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Original Article

Using Rorschach CS Narrative Responses of the MOA Scale to Construct and Share Patient's Model Scenes

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Abstract. The Mutuality of Autonomy Scale (MOAS; Urist, 1977; Urist & Shill, 1982) provides a summary measure of a patient's repertoire of previous interpersonal interactions. It lends empirical support for the hypothesized salience of object representations, including the patient's subjective relational experience being an integral facet of personality. It also enhances the therapist's capacity to access the patient's inner relational world during the consulting sessions by activating the capacity to think metaphorically. Rorschach narrative responses included in the MOAS are useful in detecting initial representations of a patient's relational modalities, in sharing the same verbalization, and in helping to construct the initial model scene. This entails significant communication from the patient about his or her life. These scenes can be used by the therapist and the patient to "depict something previously unknown, starting from what is known." The purpose of using MOAS responses is to give the patient some initial cognitive and emotional representations to configurations of relational experiences, very similar to model scenes (Lachmann & Lichtenberg, 1992). A clinical example is used to illustrate the relationship between MOAS responses and model scenes used in the psychoanalytical framework.

Keywords: MOA scale, model scene, Rorschach CS

Psychoanalysis has generally placed great importance on object relations, in terms of both the theoretical and clinical aspects. One of the most important issues of psychoanalytic therapy is how to accurately assess a person's internalized object relations and reactivate them via

transference and countertransference analysis and interpretation. Early childhood relationships with caregivers form the internal representation of the self and the other in the dyadic interaction (Beebe & Lachmann, 2003; Lichtenberg, 1989), and they guide the manner in which each individual perceives, reacts to, and organizes his or her relational life with other people, including the therapist. The quality and character of these early internal object relationships determines the quality of a person's current functioning, ranging from integrated and realistic self and other images, seen in a healthy and happy relationship, to distorted and fearful self and other images depicted in an unsafe and dangerous relationship representation.

During a therapeutic session, psychoanalysts usually listen to patients' relational episodes and try to understand what model of relationship the patients experienced during their childhood, how and if relational desires and needs were satisfied, and what level of frustration patients lived in early relationships, analyzing the actual self-image, other-image, and attachments link. The latter psychoanalytic point of view highlighted the necessity for psychoanalysis to help patients rewrite and retell their own story by passing through memories of early childhood experiences. The aim of psychoanalytic therapy is to see recent events through infantile prototypes, and to increase "the processes by which [such early experiences] are modified, or used by subsequent experience" (Emde, 1981, p. 219). Lichtenberg (1981) inserted the "model scenes technique" in his conceptualization of psychoanalysis, indicating that these scenes could be derived from a variety of sources, such as literature, transference, dreams, enactments, and ordinary or traumatic childhood events. Their purpose is to give a full and complete affective and cognitive representation to obscure repetitive configurations of relational experience, found both in the actual interactive patient-therapist relationship and unique meeting, and on material derived from "the lost continent of childhood" (Greenacre, 1949, p. 73).

Lachmann and Lichtenberg (1992) stated that "puzzling information" used to form model scenes could be drawn from any of the patients' narratives, highlighting experiences representative of salient conscious and unconscious relational themes: "model scenes convey an experience as a *picture* and thus are *worth a thousand words*" (p. 117). In this sense, model scenes can be considered like representational forms of relational significant events: Their repeated occurrence in the patient's relational life representations, and in every kind of memory, means that these model scenes can be changed, enriched, or modified by integrating new representations and meanings acquired during the therapy sessions.

The Mutuality of Autonomy Scale for the Rorschach (MOAS; Urist, 1977; Urist & Shill, 1982) is an implicit measure of object relations that has broad empirical and clinical support (Fowler & Erdberg, 2005), and one that was created in order to assess the range, quality, and level of a person's internalized object relationships. The MOAS focuses primarily on the developmental progression of separation-individuation, based on the developmental object relation theories (e.g., Kernberg, 1986; Mahler, 1971; Mayman, 1967; Winnicott, 1958) that defined the subject's self-other representations development in a continuum ranging from fused to highly differentiated self-other representations. The MOAS's assumption is that the "portrayal of relationships" on the Rorschach responses correspond to the patient's past relationship schemas or experiences, mixed with the patient's current perception and definition of human relationships and the degree of malevolent control and destructiveness perceived, in particular in imbalanced object relations (Fowler & Erdberg, 2005; Mayman, 1967). Moreover, Exner (1993) suggested that findings concerning relationship and, in particular, passive and aggressive movement responses, morbid content responses, and movement answers, coded using a special score in human and animal movement responses, manifest most projections that depart from and/or embellish the stimulus field. All these determinants and special scores are included in the MOAS scoring. Through the assessment of Rorschach's thematic content of the relationships between the animal, the inanimate, and the human objects, the MOAS evaluates the degree to which relationships are perceived as mutually enriching, safe, and well-balanced, as opposed to relationships experienced as destructive, dangerous, and overwhelming. The MOAS is a Likert-type 7-point scale, with the lower level of 1 representing a healthy, well-differentiated representation of the self seen in mutual interaction with other(s), and the highest score of 7 indicating decreased differentiation, weaker boundaries, loss of autonomy as well as confused, malevolent, and dangerous representation of relationships.[1]

