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Object relations as a predictor of adjustment in conjugal bereavement

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Abstract
The impact of object relations on adjustment in conjugal bereavement was examined. At approximately 6 months postbereavement, 46 midlife bereaved participants engaged in a narrative interview in which they were asked to discuss their past relationship with their deceased spouse. The Westen et al. object relations scoring system was applied to these narratives. Participants also completed depression and grief-specific symptom measures at 6 months and again at 14 and 25 months postbereavement. Object relations correlated differently with grief-specific symptoms and depression; it was more strongly negatively associated with 6 month postloss grief-specific symptoms while more strongly negatively correlated with depression at 25 month postloss. In a growth curve analysis, more mature object relations was also predictive of a faster rate of decrease in depression over time. The results were discussed in terms of current theoretical perspectives on what is required in successful adaptation to conjugal bereavement.

The death of a spouse is one of the most stressful life events that an individual is likely to encounter (Holmes & Rahe, 1967). Its impact may strike at the heart of the bereaved's sense of identity, given the extent of overlap in the shared life space with the spouse (Parkes, 1993; Rosenblatt, 1993). Successful adaptation to bereavement requires confronting the implications of the loss in the service of revising inner schemas of attachment to the deceased and constructing new life plans and goals congruent with the changed reality precipitated by the death (Bowlby, 1980; Horowitz, 1990; Mikulincer & Florian, 1996). Failure to make these adjustments will result in hopelessness and depression, given the irrevocability of the loss (Field & Horowitz, 1998; Lazarus, 1991; Martin & Tesser, 1989).

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A personality factor that should affect the ability to adapt successfully to the loss of the attachment is the bereaved's developmental level of object relations. In the psychoanalytic literature on loss, object relations has been given considerable attention as an important risk factor in adjustment to bereavement (Freud, 1917/1957; Parkes & Weiss, 1983; Raphael, 1983). There have been surprisingly few attempts to investigate this empirically, however. We address this in the present study.

Object Relations in Adjustment to Bereavement

Broadly speaking, object relations theory is a psychoanalytic approach toward personality development and psychopathology emphasizing the primacy of the need for relatedness as a central motivator of human functioning in contrast to a Freudian drive-based focus (Greenberg & Mitchell, 1983). This theory focuses on the interplay between actual, external relationships with others and internal mental representational counterparts of these relationships (Gabbard, 1994). It stresses the

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importance relationships in infancy and childhood with primary caregivers have on the development of personality structure. Through the process of internalization these early experiences are transformed into mental representations of self and other (Kernberg, 1976). These representations are applied in later relationships and mediate interpersonal functioning and the sense of self.

In the course of development, these representations of self and other evolve toward increasing differentiation and hierarchical integration (Werner, 1948). The child initially internalizes opposing representations for positive and negative experiences with the primary caregiver (Kernberg, 1976; Mahler, Pine, & Bergman, 1975). In the course of normal development, the child will eventually integrate these segregated or "split" representations of self and other into more complex representations containing both positive and negative features, once he or she has achieved the developmental capacity to do so (Kernberg, 1976; Mahler et al., 1975). This developmental achievement, referred to as the attainment of "object constancy," provides the child with greater continuity in the experience of self and other over time and changing mood states (Mahler et al., 1975). As part of this, the child gains an increasing appreciation for the caregiver as a separate center of initiative apart from the child's immediate needs. An important functional outcome of object constancy is the child's ability to internalize the primary caregiver's nurturant and protective functions into self-regulatory functions (Mahler et al., 1975; Winnicott, 1965). This enables the child to sustain and comfort him- or herself during periods when the caregiver is not physically available to administer to his or her needs. The child thereby achieves greater autonomy. These emerging capacities toward psychological autonomy are further consolidated and refined in subsequent development (Westen, 1991).

The attainment of object constancy is contingent on having received adequate early caregiving (Mahler et al., 1975; Winnicott, 1965). Abuse or emotional deprivation early on may disrupt this process. An important consequence of this is that such individuals may grow up with noteworthy deficiencies in their capacity for self-regulation and thus be inordinately dependent on others for supplying psychological functions that they are unable to provide for themselves (Kohut, 1984; Winnicott, 1965).

The detrimental impact of object relations disturbances on adaptation should be especially evident following the loss of a spouse. Bowlby's (1980) attachment theory perspective on recovery from loss provides a context for which to explicate the moderating effect of object relations maturity on bereavement-related adjustment. According to this perspective, recovery following the loss of a significant other is contingent on the bereaved having revised his or her internal representations of the relationship to the deceased to accord with the reality of the permanence of the physical separation (Bowlby, 1980; Fraley & Shaver, 1999). This internal reorganization process is a gradual one. In the early period following the death, the bereaved has not yet fully comprehended the permanence of the loss, as evident in the tendency to "search" for the lost attachment figure (Bowlby, 1980). Acute grief symptoms such as yearning, intense sadness, and preoccupation with the deceased are prominent during this phase. Symptoms of acute grief gradually subside over time, however, following repeated failed attempts to recover the lost attachment.

