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Dissociation and Sexual Abuse

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DISSOCIATION AND SEXUAL ABUSE A STUDY OF 95 STUDENTS Leslie Kyle Paris Southern Illinois University, Carbondale

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Abstract

The current study investigated the connection between dissociative behaviors and childhood sexual abuse and adult sexual abuse. Dissociative behaviors were measured using the Dissociative Experiences Scale (DES; Putnam and Bernstein, 1985). Although research drawing a connection between such dissociative disorders as Post Traumatic Stress Disorder and Multiple Personality Disorder are cited, this study fails to find any significant correlation between DES scores of subjects and histories of sexual abuse. The investigator continues on to discuss alternative explanations for the discrepancy between this study and the findings of those studies cited.

Dissociation and Sexual Abuse:

A Study of 95 Students

When the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III) was developed in 1980 a new category was included. This was the Dissociative Disorders Category (APA, 1980). With the creation of this category, along with other recent developments in psychiatry, came an upsurge in the interest in the nature of dissociation and its symptomatology.

Dissociation is a break in the normal processing or integration of feelings, experiences, and thoughts into memory and consciousness. For one reason or another the path that feelings, experiences, and thoughts normally travel to reach our consciousness and memory splits not allowing certain feelings, experiences, or thoughts to reach their goal. Instead, these misdirected pieces are ushered to another part of the mind where they are kept separate from the main memory or consciousness of a person. Sometimes this is only a temporary state, but it can be chronic.

The concept of dissociative disorders as a unique and separate psychopathological classification is relatively new, coming about with the creation of a separate category in the DSMIII. The DMSIII category identifies five specific dissociative disorders. These are: 1)Multiple Personality Disorder (MPD) 2)Psychogenic Fugue 3)Psychogenic Amnesia

4)Depersonalization Disorder and 5)Atypical Dissociative Disorder (APA, 1980). Although these specific disorders may be new, the concept of dissociative phenomena is not. Forms of dissociative phenomena have been in the clinical literature for well over 100 years. The literature includes mention of such dissociative concepts as abreactions, hypnoid states, the Ganser syndrome, possession syndrome, and out-of-body experiences (Cocores et. al, 1984; Ellenberger, 1970; Putnam, 1985).

Current research with regards to dissociation has looked at its symptomatology, or how it manifests itself, as well as some of the correlated factors. Ross et al. have looked at the similarities between extrasensory/paranormal experiences and dissociative disorders and how the manifesting behaviors of the two experiences are alike, including the fact that both types of behaviors tend to be triggered by trauma (Ross and Joshi, 1992; Ross et al. 1989a, 1989b, 1990, 1992).

Many researchers have found a link between traumatic childhood histories and dissociative behaviors. Putnam has shown that there is a strong tie between the development of dissociative symptoms and traumatic experiences, even with a wide variety of traumatic experiences (Putnam, 1985). Most of the research has looked at specific dissociative disorders rather that dissociative behaviors in general. For example, Ross et al. used the Dissociative Disorders Interview

Schedule to study the relationship between extrasensory/
paranormal experiences and MPD (Ross et al. 1989b, 1990,
1992). Dell & Eisenhower (1990) found that 73% of those
patients, that they studied, suffering from MPD had an
history of sexual abuse, 73% had an history of physical abuse
and 82% had an history of emotional abuse. A few researchers
have connected traumatic experiences to other dissociative
disorders besides MPD. Young et. al (1991) simply looked at
dissociative behaviors in general as a result of ritualistic
childhood abuse. McLeer et. al (1988) looked specifically
at Post Traumatic Stress Disorder (PTSD) as a result of
childhood sexual abuse, finding such disorder in 48.4% of
their study population.

Perhaps the reason that dissociative behaviors have been studied in connection with traumatic experiences so much is due to a basic theory regarding the purpose of dissociation. Some researchers (Braun, 1990; Glantz and Himber, 1992) feel that dissociation is a defense mechanism that is used in order to enable someone to cope with the feelings and thoughts that accompany a traumatic experience. Others feel that it is a defense mechanism used by all of us to some degree. Bernstein and Putnam (1985) argue that the number and frequency of dissociative experiences and symptoms lie along a continuum, with normals exhibiting fewer different types of dissociative experiences with a much lower

frequency, but still experiencing such behaviors.

