

“A Study to Assess the Development of Dissociative Symptoms Among Adolescents by Using Adolescent’s Dissociative Experiences Scale at Selected Community Area, Puducherry”

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Abstract

Dissociative symptoms can potentially disrupt every area of mental functioning. Examples of dissociative symptoms include the experience of detachment or feeling as if one is outside the body and loss of memory or amnesia. Dissociative disorders are frequently associated with previous experience of trauma. There are three types of dissociative disorders: Dissociative identity disorder, Dissociative amnesia, Depersonalization/derealization disorder. There are three types of dissociative disorders: Dissociative identity disorder, Dissociative amnesia, Depersonalization/derealisation disorder signs and symptoms depend on the type of dissociative disorders but may include Memory loss (amnesia) of certain time periods, events, people and personal information. People with dissociative disorders are at increased risk of complications and associated disorders, such as Self-harm or mutilation, Suicidal thoughts and behavior, Sexual dysfunction, Alcoholism and drug use disorders, Depression and anxiety disorders, Post-traumatic stress disorder, Personality disorders, Sleep disorders, including nightmares, insomnia and sleepwalking, Eating disorders, Physical symptoms such as lightheadedness or non-epileptic seizures. The Dissociative Experiences Scale-II (DES-II) is a self-report questionnaire that measures dissociative experiences such as derealization, depersonalization, absorption and amnesia. The DES-II has been prevalently used as a screening tool in patients suffering from psychotic disorders or schizophrenia.

Key Words: Development Of Dissociative Symptoms, Adolescents & Adolescent’s Dissociative Experiences Scale

I. INTRODUCTION

Adolescence is a vital stage of human development characterized by rapid physical growth, emotional changes, and psychological maturation. During this period, individuals often experience increased stress, identity exploration, and sensitivity to environmental influences, which may affect their mental health. One such concern is dissociation, a psychological phenomenon involving a disruption in the normal integration of thoughts, memory, consciousness, and identity. Dissociative symptoms can range from mild daydreaming to more severe disturbances and are often linked to stress, trauma, or emotional conflicts. Assessing these symptoms early is important to understand their impact on adolescents’ overall functioning and to support their mental and emotional well-being.

II. REVIEW OF LITERATURE

Dissociative symptoms among adolescents have been widely studied, particularly in relation to trauma, stress, and emotional disturbances. Early work by Bernstein and Putnam (1986) established the foundation for measuring dissociation, while Armstrong et al. (1997) developed the Adolescent Dissociative Experiences Scale (A-DES) as a reliable and valid tool for assessing dissociative symptoms in young populations. Subsequent studies by Farrington et al. (2001) and Seeley et al. (2004) confirmed the psychometric strength of A-DES across different age groups. Research by Briere (2006) highlighted the strong association between trauma exposure and dissociative symptoms, and Kerig et al. (2016) further supported its relevance among trauma-exposed youth. Cross-cultural studies conducted by Yoshizumi et al. (2010) and Schimmenti (2016) demonstrated the applicability of A-DES in diverse populations. Overall, these studies indicate that dissociative symptoms are

prevalent among adolescents and underline the importance of early assessment for effective psychological intervention.

STATEMENT OF PROBLEM

“A study to assess the development of dissociative symptoms among adolescents by using adolescents dissociative experiences scale at selected community area, Puducherry.”

OBJECTIVES OF STUDY

- To assess the development of dissociate symptoms among adolescents.
- To associate the level of dissociate symptoms among adolescents with their selected demographic variables.

III. METHODOLOGY

The research approach used for this study was quantitative research approach. A quasi- experimental research design was used to assess the development of dissociative symptoms among adolescents at Thirubhuvanai, Puducherry. By using purposive sampling technique, 30 samples was selected for the present study. The period of data collection was two week. The tool consists of demographic data, standard questionnaire tool was used. The outcome of the study was evaluated by using descriptive and inferential statistics

IV. ORGANISATION OF THE DATA

Section A: Description of the demographic variables.