1 "Scale point 1 reflects the capacity to construe self and other representations as structurally differentiated and engaged in mutually interactive and reciprocal activity. (. . .) Objects and experiences that are differentiated but indicate parallel activity with minimal engagement or recognition of the other object receive a score of 2. (. . .) Scale point 3 reflects dependent relationships in which one or both objects are reliant on the other for stability. (. . .) Scale point 4 captures the prototypic mirroring object relationship and often reveals an emerging loss of

The MOAS is generally quite simple to score, even if complex responses can sometimes be difficult for examiners. In addition, good psychometric levels are also found for the Comprehensive System (RCS; Exner, 1993) (Bombel, Mihura, & Meyer, 2009; Fowler & Erdberg, 2005). To improve the scale validity, the literature makes many recommendations such as a meta-analysis of the criterion validity, incremental validity, and the recruitment of normative samples including children, adolescents, and adults (Fowler & Erdberg, 2005).

The MOAS has been applied in empirical research, through the comparison of diagnostic or clinical groups (Brown-Cheatham, 1993; Goddard & Tuber, 1989; Tuber & Coates, 1989), and in empirical psychotherapy research, to explore changes in object representations and treatment outcomes (Ackerman, Hilsenroth, Clemence, Weatherill, & Fowler, 2000; Blatt & Ford, 1994; Fowler, Ackerman, Speanberg, Bailey, Blagys, & Conklin, 2004; Holaday & Sparks, 2001). However, the main utility of the MOAS remains the idiographic clinical single-case detection of the quality of inner interpersonal relationship representations during the early assessment phase (Fowler et al., 2004; Tuber, 1989). These early findings are used by clinicians to understand and anticipate possible future interactions with other therapists and the patient's significant others during the treatment period, in terms of the patient's expectations of relationship quality as well as the level of adjustment and functioning in human interactions. The MOAS responses express the quality of unconscious object representation descriptions obtained during a performance-based test (Weiner, 2001), also including some information about the patient's defensive organization (Hibbard, Porcerelli, Kamoo, Schwartz, & Abell, 2010; Tibon Czopp, 2010). Information detected by the MOAS proved particularly useful for patients presenting neurotic psychological functioning, characterized by coherent thinking

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autonomy between figures where one object is seen as a reflection, an imprint or a mimetic of the other. (. . .) Scale point 5 reflects an increasing malevolence and sense of one object controlled or forcibly influenced by another. Percepts in which one object is casting a spell on another or coercively influencing another object should be scored as a 5. (. . .) Scale point 6 reflects an increasingly severe imbalance of mutuality, cast in decidedly destructive terms such that the autonomy and survival of the weaker object is seriously jeopardized. (. . .) Scale point 7 reflects the complete loss of autonomy of one or more figures by an overpowering, diffuse, and enveloping force. Here the loss of autonomy results in the death and annihilation of the object." (Fowler & Erdberg, 2005, pp. 6–7)

and clear ideation, but with some constriction and rigidity in expressing feelings and in recalling early memories. These kinds of patients seem very prone to using above all intellectualization, rationalization, and removal as defenses mechanisms (Lis, Zennaro, Salcuni, Parolin, & Mazzeschi, 2007).

This paper illustrates how MOAS responses in RCS can be used as a first relational representation, devised from the patient's inner relational schemas. Even if the two theoretical models look very distant, MOAS answers, which are particularly linked to theoretical stages of relationship development (Fowler & Erdberg, 2005), could be used like any other kind of relational material that emerges during the psychoanalytic session, with the scope of constructing model scenes. The MOAS responses detected during the patient's assessment phase were presented to the patient as metaphors of their own relational inner schemas. This material is the first relational material that the patient and the therapist collaborate on to construct model scenes, adding the patient's narratives, dreams, memories, and other associative material. In other words, MOAS answers devised from the Rorschach could provide relational material upon which the therapist and the patient together could start to build up model scenes, during their psychoanalytic therapy sessions.