Bowlby (1980) believed that the surrendering of the fantasy or hope that the deceased might return is brought about by confronting and enduring the pain of the loss, referred to as "grief work" in the bereavement literature (Stroebe & Schut, 1999). Only the full understanding that the separation is permanent will motivate a move toward finding other avenues for satisfying needs formerly met in the relationship with the deceased spouse. In the course of normal grief, the bereaved will eventually reach a point of relative resolution, or "reorganization," involving acceptance of his or her new life situation without the deceased. This will include the capacity for reinvesting attachment strivings in new relationships (Bowlby, 1980; Fraley & Shaver, 1999; Horowitz, 1990).

Those with developmentally immature ob-

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ject relations are likely to have much greater difficulty in "letting go" of the attachment, given their overreliance on the deceased in the past relationship for self-regulation. Such individuals are likely to experience the death of their spouse as a major threat to their psychological integrity (Hagman, 1995; Horowitz, Wilner, Marmar, & Krupnick, 1980; Parkes & Weiss, 1983). In the earlier phases following the death, they are likely to display more desperate and tenacious attempts to recover the lost attachment, shown in the severity of acute grief symptoms, than those with more developmentally mature object representations. Those with lower object relational maturity may also engage in excessive avoidance to cope with these highly dysphoric states, such as through attempts to suppress thinking about the deceased or to avoid people and places that serve as reminders of the death (Horowitz, 1990). Such avoidance, in turn, might interfere with grief work of confronting the reality of the loss and in taking active steps toward creating a new life. Consequently, these individuals are likely to experience hopelessness and depression in having failed to adapt to their changed life situation. Consistent with this, Parkes and Weiss (1983) found that bereaved individuals who reported greater reliance on their spouse for meeting their emotional needs reported more intense and protracted bereavement-related symptomatology.

The few empirical investigations of the role of object relations in bereavement-related adjustment have produced mixed results. In a psychotherapy treatment study of complicated bereavement, Horowitz, Marmar, Weiss, DeWitt, and Rosenbaum (1984) found that more developmentally mature object relations were predictive of better outcome in terms of work-related and interpersonal functioning. Based on the information obtained in the assessment intake interview, the clinical evaluator assessed each patient's highest level of functioning during the previous year. The evaluator employed a single 5-point scale measure of object relations, consisting of paragraph-length descriptions of each of the five levels of object relations. It was derived from Gedo and Goldberg's (1973) object relations theoretical framework of levels of personality organization. Horowitz and his colleagues also replicated their findings on a sample of bereaved participants who did not seek out psychotherapy, in showing that higher object relations were associated with a greater rate of decline in symptoms as assessed on the Brief Psychiatric Rating Scale (Horowitz, Weiss, Kaltreider, Krupnick, Marmar, Wilner, & DeWitt, 1984). Although Horowitz and his colleagues' findings suggest that object relations has a moderating effect on the course of adjustment to bereavement, their object relations measure was relatively crude and had not been previously validated, and reliability on this instrument had not been established. Finally, in a conjugal bereavement study applying Blatt's qualitative–thematic object relations scales (Blatt, Chevron, Quinlan, & Weir, 1981) to a 5-min written description of the deceased, Gentile, Cicchetti, O'Brien, and Rogosch (1992) failed to obtain support for the role of object relations in bereavement-related adjustment. These inconsistent findings in past studies may at least be partly attributable to differences in the methods used to assess object relations.

Present Study

In this study, we employed a well-validated, comprehensive object relations scoring system, Westen's Social Cognition Object Relations System (SCORS; Westen, Barends, Leigh, Mendel, & Silbert, 1988). Bereaved individuals whose spouse had died approximately 6 months previously participated in a narrative interview that included an open-ended question asking them to describe their past relationship with the deceased. Participants' spontaneous 6-min speech on this topic provided a basis for assessing object relations. Briefly stated, developmental maturity of object relations is reflected in the extent to which the bereaved's description conveys a sense of the past relationship as based on mutuality and appreciation for the separateness and individuality of the other as opposed to a view of the relationship in which the spouse is construed exclusively in terms of his or her utility in gratifying the bereaved's needs. (For

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a more detailed description, see the Method section.) We believe that the spouse should be an especially suitable focus for assessing object relations, in light of his or her importance as an adult attachment figure (Weiss, 1993). The unstructured and affectively arousing nature of the interview context should provide rich narrative material as a basis for assessing maturity of object relations.

