

A Cross-Sectional Study of Health-Related Quality of Life, Body Image and Self Esteem in Patients with Dissociative Disorder

Pinky Yadav¹, Manish Borasi², Aman Dubey³, S.K. Tandon⁴

^{1,3}P. G. Resident, Department of Psychiatry, Chirayu Medical College and Hospital, Bhopal

²Professor, Department of Psychiatry, Chirayu Medical College and Hospital, Bhopal

⁴Professor and HOD Department of Psychiatry, Chirayu Medical College and Hospital, Bhopal

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Corresponding Author: Dr. Pinky Yadav

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Abstract:

Objective: To evaluate the health-related quality of life, self-esteem and body image in patients diagnosed with dissociative disorder.

Methods: Cross sectional study, scheduled for a period of 18 months. Patients between the age group of 18-60 yrs who attended the OPD/IPD of Department of Psychiatry at Chirayu Medical College and Hospital, Bhopal and fulfilling the criteria of Dissociative disorder according to ICD-10, was taken for study. Health Related Quality of Life Scale, Rosenberg Self Esteem Scale and Body Image Concern Inventory Scale was taken for all patients and studied.

Results: The findings reveal a statistically significant relationship between self-esteem and quality of life, emphasizing the central role of self-worth in influencing overall well-being in this population. Conversely, body image concerns, although prevalent, did not show a statistically significant correlation with quality of life, suggesting that self-perception in dissociative disorders may be shaped more by internal identity disturbances than by physical appearance alone.

Conclusion: As healthcare increasingly embraces patient-reported outcomes, evaluating HRQoL, self-esteem, and body image in dissociative disorders will serve as essential benchmarks for treatment effectiveness, rehabilitation planning, and policy advocacy, placing the patient's lived experience at the centre of care.

Keywords: Dissociative disorders (DD), Health-related quality of life HRQOL, Rosenberg Self Esteem Scale, Body Image Concern Inventory.

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Introduction

Dissociative disorders (DD) are conditions that involve disruptions or breakdowns of memory, awareness, identity, or perception. People with dissociative disorders use dissociation as a defense mechanism, pathologically and involuntarily. Dissociative disorders usually arise as a reaction to shocking, distressing or painful events and help push away difficult memories. Symptoms depend in part on the type of dissociative disorder and can range from memory loss to disconnected identities. Challenging circumstances can worsen symptoms for a while, making them easier to see. Wide spectrum of dissociative disorders includes Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Dissociative convulsion, Dissociative Motor Disorder and Trance- Possession disorder.

Dissociative disorders are characterized by an involuntary escape from reality characterized by a disconnection between thoughts, identity, consciousness, and memory. People from all age

groups and racial, ethnic and socioeconomic backgrounds can experience a dissociative disorder. Stressful situations can worsen symptoms and cause problems with functioning in everyday activities. The symptoms a person experiences will vary depending on the specific type of dissociative disorder. ICD 10 describes that the dissociative disorder is a partial or complete loss of normal integration between memories of the past, awareness of identity and immediate sensation, and control of bodily movements. Health-related quality of life (HRQOL) is a useful indicator of overall health because it captures information on the physical and mental health status of individuals, and on the impact of health status on quality of life. HRQOL is usually assessed via multiple indicators of self-perceived health status and physical and emotional functioning. Together, these measures provide a comprehensive assessment of the burden of preventable diseases, injuries, and disabilities.

The American Psychological Association defines body image as “the mental picture one forms of one’s body as a whole, including its physical characteristics and attitudes toward these characteristics.” Body image refers to an individual’s perception of their body’s shape, size, and contours, as well as the emotions and attitudes associated with these aspects. It encompasses how we think, feel, perceive, and behave in relation to our physical appearance or specific body parts. Self-esteem is the evaluative and affective dimension of the self-concept, and is considered as equivalent to self-regard, self-estimation, and self-worth. Positive self-esteem is not only seen as a basic feature of mental health, but also as a protective factor that contributes to better health and positive social behavior through its role as a buffer against the impact of negative influences. It is seen to actively promote healthy functioning as reflected in life aspects such as achievements, success, satisfaction, and the ability to cope with diseases like cancer and heart disease.

Empirical studies over the last 15 years indicate that self-esteem is an important psychological factor contributing to health and quality of life. Recently, several studies have shown that subjective well-being significantly correlates with high self-esteem, and that self-esteem shares significant variance in both mental well-being and happiness. Self-esteem has been found to be the most dominant and powerful predictor of happiness. Indeed, while low self-esteem leads to maladjustment, positive self-esteem, internal standards, and aspirations actively seem to contribute to ‘wellbeing’

Materials And Methods

The present study was conducted to evaluate the health-related quality of life, Self-esteem and Body image in patients diagnosed with Dissociative disorder

Study Design: The study design is cross sectional study.

