

Clínica y Salud



www.elsevier.es/clysa

Psychological characteristics of dissociation in general population



Ángeles Serrano-Sevillano^{a,*}, Héctor González-Ordi^b, Beatriz Corbí-Gran^c, Miguel Ángel Vallejo-Pareja^a

- ^a National Distance Education University (UNED), Madrid, Spain
- ^b Complutense University of Madrid, Madrid, Spain
- ^c Villanueva University, Madrid, Spain

ARTICLE INFO

Article history: Received 20 September 2017 Accepted 29 September 2017 Available online 21 October 2017

Keywords:
Somatoform dissociation
Psychoform dissociation
Dissociative profile
Personality
Alexithymia
Emotional
Regulation
Suggestibility

Palabras clave:
Disociación somatoforme
Disociación psicoforme
Perfil disociativo
Personalidad
Alexitimia
Regulación emocional
Sugestionabilidad

ABSTRACT

Dissociation is defined as the separation of those processes that should be accessible, considering that both somatoform and conversion symptoms may be understood as dissociative. In recent decades, psychological variables have been related to dissociation, such as suggestibility, fantasy, alexithymia, abnormal emotional processes, and also a particular personality profile. The aim of this paper is to study the profile associated with psychoform and somatoform dissociation. The sample consisted of 355 participants. University students employed the snowball sampling. The following instruments were used: the Dissociative Experiences Scale-II (DES-II), the Questionnaire Somatoform Dissociation (SDQ-20), the Inventory Suggestibility (IS), the Alexithymia Scale Toronto (TAS-20), the Scale Difficulties in Emotion Regulation (DERS), the revised NEO Personality Inventory (NEO-PI), and some ad hoc questions to evaluate sleep-related experiences. The results indicated that high dissociators showed higher scores on suggestibility, alexithymia, sleep- related experiences, neuroticism, openness to experience, and lower conscientiousness than low dissociators, the results being similar to those obtained by high somatizers. As a conclusion, the profile found in both types of dissociation indicated their existing relationship, and pointed out possible lines of future research and treatment.

© 2017 Colegio Oficial de Psicólogos de Madrid. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Características psicológicas de la disociación en la población general

RESUMEN

La disociación se define como la separación de procesos que deberían ser accesibles, considerándose que los síntomas somatomorfos y conversivos pueden entenderse como disociativos. En las últimas décadas se han encontrado variables psicológicas relacionadas con la disociación, como la sugestionabilidad, la fantasía, alexitimia, alteraciones en los procesos emocionales y un perfil concreto de personalidad. El objetivo de este trabajo es estudiar el perfil asociado a la disociación psicoforme y somaforme. La muestra estuvo compuesta por 355 participantes. El muestreo consistió en la bola de nieve por parte de estudiantes universitarios. Para su realización se utilizó la Escala de Experiencias Disociativas-II (DES-II), el Cuestionario de Disociación Somatoforme (SDQ-20), el Inventario de Sugestionabilidad (IS), la Escala de Alexitimia de Toronto (TAS-20), la Escala de Dificultades en la Regulación Emocional (DERS), el Inventario de Personalidad NEO revisado (NEO-PI) y preguntas elaboradas *ad hoc* para evaluar experiencias relacionadas con el sueño. Los sujetos con elevada disociación mostraron mayores puntuaciones en sugestionabilidad, alexitimia, experiencias de sueño, neuroticismo y apertura y menores en responsabilidad, de forma muy similar al grupo de sujetos de elevada somatización. Puede concluirse que el perfil hallado en ambos tipos de disociación refleja la relación existente entre ambas y señala posibles líneas de investigación y tratamiento futuros.

© 2017 Colegio Oficial de Psicólogos de Madrid. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (http://creativecommons.org/licenses/by-nc-nd/4.0/).

* Corresponding author. Calle Simón Hernández 43, 2°B. 28937 Móstoles (Madrid), Spain.

E-mail address: ma.serranosevillano@gmail.com (Á. Serrano-Sevillano).

https://doi.org/10.1016/j.clysa.2017.09.003

Dissociation refers to the alteration of an individual's identity, with a loss of the integration of contents in consciousness (Bernstein & Putnam, 1986), being outside of voluntary control (Nemiah, 1991), and affecting memory, identity, and the perception of the environment and time (Cardeña, 1994). Currently, the prevalence of these disorders is around 1% (American Psychological Association, APA, 2014); regardless of the presence of other comorbid disorder, the overall performance of these patients is severely damaged (Mueller-Pfeiffer et al., 2012).

In the past few years, the development of assessment instruments such as the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986), along with the inclusion of studies with non-clinical population, have allowed us to consider the dissociation as a continuum. This interpretation leads to contemplate dissociation as a psychological mechanism which is present to a greater or lesser extent in the entire population (Holmes et al., 2005).

The inclusion of conversion disorders within dissociative disorders remains essential for many authors, assuming the same process of splitting of consciousness (Scaer, 2001). In this sense, dissociation would encompass the psychoform dissociation –classic dissociative symptoms, amnesia, depersonalization– and the somatoform dissociation –somatoform and conversive symptoms (Nemiah, 1991; Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden, 1996).

With the aim to understand dissociation, in recent decades several psychological variables have been individually studied. In the field of personality, the most common profile is characterized by higher levels of neuroticism (Kwapil, Wrobel, & Pope, 2002) and openness to experience (Groth-Marnat & Jeffs, 2002; Vannucci & Mazzoni, 2006), as well as lower levels of agreeableness and conscientiousness (Kwapil et al., 2002).

