T.C.
İSTANBUL AREL ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
PSİKOLOJİ ANA BİLİM DALI

TURKISH ADAPTATION STUDY OF DISSOCIATIVE SUBTYPE OF POST TRAUMATIC STRESS DISORDER SCALE

KLİNİK PSİKOLOJİ YÜKSEK LİSANS TEZİ

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Eylül 2017

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Klinik Psikoloji Programı

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Yüksek Lisans Bitirme Tezi

Tezi Hazırlayan: **Zühre Neslihan İÇİN**

YEMİN METNİ

Yüksek lisans tezi olarak sunduğum “TURKISH ADAPTATION OF DISSOCIATIVE SUBTYPE OF POST TRAUMATIC STRESS DISORDER SCALE IN TURKISH ” başlıklı bu çalışmanın, bilimsel ahlak ve geleneklere uygun şekilde tarafımdan yazıldığını, yararlandığım eserlerin tamamının kaynaklarda gösterildiğini ve çalışmanın içinde kullanıldıkları her yerde bunlara atıf yapıldığını belirtir ve bunu onurumla doğrularım.

Zühre Neslihan İçin

ONAY

Tezimin/raporumun kağıt ve elektronik kopyalarının İstanbul Arel Üniversitesi Sosyal Bilimler Enstitüsü arşivlerinde aşağıda belirttiğim koşullarda saklanmasına izin verdiğimi onaylarım:

□ Tezimin/Raporumun tamamı her yerden erişime açılabilir.

□ Tezim/Raporum sadece İstanbul Arel yerleşkelerinden erişime açılabilir.

□ Tezimin/Raporumun ……yıl süreyle erişime açılmasını istemiyorum. Bu sürenin

sonunda uzatma için başvuruda bulunmadığım takdirde, tezimin/raporumun tamamı her yerden erişime açılabilir.

Zühre Neslihan İÇİN

ÖZET

DSM-5'te yapılan değişiklikle birlikte, travma sonrası stres bozukluğuna dissosiyatif alt tip eklemesi yapılmıştır. Wolf ve arkadaşları, bu alt tipin ölçülmesi ve tanıya yardımcı olması amacıyla yeni bir ölçek geliştirilmiştir. Bu çalışmada, bahsedilen ölçeğin Türkçe uyarlamasının yapılması ve bu uyarlamanın psikometrik ölçümlerinin geçerli sonuç vermesi hedeflenmiştir. Travma Sonrası Stres Bozukluğu Dissosiyatif Alt Tipi Ölçeği bir özbildirim ölçeğidir. Araştırmaya online anket şeklinde ve yüz yüze uygulama aracılığıyla genel popülasyondan 300 kişinin katılımı sağlanmıştır. Kağıt üzerindeki uygulama iki üniversitede psikoloji ve rehberlik ve psikolojik danışmanlık linsan öğrencilerine yapılmıştır.

Ölçek 15 ana sorudan oluşmaktadır ve her soru aşamalı olarak ilerlemektedir, kişi sorulan semptoma "Evet" yanıtını verirse bir sonraki soruda semptomun son 1 ayda var olup olmadığı, var ise sıklığı ve şiddeti sorgulanmaktadır. Ölçek 4'lü ve 5'li Likert tipi sorular bulundurmaktadır. Ölçeğin güvenilirlik analizi Cronbach Alpha yöntemiyle yapılmıştır ve ölçek yüksek güvenilirlik sonucu göstermiştir (α=,84). Ölçek 3 alt ölçekten oluşmaktadır; depersonalizasyon/derealizasyon, farkındalık kaybı ve psikojenik amnezi. Bu alt ölçeklerden de iyi güvenilirlik skorları elde edilmiştir. Yapılan faktör analizi sonucunda ölçeğin en çok sorusunun depersonalizasyon/derealizasyon alt tipine ait olduğu görülmüştür. Ayrıca soruların faktörlere dağılımı orijinal çalışma ile aynı şekilde olmuştur.

Bu çalışma, DSM-V'te yapılan bir değişiklik üzerine geliştirilmiş bir ölçeği Türkçe'ye uyarlamak için yapılmış ve bu alanda çalışılmak üzere bir zemin oluşturmak hedeflenmiştir.

Anahtar Kelimeler: DSPS, dissosiyasyon, dissosiyatif alt tip, geçerlilik ve güvenilirlik.

ABSTRACT

After the changes in DSM-V, dissociative subtype was added to post traumatic stress disorder. Wolf and colleagues developed a scale named Dissociative Subtype of Post Traumatic Stress Disorder (DSPS) to measure this subtype and help the diagnosis. The purpose of this study is to adapt Dissociative Subtype of Post Traumatic Stress Disorder to Turkish, examine its reliability and validity. For this purpose, scale was translated to Turkish and applied to 300 people from non clinical population both via online survey and face to face application.

It's a self report scale consists 15 questions. Every question has stages, if a person answeres "Yes" to a first, symptomatic question, then its frequency and severity is questioned. Scales internal consistency examined and a good score was obtained (α=,84). This scale has three factors as psychogenic amnesia, depersonalization/derealisation and loss of awareness. From these subscales, good reliability scores were obtained also. Besides, items were loaded to the factors the same as the original study. Most of the questions were loaded to Depersonalization/Derealization subscale.

By conducting this study, it was aimed to adapt a new scale to Turkish and prepare a basis to the researchers among this area.

Key Words: Dissociation, dissociative subtype, DSPS

TEŞEKKÜR

Anneme, bana hep inandığı ve ihtiyacım olan her anda yanımda olduğu için.

Babama, bana en güzel mezuniyet hediyesini, kanseri yenerek verdiği için. Bu sürecimde sağlıklı olmadığı halde benim için elinden geleni yaptığı için.

Ablama, maddi manevi destekleri için.

Tez danışmanım, iş arkadaşım, sırdaşım olan Çiğdem Koşe Demiray'a. Pes ettiğim her an orada olup, beni dinlediği için.

Birlikte büyüdüğüm, artık arkadaş yerine ailem olan ve her türlü sürecimde yanımdan ayrılmayan Beyza ve Canan'a.

Bana yüksek lisansın en büyük kazancı olan ve tez de dahil her aşamada benimle yürüyen, ihtiyacım olan her anda tüm kalbiyle yanımda olduğuna inandığım Aydan'a.

Beni hep koruduklarını hissettiğim, asla vazgeçmeme izin vermeyen ve en büyük desteğim olan Gizem Tunay Öncel ve Metin Tok'a.

Bölümü keyifli ve kolay hale getiren başta Ayça ve Dostcan olmak üzere tüm sınıf arkadaşlarıma.

En zor 6 ayımda en az ailem kadar gördüğüm, her istediğimde yanımda olan İlay'a.

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INTRODUCTION

1.1.Definition of Trauma

Trauma seems to be a process of our lives that causes negative feelings and situations. However, an event to be considered “traumatic”, it has to interrupt a person’s coping ability and cause overwhelm. (Giller, 1999) American Psychological Association (APA) defines trauma as “Emotional response to a terrible event such as accident, rape or natural disaster.” Traumatic experiences interfere with a person’s daily lives. Every individual may respond differently to these events. Some people may react immidiately while others may deny and feel detached from the situation, experience initial shock.

1.1.1.History of Trauma

Until 1970’s, psychological suffering was considered as a self healing wound and a person suffered from long term psychological pain was considered as vulnerable or “already” mentally sick (Jones, 2006). In the end, if a person had psychological problems, the reason was the person himself. During World War I and World War II, especially soldiers were affected by environmental factors and started to show physiological and psychological symptoms such as increased heart rate, flashbacks and nightmares. At first, this condition was named “heart of soldier” or “shell shock” because it was thought to be a condition limited with soldiers. Then, civils were also seen to had conditions after natural disasters, deaths and such negative events. Especially among women, because talking about sexual life and house life was not acceptable in

social life, trauma was continuing and getting even more complicated. (Avina, 2002) Kardiner, a psychiatrist who was analyzed by Freud, published his theoretical and practical work "The Traumatic Neuroses of War" in 1941 and developed clinical borders of traumatic syndrome the way we use today. (Kardiner, 1959)

1.1.2.Features of Trauma

Traumas can be single-blow or repeated and research show that repeated traumas cause more serious mental health problems, compared to one time traumatic events. Also, human made traumatic events such as wars and homicides affect individuals in a more negative way than natural disasters such as earthquake (Allen, 1995). Through a gender-focused point of view, in many studies it was found that women have higher risk to develop post traumatic stress disorder, could be explained by neurological differences. (Heim, 2009) It has been pointed out that brain of a women tend to perceive signals of a danger quicker than men, therefore women tend to be more sensitive to stress (Anderson, 1994). Among children, girls tend to be affected more by sexual abuse, while boys by neglect (Teicher et al., 2004).

