

EARLY OBJECT RELATIONS IN SUBJECTS WITH SOMATOFORM DISORDER. PERSONALITY FACTORS, DEPRESSION AND ANXIETY

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Summary

Aims

1. To determine the type of early object relations internalized in somatoform patients.
2. To investigate personality characteristics, levels of depression, anxiety, stressor factors and their impact in somatoform patients.
3. To establish the degree of prediction of the different variants in relation to the somatoform.

Methods

We work with two groups: the first a voluntary sample of subjects with somatoform disorders (n=19) who attend the Duran Hospital Medical Clinic (Buenos Aires City). The criteria of inclusion were the ones proposed by the DSM IV. The second group was composed of 13 subjects from the general population.

Both groups had similar sociodemographic characteristics, mean age 34, with a predominance of women (84.4%), the majority unemployed. The evaluation was done by means of the following techniques: semistructured interviews, NEO-PI-R personality inventory (Costa & McCrae, 1992), the Beck Depression Inventory (Beck et al., 1961), STAI anxiety questionnaire (Spielberger, 1988), Casullo's Life Events Scale (Casullo, 1994) and the TRO Test of Object relations (Laing, Philipson & Lee, 1966). [See Measures Used.](#)

The data were analysed with descriptive statistics and non-parametric tests: Mann-Whitney U Test for independent samples.

Results

Starting from the evaluation of base factors (personality) significant differences were found (0.043) in relation to the level of neuroticism. The clinical group experiences negative feelings in greater measure, moreover it is characterized by its emotional instability. No significant differences were found in relation to other variables such as: feelings (implying receptivity to their own feelings and emotions and evaluation of the emotions); and fantasy (implying a rich and creative life). [\(See Graph 1: NEO-PI-R Personality Inventory\)](#) In relation to the depressive state the clinical sample presents a greater index. [\(See Graph 2: Beck's Depression Scale\)](#). We measured state and trait anxiety; the difference between the two groups was in relation to trait anxiety, that is to say in stable emotion. [\(See graphs 3: Anxiety State –Trait Questionnaire\)](#) The index of life events experienced by both populations and the impact generated by these events are not significantly different. Although we found that means in both cases are more elevated for the clinical population, this is not significant statistically [\(See graphs 4: Life Events Scale\)](#). The relation between neuroticism and somatoform

disorder was mediated by the presence of life events, however the results show that the relation between personality and somatoform disorder is direct. That is to say that the difference between the groups is given by the basic personality, a product of the history of the subject's development.

The more relevant variables of personality while evaluating groups were Neuroticism-Depression and Anxiety. This allows the understanding of the somatoform frame not only from the isolated variables but from a correlation between neuroticism, depression and anxiety that accounts of a basic frame of personality which characterizes them. The depression variable is the one of major weight in explaining the differences between the clinic and the control group. ([See Table: Non-parametric correlation Spearman's Rho](#))

In relation to the variables evaluated to investigate type of object relation, no significant differences were found in the intergroup analysis. The only variable which allowed differentiation of the group of somatoform patients and the control group in a statistically significant way was the language used. The clinical group used an emotional language (65%), the controls told descriptive stories (49%). From what was outlined in the different analysis of TRO, the descriptive language is a strategy the subject uses to avoid getting in touch with emotions which each picture awakens. The emotional language allows the subject to include affects, being able or not to agree with the feelings evoked by the picture.

In relation to the quality of connection (frustrating - gratifying - neutral) in the somatoform subjects we find similar percentages of answers for each of these categories (31.8%, 37.77%, 30.85% respectively). The controls outline neutral connections in their stories in a greater percentage (40%). Both groups tell stories about characters getting closer in a greater measure (that is to say they tend to an connection beyond which was the intention) - the somatoform patients with a percentage of 61.75% and the control subjects in a 62.90%.

