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Dimensional psychotic experiences in adolescence: Evidence from a taxometric study of a community-based sample

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Psychotic experiences of varying severity levels are common in adolescence. It is not known whether beyond a certain severity in the general population, psychotic experiences represent a categorically distinct phenomena to milder psychotic experiences. We employed taxometric analytic procedures to determine whether psychotic experiences in adolescence are taxonic (i.e. categorical) or dimensional. Six different psychotic experiences were assessed in a community sample of approximately 5000 adolescents. Three taxometric procedures were conducted. Across all procedures, there was no evidence of a taxon (i.e. a separate latent population) underlying psychotic experiences in adolescence. Rather, a dimensional structure was supported. The results support the notion that psychotic experiences are continuously distributed throughout the general population, and there is no clear discontinuity between milder and more severe psychotic experiences. Thus, these findings support the use of dimensional approaches to understanding psychotic experiences in etiological studies. In clinical practice, categorical cutoffs are needed: the present findings show that a ‘natural’ break point is not present for identifying severe psychotic experiences, and it is likely therefore that other criteria (such as general functioning) might better aid decision-making with regards to identifying individuals with severe psychotic experiences in need of care during adolescence.

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1. Introduction

Psychotic experiences of varying severity levels, such as paranoia, hallucinations, and anhedonia, frequently occur in the general population (Laursen et al., 2007; Dominguez et al., 2011). They are common during adolescence, prior to the typical age of onset for a psychotic disorder (Poulton et al., 2000; Laursen et al., 2007; Ronald et al., 2014; Wong et al., 2014). Psychotic experiences confer increased risk of developing psychotic disorders (e.g. Kellerher and Cannon, 2011); they are also associated with elevated degrees of distress and risk of suicide (Brett et al., 2014; Kellerher et al., 2014), emphasizing the need to characterize and understand psychotic experiences in their own right.

An important question regards the structure of psychotic experiences in the general population; are they dimensional or categorical? If psychotic experiences are dimensional, then one would expect to see them quite commonly throughout the general population to varying degrees of severity. No clear cut between

more severely affected and mildly affected individuals would be clear. To give an example, Binbay et al. (2012) investigated psychotic symptoms in a sample of Turkish adults. The association between these behaviors and proxies of genetic risk for psychosis (in this case, family history) was investigated. A greater family history of psychosis was associated with a linear increase in continuous psychotic symptoms, suggesting that milder and more severe forms of these symptoms present throughout the general population.

Conversely, it may be that psychotic experiences are categorical, with individuals with severe degrees of psychotic experiences presenting as qualitatively distinct from the remainder of the population. van Os et al. (2009) reported that psychotic experiences were indeed quite common throughout the general population. For the majority of individuals, however, these milder behaviors tended to disappear with development, while a minority of cases (approximately 7%) developed difficulties requiring clinical intervention, and were thus distinct from individuals showing milder degrees of psychotic experiences.

Evidence to date indicates that psychotic experiences are indeed present to varying degrees throughout the general population (Ronald et al., 2014). Further, a recent twin study reported that the heritability of psychotic experiences in adolescence was
consistent across differing severity levels, suggesting that the genetic factors that influence severe degrees of psychotic experiences are also associated with milder degrees of psychotic experiences (Zavos et al., 2014), thus indicating that, on an etiological level, psychotic experiences are dimensional. A more recent development has been the recognition that individual psychotic experiences, such as paranoia (Freeman et al., 2005; Bebbington et al., 2013; Ronald et al., 2014) and lack of ability to experiences pleasure (Ronald et al., 2014), are also common in the general population, and present with varying degrees of severity.

Further direct evidence of continuous psychotic experiences in the general population could be gleaned from taxometric procedures. These methods were first proposed by Meehl (1962), and are designed to test for the existence of a taxon underlying a certain disorder. A taxon can be considered a latent population, who represent cases. The remainder of the population are considered to be controls (the complement). The taxon is qualitatively distinct from the complement. This is contrasted with the scenario whereby the disorder in question is dimensional; varying degrees of behaviors characteristic of a given disorder, which are qualitatively similar to those seen in individuals with the disorder, would be expected to present throughout the general population (Pickles and Angold, 2003). Meehl (1962) originally applied taxometric procedures to test for the existence of a schizotypy taxon. If such taxa exist, then the procedures enable one to estimate the base rate of the taxon (i.e. the prevalence rate).

