Journal of
Research in Psychopathology
https://doi.org/10.22098/jrp.2025.16956.1294

2025; Vol. 6, No. 4
Pages: 31 - 39

Original Article

Childhood trauma and dissociative experiences in patients with schizophrenia, major depression disorders and normal group

Ali Mohammadzadeh [1], Faezeh Sharifi [2*], Zahra Heyran Sangestani [3] & Somayeh Gholizadeh [4]

1. Department of Psychology, Payame Noor University, Tehran.
2. Department of Psychology, Payame Noor University, Tehran, Iran.
3. Department of Clinical Psychology, Islamic Azad University of Tabriz, Tabriz, Iran.
4. Department of Psychology, Payame Noor University, Tehran, Iran.

Abstract

Childhood traumatic and dissociative experiences play a crucial role in psychological disorders, with schizophrenia and major depressive disorder being two serious conditions that require examination of various etiological and maintaining factors. In Iran, the lack of sufficient research evidence comparing childhood traumatic and dissociative experiences between these two disorders is a significant research gap, which this study aims to address. The population consisted of patients with major depressive disorders and schizophrenia who visited Razi Hospital and psychiatric clinics in Tabriz from 2020 to 2023. Among them, 68 patients with major depressive disorders and 68 patients with schizophrenia were selected and tested on a voluntary basis. A non-patient group of 68 individuals was selected based on matched characteristics from students and other citizens of Tabriz. Participants responded to scales measuring dissociative symptoms and childhood trauma. The data was analyzed using multivariate analysis of variance. The results showed that patients with major depressive disorder and schizophrenia scored higher on childhood traumatic and dissociative experiences compared to the control group. Additionally, when comparing the two patient groups, patients with major depressive disorder scored higher on childhood traumatic experiences, while patients with schizophrenia scored higher on dissociative experiences. This study revealed that patients with major depressive disorder scored higher on childhood traumatic experiences compared to patients with schizophrenia, while schizophrenia patients exhibited higher scores on dissociative symptom.

Keywords

Childhood trauma
Dissociation
Dissociative experiences
Major depression
Schizophrenia

Received: 2025/03/10
Accepted: 2025/04/26
Available Online: 2025/11/28

Introduction

Schizophrenia and major depressive disorder are significant psychological disorders that can have serious psychosocial and economic consequences (Alphset al., 2022; Baldessarinietal., 2025). Therefore, understanding their causal and maintaining factors is a crucial aspect of research. Childhood traumatic experiences are considered a potential key factor in these disorders (Fung et al., 2024). Additionally, dissociative experiences play a significant role in explaining psychological disorders, particularly schizophrenia and depression (Vancappelet al., 2024).Childhood traumatic experiences encompass various forms of childhood maltreatment, including physical abuse, sexual abuse, emotional abuse, emotional neglect, and physical neglect (Bernstein et al., 2003). Childhood trauma is a global issue with immediate and long-term negative effects on psychological and physical health (Fung et al., 2025). Research indicates that childhood traumatic experiences increase the risk of trauma in adulthood and can have severe long-term consequences (Basharpoor, et al., 2015; Williams-Butler et al., 2023). According to the World Health Organization, at least one-third of people experience adverse childhood experiences (Magruderet al., 2017).Research indicates that approximately 29% of psychological disorders can be influenced by traumatic childhood experiences. A correlation between childhood traumatic experiences and psychotic symptoms has been reported by DeVos et al. (2019). Studies suggest that traumatic childhood experiences contribute to the development of schizophrenia and other psychotic disorders (Michelet al., 2022; Giannopoulouet al., 2023; Zhang et al., 2023). These experiences are also linked to both positive and negative psychotic symptoms, as well

Corresponding author: Department of Psychology, Payame Noor University, Tehran.
E-mail: **a_mohammadzadeh@pnu.ac.ir**

as depression (Fung et al., 2024). Additionally, research associates traumatic childhood experiences with lower insight and resistance to treatment in schizophrenia (Hassanet al., 2015; Mørkvedet al., 2018). These experiences are further connected to biological changes in schizophrenia (Misiak et al., 2017). Individuals with traumatic childhood experiences are more vulnerable to environmental stressors in later life stages (Steenkamp et al., 2023; Lorzangeneh & Esazadegan, 2022). Moreover, traumatic childhood experiences have been associated with the severity and morbidity of bipolar disorder. In a study, Xieet al. (2018) examined the prevalence of traumatic childhood experiences among patients with major depressive disorder, bipolar disorder, and schizophrenia, as well as non-patient individuals. They found that 55.5% of depressed patients, 61.8% of bipolar patients, 47.2% of schizophrenic patients, and 20.5% of healthy individuals had experienced traumatic childhood events. Among these groups, physical and emotional neglect were the most common, while sexual and physical abuse were the least frequent. In a recent study, Du et al. (2024) demonstrated that childhood trauma has both direct and indirect effects on the severity of depression in patients with major depressive disorder and bipolar disorder.