Near the time of the narrative interview and again at 14 and 25 months postbereavement, participants completed grief-specific and depressive symptom measures. The repeated symptom measures provided a means for assessing the impact of object relations on the severity and rate of change in symptoms over time. Grief-specific symptoms, which include crying, yearning, and preoccupation with thoughts about the deceased, reflect the extent of grief severity, descriptive of Bowlby's (1980) searching phase. On the other hand, depression is less specifically linked to mourning the loss but instead is a more general indicator of failure to adapt. Because the impact of object relations on bereavement-related adjustment may be more evident for one type of symptom than another at different points following the death, we elected to include both grief-specific and depressive symptom measures in the analysis. This was also justified in light of findings by Prigerson and her colleagues on the empirical independence of these two types of bereavement-related symptoms (Prigerson, Bierhals, Kasl, Reynolds, Shear, Newsom, & Jacobs, 1995; Prigerson, Frank, Kasl, Reynolds, Anderson, Zubenko, Houck, George, & Kupfer, 1996).

Under the assumption that object relations has an important bearing on the extent to which the bereaved appraises the death as a threat to self-integrity and on his or her ability to successfully revise his or her representational models of attachment to the deceased, we hypothesized that bereaved individuals with more developmentally immature object relations would exhibit more severe and protracted bereavement-related symptomatology relative to more developmentally mature individuals. We also conducted additional analyses to verify that object relations was not simply a derivative of neuroticism, dyadic adjustment, expectancy of the death, or the length of the marriage, factors that are known to be predictive of bereavement-related adjustment. (For more on this, see Sanders, 1993.)

Method

Participants

This study is part of a larger John D. and Catherine T. MacArthur Foundation–funded program of research on the impact of contextual, relationship, and personality factors on adjustment in midlife conjugal bereavement. Other research reports from the larger bereavement project include Bonanno and Keltner (1997) on facial expressions and the course of conjugal bereavement, and Field and Horowitz (1998) on applying an empty-chair paradigm in examining unresolved grief.

Participants were recruited via posted notices, newspaper advertisements, and referrals from various institutions (e.g., medical centers, religious organizations) in the San Francisco Bay Area for participation in a longitudinal spousal bereavement study. Individuals between the ages of 21 and 55 were sought whose spouse or partner had died during the past 3–6 months, and who had been living with their spouse or partner for at least 3 years prior to the loss. Respondents were screened initially by telephone. Those with current drug or alcohol abuse or dependence, current eating disorders, a history of psychotic disorders, or life-threatening illness were also excluded from the study. A clinical interview administered upon entry into the study that included the Structured Clinical Interview for DSM-III-R (Spitzer, Williams, Gibbon, & First, 1990) confirmed that these inclusion requirements were met. Participants were paid $10 per hour for their involvement.

Eighty-nine of the respondents were accepted into the study. Of these, 46 participants had complete object relations measures and symptom measures data through 25 months postloss. Only these 46 with complete data were included in the analyses. A set of *t* tests comparing these 46 participants with those not included in the study on the 6- and 14-

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month symptom measures revealed that the present study sample did not differ on these measures from those without complete data. Similarly, *t* tests and chi-square analyses showed no differences between these 46 participants and those not included in the analysis on the demographic variables, including no differences with respect to involvement in a new romantic relationship. The participants (34 females, 12 males) consisted of a midlife (average age 48.4 years; *SD* = 6.5), largely upper-middle-class (average income $69,160), well-educated (93% with at least some college education), Caucasian (89%) sample. The mean duration of the relationship was 16.9 years (*SD* =11.0).

Procedure

Overview. Before describing the procedures and measures in detail, we provide a timeline of the administration of the various measures. Upon entry into the study (*M* = 5.80 months postloss; *SD* = .83), participants were mailed a questionnaire packet that included a set of demographic items, the Beck Depression Inventory (BDI; Beck & Steer, 1987), the Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981), the NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae, 1989), and the Dyadic Adjustment Scale (DAS; Spanier, 1976). After returning the completed packet of questionnaires in a stamped preaddressed envelope, participants were scheduled for a structured clinical interview and a narrative interview. The narrative interview provided a means for assessing object relations. At 14 and at 25 months after the death, participants were again mailed a packet of questionnaires that included the BDI and TRIG. The 6, 14- and 25-month postloss repeated symptom measures provided a basis for assessing the impact of bereavement.

Narrative interview. The narrative interview was conducted by clinical psychologists and advanced graduate clinical psychology students who were blind to the hypotheses of the study. The interviewer read from a script to ensure that all participants received identical instructions. The interview focused on the bereaved's past and current relationships. One of the topics involved the bereaved's past relationship with their deceased spouse. This topic served as our basis for rating object relations.

