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# Commentary: "A Fundamental Polarity in Psychoanalysis: Implications for Personality Development, Psychopathology, and the Therapeutic Process" by Sidney J. Blatt

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A commentary on Dr. Sidney J. Blatt's article, "A Fundamental Polarity in Psychoanalysis: Implications for Personality Development, Psychopathology, and the Therapeutic Process" is presented by articulating Dr. Blatt's significant contribution to psychoanalysis, developmental and attachment theory, and therapeutic process research. According to Blatt's theory, normal maturation involves a complex reciprocal transaction between two developmental lines throughout the life cycle: (a) the establishment of stable, enduring, mutually satisfying interpersonal relationships and (b) the achievement of a differentiated, stable, and cohesive identity. He has applied this theory to understand both normal and pathological psychological phenomena, the latter resulting from disruptions in these developmental lines, resulting in an overemphasis on relational (anaclitic) or self-definitional (introjective) issues. Further, Dr. Blatt has evaluated his theoretical model through empirical study and demonstrated

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that relationally oriented and self-definitionally oriented persons have differential responses to psychotherapy. Finally, areas of question and potential for future research are outlined. Specifically, it is argued that although anaclitic and introjective configurations are easy to discuss as distinct types, relevant evidence from attachment theory raises the issue of whether these types may be better conceptualized as dimensions, with different configurations located within two-dimensional space. Further, findings of a group evidencing mixed anaclitic and introjective features raise additional questions about how these configurations relate to one another, and evidence from the attachment literature is used to shed light on this issue.

IT IS A GREAT PLEASURE TO HAVE BEEN ASKED TO COMMENT ON Dr. Sidney J. Blatt's paper, "A Fundamental Polarity in Psychoanalysis: Implications for Personality Development, Psychopathology, and the Therapeutic Process." Over the course of a long and distinguished career, Dr. Blatt has proposed an integrative theoretical model of personality development, psychopathology, and therapeutic change, which he further articulates for us in this elegant and scholarly paper. Integrating cognitive–developmental theory and psychoanalytic object–relations theory, Blatt has identified several central points in the development of mental representations and delineated the relevance of these nodal points for personality development, psychopathology, and psychotherapy. In terms of psychopathology, Blatt has articulated how disruptions of this developmental process can result in psychopathological disturbances that range from neuroses to psychosis (Blatt, 1995). It was in Blatt's (1974) seminal paper, "Levels of Object Representation in Anaclitic and Introjective Depression," that Blatt first articulated his theoretical position on personality development. In this and later writings, Blatt posits that psychological development involves two primary maturational tasks: (a) the establishment of stable, enduring, mutually satisfying interpersonal relationships and (b) the achievement of a differentiated, stable, and cohesive identity. Normal maturation involves a complex reciprocal transaction between these two developmental lines throughout the life cycle. For instance, meaningful and satisfying relationships contribute to the evolving concept of the self, and a new sense of self leads, in turn, to more mature levels of interpersonal relatedness. Thus, Blatt presents what he terms the two-configuration model of personality development.

Importantly, he also ties these two developmental lines to specific nodal points in the development of mental representations. The main thrust of this connection concerns three issues: (a) the provision of a

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developmentally based model of normal development, (b) the implications of assessing mental representations for understanding the level of psychopathology, and (c) the implications of changes in representations for the study of the therapeutic process.

What makes Blatt's contribution particularly powerful is that he uses this model to understand both normal and pathological psychological phenomena. Rather than relying on reductionistic concepts such as fixation or developmental arrest to describe the developmental processes underlying psychopathology, Dr. Blatt articulates an epigenetic model derived from the work of Werner and Kaplan (1963), Piaget (1956), Bowlby (1988), and Waddington (1957) as well as developmental research. This model recognizes that psychopathology arises from developmental deviations in which maturation veers off from a central developmental line involving the integration of relational and self-definitional capacities and motivations, with pathology reflecting the overemphasis of one set of tendencies as opposed to the other. Blatt's developmental model of psychological development is an important alternative to the descriptive nosology of DSM that is based on differences in manifest symptoms, as he recognizes that similar symptoms can result from different issues and that different symptoms can result from similar issues (Blatt and Levy, 1998). All of these aspects of Dr. Blatt's work make him one of the earliest to recognize the value of a developmental psychopathology approach that was later explicated by others (Cicchetti, 1984; Sroufe and Rutter, 1984).