Dissociation is defined as the lack of interaction and coordination between feelings, thoughts, and behaviors in the mind. Based on the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2022), the primary characteristic of dissociative disorders is a disruption in the typically integrated functions of consciousness, memory, identity, and perception of the environment. These states may be accompanied by an inability to recall significant life events, feeling as if one is living in an unfamiliar environment, feeling disconnected from reality, and experiencing isolation from oneself and others. While these experiences may occur briefly in anyone's life, if they persist, they can take on a clinical form and are considered not only a distinct disorder but also a factor in the etiology, maintenance, and recurrence of other psychological disorders (Chiu et al., 2024). Dissociation, in its normal form, is a natural mechanism used to cope with life events. For example, when a person drives while simultaneously planning a vacation, they are engaging in two independent and parallel mental processes. Additionally, in stressful situations, dissociation serves as a mechanism to temporarily disconnect an individual from reality and events that are beyond their immediate processing and comprehension capacity (Butler, 2006). Holowka et al. (2003) have reported that dissociative experiences are highly prevalent in schizophrenia. Lyssenko (2018) conducted a comprehensive study examining the frequency of dissociative experiences across various levels of psychological disorders. They reported that dissociative experiences are most prevalent in dissociative disorders and post-traumatic stress disorder. Additionally, a moderate frequency of dissociative experiences is observed in somatoform disorders, addiction, eating disorders, anxiety disorders, obsessive-compulsive disorder, and emotional disorders. Therefore, it appears that dissociative experiences are a transdiagnostic phenomenon seen across a wide range of psychological disorders. Vancappelet al. (2024) investigated the cognitive-behavioral mechanisms related to dissociation among patients with schizophrenia and reported the prevalence of dissociative experiences in these patients. Fung et al. (2022) found a high frequency of dissociative experiences among patients with depression. In another study, Fung et al. (2024) identified dissociative symptoms as an important predictor variable for depression. Chiu et al. (2024) reported a high frequency of dissociative experiences among patients with major depressive disorder, bipolar disorder, and schizophrenia.

In Iran, the lack of sufficient research evidence comparing childhood traumatic and dissociative experiences between schizophrenia and major depressive disorder is a significant research gap, so this study addresses a significant research gap in Iran by comparing childhood traumatic experiences and dissociative symptoms in patients with schizophrenia and major depressive disorder. The primary innovation lies in providing empirical data to better understand the mechanisms involved in the development of these psychiatric disorders, which can contribute to the development of effective preventive and therapeutic measures. Therefore, the research question is formulated as follows: Do childhood traumatic experiences and dissociative symptoms differ significantly between patients with schizophrenia and major depressive disorder?

Method

Participants

The study population consisted of patients with major depressive disorders and schizophrenia who visited Razi Hospital and psychiatric clinics in Tabriz from 2020 to 2023. Among them, 68 patients with major depressive disorders and 68 patients with schizophrenia were selected and examined. A non-patient group of 68 individuals was selected based on matched characteristics from students and other citizens of Tabriz. The sampling method was convenience and voluntary, with a final sample size of 68 participants. To uphold research ethics, in addition to the voluntary participation in the study, the principle of confidentiality was maintained by not including names, surnames, or other significant identifying information in the questionnaires. This ensures that participants' privacy is respected and their personal details remain confidential throughout the research process.

Instrument

Dissociative Experiences Scale (DES):

The Dissociative Experiences Scale (DES) is a self-report questionnaire designed to assess the frequency of dissociative experiences in everyday life. The original

version was developed by Bernstein and Putnam (1986), and the second version, DES-II, was developed by Carlson and Putnam in 1993 (Carlson & Putnam, 1993). According to its creators, the DES is "a brief self-report instrument for measuring the frequency of dissociative experiences." This scale is recognized as a reliable and valid tool for quantifying dissociative experiences. Participants report how often specific experiences occur, rating them on a scale from 0 to 100%. The DES consists of 28 questions and includes three subscales: dissociative amnesia (items 3-4-5-6-8-10-25-26), depersonalization/derealization (items 7-11-12-13-27-28), and absorption (items 2-14-15-16-17-18-20-22-23). Studies have shown that the DES has high internal consistency with a Cronbach's alpha of 0.93 and test-retest reliability ranging from 0.79 to 0.96. The split-half reliability coefficient ranges from 0.83 to 0.93 (Bruce et al., 2007). This scale is effective for diagnosing dissociative identity disorder and post-traumatic stress disorder. The validity and reliability of the DES in the Iranian culture are currently under investigation. A Persian version of the scale was translated back into English and tested on 40 non-clinical individuals, yielding a Cronbach's alpha of 0.93 (Amrollahi et al., 2016).

Childhood Trauma Questionnaire – Short Form:

The Childhood Trauma Questionnaire – Short Form was developed by Bernstein et al. in 2003. It consists of 28 items across five domains: emotional abuse (items 3, 8, 14, 18, and 25), physical abuse (items 9, 11, 12, 15, and 17), sexual abuse (items 20, 21, 23, 24, and 27), emotional neglect (items 5, 7, 13, 19, and 28), and physical neglect (items 1, 2, 4, 6, and 26). Each question is scored on a Likert scale. Items 10, 16, and 22 are used as validity scales to assess denial or minimization of traumatic experiences and are not included in the trauma scores. In addition to summing scores, a cutoff score is used for each domain to determine the severity of trauma (emotional abuse ≥ 13, physical abuse ≥ 10, sexual abuse ≥ 8, emotional neglect ≥ 10, physical neglect ≥ 10), with scores above the cutoff indicating a history of trauma. Bernstein et al. (2003) reported the test-retest reliability and Cronbach's alpha of this questionnaire to range from 0.79 to 0.94. The validity coefficient, based on clinicians' ratings of childhood trauma, ranged from 0.60 to 0.78. In Iran, Ebrahimi et al. (2013) reported Cronbach's alpha for the subscales to range from 0.81 to 0.97.

