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Schizophrenia and dissociation: Its relation with severity, self-esteem and awareness of illness

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ABSTRACT

This article describes the conclusions of an investigation done with 120 Spanish patients: the finding of a new psychopathological profile within a subgroup of patients suffering from schizophrenia.
The patients were evaluated through different questionnaires about sociodemographic data, traumatic events, the severity index (both clinical and psychopathological), self-esteem and consciousness of the illness. From the scores obtained on a scale of dissociative experiences, they were classified into two groups: high dissociative symptomatology or HD, and low dissociative symptomatology or LD.
The HD group contained 44 patients (36.7% of the total population). The groups LD and HD show meaningful differences with respect to dissociative symptomatology levels, general psychopathology and level of traumatic events suffered. The percentage of patients with low self-esteem was higher in group HD than in group LD ($M = 25.52$ front 28.76 of group LD; $t\,(118) = 2.94$, $p = .00$). In addition, the group HD was more conscious of having a mental disorder, of the beneficial effects of medication and of the social consequences of their illness: $F\,(1) = 10.929$, $p = .001$; $\eta 2pt = 0.083$; $1\text{-}\beta = 0.907$.
The results show the existence of a subgroup of schizophrenic patients with higher levels of dissociation and trauma that were related with higher levels of symptomatology, lower self-esteem and higher consciousness of the illness, building a population of higher severity in which it would make sense to implement coadjutant treatments specifically oriented to these variables and, in addition, opening a therapeutic possibility for the patients with refractory schizophrenia.

1. Introduction

Schizophrenia is a severe mental disorder, which despite the proliferation of therapeutic strategies, continues generating very significant personal, family and social consequences. Healthcare programs traditionally have been structured based on levels of functional impairment of the patients, but also to its clinical features. An example is the programs of dual pathology, which have been oriented to schizophrenic patients with addictive behaviors, since this population requires a different therapeutic strategy.

Over the last decade, several studies have found that patients suffering from schizophrenia experience dissociative phenomena with more frequency and at higher levels than the general population (Braehler et al., 2013; Vogel et al., 2006). In recent years, the possible role of trauma in the development of schizophrenia has been raised (Kilcommons and Morrison, 2005; Şar et al., 2009; Schäfer et al., 2006; Schäfer et al., 2012; Vogel et al., 2009) and its presence has been related to greater severity. Given that trauma-based disorders improve with specific psychotherapies (Bisson et al., 2007) and these treatments have been shown to be beneficial in schizophrenia (de Bont et al., 2013), finding a group of more severely traumatized patients within those diagnosed with schizophrenia is not only of nosological interest, but is also important for the planning of health care resources.

In support of this, Achim et al. (2009) found, in an analysis of 20 studies, that the prevalence of PTSD in psychosis was approximately 12.4%; comorbid PTSD in the psychosis patients was associated with poorer functioning and more severe psychotic symptoms. In recent investigations, dissociative symptoms in schizophrenia were related to levels of post-traumatic stress, which could imply a potential influence of posttraumatic events on dissociation in the pathogenesis of the schizophrenia (Bob and Mashou, 2011; Kilcommons and Morrison, 2005; Read et al., 2005). Thus, in order to select a subset of schizophrenic patients with more severe traumatization, dissociative symptoms seem to be a relevant indicator.

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The interrelationship between schizophrenia and dissociation goes back to Bleuler, and raises further issues of differential diagnosis still not well demarcated. Some characteristic symptoms of schizophrenia such as auditory hallucinations (Perona Garcelán et al., 2012; Varese et al., 2011) are also very common in dissociative disorders, giving rise to possible diagnostic confusion. Some authors have proposed a link between the two psychopathological groups, and a relationship that goes beyond a simple comorbidity (Álvarez et al., 2015). Even the symptoms described by Kurt Schneider as pathognomonic for schizophrenia have been proposed to be more characteristic of dissociative disorders (Kluft, 1987; Moskowitz and Corstens, 2007).

To address these issues, some authors (Ross and Keyes, 2004; Şar et al., 2009) have proposed a dissociative subtype of schizophrenia, characterized by relevant dissociative symptomatology related to comorbidity and severe trauma during childhood. These investigations open the door to a new conceptualization of the relationships between schizophrenia, dissociation and trauma.

There remain many questions to answer. This investigation tries to address some of them and has two objectives. The first objective is to look for evidence for a dissociative subtype in a Spanish sample where there are schizophrenic patients with different levels of severity and symptomatic profiles. The second objective is to characterize this subtype, if found, considering its clinical and psychopathological features in general, also analyzing its relationship to self-esteem and consciousness of illness, which have been related to severity and poorer quality of life in schizophrenic patients (Eack and Newhill, 2007; Read and Dillon, 2013). These variables have never been studied in this group of patients. However, in our clinic experience with this kind of patients, we have observed that high dissociation levels could be associated, paradoxically, with a higher awareness of the illness (of the suffering and of its functional and social consequences) and with lower self-esteem levels. In this study, these hypotheses are tested to try to find out the adequacy of these clinical observations and to see if they could be generalized in the different assistance centers.

