

Correlative analysis of dissociative disorder among Kashmiri population



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ABSTRACT

Background: Dissociation is a complex psychopathology. Symptoms of dissociation are seen in different mental disorders. It is defined as a loss of integration between memory, identity, emotion, perception, behavior, and sense of self. **Aims and Objectives:** The aim of the study was to study sociodemographic variables of dissociative patients and to study psychiatric morbidities and their correlates concerning dissociative semeiology. **Materials and Methods:** This study was conducted from June to September 2023, where 51 persons were enrolled, who visited our patient department. Ethical clearance and consent were taken for the study. All the patients were diagnosed by a consultant psychiatrist according to the International Classification of Diseases-10 criteria. Sociodemographic profile pro forma, BG Prasad scale, and Dissociation Experience Scale-II were administered. **Result:** The majority of patients were from the 19 to 23-year-old age group, unmarried females residing in rural areas living in nuclear families having middle economic status who achieved middle education. The majority of patients had psychogenic non-epileptic seizures as a dominant symptom with school-related issues as a precipitant factor with the majority having a major depressive disorder. The correlation was significant at the 0.005 level. A correlation of $P < 0.005$ for anxiety, depression, obsessive-compulsive disorder, and adjustment disorder with dissociative symptoms was seen. A $P < 0.005$ was seen for sex, education, economic status, and occupation to that of dissociative symptoms. **Conclusion:** Dissociation symptoms have multiple comorbid psychiatric disorders comorbidly present. Precipitating factors need to be taken care of. Intervention should be multipronged. Psychological interventions may help manage different subconscious conflicts.

Key words: Mini-international neuropsychiatric interview-7; Dissociation; Correlation; BG Prasad

INTRODUCTION

Dissociation is a multistage phenomenon. It is defined as a “dysfunction in the normal, and loss of integration between memory, identity, consciousness, perception, and motor or sensory aspects”¹ diagnostic and statistical manual of mental disorders-fifth edition (DSM-V) has put some changes in dissociative disorders, rephrasing them and adding some new ones described as (dissociative amnesia, depersonalization or derealization disorder, dissociative identity disorder,

other specified dissociative disorder, and unspecified dissociative disorder). Dissociative identity disorder in DSM-V is now referred to as possession or identity fragmentation. Dissociative amnesia has another subtype called dissociative fugue, a rare disorder inclusive of amnesia, not always associated with confusion wandering, or loss of identification of personality.¹ The dissociative disorder has its origin in theories of psychoanalysis by Sigmund Freud, which he named conversion disorder, arises due to subconscious conflict.² Functional neurological symptom

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disorder has been substituted for conversion disorder in DSM-V.³ According to International Classification of Diseases (ICD)-10 dissociative disorder is characterized by disruptions in consciousness, memory, identity, or perception with no evidence of physical disorder that can explain symptoms. Second, there is a categorical association between the onset of symptoms and stress.⁴ DSM-5 Enlisted under criteria for conversion disorder (functional neurological symptom disorder), (a) One or more symptoms that may affect body movements or senses of an individual. (b) The semeiology cannot be explained by any neurological or any medical condition or mental health disorder. (c) It should lead to significant distress in social, work, or other areas, or they are not significant enough that medical evaluation is recommended.⁵ Biomedical models have linked dissociation with increased recruitment in regions responsible for executive control.⁶ Over the last decades, psychophysiological, neuropsychological, and neuroimaging research has enhanced the understanding of neurobiological underpinnings of dissociation, even though many ambiguities remain.⁷ Dissociation is a psychobiological response to stress, as patients with dissociative disorders report an increased frequency of childhood trauma or neglect.⁸ A challenge for psychiatrists and researchers is the incoherent nature of dissociative disorders.⁹ This may be explained by the integration of genetic, neurobiological, cognitive, predisposing, perpetuating, precipitating, and stressful factors.¹⁰ The disorder is considered a versatile defense mechanism to cope with mounting threats that cannot be controlled or escaped.¹¹ The prevalence of dissociative disorder is 5% in general hospital units.¹² Unconsciously patients imitate their symptoms that are important to them. In Asian countries, high incidence of conversion disorder has been reported in young populations, low-income, and joint families.¹³ Symptoms cannot be related to substance use or any other organic disorder.¹⁴

Objectives

- 1) The objectives of this study were to assess sociodemographic variables, psychiatric comorbidities of dissociative disorder patients,
- 2) To study the pattern of dissociative semeiology.