Procedure

In this study, the inclusion and exclusion criteria are carefully defined to ensure the integrity of the research. To be eligible for participation, individuals must have a confirmed diagnosis of major depressive disorder or schizophrenia by a psychiatrist. Additionally, their age should fall within a specific range, typically between 18 and 65 years. Participants must also demonstrate the ability to communicate effectively and respond to questionnaires. Furthermore, they must be aware of their condition. The exclusion criteria include the initiation of new treatment or changes in the treatment regimen during the study, as this could potentially influence the outcomes. Chronic physical or mental illnesses that may impact the results are also grounds for exclusion. The development of new medical conditions that render participation impossible is another reason for exclusion. Participants responded to scales measuring dissociative symptoms and childhood trauma. The data were analyzed using multivariate analysis of variance to compare the experiences of traumatic and dissociative events among the groups.

Results

In this study, the demographic characteristics of the participants were meticulously examined. Regarding educational attainment, the group of patients with schizophrenia consisted of 25 individuals with high school education or lower, 26 with education between high school and bachelor's, and 17 with a bachelor's degree or higher. In contrast, the group of patients with major depressive disorder included 23 individuals with high school education or lower, 24 with education between high school and bachelor's, and 21 with a bachelor's degree or higher. The control group comprised 20 individuals with high school education or lower, 24 with education between high school and bachelor's, and 24 with a bachelor's degree or higher. In terms of gender distribution, the group of patients with schizophrenia had 40 females and 28 males. Similarly, the group of patients with major depressive disorder consisted of 42 females and 26 males. The control group had 41 females and 27 males. The mean age of participants in the group of patients with schizophrenia was 35.14 years, with a standard deviation of 11.69. In the group of patients with major depressive disorder, the mean age was 33.26 years, with a standard deviation of 9.44. The control group had a mean age of 32.77 years, with a standard deviation of 11.08. In Table 1, the mean and standard deviation of childhood trauma and dissociative experience scores for the participants in the study are presented, categorized by group. This table provides a statistical summary of the average scores and their variability for each group, facilitating comparisons across different groups regarding their experiences of childhood trauma and dissociation.

Table 1. Mean and Standard Deviation of Childhood Trauma and Dissociative Experiences Scores by Group

Variables		Schizophrenia	Major Depressive Disorder	Normal
Childhood Trauma	Emotional Trauma	126.40 (8.18)	218.33 (10.36)	120.14 (8.33)
	Physical Trauma	135.18 (12.22)	190.83 (9.23)	80.44 (8.84)
	Sexual Trauma	191.71 (11.88)	226.50 (11.50)	97.20 (9.22)
	Emotional Neglect	141.31 (9.04)	167.16 (10.22)	83.38 (10.37)
	Physical Neglect	126.51 (8.71)	169.66 (9.47)	70.73 (7.48)
	Total	722.82 (40.53)	964.75 (47.06)	408.97 (37.53)

Dissociative Experiences	Amnesia	236.40 (15.93)	155.66 (6.78)	55.58 (8.61)
	Depersonalization	265.15 (14.12)	169.83 (8.05)	79.85 (10.93)
	Absorption	299.68 (14.71)	194.02 (9.25)	157.35 (14.42)
	Total	1066.96 (37.51)	614.75 (32.76)	499.98 (45.17)

As observed in Table 1, there are differences in the mean scores of childhood trauma and dissociative experiences among the three groups. To examine the significance of differences among the three groups, multivariate analysis of variance (MANOVA) was employed. Before using this parametric test, its assumptions were verified. One of the assumptions of MANOVA is that the data should follow a normal distribution, which was assessed using the Kolmogorov-Smirnov test. The results showed that the z-statistics from the non-parametric Kolmogorov-Smirnov test for both childhood trauma ($z = 0.66$, $p = 0.06$) and dissociative experiences ($z = 0.58$, $p = 0.11$) were not significant at the 0.05 level, thus confirming the null hypothesis that the data follow a normal distribution.

Another assumption of MANOVA is the equality of variance/covariance matrices, which was examined using Box's test. According to the results of Box's test, the condition of equal variance/covariance matrices was met ($p > 0.05$, $F = 2.20$). The final assumption for conducting MANOVA is the homogeneity of error variances, which was assessed using Levene's test. The results indicated that the homogeneity of variances was maintained for both childhood trauma ($p = 0.43$, $F = 0.43$) and dissociative experiences ($p = 0.06$, $F = 8.93$).

Given that the assumptions for MANOVA were met, the analysis proceeded to examine the effect of the group variable on the dependent variables (childhood trauma and dissociative experiences). Since the three groups had equal sample sizes, Wilks' lambda was chosen as the index of difference. The results showed that there were significant differences among the three groups ($\eta^2 = 0.52$, $p < 0.001$, $F = 36.93$, Wilks' lambda = 0.17). The continuation of the MANOVA analysis is presented in Table 2.