From the total of 13 pictures we selected those which were relevant in virtue of our research aim and we studied the attitude towards the inner world of the clinical group (intragroup analysis). The self of the somatoform subjects has the capacity to differentiate the inner world from the outer world, preventing the primary from interfering with the secondary process of thought (measured from the variable comment). They can have an adequate perception of their emotions (measured from the variable type of language). They can establish connection with the objects. But when themes such as: dependency, satisfaction of basic needs, being rejected and the possibility of damaging loved objects (in a real or imagined way) arise from the pictures their behaviour changes, becoming more defensive in relation to the emotions and evasive in relation to contact. This arises from the analysis of some pictures particularly where the language is purely descriptive (pictures AG, A3, C1) and the stories do not represent a bond between the characters (pictures A1, B2, C2) ([See TRO – Measures Used](#))

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Implications for psychoanalysis

1. In our opinion the integration of knowledge from the fields of psychoanalysis, cognitive theory and personality theory enriches and favors the much deeper comprehension of psychopathologic disorder.
2. Studying concepts basic to psychoanalysis from empirical research. In our work we have studied the early object relations internalized and their relation to somatoform pathology, a work of relevance for psychoanalysis and medicine.
3. Contrasting the results and unique case research conclusions with our population of patients is interesting, this connection will allow us to avoid inadequate generalizations because often these studies show contradictory results. For example, in our study we found that our somatoform patients are not characterized in a significant way by poverty of fantasy and the presence of Alexithymia.
4. In our profession the possibility of use of psychoanalytic instruments for empirical research is very limited. Nowadays it is necessary to adapt scientific psychoanalytic instruments to our field which allow their use in a valid and reliable way. In Argentina we are working in this direction.

Keywords

Anxiety, depression, early object relations, NEO-PI-R personality inventory, object relations, personality factors, somatoform disorders

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MEASURES USED

NEO-PI-R (Costa & McCrae, 1992): 240 item inventory to be answered starting from a scale that states being totally in disagreement with what is stated by the item, being in disagreement, neutral, agreement and at last being totally in agreement. The five most important domains of adult normal personality are evaluated. The underlying theory is the 5-factor personality model (basic dimensions). The five factors are: NEUROTICISM is the opposite of emotional stability. It is more than the vulnerability to psychological distress since the prevalence of negative emotions (anger, sadness, guilt) interfere with the adaptation. EXTROVERSION describes the individual's sociability but also their firmness and optimism. OPENING tells of the imagination, sensitivity, intellectual curiosity, independence of criteria. AGREEMENT evaluates how complaisant, altruistic people can be. SCRUPULOSITY evaluates the capacity for planning, organization and resolution of tasks.

Beck Depression Inventory (Beck et al, 1961): the subject is presented with four phrases and must choose the one that best describes his current mood. The theoretical model implies the comprehension of depression in cognitive terms. Cognition is the critical element and it states a cognitive style where the subject evaluates himself, the environment and the future in a negative way.

Anxiety state-trait inventory (Spielberger, 1988): inventory composed of 40 items. The subject must answer each item with a scale of 1 to 4 points, reflecting how he feels at that moment (first part which groups the first 20 items) and how he usually feels (second part which groups the last 20 items). The anxiety state was defined as a transversal temporal cutting of the emotional current composed by feelings such as tension, nervousness. Anxiety trait is concerned with relatively stable individual differences.

Life event scale (Casullo, 1987): starting from a list of events the subject marks which of them he has experienced and what subjective impact each of them has on a scale of 1 (none) to 5 (a lot). Life events are the situations to which every subject is exposed to. In general, they imply a new adaptation for the subject.

Object relation test (Philipson, 1965): the test is composed of 13 pictures that must be presented in a lined order. The instruction requires the subject to describe what he observes and make up a story. Each of the thirteen pictures state a unipersonal, bipersonal, tripersonal and group situation, with variations in the emotional climate and structural grade. Each picture evokes conflictual human relations. At the same time they are grouped in three series according to the degree of construction of the stimulus:

1. A series: blurred, shaded ... with vague content, stimulates the thematic of early dependency.
2. B series: black and white with contrast, defined structure that leaves little freedom to the patient. The climate is of threat and coldness.
3. C series: realistic environment, rich in details that can be used as defense. Presence of intruding or diffused color (warmth, intimacy, aggression). See what type of control the subject uses: omnipotent (it impoverishes the me, it stops it from feeling) or adaptative (an integration between the content of reality and emotions).

The test provides information about unconscious object relations, pathological bonds and defensive systems. The person perceives the world that surrounds him dynamically. The pictures presented are as follows:

1. A1: (a blurred figure). It states the theme of loneliness or sickness. Regressive situation of dependency.
2. A2: (two facing figures). It represents the thematic of coupling (heterosexual or more primitive, maternal-filial). As defense it can be placed a third character.
3. C3: (a living-room with three figures). It presents an oedipal conflict, the adaptation to the affects

and impulses. The real environment allows the subject to make a detailed description (defensive attitude). The conflict between dependency/independency, love/hate appears.

