9 31.7
004 44 1 2 100. 100. 14.3 100. 0.00 0.00 0.00 0.00 78.3 20.0 56.0 18.2 80.0 39.1 50.0 29.3
005 29 1 2 71.4 28.6 85.7 57.1 0.00 0.00 0.00 0.00 43.5 40.0 60.0 45.5 22.0 69.6 66.7 36.6
006 43 1 2 100. 14.3 100. 100. 0.00 0.00 0.00 0.00 65.2 20.0 52.0 18.9 68.0 47.8 72.2 34.2
007 35 1 2 42.9 71.4 28.6 100. 0.00 0.00 0.00 0.00 82.6 24.0 44.0 31.8 68.0 69.6 50.0 43.9
008 36 1 2 100. 57.1 42.9 100. 0.00 0.00 0.00 0.00 52.2 48.0 28.0 40.9 80.0 43.5 55.6 31.7
009 27 2 1 14.3.100. 14.3 14.3 0.00 0.00 0.00 0.00 82.6 24.0 40.0 36.4 76.0 47.8 33.3 17.1
010 43 1 2 100. 100. 14.3 100. 0.00 0.00 0.00 0.00 56.5 52.0 40.0 54.5 72.0 39.1 38.9 56.1
011 49 1 2 85.7 100. 85.7 71.4 0.00 0.00 0.00 0.00 69.6 44.0 40.0 59.1 56.0 69.6 27.8 75.6
012 48 1 2 14.3 100. 57.1 100. 0.00 0.00 0.00 0.00 65.2 32.0 60.0 50.0 52.0 65.2 50.0 51.2
013 38 1 2 42.9 71.4 57.1 42.9 0.00 0.00 0.00 0.00 69.6 48.0 28.0 59.1 48.0 65.2 33.3 87.8
014 30 1 2 100. 100. 100. 100. 0.00 0.00 0.00 0.00 52.2 48.0 40.0 40.9 40.0 56.5 50.0 48.8
015 39 1 1 100. 100. 100. 14.3 0.00 0.00 0.00 0.00 43.5 68.0 36.0 68.0 32.0 65.2 44.4 75.6
016 29 1 2 14.3 100. 100. 100. 0.00 0.00 0.00 0.00 39.1 48.0 44.0 54.5 48.0 69.6 50.0 56.1
017 21 1 2 100. 100. 14.3 100. 0.00 0.00 0.00 0.00 65.2 24.0 68.0 22.7 60.0 65.2 55.6 53.6
018 43 1 2 14.3 42.9 85.7 85.7 0.00 0.00 0.00 0.00 58.2 48.0 24.0 36.4 56.0 69.6 27.8 51.2
019 45 1 2 14.3 100. 14.3 100. 0.00 0.00 0.00 0.00 73.9 56.0 20.0 68.2 44.0 87.0 33.3 73.2
020 43 1 2 28.6 85.7 14.3 100. 0.00 0.00 0.00 0.00 78.3 28.0 44.0 40.9 72.0 60.9 22.2 73.2
021 50 2 2 42.9 71.4 28.6 85.7 0.00 0.00 0.00 0.00 69.6 24.0 48.0 36.4 48.0 69.6 38.9 59.1
022 42 2 2 71.4 14.3 100. 28.6 0.00 0.00 0.00 0.00 43.5 44.0 48.0 59.1 68.0 47.3 61.1 54.6
023 31 1 2 42.9 28.6 71.4 85.7 0.00 0.00 0.00 0.00 60.9 28.0 40.0 18.2 96.0 30.4 61.1 59.1
024 28 1 2 14.3 100. 100. 14.3 0.00 0.00 0.00 0.00 78.3 24.0 56.0 45.5 72.0 52.2 61.1 54.6
025 26 1 2 57.1 100. 85.7 42.9 56.3 69.3 35.2 58.6 60.9 52.0 28.0 59.1 56.0 73.9 50.0 50.0