Furthermore, following the ideas of Erikson (1963), Blatt extends his developmental model all the way from infancy to senescence. Recognizing that Erikson's model overemphasizes separation, individuation, and self-definition (i.e., autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role diffusion, generativity vs. stagnation, and integrity vs. despair) at the expense of relatedness (trust vs. mistrust, and intimacy vs. isolation), he proposed interpolating another relational stage between those of initiative versus guilt and of industry versus inferiority in the Eriksonian model. In his first formulation of this idea, Blatt termed this new stage mutuality versus competition (Blatt and Shichman, 1983), and in his later writings, he referred to it as cooperation versus alienation (Blatt and Blass, 1990). He noted that Freud's oedipal stage involved not only the fear of punishment for guilty wishes and competitive strivings but also the establishment of cooperative relationships in spite of relational conflict, not only self-definition but also relatedness.

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In his most recent work (e.g., Blatt 1995; Blatt et al., 1997; Levy et al., 1998; Levy and Blatt, 1999; Blatt and Levy, 2003), Blatt has more fully integrated attachment theory and research into his model. Thus, he has recognized that self-definitional forms of psychopathology most likely derive from avoidant/dismissing forms of attachment and that relational forms of psychopathology derive from anxious and enmeshed/preoccupied forms of attachment. Having already theorized that self-definitional and relational personality organizations have diverging cognitive styles, ideational and precise versus affective and global (Blatt and Shichman, 1983), Blatt has increasingly delineated connections between his model of cognitive–affective development and that proposed by attachment researchers (e.g., Main, Kaplan, and Cassidy 1985; Bartholomew and Horowitz, 1991). Thus, he increasingly sees the cognitive styles associated with various forms of psychopathology as deriving from basic attachment processes, and he has come to view the construction of object representations as rooted in the development of intersubjectivity and of a theory of mind (e.g., Auerbach and Blatt 1996; Blatt et al., 1996, 1998). From this perspective, psychological maturity involves the capacity fully to appreciate the thoughts, wishes, and feelings of intimate others without losing one's own autonomous perspective. In other words, maturity involves a dialectical and dynamic balance between relatedness and self-definition.

Importantly, Dr. Blatt uses his developmentally based theoretical work, focused on issues of personality development and psychopathology, to inform and examine psychotherapy treatment as well. Dr. Blatt's evaluation of his theoretical model through empirical study, with a few notable expectations, is uncharacteristic in psychoanalytic psychology and consistent with important critiques of the psychotherapy research literature arguing for closer ties between developmentally based theories of psychopathology and clinical theories (Fonagy, 1997; Kazdin, 1997). Rather than draw "evidence" from the consultation room to validate his theories, Dr. Blatt uses the consultation room to generate testable ideas. The systematic investigation of these ideas has produced a body of research that has significant implications for clinical practice.

Following from his idea that there are clear differences between persons focused on relational issues and those who emphasize self-definitional issues, Dr. Blatt has demonstrated that relationally oriented and self-definitionally oriented persons have differential responses to psychotherapy. Thus, in his reanalysis of the Menninger Psychotherapy Research Project (Kernberg et al., 1972; Wallerstein, 1986), Blatt (1992) found that self-critical patients responded better to psychoanalysis, with its ideational and

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interpretive focus, and that dependent patients responded better to psychotherapy, with the increased focus on support. Interestingly, in his study of therapeutic change in long-term inpatient treatment at Austen Riggs (Blatt and Ford, 1994), he found that dependent patients changed most with regard to interpersonal functioning while self-critical patients, who tend to be ideational rather than affective in their orientation to the world, showed change primarily through improved cognitive functioning and decreased thought disorder.