4. B3: (two figures together and a distant smaller third one). It represents a triangular situation but there is an excluded third one. It is facing distressful aspects or deceptions in life.

5. AG: (Several blurred figures in a non structured environment). It represents the possibility of exploring the depressive distress, capacity to tolerate the damage inflicted to dear objects. Possibility to rearm oneself with regard to real or fantasized mourning.

6. B1: (a clearly defined figure and environment which represents a room). It represents the theme of loneliness, the relation with oneself, with the inner world, with the identity. Diagnosis and prognosis of the capability of insight. The room is the inner world.

7. CG: (group versus individual separated with traits of authority). It represents the struggle between it-me-super me, by elaborating a story the subject is using egoic functions of balance. Possibility to discriminate between psychic instances. It stimulates aggressive, competitive, drive, aspiration feelings.

8. A3: (triangular situation, a third one is being repressed, ignored). It represents the theme of conflict with authority, guilt for separation from the parents.

9. B2: (a couple under a tree, exterior environment clearly defined). It represents the theme of unprotection. It also shows the perception of the external world as support, hostile, deprivation.

10. BG: (a group with an excluded character). It represents the theme of loneliness opposite the group. It explores feelings regarding the group.

11. C2: (a clearly defined figure, a room and a possible second figure in bed). It represents a situation of sickness, death.

12. C1: (a little defined figure behind a kitchen window). It represents the relation of the subject and the psychologist; the acceptance of watching and being watched and the theme of satisfying basic needs.

