Dissociative Experience Scale II (DES-II) Key References & Abstracts

Development, reliability, and validity of a dissociation scale.

Bernstein EM, Putnam FW.

Dissociation is a lack of the normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory. Dissociation occurs to some degree in normal individuals and is thought to be more prevalent in persons with major mental illnesses. The Dissociative Experiences Scale (DES) has been developed to offer a means of reliably measuring dissociation in normal and clinical populations. Scale items were developed using clinical data and interviews, scales involving memory loss, and consultations with experts in dissociation. Pilot testing was performed to refine the wording and format of the scale. The scale is a 28-item self-report questionnaire. Subjects were asked to make slashes on 100-mm lines to indicate where they fall on a continuum for each question. In addition, demographic information (age, sex, occupation, and level of education) was collected so that the connection between these variables and scale scores could be examined. The mean of all item scores ranges from 0 to 100 and is called the DES score. The scale was administered to between 10 and 39 subjects in each of the following populations: normal adults, late adolescent college students, and persons suffering from alcoholism, agoraphobia, phobic-anxious disorders, posttraumatic stress disorder, schizophrenia, and multiple personality disorder. Reliability testing of the scale showed that the scale had good test-retest and good split-half reliability. Item-scale score correlations were all significant, indicating good internal consistency and construct validity. A Kruskal-Wallis test and post hoc comparisons of the scores of the eight populations provided evidence of the scale's criterion-referenced validity.(ABSTRACT TRUNCATED AT 250 WORDS)

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An update on the Dissociative Experiences Scale

Carlson EB, Putnam FW.

The authors review a wide range of studies that relate to the norms, reliability, and validity of the Dissociative Experiences Scale (DES). Appropriate clinical and research use of the scale are discussed together factor analytic studies and fruitful statistical analysis methods. Current research with the DES is described and promsing new research questions are highlighted. Suggestions are made for translating and using the DES in other cultures. A second version of the DES (DES-II), which is easier to score, is included as an appendix.

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The measurement of dissociation in normal and clinical populations: Meta-analytic validation of the Dissociative Experiences Scale (DES).

Van IJzendoorn, H.H. & Schuengel, C.

The Dissociative Experiences Scale (DES) has now been used in over 100 studies on dissociation. This article reports on a series of meta-analyses to test some of the theoretical assumptions underlying the DES and to examine the instrument's reliability and validity. Studies with were identified through Psychlit, Medline, Social Sciences Citation Index and Current Contents. Across studies in similar domains (e.g., studies on multiple personality disorders) combined effect sizes were computed using the Rosenthal-Mullen approach. The DES showed excellent convergent validity with other dissociative experiences questionnaires and interview schedules

(combined effect size: d = 1.82; N=5,916). The DES also showed impress predictive validity, in particular concern dissociative disorders (multiple personality Disorders: combined effect size d= 1.05, N=1,705) and traumatic experiences (post-traumatic stress disorder: combined effect size d = 0.75; n=1099; and abuse: combined effect size d = 0.52; N=2,108). However the discriminant validity was less well established. The DES is sensitive to response and experiment biases. It is recommend to average DES scores over more points in time and over more judges. The seems to measure the current view on past dissociative experiences. The model of dissociation as a form of autohypnosis failed to receive support from the data. A developmental model to interpret dissociation is proposed.

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Dissociation in Psychiatric Disorders: A Meta-Analysis of Studies Using the Dissociative Experiences Scale (DES).

Lyssenko L(1), Schmahl C(1), Bockhacker L(1), Vonderlin R(1), Bohus M(1), Kleindienst N(1).

OBJECTIVE: Dissociation is a complex, ubiquitous construct in psychopathology. Symptoms of dissociation are present in a variety of mental disorders and have been connected to higher burden of illness and poorer treatment response, and not only in disorders with high levels of dissociation. This meta-analysis offers a systematic and evidence-based study of the prevalence and distribution of dissociation, as assessed by the Dissociative xperiences Scale, within different categories of mental disorders, and it updates an earlier meta-analysis. **METHOD:** More than 1,900 original publications were screened, and 216 were included in the meta-analysis, comprising 15,219 individuals in 19 diagnostic categories. **RESULTS:** The largest mean dissociation scores were found in dissociative disorders (mean scores >35), followed by posttraumatic stress disorder, borderline personality disorder, and conversion disorder (mean scores >25). Somatic symptom disorder, substance-related and addictive disorders, feeding and eating disorders, schizophrenia, anxiety disorder, OCD, and most affective disorders also showed mean dissociation scores >15. Bipolar disorders yielded the lowest dissociation scores (mean score, 14.8). **CONCLUSIONS:** The findings underline the importance of careful psychopathological assessment of dissociative symptoms in the entire range of mental disorders.