Few studies have investigated whether psychotic experiences in the general population are continuously distributed. Psychotic experiences capture the symptoms characteristic of psychosis, such as paranoia, assessed as traits in the general population. In contrast, schizotypal traits comprise more personality-based scales such as magical ideation, that are less closely tied to the diagnostic criteria of psychotic disorders and confine individual psychotic experiences. Two studies exist, and both lent support for the notion that psychotic experiences are dimensional. The first of these studies administered the Community Assessment of Psychotic Experiences (CAPE) to a sample of college students; the evidence suggested that there was no taxon underlying psychotic experiences (Daneluzzo et al., 2009). Subsequently, a study of the Collaborative Psychiatric Epidemiological Survey and the National Comorbidity Survey, which focused solely on positive psychotic experiences in adults, also lent support for a dimensional, rather than taxonic, structure for psychotic experiences (Ahmed et al., 2012).

Notably, neither of these existing studies focused on psychotic experiences in adolescence. As mentioned above, adolescence is a time at which psychotic experiences are common, prior to the typical adult onset of psychotic disorders, and are risk factors for later psychotic disorders (Poulton et al., 2000; Laursen et al., 2007; Ronald et al., 2014), and hence there is a need to understand the structure of psychotic experiences in adolescence. For example, are psychotic experiences in adolescence continuously distributed, with no clear cut between more severely affected individuals and those showing milder manifestations? Or are psychotic experiences in adolescence taxonomic, with adolescents showing more severe degrees of psychotic experiences presenting with qualitative differences to their peers? Such a question is of clinical and practical importance. For instance, if one is assessing psychotic experiences with a view to predict who will go on to develop a psychotic disorder, then it may help to understand whether established cut-offs are required, or whether one can rely on quantitative assessments of psychotic experiences. On a practical level, establishing whether psychotic experiences are taxonomic may assist with etiological studies; should such studies rely on case-control approaches, which divide individuals into groups, or employ continuous trait scores?

To our knowledge, there are no studies employing taxometric procedures to characterize psychotic experiences in adolescence. We thus aimed to test whether adolescent psychotic experiences in a large, population-representative sample would represent a dimensional construct, or whether they would be underscored by a latent taxon. We focused on a community-based sample, as opposed to a clinically ascertained sample, to ensure that psychotic experiences would be present to differing degrees of severity, rather than biasing the sample towards more severe cases. Given existing evidence from alternative epidemiological methods (e.g. Binay et al., 2012; Zavos et al., 2014), we expected psychotic experiences to be dimensional. We did not expect to find evidence of a latent taxon underlying psychotic experiences.

### 2. Method

#### 2.1. Participants

Families taking part in the Twins Early Development Study (TEDS), a longitudinal sample of twins born in England and Wales between 1994 and 1996 (Haworth et al., 2013), were invited to take part in the Longitudinal Experiences And Perceptions (LEAP) project when the twins were aged 16-years. In total, 10,874

### Table 1

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Participating in LEAP</th>
<th>Non-Participating in LEAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Male</td>
<td>45%</td>
<td>53%</td>
</tr>
<tr>
<td>% Monozygotic</td>
<td>35%</td>
<td>32%</td>
</tr>
<tr>
<td>% White</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>% Mothers with one or more A-levels</td>
<td>16%</td>
<td>12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Descriptive statistics</th>
<th>Possible range of scores</th>
<th>Interquartile range</th>
<th>χ (SD)</th>
<th>Median</th>
<th>Skew</th>
<th>Cronbach’s α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoia</td>
<td>0–72</td>
<td>13</td>
<td>12.17 (10.62)</td>
<td>10</td>
<td>1.56 (−0.62)</td>
<td>.93</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>0–45</td>
<td>7</td>
<td>4.66 (6.02)</td>
<td>2</td>
<td>2.09 (0.22)</td>
<td>.88</td>
</tr>
<tr>
<td>Cognitive Disorganisation</td>
<td>0–11</td>
<td>4</td>
<td>3.96 (2.85)</td>
<td>4</td>
<td>0.44 (−0.64)</td>
<td>.77</td>
</tr>
<tr>
<td>Grandiosity</td>
<td>0–24</td>
<td>6</td>
<td>5.32 (4.42)</td>
<td>4</td>
<td>1.18 (−0.41)</td>
<td>.86</td>
</tr>
<tr>
<td>Anhedonia</td>
<td>0–50</td>
<td>10</td>
<td>17.33 (7.93)</td>
<td>17</td>
<td>0.48 (−0.99)</td>
<td>.78</td>
</tr>
<tr>
<td>Negative Symptoms</td>
<td>0–30</td>
<td>4</td>
<td>2.81 (3.88)</td>
<td>1</td>
<td>2.42 (−0.85)</td>
<td>.86</td>
</tr>
</tbody>
</table>

