Abstract

Affect, Behavior & (Dys)Regulation:
Integrating Youth’s Projective Tests and Self-Reports

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Past and current research indicates that unconscious processes (e.g., outside the realm of conscious awareness) contribute to aspects of adaptation and development, such as emotion regulation, adaptability, interpersonal flexibility and overall identity formation. Further, unconscious processes including: Defense Mechanisms (DMs), Affect Maturity (AM) and Object Relations (OR), can be operationalized and scored using valid and reliable psychodynamic instruments (e.g., Rorschach Inkblot Method), with theoretical and empirical links to underlying emotion regulation processes. Currently however, emotional dysregulation and its sequelae (e.g., depression and ADHD symptoms) are most often assessed based on one’s conscious awareness, using standardized self-report measures or structured clinical interviews. To date however, few studies explicate underlying relationships and intersections between measures of unconscious, psychodynamic constructs and self-report psychiatric symptoms, particularly among a diverse sample of clinical service-seeking youth. Data for the current study was obtained as part of an ongoing programmatic evaluation of clinical services at a community-based mental health clinic in Harlem, New York. Results and analyses are based on a sample of children and adolescents between ages 8 – 17 (N = 51, 47% biologically female) presenting for psychological services between September 2016 and September 2019.

Overall, results from the current study highlight several novel and significant outcomes regarding underlying relationships between emotion regulation processes and systems, including internalizing (i.e., turned inward) and externalizing (i.e., turned outward) symptoms in youth. Across the entire sample, results revealed clinically elevated rates of psychiatric symptoms, including: depression, hyperactivity, and to a lesser extent, inattentiveness. Further, unique symptom patterns emerged according to age and biological sex, such that males reported higher rates of hyperactivity compared to females (whose symptoms, unexpectedly, increased with age). Outcomes further revealed that youth in the sample exhibited unhealthy and underdeveloped Object Relations, significant delays in Affect Maturity development, and over-reliance on primitive, rather than mature Defense Mechanisms (e.g., Denial). Significant between-group differences also emerged, including greater Affect Maturity (AM) and use of mature defense mechanisms (e.g., Identification) among females regardless of age.

As hypothesized, results revealed several significant relationships between unconscious constructs and self-report psychiatric symptoms. First, unhealthy Object Relations (OR) and lower Affect Maturity (AM) both predicted higher rates of depression (DEP T-scores) and Hyperactivity / Impulsivity (HYP T-scores), particularly among adolescents (ages 13 – 17); however only OR remained significant after controlling for age and biological sex. Next, Affect Maturity mediated the relationship between immature defense use and Defiance / Aggression (DEF) self-report scores, suggesting a unique and interactive relationship between unconscious emotion-regulating
processes. Specifically, results from the current study suggest that healthy Object Relations (OR) and to a lesser extent, Affect Maturity (AM) and mature Defense Mechanisms (e.g., Identification) may protect against internalizing symptoms (e.g., depression) and symptoms (e.g., hyperactivity) during pre- and adolescent stages of development. Further, underdeveloped AM, immature use of DMs or unhealthy OR may increase risk for the onset of these symptoms during adolescence and later stages of development. Unexpected and non-significant results are also discussed, followed by recommendations for future explorations of relationships between unconscious, emotion regulation processes and psychiatric symptoms among youth.

Key Words: emotion regulation, affect maturity, object relation(s), defense mechanisms(s), psychiatric symptom(s), depression, Attention-Deficit-Hyperactivity Disorder (ADHD)