Letters to the Editor

Innovations in the Assessment of Thought Disorder

To the Editors:

Since the early descriptions of thought disorder in psychiatric patients were recorded by clinicians such as Bleuler and Kraepelin, numerous studies have attempted to examine this phenomenon through the use of various techniques. Harvey (1983) suggests that three main methods have been used to assess thought disorder. Clinical investigations of deviant communication patterns and natural language studies have both examined the verbal communication of individuals believed to possess thought disorder. Similarly, laboratory studies have examined cognitive deficits in these same individuals in the hope of discovering the processes that underlie deviant speech. In reviewing the present state of research on thought, it becomes immediately apparent that the vast majority of research in this area has focused on speech as a direct reflection of thought. A possible explanation for this emphasis has been postulated by Schwartz (1978), who suggests that since most patients are capable of verbal communication, this stable form of behavior may be easily obtained as an index of psychopathology among subjects. While deviant speech patterns have been used extensively as a tool for assessing disordered thought, agreement about the definition of thought disorder and its assessment techniques has eluded researchers thus far (Andreasen and Grove 1986).

In light of this inconsistency, it has been our aim over the past several months to study thought disorder from an entirely different perspective. We are currently developing a self-report questionnaire designed to assess thought disorder in psychiatric patients. Unlike previous questionnaires of its kind, this particular inventory focuses directly on the thoughts of the patient instead of relying on speech as a potential index of thought. Since previous research has indicated that psychiatric patients can give subjective reports of their illness (Beaber et al. 1985; Davidhizer 1985; Phillipson and Harris 1985), it was our belief that such reports would provide a more accurate and efficient means of diagnosing and predicting outcome in patients with thought disorder. Fifteen subscales composed of 304 items were generated by clinicians and researchers based on interviews with psychiatric patients. Thus far, following the method outlined in Jackson’s Sequential System for Personality Scale Development (Jackson 1970), statistical analyses performed on the responses of 100 inpatient and normal subjects have yielded reliability coefficients for the subscales ranging from 0.8141 to 0.9412. In a preliminary analysis on a small sample of subjects, it was also discovered that schizophrenic subjects scored significantly higher than normal subjects on 13 of the 15 subscales. As anticipated, both the social desirability and infrequency subscales included in the questionnaire to check for artificially positive or random responses yielded no significant differences between these two groups, suggesting that the schizophrenic subjects were conscientiously answering items rather than randomly endorsing them. While the questionnaire is still in the developmental stages, these results suggest that perhaps inconsistencies in past research may be rectified through the use of a self-report tool for the assessment of thought disorder.
Comments on Innovations in the Assessment of Thought Disorder

In their letter to the editor, McCarty et al. (1989) advance their perspective that studying self-reports of dysfunctional cognitive and linguistic operations in schizophrenia, typically labeled “thought disorder,” will provide information that goes beyond that available from direct studies of language, either clinical or linguistic, and laboratory investigations of cognition. As evidence for their contention, they assert that language and thinking processes are not isomorphic and state that previous research has been handicapped by an excessive reliance on inferences about thinking disturbances from the assessment of overt language disturbances. While we certainly agree with McCarty et al. about the correctness of the second point, consistent with our own earlier writings on this issue (Harvey and Neale 1983; Neale et al. 1985), we see a number of issues worthy of further examination in their proposal. The issues fall under the general rubric of accuracy and validity of self-report, which may have special implications in schizophrenic populations, and in the area of the ability of any one modality of study to provide definitive information about disorders of communication in schizophrenia.

Accuracy of Self-Report. Researchers in the realm of personality and prediction have long been aware that social desirability and other response sets are a serious problem in self-report research. Similarly, researchers in the area of anxiety have consistently found a very poor correlation between self-reports of conscious experience and physiological and behavioral aspects of anxiety, suggesting either that awareness of various psychological problems does not converge with other measures or that reports do not reflect accurately other aspects of a disorder. The research in these two areas leads to the suggestion that people are either unaware of or for other reasons unable to report their cognitive operations accurately.

In most ways the proposal of McCarty et al. (1989) is not at all an innovation but, rather, a return to the research method of introspectionism. This method was rejected by Watson (1914) as inadequate and unreliable. The radical behavioral perspective advanced by Watson as a solution to the deficiencies of introspectionism has since been displaced itself by modern cognitive science in the study of cognitive aspects of behavior. The reasons for the complex research methods employed by current cognitive science are the same as the reasons for Watson’s rejection of the introspective method 75 years ago: asking someone to provide a report of his...