According to many studies, coping strategies of women and men are significantly different. Women tend to report an event as stressful and show distress more, leads to problems when reaching to alternative coping styles (Timmer et al., 1985).

Traumatic event definition varies within people; for a person divorce might be the worst traumatic experience and for another, it may be less important. There are no strict limits or categorizations. (Storr, 2007) However; there are events considered as traumatic such as death of a loved one, physical illness, rape, loss of financial power, divorce, war, terrorism. Although there are very limited information about different types of traumas and its connection to developing PTSD, in a study it was found that assaults are the traumatic experiences are

perceived as the worst followed by being in a combat environment, being abused and being neglect during childhood (Kessler, 1995).

1.1.3.Trauma and Its Physiology

In the last years, trauma and trauma related conditions are being examined via neuroimaging research techniques. Many information had been obtained, which are beneficial to understand the connection of environmental factors and our experiences to our brain. Among the studies of psychological trauma, neuroimaging is seen as a very important tool (Rinne-Albers, 2013).

Especially three regions of the brain are found to be the most related when it comes to trauma and its effects: amygdala, hippocampus and medial prefrontal cortex (mPFC) (Shin et al, 2006). Amygdala is mostly related with "fear" since it is a crucial structure to recognize the dangerous stimuli and prepare the fear response. Amygdala reactivation is seen to be a risk factor of developing PTSD. (Heim, 2009) Also in another study, PTSD was connected to lack of medial PFC response and extreme amygdala response when faced to fear signs (Williams et al., 2006). This enormous response from amygdala was detected even in response to stimulus unrelated to trauma reminders, just general fear related materials (Rauch et al., 2000). Medial prefrontal cortex is highly connected, as amygdala, to regulate the response to stress in memory and plasticity of mPFC is needed (Akirav, 2007). Individuals who experienced early childhood trauma were found to have weak amygdala and mPFC connection which is very crucial for emotion regulation (Grant et al., 2014).

Memory systems are very important in the study of trauma since amnesia is the most common element of PTSD. Hippocampus is seen to be the most related structure about memory, hippocampus and amygdala are found to be "working together" as brain preparing response to

fear. Reduced hippocampal volume is the structural finding researchers determine the most. In some studies, this reduced volume was linked with memory problems and the severity of the traumatic event effects. (Heim et al., 2009) Long term exposure to stress was found to damage the hippocampus (Fuchs, 2000).

1.1.4.Trauma and Different Approaches

According to Freud, an individual regresses to more primitive defense mechanisms when faced to a traumatic event as a result of excessive anxiety. When it was impossible to do something during the event, person reexperience the situation in their flashbacks and dreams so that a person might resolve the situation and become the dominant of the environment again. Freud explained "reexperiencing" as psyche's attemp to have a chance to solve the conflict as in person's benefit. Trauma is mostly connected to their older repressions, as a person focused on controlling their earlier repressions unconsciously, he becomes more vulnerable to the trauma effects (Freud, 1920).

A traumatic event and its effects are best understood and treated once its source is clear. Event has to be examined if it's "simple or complex". Psychodynamic theory is focused on developmental issues besides from interpersonal and intrapersonal subject which seen to be crucial in dealing with traumatic stress (Herman, 1997). In a study, Krupnick conducted psychodynamic focused short term therapy to a small group of violent crime victims and among the patients continued the process, high rates of success was obtained (1980). There are some studies that show low success rates of PTSD treatment with cognitive behavioral therapy and eye movement desensitization therapy, which happens to be oftenly used (Schottenbauer et al., 2006). Unaddressed issues and symptoms might be the reason for those rates since more complex traumas and/or comorbidity needs deeper intervention in many levels (Schottenbauer et al., 2008). However, in another research, cognitive behavioral therapy focused on trauma and eye

movement desensitization reprocessing was found to be more effective (Bisson et. al., 2007).

Some clinicians focused on cognitive behavioral therapy, explains post traumatic stress disorder as a person's attemp to connect their existing schema's and perception during the traumatic event, while trying to normalize the stimuli caused by the traumatic event (Horowitz, 1986). It's been pointed out that traumatic event interferes with a person's existing schemas about themselves, future and the world and creates new, negative ones. (McCann, 1988) This causes a person to lose their faith towards to the world as "a safe place". Another statement is that post traumatic stress disorder caused by processing the information about the traumatic event incorrectly (Foa et al., 1986). People that are vulnerable to traumatic event tends to overrate the situation and underestimate their self power to handle it.

1.1.5.Change of Trauma Among DSM's

Definition of trauma was changed in years, may be seen in different DSM versions. DSM-I was written and published at a time when America was just out of World War 2, thus it had been influenced by recent socio-political environment. In this version, there was a category named "Gross Stress Reaction" and in this case, condition had to be separated as if it was military (during the war) or not. Even so, the person got affected by a war-related situation was "more or less normal" and the suffering was considered as "temporary personality disorder". (APA, 1952) (Çolak et all., 2010) In DSM-II, nothing new about psychological trauma was mentioned and individual trauma did not exist. Infact, since there was not any new social situation such as wars, trauma lost its "value". Definition of trauma related symptoms (without the word trauma) were made as "overwhelming environmental stress". However, according to this definition, symptoms had to dissappear as the stressful event finishes. If the overwhelming continues, the definition had to be changed as adjustment disorder. (APA, 1966) Post traumatic stress disorder and the word "trauma" was first mentioned by its name in DSM-3 in 1980. But

traumatic event description contained stressors outside of usual experiences such as natural disasters, wars and explotions. According to that, events like divorce or illnesses were classified as ordinary stressors and sufferings related to them must be considered as adjustment disorder. (Friedman, 2016)

In DSM-IV, definition of trauma was expanded from one to two criterias because DSM-III was thought to be missing in this ankle. While first criteria specified the experience's objectivity, second criteria emphasized the subjectivity, which means the condition "event causes distress for all" was removed. Also in DSM-IV, secondary trauma concept was emphasized. By means, it had accepted that not experiencing, but hearing or seeing a negative event can be considered as a cause for being traumatized.

Finally in DSM-V, among traumatic events, unexpected death of a loved one due to natural causes was removed. Also, second item of criterion A (feeling fear or hopelessness) is no longer exists. Criterion C was avoidance cluster, now in DSM-V, this criteria was divided to two as avoidance (criterion C) and negative changes in mood and cognitions (criterion D). In this version, negative thoughts and beliefs about themselves, the world and the future has been added.

As a result, in order to a condition to be called post traumatic stress disorder, according to DSM-V, a person must experience, witness or know an actual or threatened death, serious illness/injury and/or sexual violence. This traumatic event has to be re-experiencing by nightmares, flashbacks, intrusive thoughts. Person must avoid every reminder of the event. (places, people, images etc.) Also, as a DSM-V renewal, person has negative mood and cognitions begin and/or continue after the event. Also, person experiences feelings of detachment, amnesia, loss of interest to daily activities and inability to have positive emotions. Physically, individual shows hypervigilance, irritability, sleeps disturbances and concentrate problems. These symptoms have to continue for at least one month and should be not related to

any other condition. As another renewal, PTSD has to be specified if it has dissociative symptoms or not.

