Manual for Assessment of Quality of Object Relations

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Orientation

The Quality of Object Relations assessment requires a series of complex clinical judgements. Conceptually, it relies primarily on object relations theory. However, dynamic drive expression theory is also relevant. The assessment requires clinical expertise and experience to facilitate a smooth interview and acquire information that is needed. A group approach to training is recommended to facilitate the achievement of acceptable rater reliability.

The materials needed for orientation to the assessment include:
1) The source article from the Bulletin of the Menninger Clinic, 1991, 55, 323-343. Particular attention should be paid to the prototypes described for each level.
2) The rating form for the assessment, including the criteria for each level, and the summary scoring sheet. The criteria are central to the assessment of QOR. The criteria on the rating form are the most current. They differ somewhat from the criteria in the source article.
3) This manual, which includes instructions and recommendations for conducting the interview, an overview of the usual etiology for each level, example questions, and the instructions for deriving a QOR score.

The materials are considered in sequence during training. Clinical material moves from the prototypic cases outlined in the source article to actual cases seen by the team in training.

Personnel

The QOR assessment is probably best conducted by an interviewer with a minimum of several years of post-graduate clinical experience in assessment and treatment with a sound background in various forms of psychodynamic psychotherapy. Ideally, the interviewer would be a research-oriented clinician with an active caseload of therapy cases. The training team should be able to meet regularly over a 3-5 month period. A four-member team is assumed for the following training schedule.

Proposed QOR Training Schedule

Training materials include the 1991 source article, the QOR Assessment Manual, Assessment Grids I and II, and the QOR scoring form.

Session 1: General overview of QOR dimension using source article and manual.
Session 2: Review of prototypes for the Primitive level.
Session 3: Review of prototypes for the Searching level.
Session 4: Review of prototypes for the Controlling level.
Session 5: Review of prototypes for the Triangular and Mature levels.
Session 6: Review of interview instructions, questions from Assessment Grid II, and etiologies associated with each QOR level.

Sessions 7 – 10 will involve a review of four recorded 1-hour QOR assessments conducted by
previous interviewers. Two hours should be scheduled for each of the recorded assessments. During the training session, the recording can be stopped for questions regarding the interview process and/or clarification about how the material informs the QOR assessment. Focus should be on the patient’s presentation and etiology, the interviewer’s coverage of the areas, and the development of a consensus QOR impression of the case.

Session 7: Transcribed QOR interview: Patient W.W. with Mary McCallum.
Session 8: Transcribed QOR interview: Patient H.P. with John Rosie.

Sessions 11 – 14 will involve review of independent ratings made of additional QOR cases, one case contributed by each training member. The training member interviewer derives the QOR score and completes the summary sheet according to the assessment manual. The other training members independently review and rate the interview recording of each case prior to the regular weekly meeting. The group task is to review the ratings, discuss and resolve disagreements, and arrive at a consensus rating of the patient’s QOR.

Session 11: Independent rating of QOR case, training member #1.
Session 12: Independent rating of QOR case, training member #2.
Session 13: Independent rating of QOR case, training member #3.
Session 14: Independent rating of QOR case, training member #4.

Reliability study: Each training member contributes 4 additional interviews for reliability determination for a total of 16 cases. Audiotapes of each interview are rated, i.e. each team member provides independent ratings for the set of 16 reliability cases. Using the intraclass correlation coefficient, calculations should determine the average reliability of the individual rater [ICC(2,1)] and the reliability of the composite of two raters’ assessments [ICC(2,2)].

References


Conducting the Quality of Object Relations Interview
Overview

The QOR assessment is based on a single 1-hour clinical interview. The interview has two important parts. The first is to obtain a history of the patient's important relationships in a spontaneously recounted manner. During this part, the discussion is relatively unstructured. The interviewer follows the lead of the patient in acquiring his or her history of relationships. The tone of the interview is that of a discussion. The interviewer is usually more active than if he or she were conducting an interpretive (insight-oriented) therapy session. He or she retains a professional distance from the patient and refrains from offering advice, opinions, or other informal comments. The interviewer can make clarifying comments, pose questions, request elaboration and clarification. The interviewer is also encouraged to interpret patterns of interpersonal relationships.