It is the belief of this investigator that dissociative behavior is a defense mechanism that we all use to deal with our experiences, but that dissociation is used with much greater frequency for more traumatic experiences. Thus, this study tries to replicate the findings of previously mentioned researchers who developed the link between traumatic experiences, particularly sexual abuse, and dissociation. It is believed that those subjects with a history of sexual abuse will have a higher level of dissociative behavior than those non-abused subjects, but that even the non-abused subjects will have a level of dissociative experiences.

Method

Subjects

Ninety-Five undergraduate students from Southern
Illinois University at Carbondale served as voluntary
participants in this study. All subjects were members of the
GEB 202 Introductory Psychology course at the university and
were given class credit for their participation in this
STUDY: The Subjects ranged in age from 18-38. There were 38
males with a mean age of 23, and 57 females with a mean age
of 20.

For this study there were three basic conditions: 1) childhood sexual abuse victims 2) adult sexual abuse victims and 3) a control group of subjects who had suffered no sexual

abuse. In addition there was a subset of conditions 1 & 2 which consisted of those subjects who reported both childhood and adult sexual abuse. Subjects were assigned to each of the conditions based upon their responses on the Finkelhor Sexual Victimization Scale (FSV). 46 of the subjects reported no history of sexual abuse and were put into the control group (condition 3). 19 of the subjects reported a history of childhood sexual abuse, 7 subjects reported a history of adult sexual abuse, and three of the twenty-six subjects who reported any history of sexual abuse reported a history of both child and adult sexual abuse. These three were combined to form a subset condition (condition 2a).

Measures

Finkelhor Sexual Victimization Scale (FSV). This scale was developed by David Finkelhor (1978) in order to measure childhood sexual victimization. In addition, adult sexual abuse can be discerned from questions at the end of this scale. This scale has been shown to distinguish non-abused children from sexually abused children. The scale is related to adult sexual self-esteem, heterosexual functioning, and increased risk of mental health adjustment problems in adulthood (Finkelhor, 1979, 1984).

When compared with other studies this scale has been found to be a concurrently valid measure. When differences in sampling techniques, data collection procedures,

definitional criteria, and types of relationships are accounted for and figures recomputed, Finkelhor's results are comparable with those of other studies (Finkelhor, 1979, 1984; Keckley Market Research, 1983; Russell, 1983; Wyatt, 1985).

The Finkelhor Sexual Victimization Scale was used in the current investigation in order to establish a history of childhood or adult sexual abuse. The criteria for childhood sexual abuse was an age differential, the use of force (even subtle), and/or the experience being unwanted. For sexual experiences occurring before the age of twelve, if the age difference was greater than five years than the experience was considered abusive. For sexual experiences occurring between the ages of thirteen and seventeen, if the age difference was greater than ten years then the experience was considered abusive. Any of the three criteria were necessary and sufficient criteria alone to count an experience abusive. In other words, a subject need only to report either the appropriate age difference, the use of any force, or the fact that the experience was unwanted and the experience was counted as abusive. The criteria for adult sexual abuse was based upon the experience being unwanted/against the will of the subject. If the subject reported an unwanted/against the will experience from the age of eighteen on then the experience was counted as an incident of adult sexual abuse.

<u>Dissociative Experiences Scale (DES)</u>. This scale is a 28item self-report questionnaire upon which a subject reports his/her experiences of dissociative behaviors along a continuum. The mean of all item scores ranges from 0 to 100 and is the DES score for the subject.

In reliability and validity testing of this scale it was shown to have good split-half and test-retest reliability. The DES is internally consistent and was found to produce scores that are stable over time. Item scores and scale scores were found to be highly correlated thus verifying the construct validity of the scale, and item scores were found to differentiate subjects similarly, demonstrating the criterion-related validity of the scale. In addition, the scale was found to be able to distinguish between subjects with and subjects without a clinical diagnosis of a dissociative disorder. Testing of the scale on alcoholics also determined that the scale does not simply measure memory deficits associated with substance abuse (Bernstein and Putnam, 1986).

Procedure

Although this researcher used archival data that had been previously collected, the procedures used in collecting the data originally will be described.