1.2.Definition of Dissociation

There are different defence mechanisms that protect us from the damages of a traumatic experience and dissociative symptoms are considered as one of them. Dissociation is a french word coming from désagrégation and this concept was, as known, first used by french psychiatrist Jacques Joseph Moreau a.k.a. Moreau de Tours in 1800's. Pierre Janet, who was a student of Moreau, was one of the firsts who systematically defined dissociation and conducted studies about it, also connection of dissociation, trauma and other psychological disorders. He mentiones that dissociation is very important in the context of trauma. Infact, he defines it as avoidance, since dissociation is most related to amnesia (Vanderlinden, 1993, Van der Hart, 1989). Although by many people dissociation was seen as a coping mechanism from overwhelming stress, Janet claimed the opposite. He thought that dissociation was a mental deficit causing hysteria (Ellenberger, 1970). As today's definition, dissociation means a person to feel separated from present time or themselves as if they are in a dream. It consists disruptions in identity, memory and perception. In another words, dissociation is described as "escape when there is no escape" (Putnam, 1997). Dissociative symptoms may be seen because of a traumatic experience, after a stressful event or even because of tiredness and lack of sleep (Giesbrecht et. all., 2007).

1.2.1.Dissociation and its Physiology

Unlike patients who reexperience their trauma, dissociative-stated patients do not show some physiological symptoms such as increased heart rate when exposed to reminders. They also showed lower medial prefrontal cortex activation compared to the other group, as it happens with PTSD as well (Lanius et al., 2002).

Schore claimed that right side of the brain is mostly responsable from emotion regulation and coping with stress, however dissociation's basic symptoms are thought to be more connected to left prefrontal cortex (Mutluer et al., 2017). In another research, among dissociative PTSD patients, it was found that some areas of the brain such as anterior cingulate gyrus, which is responsable from emotions and emotion regulation, tend to have activation on the right side of the brain (Lanius, 2002).

It was stated that amnesia caused by dissociation is not necessarily involuntary, people may suppress their unwanted memory by the control of prefrontal cortex (Levy et al., 2008). Some studies conducted with a PET scan among dissociative amnesia patients showed that brain activity is reduced in the right hemisphere, mostly temporal and frontal areas (Markowitsch et al., 1997). Also, DID patients were compared to a control group and reduced amygdalar and hippocampal volumes were detected among the patients (Vermetten, 2006).

1.2.2.Dissociation and Different Approaches

In 1800's, Pierre Janet defined dissociation as a deficit contains problems with connecting elements creating personality. According to him, this leads to being unable to connect experiences to reality and adaptation issues (Janet, 1907). To stable their "psychological homeostasis", people use defense mechanisms (Vaillant, 1992). According to Brenner, a person's character is his habitual acts, thoughts and feelings. In the case of a traumatic event, individual

receives overwhelming stimuli and as a result of this disturbance, ego responds this by creating "safer" alter and person suffers from dissociative identity disorder (Brenner, 2001). In the beginning, Freud thought dissociation was a reaction which a person gives to the traumatic event, however he started to deny this idea and began to connect childhood traumas with hysteria, not dissociation. (Kluft, 2000) Although there is not many research linking dissociation to cognition, there are indicators to assume people who has cognitive problems are more likely to experience dissociation (Wright, 2005). Dissociation is mostly linked with memory dysfunction and its relationship with trauma (Eriksson et al., 1996).

1.2.3.Discussions About Dissociation

Dissociative disorders are being questioned by some researchers. According to some group of people, it is an argument if dissociative disorders actually exist. Pope and his friends conducted a research. They thought that dissociative amnesia may not be a natural psychological response, so they searched if there is any kind of document about dissociative amnesia before 1800's. Despite all their effort, while all other psychological illnesses exist in different kinds of publications, nothing was found about dissociative amnesia followed by a traumatic event. In the end, it was stated that dissociative amnesia is probably a cultural, learned response rather than a natural psychological reaction (Pope, 2007). In another research (Melchert & Parker, 1997) nearly 300 student suffered from sexual, emotional or psychological abuse were reported that they do not have any memory of the traumatic event they experienced. As they asked an alternative explanation of why this could be happening, it has been attention grabbing that none of these individuals responded as if they did not experienced that event at all. Instead, they responded as if they actually lived it and if they remembered, they would feel bad. Because of their answers, their "dissociative amnesia" was thought as suspicious (Pope et al., 1998). In some cultures, dissociative identity experiences are known as "spirit possession". It's believed that a

person's body is been controlled by spirits and person does not have any memory of the process when it comes to an end (Spanos, 1994). In some cultures, reported possession rates are exremely high, among some populations it reaches to nearly %70 (Boddy, 1988). In these societies, women have very few rights and genders are not considered as equals. Also, possession is seen more in women than men. Although possession is common in their society and not recorded as a disorder, it may be questioned as if it is a result of some level of trauma.

On the other hand, dissociative disorders might be difficult to be separated as factitious or malingered, these disorders are tend to be used as an excuse to get away from some situations such as criminal cases. Dissociative Experiences Scale scores were specified to be important in distincting two groups. Also, it's important to question dissociative symptoms carefully during interviews with individuals, specifically the symptoms indicated in DES. People claimed to have dissociative disorder were consistent with their given answers on scale (Thomas, 2001).

In dissociative identity disorder (DID), it's agreed that "alter" occurs after a traumatic event and its overwhelming stress to escape from it. However it's a discussion whether alters are autonomous with a fully control capabilities or just a representative of different emotional states (Merckelbach et al., 2002). In some papers it's clearly stated that many clinicians refuse to consider alters as different personalities (Putnam, 1992), while other experts who focus on DID claims that alters may have their own beliefs, memories and characteristics like a person (Elin, 1995). There are even cases which alters actually were invited to the therapy process to work "together" when making decisions (Ross, 1990). Initial goal when working with dissociative identity disorder is to unify the alters and "convince" them that they live in the same body and what happens to one affects all of them. However, during therapy, this idea might not be accepted immidiately because of the fear of an alter "dying" when unifying (Rothschild, 2009).

1.2.4.Dissociative Disorders

Post traumatic stress disorder and dissociative disorders usually seen among same individuals. On the other hand, a person shows dissociative symptoms followed by a trauma tends to suffer from chronic PTSD and chronic dissociation patterns (Bremner, 1997). Dissociation can be divided into two main categories; depersonalization and derealization. Depersonalization includes losing the sense of perception as if a person watches themselves from outside or in a dream. On the other hand derealization occurs as losing the connection to reality. Elements of the outside world seem different than it is as shape, size. Also, people may seem not real as they are robots or dead. All this means that a person "dissociates" himself from the real world (Barlow & Durand, 1999). Those symptoms may be seen in many different disorders such as schizophrenia, borderline personality disorder and post traumatic stress disorder, however if depersonalization and derealization symptoms are the core symptoms of the condition, it may be considered as a dissociative disorder.

Dissociative disorders are seen as "rare" among psychiatric settings and underdiagnosed (Spiegel, 2006). Until DSM-V, dissociative disorders included four different disorders; dissociative fugue, depersonalization disorder, dissociative amnesia and dissociative identity disorder. Depersonalization disorder is characterized by reality concerns a person has about himself and about the world. Person may think the things around him is not real, he even may question the existence of himself. Dissociative fugue was defined by a person "travelling" and not remembering how. This could be a 10-minute bus trip or moving to a new city in very severe cases. There are even cases which a person move to a new city and start a new life but never remembers her "actual" life in another city (Merryman, 1997). In dissociative amnesia, amnesia occurs psychogenically, without any physiological reason. It is usually seen as the most common disorder among dissociative disorders (Putnam, 1985). Memory loss is episodic, it can be total or partial. Usually, the loss is related to the traumatic event period. Person may forget some parts or all of the traumatic event and never remember it. Although in most cases, memory loss is

temporary (Tikhonova et. all., 2003). Dissociative identity disorder, known as multiple personality disorder, emerges as one person having more than one personality. People with this disorder may have 2 personalities, alters, to even hundreds. Usually one alter is active at the time, these alters may be similar or completely different. They could be in different ages, genders. Among adults, the prevalence is %1,5 according to the study (Johnson et al., 2006).

1.3.Changes in DSM-V

All of these disorders occur after a traumatic event and caused by overwhelming stress of this event and inability to deal with it. In order to understand the cause and motive of this condition and conduct a treatment, person's trauma underneath must be examined and be worked. Therefore, it's clear that dissociative conditions are directly involved with post-trauma. Because of that, after the fifth version of Diagnostic and Statistical Manual was regenerated, dissociative disorders were included to post traumatic stress disorder as its subtype. This subtype is especially based on the symptoms of derealization and depersonalization. Thus, there was an absence to measure this new dissociative subtype of PTSD and these symptoms. Wolf and her colleagues created a measure addressed to this absence, which is called The Dissociative Subtype of PTSD Scale (DSPS). The purpose of this study is to adapt this new scale to Turkish and make it useable in Turkish literature among recent studies according to the changes in DSM-V.

