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Pleasant and unpleasant ideas of reference and their relation to psychopathology

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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.

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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).

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Method

Participants: A total of 1,620 subjects participated (1,248 from the general population and 351 patients); 63.3% of subjects were women. The average age was 34.44 (DT=11.14) for patients and 30.55 (DT=12.28) for controls.

Instrument: The REF scale (Lenzenweger et al. 1997) which consists of 34 true/false questions that evaluate situations where referential thinking occurs.

Procedure: Study 1 by Cicero and Kerns (2011) was used as a reference to identify the referential thinking that was more pleasant/positive than unpleasant/negative for a group of university students. On the global REF scale, 20 were PRT and 14 were URT.

Results

Significant differences were observed between patients and controls for both PRT, $F_{(1, 1618)} = 61{,}33$ and URT, $F_{(1, 1618)} = 102.24$. The difference between the proportion of PRT to URT of patients is greater than that of controls (Table 1).

When the ten most unpleasant referential thoughts and the ten most pleasant ones are taken, significant differences are observed for PRT, $F_{(1, 1618)} = 73.41$, and for URT, $F_{(1, 1618)} = 168.89$ (Table 2):

Table 1. Average and proportion of referential thinking considered pleasant or unpleasant by patients and controls.

Group	Pleasant	Proportion pleasant	Unpleasant	Proportion unpleasant
Patients	4.33 (4.10)	0.21 (0.20)	4.23 (4.24)	0.30 (0.30)
Controls	2.52 (2.52)	0.12 (0.12)	1.90 (2.34)	0.13 (0.16)

Table 2. Average of referential thinking considered pleasant or unpleasant in the Cicero and Kerns study (2011) among patients and controls.

	More pleasant	More unpleasant
Patients	1.92 (2.15)	3.23 (3.49)
Controls	1.12 (1.44)	1.49 (1.86)

Table 3. Average of pleasant and unpleasant referential thinking based on diagnostic categories.

Diagnostic Categories	N	10 Pleasant	10 Unpleasant
Axis II	26	2 (2.52)	3.80 (2.53)
Mood	111	1.68 (1.84)	3.25 (2.50)
Adjustment Disorders	57	1.71 (1.82)	2.01 (2.03)
Somatoform disorder	28	2.17 (2.00)	3.75 (2.81)
Eating disorders	11	2.27 (1.79)	3.00 (2.04)
Anxiety disorders	86	1.76 (2.07)	3.32 (5.51)
Psychotic disorders	32	3.40 (3.14)	4.81 (3.13)**

When the diagnostic categories are analyzed with respect to the ten 10 most pleasant referential thoughts and 10 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.

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