026 41 1 2 14.3 14.3 28.6 100. 43.7 76.0 53.3 57.2 60.9 24.0 72.0 18.2 88.0 30.4 72.2 54.6
027 40 1 2 71.4 85.7 100. 100. 38.5 74.0 54.8 66.2 73.9 36.0 32.0 40.9 88.0 52.2 50.0 45.5
028 26 1 1 57.1 100. 71.4 85.7 52.6 72.7 63.0 56.6 65.2 36.0 36.0 50.0 40.0 73.9 33.3 63.6
029 50 1 1 57.1 57.1 14.3 14.3 51.1 54.7 55.6 44.1 52.2 48.0 40.0 68.2 48.0 65.2 16.7 72.7
030 49 1 2 28.6 71.4 14.3 71.4 66.7 66.0 67.4 43.5 69.6 56.0 28.0 87.8 48.0 65.2 33.3 77.3
031 44 1 2 85.7 28.6 28.6 28.6 85.9 46.7 68.2 54.5 47.8 64.0 36.0 77.3 36.0 65.2 16.7 72.7
032 43 1 2 100. 14.3 14.3 14.3 96.3 42.0 69.6 55.2 39.1 84.0 36.0 90.9 36.0 78.3 22.2 81.8
033 52 1 2 85.7 42.9 14.3 14.3 82.2 54.7 70.4 49.0 56.5 76.0 48.0 95.5 24.0 78.3 27.8 72.7
034 24 1 2 57.1 28.6 42.9 28.6 56.3 68.0 65.9 57.2 60.9 36.0 44.0 45.5 52.0 78.3 38.9 58.5
035 41 1 2 42.9 100. 71.4 100. 42.2 82.7 57.0 58.6 78.3 20.0 52.0 45.5 80.0 60.9 50.0 48.8
036 22 1 2 57.1 28.6 71.4 42.9 74.0 48.0 65.2 54.5 47.8 72.0 36.0 81.8 28.0 82.6 22.2 87.8
037 29 1 2 71.4 71.4 28.6 42.9 75.6 59.3 77.0 49.7 69.6 60.0 16.0 72.7 56.0 56.5 44.4 75.6
038 25 1 2 57.1 57.1 42.9 57.1 56.3 67.3 60.0 55.9 60.9 36.0 40.0 40.9 40.0 65.2 44.4 70.7
039 39 1 2 57.1 57.1 14.3 57.1 72.6 54.0 72.6 59.3 47.8 64.0 32.0 68.2 48.0 69.6 38.9 87.8
040 44 1 2 14.3 42.9 14.3 100. 48.2 82.0 59.3 49.0 56.5 28.0 60.0 36.4 60.0 43.5 55.6 36.6
041 49 1 1 28.6 42.9 71.4 85.7 34.1 76.0 51.9 65.5 60.9 16.0 56.0 13.6 84.0 34.8 61.1 26.8
042 32 1 2 85.7 14.3 85.7 100. 40.7 63.3 43.7 80.0 65.2 16.0 56.0 13.6 48.0 65.2 61.1 41.5
043 35 1 2 14.3 57.1 100. 100. 74.1 56.7 74.1 51.0 56.5 32.0 52.0 13.6 72.0 43.5 66.7 31.7
044 22 1 2 85.7 14.3 42.9 42.9 79.3 53.3 72.6 54.5 60.9 60.0 40.0 77.3 36.0 78.3 22.2 87.8
045 19 2 2 57.1 42.9 14.3 100. 44.4 77.3 57.0 49.0 56.5 44.0 40.0 40.9 72.0 47.8 38.9 53.7
046 32 1 2 14.3 42.9 57.1 100. 40.0 90.7 71.9 43.5 87.0 24.0 44.0 27.3 88.0 30.4 50.0 34.2
047 38 1 2 57.1 42.9 28.6 100. 47.4 66.7 57.8 60.7 69.6 28.0 44.0 27.3 56.0 60.9 33.3 48.8