1.4.Purpose of the Study

As mentioned above, this scale had been created after recent changes in DSM, therefore it represents a new field of study. Because it's a recent change, it causes a gap among Turkish literature, thus this study aims to be one of the first papers which focuses on the change and new

scale. Main purpose of this study is to adapt the scale to Turkish and prepare a basis for next studies about this subject.

It was aimed to examine the reliability and factoral structure of DSPS Turkish adaptation by doing factor analysis. The main expectation of this study was obtaining parallel results with the original paper of Wolf. Main effort given to find three factors and high reliability scores.

II

METHOD

2.1.Procedure

Before beginning to this study, necessary permissions were asked and taken from the author of the original scale. It had been applied to 10 people as pilot testing. It was seen that overall questionnaire was clear and understood by participants. Therefore no changes were needed before beginning of the application to main sample. Scales to be used were created as a survey online and conducted to 188 people with the age range of 18-69 out of clinical setting. Also, scale was handed to 112 university students in person in two different universities, Istanbul

Arel University and Bahçeşehir University. Participance to this study was voluntarily. Students vary among university students of psychology and psychological counselling and guidance departments with the age range of 18-25. Participants' age, sex and education level informations were taken. It was observed that filling the whole questionnaire took approximately 20 minutes. Overall, data was collected in 2 months.

2.2.Scales

The form includes Consent Form, Demographical Information Forn, The Post Traumatic Diagnostic Scale (PTDS), Dissociative Experiences Scale (DES) and Dissociative Subtype of PTSD Scale (DSPS). In the original study of DSPS, authors had used The National Stressful Event Survey (NSES) to detect participants' most traumatic event. Thus, in this study, PTDS was used, consisting a similar construct. DES was chosen as second scale since it is one of the most common scales in the field of dissociation.

2.2.1.Consent Form & Demographical Information Form

Participants were asked to start by accepting to participate this study completely voluntarily and give permission to use their given information in the present work. Their age, education level and gender information were asked.

2.2.2.The Post Traumatic Diagnostic Scale (PTDS)

The Post Traumatic Diagnostic Scale was developed by Foa et al. in 1997. It was intended to understand post traumatic stress disorder existence and measure its severity. Scale's construction was done according to DSM-IV criterias. This scale has very high internal

consistency (α= .92) Also, its test re-test correlation was found as -.74. Scale's Turkish adaptation was made by Işıklı in 2006. In this version, correlations within items were found between .39 and .82, internal consistency score was found as .93.

Scale has four parts. In the first part, participants are asked to mark their experienced traumatic events from the list. Then, they are asked to mark the one among those event which is the most traumatic one for them. Then, in the second part there are six questions with yes or no answers to understand traumatic event's effect. If "yes" answers are more, it shows that person was severely affected by the event. In the third part, there are 17 items evaluating post traumatic symptoms. This subscale is likert type contains 4 answers. Score may be 0-51 and as it gets higher, it shows that person was affected more negatively. Scores between 0-10 means mildly, 11-20 means medium, 21-35 means medium-seriously and higher than 35 means seriously affected. In the final section, there are 9 questions needed to be answered as either "yes" or "no", related with daily activities. These questions' main purpose is to understand if the participant's daily routine is affected by the traumatic event. Majority of "yes" answers shows that some aspects of the daily life is affected negatively.

2.2.3.Dissociative Experiences Scale (DES)

This scale was developed by Bernstein and Putnam in 1986 to assess participants' experience of dissociation. It has been one of the most common dissociation scales, in both clinical settings and research area. (ISSTD, 2011) Participants are expected to visualize dissociative symptoms in each question and indicate how often they experience this as percentage from %0 to %100.

Dissociative experiences scale showed good correlation with other similar scales, scoring r=0.67 average. Besides, it showed even higher correlation with questionnaires based on

interview such as The Structured Clinical Interview for DSM-IV (SCID-D) with the score r=0.76. In the original paper, 3 factors were indicated as depersonalization, amnesia and absorption. However, in the later research, it was decided that three factor model would be better if transformed as one dimension. Also, in many research, DES showed high test-retest reliability scores, higher than .79 (Bernstein&Putnam, 1986, Fischer&Elnitsky, 1990, Van Ijzerdoon et al., 1996). Even though DES is not a diagnose tool, it helps in devision of normal and pathological (Waller et al., 1996). Scale's Turkish adaptation was done by Yargıç, Tutkun and Şar in 1995. It has scores as high as the original scale and .77 as test-retest reliability.

2.2.4.Dissociative Subtype of PTSD Scale (DSPS)

Dissociative Subtype of PTSD Scale, as mentioned, is a scale designed by the purpose of filling the gap occured after the changes in DSM-V. It has 15 self report questions, about dissociative indicatives. It has two items directed to the participant's own "worst" traumatic experience. Participant's worst trauma is determined in demographical information section and participant responds to questions based on his own personal experience. This feature makes the scale unique and personal. Also, scale measures the experienced dissociation symptoms and their levels as intensity and frequency, in both present and past.

Every question has two steps. In the first step, participant is asked to answer the question in the format of "yes" or "no". If the participant answers as "yes", then continues to the second step. In this step, person is asked to assess the symptom's frequency in the past month from 1 to 4 as "once or twice, once or twice a week, 3 or 4 times a week, daily or almost daily". Then, as a part of second step, participant describes the intensity during the past month from 1 to 5 as "not very strong, somewhat strong, moderately strong, very strong, extremely strong". If the answer is "no" to the main question, participant may continue by marking "no" to the following questions.

This scale has 15 items grouped under three subscales. These are;

a. Depersonalization/Derealization: It contains items with mostly connected with depersonalization and/or derealization states. Items number 1, 3, 5, 7, 8, 9 and 12 are considered under this subscale.

b.Loss of Awareness: This subscale includes items related to general loss of awareness of the environment, which are 2, 4, 6, 10, 11 and 13.

c. Psychogenic Amnesia: Last subscale contains items about not remembering some or any details about a psychological event. It covers items number 14 and 15.

Among these subscales, depersonalization/derealization subscale is found to be more helpful to diagnose while other two subscales may be used as supportive data for other variables.

III

RESULTS

Statistical work of this study was made via SPSS Statistics for Social Sciences. Some datas were deleted because of lack of multiple answers. Missing variables were detected and fixed. In the original paper, 3 factors were indicated. Both, based on eigenvalues and fixed factor options were examined, both results indicated the same, thus 3 factors were obtained among the analysis. There were two items not loading to one factor strongly, however deleting items were not affecting cronbach alpha reliability significantly, therefore none of the items were deleted. Further explanation may be found under factor analysis.

3.1.Descriptive Statistics

Sample contained participants with an age range differs between 18-69. 110 people between 18-24, 123 people between 25-30, 45 people between 31-45 and finally 7 people between 46-69. Gender frequency is 84 (%29,2) men and 204 (%70,8) women. Most of them are university graduates, 202 people (%70,1). However, there is also 1 elementary school graduate (%0,3), high school graduates of 11 people (%3,8) and masters/PhD graduates of 74 people (%25,7). 90 participants (%31,3) selected “Unexpected death of a loved one” as most common traumatic event, followed by 31 people (%11,1) with “Natural disaster (hurricane, earthquake etc.).

Table 1. Age Range

	Frequency	Percent
18-24	110	39,3
25-30	123	42,7
35-45	45	15,6
45-69	7	2,4

Table 2. Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Women	204	70,8	70,8	70,8
Men	84	29,2	29,2	100,0
Total	288	100,0	100,0	

Table 3. Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Elementary	1	,3	,3	,3
High School	11	3,8	3,8	4,2
Graduate	202	70,1	70,1	74,3
Postgraduate	74	25,7	25,7	100,0
Total	288	100,0	100,0	

3.2.Reliability Analysis

Reliability analysis is used to measure a scale's consistency. Cronbach alpha score must be around .07-.08 to be considered as ideal (Black, 1999). Score's lower than .06 shows that scale is not reliable. DSPS scale, in the present study, was analysed and its cronbach alpha score was found as .85 which considered as highly consisting.