13. Blank picture: again facing loneliness, sickness, separation.

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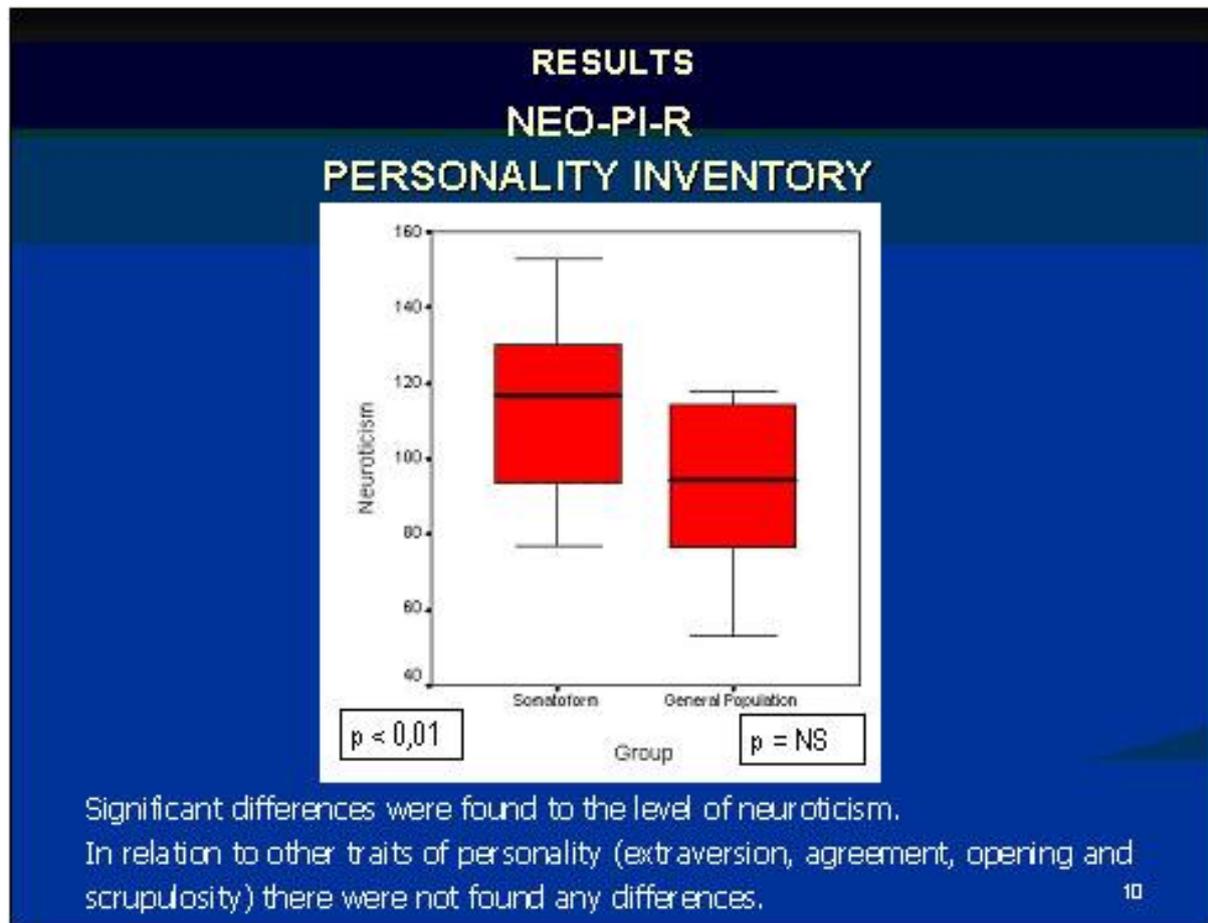
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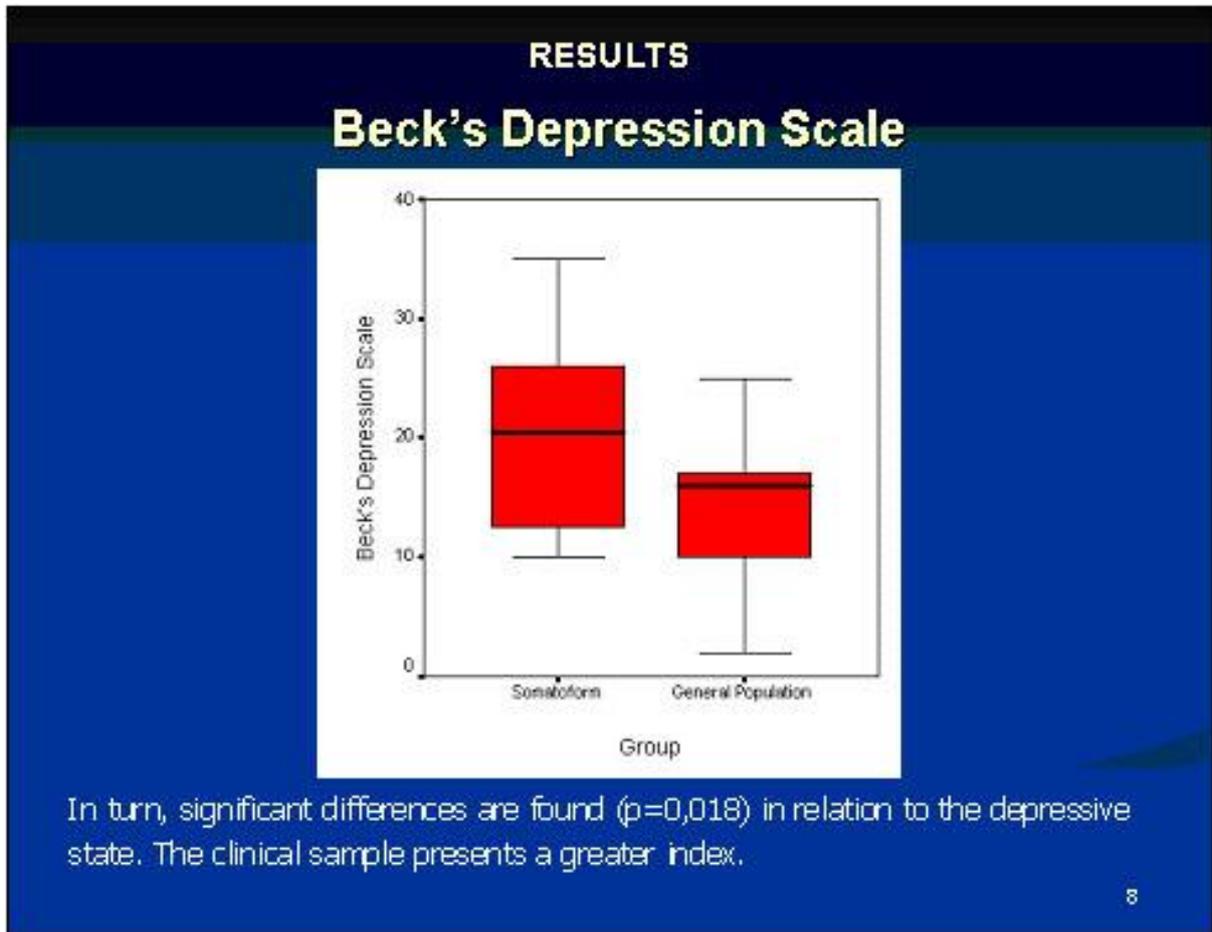
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GRAPH1: NEO-PI-R PERSONALITY INVENTORY