Table 2. Results of Multivariate Analysis of Variance for Overall Scores

Variables	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Childhood Trauma	1480E.55	2	740.275	28.84	$p < 0.001$
Dissociative Experiences	3271E.15	2	1635.575	38.25	$p < 0.001$

Due to the magnitude of the scores in the variables, the sums of squares values were correspondingly large.

As observed in Table 2, there are significant differences among the three groups in both childhood trauma ($p < 0.001$, $F = 28.84$) and dissociative experiences ($p < 0.001$, $F = 38.25$). Following the significance of the F-statistic, pairwise comparisons were conducted using Scheffé's test, and the results are presented in Table 3.

Table 3. Pairwise Comparisons of Childhood Trauma and Dissociative Experiences Based on Scheffé's Test

Group Comparison for Childhood Trauma	Mean Difference	Significance Level
Schizophrenia vs. Major Depressive Disorder	-241.92	$p < 0.001$
Schizophrenia vs. Normal	313.85	$p < 0.001$
Major Depressive Disorder vs. Normal	555.78	$p < 0.001$
Group Comparison for Dissociative Experiences	**Mean Difference**	**Significance Level**
Schizophrenia vs. Major Depressive Disorder	452.21	$p < 0.001$
Schizophrenia vs. Normal	566.98	$p < 0.001$
Major Depressive Disorder vs. Normal	114.76	$p < 0.001$

To examine the differences between the schizophrenia, major depressive disorder, and normal groups in the sub-factors of childhood trauma and dissociative experiences, multivariate analysis of variance was used again. A summary of the results is reported in Table 4.

Table 4. Results of Multivariate Analysis of Variance for Sub-Factors

Variables	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Emotional Trauma	647,115.77	2	323,557.88	43.68	$p < 0.001$
Physical Trauma	388,326.40	2	194,413.20	18.66	$p < 0.001$
Sexual Trauma	581,904.42	2	290,952.21	24.67	$p < 0.001$
Emotional Neglect	238,606.85	2	119,303.42	12.16	$p < 0.001$
Physical Neglect	315,748.94	2	157,874.47	21.56	$p < 0.001$
Amnesia	1,084,301.23	2	542,150.61	43.24	$p < 0.001$
Depersonalization	1,132,091.67	2	566,045.83	43.82	$p < 0.001$
Absorption	711,142.72	2	355,571.36	20.49	$p < 0.001$

As observed in Table 4, there are significant differences among the three groups in all dimensions of childhood trauma and dissociative experiences. Following the significance of the F-statistic, pairwise comparisons were conducted using Scheffé's test, and the results are presented in Table 5.

Table 5. Pairwise Comparisons of Sub-Scales of Childhood Trauma and Dissociative Experiences Based on Scheffé's Test

Group Comparison for Emotional Trauma		Mean Difference	Significance Level
Schizophrenia	Major Depression	-91.92	p = 0.005
	Normal	-49.0	p = 0.005
Major Depression	Normal	141.12	p < 0.001
Group Comparison for Physical Trauma			
Schizophrenia	Major Depression	-55.64	p = 0.01
	Normal	-54.74	p = 0.01
Major Depression	Normal	110.39	p < 0.001
Group Comparison for Sexual Trauma			
Schizophrenia	Major Depression	-34.78	p = 0.20
	Normal	94.51	p < 0.001
Major Depression	Normal	129.29	p < 0.001
Group Comparison for Emotional Neglect			
Schizophrenia	Major Depression	-10.42	p < 0.001
	Normal	-27.60	p < 0.001
Major Depression	Normal	83.78	p < 0.001
Group Comparison for Physical Neglect			
Schizophrenia	Major Depression	-43.15	p = 0.02
	Normal	-55.78	p < 0.001
Major Depression	Normal	98.93	p < 0.001
Group Comparison for Amnesia			
Schizophrenia	Major Depression	80.73	p < 0.001
	Normal	180.81	p < 0.001
Major Depression	Normal	100.07	p < 0.001
Group Comparison for Depersonalization/derealization			
Schizophrenia	Major Depression	95.32	p < 0.001
	Normal	185.30	p < 0.001
Major Depression	Normal	89.98	p < 0.001
Group Comparison for absorption			
Schizophrenia	Major Depression	105.68	p < 0.001
	Normal	142.33	p < 0.001
Major Depression	Normal	36.64	p = 0.29

The information in the table indicates that when the three groups are compared across different dimensions of childhood trauma, the depressed group scores higher than the normal and schizophrenia groups, except in the case of sexual trauma. Similarly, when the three groups are compared across different dimensions of dissociative experiences, the depressed group scores higher than the normal and schizophrenia groups, except in the case of absorption. Overall, it can be stated that the analysis at the level of dimensions of childhood trauma and dissociative experiences supports the findings at the level of the total scores of these two variables among the three groups.

