"The Tongue Ever Turns to the Aching Tooth: A Pilot Study of Depressed Patients' Self-Preoccupation"

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Abstract
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THE TONGUE EVER TURNS TO THE ACHING TOOTH: A PILOT STUDY OF DEPRESSED PATIENTS’ SELF-PREOCCUPATION

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Excessive self-preoccupation is indicated in various theoretical models as a core characteristic of depression. Research that measures self-preoccupation by examining natural language suggests that dysphoric and depressed persons spontaneously use many more self-references than do nondysphoric or nondepressed persons (see, e.g., Bucci and Freedman 1981; Rude, Gortner, and Pennebaker 2004). From a Freudian point of view, self-preoccupation can be understood as a narcissistic turn inward due to the withdrawal of libido from others (Freud 1917). According to Blatt’s theory of depression (1998), excessive self-focus can be seen as characteristic of introjective depression.

Self-preoccupation is often measured lexically, by counting the number of self-references on free-response tests. However, lexical analyses that examine how self-preoccupation is related to other themes expressed in natural language are scarce. This type of research is relevant, as it
would indicate whether self-preoccupation is connected with other themes in a person’s discourse.

In this study we examine clinical interviews from a sample of patients diagnosed with mood disorder (depressed and dysphoric) and explore how self-preoccupation is embedded within the context of a person’s mental functioning. First we examine whether a depressive turn inward can be interpreted as narcissistic. In line with Freud’s theory that a primary indication of narcissism is a preoccupation with one’s bodily functioning (1914), we hypothesize that increased self-preoccupation is accompanied by an increased focus on one’s own bodily functioning (H1).

Next we examine whether increased self-preoccupation is related to decreased preoccupation with others, and to a reduced complexity in one’s representation of others. For Freud (1917) the depressive mental turn inward coincides with the withdrawal of libido from objects; according to Blatt (1998), self-preoccupation is connected with decreased concern for others. Introjective patients are more concerned with establishing a self-concept than they are with the quality of their interpersonal relations (Blatt 1998). We thus test two additional hypotheses: (H2) that a frequent use of self-reference is negatively correlated with the number of second-person references, measured through the use of second-person pronouns (see also Bucci and Freedman 1981); and (H3) that a frequent use of self-reference is negatively correlated with the number of references to third persons, measured through the use of third-person pronouns. We assume that the number of references to others informs us of people’s attitude toward them.

Finally, we examine how self-preoccupation is related to affective concerns. We hypothesize that self-preoccupation is linked to increased preoccupation with sadness and depressive affect (H4), with anger and swearing (H5), and with anxiety and fear (H6). These three themes were outlined by Freud (1917): sadness is a fundamental phenomenological feature of depressive disorder; anger is evoked by the experience of loss that triggered the disorder; and fear and anxiety indicate a typical impoverishment of the ego. Following Blatt (1998), we expect anger and aggression to be typical correlates of self-preoccupation, both of which are central to introjective pathologies.

**Method**

The participants in this study were 32 adult mental health outpatients. All participants had a DSM-IV-TR diagnosis of depressive \((n = 22)\) or
dysthymic disorder \( (n = 10) \); 11 patients received a personality disorder diagnosis; 17 were male; 12 were married or living with a partner; 18 had children; 11 were unemployed; 17 used psychoactive drugs; and all were Dutch-speaking. The average age was 43.16 \( (SD = 7.02) \). All participants gave informed consent.

The participants were interviewed for approximately two hours in a semistructured clinical interview. The interviews were recorded and typed out verbatim. On average, participants used 11,220 words during the interview, of which 1,341 were different words.

The narratives of the patients were analyzed with the Protan software (Hogenraad et al. 1995), which checks the extent to which words from predefined categories are present in a text. In our case the predefined categories are taken from the Linguistic Inquiry and Word Count (LIWC2001). This is a frequently used content analysis system that maps psychological and basic linguistic characteristics of text materials (see Pennebaker, Mehl, and Niederhoffer 2003). The Dutch adaptation of the LIWC2001 was used (Zijlstra et al. 2004).

