

In order to understand mental illness from a scientific perspective, researchers are now looking at the idea of a continuum of illness. This means that there is a range of symptoms and states between mental wellbeing and the dysfunction that characterizes mental disorders. Therefore, the way of thinking about mental illness as a binary concept has been replaced by a more multidimensional approach, which considers the severity and co-occurrence of different illnesses. Based on this hypothesis, certain symptoms that are associated with the illness can also be observed in individuals who are not affected by the disease. Accordingly, psychotic-like experiences (PLEs) emerged. They represent subclinical manifestations of psychosis that are not severe enough to meet the diagnostic criteria for a full-blown psychotic disorder. Psychotic-like experiences include perceptual abnormalities, unusual thoughts, and paranoid ideation, resembling some features of psychotic disorders. These experiences are quite common in the general population, with an estimated annual risk of approximately 2.5% and a prevalence rate of 7.2%. It is noteworthy that around 31% of individuals with PLEs exhibit persistent symptoms. Additionally, there is an approximate 8% two-year risk of transitioning to full-blown psychosis.

The spectrum of psychotic experiences encompasses a diverse array of symptoms that profoundly influence an individual's perception of reality. Moreover, scientific reports highlight the frequent co-occurrence of PLEs with various other disorders, including affective disorders, anxiety disorders, personality disorders, and substance abuse tendencies. These observations underscore the trans-diagnostic nature of PLEs, underscoring their significance in both clinical practice and scientific investigation.

Scientific research provides compelling evidence for a significant association between impaired self-disturbances, cognitive biases, temperament, and PLEs. Disturbances in self-perception are proven to be a prominent feature of psychotic symptoms, characterized by a disconnection from reality and hyperreflective states where individuals constantly monitor themselves. Additionally, cognitive biases, such as exaggerated or irrational fixed thought patterns, contribute to an increased occurrence of PLEs in response to stress. The intensity of subjective stress further amplifies cognitive distortions, thus elevating the risk of PLEs. As a result, stress emerges as another key risk factor that increases the frequency of PLEs.

While numerous studies have explored this domain, it remains crucial to identify time-invariant risk factors. In this regard, temperament emerges as a promising avenue of investigation.

Temperament, which encompasses genetically determined individual characteristics, plays a pivotal role in regulating responses to external stimuli. Temperamental traits shape adaptive or maladaptive coping mechanisms, modulate behavioural reactions, and influence emotional reactivity. Certain temperament traits, such as high neuroticism or poor self-regulation, significantly correlate with an increased vulnerability to mental illness. Understanding the impact of temperament on mental well-being and emotional resilience in the face of life stressors may pave the way for the development of personalized and effective therapeutic interventions that support mental resilience in highly vulnerable individuals.

This study aims to examine the relationship between significant life changes, temperament, self-disturbances, cognitive biases, and PLEs in a longitudinal design. The research will involve a sample of 7300 non-seeking-help individuals aged 18-35 years who have not received psychiatric treatment, have no brain damage, or neurological disorders. The individuals will be assessed using standardized questionnaires measuring temperamental traits, PLEs, self-disturbances, and cognitive biases. The occurrence of significant life changes will also be assessed after 12 months of observation in order to estimate the intensity of stressful situations operationalized by major life changes. The follow-up assessment will also assess changes in PLEs severity and other measured parameters at baseline. Data analysis will employ statistical techniques such as moderation effects and network analysis to explore the complex interrelationships between all risk factors. The research findings will provide valuable insights into the development and occurrence of PLEs, contributing to our understanding of psychopathology and aiding in the development of interventions and risk stratification strategies for mental illness prevention.