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Obsessive–compulsive and negative symptoms in schizophrenia: Associations with coping preference and hope

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Abstract

Although agreement exists regarding the high occurrence of obsessive–compulsive (OC) symptoms in schizophrenia, it is less clear how OC symptoms are related to the traditional symptoms of schizophrenia and co-occurring deficits. One possibility is that there may be two distinct groups of persons with schizophrenia who experience OC symptoms: one group with poor and another with relatively good function. In the present study, the relationships between OC symptoms, coping, and hope were examined among 67 persons with schizophrenia spectrum disorders. First, participants with significant levels of OC symptoms were compared with participants without OC symptoms. Then, participants with significant levels of both OC symptoms and negative symptoms were compared with participants with negative symptoms, but no OC symptoms, and to participants with neither OC symptoms nor negative symptoms. Analysis of variance revealed participants with significant levels of OC symptoms were significantly more likely to experience greater levels of hopelessness and endorse a preference for avoidant focused coping strategies relative to participants without significant OC symptoms. Participants with both negative symptoms and OC symptoms also had less hope and greater preferences for ignoring stressors than participants with negative symptoms but no OC symptoms and participants with neither OC symptoms nor negative symptoms. Implications for theory, practice and research are discussed. Published by Elsevier Ireland Ltd.

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1. Introduction

Early descriptions of the experience of obsessive–compulsive (OC) symptoms in schizophrenia can be found in Eugen Bleuler's (1911/1950) monograph on "dementia praecox." In his description of the symptoms of schizophrenia, Bleuler stated, "compulsive thinking (obsession) is the most common of all the automatic phenomena." Bleuler further described OC symptoms in schizophrenia as "automatisms" that are comparable to auditory or visual hallucinations in that they are "hallucinations of thinking, striving, and wanting" (p. 450). Confirming these observations, case reports of OC symptoms in persons with schizophrenia began to emerge in the mid-to-late 20th century (Stengel, 1945; Gordon, 1950; Hwang and Hollander, 1993). Larger systematic studies have since suggested that more than a third of persons with schizophrenia experience clinically significant OC symptoms (Bland et al., 1987; Berman et al., 1995; Porto et al., 1997), while roughly 10% to 25% meet full diagnostic criteria for obsessive–compulsive disorder (OCD; Eisen et al., 1997; Cosoff and Hafner,

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1998; Krüger et al., 2000; Tibbo et al., 2000; Nechmad et al., 2003; Ohta et al., 2003).

Beyond noting their presence in schizophrenia, Bleuler also maintained that OC symptoms are experienced and perceived in schizophrenia as in neurotic conditions, but they can become intertwined with other symptoms, resulting in a more complex clinical picture. Modern research on the relationship of OC symptoms to levels of traditional symptoms has produced strikingly equivocal results. Several studies have found that greater levels of OC symptoms in schizophrenia correlate with higher levels of negative symptoms (Krüger et al., 2000; Lysaker et al., 2002; Nechmad et al., 2003), higher levels of positive symptoms (Lysaker et al., 2000; Nechmad et al., 2003) and unique patterns of MRI activity (Levine et al., 1998). By contrast, Berman and colleagues (1997) and Lysaker and colleagues (2000) failed to find a relationship between negative symptoms and OC symptoms. Borkowska and colleagues (2003) and Ohta and colleagues (2003) found no links between positive or negative symptoms with OC symptoms in schizophrenia. Another set of studies has found that the presence of OC symptoms was related to lesser and not higher degrees of negative symptoms (Poyurovsky et al., 2001; Tibbo et al., 2000).

To partially reconcile these discrepancies, we recently suggested that there may be two distinct groups of persons with schizophrenia who experience OC symptoms (Lysaker et al., 2003). In support of this, we presented a cluster analysis of two groups of persons with schizophrenia with OC symptoms: a relatively larger group with particularly high levels of negative symptoms and poor social function, and a somewhat smaller group with particularly low levels of negative symptoms and intact social function. In the current study we sought to continue that line of investigation and to examine whether the conjoint presence of OC symptoms and negative symptoms is linked to two psychological phenomena believed to influence outcome in schizophrenia.

First, we explored associations of OC symptoms and negative symptoms with coping preference. Many with schizophrenia report difficulty in coping with stressors. They may experience difficulty effectively problem solving (e.g. Penn et al., 1993; Corrigan and Toomey, 1995) and, as a matter of style, avoid stressors rather than contemplate a possible course of action and/or take action (Farhall and Gehrke, 1997; Wilder-Willis et al., 2002; Lysaker et al., 2003). Preferences for ineffective coping strategies are a matter of clinical concern since the inability to manage and respond to stress is believed to be among the primary components of relapse and ultimately quality of life (Ventura et al., 1989; Ritsner et al., 2003). Second, we examined the relationship between hope and negative symptoms and OC symptoms. It has been widely noted that many with schizophrenia expect failure and see themselves as unable to persevere (Young and Ensign, 1999). Beyond being a matter of grave discomfort, the latter beliefs are similarly of clinical importance because of their link to poorer outcome (Renegold et al., 1999; Hoffman et al., 2000).

Guiding our analyses were two sets of predictions. We first anticipated that compared with participants without OC symptoms, participants with OC symptoms would report greater levels of hopelessness, lesser preferences for acting or positively reappraising a stressor, and a greater preference for ignoring problems and resigning. Here we reasoned that being obsessed or tied to any set of compulsive behaviors might make it more difficult for individuals to feel good about themselves, to see anything bright in their future, or to plan and follow a course of action in the face of difficulties. Data supporting this possibility include observations that OC symptoms are linked to generally poorer psychosocial function (Fenton and McGlashan, 1986). As noted, though, there are contradictory studies in the literature regarding whether OC symptoms are linked to better or poorer function (Poyurovsky et al., 2001; Tibbo et al., 2000); thus it is possible that only a subgroup of persons with OC symptoms have particularly poor function.

We secondly predicted that these preferences would be most pronounced among participants with significant levels of both negative symptoms and OC symptoms. Specifically, we predicted that participants with prominent negative symptoms and OC symptoms would have greater levels of hopelessness, lesser preferences for acting or positively reappraising a stressor, and greater preferences for ignoring problems and resigning relative to participants with prominent negative symptoms alone. Of note, our coping instrument provided two additional domains of coping preference, considering and self-soothing. While we did not make predictions about these, we included them in our analyses for exploratory purposes.

2. Methods

2.1. Participants

Sixty-seven participants with schizophrenia spectrum disorders comprised all but one of the entire pool of participants recruited from the outpatient ser-