Protan counts the frequency with which words from a certain category appear in a text and maps the complexity of a person’s discourse. The frequency score is calculated by balancing the number of words that are used from a category against the total number of words used by the participant in the interview, and indicates preoccupation with a specific theme. The complexity score is calculated by balancing the number of different words used from a certain category against the total number of words used, and points to the amount of differentiation in someone’s discourse with respect to that category (see Hogenraad et al. 1995). This study focuses on preoccupation and concentrates primarily on the frequency score. The complexity score is checked in an explorative way.

Given our small sample size, we test our hypotheses by means of bootstrapped Pearson correlations (1,000 bootstrap samples). Significance was checked through Tilting confidence intervals.

**Results**

Differences in the use of first person singular pronouns were not significant for dysthymic versus depressed patients \( (t = - .34, df = 30, p > .05) \); personality disorder or not \( (t = -1.55, df = 30, p > .05) \); gender \( (t = 1.76, df = 29, p > .05) \); relational status \( (t = -1.64, df = 29, p > .05) \); having children or not \( (t = -1.22, df = 29, p > .05) \); occupational status \( (t = - .70, \)
Poster Summaries

Table 1:

<table>
<thead>
<tr>
<th>LIWC2001 categories</th>
<th>Frequency or complexity LIWC2001 category</th>
<th>Frequency first person singular pronouns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily functioning</td>
<td>Body states and symptoms (e.g., ache, heart, cough)</td>
<td>Frequency .64***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complexity .45***</td>
</tr>
<tr>
<td>Other-references</td>
<td>Total second person pronouns (e.g., you, you’ll)</td>
<td>Frequency -.19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complexity -.37**</td>
</tr>
<tr>
<td></td>
<td>Total third person pronouns (e.g., she, their, them)</td>
<td>Frequency .11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complexity -.39**</td>
</tr>
<tr>
<td>Affective functioning</td>
<td>Sadness and depression (e.g., grief, cry, sad)</td>
<td>Frequency .27*</td>
</tr>
<tr>
<td></td>
<td>Anxiety or fear (e.g., nervous, afraid, tense)</td>
<td>Frequency .43***</td>
</tr>
<tr>
<td></td>
<td>Anger (e.g., hate, kill, pissed)</td>
<td>Frequency .50***</td>
</tr>
<tr>
<td></td>
<td>Swearing (e.g., damn, fuck, piss)</td>
<td>Frequency .28***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complexity .35*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complexity .38***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complexity .31***</td>
</tr>
</tbody>
</table>

***p < .01; **p < .05; *p < .10

$df = 29, p > .05$; or the use of psychoactive medication ($t = -.67, df = 29, p > .05$). The correlation with age was not significant ($r = .23, p > .05$).

Table 1 shows the correlations between the first person singular pronoun frequency score and other relevant LIWC2001 categories. In line with H1 and H5, significant positive correlations were observed with the complexity and frequency scores of words expressing bodily states and symptoms, and anger and swearing. For H2 and H3 we observed significant negative correlations with the complexity scores, but not with the frequency scores for the use of second and third person pronouns. For H4 we observed a statistical trend in the correlation with the frequency score for sadness and depressive affect, but not with the complexity score. For H6 we observed a significant positive correlation with the frequency score for anxiety and fear, and a statistical trend in the correlation with the complexity score.

Discussion

In our mixed depressed/dysphoric sample, self-preoccupation was clearly related to preoccupation with bodily functioning, anger and swearing, anxiety and fear, and somewhat more weakly related to preoccupation with sadness and depressive themes. Self-preoccupation...
was also significantly related to having a more differentiated lexicon about bodily functioning, anger and swearing, and less related to having a more differentiated lexicon about anxiety and fear.

These results support the theoretically derived ideas that self-preoccupation in depressed patients is narcissistic in nature; that the depressive mental turn inward is especially related to an evocation of anger and resentment; and that self-preoccupation goes hand in hand with a strong experience of fear and anxiety. The relation between self-preoccupation and sad and depressive themes was present in the data, but was weaker than we had expected. The reason for this is not entirely clear, but could be due to the fact that all patients talked a lot about depressive topics in the interviews.

The hypothesis that increased self-preoccupation is correlated with reduced preoccupation with others and to reduced complexity in one’s representation of others was not supported. There was evidence that self-preoccupation correlated with fewer differentiations in one’s discourse about others, but indications of a lack of concern about others were not found.

REFERENCES


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