The Dissociative Experiences of Borderline Patients

Mary C. Zanarini, Tilla Ruser, Frances R. Frankenburg, and John Hennen

The study objective was to assess the severity and quality of dissociative experiences reported by borderline patients. Two hundred ninety criteria-defined borderline patients and 72 axis II controls completed the Dissociative Experiences Scale (DES), a 28-item self-report measure with demonstrated reliability and validity. Thirty-two percent of borderline patients had a low level of dissociation, 42% a moderate level, and 26% a high level similar to that reported by patients meeting criteria for posttraumatic stress disorder (PTSD) or dissociative disorders. The controls had a significantly different distribution of overall DES scores: 71% reported a low level of dissociation, 26% reported a moderate level, and only 3% reported a high level. In addition, borderline patients had a significantly higher score on the 21 of 28 DES items and a significantly higher overall DES score, as well as the score on the 3 factors that have been found to underlie the DES: absorption, amnesia, and depersonalization.

Results of this study suggest that the severity of dissociation experienced by borderline patients is more heterogeneous than previously reported. They also suggest that borderline patients have a wider range of dissociative experiences than are commonly recognized, including experiences of absorption and amnesia, as well as experiences of depersonalization.

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DISTURBED COGNITION has long been found to both characterize and distinguish borderline patients. Numerous studies have found that 3 areas of cognitive disturbance are particularly associated with the borderline diagnosis: episodic experiences of depersonalization and derealization, chronic feelings of distrust and suspiciousness, and stress-related micropsychotic episodes. More recently, researchers have focused on the dissociative experiences reported by borderline patients using the Dissociative Experiences Scale (DES), a 28-item self-report measure developed by Carlson and Putnam. These studies found that borderline patients have a mean DES score between 17.8 and 27.4. This range is similar to that achieved by late adolescents and eating-disordered patients and substantially lower than that achieved by patients meeting criteria for posttraumatic stress disorder (PTSD) or dissociative disorders, including dissociative identity disorder (DID). It was also found that both male and female borderline patients had a higher mean score on the DES than same-sex controls with other forms of personality disorder. Additionally, it was found that borderline patients of both genders had higher mean scores than axis II controls of the same gender on the 3 factors that underlie the DES: absorption, amnesia, and depersonalization.

The present study attempts to describe the severity and quality of dissociative experiences reported by a sample of criteria-defined borderline patients and axis II controls. The study design is distinguished by the large size of the patient groups and the rigor with which the diagnoses were made.

METHOD

All subjects were inpatients at McLean Hospital in Belmont, MA, admitted between June 1992 and December 1995. Each patient was initially screened to determine that he or she (1) was between the ages of 18 and 35 years, (2) had normal or better intelligence, (3) had no history or current symptomatology of a serious organic condition, schizophrenia, or bipolar I disorder, and (4) received a definite or probable axis II diagnosis by the admitting physician.

Written informed consent was obtained from each patient. Three semistructured diagnostic interviews were then administered to each patient blind to the clinical diagnosis by one of 5 interviewers. These instruments were (1) the Structured Clinical Interview for DSM-III-R Axis I Disorders, (2) the Revised Diagnostic Interview for Borderlines (DIB-R), and (3) the Diagnostic Interview for DSM-III-R Personality Disorders (DIPD-R). All 5 interviewers were trained in the administration and scoring of these instruments by the first author (M.C.Z.), who is one of the developers of both the DIB-R and DIPD-R. Adequate levels of interrater reliability were obtained during this training period (e.g., pairwise $k \geq .85$ for DIB-R and DSM-III-R diagnoses of borderline personality disorder [BPD]).

The dissociative experiences of borderline patients and control subjects were assessed using the DES. Each item is rated according to the percentage of time that the patient has experienced that type of dissociative experience. The DES has

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been found to have good test-retest and split-half reliability. It has also been found to have construct and criterion validity. The DES provides an overall score that has been normed in various patient populations. It also provides 3 factor scores that have been found to be internally consistent: absorption, amnesia, and depersonalization.

Since the DES data are not normally distributed, between-group comparisons were made using the nonparametric Wilcoxon rank-sum test. Between-group comparisons involving categorical demographic data were made using the chi-square statistic corrected for continuity. Between-group comparisons involving continuous demographic data were made by Student's t test.

Analyses were performed to determine if significant gender differences existed in the DES data. No such differences were found, and all results presented pertain to mixed gender groups of BPD patients and axis II controls.

RESULTS

The DES was administered to a total of 362 consecutive inpatients at McLean Hospital as part of a larger study. The methodology of that study has been described elsewhere.42 Two hundred ninety patients met both DIB-R and DSM-III-R criteria for BPD and 72 met DSM-III-R criteria for at least 1 nonborderline axis II disorder.

Demographically, borderline patients and controls were similar in terms of mean age, marital status, and racial background. More specifically, both patient groups were, on average, in their mid-twenties (26.9 ± 5.8 v 27.0 ± 8.0), about three quarters had never married (76.2% v 70.8%), and about 15% were nonwhite (13% v 14%). However, borderline patients came from a significantly lower mean socioeconomic background than the controls (3.4 ± 1.5 v 2.8 ± 1.3, t = 3.09, df = 360, P = .002) as measured by the 5-point Hollingshead-Redlich scale (1 = highest to 5 = lowest).43 In addition, a significantly higher percentage of borderline patients were female (80.3% v 63.9%, χ² = 7.93, df = 1, P = .0049).