To begin the interview, the assessor might say something like: "During today's session, I will be trying to learn something about the kind of relationships that you have had with important people in your life. What can you tell me about some of your important relationships?" The interviewer carefully attends to and makes notes of the patient's description of his or her relationships. The patient's responses provide the direction for the interview. The interviewer can ask specific questions toward obtaining a clearer understanding of the patient's history. Clarifications and requests for elaboration are based on the interviewer's perception of the type of information he or she needs to make the QOR rating.

The second part of the interview is to differentiate and clarify the patient's level of object relations. This requires that the interview be more structured. The interviewer may need to ask specific questions and direct the interview to particular aspects of interpersonal relationships that were brought up during the patient's history. Consequently, the interviewer should make note of the important relationships mentioned earlier during the unstructured recounting of relationships and return to these for more detailed inquiry.

The Levels of Object Relations

The interviewer should be very familiar with the criteria for the five levels of object relations. She or he should understand the usual etiology of each level in terms of the family structure. The interviewer should also understand the distinction among the levels. The following section presents the usual etiologies, descriptions, and differential criteria for the levels. Although the levels apply to both genders, masculine and feminine pronouns are used.

**The Primitive Level**

As a child, the person was traumatized sexually, physically, or psychologically. Typically, the child experienced sexual abuse, physical abuse, parental rejection, or premature, sudden, repetitive separations. Consequently, the child failed to develop a sense of self or positive self-esteem. Due to the child's egocentric stance vis-a-vis the world and her continued dependency on her parents, she assumed responsibility for the chaos, blaming herself for her parents' abuse or failure to protect her. She accomplished this through the defenses of splitting and projective identification. In these ways, the child's rage over the deprivation and abuse did
not destroy her or those on whom she continued to depend. Her basic needs for nurturance, security, and stability remained unmet, but she survived.

Currently, she remains preoccupied with destroying or being destroyed in relationships, which is manifested by murderous rage and fear of annihilation. The child's dependency needs continue to motivate her interactions. Hence, she becomes clingy or defensively distant from others. She re-enacts the family dynamics in her interpersonal relationships. She chooses the familiar pattern of being abused. In this way, she resurrects the abusing parents rather than identifying with them by abandoning them. She projects her anger onto others such that she is victimized by them as they act out her rage. By choosing abusive partners, she is safe from her own impulse to abuse. The relationships serve the function of partially meeting her needs for basic nurturance, security, and stability. She fears her own dependency and often sabotages relationships to maintain her own separateness.

The Searching Level

As a child, the person typically experienced an intense emotional attachment to a caretaker. In most cases this attachment was characterized by positive affects and overindulgence. However, it may have been characterized by negative affects and deprivation. At some point the relationship with this caretaker was lost. This loss may have involved the actual physical departure of the caretaker, or only a change in the relationship that was psychologically experienced as a loss. The loss may be permanent or temporary. In either case, the experience for the person was that the object or relationship never returned, at least not as it once was.

Currently, the person awaits the return of the lost object. If the caretaker remains a part of the person's actual life, the person fears a repetition of the abandonment. When forming new relationships the original, special relationship is re-enacted. The new objects can be lovers, friends, supervisors, colleagues, or children. The person becomes enamoured with a new object. He may actually enter into a relationship with this new object or only entertain the fantasy of such a relationship. There is a sense of excitement, undue optimism, self-assurance, feelings of completeness, and passion during this initial stage of infatuation.