These model scenes can then be used, revised, and reanalyzed more than once during therapy sessions to enhance the patient's capacity to think differently about these events. Patients might review and retell their own relational story through the modification of details, meanings, and feelings connected with these early relational model scenes. During psychoanalytically oriented therapy treatments, this process happens for all human memories. The RCS with the addition of the MOAS can then be readministered at the end of psychotherapy. The comparison between assessment and postassessment MOAS responses provides a valuable clinical tool for detecting changes in the patient's relational schemas and model scenes, by moving inside the particular experience of the individual patient. One of our clinical cases was treated with this technique over 4 years of psychoanalytically oriented therapy.

Melania was 25 years old when she was referred to our service. She wrote on the referral form "I need some help in understanding how to handle and manage a very difficult situation." A therapist trained in psychoanalytical psychotherapy at the European Federation for Psychoanalytic Psychotherapy conducted three assessment sessions.

Melania was dressed casually and was nice. However, she looked older than her actual age and she seemed tired. Melania presented coherent

thinking and clear ideation, but appeared very rational, constricted, and rigid in her feelings. She was in her 6th year at the Bio Engineering faculty and had only passed 17 exams out of a total of 32, with a mean mark of 25/30. She had decided to move out of her parents' house and into an apartment with other students 2 years before her referral, when she was diagnosed with multiple sclerosis (MS). Before the diagnosis, she had been living with her mother, a 42-year-old skilled worker, her father, a 46-year-old construction worker with a severe alcoholic addiction, and a 20-year-old sister. In order to support herself, Melania worked as a waitress. She did not want any financial support from her family, and her rage became cold and derogative when speaking about her family situation: "I cannot trust in anyone but myself. I do everything by myself." She maintained only sporadic phone contact with her mother, and she had not seen her family in the last year. Melania had a 26-year-old boyfriend, an agronomy student she had been seeing for 3 years.

During the assessment sessions, Melania reported that her father was very disturbing and invasive when under the influence of alcohol, and that it scared her. Her mother had never supported or defended her, rather saying: "It is not your father's fault, he is ill because of the alcohol, he does not have any responsibility. Be quiet and be patient with him." After three assessment sessions, the Rorschach was administered, scored, and interpreted according to Exner's Comprehensive System (Exner, 1993) to detect personality traits and psychological functioning, including sense of self-worth, depression, coping style, problem-solving skills and deficits (Exner, 1993; Gacono & Meloy, 1994). In particular, the therapist decided to apply the MOAS to measure the quality of the object relations of Melania's inner world, also because "the capacity for interpersonal relating to a therapist depends largely on an individual patient's internal array of object representations" (Fowler & Erdberg, 2005, p. 4). The MOAS responses are shown in Table 1. The MOAS scores at the assessment phase reflect a malevolent relationship and a sense of one object controlled or forcibly influenced by another. This finding was interpreted with respect to Melania's relationship experiences: She felt controlled and observed in a malevolent way by her alcoholic father, and she had lived trying to escape without finding any protection in her mother. Moreover, she now felt under the control of her illness. Many of her "autonomous" behaviors (such as her desire to become an engineer, working to support herself economically, or living in an apartment with other students) seemed to be strategies to escape her family experiences, demonstrating her own value, rather than a mature way to establish herself in a complete, balanced adult manner.

Table 1. Melania's RCS test and retest findings and MOAS responses and scales

	Test – January 2004	Retest – July 2008
RCS key entry and interpretative routine	DEPI = 5 Affects ↗ Controls ↗ Self-Perception ↗ Interpersonal-Perception ↗ Information Processing ↗ Mediation ↗ Ideation	*p* > a + 1 Ideation ↗ Information Processing ↗ Mediation ↗ Controls ↗ Self-Perception ↗ Interpersonal-Perception ↗ Affects
Card I	R1: A bat squashed on a glass. Poor thing! Inq: This is the body, here are the wings and here is the small little horn-feelers, although it doesn't have exactly that shape. But many parts are missing so I thought it was squashed. I think it was beaten on a glass and pieces are spread everywhere . . . MOAS = 7	R1: A butterfly squashed on a car glass. Inq: It's a butterfly shape. Squashed because it is not well delineated, because some pieces are missing. MOAS = 7
Card III		R4: There are two people (D9) seated at a café table (D7), they are making smalltalk and behind them you can clearly see curtains (D2), they are in front of a window and outside there's someone who is looking at them from outside. Inq: These are the persons and this is the table on which there are different colored things, such as in a café, and here drinks (D3), cause the color, they can't be anything else. They are seen from outside, (Seen from outside?) because they are not clear and because of the play of light. (Curtains?) Because of the color and because are done like that (imitates the shape). (People?) . . . chin, nose and eyes, arms and legs and they are wearing a jacket. MOAS = 1
Card VII	R9: Two people coming closer to each other. Inq: Two faces with faded bodies because they do not show a clear shape. (Faded?) They are not really people, they look like people faces of colored clouds . . . faded clouds joined together coming closer to each other. MOAS = 3	R8: Two elves face to face, seated on the knees, looking each other, hairs are fixed up in some way. They are looking each other, chatting, nothing special. Inq: Two faces, nose and the mouth and here the hat. They are seated down with knees in touch. MOAS = 1