A-levels: qualifications taken at the age of 17/18 in England and Wales; LEAP: Longitudinal Experiences And Perceptions study. Skew statistics in parentheses are for log transformed scores used in analyses.
families were invited to participate in LEAP. 5059 parents (47%) and 5076 pairs of twins (47%) returned data; Table 1 shows various demographic characteristics of the participating and non-participating families. Participants were excluded from the study for genetic syndromes (including autism spectrum conditions, Fragile X syndrome, and cystic fibrosis), chromosomal abnormalities (including Down Syndrome and cerebral palsy), severe perinatal or prenatal complications, and missing first contact or zygosity data. Furthermore, in order to be included in the analyses, participants were required to have data available on all six psychotic experiences measures (detailed in the Materials section). Since twins do not constitute independent observations, one twin per pair was randomly selected for all analyses. The SPEQ scores of included twins, compared with non-included twins, are summarized in Supplementary Table 1. With the exception of anhedonia, included twins’ SPEQ scores did not significantly differ from those of non-included twins. The final sample thus comprised of 4721 participants, of whom 2614 were female and 2107 were male.

2.2. Measures

The Specific Psychotic Experiences Questionnaire (SPEQ; Ronald et al., 2014) is a multi-dimensional measure of psychotic experiences. The SPEQ comprised six subscales, constructed using principal components analysis (see Ronald et al. (2014)): Paranoia (15 items), Hallucinations (9 items), Cognitive Disorganisation (11 items), Grandiosity (8 items), Anhedonia (10 items), and Negative Symptoms (10 items). The items were all adapted from adult measures of psychotic experiences, with the wording modified for age appropriateness where necessary according to expert opinions from clinicians specializing in adolescent psychosis. All subscales were self-report, except for Negative Symptoms, which was completed by parents. For Paranoia and Hallucinations, the twins rated how frequently they had experienced the thoughts or experiences each item pertained to (e.g. ‘I need to be on my guard against others [Paranoia]’). How often do you hear voices commenting on what you’re thinking or doing? [Hallucinations]. For the other three self-report subscales, participants were asked about these experiences during the previous month (‘Are you easily confused if too much happens at the same time?’ [Cognitive Disorganisation], ‘I have a special mission’ [Grandiosity], ‘I look forward to a lot of things in my life’ [Anhedonia]). For Negative Symptoms, parents were asked to rate their agreement with the wording modified for age appropriateness where necessary according to expert opinions from clinicians specializing in adolescent psychosis. All subscales were self-report, except for Negative Symptoms, which was completed by parents. For Paranoia and Hallucinations, the twins rated how frequently they had experienced the thoughts or experiences each item pertained to (e.g. ‘I need to be on my guard against others [Paranoia]’). How often do you hear voices commenting on what you’re thinking or doing? [Hallucinations]. For the other three self-report subscales, participants were asked about these experiences during the previous month (‘Are you easily confused if too much happens at the same time?’ [Cognitive Disorganisation], ‘I have a special mission’ [Grandiosity], ‘I look forward to a lot of things in my life’ [Anhedonia]).

All six SPEQ subscales displayed good internal consistency (see Table 2), and were stable across a nine-month period (r = .65-.74). Construct validity was established using principal components analysis, reported elsewhere (Ronald et al., 2014), which supported the division of the SPEQ into six subscales. The SPEQ has been validated against a similar measure, the psychosis-like symptoms questionnaire (PLIKS; Zammit et al., 2011). Individuals who reported having ‘definitely’ experienced any psychotic symptoms on the PLIKS scored significantly higher on all SPEQ subscales, except for Anhedonia, than those who did not (all p < .001). Continuous scores on the PLIKS also displayed significant correlations (all p < .001) with Hallucinations (.60), Paranoia (.48), Cognitive Disorganisation (.41), and Grandiosity (.27) (Ronald et al., 2014). Finally, individuals with first- or second-degree relatives with schizophrenia and/or bipolar disorder scored higher on all SPEQ subscales (all p < .05, except for Hallucinations, which showed a trend in this direction), except Anhedonia. Density plots for the SPEQ subscales are given in Supplementary material.

