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Dichotomous Thinking Pattern and its Assessment

Aquina Lim Yim Wong*

Department of Clinical Psychologist, Australia

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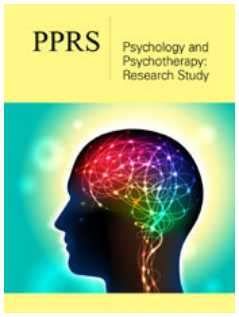

***Corresponding author:** Aquina Lim Yim Wong, Clinical Psychologist, Australia

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Dichotomous Thinking Pattern

Cognition and emotion are interrelated because interpretation always determines feeling [1]. Many studies show that certain kind of thinking patterns evident in different mental illnesses, such as dichotomous thinking is evident in borderline personality disorder, eating disorder and depression [1-3]. According to [4], individuals having dichotomous thinking would process or categorize anyone and anything rapidly by perceiving as "threat" or "non-threat", as "friend" or "enemy". It helps to determine "what is good or bad for me" in emergency situations and allows no latitude for ambiguity [4]. Although it appears that this thinking pattern is efficient in emergency situation, it reduces the variety of data being processed due to exclusion of other available information.

Thus, this thinking pattern would lead to the effect of mood-congruent theory, in which individuals would experience mood escalation by limited input of available data. Consequently, thinking is unbalanced, and become adaptive in life or death situations, which could disrupt the normal functioning of everyday life and interpersonal relationship [4]. Due to the strong belief of "no degree in between" [5], mental health patients tend to be less flexible in problem solving, viewpoints shifting and moderation, and thus behaviors become maladaptive consequently [6]. Previous research found that dichotomous thinking might be a risk factor for suicide and self-harm (particularly to patients with borderline personality disorder). In fact, Shneidman [7] proposed that suicidal individuals tend to think dichotomously long time ago, in which they perceive two choices only: hopeless situation or death. Furthermore, research found that dichotomous thinking pattern is related to several constructs in mental health patients, such as perfectionism and intolerance of ambiguity [8-12].

Assessment of Dichotomous Thinking

However, there is limited research about dichotomous thinking, especially the way to assess this thinking pattern [2,13,14]. According to Padesky [15], detection of particular thinking pattern could help clients to identify maladaptive schemas, and thus gives rise to the possibility of identifying alternative schemas and result in improvement in affect. According to Weishar and Beck [16], the primary method is to assess dichotomous thinking is through semantic differential test. A graded bipolar scale would be used to rate a particular concept, in which the extreme ends indicate an absolute judgment, and the midpoints represent a more moderate judgment [17-19]. Padesky [15] referred the semantic differential test as a continuum method, in which clients could be asked to rate any issue in a continuum between the two poles of a line. The first verbal tool was developed by Oshio's [20] study of a Dichotomous Thinking Inventory (DTI), to assess this black-and-white cognitive thinking style,

and revealed three main factors from the inventory: preference for dichotomy, dichotomous beliefs, and profit-and-loss thinking.

Conclusion

It is important to screen as early detection could result in early intervention, and thus prevent onset and detection of self-harm and suicidal risk. In addition, the use of a continuum method or semantic differential test could help therapist to spot thinking pattern for children and individuals who have low language ability, as well as facilitate discussion of this polar opposite pattern. Further research on the development and validation of a dichotomous thinking assessment would be beneficial to both therapist and mental health patients.

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