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Posttraumatic stress symptoms and dissociation between childhood trauma and two different types of psychosis-like experience



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ABSTRACT

This study examined the roles of posttraumatic stress (PTS) symptoms and dissociation in the relationship between childhood trauma and two different types of psychosis-like experience, including persecutory ideation and aberrant experience, in non-psychotic psychiatric patients. From August 2015 to August 2016, among psychiatric out patients seeking treatment at the Department of Psychiatry at a major teaching medical hospital in Seoul, Korea, 169 patients who had never been diagnosed with a psychotic disorder, including schizophrenia spectrum disorder, bipolar disorder, and/or depressive disorder with psychotic features, completed the Korean Childhood Trauma Questionnaire, the Korean version of the Impact of Event Scale-Revised, the modified Korean version of the Peritraumatic Dissociation Experiences Questionnaire, and the Korean Minnesota Multiphasic Personality Inventory-2 (MMPI-2). The RC 6 (Ideas of Persecution) and RC 8 (Aberrant Experiences) of the restructured scales of the MMPI-2 were used as a measure of persecutory ideation and aberrant experience. Structural equation modeling analyses confirmed a partial mediation model in which PTS symptoms partially mediated the relationship between childhood trauma and persecutory ideation, and dissociation partially mediated the relationship between childhood trauma and aberrant experience. This implies that there are distinct mechanisms depending on the type of psychosis-like experience in relation to childhood trauma.

Childhood trauma has been widely accepted as one of the most significant environmental factors associated with the development of psychosis. There is copious evidence that childhood trauma significantly increases the risk for severe mental illnesses such as schizophrenia spectrum disorder, bipolar disorder, and depressive disorder with psychotic features (Janssen et al., 2004; Kessler et al., 2010; Vares et al., 2012). Childhood trauma has been suggested to be a predictor of psychosis later in life that often occurs in a dose-response manner, suggesting that psychosis worsens as the severity of trauma increases (Janssen et al., 2004; Schenkel, Spaulding, DiLillo, & Silverstein, 2005). Studies have also found that childhood trauma was related to sub-clinical psychosis, such as paranoid thinking and hallucinatory experience, in non-psychotic psychiatric patients and in the general population (Cole, Newman-Taylor, & Kennedy, 2016; Shah et al., 2014; van Nierop et al., 2014).

Despite evidence for a relationship between childhood trauma and psychotic experience, the underlying mechanisms involved remain unclear. Posttraumatic stress (PTS) symptoms and dissociation have been suggested and explored as possible mediating factors by many researchers, because they are understood as responses to traumatic experiences (Evans et al., 2015; Vogel et al., 2011). Posttraumatic stress disorder (PTSD), which includes intrusion, arousal, and avoidance as diagnostic criteria, is a typical response after traumatic experience. Dissociation has also been commonly understood as the manifestation of automatic defense mechanisms that serve to mitigate the impact of traumatic experiences (van Ijzendoorn & Schuengel, 1996). Studies have

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demonstrated that childhood trauma is associated with the experience of chronic PTSD symptoms, which in turn increases the likelihood of psychosis in schizophrenia patients or broad psychotic disorder patients (Choi et al., 2015; Vogel et al., 2011). Dissociation has received more attention as the mediating factor in the relationship between childhood trauma and psychosis. As dissociation causes impaired reality testing, individuals who cope with trauma via dissociation are more likely to subsequently experience psychosis, not only in patients with severe mental illness, but also in the general population (Evans et al., 2015; Hammersley, Read, Woodall, & Dillon, 2008; Kilcommons & Morrison, 2005). However, there has been no attempt to test if PTSD symptoms and dissociation play distinct roles as mediating factors in developing a psychotic experience. It is purported that the size of their contribution on a psychotic experience would be different, especially when considering that PTSD symptoms and dissociation are somewhat different responses to traumatic experience (Hetzel and McCanne, 2005). Therefore, there is a need to explore whether these factors play distinct roles in the relationship between childhood trauma and psychotic experience.