2.3. Data analysis

Taxometric analyses were used to test whether psychotic experiences, as assessed by the SPEQ, are taxonic or dimensional. Significance of a finding is established through replication across multiple taxonic methods, as opposed to p-values (Waller and Meehl, 1998), hence three methods were used: mean above minus below a sliding cut (MAMBAC; Meehl and Yonce, 1994), maximum covariation (MAXCOV; Meehl and Yonce, 1995), and latent mode (L-MODE; Waller and Meehl, 1998). Before outlining these methods, the indicators of psychotic experiences used in these analyses are outlined.

2.3.1. Indicators

Taxometric procedures assume that one has collected data on multiple indicators of the phenotype of interest. In this instance, the six SPEQ subscales were treated as indicators of psychotic experiences. Indicators are assumed to be valid predictors of the phenotype of interest. Validity information on the SPEQ is given in the Materials section. Furthermore, each indicator is assumed to represent a phenotypically distinct aspect of the disorder in question. The phenotypic distinction of the six SPEQ subscales was supported by an existing principal components analysis, which suggested that a six-factor solution best fit the SPEQ (Ronald et al., 2014).

In addition, the indicators included in analyses are assumed to correlate to an extent. Ruscio and Ruscio (2004) suggest that indicators should correlate at least .30 with one another in order to warrant inclusion in taxometric analyses. Table 2 shows the correlations between the SPEQ subscales. In light of these correlations, three indicators were selected for use in the analyses: Paranoia, Hallucinations, and Cognitive Disorganisation. All the analyses detailed below were conducted in R (R Core Team, 2013), using the syntax freely available from John Ruscio’s website (http://www.tcnj.edu/~ruscio/taxometrics.html). The command line used in R, along with an explanation of each parameter, is given in Table 3.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>Paranoia</th>
<th>Hallucinations</th>
<th>Cognitive Disorganisation</th>
<th>Grandiosity</th>
<th>Anhedonia</th>
<th>Negative symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoia</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinations</td>
<td>.45*</td>
<td>-</td>
<td></td>
<td>.09</td>
<td>.16</td>
<td></td>
</tr>
<tr>
<td>Cognitive Disorganisation</td>
<td>.41*</td>
<td>.40*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Grandiosity</td>
<td>.09</td>
<td>.20</td>
<td>.01 (ns)</td>
<td>-</td>
<td>- .16</td>
<td>.14</td>
</tr>
<tr>
<td>Anhedonia</td>
<td>.08</td>
<td>.02 (ns)</td>
<td>.03</td>
<td>- .16</td>
<td>-</td>
<td>.14</td>
</tr>
<tr>
<td>Negative Symptoms</td>
<td>.16*</td>
<td>.13</td>
<td>.23</td>
<td>- .01 (ns)</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

ns: non-significant.
* p < -.001.
* p < .05.

---

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Table 3
R command lines.

**MAMBAC**
```
MAMBAC(ind,Comp.Data=T,N.Samples=100,Supplied.Class=F,Supplied.P=0,
All.Pairs=T,N.Cuts=50)
```

**MAXCOV**
```
MAXCOV(ind,Comp.Data=T,N.Samples=100,Supplied.Class=F,Supplied.P=0,
Windows=25,Calc.Cov=T)
```

**L-MODE**
```
LMode(ind,Comp.Data=T,N.Samples=100,Supplied.Class=F,Supplied.P=0)
```

MAMBAC: mean above minus below a sliding cut; MAXCOV: maximum covariance; L-
MODE: latent model.
Commands are based on the program authored by John Ruscio, freely available from his

### 2.3.2. MAMBAC

This technique assumes that one has data on two indicators. One indicator is selected as the *input variable*. The sample is ordered on the basis of scores on the input variable, and is then cut into two groups on the basis of scores on the input variable, with successively increasing cut-offs used. A second indicator is selected as the *output variable*; mean differences in scores on the output variable are examined above and below the various cut-offs on the input variable. If a plot of the mean differences on the output variable are examined above and below the various cut-offs on the input variable, it is clear that the observed results were more consistent with a dimensional construct. Mean differences in scores on the output variables did not differ as a function of scores on the input variable, suggesting that the sample could not be divided into a taxon between two indicators as a function of the third, thus indicating the existence of two separable groups. If a trait is dimensional, however, the curve will be flatter, with no clear peak.