This research has significant implications for clinical practice as well as future directions of clinical research. With regard to clinical practice, Blatt and colleagues (Blatt et al., 1988; Blatt and Ford, 1994) highlight for us that in the early phases of treatment work with anaclitic patients may be dominated by themes of interpersonal relatedness, including fears of helplessness, abandonment, and separation. Over time, as these relational issues are addressed, the scope of therapy may widen to include issues of self-definition and autonomy. Conversely, work with introjective patients may initially be dominated by themes related to more ideational aspects of the self, such as self-definition and self-worth and then later widen to integrate issues around interpersonal relationships. For this reason, anaclitic patients may initially benefit from a more supportive therapy in which these relational issues are emphasized, while introjective patients may initially benefit from a more ideationally oriented interpretative therapy.

With regard to clinical research, Blatt's work raises the question of whether different mechanisms of change occur in patients with anaclitic and introjective configurations. It may be the case that what is mutative for the anaclitic patient are the nonverbal aspects of psychotherapy: specifically the repeated experience of the therapist metabolizing the patient's overwhelming affects and fears, consistent with the literature on implicit relational knowing described by the Process of Change Study Group (PCSG; Stern et al., 1998). When this relational foundation is solid enough, the therapy can open up and integrate other aspects of the patient's life, specifically self-definition. Conversely, it may be the case that what is mutative for introjective patients are the verbal aspects of therapy, specifically the experience of the therapist articulating, organizing, and giving meaning to the patient's experience in a more representational form. When this ideational foundation is solid enough, the therapy can open up and integrate other aspects of the patient's life, specifically relational needs.

Dr. Blatt's research also has significant clinical and research implications for outcome of psychotherapy depending on particular personality factors. In a series of important reanalyses (e.g., Blatt et al., 1995, 1998; Zuroff

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et al., 2000) of the NIMH Treatment of Depression Collaborative Research Program (TDCRP), he and his colleagues identified two factors in psychological functioning within the sample—perfectionism, which might otherwise be termed self-criticism, and need for approval, which might otherwise be termed dependence. They found that, regardless of the form of psychotherapy used (i.e., cognitive–behavioral, interpersonal, medication, and placebo), perfectionism had a negative effect on clinical outcome in short-term treatment of depression, presumably because patients with high standards were unlikely to resolve their problems after just 15 or 20 psychotherapy sessions. This research highlights the importance of personality differences in affecting response to psychotherapy; specifically, it suggests that self-critical (introjective) patients would require long-term treatment to effect change, and short-term therapy may actually be contraindicated. In terms of clinical implications, these findings indicate that the short-term treatments imposed on psychotherapy patients by managed care might have significant countertherapeutic effects on those patients who are high in perfectionism. In terms of research implications, it may be the case that particular personality factors, such as perfectionism, can negatively interact with the conditions of the treatment being evaluated. For example, patients who are high on perfectionism may negatively react to the imposition of a fixed termination date and the frequent evaluations that typically occur in psychotherapy research, limiting the effect of the treatment.

The elegant and scholarly ideas presented by Dr. Blatt are exciting and represent a theoretical advance; however, there are some questions and suggested areas for future research. First, although anaclitic and introjective configurations are easy to discuss as distinct types, relevant evidence from attachment theory raises the issue of whether these types may be better conceptualized as dimensions, with different configurations located within two-dimensional space. Second, we would like to draw links between Dr. Blatt's two-configuration model and various attachment patterns.

With regard to dimensionality, several attachment researchers have discussed the advantages of a dimensional over a categorical approach for conceptualizing variations in attachment patterns (Collins and Read, 1990; Bartholomew and Horowitz, 1991). Recent research by Fraley and colleagues (Fraley and Waller, 1998; Fraley and Spieker, 2003) have found attachment patterns are better represented dimensionally. Using taxometric procedures, Fraley and colleagues have demonstrated that variations in attachment patterns based on self-report and the strange situation assessments are largely continuous rather than categorical.