Suggestibility has been closely associated with dissociation (Giesbrecht, Lynn, Lilienfeld, & Merckelbach, 2008), gaining special relevance in the forensic (Chae, Goodman, Eisen, & Qin, 2011) and clinical fields (Woody & Browers, 1994). Empirically, the results are contradictory, finding results for (Marcusson-Clavertz, Terhune, & Cardeña, 2012) and against (Maxwell, Lynn, & Condon, 2015). To explain this discrepancy, it is hypothesized that the relationship between dissociation and suggestibility would be mediated by absorption and fantasy (Dienes et al., 2009).

One of the variables which have become increasingly important in recent years is sleep. A relationship has been found between the tendency to dissociate and different sleep-related experiences such as hypnopompic images, sense of presence, worsening of dissociative symptoms in sleeping deprivation (Kloet, Giesbrecht, & Merckelbach, 2015; Kloet, Merckelbach, Giesbrecht, & Broers, 2014), and higher frequency of lucid dreams. These findings suggest that dissociators may have an ability to manipulate the content of the dreams as an effect of their imagination and attentional capacity absorption (Fassler, Knox, & Lynn, 2006).

Within emotional characteristics, although alexithymia is considered a separate construct of dissociation component due to the externally-oriented thinking (Tolmunen et al., 2010), it seems to be more related to somatoform dissociation and conversion symptoms (Meyers, Fleming, Lancman, Perrine, & Lancman, 2013), which may indicate that alexithymia is differentially associated depending on the type of dissociation.

Finally, it has been proposed that dissociation may be a strategy of adjustment used to face higher levels of arousal, but it can lead to a maladaptation increasing the discomfort of the individuals, showing a relationship between difficulties in emotional regulation and dissociation (Powers, Cross, Fani, & Bradley, 2015). In this sense, this relationship is particularly relevant in the link between the presence of dissociative symptoms and emotional dysregulation (Meyers et al., 2013; Moulton, Newman, Power, Swanson, & Day, 2015).

For all these reasons, it becomes important to jointly study and explore the psychological profile associated with both subtypes of dissociation, being the main objective of the present study.

Method

Participants

The initial sample consisted of 389 participants recruited from the general population, although 34 were removed for the final analysis because they did not properly complete the assessment battery. Therefore, the final sample comprised 355 participants. The age of the subjects ranged from 18 and 65 years (mean age = 34.88 and standard deviation = 14.43), and there was a 40.28% of males (n = 143, mean age = 35.47, standard deviation = 14.88) and a 59.72% of females (n = 212, mean age = 34.67, standard deviation = 14.13).

Procedure

Data was collected by students from the Camilo José Cela University and the Complutense University of Madrid through the snowball sampling method. These university students were instructed with the experimental protocol, and each of them had to evaluate 3 males and 3 females after signing an informed consent. The assessment protocol was completed in two 1.30-hour sessions.

Assessment Instruments

To carry out this research, the following assessment instruments were used, in order of application:

Dissociative Experiences Scale II (DES-II; Carlson and Putnam, 1993; Icarán, Colom, & Orengo-Garcia, 1996). It is a self-reported scale of 28 items which includes the presence of a wide range of experiences and dissociative phenomena (amnesia, depersonalisation, derealisation, and absorption). Test-retest reliability ranged from .78 to .93, and the internal consistency was .93. In the sample analysed, a Cronbach's alpha of .91 was obtained.

Somatoform Dissociation Questionnaire (SDQ-20; Nijenhuis et al., 1996). This questionnaire consists of 20 items that evaluate somatoform dissociation symptoms, as tunnel vision, analgesia, localized pain, or pseudo-epileptic crisis. For the present study a Holm's (2002) translated version was used. SDQ's Spanish version has shown very good internal consistency, with a Cronbach's alpha of .866 and convergent validity with DES (Bernstein & Putnam, 1986) of .64 (González-Vázquez et al., 2017). In the present study, the instrument showed a Cronbach's alpha of .84.

Inventory of Suggestibility (IS; Gonzalez-Ordi & Miguel-Tobal, 1999). This inventory consists of 22 items and offers a general measure of suggestibility, encompassing four subscales: fantasize, absorption, emotional involvement, and suggestibility (Salguero, Ruíz, Fernández-Berrocal, & González-Ordi, 2008). The IS psychometric characteristics indicate a good test-retest reliability (.70) and a good internal consistency, with alpha = .79 (Gonzalez-Ordi & Miguel-Tobal, 1999). In this study the IS showed a Cronbach's alpha of .85

Toronto Alexithymia Scale (TAS-20; Parker, Bagby, Taylor, Endler, & Schmitz, 1993; Martinez-Sanchez, 1996). This scale provides a global score, and also a specific score for the following factors: confusion of the emotion with bodily sensations, emotional language deficits, and externally-oriented thinking. Reliability indices in the Spanish adaptation show a good internal consistency, with a Cronbach's alpha of .78, and a test-retest reliability of .71, with a reliability of .85 in the sample used.

Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004; Hervas & Jodar, 2008). DERS consists of 28 items and assesses the difficulties in emotion regulation, providing both a total score

Download English Version:

https://daneshyari.com/en/article/7263197

Download Persian Version:

https://daneshyari.com/article/7263197

<u>Daneshyari.com</u>