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Remembering rejection: Specificity and linguistic styles of autobiographical memories in borderline personality disorder and depression



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ABSTRACT

Background and objectives: High levels of rejection sensitivity are assumed to be the result of early and prolonged experiences of rejection. Aim of this study was to investigate autobiographical memories of rejection in clinical samples high in rejection sensitivity (Borderline Personality Disorder, BPD, and Major Depressive Disorder, MDD) and to identify group differences in the quality of the memories.

Methods: Memories of rejection were retrieved using an adapted version of the Autobiographical Memory Test (AMT; five positive cue words, five cue words referring to rejection). Specificity of memories and linguistic word usage was analyzed in 30 patients with BPD, 27 patients with MDD and 30 healthy controls.

Results: Patients with BPD retrieved less specific memories compared to the healthy control group, whereas patients with MDD did not differ from controls in this regard. The group difference was no longer significant when controlling for rejection sensitivity. Linguistic analysis indicated that compared to both other groups, patients with BPD showed a higher self-focus, used more anger-related words, referred more frequently to social environments, and rated memories of rejection as more relevant for today's life.

Limitations: Clinical symptoms were not assessed in the control group. Moreover, the written form of the AMT might reduce the total number of specific memories.

Conclusion: The level of rejection sensitivity influenced the specificity of the retrieved memories. Analysis of linguistic styles revealed specific linguistic patterns in BPD compared to non-clinical as well as depressed participants.

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1. Introduction

Experiences of rejection are common incidents in a person's life; almost everybody has personal memories of rejection by others. Whereas some people might remember the breakup of their first relationship, others think of parental absence or a missed job chance. All these memories are part of the autobiographical memory (ABM). ABM refers to memories of an individual's life and is regarded to hold an identity-establishing function (Brewer, 1986; Schacter, 1996). Important identity-related factors like problem-solving and mood regulation, social interaction and communication as well as simply providing information about the self are

functions based on the ABM (Conway, 1996; Conway & Pleydell-Pearce, 2000; Williams et al., 2007).

Downey and Feldman (1996) postulated that early and long lasting experiences of interpersonal rejection form the basis of a cognitive-affective processing disposition that leads to the expectation to be rejected by others. The authors defined *rejection sensitivity* as a tendency to anxiously expect and readily perceive rejection. Individuals high in rejection sensitivity are hyper-vigilant in social interactions and feel rejected even in neutral or benign situations. In response to (assumed) rejection, they typically react either with aggressive behavior, with high social devotion or with social withdrawal (Ayduk, Gyurak, & Luerssen, 2008; Pearson, Watkins, & Mullan, 2010; Watson & Nesdale, 2012). These reaction patterns can lead to actual rejection by others in terms of a self-fulfilling prophecy. Psychological distress can be the result of a continuous reciprocal interaction of perceived and experienced

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rejection and dysfunctional reactions (for a review, see Rosenbach & Renneberg, 2011).

One characteristic feature of Borderline Personality Disorder (BPD) is the fear of abandonment. Rejection by others can be understood as one form of abandonment, thus high levels of rejection sensitivity, and especially rejection expectancy in BPD are conceivable. Previous research has shown repeatedly extremely high levels of rejection sensitivity in BPD compared to other clinical samples as well as to nonclinical control groups (Berenson, Downey, Rafaeli, Coifman, & Paquin, 2011; Staebler, Hellbing, Rosenbach, & Renneberg, 2011).

An elevated degree of rejection sensitivity has also been observed in clinical samples with depression (Gilbert, Irons, Olsen, Gilbert, & McEwan, 2006). In a direct comparison of these two clinical groups, patients with BPD reported significantly higher levels of rejection sensitivity than patients with depression (Staebler et al., 2011).

In view of the assumption of Downey and Feldman (1996) that high levels of rejection sensitivity are the result of earlier experiences of rejection, we wanted to investigate the characteristics of autobiographical memories of rejection in BPD and depression. To this end, we examined the quality of autobiographical memories of rejection regarding specificity and linguistic properties.

1.1. Specificity of autobiographical memories

A large number of empirical studies investigated autobiographical memory retrieval in several emotional disorders (for a review, see Williams et al., 2007). Mainly for depression, *overgeneralized memory retrieval* (OGM) has been shown to be a consistent characteristic of autobiographical memories (Van Vreeswijk & de Wilde, 2004; Williams et al., 2007). OGM is defined as the tendency to remember enduring or recurring personal events rather than a specific moment or instance when responding to cue words of the Autobiographical Memory Test (AMT; Williams & Broadbent, 1986).