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Bartholomew and Horowitz (1991), in attempting to reconcile the disparities in attachment classification systems of the two traditions of adult attachment research (Main et al, 1985; Hazan and Shaver, 1987), demonstrated that the attachment categories can be represented across two dimensions: avoidance and anxiety. The anxiety dimension represents the degree to which one has internalized a positive model of self, with a negative model of self reflecting anxiety concerning one's lovability and self-worth. The avoidance dimension represents the degree to which one has internalized a positive model of others, with a negative model of others reflecting a tendency to avoid intimate relationships. Under this dimensional schema, Bartholomew argues that the attachment classifications can be conceptualized as prototypic dimensional configurations. Secure individuals, who evidence a sense of self-definition and comfort with their affiliative needs, would be characterized by positive models of both self and other. Preoccupied individuals, who seek out interpersonal relationships to satisfy needs for validation and positive regard, would be characterized by a positive model of others and a negative model of self. Dismissive individuals, who defensively bolster their sense of self-worth and shun intimacy, would be characterized by a positive model of self and a negative model of others. Bartholomew also identifies a fourth classification, the fearful group, which would be characterized by negative models of both self and other. Fearful individuals desire relatedness and intimacy but avoid interpersonal interactions for fear of being hurt in relationships.

Given the similarities and recent integration of attachment theory and Dr. Blatt's theory, the findings from attachment theory have relevance for the conceptualization of anaclitic/dependent and introjective/self-critical configurations as dimensions rather than as categories. Although sometimes it may be useful at conceptual level to discuss Dr. Blatt's distinctions using categorical language, and certain research designs may not lend themselves to dimensional assessment, anaclitic and introjective patterns may not actually represent distinct types. In light of the data from attachment research, future research in this area should directly address the issue of dimensional versus categorical structure. Support for dimensionality of anaclitic/dependent dimension comes from some of Dr. Blatt's own sophisticated work in which he was able to identify two subscales within the Dependency Factor of his Depressive Experiences Questionnaire: (a) an anaclitic dependency (or neediness) subscale, characterized by items that express intense apprehensions about feelings of helplessness, separateness and rejection, and loss of gratification, in a broad and general way without being linked to a particular relationship; and (b) an interpersonal depression subscale, characterized by items

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that measure sadness in response to a potential loss of a specific person and loneliness in response to disruptions of particular relationships (Blatt, Zohar et al., 1995). The anaclitic neediness subscale was found to have significantly greater correlations with independent measures of depression, whereas the interpersonal depression subscale has significantly higher correlations with measures of self-esteem. These subscales represented items arrayed in regions of two-dimensional space, suggesting a continuum within the anaclitic/dependent dimension ranging in terms of adaptiveness and highly consistent with Blatt's theory as articulated as far back as 1974.

The integration of attachment theory and research and Blatt's theoretical distinctions has the potential to greatly further our understanding of important conceptual issues. For example, the fearful avoidant pattern of attachment has important implications for our understanding for Blatt's description of individuals with mixed anaclitic and introjective characteristics. Blatt and colleagues (Shahar, Blatt, and Ford, 2003) note that although most forms of psychopathology are organized primarily around one configuration or the other, some patients may have predominant features from both the anaclitic and introjective dimensions. These patients with mixed anaclitic and introjective characteristics share characteristics with the fearful avoidant attachment pattern in that they each represent a configuration characterized by exaggerations in both relational and self-definitional dimensions. Comparisons can also be made between Dr. Blatt's mixed anaclitic and introjective type and the attachment patterns of unresolved for trauma and/or loss, disorganization, and the cannot classify pattern. However, the exact relationship between these patterns is complex and unclear. This uncertainty results from a lack of clarity in the attachment literature with regard to our understanding of these attachment patterns. We highlight the current confusion regarding the relationship between these attachment patterns to suggest another relevant and rich conceptual and clinical area in which there is a need for the sophisticated integrative research characteristic of Dr. Blatt's work.

Hesse and Main (2000) note that unlike insecure attachment patterns in infancy that demonstrate an intact and organized attachment strategy (avoidant, resistant/ambivalent), the disorganized attachment pattern represents a temporary "collapse" in one of the organized patterns. This manifests in both explicit and subtle behaviors that include interrupted and asymmetrical movements, freezing, stilling, and apprehension of the parent. The unresolved/disorganized (U/D) classification in adults is also conceptualized as a collapse of an organized pattern, and because each temporarily

