**ToM**

Individual analyses by symptom group revealed an ES of -0.353 (k= 36; 95% CI [-0.409; -0.293]; z= -10.885; p< 0.001) for the association between ToM and disorganisation; -0.337 (k= 18; 95% CI [-0.423; -0.245]; z= -6.823; p< 0.001) for the association with TD; and finally, -0.342 (k= 10; 95% CI [-0.478; -0.190]; z= -4.260; p< 0.001) for the association with alogia. All analyses carried a significant level of heterogeneity (Disorganisation: Q[35]= 125.242; p< 0.001; I2= 72.054; τ2= 0.025; SE= 0.012; var= 0.000; τ= 0.158; TD: Q[17]= 36.727; p= 0.004; I2= 53.712; τ2= 0.024; SE= 0.016; var= 0.000; τ= 0.154; alogia: Q[9]= 20.507; p= 0.015; I2= 56.113; τ2= 0.037; SE= 0.033; var= 0.001; τ= 0.192) and there were no significant differences across the three ES (Q[2] = 0.088; p= 0.957).

A separate ES was calculated for studies that have used TD-specific measures. The point estimate was -0.494 (k= 6; 95% CI [-0.596; -0.376]; z= -7.277; p< 0.001) with a non-significant level of heterogeneity (Q[5]= 8.092; p= 0.151; I2= 38.211; τ2= 0.012; SE= 0.020; var= 0.000; τ= 0.108).

**Social perception**

The analyses by symptom group revealed an ES of -0.258 (k= 8; 95% CI [-0.387; -0.119]; z= -3.586; p< 0.001) for the association between social perception and disorganisation; -0.241 (k= 5; 95% CI [-0.362; -0.112]; z= -3.618; p< 0.001) for the association with TD; and finally, -0.105 (k= 4; 95% CI [-0.198; -0.010]; z= -2.156; p= 0.031) for the association with alogia. All analyses revealed a non-significant level of heterogeneity (Disorganisation: Q[7]= 9.444; p= 0.222; I2= 25.887; τ2= 0.011; SE= 0.023; var= 0.001; τ= 0.105; TD: Q[4]= 2.337; p= 0.674; I2= 0.000; τ2= 0.000; SE= 0.019; var= 0.000; τ= 0.000; alogia: Q[3]= 1.867; p= 0.601; I2= 0.000; τ2= 0.000; SE= 0.008; var= 0.000; τ= 0.000) and there were no significant differences across the three ES (Q[2] = 4.573; p= 0.102).

There was only one study that used a TD-specific measure and therefore it was not possible to calculate a separate ES. 1

**Emotion recognition**

The analyses by symptom group revealed an ES of -0.333 (k= 35; 95% CI [-0.384; -0.280]; z= -11.628; p< 0.001) for the association between emotion recognition and disorganisation; -0.302 (k= 10; 95% CI [-0.402; -0.195]; z= -5.339; p= 0.001) for the association with TD; and finally, -0.397 (k= 11; 95% CI [-0.551; -0.217]; z= -4.125; p< 0.001) for the association with alogia. Analyses revealed variable levels of heterogeneity (Disorganisation: Q[34]= 63.631; p= 0.002; I2= 46.567; τ2= 0.012; SE= 0.008; var= 0.000; τ= 0.110; TD: Q[9]= 14.084; p= 0.119; I2= 36.100; τ2= 0.012; SE= 0.015; var= 0.000; τ= 0.108; alogia: Q[10]= 37.942; p< 0.001; I2= 73.644; τ2= 0.079; SE= 0.053; var= 0.003; τ= 0.282) but there were no significant differences across the three ES (Q[2] = 0.875; p= 0.646).

A separate ES was calculated for studies that have used TD-specific measures. The point estimate was -0.199 (k= 2; 95% CI [-0.325; -0.065]; z= -2.905; p= 0.004) with a non-significant level of heterogeneity (Q[1]= 0.090; p= 0.764; I2= 0.000; τ2= 0.000; SE= 0.017; var= 0.000; τ= 0.000).

**Attributional biases/style**

The analyses by symptom group revealed an ES of -0.307 (k= 2; 95% CI [-0.494; -0.092]; z= -2.761; p= 0.006) for the association between attributional style and disorganisation (Q[1]= 0.917; p= 0.338; I2= 0.000; τ2= 0.000; SE= 0.037; var= 0.001; τ= 0.000); 0.060 (k= 1; 95% CI [-0.361; 0.461]; z= 0.269; p= 0.788) for the association with TD; and finally, 0.010 (k= 1; 95% CI [-0.204; 0.223]; z= 0.091; p= 0.928) for the association with alogia. Analyses revealed no significant differences across the three ES (Q[2] = 4.973; p= 0.083).

There were no studies with TD-specific measures and therefore it was not possible to calculate a separate ES for these studies.

**Emotion processing and regulation**

The analyses by symptom group revealed an ES of -0.172 (k= 5; 95% CI [-0.274; -0.066]; z= -3.167; p= 0.002) for the association between emotion processing and disorganisation; -0.231 (k= 6; 95% CI [-0.368; -0.085]; z= -3.062; p= 0.002) for the association with TD; and finally, -0.056 (k= 6; 95% CI [-0.184; 0.074]; z= -0.843; p= 0.399) for the association with alogia. All analyses carried non-significant levels of heterogeneity (Disorganisation: Q[4]= 2.902; p= 0.574; I2= 0.000; τ2= 0.000; SE= 0.011; var= 0.000; τ= 0.000; TD: Q[5]= 7.382; p= 0.194; I2= 32.266; τ2= 0.011; SE= 0.022; var= 0.000; τ= 0.106; alogia: Q[5]= 4.449; p= 0.487; I2= 0.000; τ2= 0.000; SE= 0.018; var= 0.000; τ= 0.000) and there were no significant differences across the three ES (Q[2] = 3.429; p= 0.180).

There was only one study that used a TD-specific measure and therefore it was not possible to calculate a separate ES. 2

1. Subotnik KL, Nuechterlein KH, Green MF, et al. Neurocognitive and social cognitive correlates of formal thought disorder in schizophrenia patients. *Schizophr Res*. 2006;85:84-95. doi:10.1016/j.schres.2006.03.007.

2. Tan EJ, Rossell SL. Building a neurocognitive profile of thought disorder in schizophrenia using a standardized test battery. *Schizophr Res*. 2014;152(1):242-245. doi:10.1016/j.schres.2013.11.001.