Duration: The study was scheduled for a period of 18 months (March 2023 - Aug 2024).

Study Setting: OPD/IPD of the Department of Psychiatry, Chirayu Medical College & Hospital, Bhopal.

Ethical clearance: Ethical approval was obtained from the Institutional Ethical Review Board (IERB) Chirayu Medical College and Hospital, Bhopal.

Informed Consent form contains the detail explanation of the study. Only those subjects who signed informed consent were a part of study.

Source of data: Patients between the age group of 18-60 yrs who attended the OPD/IPD of Department of Psychiatry at Chirayu Medical College and Hospital, Bhopal and fulfilling the criteria of

Dissociative disorder according to ICD-10, was taken for study.

Sample Size: The sample size for the study has been calculated to be 40 for estimating the expected proportion with 5% absolute precision and 95% confidence level.

Inclusion Criteria

- Patients between the age group of 18 to 60 years attending the OPD/IPD of Department of Psychiatry at Chirayu Medical College and Hospital.
- Patients attending the OPD/IPD of Department of Psychiatry at Chirayu Medical College and Hospital, who will be diagnosed as case of Dissociative disorder according to ICD-10.
- Willing to give consent to be a part of the study.

Exclusion Criteria

- Patients with other chronic medical comorbidities which affects Psychiatric illness.
- Patients known to have any other Psychiatric illness other than Dissociative disorder.

Health Related Quality of Life Scale: It is a 14-item questionnaire scale. HRQOL is an all-inclusive concept incorporating all factors that impact individual’s life. Validity: all instruments discriminated between low, moderate, and high DAS28. Reliability: RAQoL and HAQ displayed good repeatability (ICC > 0.95) and internal consistency (Cronbach’s alpha > 0.90).

Rosenberg Self Esteem Scale: A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be unidimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. The Rosenberg self-esteem scale presented with high ratings in reliability areas, internal consistency is 0.77, minimum coefficient of Reproducibility is at least 0.90.

Body Image Concern Inventory Scale: It is used to examine the Body Image concern. It is the internally consistent and valid brief instrument for Body dysmorphic concern. It contains 19 items related to body dissatisfaction and concern about appearance, reassurance seeking, social concern, and avoidance related to appearance. For each item the subjects were asked to rate how often they had the described feeling or performed behaviour on a Likert scale anchored by 1=never and 5= always. The total score on the scale ranges from 19-95. The higher scores indicate higher dissatisfaction with the body. BICI was found to have excellent sensitivity (96%) and reasonable specificity (67%) in classifying individuals with a current diagnosis of bulimia or BDD from individuals with subclinical

levels of symptomatology. Expert raters also supported the measure's construct validity.

Observation Chart

Table 1: Descriptive Statistics Showing Age-Wise Distribution of Study Subjects

Age	Frequency	Percentage
<30 years	7	17.5
31-40 years	18	45.0
41-50 years	6	15.0
51-60 years	9	22.5
Total	40	100

Table 2: Descriptive Statistics Showing Days from Which Patient Feel That Their Physical Health, Mental Health, And Other Factors Are Affecting Their Overall Health in Study Subjects

	Mean	Standard Deviation	Minimum	Maximum
Q2-Physical Health	18.80	5.36	10	28
Q3-Mental Health	23.78	5.04	15	28
Q4-Others	18.98	2.52	15	22

Table 3: Descriptive Statistics Showing Responses of Major Impairment in Study Subjects

Impairment	Frequency	Percentage
Anxiety	5	12.50
Hearing problem	4	10.00
Diabetes	4	10.00
Walking problem	11	27.50
Back or neck problem	9	22.50
Heart problem	3	7.50
Not included	4	10.00
Total	40	100.00

Table 4: Descriptive Statistics Showing Mean Response of Question on Healthy Day Symptoms Module in Study Subjects

In days	Mean	Standard Deviation	Minimum	Maximum
Q10- Pain	19.25	5.61	10	28
Q11- Sad/Depressed	20.55	6.40	10	30
Q12- Worried/Anxious	19.35	7.46	8	28
Q13- Insomnia	23.83	4.38	16	30
Q14-Full of energy	19.00	5.40	14	30

Table 5: Comparison Between Health-Related Quality of Life with Rosenberg Self Esteem Scale and Body Image Concern Inventory in Study Subjects

	Health related quality of life	Mean \pm Standard Deviation	F-value	p-value
RSES	Very Good	29.00 \pm 0.00	2.902	0.048*
	Good	25.37 \pm 2.98		
	Fair	22.80 \pm 3.42		
	Poor	22.92 \pm 3.04		
BI	Very Good	60.00 \pm 0.00	0.306	0.821
	Good	65.62 \pm 6.18		
	Fair	65.20 \pm 6.56		
	Poor	65.46 \pm 4.31		