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occurs in the face of attachment stress, these classifications are given in conjunction with one of the three primary attachment classifications that represents the individual's organized attachment strategy in most ordinary circumstances.[1] The relationship between unresolved/disorganized attachment (as well as the CC and A/C attachment classifications, see footnote) to fearful avoidant attachment is complicated and uncertain because of disparities between the two traditions of adult attachment research (Main et al., 1985; Hazan and Shaver, 1987). Although many researchers have conceptually linked these two patterns (Crowell, Treboux, and Waters, 1999), the empirical evidence linking the two is nonexistent.[2] Although there are some similarities in the two constructs, fearful attachment is conceived as a distinct and organized pattern characterized by negative models of others and self (Bartholomew and Horowitz, 1991). The unresolved/disorganized classification is not seen as reflecting an organized pattern but rather a temporary collapse of an organized pattern in relation to loss or trauma resulting in a brief and transient state of disorganization in reasoning or discourse.[3]

[1]Main's system for assessing attachment in adults also includes a designation for individuals who are unclassifiable in one of the three organized patterns. The cannot classify (CC) designation is assigned when an adult displays a combination of contradictory or incompatible attachment patterns or when there is no one dominant attachment pattern shown. The CC classification has no empirically correspondent infant behavior pattern although it is hypothesized to be related to, and often conflated in the literature with, Crittenden's A/C baby group, who display a combination of contradictory or incompatible behavior patterns (e.g., evidence both avoidant behavior and anxious behavior in the strange situation). However, these groups have never been empirically related, and in fact the A/C group seems to share features not with the U/D group but the CC group, who tend to exhibit dismissive features in contexts of preoccupied behavioral patterns (Main et al., 1985). Unlike the unresolved/disorganized group, whose attachment pattern collapses in the context of trauma or loss, the CC group exhibits an intact attachment pattern.

[2]Conceptually the links between fearful attachment and unresolved/disorganized attachment have been made based on three main pieces of evidence: First, Lyons-Ruth (1996) and her colleagues have been able to show that mothers of disorganized babies engage in *frightened* and *frightening* behaviors, sometimes characterized as fearful. Second, a number of studies have noted high rates of trauma for those with fearful attachment. Given that disorganized attachment has been linked to trauma histories, investigators have assumed that disorganization and fearful attachment are equivalent. Third, because previous research has often found fearful avoidants to be the most distressed attachment pattern, they are often viewed as the least secure and least healthy of the three insecure groups.

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Further, there is a lack of clarity as to whether individuals who exhibit predominant features of more than one behavioral pattern, such as the fearful group in the attachment literature or Blatt's mixed anaclitic and introjective group, are more impaired than individuals who demonstrate one intact pattern of relating. With regard to the fearful group, Bartholomew and Horowitz (1991) note that although fearful subjects generally rated themselves negatively on a number of dimensions, their peers saw them more positively. They also note that although fearful subjects report parental rejection, like securely attached participants they were highly coherent and did not tend to defensively idealize their parents. Further, Levy and colleagues (Levy et al., 1998; Levy, 2000) have demonstrated that, unlike dismissive individuals whose representations of others are often highly polarized, fearful individuals are able to acknowledge ambivalence in their descriptions of parents at more conceptually sophisticated and differentiated levels. Fearful individuals, although highly distressed, were also found to describe their emotional experiences as differentiated and integrated as the descriptions of secure individuals. Levy (2000) also found that while fearful individuals endorsed levels of depression and distress similar to those of preoccupied individuals, the level of differentiation and complexity of their representations as well as the developmental level of their affect regulation was similar to secure individuals.[4]

These findings, taken together, suggest that individuals with exaggerations on both relational and self-definitional dimensions, such as the fearful group and the mixed anaclitic and introjective group, may be better conceptualized as exhibiting a range of functioning. Although some of these individuals may be quite impaired, others may represent the kind of "good neurotic" patient who comes to therapy feeling insecure, with low self-esteem, wanting intimacy but being afraid to get involved, but who does well in the therapy because the high levels of differentiation and integration allow them to take in what happens in the consultation room.

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[3]Although fearful avoidant attachment has been linked to trauma, this relationship is hardly linear and as recent research has shown, those who experienced trauma can be quite resilient to it (Rind et al., 1998). Along these lines, Patrick and colleagues (1994) found similar rates of sexual abuse in depressed and borderline patients, the difference was that the borderline patients were more likely to be unresolved for the trauma.