Table 4. Reliability Statistics

Cronbach's Alpha	N of Items
,84	15

Subscales were analysed and depersonalization/derealization subscale has 7 items high reliability (α=,839). On the other hand, loss of awareness with 6 items (α=,683) and psychogenic amnesia subscale with 2 items have good reliability scores (See Table 5, Table 6 and Table 7).

Table 5. Reliability Analysis of Depersonalization/Derealization Subscale

Cronbach's Alpha	N of Items
,84	7

Table 6. Reliability Analysis of Loss of Awareness Subscale

Cronbach's Alpha	N of Items
,69	6

Table 7. Reliability Analysis of Psychogenic Amnesia Subscale

Cronbach's Alpha	N of Items
,66	2

In Kaiser Meyer Olkin Test, 0,50-0,70 range shows average, 0,70-0,80 range shows good, 0,80-0,90 means very good and higher than 0,90 means excellent (Field, 2002). In the present study KMO score is ,860 for 15 items which shows that sample size is proper for the study. This means we can run factor analysis with the data we have. Bartlett's test score is significant, meaning that there is a relation within variables.

Table 8. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,86
Bartlett's Test of Sphericity	Approx. Chi-Square	1261,742
	df	105
	Sig.	,000

3.3.Correlations Within Scales

There are two options when measuring correlations, pearson and spearman. Pearson option is used when data ranges equally, as spearman option is used otherwise. Because the sample distributed irregularly, Spearman was used when making correlations. As a result of the analysis, significance was obtained, also both PTDS and DES was found negatively correlated with DSPS. PTDS and DSPS are negatively correlated (r=-,27, N=288, p=,000). Likewise, DES and DSPS was found negatively correlated (r=-,61 , N=288, p=,000). DSPS have relatively weak correlation with the interview scale (p<0.001 r=-27), compared to DES. As expected, since both DES and DSPS contains questions related to dissociaton, their correlation is significantly higher (p<0,001 r=-,61).

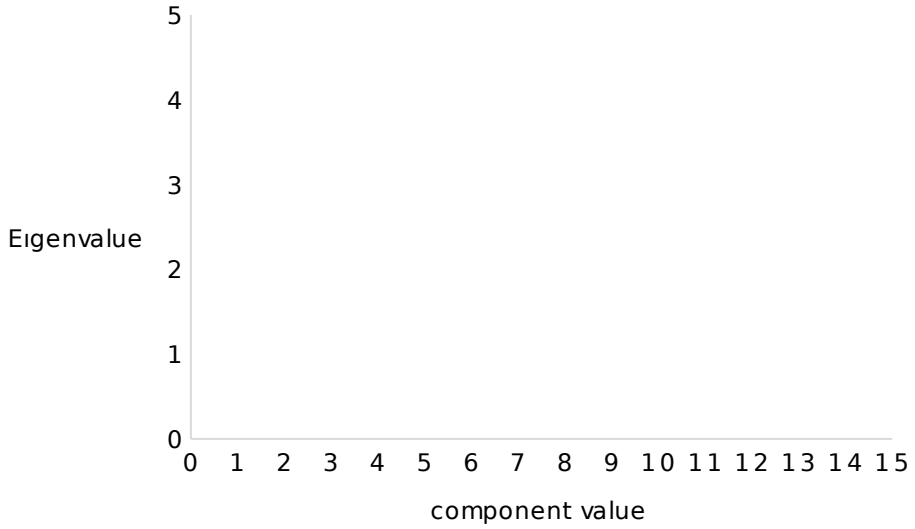
3.4.Factor Analysis

Factor analysis measures the items' ability to become a factor, tries to find mutual variables of questions. It minimizes the data set and combines it under subtitles, thus it becomes easier to explain. This study was conducted as reliability and validity of an existing scale, so exploratory factor analysis (EFA) was needed to see if there was any difference among the results because of the translation and consequently semantic shifts. EFA was applied with the

varimax rotation and principal component extraction method. Factor number was not fixed and eigenvalue based on 1 option was chosen.

In the total variance explained table, values higher than 1 shows the number of factors in the scale, which is 3 as expected. This also may be seen on scree plot in Table 8. In total variance explained table, cumulative value of third row is approximately %52. This means, since there are 3 factors, these 3 factors explains the variances as %52.

Table 9. Scree Plot



Rotation helps the item to find its factor which is mostly related. Thus, item loads higher on one factor, lower on another. Varimax is used most commonly, it rotates factor variances as maximum with less variable. As a result of factor analysis done with varimax, similar results were obtained with the original study of Wolf and colleagues. Items 14 and 15 were found to be under factor 3, psychogenic amnesia. Also, items 1, 3, 5, 7, 8, 9 and 12 were found closer to factor 1, depersonalization/derealization and items 4, 10, 11 and 13 under factor 2, loss of awareness.

However, items 2 and 6 showed close factor loadings among factor 1 and factor 2. An item showing higher score than .03 in more than one factor and lower than .07 (which is ideal score for a factor loading) is called crossloading. In these cases, researcher should decide that item belongs to which factor according to items nature (Costello, 2005). Also in original study of DSPS, item 12 “Have there ever been times when you felt like you were watching the world around you as an outsider, as if it were a movie, but the world did not seem real?” shows .395 on factor 1 and .510 on factor 2. Authors took this item as factor 1 because it shows more similarity according to the content. In the present study, item 2 “Have you ever felt “checked out,” that is, as if you were not really present and aware of what was going on around you?”/

"Hiç aslında burada değilmiş ve etrafında olanların farkında değilmişsin gibi hissettiğin oldu mu?" and item 6 "Have there ever been times when you were in a familiar place, yet it seemed strange and unfamiliar to you?"/ "Hiç tanıdık bir yere gidip oranın sana yabancı geldiği oldu mu?" shows similar condition; item 2 loads .514 on factor 1 and .343 on factor 2. Also item 6 loads .531 on factor 1 and .310 on factor 2. In both cases, both items decided to be considered among factor 2 because of the context of items.

Table 10. Factor Loadings of Items with Factor Analysis

	Factor 1	Factor 2	Factor 3
Q1	**,769**	,158	-,003
Q2	,514	**,343***	-,086
Q3	**,692**	,087	,071
Q4	,116	**,705**	,103
Q5	**,557**	,107	,040
Q6	,531	**,310***	,138
Q7	**,761**	,176	,067
Q8	**,543**	,392	,016
Q9	**,801**	-,099	,130
Q10	,201	**,595**	,089
Q11	,304	**,530**	-,070
Q12	**,690**	,276	,018
Q13	,011	**,714**	,054
Q14	,007	,098	**,852**
Q15	,149	,050	**,843**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 5 iterations.

Correlation table shows the relationship within items (Kline, 1993). Pearson correlation was performed, as may be seen in the Table 11, scores change between 0,08 and 0,7. Excluding extremes, scores change around 0,3-0,4. In the inter-item correlation table, scores between 0,2 and 0,4 seen as acceptable. Because scores lower than 0,1 might not be representing the factor enough and items with high scores might be too related that may be questioned if they are both necessary (Briggs&Cheek, 1986). Thus, scores in the present study's table might me considered as appropriate.

Table 11. Correlations Within Items

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Q1	1														
Q2	,46**	1													
Q3	,52**	,36**	1												
Q4	,22**	,21**	,14*	1											
Q5	,35**	,3**	,26**	,24**	1										
Q6	,39**	,35**	,3**	,26**	,41**	1									
Q7	,58**	,31**	,51**	,23**	,31**	,4**	1								
Q8	,37**	,33**	,36**	,27**	,25**	,36**	,51**	1							
Q9	,56**	,28**	,46**	,14*	,47**	,35**	,57**	,32**	1						
Q10	,24**	,26**	,27**	,32*	,2**	,3**	,25**	,28**	,19**	1					
Q11	,32**	,28**	,24**	,33**	,13*	,24**	,34**	,31**	,23**	,29**	1				
Q12	,51**	,43**	,45**	,24**	,31**	,39**	,54**	,57**	,44**	,17**	,32**	1			
Q13	,17**	,22**	,12*	,33**	,120	,19**	,18**	,23**	-,010	,27**	,21**	,25**	1		
Q14	,080	-,010	,110	,14*	,010	,700	,080	,110	,080	,110	,040	,090	,090	1	
Q15	,120	,110	,14*	,110	,12*	,23**	,18**	,100	,21**	,12*	,070	,14*	,110	,5**	1

IV

DISCUSSION

Many research suggested that dissociation exists only in the case of presence of a trauma that can not be dealt with (Perry et al., 1995, Classen et al., 1993). After the changes in DSM-V, a new scale was created called Dissociative Subtype of Post Traumatic Stress Disorder (DSPS). In this present study, DSPS was adapted to Turkish as a result of attemp to filling this gap. Psychometric features of this scale were examined. For this study, Dissociative Experiences Scale and Post Traumatic Diagnostic Scale were used with Dissociative Subtype of Post Traumatic Stress Disorder Scale. Data was collected from 300 people by both online survey and face to face application in two different universities, from psychology and psychological guidance and counselor students. Sample consists general, non clinical population. In the original paper, scale was applied to trauma exposed veterans. In these studies, it is more appropriate to collect data from patients of clinical settings, however reaching to clinical population and arreanging necessary allowances are challenging.