Participation in the study by undergraduate students enrolled in the GEB 202 Introductory Psychology class was

requested. Each subject was given an informed consent form to read and sign. These forms expressed the willingness of the subject to participate in this study and outlined the requirements of the study and participant's rights as defined by the American Psychological Association (APA) and upheld by the Carbondale Committee for Research Involving Human Subjects. Participants were requested to sign the informed consent with an "X" only due to the sensitive nature of the Subjects were then given a packet containing the Finkelhor Sexual Victimization Scale and the Dissociative Experiences Scale and shown to a room with privacy cubicles so that the privacy of each subject was protected. Participants were allowed to complete the scales at their own pace. Once finished the subjects were given a feedback sheet with the numbers Dr. Brenda Gilbert, the directing professor of this research project, and the university counseling center should they feel the need to discuss any issues that the questionnaires may have raised for them. They were also given the opportunity to ask any questions of the researcher that they had at that time.

Each subject's response to the Finkelhor Sexual Victimization Scale was analyzed to determine what condition the subject should be placed in for analysis of the DES scores.

The subjects' DES scores were analyzed in order to find the range, mean, variance, standard deviation, and standard error of the mean of each condition. The results are as follows:

Condition:	Control Group	CSA	ASA	C&ASA
Range:	0.96-65.82	1.68-49.04	6. 68-45. 64	10.29-38.00
Mean:	18.58	19. 98	24.28	21.63
Variance:	245.65	206.06	227.73	210.89
SD:	15.67	14.36	15.09	14.52
SEM:	2.31	3.29	5. 70	8.38

Note: CSA = Childhood Sexual Abuse

ASA = Adult Sexual Abuse

C&ASA = Childhood and Adult Sexaul Abuse

SD = Standard Deviation

SEM = Standard Error of the Mean

Simple t-tests were then run to compare the DES scores of the control group to each of the other groups. The are as follows:

Condition:	Control/CSA	Control/ASA	Control/C&ASA
T Score:	3353	-9.003	3370
	df=63	df=51	df=47

Note: significance was not found at any level between the control group and the Childhood Sexual Abuse condition or between the control group and the both Childhood and Adult Sexual Abuse condition. Only slight significance, at the .50 level, was found between the control group and the Adult Sexual Abuse condition.

This study was unable to replicate the findings of previous studies which showed a connection between childhood sexual abuse and dissociative experiences (Braun, 1990; Dell and Eisenhower, 1990; Glantz and Himber, 1992; Young et. al, 1991). The results of this study indicated that there was no significant difference between the mean DES score of the control group and the groups who had an history of adult sexual abuse. There may be several reasons for this lack of replicating evidence.

First of all, this study, as an archival study, had a very small population (N=95). The condition groups were also extremely unbalanced with a large control group (N=46), a moderate group with a history of Childhood Sexual Abuse (N=19), and a very small group with a history of Adult Sexual Abuse (N=7). This may have played some role on the lack of significant findings, but it is doubtful that this is the only reason.

In reviewing the research on dissociation another possibility is forwarded. When Bernstein and Putnam (1986) were testing their Dissociative Experiences Scale they found that their group of normal adolescents scored moderately high on the scale. This did not greatly concern the for it was consistent with prior research which

demonstrated a high prevalence of experiences of dissociation and derealization in college student populations (Dixon, 1963; Harper, 1969; Myers & Grant, 1970; Roberts, 1960; Sedman, 1966). Thus, perhaps the non-significant findings of this research were due to the population that was chosen to study. Perhaps the population was not totally representative as college students may experience higher levels of dissociation and derealization anyway. However, one would still hope that there would be a difference between normal college students and those with a history of sexual abuse.

Another possibility is that this population was not representative in their sexual abuse experiences. Perhaps all the experiences in this particular population were different in some way from those experienced by subjects in previous studies. Young et al. (1991) for example studied victims of severe ritualistic childhood sexual abuse. Perhaps the subjects in the current study only experience minimal sexual abuse as compared to the subjects of other studies. Perhaps there were other undetected differences within this college population. For example, previous research investigations involved clinical populations (Dell and Eisenhower, 1990; Ross et. al, 1990) which may have characteristic differences from a college student population that could effect the results.

Although this investigator was unable to replicate

previous research findings or to support her own hypothesis, faith in the hypothesis still exists. Further research is obviously needed to either disprove the hypothesis or to reprove it and explain the differences found with a college student population.

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