Participants were asked to describe their past relationship with their spouse. To encourage spontaneous and meaningful discourse, participants were informed by the interviewer that he or she would remain silent apart from prompting the participant to continue to speak. Participants were instructed to try to relate as openly as possible whatever came to their mind regarding their past relationship. After 6 min of spontaneous speech, the interviewer asked the participant to generate specific memories involving the relationship. In line with other studies assessing object relations using open-ended descriptions of important attachment figures (e.g., Blatt, Wein, Chevron, & Quinlan, 1979), only the first 6 min of spontaneous discourse were rated on the object relations scales. These narratives were later transcribed for rating object relations.

Object relations scales. Westen's SCORS for interview data (Westen et al., 1988) is firmly grounded in the social, cognitive, developmental, and psychoanalytic literatures. Specifically designed to measure the maturity of one's object relations, the measure additionally assesses one's ability to cognitively appraise events from a developmental perspective. Westen integrates these areas in order to increase the understanding of individual differences by looking at object representations in conjunction with their associated affects and social information processing.

The Westen SCORS system consists of four dimensions. *Complexity* measures the extent to which the individual clearly differentiates the perspectives of self and other, as well as his or her ability to see others as psychological beings with complex motives, subjective experiences, and enduring histories. *Affect tone* addresses the affective quality of representations of people and relationships by assessing the extent to which the person expects profound malevolence and overwhelming pain or benign and enriching social inter-

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actions. Although, strictly speaking, affect tone is not a development variable (for more on this, see Westen, Klepser, Ruffins, Silverman, Lifton, & Boekamp, 1991), it is assumed to impose an important constraint on integration and thereby affect the development of object relations. Furthermore, it has been shown to be a useful dimension in distinguishing psychopathology indicative of developmentally primitive object relations (i.e., borderline personality disorder) from disorders associated with less primitive object relations (i.e., nonborderline major depression; Westen, Lohr, Silk, Gold, & Kerber, 1990). *Emotional investment* assesses the extent to which the person treats others as ends rather than means and sees events in terms other than need gratification. It also addresses the person's ability to develop and consider moral standards. *Social causality* measures the extent to which attributions about the causes of people's actions, thoughts, and feelings are logical, accurate, complex, and psychologically minded. Each dimension is assessed on a five-level scale with the exception of complexity, which is assessed with a seven-level scale. Higher numbers indicate a greater maturity in one's object relations or ability to cognitively appraise situations. The scales have been demonstrated to have adequate convergent and predictive validity for interview data (Barends, Westen, Leigh, Byers, & Silbert, 1990; Ford, Fisher, & Larson, 1997; Leigh, Westen, Barends, & Mendel, 1992).

Two advanced clinical psychology graduate students were extensively trained on the SCORS system for interview data. They independently rated a set of pilot sample deceased topic transcripts on the four SCORS dimensions and then discussed reasons for specific scores given to each narrative. Upon establishing reliability on a more informal basis, the judges independently rated the main set of deceased topic transcripts. The intraclass correlation reliability coefficients for the judges' ratings of the main study set of transcripts was in the acceptable range (complexity, .89; affect tone, .81; emotional investment, .78; social causality, .87). A final score was obtained for each of the object relations dimensions based on the average of the judges' ratings (complexity $M = 4.17$, $SD = 1.28$; affective tone $M = 3.41$, $SD = 0.73$; emotional investment $M = 3.64$, $SD = 0.68$; social causality $M = 3.53$, $SD = 0.68$).

Symptom outcome measures.

TRIG. The TRIG (Faschingbauer, 1981) is a 13-item Likert measure of current grief severity. It includes items addressing extent of distress (e.g., "I still get upset when I think about the person who died"), preoccupation (e.g., "I can't avoid thinking about the person who died"), missing (e.g., "Sometimes I very much miss the person who died"), and nonacceptance (e.g., "I am unable to accept the death of the person who died"). This scale has good internal consistency (Faschingbuer, 1981). Support for its discriminant validity was shown with respect to sex differences, time since the death, and relation to the deceased (Faschingbauer, 1981). The internal consistency coefficient alphas of the TRIG in the present study sample ranged from .87 to .89.

BDI. The BDI (Beck & Steer, 1987) is a 21-item scale that assesses the presence and severity of various affective, cognitive, motivational, vegetative, and psychomotor symptoms of depression. It is the most widely used measure of depression (Beck, Steer, & Garbin, 1988). The BDI has good internal consistency with a variety of participant populations (Beck et al., 1988). Its test–retest reliability ranges from .48 and .86 with psychiatric patients and from .60 to .83 with nonpatients (Beck et al., 1988). The internal consistency coefficient alphas of the BDI in the present study sample ranged from .87 to .90.

Bereavement risk factor control measures.

DAS. The DAS (Spanier, 1976) is an established and well-validated questionnaire measure of perceived relationship adjustment with 32 factor-analytically derived items. It yields four subscales: cohesion, consensus, satisfaction, and affectional expression. Given the high correlations among the subscales and the high reliability of the overall scale, a global summary score is typically employed (Spanier, 1988). Test–retest reliability has been established at .96 and .94 for the total scale (Spanier, 1976; Spanier & Thompson, 1982).

