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PERSONALITY AND
INDIVIDUAL DIFFERENCES

Personality and Individual Differences 41 (2006) 407–417

www.elsevier.com/locate/paid

Social cognition and object relations scale: Convergent validity and changes following intensive inpatient treatment

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Received 4 November 2004; accepted 18 October 2005

Available online 12 May 2006

Abstract

To assess the convergent validity and clinical utility of the Social Cognition and Object Relations Scale (SCORS), we utilized data on treatment-resistant young adults in intensive, psychoanalytically oriented, inpatient treatment. Convergent validity was assessed through correlations between the SCORS and Rorschach measures of mental representations, clinical assessments of interpersonal behavior, and a measure of defense mechanisms. Results of the convergent validity were mixed. Correlations between the SCORS and Rorschach measures of object relations were weak. Correlations between all four SCORS dimensions and two measures of interpersonal behavior as well as with defense mechanisms, however, were statistically significant. The clinical utility of the SCORS was also supported by significant changes in the SCORS scores over 15 months of intensive inpatient treatment. These findings indicate the utility of the SCORS to assess therapeutic change in severely disturbed, treatment-resistant young adults.

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Keywords: Object relations; Mental representations; SCORS; TAT; Treatment-resistant; Validity

1. Introduction

Representations of self and others, as well as the quality of object relations, are key dimensions in understanding psychopathology (e.g., Blatt, 1974); personality organization including affect regulation, cognition, and behavior (Westen, 1991); and the nature of therapeutic change (Blatt & Sharhar, 2004). Advances have been made in recent years in the assessment of mental representations with projective techniques and in the analysis of narrative data (Huprich & Greenberg, 2003). Procedures have been developed and validated for the assessment of the thematic content and structural organization of mental representations on the Rorschach (e.g., Blatt, Brennis, Schimek, & Glick, 1976; Levy, Meehan, Weber, Reynoso, & Clarkin, 2005; Mayman, 1967); Thematic Apperception Test (TAT; Westen, 1991), parental descriptions (e.g., Blatt & Auerbach, 2001), and early memories (Mayman, 1968). One of the more recently developed measures of mental representations has been developed for use with the TAT (Murray, 1943), the Social Cognition and Object Relations Scale (SCORS; Westen, Lohr, Silk, Kerber, & Goodrich, 1990). In the present study, TAT protocols from the Riggs–Yale Project (R–YP; Blatt & Ford, 1994) were evaluated using the SCORS to assess the convergent validity of the four dimensions of the SCORS with other measures of object representation in the R–YP as well as its clinical utility as a measure of therapeutic change.

The SCORS includes four dimensions of object relations: complexity of representation (Complexity), affect-tone of relationships (Affect-tone), capacity for emotional investment in relationships and morals (Investment), and social causality (Causality). *Complexity* assesses the degree of differentiation, integration and complexity of representations. Developmental research has demonstrated that representations of self and other become more stable, complex, and integrated with age (Blatt, 1974; Blatt et al., 1976; Westen, 1991). *Affect-tone* measures the degree of malevolence, versus benevolence, of interpersonal expectancies. A malevolent *object world* is hallmark of severe personality pathology (Kernberg, 1975). *Investment* assesses the degree of need-gratifying, narcissistic representations versus representations of mutuality. Mutuality is an important developmental achievement in most object relations theories (Blatt & Blass, 1996). *Causality* assesses the degree of logic, accuracy, and psychological-mindedness of attributions of the causes of people's thoughts, feelings, and behavior. These four dimensions of the SCORS have good convergent and discriminant validity (Huprich & Greenberg, 2003) – they predict psychosocial adjustment 2 years after the death of a spouse (Field, Sturgeon, Puryear, Hibbard, & Horowitz, 2001), psychotherapy attendance (Ackerman, Hilsenroth, Clemence, Weatherill, & Fowler, 2000), and response to inpatient treatment for PTSD (Ford, Fisher, & Larson, 1997).

Complexity and Causality are considered structural dimensions of object representations while Affect-tone is considered an affective dimension. Investment tends to share some variance with Complexity and Causality, but more so with Affect-tone (Hibbard, Hilsenroth, Hibbard, & Nash, 1995). The structural aspects involve the degree of differentiation, articulation, and complexity of self/other representations. Affective dimensions involve feelings, wishes/fears as they relate to interpersonal relationships. Affect-tone and Investment have been more successful in differentiating levels of psychopathology and diagnostic groups than the structural dimensions (Hibbard

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