### 2.3.4. L-MODE

All indicators are loaded onto a single factor in L-MODE, and factor scores are created for each participant. The factor scores are plotted; taxic data will result in a bimodal distribution, whereby there is a group clearly displaying higher factor scores (the taxon) and a group displaying lower scores (the complement). Dimensional data, on the other hand, will result in a unimodal distribution; the factor scores do not support the existence of two separable groups within the sample.

### 2.3.5. Other considerations

It is possible to generate taxonic and dimensional comparison datasets, which mimic the distribution and inter-indicator correlations present in the observed data (Ruscio, 2007). For each analysis, 100 taxonic and 100 categorical comparison datasets were generated. The results of these comparison datasets were then plotted against the observed results. There are two reasons for this; first, plotting the observed results against those expected if data are either taxonic or dimensional can assist with interpretation of the findings. Second, comparison datasets are useful for determining whether or not the observed data are able to adequately distinguish between taxonic and dimensional distributions (Ruscio et al., 2006; Ruscio, 2007). In generating comparison datasets, a fit statistic, comparison curve fit index (CCFI), can be calculated (Ruscio and Walters, 2009). CCFI falls between 0 and 1; the closer to 1 the estimate falls, the stronger the evidence of a taxon. Estimates closer to 0, however, support a dimensional construct. If, however, CCFI is between .4 and .6, then the data are unlikely to be adequate for distinguishing between taxonic and dimensional distributions (Ruscio and Walters, 2009). CCFI has previously been shown to be an accurate and sensitive mean of distinguishing between dimensional and categorical datasets (Ruscio et al., 2010).

It is possible to specify the expected base rate of a putative taxon prior to conducting taxometric analyses. To ensure that results were robust across procedures, analyses were performed twice: once with no taxonic base rate specified and once with a base rate of .07 (7%) specified, which was designed to mimic the proposed 7% prevalence of psychotic symptoms in adolescence (van Os et al., 2009; Kelleher et al., 2012). Since skewed indicator variables can cause the tail end of MAMBAC and MAXCOV curves to rise, we applied log transformations to the SPEQ scales. Such scores were used in all analyses.

### 3. Results

The descriptive statistics for all six SPEQ subscales are shown in Table 1. The correlations between them are shown in Table 2.

#### 3.1. MAMBAC

The results of MAMBAC are shown in Fig. 1a. There are two graphs in the figure; in both, the solid black curve represents the averaged results for MAMBAC analyses of the observed data. The thick gray curve flanked by two thinner gray curves represents the curves that would be expected under dimensional or categorical models, based on comparison datasets. In examining these graphs, it is clear that the observed results were more consistent with a dimensional construct. Mean differences in scores on the output variables did not differ as a function of scores on the input variable, suggesting that the sample could not be divided into a taxon.
and a complement. Further, CCFI was estimated as .23, which is closer to 0 than 1, providing further support for a dimensional structure.

Fig. 2a shows the equivalent results when a taxon base rate of .07 was specified. While the result was not as strong (CCFI = .26), CCFI was again closer to 0 than 1, and the shape of the curve for the observed results was closer to a dimensional distribution than a taxonic one. Indeed, there was no clear peak in the curve.

3.2. MAXCOV

Fig. 1b shows the MAXCOV results. The results are shown in the same manner as the MAMBAC results; the gray curves (including the thick curve and the two thinner curves either side of it) reflect the results from comparison datasets, while the black curve plots the observed results. These were more consistent with a dimensional construct. The curves were reasonably flat, showing no clear peak. CCFI was estimated as .14, again suggesting a dimensional structure for the observed data.

When a taxon base rate of .07 was specified, the results were still consistent with dimensional data. Fig. 2b presents graphs of the results. The observed results, as shown by the solid black curve, more closely matched the dimensional comparison data. CCFI was, again, closer to 0 than 1 (CCFI = .32).

3.3. L-MODE

Results for L-MODE are shown in Fig. 1c. Again, the solid black distributions show the results for the observed data (i.e. the frequency of the factor scores created from the three indicators). The gray lines on the left-hand graph show the result for taxonic comparison datasets, while the gray lines on the right-hand graph show the result for dimensional comparison datasets. The plot of the observed results showed a unimodal, rather than bimodal, distribution, consistent with dimensional data; CCFI was estimated as .19.