Aims

The study aimed to analyze the correlation of sociodemographic variables and psychiatric comorbidities with dissociative semeiology.

MATERIALS AND METHODS

Study setting

The above study was conducted in the Department of Psychiatry SKIMS MCH Bemina on patients who visited the department of psychiatry and were diagnosed with dissociative disorder.

Study subjects

Fifty-one participants aged 18 years and above were enrolled for the study with well-informed consent and were open to withdraw from the study at any point in time if they desired.

Study design

A cross-sectional type of study in which ethical clearance was obtained. Consent was taken before enrolment for the study. Privacy and confidentiality were maintained and records were secured. The duration of the study was 6 months, convenience-based consecutive sampling technique was used. Exclusion criteria were: (a) Not giving consent for the study (b) patients below the age of 18 years. (c) Patients having other psychiatric/severe neurological illnesses or medical illnesses. (c) Not being able to understand the questionnaire.

Data collection methods, instruments, and diagnostic tools

Data were collected in structured sociodemographic pro forma, and economic status was assessed with the help of the BG Prasad scale.¹⁵ Patients were evaluated and diagnosed based on ICD-10 criteria.⁴ Participants were screened for psychiatric disorders through a mini-international neuropsychiatric interview (MINI)-7. MINI 7 has shown high accuracy in psychiatric disorders with good reliability and validity.^{16,17} The adult dissociation experience scale-II was used to assess the severity of dissociative symptoms. A high score >30 indicates higher severity of dissociation and scores <30 indicate lesser severity.^{18,19}

Data management and analysis

Data were analyzed via IBM SPSS Statistics 24.0. Frequencies and percentages were calculated. Correlation bivariate analysis was performed between psychiatric morbidities to semeiology and sociodemographic variables of patients with dissociative semeiology. Correlation was significant at 0.005.

RESULTS

Table 1 indicates that the majority of the subjects were female (78.43%), single (66.66%), and were in the age range of group 19–23 years (66.66%), half of the study subjects were students (50%), followed by housewives (20%). Most of the subjects were literate (78.41%). A majority of the subjects had a rural background (66.66%) and were from a nuclear family (74.50%). Most of our study subjects had middle socioeconomic status (56.86%) followed by lower (33.33%). The majority of participants was students (41.17%), followed by unemployed (33.3%) and employed (25.4%).

Table 1: Sociodemographic variables of patients with dissociation disorder

Variable	N	%
Age		
19–23 years	34	66.66
24–30 years	17	33.33
Sex		
Male	11	21.56
Female	40	78.43
Residence		
Urban	10	19.60
Rural	34	66.66
Semi-urban	7	13.72
Marital status		
Single	34	66.66
Married	17	33.33
Family type		
Nuclear	38	74.50
Joint	13	25.49
Education		
Illiterate	11	21.56
Middle	23	45.09
Secondary	12	23.52
Graduate	4	7.84
Postgraduate	1	1.96
Economic status		
Upper	5	9.80
Middle	29	56.86
Lower	17	33.33
Occupation		
Employed	13	25.4
Unemployed	17	33.33
Students	21	41.17

Table 2 indicates that the majority of study participants had psychogenic non-epileptic seizures (PNES) (43.1%), followed by stupor and motor symptoms (27.5%), sensory loss (19.6%), and then possession (9.8%). The majority of participants had school-related issues (41.17%), followed by personal issues (25.40%), family issues (17.64%), and other issues (13.72%). The majority of study participants had depressive symptoms (66.66%) followed by anxiety (43.1%), and obsessive-compulsive disorder (OCD) (35.3%), adjustment disorder (27.5%), post-traumatic stress disorders (PTSD) (21.6%).