Results

The findings reveal a statistically significant relationship between self-esteem and quality of life, emphasizing the central role of self-worth in influencing overall well-being in this population. Conversely, body image concerns, although prevalent, did not show a statistically significant

correlation with quality of life, suggesting that self-perception in dissociative disorders may be shaped more by internal identity disturbances than by physical appearance alone. The study shows that 90.00% of patients had limitation in carrying out activities while 10.00% patients had no limitation in carrying out activities. The study shows anxiety in

12.50% subjects, hearing problem, and Diabetes in 10.00% study subjects each, 27.50% walking problem, 22.50% study subjects had back or neck problem and 7.50% had heart problem. The study shows 17.50% subject had impairment for weeks, 40.00% had impairment for months and 32.50% had impairment for years. The mean scores of RSES were found to be 24.02 ± 3.33 while the mean score of BI scale was found to be 65.32 ± 5.58 . On comparing the RSES with quality of life, we found statistically significant difference ($p=0.048$). On comparing BI with quality of life, we found no statistically significant difference ($p=0.821$).

Statistical Analysis: The data obtained was analyzed using the Statistical Package for the Social Sciences (SPSS) version 22.0 for the descriptive analysis and statistical tests of significance. The mean and standard deviations were calculated for each parameter and appropriate statistical tests of significance were applied. Significance for all statistical tests was predetermined at a probability (p) value of 0.05 or less at 95% Confidence Interval. Probability value of $p \leq 0.05$ was considered statistically significant (S); p value < 0.01 was highly significant (HS) and p value > 0.05 considered to be not significant (NS). For multiple group comparison of the parametric data one-way Analysis of variance was used and for group wise comparison and for Multiple group comparison of the non-parametric data Kruskal Wallis test was performed.

Discussion

The exploration of Health-Related Quality of Life (HRQoL), self-esteem, and body image in patients diagnosed with dissociative disorders opens a critical pathway for understanding the broader psychosocial impact of these complex conditions. As research in dissociative psychopathology progresses, future perspectives must shift toward holistic and individualized care models that integrate both clinical and subjective patient experiences.

One key future direction involves longitudinal studies that track changes in self-esteem, body image perception, and quality of life over time, particularly in response to trauma-informed therapeutic interventions. Such studies will be instrumental in identifying protective factors and predictors of positive outcomes, as well as chronicity risks.

A cross-sectional study of health-related quality of life, body image, and self-esteem in patients with dissociative disorders highlights the complex interplay between psychological symptoms and broader psychosocial well-being. Dissociative disorders, as described in ICD-10 and Indian cultural contexts, are characterized by disruptions in consciousness, memory, identity, or perception, often arising as psychological responses to trauma

(ICD-10, 1992; Malhotra & Gupta, 2018; Jayan et al., 2025). These disorders can significantly influence patients' lives, not only through distressing symptomatology but also by shaping self-concept, health perceptions, and social functioning (Reddy et al., 2018).

Health-related quality of life (HRQOL) in dissociative patients is often diminished due to associated comorbidities such as chronic stress, trauma-related disorders, and somatic symptoms (Baranyi et al., 2010; Panisch et al., 2023). Research underscores that dissociation itself, when coupled with impaired regulation of emotions and trauma exposure, is an independent predictor of lower quality of life (Wolford-Clevenger et al., 2021). Similarly, studies from other clinical populations, like oncology and somatic disorders, consistently demonstrate that psychological burden, when untreated, results in poor overall well-being and unmet psychosocial needs (McDowell et al., 2022; Sattel et al., 2023).

Body image disturbances form another central component of dissociative presentations, as disruptions in self-perception extend beyond consciousness to encompass physical self-image. Literature illustrates how patients with psychiatric illnesses may internalize negative body image, linking dissociation to distorted self-representation (Choudhary et al., 2022; Ghadakzadeh et al., 2025). Additionally, studies among medical students and adolescents show that negative body image correlates strongly with eating pathology, dissatisfaction, and poor quality of life (Mallaram et al., 2023; Paria et al., 2023). These findings suggest that dissociative patients, who already struggle with fragmented self-identity, are especially vulnerable to body image dissatisfaction, amplifying their psychosocial difficulties.

Self-esteem, closely aligned with body image, plays a critical role in dissociative disorders. Measures such as the Rosenberg Self-Esteem Scale have been widely validated in various populations to assess global self-worth (McMullen & Resnick, 2013; Davis et al., 2009). Lower self-esteem has been shown to predict greater dissociation, poorer health behaviors, and vulnerability to psychopathology. In cross-sectional analyses across cultures, body dissatisfaction and low self-esteem have independently and jointly contributed to the development of maladaptive behaviors, including eating disorders and social withdrawal (Zeng et al., 2022; Gao et al., 2024). For individuals with dissociation, diminished self-esteem not only worsens distress but also disengages them from seeking treatment.