	Test – January 2004	Retest – July 2008
Card VIII		R9: Finally a bit of color!! It seems a cartoon, it's a tiger with a beautiful mane, and it has got a coat and a green shawl and a red armor with different nuances. It seems to me it is going to fight, but it seems calm. Inq: It is white-striped, this is the face, mouth and the eyes. Is has stripes so it must be a tiger, here the main head-shawl coming down to the shoulders. The whole armor is lighter green. It has got just a tiger face but a man body. (Armor?) Because of the shape and it's faded. MOAS = 5
Card IX	R11: It seems a person seated on a kind of throne, kind of an ogre, it's an imposing figure. Inq: This other person is turned, with the head inclined (she shows the position), you can see the backbone, there is a pedestal at the base including the body of this creature (the ogre). MOAS = 5	
Card X	R17: They are withstanders of something, because of the bad faces, they were put there to be on guard. Inq: They seem really angry, this is the mouth, here where it is white you can see why they are bad, the eyes as well, for the position, they seem to be in a attack position. MOAS = 5	R14: It's a sea environment. Just seaweed and some fishes. These ones (D1) are more spongy than the other ones, the same for these ones that are red but a bit darker (D9), here other two beasts (D8) that are in the sea and they are climbing a rock. (D14). Crabs are climbing a rock as well as the ones you can find in the sea, they love them. Inq: They are climbing this rock. (Rock?) It's fantasy because in the sea you can find a rock as well, here it's gray. These are seaweed and these ones are sponges. MOAS = 2
MOAS R	4	5
MOAS Sum	20	15
MOAS Mean	5	3
MOAS Low	3	1
MOAS High	7	7
MOAS Patho (5–6–7)	3	2
MOAS Health (1–2)	0	3

The therapy took place in a psychoanalytic psychotherapy setting twice a week for 4 years. The main goals of therapy was to help Melania express and modulate her rage and worries (for the MS diagnosis, the neglectful and scary experiences), metabolize her early unsupportive relational experiences, and help her reach an adult level of autonomy.

The therapist found RCS responses R1 and R17 (Card 1) very descriptive of Melanias' present state of mind with respect to self-other representations. They evoked a high sense of alert and need to defend/attack her from closeness, and a very damaged and morbid self-image. Starting from just the initial session of therapy, the therapist asked Melania to freely associate, in particular, on the "faded people" response (Card 1, test R9). Melania reported a very scary recurrent dream. She was alone in her parents' house and she heard some noises coming from the kitchen. She took a knife and went to the kitchen; she was very angry and very scared. There she found a thief, which was her faded herself – silent and ugly – who tried to touch her and hug her. They started to fight. She woke up screaming. This recurrent dream helped Melania and the therapist formulate the first relational model scenes. Initially, Melania associated with the "ugly faded self" a representation of her illness, which she felt as something that wanted to envelop and suffocate her. Episodes emerged about the way she was managing her illness. She was constantly straining her body through aerobics, swimming, running, and smoking to contrast/deny her illness symptoms, without any sense of pleasure from the activities or true care of her condition. These episodes were then associated with the way her mother had managed Melania's illness when she was a child: "I could not be ill. She had to go to work, and I was forced to go to school even if I had high fever. Or I stayed at home alone for hours, waiting for her return. I felt guilty if I was ill." The first year of therapy was spent reviewing her ability to take care of herself and to manage her illness, while differentiating from the past maternal model. She began to go to the gym and to the swimming pool for pleasure. She stopped smoking and began to take her MS medications conscientiously and to attend her medical appointments regularly. Her illness symptoms, such as diplopic vision, leg fatigue, and concentration problems, stabilized.