Table 3 indicates that anxiety had a significant correlation of less $P < 0.005$ with stupor, possession, motor, PNES, and sensory symptoms. Depression had a significant relation of $P < 0.005$ with stupor, PNES, motor. PTSD had a significant correlation of $P < 0.005$ with stupor PNES and possession. OCD had a significant relation of $P < 0.005$ with motor, PNES, and sensory. However, adjustment disorder had $P < 0.005$ with all dissociative semiology.

Table 4 indicates that age had an insignificant correlation $P > 0.005$ with dissociative semiologies, sex had an insignificant $P > 0.005$ with stupor and possession, and a significant correlation $P < 0.005$ with motor, PNES, and sensory. A significant correlation of $P < 0.005$ was found

Table 2: Frequency of type of complaints, precipitating factors, and severity of dissociation symptoms

Variable	N	%
Clinical presentation		
• Stupor	14	27.5
• Possession	5	9.8
• Motor symptoms	14	27.5
• Psychogenic non-epileptic seizures	22	43.1
• Sensory loss.	10	19.6
Precipitating factors		
• School issues	22	41.17
• Personal issues	13	25.40
• Family-related issues	9	17.64
• Others issues.	7	13.72
Psychiatric disorder symptoms		
• Major depressive episode	34	66.6
• Adjustment disorder	14	27.5
• Posttraumatic stress disorders	11	21.6
• Obsessive-compulsive	18	35.3
• Anxiety.	22	43.1

Table 3: Correlation of psychiatric comorbidities and dissociative semiology

Psychiatric comorbidities	Dissociative semiology	P-value
Anxiety	Stupor	<0.005
	Possession	
	Motor	
	PNES	
	Sensory	
Depression	Stupor	<0.005
	Motor	
	PNES	
Post-traumatic stress disorders	PNES	<0.005
	Stupor	
	Possession	
OCD	Motor	<0.005
	PNES	
	Sensory	
Adjustment disorder	Stupor	<0.005
	Possession	
	Motor	
	PNES	
	Sensory	

PNES: Psychogenic non-epileptic seizures, OCD: Obsessive-compulsive disorder

in education with dissociative semiology. The occupation had a significant correlation with stupor, motor, PNES, sensory $P < 0.005$ and no significance of $P > 0.005$ with possession. Marital status had $P < 0.005$ with stupor, motor, PNES, and sensory and possessions $P > 0.005$. The family type and economic status had a significant correlation with dissociative semiology, that is, $P < 0.005$. The majority of patients had severe dissociative experience (98.03%).

DISCUSSION

The trauma model postulates that dissociation is a psychobiological state that functions as a protective

Table 4: Correlation of sociodemographic variable with psychiatric semiology

Psychiatric comorbidities	Dissociative semiology	P-value
Age	Stupor Motor PNES Sensory Possession	>0.005
Sex	Motor PNES Sensory	<0.005
Residence	Stupor Motor PNES Sensory Possession	<0.005
Education	Stupor Possession Motor PNES Sensor	<0.005
Occupation	Stupor Motor PNES	<0.005
Marital Status	Sensory Stupor Motor PNES	<0.005
Family type	Possession Motor PNES Sensory Stupor	<0.005
Economic status	Possession Motor PNES Sensory Stupor	<0.005
Dissociative experience scale 2 nd		
Higher severity (>30)	50	98.03%
Lower severity (<30)	1	1.96%

PNES: Psychogenic non-epileptic seizures

response to traumatic events.²⁰ Literature supports a powerful relationship between dissociation and psychological traumatic experiences.²¹ Our study has witnessed the majority of study participants from the age group of 19–23 years (66.66%) which is in line with an international study.²² The majority of participants were females results of which were a little higher than the study done by Subramanian et al.²³ Reasons could be the gender gap and stigma attached where male dominant societies do not give them space to express emotions, which increases the likelihood of experiencing dissociation in overwhelming situations, men exhibit stigma in divulging conflicts and another reason could be gender-based violence. The majority of study participants were from rural areas, which coincides with the study by²⁴ and the reason being that our hospital is situated on the national highway that is easily accessible to the rural population and