When a taxon base rate of .07 was specified, CCFI from L-MODE increased to .41. The distribution of factor scores was once again
Across the three taxometric procedures, results are strongly indicative that psychotic experiences are dimensional. With no base rate specified, the mean CCFI estimate across MAMBAC, MAXCOV, and L-MODE was .19. When a base rate of .07 was specified, the mean CCFI estimate was .33.

4. Discussion

To our knowledge, this is the first taxometric study of adolescent psychotic experiences, despite the potential utility of understanding if a taxon exists for severe psychotic experiences just prior to the age when psychotic disorders typically have their onset (Laursen et al., 2007). Using three different procedures, our findings provide no evidence of a taxon underlying psychotic experiences. Rather, a dimensional structure for psychotic experiences was supported. This is consistent with our expectations, and research using alternative methods (e.g. Binbay et al., 2012; Zavos et al., 2014), in showing no clear discontinuity between milder and more severe forms of psychotic experiences.

Diagnostic approaches to mental health problems have been anchored in the framework of the Diagnostic and Statistical Manual (DSM; APA, 2013); definitions of categories are required in order for clinicians to decide who requires treatment (Pickles and Angold, 2003). Further to this, such categories are potentially beneficial for creating health registries used in large-scale epidemiological studies, such as those that assess disorder prevalence and recurrence rates (e.g. Weiser et al., in press; Lundström et al., 2015). Nevertheless, for other purposes, such as basic research, it can be helpful to explore how symptoms behave in nature. In the case of psychotic experiences during adolescence, it is also the case that the serious psychiatric illnesses that they are phenotypically linked to, such as schizophrenia, have not typically begun. Taxometric analyses can test whether a separate taxon is present within manifestations of psychotic experiences in adolescence. The present findings show that a ‘natural’ break point is not present for identifying severe psychotic experiences in adolescence, and supports the current use of other criteria, such as general functioning, in decision-making by clinicians with regards to identifying individuals with severe psychotic experiences who are in need of care. Such an approach echoes recent calls to adopt more dimensional approaches to psychiatric disorders in research, such as the Research Domain Criteria (Sanislow et al., 2010).
It is important to stress that taxometric analyses cannot directly inform about the etiology of psychotic experiences, yet these findings still have important implications for designing genetic and environmental studies of psychotic experiences. Our findings indicate that such studies should strive to employ dimensional assessments of psychotic experiences. There are two key reasons for this. First, using dimensional assessments that account for all levels of severity allow for larger samples to be contacted, enhancing statistical power in etiological research (e.g., Zavos et al., 2014; Sieradzka et al., 2014). Second, imposing categories upon populations may also result in studies failing to appreciate the polygenetic nature of psychotic experiences (Ruscio and Ruscio, 2008). For example, two studies recently investigated whether genes associated with clinical schizophrenia would also be linked to psychotic experiences (Ruscio and Ruscio, 2014; Sieradzka et al., 2014). In addition, a confirmatory factor analysis on the SPEQ has not yet been conducted, which is a goal of future research. The SPEQ subscales also varied in the timeframe that the participants were asked to complete them for. Finally, there may be a small number of individuals with a diagnosis of a psychotic disorder in our sample, but this was not known in the sample.

To conclude, the taxometric analyses presented here suggest that, across three different analytic methods, there is no evidence of a latent psychotic experiences taxon in adolescence. Rather, psychotic experiences follow a dimensional pattern, whereby some individuals in the population will be expected to show milder degrees of psychotic experiences, while others will display considerably more, and may warrant clinical attention. The line between these individuals, however, is not clear, and so research that employs dimensional assessments of adolescent psychotic experiences is more allied to the underlying structure of these traits than research that imposes categorical definitions to divide individuals into separate severity groups.

Contributors

MJT designed the study, conducted the statistical analyses, and prepared the manuscript. DF assisted in the design of the LEAP study and assisted in preparation of the manuscript. AR assisted in the design of this study and the LEAP study, held the grant that funded the LEAP study, and assisted in the preparation of this manuscript.

Conflict of Interest

All authors have no competing interests to declare.

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Appendix A. Supplementary material

Supplementary data associated with this article can be found in the online version at http://dx.doi.org/10.1016/j.psychnet.2016.04.021.

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