DSPS is a self report scale contains 15 main questions. Every question has sub-questions, asking the main factor's existence, frequency and severity in past one month. If the participant answers "Yes" to the main question, in the next stage, the symptom's existence and severity is measured during the past month and during lifetime. Overall, scale has 60 questions.

Factor analysis and reliability analysis were conducted via SPSS for Social Sciences to understand if the items were able to be a scale in Turkish and collected data were proper for the study. As a result of the analysis', three factors were found as psychogenic amnesia, loss of awareness and depersonalization/derealization. Psychogenic amnesia is forgetting specific details related to trauma while loss of awareness shows confusion towards place and time. Depersonalization/derealization subscale represents feeling of detachment, either from reality and outer world or person's own body. Most of the items loaded on the factor "Depersonalization/Derealization". This is expected since the dissociative subtype of PTSD mostly consists depersonalization/derealization examination and focus. Subscales have average

reliability scores and overall, the whole scale has high reliability score (α=,839). Also, it was found that items were loaded on the factors samely as the original paper of DSPS. On the other hand, even though they were significant, DSPS showed relatively low correlations with DES and PTDS. Since psychogenic amnesia is the most determinant feature of dissociation, it was estimated that people not want to remember their unpleasant memories might affect the scores and relationship with other scales. It's been also pointed out in the original research that some factors may affect the results including memory loss, brain injury and cognitive errors related to aging, therefore it's an area open to more research. Thus, same as original study, test re-test reliability was not analysed.

According to Freidman and colleagues' paper in 2011, it was suggested that there are many studies and contradictory results related to comparison of dissociative and non dissociative PTSD sufferers. It was pointed out that more studies needed to understand and be confident about the dissociative subtype of PTSD, therefore this subtype was not expected in DSM-V. Also it's been pointed out that dissociative subtype of PTSD might overshare some features with Complex PTSD (Sar, 2011). However, many analysis and studies throughout years formed a basis for dissociative subtype of PTSD. These studies were mostly examined physiology of dissociation via fMRI. In Lanius and his colleagues' study of fMRI, it was observed that PTSD patient who also shows dissociative symptoms have unusual images including low amygdala activity and extreme prefrontal cortex activity (Lanius et al., 2012). Also, it was found that considering this subtype while deciding treatment led to a significant difference of success (Resick, 2011). As a result, many years and studies showed that there are enough reasons for addition of dissociative subtype and it may be expected that as number of researches increase, there will be more significant information about this subtype and its importance.

Whole survey contained 125 questions. This may led to unwillingness to the attendance, therefore lack of more participants. These studies require as much participants as possible to reach more correct conlusions. On the other hand, high numbers of questions might caused distractions which made difficult to answer. This might have an effect on scores obtained through analysis. Since, present study's applicants were not a specific trauma related group, results would be weaker compared to the original. For the suitability of the scale's purpose, testing scale with individuals from clinical population might be more appropriate. In the original work, test re-test reliability was not measured due to the estimation of other factors that were not considered might affect the scores. Therefore, to go parallel with original work as much as possible, re-test analysis was not conducted.

V

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VI

APPENDIX

Ek-1: Onam Formu

Bu çalışma Arel Üniversitesi Yrd. Doç. Dr. Çiğdem Koşe Demiray danışmanlığında, Arel Üniversitesi'nde Yüksek Lisans yapan Zühre Neslihan İçin tarafından yapılan bilimsel bir çalışmadır.

Ölçekler isminiz yazılmadan doldurulacak ve sorulara vereceğiniz cevaplar sadece bilimsel araştırmalar için kullanılacak, her bir cevabınız gizli kalacaktır. Dolayısıyla sorulara vereceğiniz samimi cevaplar çalışmanın gerçekçi olması açısından büyük önem taşımaktadır. Çalışmaya katılım gönüllüdür. Araştırmamıza yapacağınız katkılardan dolayı şimdiden teşekkür ederiz.

Ek-2: Demografik Bilgi Formu

Yaşınız:

Cinsiyetiniz:

- Kadın
- Erkek

Öğrenim Durumunuz:

- İlköğretim
- Lise
- Lisans
- Lisansüstü

Ek-3: Travma Sonrası Stres Tanı Ölçeği

1. Bölüm

Birçok kişinin başından, hayatının herhangi bir döneminde, oldukça stresli ve travmatik bir olay geçmiş ya da böyle bir olaya tanık olmuştur. Aşağıda belirtilen olaylar içinde, **başınızdan geçen ya da tanık olduğunuz** olayların hepsini yanındaki kutuyu işaretleyerek belirtiniz, **birden fazla işaretleyebilirsiniz**.

(1) Ciddi bir kaza, yangın ya da patlama olayı (örneğin, trafik kazası, iş kazası, çiftlik kazası, araba, uçak ya da tekne kazası)	☐
(2) Doğal afet (örneğin, hortum, kasırga, sel baskını ya da büyük bir deprem)	☐
(3) Aile üyelerinden biri ya da tanıdığınız bir kişi tarafından cinsel olmayan bir saldırıya maruz kalma (örneğin, saldırıya uğrayıp soyulma, fiziksel bir saldırıya maruz kalma, silahlı saldırı, bıçaklanma ya da silahla rehin alınma)	☐
(4) Tanımadığınız biri tarafından cinsel olmayan bir saldırıya maruz kalma (örneğin, saldırıya uğrayıp soyulma, fiziksel bir saldırıya maruz kalma, silahlı saldırı, bıçaklanma ya da silahla rehin alınma gibi)	☐
(5) Aile üyelerinden biri ya da tanıdığınız bir kişi tarafından cinsel bir saldırıya maruz kalma (örneğin, tecavüz ya da tecavüze teşebbüs gibi)	☐
(6) Tanımadığınız bir kişi tarafından cinsel bir saldırıya maruz kalma (örneğin, tecavüz ya da tecavüze teşebbüs gibi)	☐
(7) Askeri bir çarpışma ya da savaş alanında bulunma	☐
(8) 18 yaşından daha küçük olduğunuz bir dönemde kendinizden 5 ya da daha büyük yaşta biriyle cinsel temas (örneğin, cinsel organlarla, göğüslerle temas gibi)	☐
(9) Hapsedilme (örneğin, cezaevine düşme, savaş esiri olma, rehin alınma gibi)	☐
(10) İşkenceye maruz kalma	☐
(11) Hayatı tehdit eden bir hastalık	☐
(12) Sevilen ya da yakın birinin beklenmedik ölümü	☐
(13) Bunların dışında bir travmatik olay	☐
(14) 13. Maddeyi işaretlediyseniz aşağıda bu travmatik olayı belirtiniz: _____ _____ _____ _____	

YUKARIDAKİ MADDELERDEN <u>HERHANGİ BİRİNİ İŞARETLEDİYSENİZ</u>, SORU-LARI YANITLAMAYA DEVAM EDİN.

<u>HİÇBİR MADDEYİ İŞARETLEMEDİYSENİZ</u>, SİZİN İÇİN ÜZÜCÜ VE KORKUTUCU OLMUŞ BİR OLAYI SONRAKİ SAYFADAKİ BÖLÜMÜN SONUNDA BOŞ BIRAKI-LAN YERDE BELİRTİP, DEVAM EDEN SORULARI BU OLAYI DÜŞÜNEREK YA-NITLAYIN.