Discussion

The present study found that patients with major depressive disorder and schizophrenia scored higher on childhood traumatic experiences compared to the control group, indicating the role of trauma in shaping psychological disorders. This finding is consistent with previous research (Fung et al., 2024; Xie et al., 2018; Hassan et al., 2016). Additionally, it aligns with studies showing that childhood traumatic experiences can lead to biological or psychological vulnerability to psychotic symptoms (Isvoranu et al., 2017; Van Os & Link, 2012).Trauma is a severe psychological event that affects an individual's coping abilities when faced with stressful situations that naturally occur during development. According to the vulnerability-stress model (Schiltz et al., 2024), experiencing trauma significantly increases stress levels by weakening defensive and coping structures, thereby facilitating the development of psychological disorders such as schizophrenia and major depressive disorder.The brain's neuroplasticity varies across different developmental stages (Shadrina et al., 2018), and traumatic events during sensitive periods of neurodevelopment can lead to changes in brain function, making individuals more susceptible to psychological disorders, particularly depression. The increased sensitivity to stress resulting from childhood trauma can contribute to the emergence of schizophrenia by lowering the vulnerability threshold (Popovic et al., 2019).The neurobiological consequence of stress sensitivity is the activation of the hypothalamic-pituitary-adrenal (HPA) axis, which is the primary neuroendocrine system involved in stress response and cortisol secretion (Holtzman et al., 2013). Stress-induced activation of this axis leads to dopamine release in various brain regions, which, according to strong hypotheses, can trigger or exacerbate schizophrenia (Van Winkel et al., 2008). Some studies have linked childhood traumatic events to reduced gray matter volume in the prefrontal cortex and other regions, associated with schizophrenia (Begemann et al., 2023; Sheffield, 2013).It is important to note that the relationship between childhood trauma and schizophrenia is not exclusive, as traumatic childhood experiences are also linked to other disorders, such as

post-traumatic stress disorder and depression.

The study found that when comparing patients with major depressive disorder and schizophrenia, those with depression scored higher on childhood traumatic experiences. This finding is consistent with previous research by Du et al. (2024) and Xieet al. (2018). It can be explained by the fact that childhood traumatic experiences, particularly emotional abuse and neglect, are linked to cognitive-emotional regulation problems (Ware et al., 2024). Since major depressive disorder is primarily associated with emotional regulation issues (Garrivet et al., 2025), traumatic experiences in childhood can influence stress production, cognitive and non-cognitive emotional regulation strategies, and thus facilitate the development of depression. The incompatible emotions resulting from childhood trauma can increase the likelihood of depressive emotional responses when facing stress in adulthood, as children exposed to trauma often have caregivers who invalidate their emotions and frequently punish them. Additionally, reports indicate that in schizophrenia, biological factors play a more prominent role than environmental factors, such as childhood traumatic experiences. This perspective supports the higher scores of depressive patients on childhood traumatic experiences compared to those with schizophrenia. This finding aligns with previous studies, such as Xieet al. (2018), which found slightly higher levels of childhood traumatic experiences in depressed patients compared to those with schizophrenia.

In another part of the study, it was found that patients with major depressive disorder and schizophrenia scored higher on dissociative experiences compared to the control group. This is consistent with previous research (Holowka et al., 2003; Fung et al., 2022; Fung & Chang, 2024; Chiu et al., 2024). Fung et al. (2022) reported a high prevalence of dissociative symptoms among depressed patients, with 60% of them experiencing dissociative disorder symptoms. The high prevalence of dissociative pathology in depression has led some researchers to propose a subtype of depression with dissociative symptoms, which could affect treatment outcomes for these patients (Şar, 2015). Fung and Chang (2024) found that dissociative experiences, particularly depersonalization, can predict depressive symptoms. Butler (2006) categorized dissociative experiences into three types: passive, active, and positive. Passive dissociative experiences occur in everyday life, such as during driving or parties, where the individual becomes absorbed and disconnects from their surroundings. Active dissociative experiences occur during activities like reading, listening to music, or watching movies, where the person temporarily disconnects from time and space to escape daily stress and thoughts. Positive dissociative experiences involve engaging in pleasurable activities, such as sex or prayer. Dissociative experiences are often chronic, prolonged, severe, and debilitating, requiring long-term treatment. Individuals with these experiences often have low trust in others due to their dissociative experiences, making them challenging patients who require comprehensive, long-term care and support. In this context, it seems that one of the reasons for therapeutic failures in schizophrenia and major depressive disorder could be the presence of dissociative experiences. This area of research requires further investigation.

The study found that when comparing patients with major depressive disorder and schizophrenia, those with schizophrenia scored higher on dissociative experiences. This finding is consistent with previous research by Lynn et al. (2019), Vancappel et al. (2024), and Levin et al. (2024). It appears that the increased dissociative experiences in schizophrenia are linked to various aspects of its symptomatology, making this finding plausible. In recent years, the concept of dissociation has become a central focus in research related to psychosis, particularly its negative symptomatology (Longden et al., 2020).Many symptoms of schizophrenia, such as reduced emotional expression and social withdrawal, often result from disturbances in the integration of information processing in the brain. Similarly, dissociation refers to a disruption in the integration of different aspects of a perceptual phenomenon, ultimately leading to a sense of disconnection in perception (Mohammadzadeh et al., 2024). These shared aspects of disrupted information processing and integration justify the relationship between dissociation and psychosis. Dissociative experiences are characterized by a disconnection from one's self or reality, which can manifest as depersonalization, derealization, or memory lapses. In schizophrenia, these experiences may be more pronounced due to the underlying cognitive processing deficits that contribute to the disorder's symptomatology. The connection between dissociation and schizophrenia is supported by research highlighting the role of dissociative symptoms in the disorder's negative symptoms, such as social withdrawal and emotional flattening (Longden et al., 2020; Calciu et al., 2025).