During therapy, Melania discussed her relationship with her boyfriend. He was a very strong guy, very present in her life, but also very controlling. They argued a lot about everything, and she felt quite uncomfortable with his verbal aggression. In particular, she was concerned about their sex life. The therapist brought forward another of Melania's MOAS answers (Card 1, test R11), and they started to work on the controlling-imposing relationship issue involving her boyfriend. Her rela-

tionship with her father was soon also associated to this issue, specifically an episode that came up in which her father had tried to molest her while he was intoxicated. This event had happened when she was about 5 years old. She was in the bathroom when her father entered. He sat and asked her to stay in front of him. She was very scared and kept her head tilted so as not to see his face. He hugged and kissed her "in a horrible way." Then he asked her to take off her dress and have a bath together. She felt initially blocked by fear, but then she escaped. Starting from the MOAS response, the associations permitted Melania and the therapist to reconstruct the abusive relationship with her father. She was very concerned in understanding deeply her rage with her father and consequently, with her nonprotective mother.

The manner in which these two model scenes organized the transference can be examined with the patient by following Lichtenberg's (1981) guidelines about attachment motivational system. The therapist recognized that Melania was deeply dismissive in her relationship, and she was scared to be engaged in a dangerous dependency, or in a nonprotective relationship, or in a controlling relationship. The therapist encouraged her to speak about these fearful feelings and to help her understand her need to maintain relational distance, rational tone, and high constriction in feelings during the therapy. A long period followed in which Melania's rage and unfaithfulness, directed also toward the therapist, was substituted by a sense of loss for her infancy and mourning elaboration. She broke off the controlling relationship with her boyfriend at the end of the second year of therapy, preferring a "calm loneliness." Different from the dangerous and unresponsive early attachment relationships, the therapist was seen as another type of attachment figure, who was able to manage an ill person and who could accept her and support her, in an uncontrolling manner. She began to experience the therapist as a competent adult who could be expected to relieve and protect her, in a dependent but adult manner.

The last 2 years of therapy were devoted to working on Melania's self-esteem and autonomy, to permit her to concentrate on her exams. Her MS symptoms remained quite stable, and she maintained her medical therapy regularly. She obtained her engineering degree at the end of the 3rd year of therapy, then she won a PhD position at her faculty, and could finally leave her work as a waitress. During the last period of the therapy, she met a university colleague and they started a loving and caring relationship.

The Rorschach MOAS responses at retest showed Melania's progress

in object relations representation level (Table 1). Even though a disturbing and ruined self-image (retest R1) and some memories of imposing and controlling relationships (retest R9) remained at the end of the therapy, Melania was able to find a better autonomous and caring relationship in her relational experiences. MOAS scores at retest reflect more dependent relationships in which one or both objects are reliant on the others for stability. This finding was considered in light of the progressive nature of her illness. Moreover, in the second protocol we find less primitive responses and more of the superior type, demonstrating a progress in relating: At retest Melania had a better capacity to have caring and mutual relationships, while remaining a healthy independent adult (Card 1, retest R4, R8, R14).

Psychoanalytically oriented treatments can bring changes in internal object relations, diminishing excessive aggressive and hostile introjects, decreasing symptoms, and increasing the capacity to love and work (Beebe & Lachmann, 2003; Freud, 1989; Lichtenberg, 1989). Lichtenberg (1989) proposed a model in which the psychoanalyst, together with the patient, tries to create "model scenes" to depict something previously unknown from a reconception of what is known (Beebe & Lachmann, 2003). Model scenes are constructed together by the analyst and the patient to organize information from the patient's memories, needs, and desires. They are derived from early childhood and from present events and integrate previous understanding, helping the further exploration of experience.

> The analyst's role is to promote the creation of affective climate coordinates, which activate the patient's imaginative capabilities by making him or her serve a sort of apprenticeship in the analyst's workshop with the analyst – where images are formed based on the patient's account, as well as on what is unspoken and unvoiced. (Ferro, 2005, p. 429)

In this manner, Melania's psychoanalytic psychotherapy focused on the creation of model scenes starting from the MOAS responses, permitting her to move from experiencing relationships as malevolent, controlling, and influencing, to experiencing them as more reciprocal, benign, and differentiated (Fowler & Erdberg, 2005). This paper presented an example from a clinical case in which the therapist and patient, starting from some MOAS responses, together linked both present and past memories of relational events, dreams, and thoughts. Then they constructed together two principal early relational model scenes, in particular belonging to attachment motivational system. The therapeutic relationship

also became a new relational schema integrated into Melania's experiences. If we compare MOAS test-retest responses and general values (Table 1), we see a significant increase of healthy relational representations. Also RCS test-retest key entry comparison confirmed this trend.