The severity of psychotic symptoms has generally been assessed by both hallucinations and delusions in studies targeting schizophrenia spectrum disorder. On some occasions, psychotic symptoms have included subjective thought disorder or confusion in addition to hallucinations and delusions (Choi et al., 2015). Although a psychotic experience can typically be divided into hallucinations and paranoid delusions, few studies have analyzed them separately (Cole et al., 2016; Muenzenmaier et al., 2015). It is possible that the effect of childhood trauma on paranoid thinking and proneness to hallucination differs, and PTSD symptoms and dissociation fulfill different roles in the association between childhood trauma and the two types of psychotic experiences. Muenzenmaier et al. (2015) suggested that although dissociation appears to mediate the relation between stressful childhood experiences and hallucination, the relationship between delusions and cumulative trauma does not seem to be mediated by dissociative symptoms in people with psychosis disorders. Read, Fosse, Moskowitz, and Perry (2014) proposed that trauma-related affect regulation (as assessed by PTSD symptoms) mediates the association between trauma and persecutory delusion. Recently, Cole et al. (2016) reported that dissociation mediates the relationship of early maltreatment and hallucination proneness with delusional ideation in the general population. Despite the limitation that the mediating roles of dissociation and PTSD could not be compared with each other, these studies suggest the possibility of different mediating roles of dissociation and PTSD symptoms in the relationship between childhood trauma and different types of psychotic experience.

It has been reported that the incidence of paranoid thinking or hallucinatory experience in the general population is up to 20–30% (Moritz, Göritz, McLean, Westermann, & Brodbeck, 2017; Westermann & Lincoln, 2011). Paranoid thinking is associated with more severe depression and mood regulation difficulties, and hallucinatory experiences not only cause not subjective perturbations, but they also diminish coping abilities in relation to more arousals and difficulties of judgment (Altman, Clooinis, & Mundy, 1997; Klaassen et al., 2012). Because psychosis-like experience is an important factor affecting adjustment levels in nonpsychotic psychiatric patients, it is important to explore the underlying mechanisms affecting the association between childhood trauma and psychotic experiences, targeting both patients with and without psychosis.

The purpose of the current study was to test the distinct mediating roles of PTSD symptoms and dissociation in the relationship between childhood trauma and two representative types of psychosis-like experiences, persecutory ideation and aberrant experiences, in a non-psychotic clinical sample. Aberrant experiences include bizarre sensitive and perceptual experiences, hallucination, and odd thought processes. The main hypothesis was that both PTSD symptoms and dissociation play mediating roles, but they have different effect sizes depending on the type of psychotic experience. The model hypothesized that PTSD symptoms, including fear, arousal, and mistrust toward others and toward the world have a stronger mediating effect between childhood trauma and persecutory ideation, while experiences of dissociated consciousness during and after traumatic events have more effects on unrealistic or bizarre perceptual and sensitive experiences.

1. Methods

1.1. Participants and procedure

Participants included outpatients aged 18–65 years, visiting the psychiatry department of a major medical hospital in Seoul from August 2015 to August 2016. Among 347 patients, who underwent psychological evaluation, 169 adult outpatients met the following inclusion criteria finally participated in the study: (a) never being diagnosed with psychosis, with the potential of being accompanied by psychotic symptoms such as schizophrenia spectrum disorder bipolar disorders, major depressive disorder with psychotic features, psychotic disorder, or disorders that were not otherwise specified; (b) absence of organic brain dysfunction or other medical conditions, as determined by the psychiatrist's opinion based history taking and medical exams, (c) not being diagnosed with PTSD and/or acute stress disorder after experiencing recent traumatic events, to minimize confusion between the effects of childhood trauma and recent traumatic events, and (d) as indicated in the MMPI-2 manual, have more than 30 no-response items, and a T score of over 80 on the validity scales. Those individuals who provided informed consent to participate in the present study completed the measures as part of their evaluation. Usually, the outpatients in this study completed the assessment within two weeks of their initial consultation. Official diagnoses were made by staff psychiatrists based on the Diagnostic and Statistical Manual 4th Edition (DSM-IV). The study was approved by the hospital's Institutional Review Board.

The mean age of the sample was 35.53 years ($SD = 16.59$) with range of 18–60 years. The participants included 96 males (56.8%) and 73 females (43.2%).

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