Section B: Assess the level of dissociation of dissociative symptoms among young adolescents

Section C: Effectiveness on level of dissociation of dissociative symptoms among young adolescents

Section D: Association between levels of dissociation of dissociative symptoms among young adolescents with their selected demographic variables.

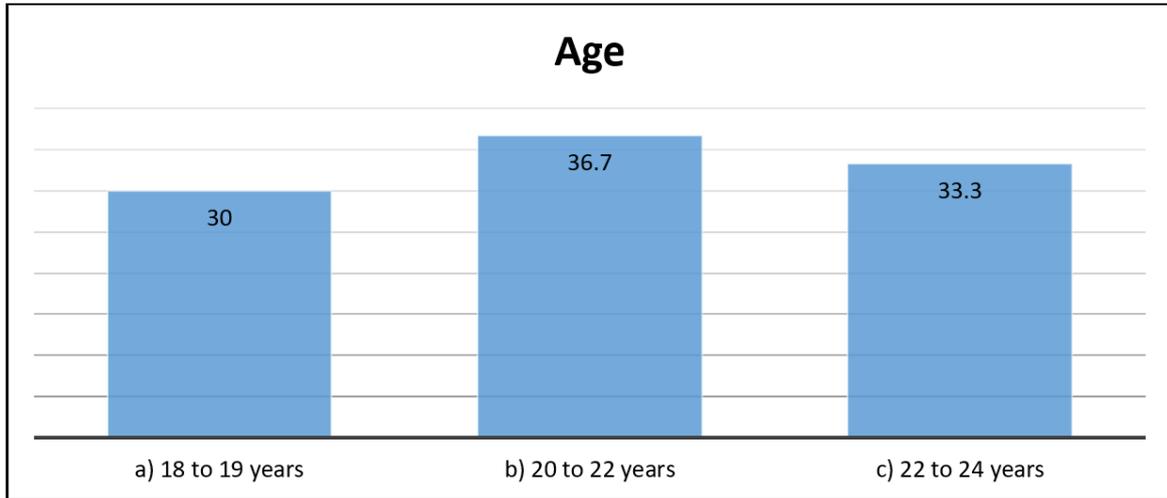
Section A: Description of the demographic variables.

Table 1.1 describes the frequency and percentage wise distribution of the demographic variables. (N=30)