Table 1 lists the mean overall DES scores for borderline patients and axis II controls, as well as the mean scores on the 3 factors derived from the DES. The scores for borderline patients were significantly higher on all 4 measures than the scores for axis II controls.

Table 1. Overall DES Score and DES Cluster Scores (mean ± SD) for BPD Patients and Axis II Controls

<table>
<thead>
<tr>
<th>Variable</th>
<th>BPD (n = 290)</th>
<th>OPD (n = 72)</th>
<th>z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorption cluster</td>
<td>29.2 ± 21.0</td>
<td>13.5 ± 18.8</td>
<td>6.866</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Amnesia cluster</td>
<td>16.9 ± 21.5</td>
<td>10.9 ± 17.2</td>
<td>7.214</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Depersonalization cluster</td>
<td>21.8 ± 18.6</td>
<td>21.8 ± 18.6</td>
<td>0.001</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

Abbreviation: OPD, other personality disorder.

Table 2 shows the 75th percentile score obtained by borderline patients and axis II controls for the 28 items of the DES. Seventy-five percent of borderline patients reported experiencing all but 5 of these types of dissociation up to 20% of the time. In contrast, controls reported experiencing only 5 of these types of dissociation up to 20% of the time. In addition, the scores for all 28 types of dissociation were significantly higher in the borderline group than in the control group. Even at the Bonferroni-corrected α level of P < .001, 21 of these 28 comparisons remained significant.

DISCUSSION

Two main findings emerge from this study. The first is that borderline patients reported a wide range of levels of overall dissociation as measured by the DES. The mean DES score found in this study is consistent with the scores found in other studies of borderline patients—both inpatients and outpatients.29-34 However, the heterogeneity of the levels of dissociation found in this study contradicts the impression of the earlier studies, which focused on mean DES scores.29-34 In general, the results of these studies have been interpreted to mean that most borderline patients have a relatively
high level of dissociation that is not dissimilar to that associated with patients with a clinical diagnosis of PTSD. However, we found that only one quarter of borderline patients reported levels of dissociation within the range found to be associated with trauma-related disorders, including DID.35-38 We also found that 32% of borderline patients reported low levels of dissociation—levels associated with normal adults.35-38 The remaining 42% of the borderline patients in this study reported moder-
This finding concerning the heterogeneity of dissociative experiences may have important clinical implications. It suggests that clinicians should assess the level of dissociation in their borderline patients very carefully, rather than assuming that all borderline patients have high levels of dissociation. This individualized approach also applies to the choice of both the psychotherapeutic strategy and pharmacologic intervention. Clearly, what is most appropriate and effective for borderline patients with a high level of dissociation may not be appropriate or needed for borderline patients with a moderate to low level of dissociation.

The second main finding of this study is that borderline patients displayed a wider range of dissociative experiences than are commonly recognized in the borderline literature, which has primarily focused on depersonalization and derealization. Borderline patients in this study reported significantly higher scores than the controls on all DES items that measure depersonalization. They also reported significantly higher scores than the controls on many of the items that measure absorption and, to a lesser degree, amnesia.

With respect to absorption, 75% of the borderline patients in this study reported experiencing most of the types of absorption measured by the DES up to 50% of the time. In contrast, 75% of the controls reported experiencing most of these types of absorption 10% of the time or less. This finding suggests that borderline patients, or at least a subset of them, can turn their attention away from external events. This might be adaptive, since much of the anguish experienced by borderline patients seems to arise from interpersonal events that produce dysphoric affects that are difficult for them to bear. This “turning away” may also be maladaptive and represent a form of “getting lost” in one’s anguish.

Items measuring the amnestic dimension of dissociation were the least common among our borderline patients. Three quarters of the borderline patients in this study reported experiencing most types of amnesia measured by the DES 20% of the time or less. The controls, in contrast, reported never or very rarely having most of these amnestic experiences.

Twenty-five percent of the borderline patients in this study reported having these amnestic experiences more than 20% of the time. This finding, together with the finding that one quarter of the borderline patients in this study had a total DES score in the range associated with traumatic disorders, suggests that one quarter of all borderline patients may experience serious identity fragmentation part of the time. Whether this fragmentation represents the type of identity disturbance long attributed to borderline patients or is suggestive of DID is beyond the scope of this paper.

The etiology of dissociative symptomatology in borderline patients is presently unclear. Two studies, which dealt only with female borderline inpatients, found that a reported childhood history of sexual abuse is a risk factor for their dissociative symptomatology. Two other studies found that childhood sexual abuse is not a risk factor for these experiences in either men or women meeting criteria for BPD. These studies, which dealt with outpatients and also included axis II comparison subjects, found that the borderline diagnosis itself is the single significant risk factor for the level of dissociation reported by these samples of personality-disordered patients. These results were interpreted to mean that borderline patients may have an intrinsic vulnerability to dissociate that may be temperamental or defensive in nature. Further research is needed to reconcile these contradictory findings.

Taken together, the results of this study suggest that the severity of dissociation experienced by borderline patients is quite heterogeneous. They also suggest that borderline patients experience a wider range of dissociative experiences than are commonly recognized, including experiences of absorption and amnesia, as well as experiences of depersonalization.

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