The person's self-esteem is dependent on the perceived indulgence by the object. Consequently, the subject feels vulnerable. He eventually experiences a heightened fear of loss, rejection, and abandonment by the love object. He begins to hide from the object, either physically or psychologically. Hiding represents the person's withdrawal from the object. He projects his fear of rejection onto the object such that he feels rejected and neglected by the object. The person may wish that the object would change and become more attentive, caring, and so forth. Feeling rejected, various distancing maneuvers are manifested as the subject attempts to free himself from the relationship. The end of the relationship renders the person feeling unduly pessimistic, dejected, empty, and filled with longing and craving for the lost object. Finding the chronic feelings of sadness, anxiety, and emptiness unbearable, the person escapes these feelings by quickly becoming enamoured with a new object.

The new objects bear a psychological and at times a physical resemblance to each other and to the original lost object. Present ongoing relationships with objects who might represent a healthier object choice are compromised and interfered with by attempts to relive the
relationship with the lost object. The person eventually perceives the object as rejecting and abandoning. The common sequence of an initial feeling of being enamoured followed by a feeling of disappointment and neglect is inevitably present.

**Differentiation**

**Primitive Level.** The more destructive (hurtful) the series of relationships, the more the person is operating at the Primitive level.

**The Controlling Level**

As a child, there typically were inordinate attempts by the caregivers to control the person's actions, thoughts, and/or feelings. The caregivers were unable to foster or encourage autonomy and self-assertion in the child. In response to the child's attempts at self-assertion, there was excessive punishment or threats of punishment. This punishment usually took the form of humiliation and psychological abuse rather than frank physical abuse. As the child matured, she rebelled. This rebellion rarely took the form of dangerous self-sabotage. Rather, it tended to be a "quiet revolution." She also developed an overly rigid tendency toward self-control. In this way she could avoid the humiliations and embarrassments of spontaneous actions.

Currently, the person re-enacts the family dynamics in her interpersonal relationships. A self-fulfilling prophecy has occurred: the child matures feeling inadequate at her core and fearing that she's incapable of leading an autonomous life. She has coped by identifying with the controlling parents. Consequently, her self-esteem is maintained by successfully controlling and possessing the object. She has altered her parents' approach to one of helpful advice. She cares for her friends, partners, and children and wants them to benefit from her experience and knowledge. Her attempts at control are well-intentioned and well-meaning. However, others tend to eventually feel somewhat patronized, undermined, and controlled. While perhaps not as extreme, these feelings resemble those of the subject as a child. When they voice their displeasure at this treatment, the subject feels unappreciated and criticized. She may also feel angry at her failure to control the object. Ultimately, she fears that her inadequacy has been discovered and that she will be humiliated and rejected.

**Differentiation**

**Searching and Primitive Levels.** The more the person attempts to change the present object rather than just wish the object was different, the more the person is operating at the Controlling level. The control exhibited by someone at the Controlling level differs qualitatively from lower levels. It would most likely be in the context of a more empathic relationship with an object perceived as distinct. From the subjective perspective the behaviors toward the object arise out of a benevolent intention. The control would be subtle, less dramatic and less obviously manipulative. The subject would seem invested in maintaining a one-up perspective on the relationship with the object. The possessiveness would be manifest by the subject assuming a parental stance and tending to infantilize the object. Threats to the subject's authority evoke oppositional behavior. Oppositionality might be attitudinal or behaviorally manifest but
would appear more contained than the acting out of someone at the Primitive level. The anger that accompanies this oppositionality would also be more contained. The sense of containment is consistent with the subject's lack of spontaneity.

**The Triangular Level**

As a child, the person typically enjoyed an alliance with the opposite-sexed parent against the same-sexed parent, at least for a period of time. For example, a son may have enjoyed an alliance with mother against father. The father felt threatened by the alliance and competed with his son for his wife's attention. The mother continued to delight in her son such that she indicated in some ways a preference for her son over her husband. For example, she may have taken her son's side in arguments or she may have indulged her son more than her husband. The father's sense of threat was thereby heightened, rendering him angry. He tended to discharge his anger onto his son rather than his wife. The escalation of friction between father and son further elicited mother's intervention and protection of the son from her husband's now exaggerated harshness. Hence a vicious cycle ensued. The father may have broken the cycle by only retaliating when his wife was not present. He may have exiled his son by enrolling him in many after-school activities, or in extreme cases, in boarding school. Alternatively, the father may simply have withdrawn from the competition, rejecting his son in the process.