surrounded by rural areas. The majority of patients were single/unmarried, results were in contrast with the study by Choudhury et al., which documented the majority were married.²⁵ Reason may be loneliness and social isolation for a higher frequency of unmarried or absence of a partner to share stressful life events. The majority of participants were from nuclear families which was echoed by a study by Deka et al.,²⁴ our study has resulted in a higher frequency of patients having middle-class education, our results were at par with a study by Ponnudurai et al.²⁶ The majority of patients had a middle economic status which was in contrast to the study by Thapa et al., where the study showed a higher frequency of low economic group,²⁷ unstable economic conditions, rising inflation, health care costs, desire to achieve success at early stages can be the stressors for higher frequency among middle economic status. Our study has resulted that majority of participants had a clinical presentation of PNES that was in line with an international study by Thapa and Shyangwa,²⁸ Majority of patients had school related issues as a precipitating factor that was in contrast to the study by Lofthouse et al.,²⁹ the reason may be that students experienced interpersonal trauma, maltreatment or the academic burden can be the major issues. Our study documented depression was seen among the majority which was in accordance with the study done by Bertule et al.³⁰ Correlative analysis in our study has shown a significant relation between anxiety and dissociation symptoms that are quite similar to the study which has also shown a positive relation between anxiety trait and dissociation.³¹ Significant relation was documented between dissociative symptoms and depression that were in line with a study by³² above study has resulted in a positive correlation of post-traumatic stress disorder and psychological non-epileptic seizures which is echoed by Spitzer et al.,³³ our study had shown a significant correlation between OCD and dissociation symptoms which was in accordance with a study by Seedat et al.³⁴ Where OCD patients had dissociation scores slightly higher than other anxiety disorders. A significant correlation was seen between adjustment disorder with dissociation semiology, which might be due to overwhelming stress due to different adjustment issues such as life-threatening events, school changes in children, academic burdens, or interpersonal relations, dissociation might be an alternate way for the mind to create distance from the overwhelming emotions, as after extensive search the literature about the correlation of dissociation and adjustment disorder was not found. A significant correlation was seen between gender and some dissociative symptoms that were echoed by a study that pointed toward predominance in the female population and gender relations.³⁵ Our study documented a significant correlation between the place of residence with dissociative semiology that was echoed by Abhinav et al.³⁶ The results

of our study were in favor of a significant correlation between education, with dissociation that was in line with the study.³⁷ Occupation had a significant correlation with dissociative semeiology which might be due to high-output jobs or those involving traumatic experiences that might increase the likelihood of developing dissociative symptoms. Our study revealed a positive correlation between marital status and dissociation that might be due to conflicts, unresolved issues, or abusive relationships that can aggravate dissociative symptoms or contribute to their development. Economic status had a significant correlation with dissociation as rising inflation, economic burden and low income might lead to dissociation. The majority of patients had severe dissociative symptoms that were in line with an international study by Lisa et al.³⁸

Implications

- Patients with dissociation disorder need to be screened early to look for comorbid psychiatric disorders for early intervention
- Psychotherapeutic interventions may be planned to decrease the burden of different stressors and limit the severity of symptoms.

Limitations of the study

- The a need for a larger sample size and follow-up study to look for comorbid disorders like bipolar affective disorder and personality disorder
- Correlational studies may highlight relationships within a specific population or make it difficult to generalize findings to broader populations or different situations
- Lack of control makes it difficult to rule out confounding variables.
- The relationship between the type of dissociation disorder and other variables was not evaluated because of its smaller sample size.

Strengths of the study

Our study has examined the different sociodemographic variables, the correlation of psychiatric morbidities to dissociation symptoms with psychiatric disorders, and the sociodemographic variable to that of dissociation was analyzed and the severity of dissociative symptoms was also obtained.

CONCLUSION

This study gives important insights and correlates of dissociative disorders among the Kashmiri population. Dissociative disorders are relatively common in this part of the world. This study will help us to develop a strategy to prevent and treat dissociative disorder in a tailored manner. Early diagnosis and timely management of psychiatric

comorbidities among patients with dissociative disorder are likely to improve the outcome of the disorder.

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