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2. Bölüm

(15) 1. Bölümde **birden fazla** sayıda travmatik olay işaretlediyseniz, ***canınızı en çok sıkan, sizi en rahatsız eden*** olayın yanındaki kutuyu işaretleyiniz. Eğer, 1. Bölümde **yalnızca bir** travmatik olayı işaretlediyseniz, aşağıda da aynı olayı işaretleyiniz.

(a)	Kaza (araba ya da iş kazası, gibi)	☐
(b)	Doğal afet	☐
(c)	Aile üyelerinden biri ya da tanıdığınız bir kişi tarafından cinsel ol-mayan bir saldırıya maruz kalma	☐
(d)	Tanımadığınız biri tarafından cinsel olmayan bir saldırıya maruz kal-ma	☐
(e)	Aile üyelerinden biri ya da tanıdığınız bir kişi tarafından cinsel bir saldırıya maruz kalma	☐
(f)	Tanımadığınız bir kişi tarafından cinsel bir saldırıya maruz kalma	☐
(g)	Savaş	☐
(h)	18 yaşından daha küçük olduğunuz bir dönemde kendinizden 5 ya da daha büyük yaşta biriyle cinsel temas	☐
(i)	Hapsedilme	☐
(j)	İşkenceye maruz kalma	☐
(k)	Hayatı tehdit eden bir hastalık	☐
(l)	Sevilen ya da yakın birinin beklenmedik ölümü	☐
(m)	Bunların dışında bir olay	☐
(n)	Aşağıda boş bırakılan yerde yukarıda işaretlemiş olduğunuz travmatik olayı kısaca anlatınız.	☐

_____
_____
_____
_____
_____
_____
_____
_____

Anlattığınız bu olay hakkında aşağıda birkaç soru verilmiştir. Bu soruları yanıtlayınız:

(16) Bu travmatik olay **ne kadar zaman önce** meydana geldi? (**YALNIZCA BİR TANESİNİ** daire içine alınız)

(a)	1 aydan daha az
(b)	1-3 ay arası
(c)	3-6 ay arası
(d)	6 ay – 3 yıl arası
(e)	3-5 yıl arası
(f)	5 yıldan daha fazla

Aşağıdaki sorularda, **Evet** için E harfini **Hayır** için H harfini daire içine alınız.

Bu travmatik olay sırasında:

(17)	Fiziksel bir yara aldınız mı?	E	H
(18)	Başka bir kişi fiziksel bir yara aldı mı?	E	H
(19)	Hayatınızın tehlikede olduğunu düşündünüz mü?	E	H
(20)	Başka bir kişinin hayatının tehlikede olduğunu düşündünüz mü?	E	H
(21)	Kendinizi çaresiz hissettiniz mi?	E	H
(22)	Büyük bir korku duygusu yaşadınız mı?	E	H

3. Bölüm

Aşağıda, insanların bazen bir travmatik olayın ardından yaşadığı bazı sorunlar belirtilmiştir. Her maddeyi dikkatlice okuyun ve **GEÇTİĞİMİZ AY İÇİNDE** bu sorunun sizi ne sıklıkta rahatsız ettiğini en iyi ifade ettiğini düşündüğünüz sayıyı (0, 1, 2 ya da 3) daire içine alın.

Örneğin, söz ettiğiniz olay geçtiğimiz ay içinde aşağıda verilen sıkıntılar açısından sizi yalnızca bir kez rahatsız ettiyse 0'ı; haftada bir kez rahatsız ettiyse 1 işaretleyin.
Aşağıda belirtilen olayla ilgili her sıkıntıyı **15. maddede belirttiğiniz travmatik olay açısından** değerlendiriniz.

1 Hiç ya da yalnızca bir kez
2 Haftada bir ya da daha az/kısa bir süre
3 Haftada 2 – 4 kez / yarım gün
4 Haftada 5 ya da daha fazla / neredeyse bütün gün

(23)	Bu travmatik olay hakkında, istemediğiniz halde aklınıza rahatsız edici düşünceler ya da imgelerin gelmesi	0	1	2	3
(24)	Bu travmatik olayla ilgili kötü rüyalar ya da kabuslar görme	0	1	2	3
(25)	Bu travmatik olayı yeniden yaşama, sanki tekrar oluyormuş gibi hissetme ya da öyle davranma	0	1	2	3
(26)	Bu travmatik olayı hatırladığınızda duygusal olarak altüst olduğunuzu hissetme (örneğin, korku, öfke, üzüntü, suçluluk vb. gibi duygular yaşama)	0	1	2	3
(27)	Bu travmatik olayı hatırladığınızda vücudunuzda fiziksel tepkiler meydana gelmesi (örneğin, ter boşalması, kalbin hızlı çarpması)	0	1	2	3
(28)	Bu travmatik olayı düşünmemeye, hakkında konuşmamaya ya da hissetmemeye çalışma	0	1	2	3
(29)	Size bu travmatik olayı hatırlatan etkinliklerden, kişilerden ya da yerlerden kaçınmaya çalışma	0	1	2	3
(30)	Bu travmatik olayın önem taşıyan bir bölümünü hatırlayamama	0	1	2	3
(31)	Önemli etkinliklere çok daha az sıklıkta katılma ya da bu etkinliklere çok daha az ilgi duyma	0	1	2	3
(32)	Çevrenizdeki insanlarla aranızda bir mesafe hissetme ya da onlardan koptuğunuz duygusuna kapılma	0	1	2	3
(33)	Duygusal açıdan kendinizi donuk, uyuşuk hissetme (örneğin, ağlayamama ya da sevecen duygular yaşayamama)	0	1	2	3

(34)	Gelecekle ilgili planlarınızın ya da umutlarınızın gerçekleşmeyeceği duygusuna kapılma (örneğin, bir meslek hayatınızın olmayacağı,				

	evlenmeyeceğiniz, çocuğunuzun olmayacağı ya da ömrünüzün uzun olmayacağı duygusu)	0	1	2	3
(35)	Uykuya dalma ya da uyumada zorluklar yaşama	0	1	2	3
(36)	Çabuk sinirlenme ya da öfke nöbetleri geçirme	0	1	2	3
(37)	Düşüncenizi ya da dikkatinizi belli bir noktada toplamada sıkıntı yaşama (örneğin, bir konuşma sırasında konuyu kaçırma, televizyondaki bir öyküyü takip edememe, okuduğunuz şeyi unutma)	0	1	2	3
(38)	Aşırı derecede tetikte olma (örneğin, çevrenizde kimin olduğunu kontrol etme, sırtınız bir kapıya dönük olduğunda rahatsız olma,vb.)	0	1	2	3
(39)	Diken üstünde olma ya da kolayca irkilme (örneğin, birisi peşinizden yürüdüğünde)	0	1	2	3
(40)	Yukarıda belirttiğiniz sorunları ne kadar zamandır yaşıyorsunuz? (**YALNIZCA BİR TANESİNİ** daire içine alınız) a. Bir aydan daha az b. 1-3 ay arası c. 3 aydan daha fazla				
(41)	Bu sorunlar söz konusu travmatik olaydan ne kadar sonra başladı? (**YALNIZCA BİR TANESİNİ** daire içine alınız) a. 6 aydan daha az b. 6 ay ya da daha fazla				

4. Bölüm

3. Bölüm'de işaretlediğiniz sorunların **GEÇTİĞİMİZ AY SÜRESİNCE** hayatınızın aşağıda belirtilen alanlarından herhangi birini engelleyip engellemediğini belirtiniz. **Evet** için E harfini, **Hayır** için H harfini daire içine alınız.

(42)	İş hayatı	E	H
(43)	Evin günlük işleri	E	H
(44)	Arkadaşlarınızla ilişkiler	E	H
(45)	Eğlence ve boş zamanlardaki etkinlikler	E	H
(46)	Okulla ilgili işler	E	H
(47)	Ailenizle ilişkiler	E	H
(48)	Cinsel yaşam	E	H
(49)	Genel anlamda hayattan memnuniyet	E	H
(50)	Hayatınızın her alanında genel işleyiş düzeyi	E	H

Ek-3: Dissosiyatif Yaşantılar Ölçeği

Bu test günlük hayatınızda başınızdan geçmiş olabilecek yaşantıları konu alan 28 sorudan meydana gelmektedir. Sizde bu yaşantıların ne sıklıkta olduğunu anlamak istiyoruz. Yanıt verirken, alkol ya da ilaç etkisi altında meydana gelen yaşatıları değerlendirmeye katmayınız. Lütfen her soruda, anlatılan durumun sizdekine ne ölçüde uyduğunu 100 üzerinden değerlendiriniz ve uygun olan rakamı daire içine alınız.