The son initially felt gleeful concerning his triumph over father. He played one parent against the other in order to obtain privileges and presents. However, given the heightened conflict with father, the son felt increasingly anxious around father, anticipating the next retaliation. There was distance between them and the son felt more comfortable with the mother. Nevertheless, he periodically felt sadness over the lack of a relationship with father. He also felt guilty for creating or contributing to the problems in his parents' marriage. His guilt also related to his enjoyment of a close relationship with mother at the expense of father's relationship with mother. He usually begins to pity father, regrets the earlier fighting, and attempts a reconciliation. He also "protects" father by withholding from him news of his recent successes and accomplishments. The son rarely becomes aware of his anger at mother for her exploitation of him as her companion, for never completely protecting him from father, or for never truly choosing him and abandoning father.

Currently, the son re-enacts the family dynamics in his interpersonal relationships. He feels more comfortable with women than with men. When interacting with couples, he focuses his attention on the woman. He may interact in a boyish, flirtatious manner or he may be more subtle. He may appear bashful and awkward. In short, he continues his role as "mamma's little man." Women tend to intervene to fuss over him, for example, offering household tips. Their attention to him irritates their partners. The subject finds himself caught in the middle between the couple. He is seen as competitive by men and thereby, snubbed by them. For example, they may make jokes at his expense. He may feel guilty for winning the woman's favor and for the ensuing problems he created. He may feel sad over the lack of male friendships. He may also feel angry at the men and does not understand their rejection of him. Consequently, he rises to the challenge and becomes consciously competitive with them. He tends to feel justified and comfortable with his anger at men. His self-esteem is dependent on repeated episodes of conquering the man and acquiring the woman. The acquisition is usually in terms of attention
and indulgence.

Some of his anger at men is a displacement of his anger at women. He is rarely aware or comfortable with his anger at women. However, the difficulties he creates for his female friends and acquaintances reflect this anger. His anger at women also manifests itself in another manner. Since his mother had two men, he may retaliate by having two women. He begins dating "exciting" women who appear to be different from "safe mother." He divides the world into two types of women: lovers and "mothers." He may enjoy adventures with the lover yet complain about them to the "mother." Hence, he is inviting the "mother" to intervene and protect him as the original mother did. He is also attempting to pit the two types of women against each other in much the same way as he was pitted against his father.

**Differentiation**

**Primitive Level.** The more destructive the relationships with others, the more the person is operating at the Primitive level. The more disruptive the splitting of other couples, for example, acting out by having an affair, the more the person is operating at the Primitive level.

**Searching Level.** The more severe the rejection by father, the more the subject may relate at the Searching level. That is to say, the rejection by father may be experienced as a loss. The son searches for father by forming relationships with women who resemble father. Like father, relationships with these women are also lost. The reenactment of loss characterizes the Searching level. The less genuine caring he feels for the fate of the women with whom he flirts, the more he is operating at the Searching level.

**The Mature Level**

As a child, the person enjoyed the satisfaction of her basic needs. In terms of cognitive, emotional, and physical development, her parents protected her from overly demanding tasks and overwhelming stressors. At the same time, they encouraged her to attempt and persist with tasks that were appropriate for her age and level of development. Consequently, the child's sense of mastery, her capacity to cope, and her ability to tolerate frustration, evolved in a gradual and normal manner. Neither parent was threatened by the relationship between the child and the other parent. The child enjoyed a relationship with each parent individually in addition to a sense of being part of a family with her parents as a united partnership. Discipline was firm and consistent. Autonomy was encouraged and fostered. The child internalized her parents' qualities and developed healthy self-esteem, object constancy, and frustration tolerance.