The present study had several limitations that should be considered when interpreting its results. Firstly, this is a cross-sectional study, and longitudinal investigations could provide more valuable insights into the relationship between traumatic experiences and dissociative experiences with schizophrenia and major depressive disorder. Secondly, due to the limited sample size, it was not possible to examine the role of gender in the differences observed among groups regarding traumatic and dissociative experiences. These limitations highlight the need for future studies with larger sample sizes and longitudinal designs to explore these relationships more comprehensively and to investigate potential gender differences in the context of traumatic and dissociative experiences among individuals with schizophrenia and major depressive disorder.

Conclusion

When the data were analyzed at the level of subscales for childhood trauma and dissociative experiences, the results were largely consistent with the findings observed at the level of overall scores.These findings indicate significant

differences among the groups across various dimensions of childhood trauma and dissociative experiences, highlighting the importance of these factors in psychological disorders.

Acknowledgment

We express our sincere gratitude to all individuals who assisted us in conducting this research.

Disclosure Statement

No potential conflicts of interest are reported by the authors.

ORCID

Ali Mohamadzadeh: https://www.orcid.org/0000-0001-5606-2241

References

Alphs, L., Baker, P., Brown, B., Fu, D. J., Turkoz, I., & Nuechterlein, K. H. (2022). Evaluation of major treatment failure in patients with recent-onset schizophrenia or schizophreniform disorder: A post hoc analysis from the Disease Recovery Evaluation and Modification (DREaM) study. *Schizophrenia Research*, *248*, 58-63.doi:10.1016/j.schres.2022.02.019

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR*. Washington, DC: American psychiatric association.doi:10.1176/appi.books.9780890425787

Amrollahi, S., Moradi, A., & Hassani, J. (2016). The Effectiveness of Memory Specificity Training on Cognitive and Dissociative Experiences in Patients with Post-Traumatic Stress Disorder. *Cognitive Psychology*, 4(3), 31-40. (In Persian)dor:20.1001.1.23455780.1395.4.3.5.6

Baldessarini, R. J., Miola, A., & Tondo, L. (2025). Affective temperaments: Effects on treatment response for major depression. *Asian Journal of Psychiatry*, *103*, 104335.doi:10.1016/j.ajp.2024.104335

Basharpoor, S, Shafiei, M., Atadokht ,A., Narimani, M. (2015). The Role of Experiential Avoidance and Mindfulness in Predicting the Symptoms of Stress Disorder after Exposure to Trauma in Traumatized People Supported by Emdad Committee and Bonyade Shahid Organization of Gilan Gharb in the First Half of 2014. JRUMS, 14 (5), 405-416. Doi: 20.1001.1.17353165.1394.14.5.2.8

Begemann, M. J., Schutte, M. J., Van Dellen, E., Abramovic, L., Boks, M. P., Van Haren, N. E., ... & Sommer, I. E. (2023). Childhood trauma is associated with reduced frontal gray matter volume: a large transdiagnostic structural MRI study. *Psychological medicine*, *53*(3), 741-749. doi:10.1017/S0033291721002087

Bernstein, E. M., & Putnam,F. W. (1986). Development, reliability, and validity of a dissociation scale. The Journal of Nervous and Mental Disease, 174(12), 727–735.doi:10.1097/00005053-198612000-00004

Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., ...& Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child abuse & neglect*, *27*(2), 169-190. doi:10.1016/S0145-2134(02)00541-0

Bruce, A. S., Ray, W. J., & Carlson, R. A. (2007). Understanding cognitive failures: What's dissociation got to do with it?. *The American Journal of Psychology*, *120*(4), 553-563.doi:10.2307/20445425

Butler, L. D. (2006). Normative dissociation. *Psychiatric Clinics*, *29*(1), 45-62.doi:10.1016/j.psc.2005.10.004

Calciu, C., Macpherson, R., Rees, K. J., Chen, S. Y., Ruxton, S., White, R., ...& Soponaru, C. (2025). Exploring the relationship between dissociative experiences and recovery in psychosis: cross-sectional study. *British Journal of Psychlogical Bulletin*, 1-10.doi:10.1192/bjb.2024.113

Carlson, E. B., & Putnam, F. W. (1993). An update on the dissociative experiences scale. *Dissociation: progress in the dissociative disorders*, 6(1), 16–27.doi:10.13110/dissociation.6.1.0016

Chiu, C. D., Li, D. J., Hsieh, Y. C., Chou, L. S., Au, J. S., Chen, Y. L., & Lin, C. H. (2024). Linking childhood trauma and dissociation to psychotic symptoms in major depressive disorder, bipolar disorders, and schizophrenia: A transdiagnostic examination using patient and clinician ratings. *Psychological trauma: theory, research, practice, and policy*, *16*(S1), S242.doi:10.1037/tra0001584

De Vos, C., Thompson, A., Amminger, P., Bendall, S., de Haan, L., Hartmann, J., ...& Nelson, B. (2019). The relationship between childhood trauma and clinical characteristics in ultra-high risk for psychosis youth. *Psychosis*, *11*(1), 28-41. doi:10.1080/17522439.2019.1582686