048 28 * 2 14.3 42.9 42.9 100. 51.9 73.3 56.3 53.1 52.2 24.0 68.0 31.8 84.0 43.5 44.4 43.9
049 34 1 2 100. 14.3 100. 14.3 43.7 73.3 61.5 58.6 60.9 24.0 56.0 27.3 52.0 60.9 61.1 36.6
050 44 1 2 28.6 42.9 57.1 14.3 44.4 73.3 61.5 58.6 69.6 16.0 56.0 09.1 56.0 65.2 61.1 24.4
051 44 1 2 14.3 57.1 42.9 100. 46.7 78.7 60.7 51.7 87.0 16.0 56.0 36.4 80.0 39.1 44.4 31.7
052 22 1 1 28.6 71.4 57.1 100. 40.7 85.3 68.2 55.9 78.3 44.0 24.0 45.5 80.0 39.1 44.4 31.7
053 31 1 1 57.1 71.4 42.9 42.9 64.4 65.3 69.6 49.7 78.3 52.0 16.0 63.6 44.0 78.3 22.2 90.2
054 33 1 1 42.9 57.1 42.9 42.9 65.2 64.0 71.1 50.3 52.2 52.0 48.0 68.2 40.0 65.2 27.8 85.4
055 33 1 1 85.7 100. 71.4 14.3 74.1 53.3 72.6 58.6 47.8 52.0 48.0 63.6 40.0 60.9 16.7 87.0
056 22 1 1 71.4 85.7 71.4 71.4 65.2 64.0 72.6 49.0 87.0 52.0 48.0 59.1 56.0 78.3 44.4 31.7
057 30 1 1 71.4 85.7 42.9 57.1 60.0 59.3 63.0 54.5 47.8 64.0 44.0 50.0 44.0 69.6 16.7 87.8
058 27 1 1 57.1 100. 57.1 71.4 63.7 65.3 71.1 49.0 43.5 48.0 40.0 45.5 40.0 82.6 33.3 63.4
059 32 1 1 42.9 71.4 42.9 100. 65.9 62.7 71.1 48.3 65.2 48.0 40.0 59.1 56.0 56.5 27.8 78.1
060 28 1 1 42.9 42.9 42.9 100. 45.2 74.7 65.9 53.1 78.3 48.0 32.0 59.1 52.0 65.2 38.9 73.2
061 29 1 1 57.1 85.7 57.1 42.9 56.3 69.3 67.4 50.3 56.5 56.0 16.0 50.0 40.0 69.6 27.8 75.6
062 36 1 1 85.7 85.7 42.9 14.3 77.8 54.7 71.9 51.0 56.5 72.0 32.0 100. 32.0 73.9 16.7 100.
063 27 1 2 14.3 100. 100. 100. 55.6 70.7 73.3 50.3 56.5 52.0 32.0 45.5 44.0 69.6 50.0 63.4
064 28 1 2 14.3 57.1 71.4 100. 74.8 47.3 60.0 54.5 69.6 24.0 52.0 31.8 64.0 56.5 44.4 61.0
065 23 1 2 42.9 71.4 14.3 100. 54.8 75.3 65.9 49.7 73.9 20.0 48.0 36.4 80.0 43.5 50.0 46.5
066 58 1 2 85.7 42.9 28.6 14.3 65.2 70.7 62.2 51.7 39.1 80.0 36.0 86.4 32.0 69.6 16.7 97.6
067 25 1 2 85.7 71.4 57.1 28.6 79.3 52.7 69.6 62.1 30.4 56.0 52.0 59.1 44.0 60.9 33.3 90.2
