Psychotic-Like Experiences, Magical Thinking, Fantasy and Internalizing and Externalizing Behavior in a Family High-Risk Case-Control Study

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Children of parents with psychosis (FHR: family-high-risk) are at risk for later psychosis, behavioral problems and socioemotional and cognitive impairments1,2.

Magical thinking and fantasy are a common part of childhood and share some similarities with Psychotic-Like Experiences (PLEs) and may constitute part of a spectrum of normative development. Nevertheless, these experiences confer increased risk for later psychotic disorder.3

Magical thinking has been studied in children with Obsessive-Compulsive Disorder (OCD)4, but little is know about Magical thinking in FHR children.

A question is whether FHR children experience PLEs and whether this is associated with other child behavioral outcomes, relative to children who are not at risk for psychosis.

Are children at Family High Risk for psychosis (FHR) more likely to report Psychotic-Like Experiences, Magical Thinking and Fantasy, and Externalizing and Internalizing Problems compared to Healthy Control (HC) children?

Does the association between Psychotic-Like experiences, Magical Thinking, Fantasy and behavioral outcomes differ in FHR and HC?

This high-risk study focuses on the biological children of healthy parents (HC: healthy controls) and of parents with a diagnosis of psychosis (FHR).

FHR and HC samples were matched on age, education, race, and sex, with a sample consisting of 17 HC and 18 FHR. Children were 7-12 years old (M=9.5, SD=1.9).

No significant group differences were detected in reported Psychotic-Like-Experiences, Magical Thinking and Fantasy.

T-tests comparing groups matched by age, education, race, and gender revealed more internalizing problems externalizing problems in FHR compared to HC children.

Partial correlations controlling for parental SES for each group showed differences in associations between PLE and the other outcomes.

Some associations between PLE outcomes for FHR were significantly or marginally different from the HC and vice versa, based on Fisher’s R-to-Z tests.

Psychotic-like experiences may be associated with a different set of cognitive experiences and behaviors in FHR and HC children.

It is possible that Psychosis-Like Experiences in FHR and HC subjects may be related to distinct mechanisms. More studies are needed to determine extent to which some profiles of Psychosis-Like Experiences, Fantasy and Magical Thinking may be more predictive of later problematic outcomes by group.

Limitations of this study include the sample size; A larger sample is needed to further untangle the relationship between PLE, Magical Thinking and Fantasy.

References


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