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Table 1. *Correlations between object relations scales* (*n* = *46*)

Object Relations Scale	1	2	3	4
1. Affect tone	—	.31*	.55**	.38**
2. Complexity		—	.53**	.53**
3. Emotional investment			—	.70**
4. Social causality				—

*$p < .05$. **$p < .01$. ***$p < .001$.

The internal consistency coefficient alpha for the DAS total scale in the present study sample was .91.

NEO-FFI. The NEO-FFI (Costa & McCrae, 1989) is a widely-used 60-item questionnaire measure designed to assess the five broad dimensions of personality (neuroticism, extraversion, agreeableness, conscientiousness, and openness). It has been shown to have high levels of reliability and validity (Costa & McCrae, 1989). In this study we focus only on neuroticism. Neuroticism is a 12-item scale assessing a chronic tendency to experience emotional distress. It is composed of items measuring degree of experienced anxiety, depression, hostility, self-consciousness, impulsivity, and vulnerability. The internal consistency coefficient alpha for neuroticism in the present study sample was .82.

Expectancy of the loss. This measure is based on the temporal interval between when participants first received news of the terminal condition of their spouse and the time of the death. It consisted of a 9-point rating scale ranging from 0 (*less than 24 hr of forewarning*) to 8 (*more than 3 years of forewarning*).

Results

Correlations between object relations scales

The correlation matrix for the object relations scales is shown in Table 1.

All four scales are significantly positively correlated. Complexity, emotional investment, and social causality are generally more strongly correlated with each other than they are with affect tone. In light of this, we elected to combine complexity, emotional investment, and social causality to form a composite object relations score; this involved converting these three scales to *z* scores and then summing the *z* scores (coefficient α = .81). The composite object relations score was used in place of the individual scales in subsequent analyses to reduce the risk of Type I error. Affect tone was treated as a separate variable in light of its weaker association with the other object relations variables. This was also justified on conceptual grounds, given the nondevelopmental nature of the affect tone scale.

Symptom measures means and correlations

A repeated-measures analysis of variance (ANOVA) was performed on each of the symptom measures. The results are shown in Table 2. The results indicate a significant linear decrease in mean symptom levels over time for each of the two symptom measures.

The correlation matrix for the symptom measures is shown in Table 3. The generally high correlations between earlier and later depression and grief-specific symptoms respectively indicates that symptomatic distress earlier on after the death is a strong predictor of later symptomatology. This is consistent with results of previous studies (e.g., Parkes & Weiss, 1983; Prigerson et al., 1995). Depression and grief-specific symptoms are only moderately correlated at each of the postloss measurement points, however. This justifies treating them separately in the main set of analyses. Interestingly, earlier grief-specific symptoms is a better predictor of later depression than earlier depression is of later grief-specific symptoms. This is an additional reason for considering them separately.

Correlations of control measures with object relations and symptoms

Simple correlations were calculated for the control measures of neuroticism, dyadic adjustment, expectancy of the loss, and number of years married with object relations and symptoms. The results are shown in Table 4. Consistent with previous research, neuroticism is associated with greater symptom severity, although is unrelated to the object rela-

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Table 2. *Symptom means at 6, 14, and 25 months postloss (n = 46)*

	6 Months		14 Months		25 Months		
Symptom	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*
BDI	12.3	7.7	9.5	6.5	7.5	7.1	12.1***
TRIG	45.7	8.6	42.4	8.7	38.8	9.6	22.5***

Note: BDI, Beck Depression Inventory; TRIG, Texas Revised Inventory of Grief.
***$p < .001$.

Table 3. *Correlations between symptom measures (n = 46)*

Symptoms	1	2	3	4	5	6
1. 6-month TRIG	—	.70***	.66***	.43**	.44**	.48**
2. 14-month TRIG		—	.74***	.33*	.57***	.37*
3. 25-month TRIG			—	.14	.28	.45**
4. 6-month BDI				—	.69***	.45**
5. 14-month BDI					—	.56***
6. 25-month BDI						—

Note: TRIG, Texas Revised Inventory of Grief; BDI, Beck Depression Inventory.
*$p < .05$. **$p < .01$. ***$p < .001$.

tions measures. Also, consistent with previous studies, greater expectancy of the loss is related to lower symptom levels but is not associated with the object relations measures. On the other hand, dyadic adjustment and number of years married are significantly related with affect tone but not with the symptom measures.

Object relations with 6-, 14-, and 25-month postloss symptoms

Simple correlations were calculated for the object relations measures with symptoms. Because each of the control measures in Table 4 is significantly correlated with at least one of the object relations or symptom measures, a hierarchical regression analysis was also conducted to control for the effects of the control variables. This involved entering neuroticism, dyadic adjustment, expectancy, and years married in the first step and the object relations measure in the second step of the regression analysis in the prediction of the given symptom measure.