1. Bazı insanlar, yolculuk yaparken yol boyunca ya da yolun bir bölümünde neler olduğunu hatırlamadıklarını birden fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

2. Bazı insanlar zaman zaman, birisini dinlerken, söylenenlerin bir kısmını ya da tamamını duymamış olduklarını birden fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

3. Bazı insanlar kimi zaman, kendilerini nasıl geldiklerini bilmedikleri bir yerde bulurlar. Bu durumun sizdene sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

4. Bazı insanlar zaman zaman kendilerini, giydiklerini hatırlamadıkları elbiseler içinde bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

5. Bazı insanlar zaman zaman eşyaları arasında, satın aldıklarını hatırlamadıkları yeni şeyler bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

6. Bazı insanlar, zaman zaman, yanlarına gelerek başka bir isimle hitabeden ya da önceden tanıştıklarında ısrar eden, tanımadıkları kişilerle karşılaşırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

7. Bazı insanlar, zaman zaman, kendilerinin yanı başında duruyor ya da kendilerini bir şey yaparken seyrediyor ve sanki kendi kendilerine karşıdan bakıyormuş gibi bir his duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

8. Bazı insanlara, arkadaşlarını ya da aile bireylerini, zaman zaman tanımadıklarının söylendiği olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

9. Bazı insanlar, yaşamlarındaki kimi önemli olayları (örneğin nikah ya da mezuniyet töreni) hiç hatırlamadıklarını fark ederler. Yaşamınızdaki bazı önemli olayları hiç hatırlamama durumunun sizde ne oranda olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

10. Bazı insanlar zaman zaman, yalan söylemediklerini bildikleri bir konuda, başkaları tarafından, yalan söylemiş olmakla suçlanırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

11. Bazı insanlar kimi zaman, aynaya baktıklarında kendilerini tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

12. Bazı insanlar kimi zaman, diğer insanların, eşyaların ve çevrelerindeki dünyanın gerçek olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

13. Bazı insanlar, kimi zaman vücutlarının kendilerine ait olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

14. Bazı insanlar, zaman zaman geçmişteki bir olayı o kadar canlı hatırlarlar ki, sanki o olayı yeniden yaşıyor gibi olurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

15. Bazı insanlar kimi zaman, olduğunu hatırladıkları şeylerin, gerçekte mi yoksa rüyada mı olduğundan emin olamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

16. Bazı insanlar zaman zaman, bildikleri bir yerde oldukları halde orayı yabancı bulur ve tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

17. Bazı insanlar, televizyon ya da film seyrederken, kimi zaman kendilerini öyküye o kadar kaptırırlar ki çevrelerinde olan bitenin farkına varamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

18. Bazı insanlar kimi zaman kendilerini, kafalarında kurdukları bir fantezi ya da hayale o kadar kaptırırlar ki, sanki bunlar gerçekten başlarından geçiyormuş gibi hissederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

19. Bazı insanlar, ağrı hissini duymamayı zaman zaman başarabildiklerini fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

20. Bazı insanlar kimi zaman, boşluğa bakıp hiç bir şey düşünmeden ve zamanın geçtiğini anlamaksızın oturduklarını fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

21. Bazı insanlar, yalnız olduklarında, zaman zaman sesli olarak kendi kendilerine konuştuklarını fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

22. Bazı insanlar kimi zaman iki ayrı durumda o kadar değişik davrandıklarını görürler ki, kendilerini neredeyse iki farklı insanmış gibi hissettikleri olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

23. Bazı insanlar, normalde güçlük çektikleri bir şeyi (örneğin spor türleri, iş, sosyal ortamlar vb.) belirli durumlarda son derece kolay ve akıcı biçimde yapabildiklerini fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

24. Bazı insanlar, zaman zaman, bir şeyi yaptıklarını mı yoksa yapmayı sadece akılarından geçirmiş mi olduklarını (örneğin bir mektubu postaya attığını mı yoksa sadece atmayı düşündüğünü mü) hatırlayamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

25. Bazı insanlar kimi zaman, yaptıklarını hatırlamadıkları şeyleri yapmış olduklarını gösteren kanıtlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

26. Bazı insanlar, zaman zaman eşyaları arasında, kendilerinin yapmış olması gereken, fakat yaptıklarını hatırlamadıkları yazılar, çizimler ve notlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

27. Bazı insanlar, zaman zaman kafalarının içerisinde, belli şeyleri yapmalarını isteyen ya da yaptıkları şeyler üzerine yorumda bulunan sesler duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

28. Bazı insanlar, zaman zaman, dünyaya bir sis perdesi arkasından bakıyormuş gibi hissederler, öyle ki insanlar ve eşyalar çok uzakta ve belirsiz görünürler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

Ek.4: Travma Sonrası Stres Bozukluğunun Dissosiyatif Alt Tipi Ölçeği

1. Bedeninizden uzaklaştığınızı hissettiğiniz, yani sanki bedeniniz size ait değilmiş gibi geldiği zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

2. Sanki kendinizde değilmiş gibi hissettiğiniz, yani gerçekte orada değilmiş ve çevrenizde ne olup bittiğini fark edemiyormuş gibi geldiği oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

3. Bedeninizin dışında imiş gibi hissettiğiniz, yani kendinize dışardan bakıyormuş gibi geldiği zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

4. "Kayıp" zamanlarınız oldu mu, yani günün hatırı sayılır bir bölümünü hatırlayamadığınız, ya da değişik bölümlerinde neler yaptığınızı gözden geçirmekte zorlandığınız oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

5. Aynaya baktığınızda kendinizi fiziksel olarak tanıyamadığınız oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

6. Bildiğiniz bir yerde olduğunuz halde oranın size yabancı ve tanıdık değilmiş gibi geldiği zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

7. Bedeniniz gerçek değilmiş gibi hissettiğiniz zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

8. Çevrenizdeki dünyanın (başka insanlar, eşyalar, yerler) gerçek değilmiş gibi geldiği zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

9. Bedeninizin çok yabancı ve size tanıdık değilmiş, sanki kendi bedeniniz değilmiş gibi geldiği zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

10. Bildiğiniz bir yerde olduğunuz halde kendinizi kaybolmuş, yönünü bulamayan ya da yerini bilemez durumda hissettiğiniz zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

11. Sanki bir sis içersinde ya da sersemlemiş gibi hissettiğiniz (çok yorgun, uykusuz, ya da sizi uyuşturan ilaç ya da maddeler kullanmış olma dışında) zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

12. Sanki çevrenizdeki dünyayı dışardan bir kişi (bir film gibi) gibi izlediğiniz ve dünyanın gerçek değilmiş gibi geldiği zamanlar oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

13. Bir yere nasıl geldiğinizi hatırlamakta zorluk çektiğiniz oldu mu? (örneğin kendini işte, evde, bir dükkanda, ya da başka bir yerde bulmak ama oraya nasıl geldiğini hatırlamamak)

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

14. (Ön değerlendirmede katılımcının "en kötü" travmatik yaşantı olarak belirttiği olayı ele alınız) …….olayının önemli ayrıntılarını hatırlamakta zorluk çektiğiniz oldu mu

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

15. (Ön değerlendirmede katılımcının "en kötü" travmatik yaşantı olarak belirttiği olayı ele alınız) …….. olayı hakkında daha çok şey hatırlamanız gerekirdi diye düşündüğünüz oldu mu?

a.Evet b.Hayır

Son bir ayda oldu mu?

a.Evet b.Hayır

Belirtinin son 1 aydaki sıklığı:

a.Hiç b.1-2 kez c.Haftada 1-2 kez
d.Haftada 3-4 kez e.Her gün ya da hemen her gün

Belirtinin son 1 aydaki şiddeti:

a.Hiç b.Pek şiddetli değil c.Biraz şiddetli
d.Orta derecede şiddetli e.Çok şiddetli f.İleri derecede şiddetli

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