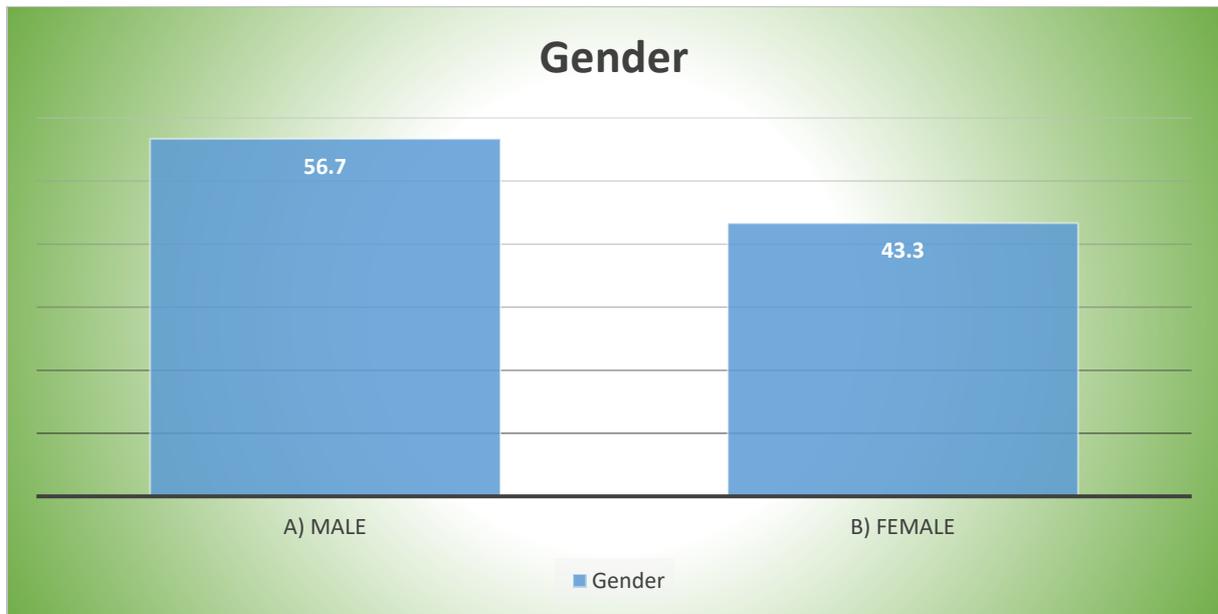
SL.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	Age		
	a) 18 to 19 years	9	30
	b) 20 to 22 years	11	36.7
	c) 22 to 24 years	10	33.3
2.	Gender		
	a) male	17	56.7
	b) female	13	43.3
3.	Education		
	a) Primary school	3	10
	b) Higher secondary school	8	26.7
	c) Graduate	19	63.3
	d) Other	0	0
4.	Father of Occupation		
	a) House maker	6	20
	b) Government employee	0	0
	c) Private employee	12	40
5.	Residence		
	a) Rural	24	80
	b) Urban	6	20
6.	Religion		
	a) Hindu	23	76.7
	b) Muslim	7	23.3

	c) Christian	0	0
	d) Other	0	0
7.	Monthly Income		
	a) Below ₹5000 per month	0	0
	b) ₹5000 to ₹10,000 per month	12	40

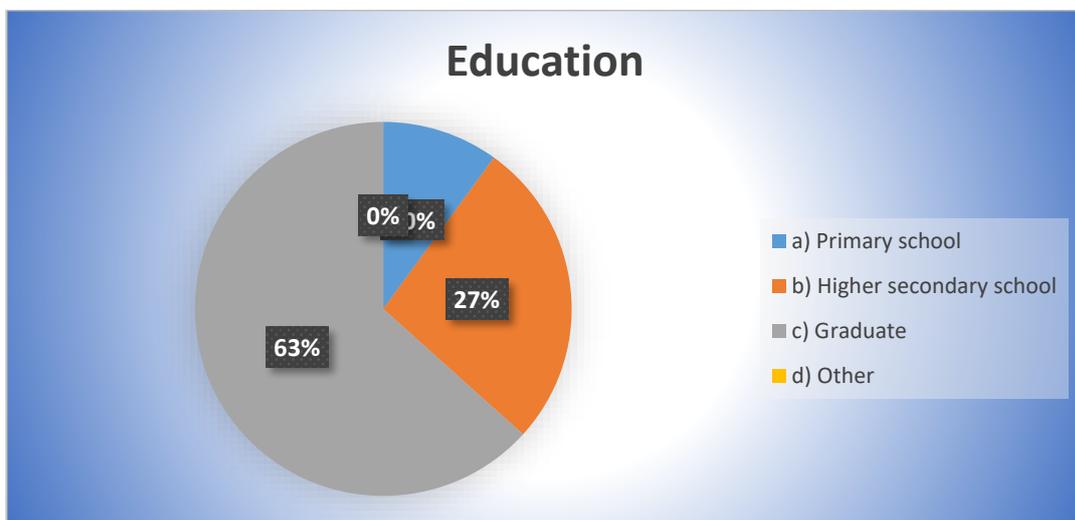
	c) More than ₹10,000 per month	0	0
	d) none	18	60
8.	Marital status		
	a) married	9	30
	b) unmarried	21	70
9.	family History of psychiatric illness		
	a) yes	0	0
	b) no	30	100
10.	Type of Family		
	a) Joint family	5	16.7
	b) Nuclear family	25	83.3
11.	Self Health Rating		
	a) Good	13	43.3
	b) Fair	0	0
	c) Poor	17	56.7
12.	Any substance abuse		
	a) alcohol	7	23.3
	b) smoking	8	26.7
	C) none	15	50
13.	History of trauma		
	a) 0 times	27	90
	b) 1 to 2 times	3	10
	c) More than 2 times	0	0
14.	source of Health Information		
	a) Mass media	19	63.3
	b) Health personnel	4	13.3
	c) Relatives	7	23.3
15.	Socio economic Status		
	a) low	5	16.7
	b) middle	21	70
	c) high	4	13.3