068 25 1 2 28.6 57.1 14.3 100. 51.1 77.3 66.7 49.0 82.6 44.0 32.0 50.0 40.0 78.3 44.4 56.1
069 28 1 2 42.9 28.6 42.9 85.7 56.3 62.0 53.3 64.1 43.5 60.0 48.0 59.1 40.0 78.3 44.4 56.1
070 31 1 2 100. 57.1 42.9 14.3 85.2 49.3 71.1 55.2 43.5 80.0 40.0 86.4 40.0 78.3 16.7 95.1
071 30 1 2 14.3 14.3 28.6 71.4 56.3 71.3 66.4 63.5 52.2 36.0 64.0 31.8 60.0 65.2 22.2 70.7
072 19 1 2 28.6 42.9 42.9 57.1 54.1 65.3 57.8 72.4 43.5 44.0 56.0 50.0 60.0 43.5 50.0 56.1
073 ** * * 14.3 42.9 42.9 100. 41.5 82.0 59.3 57.9 73.9 32.0 48.0 45.5 52.0 82.6 22.2 73.2
074 31 1 2 85.7 57.1 14.3 28.6 66.7 66.7 68.2 47.6 78.3 52.0 36.0 63.6 36.0 73.9 27.8 90.2
075 32 1 2 100. 71.4 28.6 14.3 84.4 52.7 75.6 52.4 43.5 94.0 48.0 86.4 44.0 69.6 81.8 87.8
076 39 1 1 85.7 28.6 28.6 28.6 71.1 52.0 58.5 58.6 47.8 44.0 60.0 63.6 40.0 60.9 16.7 92.7
077 46 1 2 71.4 57.1 28.6 85.7 63.0 69.3 70.4 50.3 73.9 52.0 16.0 54.6 60.0 69.6 27.8 85.4
078 45 1 2 14.3 85.7 71.4.71.4 55.6 64.0 51.1 53.1 82.6 36.0 40.0 50.0 52.0 69.6 27.8 56.1
079 44 1 2 42.9 71.4 28.6 100. 54.1 73.3 60.7 61.4 78.3 32.0 32.0 50.0 94.0 52.2 61.1 41.5
080 30 1 1 100. 57.1 28.6 14.3 83.0 50.0 70.4 55.6 43.5 94.0 28.0 81.8 44.0 69.6 38.9 87.8
081 26 1 2 42.9 71.4 71.4 71.4 54.8 60.7 54.1 60.7 52.2 48.0 28.0 31.8 60.0 73.9 38.9 51.2
082 41 1 2 14.3 100. 14.3 100. 50.4 75.3 69.6 53.8 78.3 56.0 24.0 68.2 72.0 39.1 44.4 56.1
083 40 1 2 57.1 85.7 100. 14.3 59.3 55.3 68.9 59.3 47.8 52.0 24.0 45.5 52.0 60.9 61.1 46.3
084 42 1 1 71.4 57.1 42.9 42.9 71.9 56.0 64.4 54.5 56.5 72.0 32.0 86.4 44.0 56.5 43.7 80.5
085 32 1 2 71.4 71.4 14.3 71.4 69.6 62.0 69.6 57.9 60.9 56.0 24.0 81.8 44.0 65.2 38.9 82.9
086 33 1 2 28.6 42.9 57.1 85.7 51.1 63.3 46.7 69.0 73.9 44.0 52.0 54.6 64.0 56.5 50.0 56.1
087 42 2 2 100. 28 6 28.6 14.3 68.9 58.0 65.9 53.1 34.8 60.0 56.0 63.6 24.0 100. 27.8 58.5