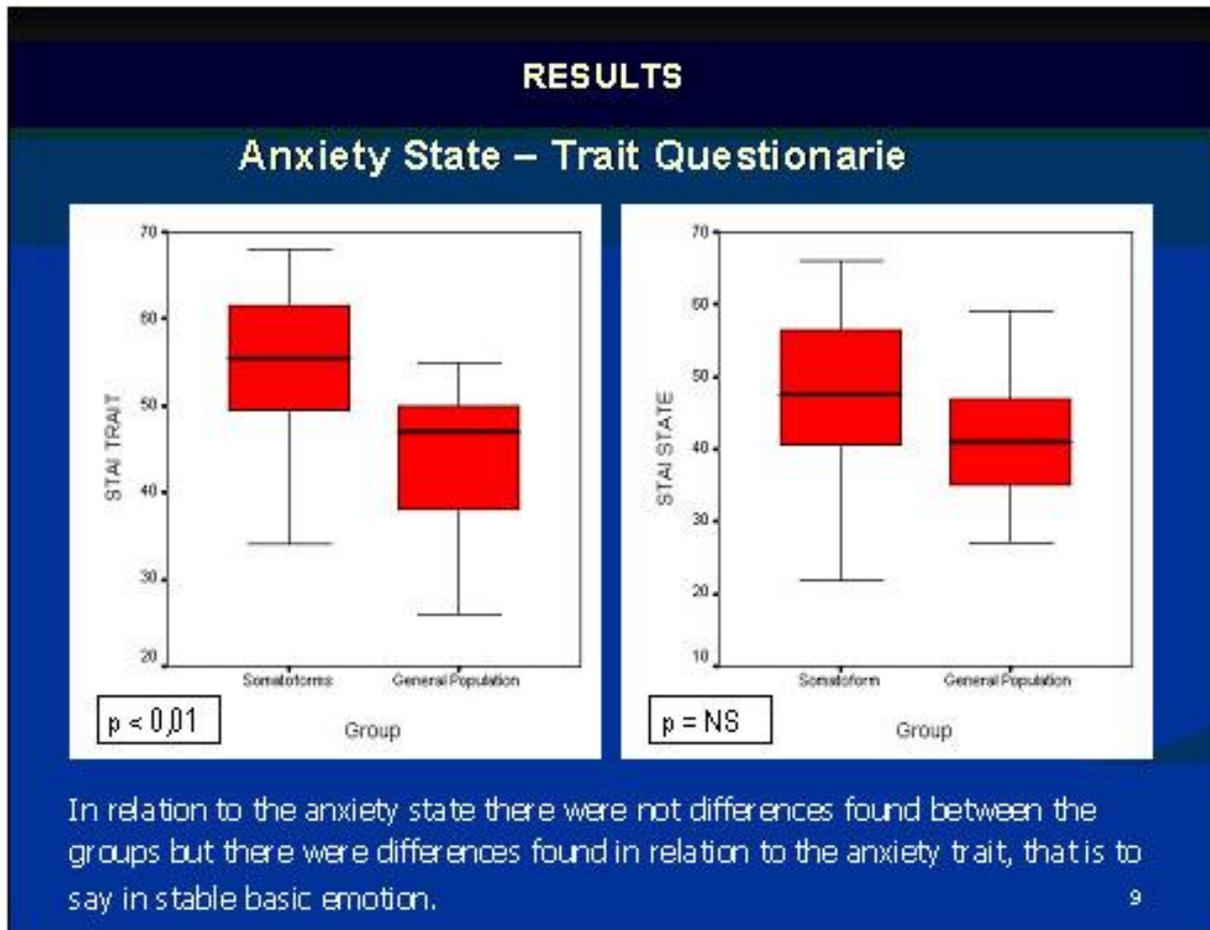
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GRAPH 2: BECK'S DEPRESSION SCALE