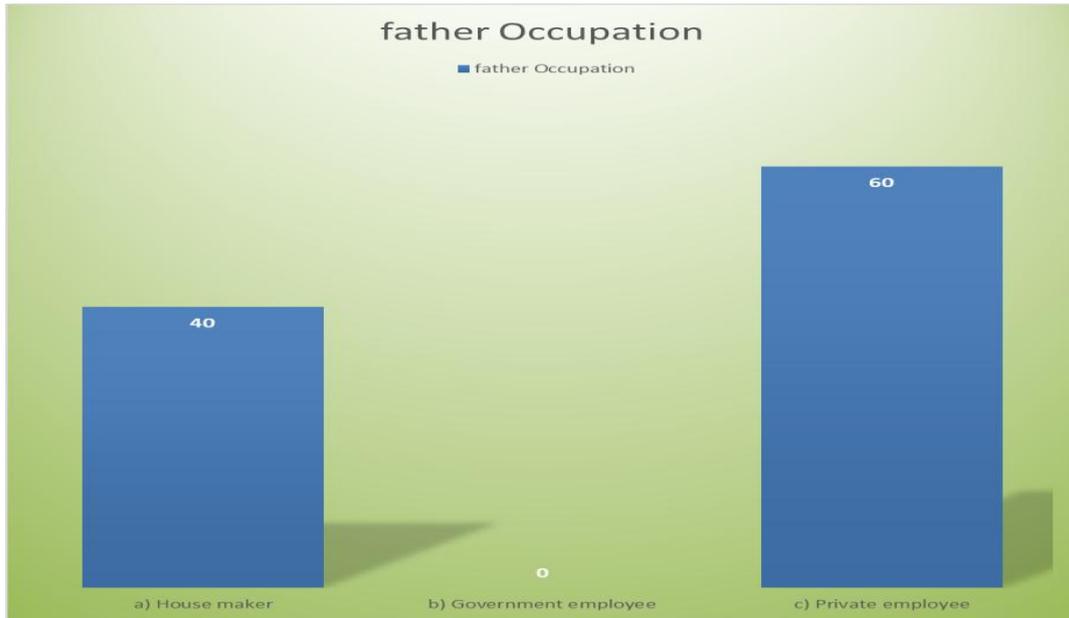
1. AGE of the adolescents was 11(36.7%)



