Assessing dissociative pathology in psychogenic movement disorders: Clinical utility of the Dissociative Experiences Scale-II

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BACKGROUND

❖ There is accumulating research linking psychogenic movement disorders (PMD) with dissociative psychopathology defined as the disruption of normal integration of psychological functioning.[1]

❖ Although the Dissociative Experiences Scale-II (DES-II) is among the most commonly employed instruments, this measure may be insensitive to PMD dissociative experiences due to its emphasis on absorption symptoms (i.e. such engagement in an activity that one becomes unaware of surroundings). [2]

❖ The objective of the present study was to examine the clinical utility of the DES-II and its three factor model (amnesia, depersonalization, and absorption) with individuals suffering from either psychogenic movement disorder (PMD) or non-epileptic seizures (NES).

METHODS

❖ Seventeen female patients who underwent comprehensive neurological evaluation and were subsequently diagnosed with PMD were compared with 22 female patients with V-EEG confirmed NES.

❖ In addition to DES-II, both groups completed the Beck Anxiety Inventory (BAI) and the Beck Depression Inventory-II (BDI-II).

RESULTS

❖ No significant demographic differences were found between the PMD and NES groups. The average anxiety scores for both groups were in the moderate range, however, NES participants reported significantly greater depression (moderate range) as compared to those with PMD (mild range).

❖ DES-II total group means were within normal limits, and the total scale scores of only three NES (13.6%) and one PMD participant (5.9%) were above the recommended cut-off of thirty.

❖ NES participants reported experiencing significantly more amnestic types of dissociative experiences than the PMD group.

Figure 1. Group means and standard error of the means for significantly different DES-II items.

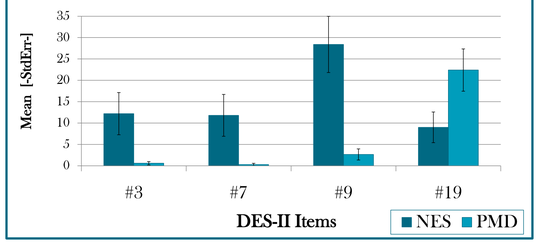

Table 1. Demographic variables and outcome measures by group.

Variable/Measure	NES Group *(n=22)*	PMD Group *(n=17)*	t/F	p
Demographics				
Age	36.4 (10.8)	40.1 (11.1)	1.05	0.30
Education	13.0 (1.85)	14.3 (1.99)	1.59	0.12
Age of Sx Onset (yrs)	27.8 (13.3)	35.5 (11.7)	1.82	0.08
Motor Sx Duration (yrs)	8.73 (9.21)	4.40 (5.32)	-1.64	0.11
Mood				
BAI Total	18.4 (9.61)	17.8 (11.4)	-0.18	0.86
BDI-II Total	28.0 (11.5)	16.7 (14.6)	-2.70	0.01
Dissociation				
DES-II Total	14.2 (15.9)	9.08 (9.83)	-1.17	0.25
Absorption	17.0 (17.6)	13.0 (12.8)	-0.80	0.43
Depersonalization	9.77 (15.9)	5.54 (9.46)	-0.97	0.34
Amnesia	11.3 (16.9)	2.21 (4.10)	-2.17	0.04

Note. Means (SD) are provided for each variable.

❖ PMD participants scored significantly higher than NES participants on item 19-A*ble to ignore pain* [t(37)=2.24, p=0.031].

❖ The NES group as compared to the PMD group scored significantly higher on:
- ❖ Item 3-*Found self in place but no memory of having gotten there* [t(37)=-2.05, p=0.047]
- ❖ Item 7-*Felt and watched self as if looking at another person* [t(37)=-2.06, p=0.047]
- ❖ Item 9-*No memory of an important personal event(s)* [t(37)=-3.39, p=0.002]

CONCLUSIONS

❖ Although the greater endorsement of amnesia by NES participants may be due to attentional deficits[3] or a tendency to underestimate memory functioning,[4] the current findings are consistent with previous research suggesting that type of dissociation involved in psychogenic illness (compartmentalization/amnesia) is not adequately assessed by the DES-II, which consists primarily of items concerning detachment and absorption.[2] Thus, it is likely that a number of participants with clinically severe dissociative tendencies were not identified in the current study with the standard cut-off for DES-II total score.

❖ This tool was originally validated on a convenience sample of undergraduate college students and research has shown that symptoms of dissociation decrease with age. Hence, validation of the DES-II with neurological and non-neurological disorders will provide a better understanding of the prevalence of dissociative symptomatology in PMD.

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