Currently, the family dynamics are re-enacted in her interpersonal relationships. She is capable of engaging in and sustaining an intimate dyadic relationship characterized by commitment and stability. She does not look for all her needs to be met by this one relationship. She does not demand that her relationships be exclusive to her. She can share her friends with others. She enjoys friendships with both men and women. She takes risks to initiate and maintain her friendships. Her relationships are characterized by equity. She can console others through defeat and she can celebrate their successes. She expects no less or no more from them. She can, however, tolerate the disappointments she experiences with her friends while appreciating their strengths and positive qualities. She expresses these feelings to them, permitting greater intimacy to develop.
Differentiation

**Triangular.** The more the person competes with her same-sexed friends, and flirts with her opposite-sexed friends, the more she is operating at the Triangular Level.

The QOR Interview: Opening Questions

When obtaining the patient's history of relationships, the interviewer is particularly interested in relationships within the family of origin and with partners (spouses). Also important are serious relationships that did not result in cohabitation or affairs, and nonsexual friendships with the same and opposite sex. Less important, but potentially informative, are relationships with children, teachers, schoolmates, bosses, and workmates. Information about authority figures such as teachers, supervisors, and bosses can reveal the displacement of family issues into the areas of school and work. Finally, the nature of the relationship that the patient attempts to establish with the interviewer can be useful in determining his/her quality of object relations. The following opening questions concerning the family and partners should be answered. They are basic and allow more private questions to be asked. More private questions include the subsequent specific questions that are listed under each level in this manual and the primary questions associated with Grid II. The various specific and primary questions provide alternative ways to elicit private information concerning relationships. Not all of the questions need to be asked. The information that is obtained allows the QOR criteria to be scored. If the patient does not spontaneously provide answers, the interviewer attempts to elicit the information by posing further questions. The direct elicitation of information is characteristic of the second part of the assessment interview.

Concerning the Family

To begin, ask the patient:
Your parents, are they still alive?
Are they still together?

Next, a general description of the family is requested:
What kind of a person was your mother or father when you were growing up?
What do you think your parents saw in each other?
What do you think kept them together?
How did your leaving home occur? How old were you? Was it on positive terms?

If either of the parents is dead, or if the parents were separated, the interviewer should pay particular attention to exploring evidence for the searching level.

Concerning Partners and Spouses

The pattern of interpersonal relationships throughout their lives tends to re-enact the original familial interactions. As such, the interviewer should be looking for patterns that characterize the patient's relationships.
The following questions can be used to introduce the area of partners and spouses:
What first attracted you to him or her?
What do you continue to enjoy about him or her?
What are/were some of his or her qualities that you dislike or find annoying?
What does he or she dislike about you?

The QOR Interview: Specific Questions

The Primitive Level

Concerning the Family
Did you feel loved and accepted by each parent?
Who was her or his favorite?
Do you remember a lot of fighting?
Was there alcohol abuse? At what age did that start?
How would he or she behave when drunk?
How did you try and cope with that?
Was there physical abuse?
Did you witness the abuse?
Were you a victim of the abuse?
Did you try and protect the victim of abuse?
Was there sexual abuse?
By whom?
What was the worst that happened concerning either physical or sexual abuse?
How old were you when it started and stopped?
Did you feel comfortable telling anyone?

Concerning Partners and Spouses
Were you controlling in the sense of wanting him or her to be more responsive to your needs?
Does he or she accuse you of being clingy; needy?
Does he or she accuse you of being cool; aloof?
Have you had a problem with anger in your relationships? (i.e., Do you tend to overreact?)
When he or she is not with you for awhile, do you feel anxious about the relationship or somehow not feel yourself?
When he or she broke up with you did you feel suicidal?
Have you ever tried to take your own life?
What were the circumstances?
Have you been involved in an abusive relationship?
How did you cope with that?
Did you become abusive yourself?
How did you finally get away?
Do you have difficulty trusting people?
Do you find you tend to be taken advantage of?
How do you respond when that happens: Assertively? Break if off?
When someone close to you disappoints you, is it difficult to maintain the relationship?
What do you think he or she saw in you?
What did you give to him or her?

