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The relationship between different types of dissociation and psychosis-like experiences in a non-clinical sample



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ABSTRACT

This study investigated whether detachment-type dissociation, compartmentalisationtype dissociation or absorption was most strongly associated with psychosis-like experiences in the general population. Healthy participants (N = 215) were tested with the Dissociative Experiences Scale (DES, for detachment-related dissociative experiences); the Harvard Group Scale of Hypnotic Susceptibility (HGSHS: A, for dissociative compartmentalisation); the Tellegen Absorption Scale (TAS, for non-clinical 'functional' dissociative experience); and two measures of psychotic-like experiences, the 21-item Peters et al. Delusions Inventory (PDI-21) and the Cardiff Anomalous Perceptions Scale (CAPS). In multiple regression analyses, DES and TAS but not HGSHS: A scores were found to be significantly associated with PDI-21 and CAPS overall scores. A post hoc hierarchical cluster analysis checking for cluster overlap between DES and CAPS items, and the TAS and CAPS items showed no overlap between items on the DES and CAPS and minimal overlap between TAS and CAPS items, suggesting the scales measure statistically distinct phenomena. These results show that detachment-type dissociation and absorption, but not compartmentalisation-type dissociation are significantly associated with psychosis-like experiences in a non-clinical population.

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1. Introduction

Several authors have noted a similarity between aspects of dissociative experience and psychotic symptoms, highlighting characteristics such as an altered sense of conscious experience, hallucinations, the disruption or loss of ego-boundaries and the seeming loss of control over one's thinking processes (e.g. Giesbrecht, Merckelbach, Kater, & Sluis, 2007; Moskowitz, Barker-Collo, & Ellson, 2005). More recently, studies have suggested that dissociation associated with childhood trauma may play a specific causal role in the development of psychotic symptoms (e.g. Braehler et al., 2013; Perona-Garcelán, Carrascoso-López, et al., 2012; Sar et al., 2010; Schäfer et al., 2012; Varese, Barkus, & Bentall, 2012; Vogel, Braungardt,

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Grabe, Schneider, & Klauer, 2013). However, the term 'dissociation' can refer to different types of symptoms and psychological processes that traditionally have been linked but are functionally and theoretically distinct (Brown, 2006) making it unclear as to which form of dissociation may be key in mediating psychotic symptoms. For example, factor analytic studies have distinguished two dissociation subtypes: *compartmentalisation-type dissociation* and *detachment-type dissociation* (Brown, 2006; Holmes et al., 2005; Sierra & Berrios, 2000).

Detachment-type dissociation has been particularly linked to 'depersonalisation' and 'derealisation' (Holmes et al., 2005) – a general feeling of detachment from sensory input, lived experience or 'connectedness' with the world – which accompanies phenomena often found in 'depersonalisation disorder' as well as psychosis and self-disturbances in schizophrenia (Sass, Pienkos, Nelson, & Medford, 2013; Spiegel & Cardena, 1991). More recently, a neuroimaging study (positron emission tomography) identified similarities in receptor binding profiles between depersonalised states and psychoactive-drug induced psychotic states (Simeon et al., 2014). These psychoactive drugs are exemplified by 'dissociative anaesthetics' such as psilocybin and ketamine which are known to pharmacologically induce psychotic states in healthy volunteers. Neurophenomenological findings point towards an association between psychosis and the detachment-type dissociation seen in depersonalisation disorder: for example, the emotional blunting induced by ketamine is phenomenologically and neurobiologically similar in both cases (Abel et al., 2003).