Du, Y., Liu, J., Lin, R., Chattun, M. R., Gong, W., Hua, L., ...& Yao, Z. (2024). The mediating role of family functioning between childhood trauma and depression severity in major depressive disorder and bipolar disorder. *Journal of Affective Disorders*, *365*, 443-450.doi:10.1016/j.jad.2024.08.155

Ebrahimi, H., Dezhkam, M., & Seghat-ol-eslam, T. (2013). Childhood Trauma and Suicidal Attempts in Adulthood. Iranian *Journal of Psychiatry and Clinical Psychology*, 19(4), 275-282. (In Persian) https://ijpcp.iums.ac.ir/article-1-2090-fa.html

Fung, H. W., Chien, W. T., Lam, S. K. K., & Ross, C. A. (2022). Prevalence and correlates of dissociative symptoms among people with depression. *Journal of psychiatric research*, *154*, 132-138. doi:10.1016/j.jpsychires.2022.07.054

Fung, H. W., & Cheung, C. T. Y. (2024). The bidirectional relationship between depression and dissociation: A longitudinal investigation. *Asian Journal of Psychiatry*, *94*, 103940.doi:10.1016/j.ajp.2024.103940

Fung, H. W., Ho, G. W. K., Lam, S. K. K., Chau, A. K. C., Şar, V., Ross, C. A., ... & Wong, J. Y. H. (2025). The co-occurrence of depression and dissociation: The relevance of childhood trauma. *Journal of Psychiatric Research*, *183*, 157–163. doi:10.1016/j.jpsychires.2025.02.026

Garrivet, J., Maruani, J., Mauries, S., Trzepizur, W., Lejoyeux, M., Gohier, B., & Geoffroy, P. A. (2025). Increased sleep duration and emotional regulation in patients with major depressive episodes. *Journal of Psychiatric Research*, *184*, 210-215.doi:10.1016/j.jpsychires.2025.02.048

Giannopoulou, I., Georgiades, S., Stefanou, M. I., Spandidos, D. A., & Rizos, E. (2023). Links between trauma and psychosis. *Experimental and Therapeutic Medicine*, *26*(2), 386.doi:10.3892/etm.2023.12085

Hassan, A. N., Stuart, E. A., De Luca, V., (2016). Childhood maltreatment increases the risk of suicide attempt in schizophrenia. *Schizophria Research*, 176(2-3), 572-577.doi:10.1016/j.schres.2016.05.012

Holowka, D. W., King, S., Saheb, D., Pukall, M., & Brunet, A. (2003). Childhood abuse and dissociative symptoms in adult schizophrenia. *Schizophrenia research*, *60*(1), 87-90. doi:10.1016/s0920-9964(02)00296-7

Holtzman, C. W., Trotman, H. D., Goulding, S. M., Ryan, A. T., Macdonald, A. N., Shapiro, D. I., ... & Walker, E. F. (2013). Stress and neurodevelopmental processes in the emergence of psychosis. *Neuroscience*, *249*, 172-191.doi:10.1016/j.neuroscience.2012.12.017

Isvoranu, A. M., van Borkulo, C. D., Boyette, L. L., Wigman, J. T., Vinkers, C. H., Borsboom, D., et al., (2017). A network approach to psychosis: pathways between childhood trauma and psychotic symptoms. *SchizophreniaBulletin*. 43(1), 187-196.doi:10.1093/schbul/sbw055

Levin, Y., Bachem, R., Brafman, D., & Ben-Ezra, M. (2024). The association between dissociative symptoms and schizophrenia-related negative symptoms: A transdiagnostic approach. *Journal of Psychiatric Research*, *169*, 81-83.doi:10.1016/j.jpsychires.2023.11.016

Longden, E., Branitsky, A., Moskowitz, A., Berry, K., Bucci, S., & Varese, F. (2020). The relationship between dissociation and symptoms of psychosis: a meta-analysis. *Schizophrenia bulletin*, *46*(5), 1104-1113.doi:10.1093/schbul/sbaa037

Lorzangeneh, S., & Esazadegan, A. (2022). The role of early maladaptive schema domains and childhood trauma in predicting cognitive distortions. *Journal of research in psychopathology*, *3*(8), 1-8.doi:10.22098/JRP.2022.10098.1049

Lynn, S. J., Maxwell, R., Merckelbach, H., Lilienfeld, S. O., van Heugten-van der Kloet, D., & Miskovic, V. (2019). Dissociation and its disorders: Competing models, future directions, and a way forward. *Clinical psychology review*, *73*, 101755.doi:10.1016/j.cpr.2019.101755

Lyssenko, L., Schmahl, C., Bockhacker, L., Vonderlin, R., Bohus, M., & Kleindienst, N. (2018). Dissociation in psychiatric disorders: a meta-analysis of studies using the dissociative experiences scale. *American Journal of Psychiatry*, *175*(1), 37-46.doi:10.1176/appi.ajp.2017.17010025

Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017). Trauma is a public health issue. *European journal of psychotraumatology*, *8*(1), 1375338.doi:10.1080/20008198.2017.1375338

Misiak, B., Krefft, M., Bielawski, T., Moustafa, A. A., Sąsiadek, M. M., & Frydecka, D. (2017). Toward a unified theory of childhood trauma and psychosis: a comprehensive review of epidemiological, clinical, neuropsychological and biological findings. *Neuroscience & Biobehavioral Reviews*, *75*, 393-406.doi:10.1016/j.neubiorev.2017.02.015

