References


Response to Muntaner

To the Editor:

We (Vollema and van den Bosch 1995) identified Muntaner et al.’s (1988) research as the first and largest factor analytic study of self-report schizotypy. This study has been of great interest to researchers in the field, because it stimulated research into the multidimensionality of schizotypy.

A recent study by Raine et al. (1994), which could not be included, reported a three-factor solution that is in agreement with the findings of Bentall et al. (1989). More important, it is very similar to the three-factor solutions that are consistently reported in samples of patients with schizophrenia (Buchanan and Carpenter 1994). Our review was restricted to the multidimensionality of schizotypy. In selecting the factors from nine studies we followed the conclusions of the authors, and factor names were placed in random order rather than hierarchical order (table 4, Vollema and van den Bosch 1995). For this reason Muntaner et al.’s “Impulsivity” factor appeared as their second factor.

Muntaner (1996, this issue) gives interesting additional information about Claridge’s Borderline Personality Scale (STB), which after hierarchical cluster analysis is located only in an Impulsivity cluster and not in a “Positive” cluster as well. Muntaner also mentions that Claridge’s Schizotypal Personality Scale (STA) is located in the Positive cluster. This is in partial disagreement with Bentall et al. (1989), who found the STA loading on both Positive Schizotypy and Social Anxiety/Cognitive Disorganization, as well as with a hierarchical cluster analytic study by Williams (1994) in which the STA was part of the clusters of Positive.
Schizotypy and Social Anxiety/Cognitive Disorganization. This is additional evidence for the bidimensionality of the STA, as shown in table 6 of our review (Vollema and van den Bosch 1995).

The question of which and how many dimensions constitute the construct of schizotypy is still not definitively answered. There is clear evidence for Positive and Negative Schizotypy, and to a lesser degree the same holds for Nonconformity, but Social Anxiety/Cognitive Disorganization did not get as much attention from researchers. Only Bentall et al. (1989) and Raine et al. (1994) reported on this dimension in their factor analytic studies.

Many aspects of schizotypy that are of interest for researchers and clinicians are not mentioned in our review. For example, the different neurocognitive mechanisms that may underlie the dimensions of schizotypy are relevant to the pathogenesis and pathophysiology of schizotypy. Measurement of schizotypy is another aspect of interest. It remains to be demonstrated that self-report scales and clinical interviews measure similar aspects of schizotypy (Kendler et al. 1991).

Muntaner mentioned the possible self-selection of schizotypal individuals into artistic schools and occupations. It would also be interesting to investigate their self-selection into research participation. It might be that student volunteers, scoring high on Social Anhedonia and/or Social Anxiety scales are not as willing to participate as students scoring high on scales for Positive features. In this case we might underselect subjects from the dimensions Negative Schizotypy and Social Anxiety/Cognitive Disorganization. To investigate the possibility of self-selection, epidemiological data are needed on the prevalence of self-report schizotypy in the normal population.

References
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