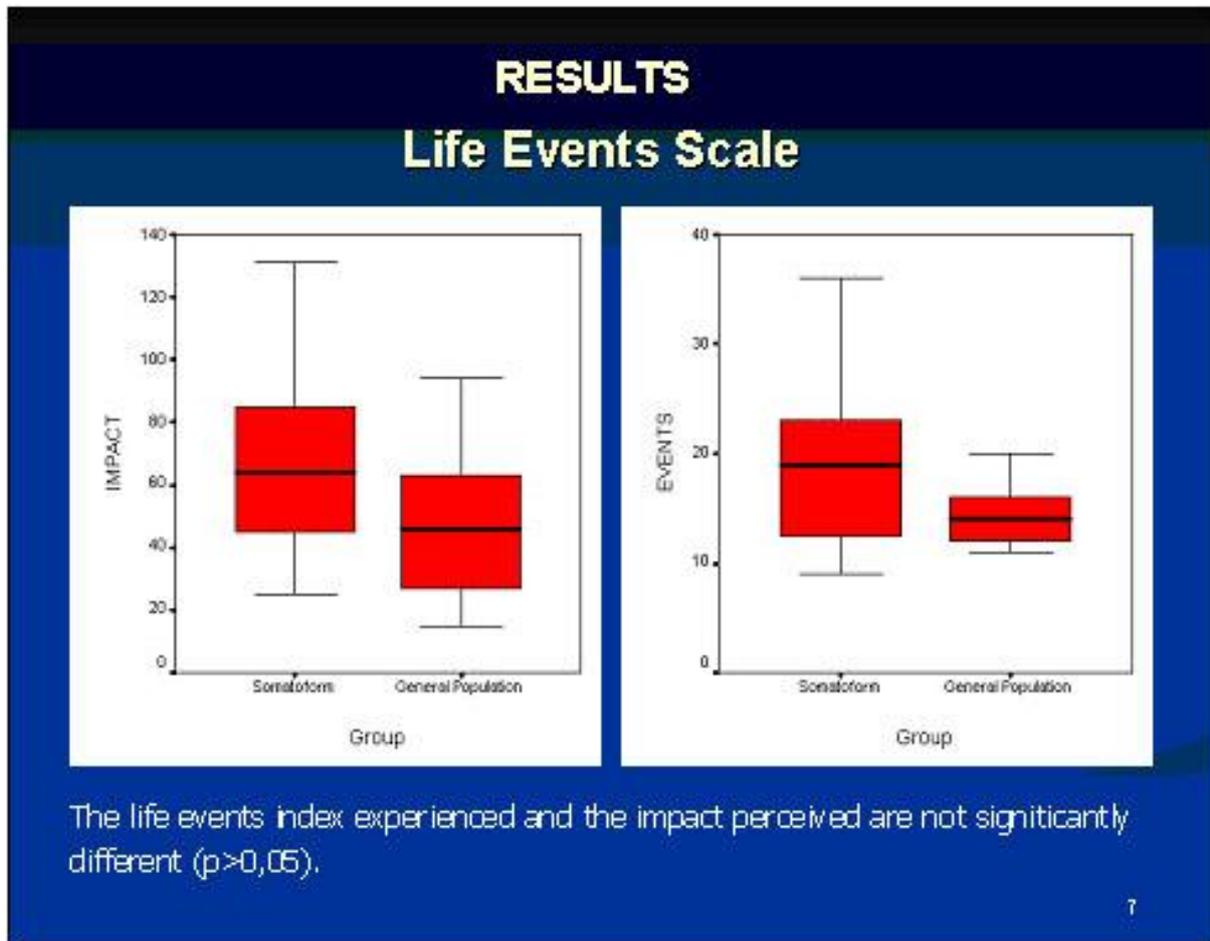
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GRAPH 3: ANXIETY STATE – TRAIT QUESTIONNAIRE



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GRAPH 4: LIFE EVENTS SCALE



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TABLE: NON-PARAMETRIC CORRELATION
SPEARMAN'S RHO

RESULTS

Non-parametric correlation
Speaman's Rho

	NEUROTICISM	STAI - TRAIT
BECK	0,412(*)	0,641(**)
NEUROTICISM		0,845(**)

* The correlation is significant at the level 0,05 (bilateral)
** The correlation is significant at the level 0,01 (bilateral).

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