For BPD, some studies replicated empirical results for depression in borderline samples (Jones et al., 1999; Maurex et al., 2010; Reid & Startup, 2010), whereas other studies did not find a lack of specificity in BPD (Arntz, Meerren, & Wessel, 2002; Renneberg, Theobald, Nobs, & Weisbrod, 2005) or reported the effect only in patients with BPD with comorbid depression (Kremers, Spinhoven, & Van der Does, 2004). Two studies additionally pointed at the valence of retrieved ABM (Jorgensen et al., 2012; Renneberg et al., 2005): Borderline patients reported more negative life events than other clinical groups or nonclinical samples.

Dagleish et al. (2003) proposed that self-relevant cue words lead to an activation of certain self-schemas. Due to this activation, less processing resources are available for memory search, which therefore is aborted earlier, leading to a retrieval of less specific memories. Some studies provided empirical evidence for the role of (self-relevant) cue content (e.g., Barnhofer, Crane, Spinhoven, & Williams, 2007; Van den Broeck, Claes, Pieters, & Raes, 2012).

In summary, empirical research provides sound evidence for OGM in depression, whereas findings for BPD are inconsistent.

Until now, to our knowledge, an investigation of autobiographical memories in response to rejection-relevant cues using the AMT has not yet been conducted.

1.2. Linguistic patterns

Language usage is regarded as a psychological marker allowing insight into emotional, cognitive and social processes. Due to the stability over time of a person's word choice, language is a valid measure to assess individual differences regarding social-

psychological (e.g., language in social interactions) and cognitive dimensions (Pennebaker, Mehl, & Niederhoffer, 2003). Perspectives of sociolinguistic and communication research regard language as a method that enables individuals to give a meaning to events. These meanings, in turn, shape an individual's reality (see Pennebaker et al., 2003). Therefore, language has a great impact on the memory of events and thereby influences the self (see also Prebble, Addis, & Tippett, 2013).

In a study using the Adult Attachment Interview (AAI), Carter and Grenyer (2012) showed that borderline patients used fewer words related to positive emotions and more words related to negative emotions (especially anger-related words) than a healthy control group. In a sample of patients with different Axis II disorders, Arntz, Hawke, Bamelis, Spinhoven, and Molendijk (2012) found less positive and more negative emotional word usage in patients with a personality disorder compared to a healthy control group. Additionally, the authors reported that the diagnosis of a personality disorder was associated with less language use related to social interaction and more negation use.

Numerous studies have demonstrated that symptoms of depression are frequently expressed by specific language patterns. An often-observed phenomenon in depressed samples is the elevated usage of 1st person singular (linguistic self-focus) and a lack of 3rd person pronouns (Bucci & Freedman, 1981; Mehl, 2006; Rude, Gortner, & Pennebaker, 2004; Stirman & Pennebaker, 2001). Additionally, depressed individuals employ more negative emotion words than healthy controls (Rude et al., 2004), and levels of depressive symptoms are negatively correlated with the amount of anger- and optimism-related words.

Most of the cited studies applied the Linguistic Inquiry and Word Count (LIWC; Pennebaker, Booth, & Francis, 2007; see Section 2.4) to analyze language usage in different categories. To our knowledge, memories retrieved via the AMT have not yet been analyzed with a quantitative word count program such as the LIWC.

The aim of the present study was to analyze autobiographical memories in patients with BPD using an adapted, rejection-focused version of the AMT. Patients with MDD were chosen as clinical control group because a) depression has previously been associated with elevated levels of rejection sensitivity, and b) linguistic patterns in BPD can be tested regarding their disorder-specificity.

We first looked at the specificity of memory recall in borderline patients and depressed individuals as well as nonclinical controls. Since interpersonal rejection can be considered as self-relevant in BPD and self-relevance of cue-words might have an impact on memory specificity, we hypothesized less specific memories in BPD compared to the non-clinical control group.

In a second analysis we applied LIWC on all retrieved memories and compared the linguistic patterns. We expected more anger related word usage in BPD and more sadness related word usage in MDD compared to the other clinical and the non-clinical control group. All other word categories were investigated exploratory (see Section 2.4).

2. Material and methods

2.1. Participants

Participants in this study were recruited in different settings and encompass three groups: patients with BPD ($N = 30$; 28 female, 2 male; $M_{age} = 30.5$, $SD_{age} = 8.43$), depressed patients ($N = 27$; 18 female, 9 male; $M_{age} = 41.6$, $SD_{age} = 14.5$) and a nonclinical control group ($N = 30$; 22 female, 8 male; $M_{age} = 33.0$, $SD_{age} = 10.4$). Patients with BPD were in inpatient treatment at the Department of Psychiatry Charité – Universitätsmedizin Berlin. Patients with depressive disorders were in outpatient treatment at the Vivantes

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