[4]However, in a clinical sample of patients with borderline personality disorder, fearful attachment was well represented and, in contrast with nonclinical individuals, fearfully attached patients with borderline personality disorder were characterized as more enmeshed and preoccupied as well as identity disturbed (Levy, Meehan, et al., 2005).

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Using Blatt's (Blatt, 1995) model, we might predict that regardless of dependent, self-critical, or mixed configuration, the issue is one of degree of differentiation and integration of representations of self and others (Blatt, 1995; Levy and Blatt, 1999; Blatt and Levy, 2003).

In summary, Dr. Blatt has made a major contribution in linking psychopathology and the therapeutic process to a sophisticated understanding of early developmental processes as a function of representational models. The mark of a good theory includes elegance, breadth, and the capacity to generate new research. Dr. Blatt's seminal contributions add broadly to clinical theory and practice, provide the basis for extended research on child development, concepts of psychopathology, and the nature of therapeutic change, and serve a robust model for psychoanalytic inquiry.

*REFERENCES*

Auerbach, J. S., & Blatt, S. J. (1996), Self-representation in severe psychopathology: The role of reflexive self- awareness. *Psychoanal. Psychol.*, 13(3):297–341.

Bartholomew, K., & Horowitz, L. M. (1991), Attachment styles among young adults: A test of the four category model. *J. Personal. Soc. Psychol.*, 61:226–244.

Blatt, S. J. (1974), Levels of object representation in anaclitic and introjective depression. *Psychoanalytic Study of the Child,* 29:107–157.

_____ (1992), The differential effect of psychotherapy and psychoanalysis on anaclitic and introjective patients: The Menninger Psychotherapy Research Project revisited. *J. Amer. Psychoanal. Assn.*, 40:691–724.

_____ (1995), Representational structures in psychopathology. In: *Rochester Symposium on Developmental Psychopathology. Vol. 6: Emotion, Cognition, and Representation,* eds. D. Cicchetti & S. Toth. Rochester, NY: University of Rochester Press, pp. 1–33.

_____ Auerbach, J. S., & Levy, K. N. (1997), Mental representations in personality development, psychopathology, and the therapeutic process. *Review of General Psychology, 1,* 351–374.

_____ & Blass, R. B. (1990), Attachment and separateness: A dialectic model of the products and processes of psychological development. *Psychoanalytic Study of the Child,* 45:107–127.

_____ & Ford, R. (1994), *Therapeutic Change: An Object Relations Perspective.* New York: Plenum.

_____ _____ Berman, W., Cook, B., & Meyer, R. (1988), The assessment of change during the intensive treatment of borderline and schizophrenic young adults. *Psychoanal. Psychol.*, 5:127–158.

_____ & Levy, K. N. (1998), A psychodynamic approach to the diagnosis of psychopathology. In J. W. Barron (Ed.), *Making diagnosis meaningful: Enhancing evaluation and treatment of psychological disorders* (73–109). Washington, DC: American Psychological Association Books.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

_____ & Levy, K. N. (2003), Attachment theory, psychoanalysis, personality development, and psychopathology. *Psychoanal. Inq.*, 23(1):102–150.

_____ & Shichman, S. (1983), Two primary configurations of psychopathology. *Psychoanal. Contemp. Thought,* 6:187–254.

_____ Stayner, D. A., Auerbach, J. S. & Behrends, R. S. (1996), Change in object and self representations in long-term intensive inpatient treatment of seriously disturbed adolescents and young adults. *Psychiatry: Interpersonal & Biological Processes, 59,* 82–107.

_____ Zohar, A. H., Quinlan, D. M., Zuroff, D. C., & Mongrain, M. (1995), Subscales within the dependency factor of the Depressive Experiences Questionnaire. *J. Personal Assessment,* 64:319–339.

_____ _____ _____ _____ & Pilkonis, P. A. (1998), When and how perfectionism impedes the brief treatment of depression: Further analyses of the NIMH TDCRP. *J. Consult. Clin. Psychol.*, 66:423–428.

Bowlby, J. (1988), *A Secure Base: Clinical Applications of Attachment Theory.* London: Routledge & Kegan Paul.

Cicchetti, D. (1984), The emergence of developmental psychopathology. *Child Development,* 55:1–7.