The notion of compartmentalisation-type dissociation stems from the work of Pierre Janet (1859-1947) who originated the modern concept of dissociation as the compartmentalisation of normally integrated mental functions leading to the loss of conscious control or awareness of specific mental, physical or sensory processes (van der Hart & Horst, 1989). A tendency towards compartmentalisation-type dissociation is often viewed as key to one's ability to respond to hypnotic suggestions (Terhune, Cardena, & Lindgren, 2011). Previous research has suggested that the two types of dissociation are unlikely to be explained by the same theoretical accounts and may be cognitively distinct (Brown, 2006; Holmes et al., 2005; Sierra & Berrios, 2000). Studies investigating the links between psychosis-like experience and dissociation, however, have typically not differentiated compartmentalisation from detachment (Allen, Coyne, & Console, 1997). In fact, only one study has looked at this directly by investigating possible links between subtypes of dissociation and schizophrenic symptoms. (Vogel et al., 2013). In that study 72 participants with schizophrenia were assessed and it was found that compartmentalisation-type dissociation, in particular amnesia, was associated with negative symptoms whereas detachment-type dissociation demonstrated the strongest association with positive symptoms. In addition, positive schizotypy, in the form of subclinical delusions and hallucinations, has been shown to have a robust and reliable relationship with dissociative experiences when measured with the Dissociative Experiences Scale (DES), a measure of detachment-type dissociation (e.g. Chmielewski & Watson, 2008; Giesbrecht et al., 2007; Merckelbach & Giesbrecht, 2006; Merckelbach, Rassin, & Muris, 2000). The latter provides further support for the potential relationship between detachment-type dissociation and psychosis-like experiences/positive schizotypy. However, one study (Connors et al., 2014) reported the use of hypnotic suggestion, usually associated with the production of compartmentalisation-type effects, to induce some very specific types of delusional ideation (delusions of misidentification). Consequently there is conflicting evidence as to whether detachment or compartmentalisation type dissociation is associated with psychotic symptoms.

Another concept linked to dissociation is that of absorption, which relates to the ability to become immersed in thoughts and experiences (Tellegen & Atkinson, 1974). Absorption has several phenomenological similarities with dissociative phenomena given that dissociation involves an altered quality of attention and disattention to components of experience (Holmes et al., 2005). Unlike detachment- and compartmentalisation-type dissociation, the capacity for absorption is not drawn from psychopathology and neither is it considered, in itself, pathological. Nevertheless, high levels of trait absorption have been linked to frank psychotic experiences in patients diagnosed with schizophrenia (Perona-Garcelán, García-Montes, Ductor-Recuerda, et al., 2012) and hallucination proneness in non-clinical samples (Glicksohn & Barrett, 2003; Perona-Garcelán, García-Montes, Rodríguez-Testal, et al., 2012) suggesting a possible link with the generation of psychosis-like experience. There is also a large literature on the association between absorption and hypnotic suggestibility, which is measured via the production of compartmentalisation-type dissociative experiences by direct verbal suggestion, though the association is stronger when absorption is measured in a hypnotic context (Council, Kirsch, & Hafner, 1986; Milling, Kirsch, & Burgess, 2000). This raises the question of whether an apparent causal link between dissociation and psychotic symptoms may in fact be more specifically mediated by a propensity to absorption rather than detachment- or compartmentalisation-type dissociation, as absorption appears to be associated with both types of dissociation.

The purpose of this study is to test which type of dissociation is most associated with psychosis-like experiences in the general population. The main hypothesis is that detachment-type dissociation would show the strongest relationship with positive schizotypy such as subclinical anomalous perceptual experiences and delusional ideation. This approach of studying a general population sample with no self-reported psychiatric disorders has the advantage of covering a wider range of intensity of experience and avoids the problem of researching dissociation in patients who may be taking antipsychotics which can, in themselves, induce a feeling of 'detachment' (Mizrahi, Bagby, Zipursky, & Kapur, 2005). It is also important to improve the understanding of the relationship between types of dissociation and psychosis-like experience in the general population to identify mechanisms that may be relevant to the pathogenesis of psychosis. To date, a study which differentiates the various types of dissociation and subclinical psychotic experiences has not yet been conducted with healthy volunteers.

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