Research emphasizes the bidirectional relationship between trauma, dissociation, and psychosocial measures. Dissociative patients frequently report

lower HRQOL due to high somatic comorbidity combined with impaired social and occupational functioning (Panisch et al., 2023). These impairments also interact with self-esteem and body image perceptions, as ongoing trauma exposure and internalized distress undermine confidence, autonomy, and identity coherence (La Mela et al., 2013). Importantly, cultural contexts like India demonstrate that psychosocial constructs such as family honor and societal expectations exacerbate stigma surrounding dissociative presentations, further decreasing patients' self-esteem and quality of life (Jayan et al., 2025).

Interventions for dissociative patients, therefore, must extend beyond symptom stabilization to addressing broader psychosocial needs. Attention to improving body image, enhancing self-esteem through psychotherapeutic strategies, and augmenting HRQOL in these patients is essential. Psychoeducation, cognitive-behavioral interventions, trauma-focused therapies, and supportive community engagement are central approaches. Strengthening coping skills and reducing stigma are equally important in the Indian context, where cultural influences often shape illness expression and recovery trajectories (Malhotra & Gupta, 2018; Reddy et al., 2018).

In addition, emerging evidence suggests that neurobiological underpinnings of dissociation, such as disruptions in body schema and identity processing, may influence how individuals perceive their self-worth and physical appearance. Therefore, future research should incorporate neuroimaging and psychophysiological measures alongside self-report tools to create a more comprehensive picture of dissociation's impact on self-concept. There is also a growing need for culturally sensitive tools and interventions that reflect the diversity of how body image and self-esteem are experienced across different populations. Integrating gender, sociocultural norms, and trauma history into the research framework will improve the relevance and applicability of findings across contexts.

Clinically, this line of research may inform the development of multidisciplinary treatment strategies that address not only dissociative symptoms but also psychological distress related to body image and identity. Incorporating psychoeducation, cognitive-behavioural approaches, and body-oriented therapies can offer a more restorative path toward recovery. Ultimately, as healthcare increasingly embraces patient-reported outcomes, evaluating HRQoL, self-esteem, and body image in dissociative disorders will serve as essential benchmarks for treatment effectiveness, rehabilitation planning, and policy advocacy, placing the patient's lived experience at the centre of care.

HRQoL, self-esteem, and body image are interlinked: distress in one domain often worsens the others. Dissociation amplifies this by disrupting emotional regulation and self-coherence. Treatment must be trauma-informed, focusing on stabilization, identity integration, and body reconnection. Interventions should include psychoeducation, grounding techniques, and culturally sensitive care. Therapeutic goals should aim to rebuild a positive self-concept and embodied sense of self.

Effective management requires addressing psychological, somatic, and social dimensions of dissociation. Multidisciplinary collaboration enhances outcomes and supports long-term quality of life improvements. The evaluation of health-related quality of life (HRQoL), self-esteem, and body image in patients diagnosed with dissociative disorders represents a vital yet underexplored dimension of psychiatric care. As awareness of the psychosocial burden of dissociative disorders continues to grow, future research and clinical practice are expected to adopt a more integrative, person-centred approach.

Going forward, there is a strong need to develop standardized, disorder-specific assessment tools that capture the nuanced experiences of dissociative patients, especially in areas related to self-concept and body image. Integrating these psychosocial metrics into routine diagnostic evaluations may enhance early detection of distress and functional impairment. Moreover, the intersection of trauma, identity fragmentation, and body dissatisfaction presents a unique therapeutic target. Future studies should focus on interventional models that aim not only to reduce dissociative symptoms but also to enhance self-esteem and body acceptance, which in turn could lead to meaningful improvements in overall quality of life.

With advancements in trauma-informed care, neurocognitive rehabilitation, and digital mental health tools, future interventions could incorporate technology-based self-assessment modules and telepsychotherapy to reach patients in underserved or remote areas. Additionally, the integration of psychosocial rehabilitation, occupational therapy, and family-based interventions may offer a more sustainable impact on quality of life. Finally, interdisciplinary collaboration among psychiatrists, psychologists, and social workers will be essential in translating research findings into real-world improvements in care delivery for individuals with dissociative disorders. Long-term follow-up studies and culturally adapted frameworks will play a pivotal role in shaping policies and treatment standards globally.

Conclusion

The present study highlights the significant psychosocial burden experienced by patients with dissociative disorders, as reflected in compromised health-related quality of life (HRQoL), varying levels of self-esteem, and elevated body image concerns. The findings reveal a statistically significant relationship between self-esteem and quality of life, emphasizing the central role of self-worth in influencing overall well-being in this population. Conversely, body image concerns, although prevalent, did not show a statistically significant correlation with quality of life, suggesting that self-perception in dissociative disorders may be shaped more by internal identity disturbances than by physical appearance alone.

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