Collins, N. L., & Read, S. J. (1990), Adult attachment, working models, and relationship quality in dating couples. *J. Personal. Soc. Psychol.*, 58:644–663.

Crowell J., Treboux D., & Waters E. (1999) The adult attachment interview and the relationship questionnaire: Relations to reports of mothers and partners. *Pers Relatsh 1999,* 6:1–18.

Levy, K. N. (2000). Attachment style, representations of self and others, and affect regulation: Implications for the experience of depression. *Dissertation Abstracts International: Section B: The Sciences and Engineering. 60(9-B)*, 4895.

Erikson, E. H. (1963), *Childhood and Society,* 2nd ed. New York: Norton.

Fonagy, P. (1997), Evaluating the effectiveness of interventions in child psychiatry. *Canadian Journal of Psychiatry, 42,* 584–594.

Fraley, R. C., & Spieker, S. J. (2003), Are infant attachment patterns continuously or categorically distributed? A Taxometric analysis of strange situation behavior. *Developmental Psychol.*, 39:387–404.

Fraley, R. C., & Waller, N. G. (1998), Adult attachment patterns: A test of the typological model. In: *Attachment Theory and Close Relationships*, eds. J. A. Simpson & W. S. Rholes. New York: Guilford Press. pp. 77–114.

Hazan, C., & Shaver, P. R. (1987), Romantic love conceptualized as an attachment process. *J. Personal. Soc. Psychol.*, 52:511–524.

Hesse, E., & Main, M. (2000), Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *J. Amer. Psychoanal. Assn.*, 48(4): 1097–1127.

Kazdin, A. E. (1997), A model for developing effective treatments: Progression and interplay of theory, research, and practice. *J. Clin. Child Psychol.*, 26:114–129.

Kernberg, O. F., Burnstein, E., Coyne, L., Applebaum, A., Horwitz, L., & Voth, H. (1972), Psychotherapy and psychoanalysis: Final report of the Menninger Foundation's psychotherapy research project. *Bull. Menninger Clinic,* 36:1–275.

Levy, K. N., & Blatt, S. J. (1999), Attachment theory and psychoanalysis: Further differentiation within insecure attachment patterns. *Psychoanal. Inq.*, 19:541–575.

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_____ _____ & Shaver, P. R. (1998), Attachment styles and parental representations. *J. Personal. Soc. Psychol.*, 74:407–419.

_____ Meehan, K. B., Weber, M., Reynoso, J., & Clarkin, J. F. (2006), change in attachment patterns and reflective function in a randomized control trial of Transference Focused Psychotherapy for boarderline personality disorder. *Journal of Consulting and Clinical Psychology, 74,* 1001–1016.

Main, M., Kaplan, N., & Cassidy, J. (1985), Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development,* 50:66–104.

Piaget, J. (1956), *The Origins of Intelligence in the Child*, trans. M. Cook. New York: International Universities Press.

Rind, B., Tromovitch, P., & Bauserman, R. (1998), A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124,* 22–53.

Shahar, G., Blatt, S. J. & Ford, R.Q. (2003), The identification of mixed anaclitic-introjective psychopathology in young adult inpatients. *Psychoanalytic Psychology.*

Sroufe, L. A., Rutter, M. (1984), The domain of developmental psychopathology. *Child Development,* 55:17–29.

Stern, D. J., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Bruschweiler-Stern, N., & Tronick, E. Z. (1998) Non-interpretative mechanisms in psychoanalytic therapy. *Internat. J. Psychoanal.*, 79:903–921.

Waddington, C. H. (1957), *The Strategy of Genes.* London: Allen & Unwin.

Wallerstein, R. S. (1986), *Forty-two Lives in Treatment: A Study of Psychoanalysis and Psychotherapy.* New York: Guilford.

Werner, H., & Kaplan, B. (1963), *Symbol Formation: An Organismic–Developmental Approach to Language and the Expression of Thought.* New York: Wiley.

Zuroff, D. C., Blatt, S. J., Sotsky, S. M., Krupnick, J. L., Martin, D. J., Sanislow, C. A. & Simmens, S. (2000), Relation of therapeutic alliance and perfectionism to outcome in brief outpatient treatment of depression. *Journal of Consulting and Clinical Psychology, 68,* 114–124.

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