The MOAS responses provided an initial basis for the creation of the model scene, then imagery was derived from the patient's memories of childhood and adolescence as well as present life and dreams. The model scenes fused together the experiences of past and current boyfriends, with work and study experiences, and memories of adult, adolescent, and childhood relationships. By explaining the model scene to the patient, the therapist was able to illustrate to her the rigid stance of resentful rage she had adopted to adverse circumstances, which had influenced much of her adult life. The testing ground for sensing the affective state in the therapeutic work was drawn from transference. Melania slowly reorganized her representation of others and self, with others as mutual and autonomous, even if some negative instances of past traumatic experiences did remain. "This structural change corresponded to the anaclitic patients' improved social competence and motivation for initial treatment" (Fowler & Erdberg, 2005, p. 6) as well as poorer symptom functioning, relational and occupational functioning at the time of demission (Fowler et al., 2004).

Unfortunately, even though the method we presented sounds interesting, it is not possible to propose rigid guidelines that could help in clinical practice application. We cannot state with any certainty that the choice to share with the patient particular MOAS answers rather than others is closely linked to a clinical choice, nor can we state that particular answers are more predictive of the presence of material potentially more suited to the construction of a model scene. The choice and the use of one narrative RCS answer detected from MOAS instead of another belongs to the therapist's "psychoanalytic mind": It depends on the specific and unique patient-therapist relationship and from the *hic et nunc* of the psychoanalytic session. As in a precoup therapist's state of mind, the MOAS relational answers pop up somewhere in the therapist's free associations, and it becomes very useful to share them with the patient for the construction of the initial model scenes. An RCS relational answer, such as MOAS ones, used as shared material, could become powerful sources of

> affectively intense forward movements in exploratory therapies (. . .) when a word, phrase, gesture, image, or story invites, triggers, or stimulates affect-laden associations by patient and/or therapist. (Lichtenberg, 2009, p. 48)

Starting from this point, the associations in the therapist's and the patient's minds could produce "a striking, unpredictable (nonlinear) change in the therapy itself" (Lichtenberg, 2009, p. 48).

Using RCS narrative responses of the MOAS to construct a patient's model scenes shows one particular way in which empirical research on RCS and psychoanalytic theory could be synthesized to conceptualize psychological assessment data (Bornstein, 2010) – and not only in a understanding patient's relationship schemas and personality functioning, but also in moving the psychotherapy process forward.

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Summary

The Mutuality of Autonomy (MOAS) Scale (Urist, 1977; Urist & Shill, 1982) provides a summary measure of a patient's repertoire of previous interpersonal interactions. It lends empirical support for the hypothesized salience of object representations, including the patient's subjective relational experience being an integral facet of personality. It also enhances the therapist's capacity to access the patient's inner relational world during the consulting sessions by activating the capacity to think metaphorically. Rorschach narrative responses included in the MOAS are useful for detecting initial representations of a patient's relational modalities, for sharing the same verbalization, and for helping to construct the initial model scene. This entails significant communication from the patient about his or her life. These scenes can be used by the therapist and the patient to "depict something previously unknown, starting from what is known." The purpose of using MOAS responses is to give the patient some initial cognitive and emotional representations to configurations of relational experiences, very similar to model scenes

(Lachmann & Lichtenberg, 1992). A clinical example is used to illustrate the relationship between MOAS responses and model scenes used in the psychoanalytical framework. The paper illustrated how MOAS responses in RCS can be used as a first relational representation, devised from a patient's inner relational schemas. The MOAS responses detected during the patient's assessment phase were presented to the patient as their own relational inner schemas. This material collected from the patient is the first relational material that the patient and the therapist collaborate on to construct model scenes, adding the patient's narratives, dreams, memories, and other associative material. These model scenes were then used, revised, and reanalyzed more than once during therapy sessions enhancing the patient's capacity to think differently about these events. The patient reviewed and retold her own relational story through the modification of details, meanings, and feelings connected with these early relational model scenes, during psychoanalytically oriented therapy treatment. With the addition of the MOAS the RCS was then readministered at the end of psychotherapy. The comparison between assessment and postassessment MOAS responses provided a valuable clinical tool for detecting changes in the patient's relational model scenes, by moving inside the particular experience of the individual patient.