The simple correlations and the part correlational results of the hierarchical regression analysis (shown in parentheses) are presented in Table 5. A noteworthy different pattern of correlations is shown for the object relations composite measure with grief-specific symptoms to that shown for depression; specifically, the correlation for the composite object relations measure with depression is initially low but increases over time, whereas the correlation is highest earlier on after the death with grief-specific symptoms. Affect tone has a similar pattern of correlations with depression to that shown for the composite object relations measure. The significant results for the composite object relations measure with grief-specific symptoms are in striking contrast to the nonsignificant correlations shown for affect tone with this symptom measure, however. These significant differences in the strength of the correlations ($p < .05$) highlight the different predictive implications of these two object relations measures.[1] The compara-

1. Because combining the three object relations dimensions in creating the composite object relations measure increases its reliability ($r = .93$), such that it is more reliable than affect tone ($r = .81$), this would need to be considered in drawing conclusions regarding differences in the magnitude of the correlations for each of these object relations measures with the symptom measures. Even when accounting for this, differences in the strength of the correlations for the object relations composite measure and affect tone with grief-specific symptoms remain significant.

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Table 4. *Correlations of object relations and symptoms with control measures* (*n* = *46*)

	Neuroticism	Dyadic Adjustment	Expectancy	Years Married
Object relations	−.17	.03	.19	−.23
Affect tone	−.09	.29*	.18	−.43**
6-month BDI	.34*	−.01	−.09	−.03
6-month TRIG	.36**	.14	−.34*	−.11
14-month BDI	.12	−.10	−.20	−.04
14-month TRIG	.21	−.03	−.33*	−.15
25-month BDI	.29*	−.05	−.53**	−.07
25-month TRIG	.16	.09	−.44**	−.26†

Note: BDI, Beck Depression Inventory; TRIG, Texas Revised Inventory of Grief.
†$p < .10$. *$p < .05$. **$p < .01$.

Table 5. *Correlations of object relations with 6-, 14-, and 25-month postloss symptoms* (*n* = *46*)

	6 Months		14 Months		25 Months	
	BDI	TRIG	BDI	TRIG	BDI	TRIG
Object relations composite	−.16 (−.05)	−.38**[a] (−.30*)	−.21 (−.14)	−.23[a] (−.16)	−.43** (−.32*)	−.29*[a] (−.26†)
Affect tone	−.12 (−.08)	−.04 (.04)	−.16 (−.11)	.12 (.21)	−.33* (−.27†)	.12 (.16)

Note: BDI, Beck Depression Inventory; TRIG, Texas Revised Inventory of Grief.
[a]*t* tests for dependent correlations indicate that the object relations composite measure correlation is significantly different at at least $p < .05$ from the affect tone correlation in relation to the TRIG at a given postloss point in time. Correlations in parentheses are part correlations controlling for neuroticism, dyadic adjustment, expectancy of the loss, and years married.
†$p < .10$. *$p < .05$. **$p < .01$.

bility of the part correlations (in parentheses) to the zero-order correlations verifies that the object relations measures contribute unique variance in predicting symptoms when statistically controlling for dyadic adjustment, neuroticism, expectancy of the loss, and number of years married. Analyses assessing quadratic effects were also undertaken. No significant quadratic effects were shown, however.

A growth curve analysis was conducted to clarify differences in the association of the object relations composite measure to changes in symptoms over time for grief-specific versus depressive symptoms. This is an ideal method for assessing the course of change over time in a repeated-measures design (Willett, 1988). It involved calculating a slope value for each of the symptom measures by fitting a participant's 6-, 14-, and 25-month postloss scores for a given symptom measure to a least squares regression line. Because the slope value and initial 6-month postloss symptom score were significantly correlated for each symptom measure ($r = -.30$, $p < .05$, for grief-specific symptoms; $r = -.58$, $p < .001$, for depression), the 6-month symptom scores were statistically controlled for in a partial correlational analysis. A significant negative partial correlation for the composite object relations measure with the depression slope measure ($pr = -.41$, $p < .01$) indicates that bereaved individuals with more developmentally mature object relations are more likely to exhibit a greater decrease over time in depression than those with less mature object relations. This finding is consistent with the increasing strength of the correlations over time for the object relations composite measure with depression in Table 5. On the other hand, the nonsignificant partial correlation for

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the composite object relations measure with the grief-specific symptoms slope measure ($pr = -.06$, *ns*) suggests that the association of object relations to grief-specific symptoms does not change over time in any systematic linear fashion. These differences in the strength of the correlations for the object relations composite measure with the symptom slope measures are statistically significant ($t = 2.03$, $p < .05$), clarifying the different association of object relations with rate of change over time for depressive versus grief-specific symptoms.