101 19 1 1 85.7 42.9 28.6 14.3 85.2 45.3 67.4 57.9 39.1 64.0 40.0 68.2 28.0 60.9 27.8 81.8
102 19 1 2 85.7 42.9 42.9 28.6 83.0 44.7 61.5 54.5 26.1 72.0 36.0 63.6 28.0 73.9 22.2 81.8
103 18 1 2 85.7 14.3 14.3 28.6 85.9 43.3 60.7 60.7 34.8 76.0 44.0 77.3 24.0 73.9 38.9 59.1
104 18 2 2 28.6 28.6 100. 71.4 65.2 56.0 53.3 63.5 34.8 52.0 64.0 63.6 48.0 60.9 27.8 68.2
105 19 2 2 57.1 28.6 57.1 71.4 63.7 57.3 58.5 63.5 30.4 80.0 48.0 77.3 40.0 69.6 27.8 77.3
106 19 2 2 71.4 57.1 57.1 100. 60.7 67.6 61.5 51.0 30.4 52.0 48.0 45.5 48.0 78.6 22.2 59.1

107 20 1 1 42.9 42.9 85.7 100. 59.6 58.7 58.5 63.5 52.2 40.0 56.5 54.6 56.0 69.6 33.3 59.1
108 18 1 2 42.9 71.4 28.6 85.7 71.1 67.6 70.4 48.3 60.9 56.0 28.0 63.6 48.0 60.9 16.7 77.3
109 18 1 2 28.6 57.1 42.9 71.4 60.7 61.3 57.8 64.8 39.1 32.0 68.0 31.8 60.0 47.8 61.1 59.1
110 19 2 2 42.9 57.1 100. 100. 61.5 60.0 57.8 60.0 30.4 68.0 44.0 59.1 32.0 82.6 44.4 50.0
111 19 1 2 100. 57.1 14.3 14.3 82.2 49.3 68.9 44.1 43.5 84.0 48.0 90.9 28.0 69.6 22.2 77.3
112 20 1 1 71.4 71.4 28.6 42.9 75.6 56.7 74.1 55.2 39.1 76.0 28.0 77.3 32.0 69.6 16.4 86.4
113 19 1 2 71.4 28.6 42.9 14.3 84.4 42.0 66.7 69.0 39.1 68.0 36.0 77.3 44.0 65.2 27.8 77.3
114 19 1 1 71.4 42.9 28.6 28.6 75.6 54.0 61.5 51.7 16.8 68.0 44.0 77.3 28.0 69.6 22.2 72.7
115 19 1 1 85.7 42.9 28.6 28.6 79.3 52.0 63.0 52.4 43.5 68.0 32.0 81.8 36.0 73.9 27.8 77.3
116 19 1 2 42.9 71.4 28.6 85.7 57.0 62.7 62.2 55.9 47.8 48.0 52.0 59.1 60.0 52.2 27.8 68.2
117 19 2 2 71.4 57.1 85.7 100. 57.8 64.7 61.5 58.6 52.2 48.0 52.0 50.0 80.0 52.2 88.9 31.8
118 19 1 2 71.4 57.1 14.3 42.9 72.6 54.0 63.0 50.3 39.1 60.0 44.0 72.7 32.0 78.3 16.7 77.3
119 19 1 2 57.1 71.4 28.6 71.4 76.3 53.3 68.9 55.2 60.9 60.0 32.0 81.8 32.0 69.6 27.8 77.3
120 19 1 2 57.1 42.9 71.4 100. 61.5 60.7 59.3 69.7 52.2 44.0 52.0 50.0 36.0 73.9 33.3 72.7
121 18 1 2 57.1 71.4 42.9 85.7 59.3 69.3 65.9 49.7 65.2 40.0 24.0 45.5 68.0 69.6 33.3 68.2
122 19 1 2 85.7 14.3 14.3 85.7 85.9 48.0 67.4 50.3 47.8 68.0 32.0 77.3 32.0 69.6 16.7 81.8
123 21 2 2 42.9 42.9 42.9 71.4 68.9 68.0 69.3 60.0 30.4 60.0 52.0 59.1 56.0 82.6 38.9 59.1
124 18 1 2 57.1 85.7 14.3 28.6 71.1 62.7 74.1 50.3 52.2 76.0 32.0 95.5 15.0 82.6 16.7 72.7
125 21 1 2 42.9 51.7 71.4 57.1 68.2 52.7 57.8 63.5 43.5 64.0 44.0 72.7 40.0 60.9 27.8 63.6
126 18 1 2 85.7 57.1 14.3 14.3 83.0 51.3 69.6 53.1 43.5 76.0 32.0 81.8 36.0 69.6 22.2 81.8
127 18 1 2 28.6 100. 42.9 57.1 72.6 63.3 72.6 51.7 39.1 80.0 36.0 81.8 32.0 69.6 11.1 63.6
128 19 1 2 42.9 71.4 57.1 85.7 80.0 50.7 65.9 57.2 60.9 60.0 40.0 68.2 36.0 73.9 22.2 68.2
129 20 1 2 71.4 57.1 42.9 57.1 74.1 56.0 69.6 49.0 39.1 84.0 40.0 77.3 20.0 82.6 16.7 72.7
130 19 1 2 42.9 85.7 28.6 85.7 60.7 66.0 66.7 55.2 21.7 80.0 44.0 95.5 32.0 73.9 33.3 68.2
131 21 1 1 85.7 100. 14.3 14.3 74.8 57.3 71.1 44.8 39.1 96.0 28.0 86.4 28.0 76.9 22.2 72.7
132 19 1 1 100. 14.3 28.6 14.3 90.4 44.0 66.7 57.2 30.4 80.0 44.0 86.4 32.0 69.6 22.2 77.3
133 21 1 1 28.6 100. 28.6 85.7 55.6 74.0 64.4 51.0 78.3 56.0 28.0 59.0 60.0 73.9 27.8 68.2
134 19 1 1 57.1 100. 28.6 14.3 69.6 63.3 77.8 52.4 60.9 80.0 20.0 72.7 32.0 73.9 16.7 81.8