Sommario

La MOAS (Mutuality of Autonomy Scale; Urist, 1990) è considerata una misura complessiva del repertorio delle interazioni relazionali, presenti e passate, del paziente. In letteratura la MOAS ha garantito supporto empirico all'importanza delle rappresentazioni oggettuali come parte integrante dello sviluppo della personalità, evidenziando come la comprensione delle esperienze relazionali precoci possa aiutare il terapeuta a pensare metaforicamente all'organizzazione del mondo interno del paziente, già a partire dai primi incontri di consultazione. Le risposte del Rorschach incluse nella MOAS possono risultare utili per aiutare terapeuta e paziente a creare le prime rappresentazioni condivise delle modalità relazionali del paziente: Condividendo tali verbalizzazioni si può dare il via alla costruzione delle scene modello, che veicolano importanti comunicazioni del paziente relativamente alla sua vita. Le scene modello possono essere usate da terapeuta e paziente insieme per trasformare "qualcosa di ignoto, in qualcosa di noto." Lo scopo del presente lavoro è mostrare come le risposte appartenenti alla MOAS possano

essere condivise e usate per dare una rappresentazione affettiva e cognitiva precoce alle configurazioni relazionali del paziente, al fine di costruire le scene modello su cui poi lavorare (Lachmann, 2000). Un caso clinico sarà portato per illustrare la relazione tra MOAS e costruzione delle scene modello all'interno di un setting psicoanalitico. L'articolo evidenzia come l'uso delle risposte narrative incluse nella MOAS possa essere usato come prima rappresentazione relazionale, derivata dagli schemi del paziente. Le risposte alla MOAS in fase di assessmentsono state presentate ad una paziente come suoi modelli relazioniali, ed insime e paziente e terapauta hanno collaborato alla construzione di scene modello, aggiungendo ricodi, sogni e ulteriori associazioni. Le scene modello così ricavate, sono poi state riviste e rianalizzate insieme più volte lungo il corso della psicoterpaia ad orientamento psiconalaitico, stimolando la capacità della paziente di pensare in modo differente e rielaborare la sua stessa esperienza. La paziente ha raccontato e rivissuto la sua storia relazionale, arricchendola di dettagli e nuovi significati. La risomministrazione del RCS alla fine della terapia ha permesso di misurare anche quantitativamente le modificazioni nella capacità di relazione e nelle scene modello della paziente.

Résumé

L'échelle MOA (Mutuality of Autonomy Scale; Urist, 1990) c'est un système de médiation compléxif dans le répertoire des interactions relationnelles, présent et passé du patient. L'échelle MOA (Mutuality of Autonomy Scale; Urist, 1990) c'est un système de mesure total dans le répertoire des interactions relationnelles, présentes et passées, du patient. Dans la littérature scientifique, la MOAS a garanti une base empirique dans l'importance des représentations objectales comme partie intégrante dans le développement de la personnalité, en démontrant que la compréhension des expériences relationnelles précoces peut aider le thérapeute à penser métaphoriquement à l'organization du monde interne du patient(patiente), inclus dans les premières séances de consultation. Les réponses du Rorschach, incluses dans la MOAS, peuvent sembler utiles pour aider le patient et le thérapeute à créer les premières représentations partagées des modalités relationnelles du patient: En partageant telles verbalizations ont peut créer des scènes modèle qui apportent une série d'information importante par rapport à la vie du patient. Les scènes modèle servent au thérapeute comme au patient(pa-

tiente) tant à comprendre comme a transformer «quelque chose caché dans quelque chose de visible ». L'objectif du travail présent est de démontrer comme les réponses de la MOAS peuvent être partagé et utilisés pour donner une représentation affective et cognitive précoce à la configuration relationnelle du patient, dans le but de construire les scènes modèle avec qui travailler (Lachmann, 2000). Ce travail apportera un cas clinique pour illustrer les relations entre le MOAS et la construction des scènes modèle dans un setting psychanalytique. Le document illustre comment des réponses MOAS au RCS peut être utilisé comme une première représentation relationnelle, conçue à partir des schémas relationnels intérieurs d'un patient. Les réponses MOAS détecté pendant la phase d'évaluation du patient ont été présentés au patient comme leurs propres schémas relationnels intérieure.

Ce matériel recueilli par le patient est le premier matériau relationnelle que le patient et le thérapeute collaborent sur construire des scènes modèles, ajoutant des récits du patient, des rêves, des mémoires et autres matériel associatif. Le patient a passé en revue et a raconté de nouveau sa propre histoire relationnelle par la modification de détails, des significations et des sentiments connectés avec ces premières scènes modèles relationnelles, pendant le traitement de thérapie psychanalytiquement orienté. Le RCS avec le complément de MOAS était être ensuite re-administré à la fin de la psychothérapie. La comparaison entre l'évaluation avant et aprés les réponses MOAS, a fourni un outil clinique de valeur pour détecter les changements dans les scènes modèles relationnelles du patient, en déplaçant à l'intérieur de l'expérience particulière du patient individuel.

