Pleasant and unpleasant ideas of reference and their relation to psychopathology

J.F. Rodríguez-Testal,
Universidad de Sevilla
M.C. Senín-Calderón,
Psychological and Psychopedagogical Care Service, Universidad de Cádiz (Spain)
S. Perona-Garcélán, M. Ruiz-Veguilla,
Institute of Biomedicine of Seville (IBIS)
and C. Scurtu,
Universidad de Sevilla (Spain)

Abstract:
In previous works we recorded the presence of ideas of reference (or self-references) with the REF-scale about referential thinking. The differences between patients and controls are clear, but not so clearly between diagnostic categories, except for psychotic disorders. Aims: We try to verify whether the differences between patients and controls are due to the presence of pleasant self-references (PS) or unpleasant self-references (US) and, especially, considering the different diagnostic groups. Method: 1600 subjects participated, 1245 from general population and 355 patients, 63.3% were women. Results: We obtained significant differences between patients and controls, both PS, F (1, 1598) = 62.31, and US, F (1, 1598) = 99.47. When analyzing the diagnostic categories, differences were obtained in mean of US, F (7, 347) = 2.770, and PS, F (7, 347) = 3.870, highlighting psychotic patients. Discussion: Psychotic patients reached statistically significant differences only with adjustment disorders patients, when considering US; and mood disorders, anxiety and adjustment disorders, when considering PS. Keywords: ideas of reference, pleasant self-references, unpleasant self-references, psychotic disorders, Psychopathology.

Introduction
In previous works, we have noted the occurrence of ideas of reference with the Referential Thinking Scale (REF; Lenzenweger, Bennett & Lilenfeld, 1997) in both a general and clinical population (Rodríguez-Testal et al., 2008; Senín et al., 2010). Although the differences between patients and controls are clear, the differences among diagnostic categories are not as notable, except in the case of psychotic disorders. Cicero and Kerns (2011) suggest that this could be owed to whether referential thinking is experienced as pleasant or unpleasant.

Objectives
To verify whether the differences between patients and controls are owed to pleasant and unpleasant referential thinking (PRT/URT) while considering the DSM-IV-TR diagnostic categories (APA, 2000).

Contact information:
Juan F. Rodríguez-Testal
Departamento de Personalidad, Evaluación y Tratamiento Psicológicos. Universidad de Sevilla.
C/ Camilo José Cela SN. 41018 Sevilla. Spain.
Tel.: +34 954557802
testal@us.es
When the diagnostic categories are analyzed with respect to the ten most pleasant referential thoughts and ten most unpleasant ones, ANCOVA indicates differences in the average PRT, $F(6, 344) = 3.151$, $p = .005$; and URT, $F(6, 344) = 2.448$, $p = .025$ (Table 3).

### Discussion and conclusions

The controls reported PRT and URT less frequently and with less difference between the two. Patients showed a clear presence of referential thinking, especially URT. Only the psychotic patients stand out from the adjustment disorder patients.

PRT clearly varies according to a patient’s diagnosis. Psychotic patients reported it more frequently and the post-hoc test (Tamhane) differentiates this group from patients with mood, anxiety and adjustment disorders.

Omnipresence of URT is not discriminatory. The combination of URT/PRT can be an indicator of hypervigilance in a social context; it is higher when exclusively URT is considered (like during depressive states) or for exclusively PRT in the absence of a psychopathology.

### References