A final analysis was conducted in an attempt to shed further light on the different pattern of findings shown for the composite object relations measure with the two symptom measures. A way of interpreting these results is in terms of the impact of object relations maturity on successfully completing the task of revising the representation of the relationship with the deceased to bring into accord with the reality of the permanence of the loss, as outlined earlier in the attachment theory-based perspective on grief work. If more severe grief-specific symptoms experienced earlier on after the death in those with less mature object relations interferes with grief work, thereby having detrimental consequences on long-term adjustment, it would then follow that 6-month grief-specific symptoms should mediate the relationship between object relations and 25-month depression. This was addressed in a hierarchical regression analysis by determining whether the object relations composite measure remained a significant predictor of 25-month depression after entering 6-month grief-specific symptoms in a hierarchical regression analysis. Support for the mediational hypothesis would be shown if object relations were no longer a significant predictor (Baron & Kenny, 1986). Because the 6-month grief-specific symptom measure was significantly correlated with 6-month depression ($r = .43$, $p < .01$), it was necessary first to remove statistically the variance held in common between 6-month depression and 6-month grief-specific symptoms prior to conducting the hierarchical regression analysis. This ensured that a significant reduction in the amount of variance accounted for by the object relations composite measure in predicting 25-month depression after entering 6-month grief-specific symptoms in the regression analysis was not simply attributable to the overlap of the latter with 6-month depression. This was achieved by regressing 6-month depression on 6-month grief-specific symptoms and entering this residual score in place of the 6-month grief-specific symptom score in the hierarchical regression analysis. The 6-month grief-specific symptom residual score was significantly correlated with 25-month depression ($r = .32$, $p < .05$), verifying its unique relation to later depression when controlling for concurrent depression.

The results of the hierarchical regression analysis are shown in Table 6. The minimal change in the beta coefficient for the object relations composite measure from Step 1, which remains statistically significant after having entered the 6-month grief-specific symptom residual score in Step 2, is not in keeping with a mediational model. Instead, it indicates a significant direct effect of object relations on 25-month depression.

Discussion

To reiterate, our goal in this study was to examine the role of object relations in bereavement-related adaptation. Consistent with our hypotheses, object relations was shown to relate to symptom severity as well as to the rate of change in symptom levels over time. A noteworthy finding was the different pattern of correlations shown for object relations with depression to that shown for grief-specific symptoms; the composite object relations measure was more strongly correlated with grief-specific symptoms than depression at 6-months postloss, whereas the opposite was true at 25-months postloss. This difference was further evident in a growth curve analysis. Specifically, a significant negative correlation between the composite object relations measure and the depression slope value indicated that more mature object relations was predictive of a greater decline over time in depression, whereas no relationship was found for the composite object relations mea-

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Table 6. *Hierarchical regression analysis predicting depression at 25 months postloss* (*n* = *46*)

Variable	*B*	*SE B*	β
Step 1: Object relations composite	−1.17	.37	−.43**
Step 2			
Object Relations composite	−1.00	.39	−.36*
6-month TRIG residual	.18	.13	.20

Note: TRIG, Texas Revised Inventory of Grief. R^2 = .19 for Step 1; ΔR^2 = .03 for Step 2, *ns*.
*$p < .05$. **$p < .01$.

sure with the trajectory of grief-specific symptoms. The different results for object relations with grief-specific and depressive symptoms highlights the importance of including both types of symptom measures in assessing the impact of bereavement. These results are also consistent with recent findings in the bereavement literature on the empirical independence of grief-specific symptoms from bereavement-related depression (Prigerson et al., 1995, 1996).

In keeping with an attachment theory-inspired explanation outlined earlier that more severe grief earlier on after the death interferes with grief work, having consequences on long-term adjustment, the 6-month grief-specific symptom residual score was predictive of 25-month depression. However, no support was found for the indirect effect of the object relations composite measure on 25-month depression, mediated via 6-month grief-specific symptoms. Rather, object relations was shown to have a significant direct effect on 25-month depression in the hierarchical regression analysis.

An explanation for the direct effect of the object relations composite measure on 25-month depression is in terms of its impact on the ability of the bereaved to meet the new life demands secondary to mourning the loss. In their dual process model of coping with bereavement, Stroebe and Schut (1999) argue that the task of grief work toward fully acknowledging and accepting the permanence of the loss is to some degree independent of the task involved in constructing a new life. They suggest that earlier on in bereavement grief work is likely to be a predominant focus, whereas later on concerns more directly involved in establishing a new identity are likely to become more central such as developing new skills, adopting new roles, and forming new relationships required for successful adaptation to the loss. If those with more immature object relations are less equipped to meet these new life challenges, the detrimental consequences of this may become more evident over time. This could explain the significant negative correlation for the object relations composite measure with the slope measure for depression in addition to the significant direct effect of the object relations composite measure on 25-month depression. This might also account for the stronger correlation between object relations and grief-specific symptoms at 6 months postloss, given the presumed greater prominence of mourning the loss earlier on after the death.