Resumen

La MOAS (Mutuality of Autonomy Scale; Urist, 1990) es un sistema de medición complexivo en el repertorio de las interacciones relacionales, presentes y pasadas, del paciente. En la literatura científica, la MOAS ha garantizado una base empírica en la importancia de las representaciones objetuales como parte integrante en el desarrollo de la personalidad, demostrando que la comprensión de las experiencias relacionales precoces puede ayudar al terapeuta a pensar metafóricamente en la organización del mundo interno del paciente, incluso en las primeras sesiones de consulta. Las respuestas del Rorschach, incluidas en la MOAS, pueden resultar útiles para ayudar al paciente y al terapeuta a crear las

primeras representaciones compartidas de las modalidades relacionales del paciente: Compartiendo tales verbalizaciones se pueden crear las escenas modelo, que aportan una serie de información importante respecto a la vida del paciente. Las escenas modelo sirven tanto a terapeuta como a paciente para comprender y transformar "algo oculto en algo visible." El objetivo del presente trabajo es demostrar como las respuestas de la MOAS pueden ser compartidas y utilizadas para dar una representación afectiva y cognitiva precoz a la configuración relacional del paciente, con la finalidad de construir las escenas modelo con las que trabajar (Lachmann, 2000). Este trabajo aportará un caso clínico para ilustrar las relaciones entre el MOAS y la construcción de las escenas modelo en un setting psicoanalítico.

El documento muestra cómo las respuestas de MOAS en la RCS pueden ser utilizadas como una primera representación relacional, ideadas a partir de los esquemas relacionales internos de un paciente. Las respuestas MOAS, detectadas durante la fase de evaluación a los pacientes, se les presentaron posteriormente como sus propios esquemas internos de relación. Este material recogido por el paciente es el primer material de relación, con el que el paciente y el terapeuta trabajan en la construcción de escenas modelo, añadiendo relatos del paciente, sueños, recuerdos y demàs material asociativo. El paciente, durante el tratamiento con la terapia de orientación psicoanalítica, revisa y vuelve a explicar su propia historia relacional a través de la modificación de los detalles, de los significados y de los sentimientos conectados con las primeras escenas modelo. El RCS, añadièndole la MOAS, fuè administrado una vez màs al final de la psicoterapia. La comparación entre las dos evaluaciones de las respuestas de MOAS, han permitido encontrar una herramienta de mediciòn clìnica valiosa para la detección de cambios en las escenas modelo relacionales del paciente, moviéndose dentro de la experiencia particular de cada paciente.

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患者のモデル背景を構成し共有するための MOA 尺度のロールシャッハ包括システムの反応の語りの適用

相互自律性尺度（MOAS　Urist,1977;Urist & Shill,1982）は患者の以前の対人関係のレパートリーのかいつまんだ測定を提供する。これは、あるパーソナリティの全体的な様相である患者の主観的な関係性の経験を含む、対象関係の仮定された目立った特徴の経験的な支えを与える。これはまた比喩的に考える能力を活性化するということにより、相談のセッションにおける患者の内的対象世界をアセスメントする能力を高める。MOAS に含まれるロールシャッハの語る形式の反応は、患者の対象関係の様式の最初の表象を検出し、同じ言語化を共有し、最初のモデル背景を構成することを手伝う際に役立つ。ここには自らの生活に関する患者からの重要なコミュニケーションが含まれている。この背景は治療者と患者が“わかってることからスタートし、前にはわからなかった何かについていきいきと描写する”ために利用されることが可能である。MOAS の反応を用いる目的は、モデル背景（Lachmann & Lichtenberg,1992）にとても類似している、対象関係の経験の様相の患者のなんらかの最初の認知的､情緒的表象を提供することである｡ある臨床例が MOAS 反応と精神分析的な枠組みを用いたモデル背景の関連性を例証するために用いられた。本論文は RCS の MOAS 反応がいかに、患者の内的な対象関係スキーマに由来する、第一の対象表象として用いることができるかを例証している。患者のアセスメント段階で検出される MOAS 反応は彼ら自身の対象関係の内的なスキーマとして提示される。この患者から集められる材料は、患者と治療者が協力してモデル背景を構成し、患者の物語や夢、他の関連する材料を加える、最初の対象関係の素材である。これらのモデル背景はそれから、セラピーセッションの間に 1 回以上用いられ、改訂され、再分析され、患者のこれらの出来事に関して多様に考える能力を高める。患者は精神分析的な方向性を持った心理治療の間に、これらの早期の対象関係のモデル背景に関連している細部や意味や感情の修正を通して彼女自身の対象関係論的な物語を再検討し、再び語った。付加的な MOAS をともなった RCS が心理療法の最後に再度実施された。アセスメントとアセスメント後の MOAS の比較は、患者個人の特別な体験の中に移動することにより、患者の対象関係モデル背景の変化を検出する価値のある臨床ツールを提供する。