BRIEF REPORTS

Augmenting Hopkins SCL Scales to Measure Dissociative Symptoms: Data From Two Nonclinical Samples

John Briere
Department of Psychiatry and the Behavioral Sciences
University of Southern California School of Medicine

Marsha Runtz
University of Manitoba

A 13-item Dissociation scale is introduced, and preliminary data regarding its reliability are presented. Designed to complement the Symptom Checklist (SCL–90; Derogatis, Lipman, & Covi, 1973) and the Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974), this scale may be especially useful in research on the effects of psychological trauma.

Interest in dissociative responses has increased significantly in the last 10 years, as reflected by the recent inclusion of dissociative disorders in the Diagnostic and Statistical Manual of Mental Disorders (3rd ed. [DSM–III]; American Psychiatric Association, 1980) and the DSM–III–R (rev. ed.; American Psychiatric Association, 1987). The DSM–III–R notes that “the essential feature of (dissociation) is a disturbance or alteration in the normally integrative functions of identity, memory, or consciousness” (p. 269). Although the etiology of such symptoms is undoubtedly complex, a number of researchers have linked dissociation to psychological trauma (e.g., van der Kolk, 1987) and aversive childhood experiences, especially child abuse (e.g., Briere & Conte, 1989; Briere & Runtz, 1988; Putnam, 1985).

Probably due to the relative recency of work in this area, there are few published instruments available to measure dissociation. The Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986) requires subjects to mark on
100 mm lines how frequently each of 28 dissociative symptoms occur in their lives. The DES has proven to be a reliable instrument which exhibits predictive validity (Bernstein & Putnam, 1986). The six-item Dissociation scale of the Trauma Symptom Checklist (TSC–33) taps diverse dissociative experiences, and has been shown to be predictive of aversive childhood experiences in several recent studies (see Briere & Runtz, 1989, for a review). Finally, in a study of sexual abuse effects, Briere and Runtz (1988) developed a five-item Dissociation scale for inclusion in the Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974). This scale was found to be more predictive of subjects’ childhood sexual abuse experiences than any of the standard HSCL scales.

This article introduces a new dissociation scale. Unlike the DES, it utilizes numerical ratings rather than the visual analogue system of the former, and thus does not require the “digitizing” scoring technology described by Bernstein and Putnam (1986). As opposed to the TSC–33 or HSCL scales, this new measure involves a larger number of items, thus potentially increasing its reliability and content domain relative to the former scales. Finally, as per Briere and Runtz’ (1988) HSCL scale, this instrument can be integrated with Derogatis et al.’s standard scales (e.g., the HSCL and the Symptom Checklist [SCL–90]; Derogatis, Lipman, & Covi, 1973), permitting analysis of dissociative symptomatology in comparison to other, equivalently scored symptom scales.

**METHOD**

**Subjects**

Subjects consisted of two groups of undergraduate women from the same university, hereafter referred to as Samples 1 and 2. Sample 1 consisted of 278 subjects, with a mean age of 19.8 years (range = 17–40). Sample 2 consisted of 291 subjects, whose mean age was 19.7 years (range = 17–37).

**Measure**

Both samples were administered a scale of 14 items, embedded throughout either the HSCL (Sample 1) or the SCL–90 (Derogatis et al., 1973; Sample 2). This scale consisted of one item found in the standard HSCL and SCL–90 measures which appears to tap dissociative symptomatology (“Your mind going blank”), along with 13 items we developed on a rational–intuitive basis. Items ultimately selected for this scale (see Table 1) were those that both (a) reflected our clinical experience with dissociative symptomatology, and (b) were congruent with the style and comprehension level intended for the SCL–90 (Derogatis et al., 1973). Sample 1 items were rated on a scale ranging from not at all (1) to extremely (4), per the HSCL, whereas those administered to Sample 2 were rated on a scale ranging from not at all (0) to extremely (4), per the SCL–90.
TABLE 1
Dissociation Scale Items

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<th>Item</th>
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<tr>
<td>1. Feeling outside of your body</td>
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<td>2. Forgetfulness</td>
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<td>3. Not feeling like your real self</td>
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<tr>
<td>4. “Spacing out”</td>
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<tr>
<td>5. Watching yourself from far away</td>
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<td>6. Your mind going blank</td>
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<td>7. Things feeling unreal</td>
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<td>8. Feeling disconnected from yourself</td>
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<tr>
<td>9. Daydreaming</td>
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<tr>
<td>10. Periods of memory loss</td>
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<td>11. Feeling like you are two or more people</td>
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<tr>
<td>12. Absent-mindedness</td>
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<tr>
<td>13. Losing touch with reality</td>
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<tr>
<td>14. A feeling of being far away</td>
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Abuse Specification

In order to assess the relationship between dissociation scores and aversive childhood experiences, subjects in Sample 2 were asked to indicate any sexual contact they had experienced on or before age 14 with someone 5 or more years older (sexual abuse) and any interactions with parents involving being beaten, kicked, pushed down stairs, or any other behaviors which resulted in bruises, bleeding, or other physical injury (physical abuse).

RESULTS

Reliability analysis of the Dissociation scale for Samples 1 and 2 revealed internal consistency in each case ($\alpha = .85$ and $.90$, respectively). The mean value of the Dissociation scale for Sample 1, using the HSCL scoring format, was 20.95 (SD = 5.80), whereas for sample 2, using the SCL-90 format, the mean was 11.41 (SD = 10.11). Further analysis of this scale in Sample 2 revealed a correlation between dissociation scores and childhood histories of both sexual abuse ($r = .14, p < .007$) and physical abuse ($r = .23, p < .001$). Correlation of this scale with other SCL-90 scales revealed an average $r$ of .71 (range = .58–.76).

DISCUSSION

The current Dissociation scale appears to be a reliable measure, as evidenced by its high $\alpha$ coefficients in two subject groups. The validity of this scale has yet to be established, although a review of item content supports its face validity, and
the correlation of this measure with self-reported child abuse history suggests that it may vary in ways expected of a measure tapping dissociation.

Given the preliminary nature of the data on this scale and its development in nonclinical groups, its use as a clinical measure is not indicated at this time. Research with this scale is encouraged, however, especially regarding its association with other psychological instruments and its predictive validity vis-à-vis psychological disorders. Finally, given recent work associating dissociative symptoms with psychological trauma, investigators may wish to examine Dissociation scale scores as they relate to victimization experiences in various subject groups. Given this scale’s congruence with Derogatis et al.’s scales described earlier, research (and, potentially, future clinical practice) with the Dissociation scale may be most effective when co-administered with such scales, rather than being administered in isolation.

REFERENCES


John Briere
Department of Psychiatry and the Behavioral Sciences
USC Medical Center
1934 Hospital Place
Los Angeles, CA 90033

Received April 18, 1989
Revised August 4, 1989