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Thought control strategies in schizophrenia: a comparison with non-patients

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Abstract

This study tested the hypothesis that patients with a diagnosis of schizophrenia would report the use of different thought control strategies in comparison with non-patients. The Thought Control Questionnaire [TCQ; Wells, A. & Davies, M. (1994). The thought control questionnaire: a measure of individual differences in the control of unwanted thoughts. *Behaviour Research and Therapy*, 32, 871–878.] was administered to 22 patients who met DSM-IV criteria for schizophrenia and 22 non-patients. The results showed that schizophrenic patients used different thought control strategies (more worry and punishment-based strategies, less distraction-based strategies) in comparison with non-patients. The theoretical and clinical implications of these findings are discussed. © 2000 Elsevier Science Ltd. All rights reserved.

1. Introduction

Disturbances in the regulation of cognition have been discussed as factors modulating positive symptoms of schizophrenia (e.g. Bentall, 1990; Frith, 1992; Morrison, 1998). The origin of such disturbances may be structural in nature and/or associated with the patients strategies for appraising and controlling thoughts (Wells & Matthews, 1994).

The literature on thought suppression, pioneered by Wegner and colleagues, suggests that under some circumstances attempts to suppress thoughts may fail (Purdon, in press; Wegner, Schneider, Carter & White, 1987). However, until recently, little was known about individual

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differences in the range of strategies that people use to control unwanted intrusive thoughts. Wells and Davies (1994) developed the Thought Control Questionnaire (TCQ) to measure such differences in control strategies. They suggested that particular control strategies may be problematic under some circumstances and showed that two particular control strategies (punishment and worry) were associated with a range of measures of psychological vulnerability. In a more recent study (Reynolds & Wells, in press) the factor structure of the TCQ was replicated with a clinical sample (patients with depression and/or PTSD), suggesting it is valid in abnormal populations as well. They found that the use of distraction and reappraisal predicted lower depression in depressed patients and that use of punishment predicted greater depression in these individuals. Use of distraction was associated with higher intrusion scores in PTSD patients when level of depression was controlled for, but distraction was associated with lower depression in these patients. The TCQ scales were also sensitive to recovery.

Little is known about strategies for controlling thoughts in patients with a diagnosis of schizophrenia. Morrison, Wells and Nothard (in press) found, consistent with predictions based on the S-REF model (Wells & Matthews, 1994), that positive beliefs about unusual perceptual experiences were the best predictor of predisposition to auditory and visual hallucinations in normal subjects and that subjects who scored higher on predisposition to hallucination used different thought control strategies and had different metacognitive beliefs in comparison with subjects of low predisposition. Freeman and Garety (1999) compared thought control strategies in patients with persecutory delusions and patients with generalised anxiety disorder and found that no significant differences between the two groups in strategies used; however, the lack of a non-patient control group did not allow examination of which strategies may be related to psychological dysfunction or psychiatric morbidity.

This study explored differences in control strategies between patients with a diagnosis of schizophrenia and non-patients. Previous studies suggest that punishment- and worry-based strategies may be associated with psychological dysfunction, whilst distraction and reappraisal may be helpful. We predicted that patients would have higher punishment and worry scores and that non-patients would report more distraction and reappraisal. In addition, we explored within-subject differences in the use of different control strategies; we did not have specific hypotheses about such differences, but merely aimed to explore these for purposes of future work.

2. Method

2.1. Subjects

2.1.1. Patient group

This consisted of 22 patients who met DSM-IV (APA, 1994) criteria for schizophrenia. Their mean age was 44.1 (standard deviation = 14.35), the mean length of illness was 14.37 years (standard deviation = 10.36, range = 1–35years) and the male to female ratio was 18:4. All 22 patients had delusional beliefs, 11 of them also experienced auditory hallucinations and 13

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