

# The Relation Between Psychotic and Dissociative Disorders: Comorbidity or Continuity?

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# Overlap Between Dissociative Disorders and Schizophrenia in Clinical Observation

Dissociative psychosis without schizophrenia

Dissociative disorder with schizophrenia symptoms

Schizo-dissociative condition: the true borderland

Schizophrenia with dissociative symptoms

## Comorbidity or Continuity?

Phenomenological overlap too wide to talk about comorbidity

Qualitative differences too prominent to talk about continuity

Clinical continuum / spectrum possible

Qualitative continuity (same psychopathology): controversial

## DD and BPD among 70 Patients With Chronic Schizophrenia (Şar et al, submitted)

	%
Any dissociative disorder	57.1
DDNOS	34.3
Dissociative amnesia	27.2
Depersonalization	24.3
Derealization	15.7
Borderline personality disorder	15.7
DID	8.6
Dissociative fugue	8.6

# Schizophrenia with Dissociative Disorder (DDIS): Comparison with Non-Dissociative Group

More .....

Positive symptoms (SAPS)

Schneiderian symptoms (DDIS)

Borderline symptoms (DDIS)

Extrasensory experiences (DDIS)

Secondary symptoms of DID (DDIS)

Elevated DES, DES-Taxon

Lifetime psychiatric comorbidity (SCID)

Childhood trauma (CTQ)

Early age of onset

Şar et al, submitted

# Schizophrenia with a Dissociative Disorder (DDIS) : Comparison with Non-Dissociative Group

No significant differences in...

Negative symptoms (SANS)  
Current psychiatric comorbidity (SCID)  
Somatic complaints (DDIS)

Şar et al, submitted

# Schizophrenia and Dissociation: Correlations Between Scale Scores

DES:

All clinical and trauma variables including early onset and young age (except duration of the disorder)

CTQ:

Borderline personality criteria, DES, secondary symptoms of DID, extrasensory perceptions, somatic complaints  
but NO correlations with

SCID diagnoses, negative, positive, Schneiderian symptoms,  
age of onset

Şar et al, submitted

## Four Group K-Means Cluster Analysis: High and Low Dissociators

High DES, **positive symptoms**, all but one taxon positive, **DID-like**, somatic complaints, traumatized, DD 100% (N=5)

High DES, **negative symptoms**, **SCID comorbidity**, all taxon positive, traumatized, somatic complaints, **borderline features**, **anxiety and mood disorder**, DD 90% (N=10)

Low DES, negative and positive symptoms, mood disorder, DD 40%, taxon positive 10% (N=10)

Low DES, low negative and positive symptoms, DD 49%, taxon positive 13.3% (N=45)

# Predictors of DES and CTQ in Regression Analysis

## DES

Childhood sexual abuse (CTQ)  
Associated symptoms of DID (DDIS)  
Borderline personality disorder criteria  
Negative symptoms scale (SANS)  
Early onset

## CTQ

DES total score

# Conclusions

A **dissociative subtype** of schizophrenia (a la Ross)

Early onset

Childhood trauma related to concomitant dissociation  
but not to schizophrenia

Hypothesis:

An **interaction (duality) model** between two distinct but concurrent psychopathologies in context of childhood trauma

# Interaction

Defense?

Risk?

Complication?