OBJECT RELATIONS AND EMOTIONAL PROCESSING DEFICITS

David Kealy, MSW, RSW
Clinical Coordinator, Assessment & Treatment
Surrey Mental Health & Substance Use Services
Object relations and emotional processing deficits among psychiatric outpatients

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David Kealy (FH), John Ogrodniczuk (UBC), and Gail Howell-Jones (FH)
Object relations

- A longstanding construct in psychoanalysis and psychodynamic psychotherapy
- Interpersonal experiences are theorized to play a substantial role in the development of self-concept
- Such experiences also form the basis for stable expectations of subsequent interpersonal relations
Object relations are conceptualized as inner representations – templates – of self and others.

Thought to be represented with concomitant affects, and to be evoked through affective and interpersonal experiences.

Concept found in social psychology, attachment theory, and cognitive therapy: schemas, internal working models.
May be considered in terms of levels of maturity of self-other representations

Mature: relative trust, give-and-take relationships, genuine concern for others, tolerance of conflict and emotion

Primitive: lack of trust, hurt-and-hurting quality to relationships, distress upon separation, emergency affects
Poorly developed object relations have been associated with:

- Recurrent depression (Van et al., 2008)
- Dysthymia (Huprich et al., 2007)
- Bulimia (Pollack & Keaschuk, 2008)
- Borderline Personality Disorder (Tramantano et al., 2003)
- Childhood abuse (Kernhoff et al., 2008)
- Suicide attempts (Twomey et al., 2000)
How we handle emotions; the regulation of emotional experiences

Thought to be linked to sense of self, and the way we experience others

- If self = persecuted and other = tormentor, then emotions may be difficult to handle
- If self = solid and other = reliable / helpful, then emotions may be experienced and expressed constructively
Emotion regulation deficits have been linked to:

- Eating disorders (Bydlowski et al., 2005)
- Post-traumatic stress (Tull et al., 2007)
- Depression and anxiety (Baker et al., 2004; Joorman & Gotlib, 2010)
- Borderline Personality Disorder (Beblo et al., 2010; Levine et al., 1997)
“Doomsday affects” (Krystal, 1974)
Experiential avoidance (Salters-Pedneault et al., 2006)
Affect constriction (Lumley, 2004)
Primitive defense mechanisms (Clarkin et al., 2007)
Self-injury (Gratz & Roemer, 2008)
To investigate the relationship between quality of object relations and emotional processing abilities

To examine this in a general sample of patients attending psychiatric outpatient treatment
Participants

- N = 104
- 74% female, 26% male
- Mean age 35 years (SD = 10.7)
- Patients attending Adult Short Term Assessment & Treatment, Surrey Mental Health & Substance Use Services
- Screened as suffering from serious mental health issues such as depression, anxiety, personality dysfunction
Measures

- Bell Object Relations Inventory (Bell, 1995): 45 item measure of object relations, providing a total object relations impairment score
- Emotional Processing Scale (Baker et al., 2010): 25 item assessment of emotion processing deficits, providing a total level of impairment score and 5 domain subscales
- Brief Symptom Inventory (Derogatis, 2000): an 18 item assessment of psychiatric distress and symptom severity
Procedure

- Subjects completed the questionnaire package upon presenting for their first assessment interview appointment
- Analysis by SPSS 17.0 using partial correlations, controlling for general symptom distress
- Statistical significance defined as $p = 0.05$
Controlling for symptom severity, object relations impairment was associated with:

- Overall deficits in emotional processing, $r = 0.35$, $p < 0.001$
- Unregulated emotions, $r = 0.46$, $p = 0.001$
- Unprocessed emotion, $r = 0.35$, $p = 0.001$
- Suppression, $r = 0.20$, $p = 0.043$
Patients with less-developed self-other representations face a limited range of emotion processing options.

- Strong emotions overwhelm those with lower-level object relations.
- Intense affects may be felt by such patients as volatile and unmanageable.
- May be dealt with by suppressing and bottling up of negative feelings.
Emotion regulation problems may be fuelled by a lack of stable, soothing inner representations

“Unprocessed emotion” involves negative reactions within the self toward the emotional experience; connected to hostile inner representations
Patients with emotion regulation problems may be limited in being able to rely upon potentially helpful others, due to immature object representations. Others may be experienced as unreliable or rejecting, based on inner templates, and so not sought for support with difficult emotions.
Results suggest the usefulness of considering object relations when working with patients who have emotion processing difficulties.

Although object relations are relatively stable mental structures, they are considered changeable through subsequent interpersonal experiences.
Clinical implications

- Clinical interventions for emotion dysregulation may require positive, change-promoting interpersonal experience.
- Certain treatments explicitly focus on promoting changes in inner object relations structure, e.g. Transference Focused Psychotherapy for Borderline Personality Disorder (Levy et al., 2006a).
Limitations and implications

- Limited by self-report assessments and lack of clinically descriptive data
- Strengthened by studying a genuine psychiatric outpatient sample
- The findings provide empirical support for the conceptual link between object relations and emotional processing abilities
- May encourage clinicians to invest in focal efforts to address compromised object relations
References


References