Appendix H

Vita

KRISTINA KARIN ROBERTS **1997 VITA**

Home Address: S. 2234 Rockwood Boulevard
Spokane, WA 99203
(509) 624-0978

Work Address: McCauley Hall, Marycliff Center
705 W. Seventh Avenue, Suite 1-C
Spokane, WA 99204
(509) 624-7252

EDUCATION

GEORGE FOX UNIVERSITY, Newberg, Oregon.
Anticipated date of graduation for Doctor of Clinical Psychology, December, 1997.

GEORGE FOX UNIVERSITY, Newberg, Oregon.
Masters of Arts in Clinical Psychology, May 1993.

UNIVERSITY OF PUGET SOUND, Tacoma, Washington.
Bachelors of Arts in Psychology, May 1991.

PROFESSIONAL EXPERIENCE

8/95 to 8/96 LOUISIANA STATE UNIVERSITY STUDENT HEALTH CENTER AND GREENWELL SPRINGS HOSPITAL

Psychology Intern

Louisiana State University Student Health Center

Conducted individual and couple therapy sessions using varying treatment modalities with students and their spouses from Louisiana State University. Taught relaxation skills and biofeedback training with individual clients and community living groups on campus. Conducted group therapy sessions for specialized populations such as adult survivors of sexual abuse. Administered and interpreted psychological assessments, providing written evaluations for other therapists in the agency. Participated in both individual and group supervision on a weekly basis. Provided clinical and testing information in seminar format to social work interns at the same agency.

Greenwell Springs Hospital

Conducted psychological and intellectual assessments of inpatients in the psychiatric hospital setting. Provided written reports and verbal consultation for social workers and psychiatrists, and other psychologists on staff. Co-led various therapy groups for adolescents on the adolescent unit and in the partial hospitalization program. Participated in treatment planning during rounds and staffings.

8/94 to 5/95 GEORGE FOX UNIVERSITY - Newberg, OR
Graduate Fellow
Assisted in training first year graduate students in their initial clinical experience. Taught basic clinical skills and principles in didactic format as well as individual supervision of audio and video taped therapy sessions. Consulted with the director of clinical training and provided students with evaluations of their clinical performance.

6/94 to 11/94 PARRY CENTER FOR CHILDREN - Portland, OR
Mental Health Specialist
Participated in milieu treatment for inpatient children. Taught anger management, communications skills, impulse control. Assisted in physical restraints and time-out assignment and management. Attended staffings and helped formulate treatment plans for the children on the unit.

9/93 to 6/94 YAMHILL COUNTY MENTAL HEALTH - McMinnville, OR
Practicum Student/Counselor
Conducted play therapy with children and both behavioral and insight oriented therapies with adolescents, primarily in the school setting. Also co-facilitated two groups for adults and one bereavement group for middle school children.

5/92 to 7/93 CEDAR HILLS HOSPITAL - Portland, OR
Mental Health Technician
Conducted milieu therapy primarily involving behavior management, social skills training, and basic communication skills training. Assisted in physical restraints and treatment planning.

9/92 to 4/93 JOHN WETTEN ELEMENTARY SCHOOL - Gladstone, OR
Counselor/play therapist
Conducted both individual and group play therapy sessions with children ages five to ten. Primarily worked with children with Attention Deficit Disorder with Hyperactivity, sexual abuse history, and death and bereavement issues.

5/91 to 8/91 TAMARACK CENTER - Spokane, WA
Mental Health Technician (on-call)
Assisted in milieu therapy in an adolescent in-patient facility. Participated in physical restraints and individual and group therapy. Educated patients in anger management, impulse control, social skills and communication skills training.