**The Searching Level**

**Concerning the Family**
When did your father or mother die? or When did they separate?
How old were you at the time?
How do you understand the reasons for the death? the separation?
How did you understand those reasons at the time?
Whom did you live with after the separation?
How much contact did you have with the parent you didn't live with?
How did the surviving parent or parent you lived with change after the death or separation?
Did he or she become depressed?
Did he or she remarry? Date anyone? How many?
Describe your relationship with these new parental figures.
Did your role change?
Did you become a helper to the surviving parent or parent you lived with?

**Concerning Partners and Spouses**
Have you had many relationships with men or women?
Do you tend to feel very excited at first?
Does that excitement wear off after a while?
Do you tend to get involved with the same kind of person? How so?
Do you think about having affairs with different people?
Do you tend to be very sensitive to rejection?
Do you find yourself monitoring people to see if they are getting annoyed with you?
Do you find that even with good friends, you tend to wonder if they want to dump you?

**The Controlling Level**

**Concerning the Family**
Was either of your parents controlling?
Did you know what his or her expectations of you were?
How were those expectations conveyed?
How was their disapproval conveyed?
Is your relationship with him or her rather strained, rigid, humourless?
Did you ever rebel against his or her authority?
Was is a quiet rebelling or did it involve open confrontation?
How did your mother or father respond to your challenge of her or his authority?
Did you feel loved and accepted even when you disappointed him or her?
How did your parents discipline you?
Did he or she enforce his or her rules?
Did he or she ever "lose it" and become abusive?
Do you feel he or she really had your best interests at heart?
How did you respond when "caught in the act"? Submissively?
How did your parents respond when you attempted to be autonomous?
How did you cope with feeling dominated?

Concerning Partners and Spouses
Did he or she ever accuse you of being controlling?
In what way?
Were you controlling in the sense of wanting to help him or her improve themselves?
How do you feel when your advice is not heeded?
Do you feel that your helpful advice is not appreciated?
How often have you felt you were treated unfairly or criticized unjustly?
Do you feel you chose your wife or husband wisely?
Do you tend to have difficulties when she or he "lords" things over you?
How do you cope with those difficulties?
Do you have difficulty being spontaneous?
Are you the "designated driver" of life?
Do you tend to get involved with people who need you?
How often have you ended up feeling disappointed in your relationships?

The Triangular Level

Concerning the Family
Did you find yourself in the middle between your parents?
Do you think your [opposite-sexed parent] would have been happier with someone with more your kind of personality?
Do you think your [same-sexed parent] is jealous of the relationship you have with your [opposite-sexed parent]?
How did you cope with that tension?
How do you cope with that today?

Concerning Partners and Spouses
Do you tend to get involved with or are attracted to people who are already in a relationship?
Have you acted on your feeling of attraction? What happened?
Do you ever wonder about his or her former partner? How do you feel about him or her today?
Do your friends accuse you of being flirtatious?
Do you tend to find yourself caught in the middle of situations or relationships?
Are you seen as being quite competitive?
Are you able to take pleasure from the good things in your life, or do you tend to lose interest in something once it is mastered?
How often are you troubled by feeling guilty in your close relationships?
Do you ever feel that you are depriving them of someone more deserving than you?
Do you feel more comfortable with men or with women?

The Mature Level

Concerning the Family
Were your parents a partnership?
How did you fit into that partnership?
Did you ever wish you could have had more time alone with your [same-sexed parent]?
How did you cope with those feelings?
What was your role in decision-making in your family?
How did your parents encourage you to do chores? to accept challenges?
When you were sad, disappointed, or defeated, how did your parents react? Did you feel comforted?
Did your family celebrate your victories?
How did your parents react to your first date? moving out of the house?

Concerning Partners and Spouses
Do you have a committed relationship with someone?
What does that commitment mean to you?
Do you feel you take risks with others? Men? Women? Only your spouse?
What are his or her good qualities?
What are his or her bad or irritating qualities?
How do you cope with conflict with him or her? How is that resolved?
How do you respond when she or he disappoints you?
Did someone ever "break your heart"?
Do you have same-sexed friends?
Do you have platonic friends?
What do you like to do together?
In what ways do you act differently when with men versus women?