Michel, C., Kindler, J., & Kaess, M. (2022). Traumatic experiences in childhood and the development of psychosis spectrum disorders. *European child & adolescent psychiatry*, *31*(2), 211-213.doi:10.1007/s00787-021-01938-9

Mohammadzadeh, A., Daneshyar Asl, T., & Farsad Khatibi, H. (2024). Validation of the short Oxford-Liverpool Inventory of Feelings and Experiences (SO-LIFE) on an Iranian sample. *Journal of Research in Psychopathology*, *5*(17), 33-41.doi:10.22098/JRP.2024.14650.1224

Mørkved, N., Winje, D., Dovran, A., Arefjord, K., Johnsen, E., Kroken, R.A., et al., (2018). Childhood trauma in schizophrenia spectrum disorders as compared to substance abuse disorders. *Psychiatry Research*, 261, 481-487. doi:10.1016/j.psychres.2018.01.011

Popovic, D., Schmitt, A., Kaurani, L., Senner, F., Papiol, S., Malchow, B., ...& Falkai, P. (2019). Childhood trauma in schizophrenia: current findings and research perspectives. *Frontiers in neuroscience*, *13*, 274.doi:10.3389/fnins.2019.00274

Schiltz, H. K., Van Hecke, A. V., Putney, J. M., & Hartley, S. L. (2024). Predicting longitudinal trajectories of adaptivecouple processes in families of autistic children: Applying the Vulnerability Stress Adaptation model. *Research in Autism Spectrum Disorders*, *118*, 102468.doi:10.1016/j.rasd.2024.102468

Schmitt, A., Malchow, B., Hasan, A., & Falkai, P. (2014). The impact of environmental factors in severe psychiatric disorders. *Frontiers in neuroscience*, *8*, 19.doi:10.3389/fnins.2014.00019

Shadrina, M., Bondarenko, E. A., & Slominsky, P. A. (2018). Genetics factors in major depression disease. *Frontiers in psychiatry*, *9*, 334.1-18.doi:10.3389/fpsyt.2018.00334

Sheffield, J. M., Williams, L. E., Woodward, N. D., & Heckers, S. (2013). Reduced gray matter volume in psychotic disorder patients with a history of childhood sexual abuse. *Schizophrenia research*, *143*(1), 185-191.doi:10.1016/j.schres.2012.10.032

Steenkamp, L. R., Parrish, E. M., Chalker, S. A., Badal, V. D., Pinkham, A. E., Harvey, P. D., & Depp, C. A. (2023). Childhood trauma and real-world social experiences in psychosis. *Schizophrenia research*, *252*, 279-286.doi:10.1016/j.schres.2022.12.039

Şar, V. (2015). Dissociative depression is resistant to treatment-as-usual. *Journal of Psychology and Clinical Psychiatry*, *3*(2), 00128. Teicher, M. H., & Samson, J. A. (2013). Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. *American journal of psychiatry*, *170*(10), 1114-1133.doi:10.1176/appi.ajp.2013.12070957

Vancappel, A., Graux, J., & El-Hage, W. (2024). Exploring cognitive behavioral mechanisms related to dissociation among patients suffering from schizophrenia: A pilot study. *European Journal of Trauma & Dissociation*, *8*(4), 100469.doi:10.1016/j.ejtd.2024.100469

Van Os, J., & Linscott, R. J. (2012). Introduction: the extended psychosis phenotype—relationship with schizophrenia and with ultrahigh risk status forpsychosis. *Schizophrenia bulletin*, *38*(2), 227-230.doi:10.1093/schbul/sbr188

Van Winkel, R., Stefanis, N. C., & Myin-Germeys, I. (2008). Psychosocial stress and psychosis. A review of the neurobiological mechanisms and the evidence for gene-stress interaction. *Schizophrenia bulletin*, *34*(6), 1095-1105. doi:10.1093/schbul/sbn101

Ware, K., Misiak, B., Hamza, E. A., Nalla, S., & Moustafa, A. A. (2024). The Impact of Childhood Trauma on the Negative Symptoms of Schizophrenia. *The Journal of Nervous and Mental Disease*, *212*(9), 460-470. doi:10.1097/NMD.0000000000001788

Williams-Butler, A., Howard, T., Anthony, W. L., & Duron, J. (2023). Adverse Childhood Experiences, sexual debut and substance use among Black justice-involved youth: The imperative of trauma-informed sexuality education. *Children and Youth Services Review*, *147*, 106-47. doi:10.1016/j.childyouth.2023.106847

Xie, P., Wu, K., Zheng, Y., Guo, Y., Yang, Y., He, J., ...& Peng, H. (2018). Prevalence of childhood trauma and correlations between childhood trauma, suicidal ideation, and social support in patients with depression, bipolar disorder, and schizophrenia in southern China. *Journal of affective disorders*, *228*, 41-48.doi:10.1016/j.jad.2017.11.011

Zhang, L., Zhao, N., Zhu, M., Tang, M., Liu, W., &Hong, W. (2023). Adverse childhood experiences in patients with schizophrenia: related factors and clinical implications. *Frontiers in psychiatry*, *14*, 1247063. doi:10.3389/fpsyt.2023.1247063