Evaluation of Peritraumatic Dissociation as a Multidimensional Construct and its Contribution as a Predictor of PTSD Severity

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This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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# Table of Contents

Structured Abstract .................................................................................................................. 1

Literature Review ..................................................................................................................... 4

Peritraumatic Dissociation ................................................................................................. 4

Gender ..................................................................................................................................... 8

Neuroticism ............................................................................................................................. 9

Avoidant- and Emotion-oriented Coping Styles .................................................................. 12

Trait Dissociation ................................................................................................................. 15

Fear of Dying ......................................................................................................................... 17

Aims and Hypotheses .......................................................................................................... 20

Journal Title Page ................................................................................................................. 21

Author contact information ............................................................................................... 22

Abstract ............................................................................................................................... 23

Introduction ........................................................................................................................... 24

Method ................................................................................................................................. 36

Results ................................................................................................................................. 40

Table 1 .................................................................................................................................. 41

Table 2 .................................................................................................................................. 43

Table 3 .................................................................................................................................. 44

Table 4 .................................................................................................................................. 45

Discussion ............................................................................................................................. 48

References ............................................................................................................................. 54

Appendix A Ethics Approval ............................................................................................... 68

Appendix B Survey .............................................................................................................. 69

Appendix C Journal Highlights ......................................................................................... 73
Structured Abstract

Scope
Only a relatively small number of people who experience a traumatic event subsequently develop posttraumatic stress disorder (PTSD). As a result, research has focused on investigating prospective and reliable risk factors of PTSD such as pre-existing individual vulnerabilities like personality traits and coping styles, as well as individuals’ emotional responses to a traumatic event. A common everyday event that is frequently experienced as traumatic, with adverse consequences, is involvement in a motor vehicle accident (Norris, 1992).

Purpose
The aim of the present study was to examine a well-established risk factor of PTSD, peritraumatic dissociation (PD). One area of investigation was to determine whether PD is a multifactorial construct. The other area of investigation was, on the basis that PD is multidimensional, whether PD as a construct, or its specific components, uniquely predicted PTSD severity in a sample of motor vehicle accident (MVA) survivors. To assess this, PD was evaluated alongside other risk factors of PTSD that were either pre-traumatic (pre-existing) or peri-traumatic (occurred at the time of the trauma). Pre-traumatic variables included in this study were female gender, neuroticism, trait dissociation and coping style (avoidant or emotion) and one other peritraumatic variable, fear of dying. It was hypothesised that females and individuals with higher peritraumatic dissociation, trait dissociation, neuroticism traits, avoidant-oriented coping style, emotion-oriented coping style and fear of dying scores would result in greater PTSD severity subsequent to their MVA.
Methodology
Participants ranged in age from 18 to 88 years (M = 39.24) and had been involved in a MVA and attended hospital where they were treated and discharged immediately, or else admitted. There were two time points in the study. At both phases, the questions on the surveys related to the recent MVA for which they attended hospital. Time 1 included a survey that was mailed for completion one month after the MVA. The survey collected information including gender, response to a single Likert item question about fear of dying at the time of the MVA (where 1 = “not at all” and 5 = “certain I would die”) and a score of PD, measured by the ten items in The Peritraumatic Dissociation Experiences Questionnaire-Self-Report (PDEQ-SR; Marmar, Weiss & Metzler, 1998). Of 1460 surveys mailed, 337 were returned.

The second survey mailed for completion at Time 2, three months post-MVA, included the following measures: the Posttraumatic Stress Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997), the Trait Dissociation Questionnaire (TDQ; Murray, Ehlers, & Mayou, 2002), Eysenck Personality Inventory (EPI; Duncan-Jones, 1983) from which neuroticism was measured; and the Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1990). Only avoidant- and emotion-oriented coping styles in the CISS were included in the present study as both are risk factors of PTSD. A total of 122 surveys were returned.

Results
SPSS Version 19 was used for all analyses: descriptive statistics, correlations, t-tests, factor analysis and multiple linear regressions (MLR). With the exception of avoidant coping, all other pre-traumatic and peritraumatic risk factors positively correlated with PTSD severity. Exploratory factor analysis of PD produced two factors that explained 61.1% of the variance. There were five items in each factor; the first factor nominated to
be altered awareness, and the second, depersonalisation/derealisation. Although both PD factors predicted PTSD severity, only altered awareness remained a significant predictor in the final MLR model. Two additional predictors of PTSD severity were trait dissociation and fear of dying. Collectively, these three predictors explained 40.6% of the total variance of PTSD severity and individually, each predictor uniquely contributed to the explanation of PTSD severity. In the final MLR model, gender, neuroticism and emotion-oriented coping style did not predict PTSD severity.

Conclusions

PD was shown to be multidimensional, comprising two constructs, altered awareness and depersonalisation/derealisation. There were three predictors of PTSD severity: PD Factor 1, altered awareness, trait dissociation and fear of dying, of which PD Factor 1, altered awareness, was the strongest predictor. Even though both PD factors were significant predictors of PTSD severity initially, only PD Factor 1, altered awareness, remained so in the final model. This indicated dissociative experiences concomitant with alterations in awareness, were the better predictor of PTSD severity in the current MVA sample. Results are limited to a self-selective MVA sample.

Implications

This study highlights the importance of dissociation and a subjective appraisal of trauma, such as fear of dying, as risk factors for PTSD severity after a MVA. Hence, for clinicians working with MVA survivors, assessing the presence of both state and trait dissociation, and negative appraisals such as fear of dying, is not only important in determining whether a person may be more susceptible to develop PTSD after a MVA, but also crucial for appropriate therapeutic intervention.