

Illogical Thinking and Thought Disorder in Maltreated Children

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Objective: To examine illogical thinking in children from low-income families with and without histories of child maltreatment. **Method:** Maltreated ($n = 91$) and nonmaltreated ($n = 43$) school-age children individually participated in a story game designed to elicit speech samples. Children were instructed to listen to two recorded stories and prompted to retell the story; they then were asked to create their own story from possible topics. Child behavior ratings on the Child Behavior Checklist were completed by research assistants following 35 hours of observation. **Results:** Maltreated children exhibited more illogical thinking than did nonmaltreated children, and the level of illogical thinking in maltreated children was in the clinically pathological range. The occurrence of multiple subtypes of maltreatment and the chronicity of the maltreatment also were associated with illogical thinking. Dissociation did not differ between groups, although it was related to illogical thinking. **Conclusion:** The ability to formulate ideas and communicate them logically is compromised in children who have been maltreated. These results extend prior research on selective attentional processes and negativity biases in maltreated children. *J. Am. Acad. Child Adolesc. Psychiatry*, 2011; 50(7):659–668. **Key words:** child maltreatment, thought disorder, child abuse, neglect

Child abuse and neglect are potent examples of the failure of the environment to provide optimal opportunities for healthy child development. They have been consistently associated with negative and enduring emotional and behavioral outcomes, including the development of psychopathology.^{1,2} Because maltreatment impedes children's ability to negotiate stage-salient issues such as affect regulation, secure attachment, and autonomous self-system processes,³ the negotiation of central tasks of subsequent developmental periods may become impaired, leading to negative cascading effects on development.⁴⁻⁶ Associations have been found between childhood maltreatment and psychopathology, including depression, posttraumatic stress disorder, borderline personality disorder, and schizophrenia.^{2,7-9} Although some maltreated children demonstrate resilience,¹⁰ the impact of maltreatment may be broad and enduring. To

mitigate against the negative sequelae of child maltreatment, it is important to understand the mechanisms that may contribute to maladaptive developmental outcomes and psychopathology.

Attachment theory provides a framework for conceptualizing the mental mechanisms that may engage children who have been maltreated onto negative developmental trajectories. Maltreated children may become hypervigilant to hostile or aggressive cues based on the insecure internal working models that emerge from their negative caregiving histories.^{11,12} Consequently, maltreated children are more likely to misinterpret the behavior of others as a threat to the self.

One area that has provided a research base to support the presence of such negative cognitive schemas has been social information processing. Deficits in information processing have been associated with harsh and maltreating parenting.^{13,14} Specifically, children who have been physically abused are less accurate in encoding social cues, and are more likely to generate aggressive responses in challenging social situations, to view aggression more positively, and to



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exhibit a hostile attributional bias.¹⁵ When confronted with aggressive stimuli, maltreated children also recall a greater number of distracting aggressive stimuli than nonmaltreated children.¹² Findings such as these suggest that the information processing of maltreated children differs from that of normative groups in the focus on more negative affect information at the expense of less cognitive efficiency and impaired task performance. These negative cognitive biases also are consistent with the attentional biases that maltreated children demonstrate in response to facial expressions of emotion, where they evidence biases toward the processing of negative affect or diminished responsiveness to positive affect.^{16,17}

A second area of research relevant to the cognitive processing of maltreated children emanates from the study of dissociation. Although definitions of dissociation vary, they generally converge around the conceptualization that dissociation reflects the failure to connect or associate mental information in a typical way.¹⁸ In children, disruptions in the usually integrated functions of consciousness, memory, identity, and perceptions of the environment are manifested as forgetfulness, difficulty learning from experiences, distortions in a sense of time, daydreaming, age-inappropriate behavior, and abrupt changes in behavioral presentation and access to knowledge.¹⁹ Importantly, these indices of dissociation also pertain to extremes of more normative behaviors and thus are not necessarily reflective of clinically significant impairment.

Generally, maltreated children display more dissociation than do nonmaltreated children.²⁰ However, when assessing relations among subtypes of maltreatment and dissociation, results have been inconsistent. In a psychiatric sample of adolescents, physical abuse and neglect were more highly correlated with dissociation than was sexual abuse.²¹ Conversely, Hornstein and Putnam²² found that all subtypes of maltreatment were equally associated with dissociation. In a study of maltreated preschool-aged children, sexually abused, physically abused, and neglected children all demonstrated elevated dissociation when compared with nonmaltreated children. However, only physical abuse was associated with dissociation in the clinically pathological range.²³ These discrepancies may be due to diverse approaches to measuring subtype, to the high co-occurrence among subtypes, and to

the different developmental periods during which dissociation was assessed.

Although both perturbations in social information processing and dissociation reflect distortions in cognitive processing, they are not necessarily indicative of a thought disorder. Formal thought disorder is characterized by impaired formulation and coherent use of language to express ideas that are viewed as central characteristics of schizophrenia-spectrum disorders.²⁴⁻³⁰ Twin studies indicate a genetic component to the transmission of thought disorder symptomatology,^{31,32} thereby reducing the role of caregiving experiences in the etiology of thought disorder and other psychoses.³³ However, emerging evidence highlights the impact of adverse childhood experiences on the development of psychotic symptomatology. In fact, 10 of 11 general population studies have found that child maltreatment is significantly associated with psychosis.³⁴ Although these findings do not minimize genetic contributions, they highlight the role that context may play in the emergence of thought disorder in children with genetic vulnerabilities.

More intrusive forms of childhood adversity such as physical and sexual abuse have been viewed as possessing considerable etiological significance for the emergence of psychosis.³⁵ Specifically, adults with psychotic diagnoses have been found to have higher rates of these forms of maltreatment than individuals with histories of neglect.^{36,37} Childhood physical abuse was the only predictor of adulthood psychosis in the National Comorbidity Study.³⁸ Moreover, studies conducted with nonclinical samples have found a greater risk of psychotic-like symptoms following exposure to multiple versus single adverse experiences, including childhood maltreatment.^{39,40} Although these findings reflect progress that has been made toward understanding the role of child maltreatment in the emergence of thought disorders, the literature is limited methodologically by reliance on retrospective recall of adverse childhood experiences.^{33,41}

Historically, clinically significant thought disorder has primarily been investigated in adults,^{42,43} with far less attention being directed toward children. Thus, the literature with respect to the development of thought disorder symptomatology in children not within the schizophrenia-spectrum disorders is scarce. An explanation for the paucity of investigations may be

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