2. Methods

2.1. Participants

This study examined 120 voluntary patients who had a schizophrenia diagnosis. Patients were from both genders (77.2% male) and were between 20 and 75 years old ($M = 43.52$; $SD = 11.28$). All participants signed an informed consent form to cover the requirements of the Helsinki 2000 Declaration. All patients were in treatment at various inpatient and outpatient state and privately owned facilities in Galicia, including the penitentiary. The objective was to gain a heterogeneous sample to maximize the representability regarding the general schizophrenia population.

All patients who had the diagnosis of schizophrenia were informed of the study, twelve people were deemed not capable of giving informed consent. In addition, the diagnosis of schizophrenia was reviewed by two clinicians. There were three patients who were excluded on this basis because they didn't meet the diagnostic criteria of DSM-5 schizophrenia in the past or currently.

2.2. Instruments

The basic data was gathered with questionnaire designed specifically for this investigation that included socio-demographic and health variables (suicide attempts, consults at hospitals, relatives diagnosed with psychosis and other disorders and drug use). The additional questionnaires used were as follows:

2.2.1. Dissociative Experiences Scale – DES (Bernstein and Putnam, 1986)

This instrument is the most common screening instrument for dissociative symptomatology. It has 28 items scored on a scale from 0 to 100 indicating the percentage of time that the patient reports having had specific dissociative experiences. It has a reliability of 0.78 and a validity of 0.76. For this study, we used the Spanish translation of Icarán and Colon (1996). The internal consistency reliability for the study sample is $\alpha = 0.93$.

2.2.2. Structured Clinical Interview for the Dissociative Disorders – SCID-D (Steinberg, 1993)

It is a structured interview done specifically for the diagnosis of dissociative disorders (DD). It explores five areas of manifestation of dissociative disorders: amnesia, depersonalization, derealization, identity confusion and identity alteration. In it, obligatory questions can be found in each subscale that allows an initial evaluation to be made, and to decide for which subjects it would be necessary to utilize the full scale. It has a reliability of 0.88 and a good validity.

2.2.3. Traumatic Experiences Questionnaire - TQ (Davidson et al., 1990)

For this study, we used the translation of Bobes et al. (2000). It has 46 yes or no items regarding whether an experience was suffered and also gathers information about the age and duration of the traumatic event. The third section is a list of 18 symptoms that explore the three symptomatic clusters of PTSD. The items are of dichotomous answer Yes/No and the temporal frame of reference is very broad and open: any time after the event. Its psychometric properties have only been calculated for the general and the clinical population. The internal consistency reliability for the study sample is $\alpha = 0.69$.

2.2.4. Derogatis Symptom Checklist Revised - SCL 90-R (Derogatis et al., 1975)

The objective of this instrument is to detect general psychiatric symptomatology. For this study, the translation of González de Rivera et al. (1989) was used. It has a reliability of 0.79–0.90 and a validity of 0.73–0.80. It has a list of 90 items that are scored on a scale from 0 ("nothing" or "not at all") to 4 ("a lot"), representing the extent to which the patient is bothered by a particular symptom. The internal consistency reliability for the study sample is $\alpha = 0.97$.

2.2.5. Rosenberg self-esteem scale- RSES (Rosenberg, 1965)

It includes 10 items whose contents are centered on the feelings of respect and acceptance of yourself. Half of the items are scored positively and the other half negatively. The score follows a Likert scale that goes from 1 = agree to 4 = totally disagree. It has a reliability of 0.74 and a validity of 0.87. The internal consistency reliability for the study sample is $\alpha = 0.86$.

2.2.6. Scale to assess Unawareness of Mental Health - SUMD (Amador and Strauss, 1990)

It has the goal of evaluating the patient's consciousness of the disorder and its social consequences, and the perceived effectiveness of medication. It has 3 general items and 17 items dedicated to specific symptoms. The scale used in this investigation is the Spanish adaptation of Ruiz et al. (2008). It has a validity of 0.84. In this study, the results of the three general items were analyzed and scored independently of their specific symptomatology. The internal consistency reliability for the study sample is $\alpha = 0.91$.

2.3. Procedure

The data gathering was done by two psychiatrists and two psychologists. The DES scale was administered orally to ensure that patients' responded to the questions as they were intended, and were not describing experiences better classified as psychotic than as dissociative. To this end, when a patient scored positively on any item of the DES they were asked for examples of the phenomena enquired about. The study had the approval of the Regional Ethical Committee of Galicia.

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