Deriving a Quality of Object Relations Score

1. Interview notes should be reviewed with an eye to highlighting recurrent themes. Themes can be defined as the expression of psychodynamic conflicts in interpersonal relationships. These conflicts are recurrent, usually involve objects who are similar in some or many features, and often result in outcomes the subject experiences as negative. Themes can often be traced from the relationships with parents or caretakers to current relationships with intimates, friends, and/or colleagues. Important events in the patient's life should also be searched for matches to the antecedents from each level.

2. The material provided by the patient is considered in terms of whether it satisfies each of the criteria associated with a given level. Usually this involves reading the criteria
specified for each level on the rating form. During this initial review, the interviewer is mindful of both the material provided and the experience of the patient during the interview.

The interviewer's experience of the patient can often be informative when inferring that the material provided satisfies a given criterion. For example, the patient may have been experienced as attempting to control the interview, as if knowing the best direction the discussion should take. This experience would suggest a controlling level of object relations. Alternatively, the patient may have been observed to become defensive or hostile with the interviewer's interpretive statements, drastically altering the tone of the discussion. This experience could reflect criteria of the primitive level.

Behavioral criteria carry the greatest weight in assigning points to a level. Criteria that are satisfied are indicated by circling the number for that characteristic on the rating form. On the initial consideration of the descriptions for each level, lower confidence that a criterion has been satisfied can be indicated by placing a "?" beside the number.

3. The impression of the patient can usually be clarified and questionable criteria can be re-evaluated by considering the criteria a second time. At this point, differentiating between the levels of the QOR dimension is important (see p. 5-10). For example, the self-esteem of a subject at the primitive level is predominantly dependent on the object being attentive and approving. As such, relationships at this level can be quite destructive (feeling easily hurt and responding aggressively). At the searching level, however, the subject's self-esteem is reliant on the object's indulgence or regard for the subject as "special". Relationships at this level may dissolve with strong feelings of disappointment but without attack. Alternatively, the effort at control exerted by the subject at the primitive level is more blatant, dramatic and manipulative than would be seen at the controlling level per se. At that level, the subject claims a benevolent motivation for the controlling behavior.

4. The number of criteria satisfied for each level provides a preliminary suggestion of the points to be assigned to that level. There is no rigid formula for generating points from the number of criteria scored. The relative proportion of criteria satisfied is an important consideration when assigning points to the different levels. For a given criterion area (behavioral manifestations, affect regulation, self-esteem regulation, and antecedents), the criteria are ranked approximately in descending order of importance. Thus, it is important to consider the number of first-ranked criteria that are satisfied. An initial attempt at assigning points to the various levels can be undertaken at this point.

5. The interviewer's clinical impression of the patient and the interview experience assumes more importance in refining the final distribution of points. An iterative process, i.e.,
moving between the criteria, information obtained during the interview, and observations of experienced feelings and reactions, should be attempted in establishing this weighting.

The largest number of points should be assigned to the level that the interviewer feels is most representative of the patient. In our experience, the most common pattern involves highlighting two distinct levels, e.g., 35 points each to the primitive and controlling levels. Assigning the majority of points to a single level is not uncommon but a "pure" example of any one level has never been scored. The remaining levels are assigned points according to their residual influence on the interviewer's impression.

6. A global QOR score is derived by multiplying the points assigned to each level by the weight associated with that level, expressing this number as a decimal by dividing it by 100, and summing. For example, assigning 30 points to the controlling level (weighted as 5 on the 9-point QOR scale) results in a contribution of 1.5 towards the global QOR score. (See the scoring example on page 19 for a complete illustration.)