The nonsignificant correlations for affect tone with grief-specific symptoms call into question whether it plays a role in bereavement-related adjustment. Although affect tone was predictive of 25-month depression, it is not clear that this is attributable to the loss. Possibly, affect tone may tap a general tendency to view others more negatively. If this were true, it could be that those with lower affect tone scores have more limited friendships and poorer social supports that might explain its relation to 25-month depression.

It is possible that affect tone is not a measure of maturity of object relations in the context of the present study. Strictly speaking, affect tone is not a developmental variable in that it does not occupy a developmental trajectory ranging from malevolent representations at the lower end to benevolent representations at the upper end (Westen et al., 1991).

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There is evidence to suggest that in the early months following the death, bereaved widows and widowers are more likely to idealize their spouse (Futterman, Gallagher, Thompson, & Lovett, 1990). To the degree that the valence of the representation of the deceased is affected by bereavement, it less clearly reflects a dispositional variable such as object relations. Furthermore, one might expect marked idealization of the deceased to be just as indicative of lower object relations as a highly negative evaluation of him or her. Both imply a unidimensional view of the other as opposed to a more complex representation that encompasses both negative and positive qualities.

The present study contributes to the literature on risk factors in adjustment to bereavement. Although on theoretical grounds object relations should be an important factor in response to the loss of an important attachment figure, there has been limited past empirical support for this, as reviewed in the introduction. In showing that object relations remained predictive of symptomatology when statistically controlling for neuroticism, dyadic adjustment, expectancy of the loss, and length of the marriage, we clarified that our measure of object relations was not simply a derivative of factors known in the bereavement literature to have an impact on adjustment.

The present study also contributes to the accumulating literature applying content analytic systems for assessing object relations such as the Westen system as a predictor of the course of adjustment in response to a stressor or therapeutic intervention. To our knowledge, this is the first study to apply the Westen system in examining adaptation to conjugal loss. It provides empirical support for the large body of clinical case literature on representational models of attachment on adaptation to bereavement (Bowlby, 1980; Horowitz, 1990).

The present study has a number of limitations. One limitation has to do with the number of participants excluded from the analysis. Although no differences were found on the object relations scales, symptom measures, or demographic variables between those included in the present study and those not included due to incomplete data, the high number of participants for which complete data was not available nevertheless is noteworthy.

A second limitation involves the assessment of object relations after the death. Ideally, a prospective design should be implemented in which object relations and symptoms are measured prior to the death. It would then be possible to determine how object relations moderates the impact of the death on adjustment as reflected in change in symptoms from preloss levels. It would also provide a measure of object relations unaffected by the death, whereas in the present study design the impact of the death on object relations is unknown. Related to this, it would be useful to have reassessed object relations at later points after the death. This would help to clarify whether object relations is affected by proximity to the death. This would also provide a basis for more clearly determining the causal relationship between object relations and symptoms.

A third limitation is the exclusive reliance on the relationship with the deceased as a basis for measuring object relations. Because object relations address a person's general capacity for relatedness, one might argue that a more valid assessment of object relations would require a consideration of other important relationships in addition to the deceased. On the other hand, the developmental level of the representation of the deceased should be especially pertinent in assessing the impact of object relations on bereavement-related adjustment. This should be addressed in future research.

A final limitation involves the failure to include a nonbereaved control group. One might argue that the significant associations between the object relations and symptom measures may not be unique to bereavement but may also be shown for an intact relationship. However, this potential confound is less evident in the growth curve analysis findings focusing on the relationship between object relations and rate of change in symptoms over time. Here, there is no reason to expect systematic changes in symptoms over time in a nonbereaved sample.

Future research should attempt to address

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the mechanisms through which object relations affects bereavement-related adjustment. To the extent that those with less mature object relations employ greater avoidance, this may impact negatively on the dual tasks identified by Stroebe and Schut (1999) of confronting the pain of the loss and taking active steps toward constructing a new life. Measures of avoidant coping might therefore be expected to mediate the relationship between object relations maturity and symptom outcome measures. Consistent with this, avoidant coping has been shown to have detrimental impact on bereavement-related adjustment (Nolen–Hoeksema & Larson, 1999).

Another way in which object relations might affect adjustment to bereavement is through its impact on social supports. Social support is known to be an important buffer against bereavement-related stress (Nolen–Hoeksema & Larson, 1999). Those with less mature object relations may have greater difficulty forming or maintaining satisfying relationships with others. Consequently, they may lack social supports to help counteract the stress of the loss.

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