



The examiner's effect on the measurement of dissociation and other psychopathological symptoms in college students

J. Matreno, H. Espírito Santo

Instituto Superior Miguel Torga, Coimbra, Portugal

Introduction

Dissociation is associated with various symptoms, the main one being the alteration of consciousness, which affects memory and identity (Kihlstrom, 2005). Some studies indicate that dissociation is more common in younger people (Espírito-Santo & Pio Abreu, 2007; Ross, Ryan, Anderson, Ross, & Hardy, 1989). It is also among younger people, particularly college students, that most psychopathological symptoms are found (Schwartz, 2006; Kitzrow, 2003; Almeida, Soares & Ferreira, 1999; Ratingan, 1989; Stone & Archer, 1990; Parker, Summerfeldt, Hogan, & Majeski, 2004). The assessment context involves interpersonal relationships, and naturally, this relationship between examiner and examinee is influenced by the personal characteristics that each one brings to the situation (Medway & Cefferty, 1992).

Materials and Methods

Objective

The aim of this research was to verify if there is a difference in dissociation or other psychopathological symptoms between two groups of college students when questioned by two different examiners.

Instruments

- *Dissociative Experiences Scale* (DES) (Bernstein & Putnam, 1986)
- *Brief Symptom Inventory* (BSI) (Derogatis & Melisaratos, 1983)
- *Marlowe-Crowne 2(10) Social Desirability Scale* (MC-2(10) SDS) (Strahan & Gerbasi, 1972)

Participants

N = 185

Age ± 22 Years

66 Males

119 Females

Procedures

We collected the data between 2008 and 2010. Student participation was voluntary and students were verbally informed, while the confidentiality and anonymity of the data collected was always ensured. The total sample was divided into two groups: one group was evaluated by an examiner similar to the examinees (Group A) and the other was evaluated by a professor (Group B).

References

- Espírito Santo, H., Pio-Abreu, J. (2007). Perturbações dissociativas e outros grupos psicopatológicos: explorando as diferenças através do Somatoform Dissociation Questionnaire (SDQ-20). *Revista Brasileira de Psiquiatria*, 29(4), 354-358.
- Kihlstrom, J. F. (2005). Dissociative disorders. *Annual Review of Clinical Psychology*, 1, 227-253. Doi: 10.1146/annurev.clinpsy.1.102803.143925.
- Ross, C. A., Ryan, L., Anderson, G., Ross, D., & Hardy, L. (1989). Dissociative experiences in adolescents and college students. *Dissociation*, 2(4), 239-251.
- Schwartz, A. J. (2006). Are College Students More Disturbed Today? Stability in the Acute and Qualitative Character of Psychopathology of College Counseling Center Clients: 1992-1993 Through 2001-2002. *Journal of American College Health*, 54(8), 327-331.

Results

Table 1

Differences of the average scores of the two groups in the Dissociative Experiences Scale (DES), and Brief Symptom Inventory (BSI) and the factors for both scales

	Total (N = 185)		Group A (n = 95)		Group B (n = 90)		U	P
	M	SD	M	SD	M	SD		
DES total	12.29	9.05	15.65	10.05	10.63	6.55	2971.00	0.000*
Dep	5.90	5.47	8.24	10.25	3.50	4.52	3212.50	0.003*
Ans	21.45	14.75	24.22	15.71	18.22	12.55	3225.50	0.004*
Obs	15.65	12.24	21.27	12.27	10.70	10.27	3151.00	0.002*
Pho	6.94	7.25	9.21	8.51	4.71	4.84	2995.50	0.000*
BSI (GSI)	0.64	0.42	0.74	0.50	0.52	0.25	3405.00	0.018*
Som	0.29	0.45	0.49	0.55	0.29	0.29	3657.00	0.090
IS	0.72	0.80	0.79	0.71	0.64	0.45	4010.00	0.483
Anx	0.65	0.54	0.77	0.55	0.54	0.34	3615.00	0.730
Phob	0.33	0.44	0.44	0.52	0.20	0.27	3072.00	0.001*
Psy	0.51	0.50	0.55	0.59	0.35	0.21	3195.50	0.003*
O-C	0.27	0.51	1.14	0.85	0.75	0.40	3004.50	0.001*
Dep	0.65	0.55	0.74	0.55	0.55	0.40	3835.50	0.241
Hos	0.75	0.51	0.55	0.71	0.55	0.45	3805.50	0.205
Per	0.50	0.51	0.55	0.59	0.72	0.50	3834.00	0.235
PSY	22.65	12.15	25.21	12.05	21.95	10.92	3703.00	0.132
PSDI	1.25	0.32	1.45	0.35	1.24	0.15	2925.50	0.000*

Dep = Depersonalization; Ans = Absorption; Obs = Obsessive-Compulsive; Pho = Phobia; Psy = Psychoticism; Som = Somatization; IS = Interpersonal Sensitivity; Anx = Anxiety; Phob = Phobic Anxiety; Psy = Psychoticism; O-C = Obsessive-Compulsive; Dep = Depersonalization; Hos = Hostility; Per = Persecution; PSDI = Positive Symptom Distress Index; M = Mean; SD = Standard Deviation; U = Mann-Whitney's U test.

*Significant differences at 0.05 level.

We verify that there are significant differences between both groups for all the variables. On the DES total score Group A scored an average significantly higher than that obtained by Group B. In the GSI accessed by the BSI, Group A got an average score significantly higher than that of Group B, however, regarding the BSI factors, there were only significant differences in phobia, psychoticism and obsessions. We did not find significant differences between groups ($t = -1.46$; $p = 0.148$) on the MC-2(10) SDS.

Conclusions

We proposed to verify if there was a difference in dissociation or other psychopathological symptoms between two groups of students when questioned by two different examiners, one of whom was closer to them in age and academic status, and the other of whom was a teacher. This study should be seen as preliminary.

When we looked at the difference between examiners, we found higher scores in the sample collected by the younger examiner. These differences are significant in the DES total scores and in all factors, as well as in the GSI and in some BSI factors (phobia, psychoticism, and obsessive-compulsive). According to the values obtained in the MC-2(10) SDS, the differences are not related to social desirability. This result can be explained by the lack of authority of the examiner: according to Ardila²¹ the examiner must be seen as an authority figure, but certain personal characteristics such as gender, age, ethnicity, social status, or proximity to the individual, may undermine this authority. In many societies social status is accorded to elders, so they are considered wiser and therefore more reliable than younger persons, who are seen as less capable. That said, in Western and other developed societies, the young are seen as having better scientific and technological knowledge²¹; thus the way the examinee perceives the examiner varies from culture to culture.