7. Completing a narrative summary of significant events and relationship dynamics is an optional task that can provide a smooth account of the predominant patterns. The summary should include a statement of connections between events and/or relationships in the family of origin and past or current relationships. In addition, generalizations about the salient dynamic issues for the patient can be useful in deriving the QOR profile. An etiologic formulation, specifying the wish-anxiety-defense sequence involved in the patient's difficulty, is usually an important aspect of the narrative summary. Referring to the summary can facilitate decisions about which criteria are fulfilled by the patient and which QOR level deserves greater emphasis in the final profile. The narrative summary, with attention to dynamic factors in the patient's object relationships, can be compared with the usual etiologies described for each level in the manual (See p. 5-10).

**Additional QOR Scoring Guidelines**

1. The interviewer needs to establish rapport with the patient. If the interaction between the interviewer and patient is positive (smooth, pleasant), however, this does not mean that the patient's life-long pattern of relationships represents a high level of QOR. The interviewer should use information about the interview behavior, but guard against a positive interview bias.

2. The interviewer should be aware of bias favoring patients of either gender.

3. The entire life-span of the patient needs to be considered for the QOR assessment. A relatively brief period of time in the patient's life, even if examined at some length during
the interview, should not be given excessive weight.

4. The patient's capacity for insight and/or verbal skill are not necessarily indicative of high QOR.

5. The patient's good employment record, i.e. steadily holding a responsible job, is not necessarily evidence of high quality of object relations. It may be represent another type of maturity. The patient's work relationships should be the focus.

6. The interviewer should attend to the patient's contribution to the creation or maintenance of problematic circumstances or relationships.

7. Relationship pathology during adulthood is weighted more heavily than relationship pathology during adolescence.

8. The repetition of relationship pathology is weighted more heavily than single instances.

9. Relationship pathology during adulthood receives more weight if it represents a re-enactment of previous relationship pathology in the patient's family of origin.

10. The experience of guilt, attempts to change, and attempts at reparation are signs of maturity. Guilt without attempts to change and at reparation are less mature. The absence of guilt is a sign of immaturity.

11. Triangular relationships where the patient experiences rivalry with one object for the attentions of another are considered to indicate greater maturity. In contrast, triangular relationships where the subject narcissistically arranges to be the center of attention for two competing objects (a split-object triangle) indicate less maturity.

12. Triangular relationships need to be evaluated along a dimension of destructiveness and intensity. More intense and/or destructive triangular relationships are indicative of less maturity.

13. Fantasized triangular features need to be explored. These include fantasies about potential partners, other relationships of one's own partner, competitions, victories, and associated feelings.

14. Tolerance of the negatives (imperfections) in an object should be distinguished from remaining dependent on an abusive partner. The suggested degree of pathology of the object in the patient's relationship is important in making this distinction.

15. Assigning zero points to a level should be rare. In particular, a zero should not be used if there is evidence for the antecedents of a level. If there are only antecedents, a maximum
of 10 points should be assigned. It should also be rare to assign more than 60 points to a level.

16. Behavioral manifestations are always given greater weight when assigning points.

17. Circling the first behavioral criterion can occur for more than one level. This guideline also applies for criteria in the areas of affect and self-esteem regulation.

18. If the first behavioral criterion for a level is rated as being met, it would be unusual not to assign at least 10-15 points to that level.
**Scoring Example**

**OBJECT RELATIONS RATINGS**

**PATIENT:**

**INTERVIEWER:**

**DATE:**

**PART I:** The rater distributes a total of 100 points to the five anchor positions. The rater is free to assign as many points as he wishes to each position as long as the total equals 100.

Position Nine (Mature Level) ___10___

Position Seven (Triangular Level) ___10___

Position Five (Controlling Level) ___30___

Position Three (Searching Level) ___15___

Position One (Primitive Level) ___35___

**TOTAL = 100**

**PART II:** The rater assigns one score to the patient. The score may range from 1 to 9 including the use of half points, e.g., 5.5. The rating is an estimate of the person’s developmental-level position for his most important relationships.

RATING = ___3.9___

\[
\frac{10 \times 9}{} + \frac{10 \times 7}{} + \frac{30 \times 5}{} + \frac{15 \times 3}{} + \frac{35 \times 1}{} = \frac{390}{100} = 3.9
\]