



Histories of childhood maltreatment in schizophrenia: Relationships with premorbid functioning, symptomatology, and cognitive deficits

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Abstract

A number of studies have demonstrated an increased rate of histories of childhood maltreatment among adults with serious mental illness. The present investigation documented the presence of childhood maltreatment in a sample of 40 psychiatric inpatients with schizophrenia spectrum disorders. The type (neglect, physical abuse, sexual abuse), duration, and severity of childhood maltreatment was examined along with measures of premorbid functioning, current symptomatology, and cognitive functioning. Participants with histories of maltreatment were significantly more likely to have poorer peer relationships in childhood, more difficulty in school, an earlier age at first hospitalization, more previous hospitalizations, elevated symptoms of anxiety, depression, and suicidality on the Brief Psychiatric Rating Scale (BPRS), and more impaired performance on a task of visual-perceptual organization. Severity and frequency of childhood maltreatment were both positively correlated with hallucinations and delusions on the BPRS. Linear trend analysis indicated a pattern of more severe impairment as the number of types of maltreatment increased. No relationships were found between maltreatment and measures of executive functioning, verbal fluency, or verbal processing speed. A history of childhood maltreatment appears to be a significant determinant of premorbid functioning, illness-related symptom expression, and specific forms of cognitive dysfunction.

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1. Introduction

A history of maltreatment during childhood has been associated with an increased probability of having a psychiatric disorder in adulthood (Cicchetti et al., 2000; Weiss et al., 1999). Previous investigations have shown that histories of childhood maltreat-

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ment have been observed in a large percentage of adults with severe and persistent mental illness (Herman, 1992; Read, 1997; Read et al., 2004; Muenzenmaier et al., 1993). In a recent review of the literature, Read et al. (2004), reported that 69% of female and 60% of male psychiatric inpatients reported histories of physical or sexual abuse. These rates far exceed the rates of child maltreatment found in the general population which average 1.22% (U.S. Department of Health and Human Services, 2000). Several studies have also found that the more severe the abuse in childhood, the greater the likelihood of adult psychopathology (Bryer et al., 1987; Fergusson et al., 1996; Fleming et al., 1999; Mullen et al., 1993; Pettigrew and Burcham, 1997; Read, 1998). Adult psychiatric patients with histories of childhood maltreatment have been shown to have an earlier age at first hospitalization, an increased number of hospitalizations, higher rates of relapse, higher instances of seclusion and/or restraints, and have been shown to be at greater risk for suicide (Beck and Van der Kolk, 1987; Beitchman et al., 1992; Goff et al., 1991; Pettigrew and Burcham, 1997; Read et al., 2001a).

Increased rates of symptomatology have also been demonstrated among psychiatric patients with histories of abuse (Bryer et al., 1987; Margo and McLees, 1991; Swett et al., 1990). Specifically, a number of investigations have demonstrated associations between childhood abuse and increased hallucinations and delusions in adulthood (Beck and Van der Kolk, 1987; Goff et al., 1991; Lysaker et al., 2001; Read et al., 2003). Read and Argyle (1999) found that 77% of psychiatric inpatients with histories of physical and/or sexual abuse experienced hallucinations, delusions, or thought disorder. Moreover, in 54% of the cases, the content of the psychotic symptomatology was related to the abuse. More recently, a number of large-scale investigations have replicated earlier findings linking childhood trauma with adult psychosis. Using data from a large national survey in Great Britain, Bebbington et al. (2004) reported a significant relationship between the occurrence of early adverse experiences (most notably for sexual abuse) and the development of psychotic disorders in adulthood. Similarly, using a large sample from the Netherlands Mental Health Survey, Janssen et al. (2004) reported a significant relationship between the occurrence of childhood abuse and adult psychotic symptoms.

A number of investigations have demonstrated associations between childhood maltreatment and poorer cognitive functioning in adulthood, including reduced intellectual and academic functioning (Perez and Widom, 1994), deficits on tasks of verbal learning and memory (Bremner et al., 1995), working memory (Raine et al., 2001), and executive control (Mezzacappa et al., 2001), impaired eye-tracking (Irwin et al., 1999), and a higher rate of neurological soft signs (Gurvits et al., 2000). Fewer investigations have examined the relationship between maltreatment during childhood and neurocognitive functioning in schizophrenia spectrum disorders. Lysaker et al. (2001) investigated childhood sexual abuse and neurocognitive functioning in a group of individuals with schizophrenia spectrum disorders and found that after controlling for age and premorbid IQ, a history of childhood sexual abuse was associated with more impaired performance on tasks of executive functioning, working memory, and processing speed.

Despite the above findings, relatively little is known about the relationship between childhood maltreatment and the developmental course, clinical presentation, and cognitive functioning of individuals with schizophrenia spectrum disorders. This is surprising, particularly because many of the psychiatric symptoms and cognitive deficits observed in both children and adults with histories of childhood maltreatment overlap with many of those seen in schizophrenia. Deficits in verbal learning and memory, working memory, short-term memory, attention and concentration, smooth pursuit eye-tracking, and executive functioning, as well as neurological soft signs and psychotic symptomatology are found in both conditions (Heinrichs, 2001; Palmer et al., 1997; Read et al., 2001b).

In the present study, we examined childhood neglect, and physical and sexual abuse in a sample of psychiatric inpatients with a diagnosis of schizophrenia or schizoaffective disorder. Based on previous investigations of childhood maltreatment, we hypothesized that among individuals with schizophrenia spectrum disorders, a history of neglect, physical abuse, or sexual abuse during childhood (age 0–16) would be associated with (1) poorer premorbid functioning, (2) elevated symptoms on the Anxiety/Depression and Hallucinations/Delusions factors of the Brief Psychiatric Rating Scale (BPRS), and (3)

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