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Prevalence of dissociative experiences in a community sample: relationship to gender, ethnicity, and substance use.

Seedat S(1), Stein MB, Forde DR.

This study examined the relationship between gender, ethnicity, substance use, and dissociation in a community sample of adults. Telephone interviews were conducted using, among others, measures of dissociation Dissociative Experiences Scale-Taxon [DES-T]) and alcohol use (Alcohol Use Disorders Identification Test [AUDIT]) to screen a representative sample of 1007 adults in Memphis, Tennessee. Six percent of respondents endorsed four or more lifetime dissociative symptoms, whereas approximately one third of respondents endorsed at least one symptom. Only 2% were identified as having pathological dissociation on the DES-T. DES-T scores were significantly associated with gender (male), ethnicity (African-American), and harmful alcohol use. Dissociative symptoms appear to be relatively common in the population, but only a small proportion of individuals suffer from significant levels of dissociation. Further assessment of the link between demographic factors and the severity and expression of dissociative phenomena in nonclinical samples is warranted.

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Patterns of dissociation in clinical and nonclinical samples.

Putnam, F.W., Carlson, E.B., Ross, C.A., Anderson, G., Clark, P., Torem, M., Bowman, E.S., & Coons, P.M.

Research has consistently found elevated mean dissociation scores in particular diagnostic groups. In this study, we explored whether mean dissociation scores for different diagnostic groups resulted from uniform distributions of scores with the group or were a function of the proportion of highly dissociative patients that the diagnostic group contained. A total of 1566 subjects who were psychiatric patients, neurological patients, normal adolescents, or normal adults subjects complete the Dissociative Experiences Scale (DES). An analysis of the percentage of subjects with high DES scores in each diagnostic group indicated that the diagnostic group's mean DES scores were a function of the proportion of subjects within the group who were high dissociators. The results contradict a continuum model of dissociation but are consistent with the existence of distinct dissociative types.

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The prevalence and biometric structure of pathological dissociation in the general population: taxometric and behavior genetic findings.

Waller NG, Ross CA.

Taxometric and biometric analyses were conducted on 2 North American samples to investigate the prevalence and biometric structure of pathological dissociation. Results indicated that approximately 3.3% of the general population belongs to a pathological dissociative taxon. A brief 8-item self-report scale called the DES-T can be used to calculate taxon membership probabilities in clinical and nonclinical samples of adults (a SAS scoring program is provided for this purpose). The genetic and environmental architecture of pathological dissociative symptoms was explored by conducting a biometric analysis on DES-T ratings from 280 identical and 148 fraternal twins. The findings suggest that approximately 45% of the observed variance on the DES-T can be attributed to shared environmental influences. The remaining variance is due to nonshared environmental influences.

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A taxometric investigation of dissociation in Vietnam veterans.

Waelde LC, Silvern L, Fairbank JA.

There is long-standing debate about whether elevated dissociative symptoms are common in posttraumatic stress disorder (PTSD) or whether there is a distinct subtype of cases with elevated dissociation. The current investigation examined the latent structure of dissociative symptoms in a sample of 316 male, trauma-exposed Vietnam veterans, 76 of whom were diagnosed with current PTSD. Three taxometric procedures (MAMBAC, MAXEIG, and MAXCOV) were performed on three indicator sets drawn from the Dissociative Experiences Scale. Taxometric analyses consistently revealed a taxon (subtype) of highly dissociative individuals. The taxon members had significantly more severe posttraumatic symptoms and were more often diagnosed with current PTSD than were

non-taxon members. Among participants with a current PTSD diagnoses, only 32% belonged to the dissociative taxon, suggesting that there is a subtype of severe PTSD with elevated dissociation.

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Types of dissociation and dissociative types: A taxometric analysis of dissociative experiences.

Waller, NG, Putnam, FW, Carlson, EB.

This article examines evidence for dimensional and typological models of dissociation. The authors reviewed previous research with the Dissociative Experiences Scale (DES) and note that this scale, like other dissociation questionnaires, was developed to measure the so-called dissociative continuum. Next, recently developed taxometric methods for distinguishing typological from dimensional constructs are described and applied to DES item-response data from 228 adults with diagnosed multiple personality and 228 normal controls. The taxometric findings empirically justify the distinction between two types of dissociative experiences. Non-pathological dissociative experiences are manifestations of a dissociative trait, whereas pathological dissociative experiences are manifestations of a latent class variable. The taxometric findings also indicate that there are two types of dissociators. Individuals in the pathological dissociative class (taxon) can be identified with a brief, 8-item questionnaire called the *DES-T*. Scores on the DES-T and DES are compared in 11 clinical and non-clinical samples. It is concluded that the DES-T is a sensitive measure of pathological dissociation, and the implications of these taxometric results for the identification, treatment and understanding of multiple personality disorder and allied pathological dissociative states are discussed.