2. 20 to 22 years old, those were all in 17(56.7%) MALE candidates



3. Those are mostly having the 19(63.3%) on GRADUATE IN EDUCATION



4. Most of the adolescents were worked in 12 (40%) **PRIVATE JOB.**

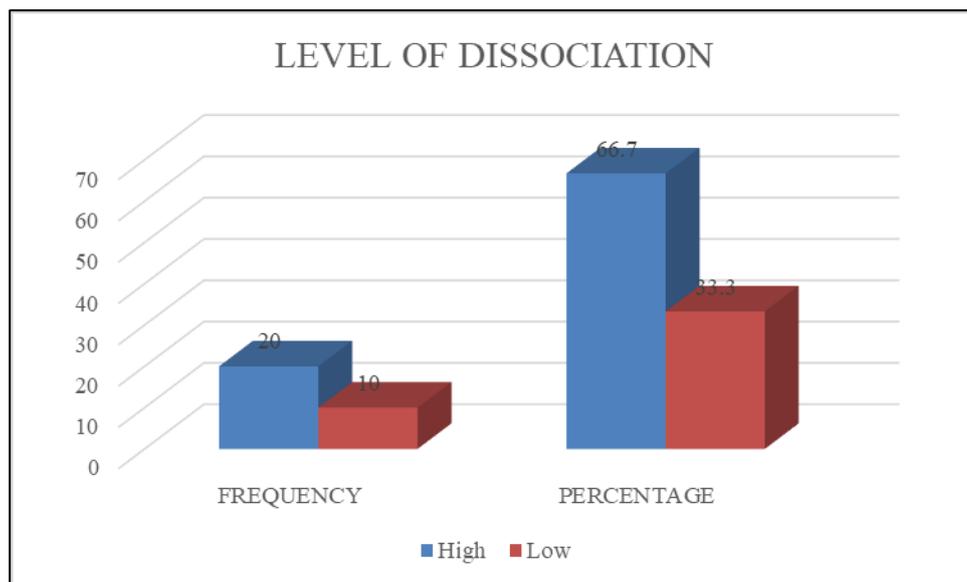
Section B: Assess the development of dissociative symptoms among young adolescents

Table 1.2 to assess the development of dissociative symptoms among the adolescents

(N=30)

SL.NO	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
1.	High level of dissociative disorder	20	66.7
2.	Low level of dissociative disorder	10	33.3

The table 1.2 represents the development of dissociative symptoms among young adolescents where high level of development was 20(66.7%) and the low level of development was 10(33.3%)



5. Represents the frequency and percentage wise distribution of the level of development.

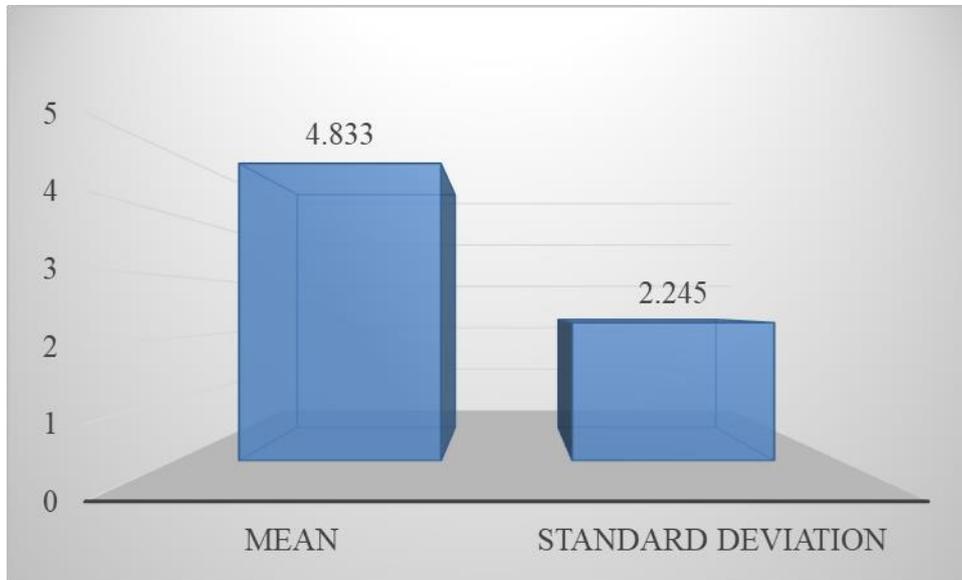
Section C: Effectiveness on level of development of dissociative symptoms among young adolescents

Table 1.3 mean and standard deviation of the level of development.

(N=30)

Effectiveness of the level of assessment	MEAN	STANDARD DEVIATION	P value
	4.833	2.245	0.05

The table 1.3 depicts that the mean and standard deviation values of the effectiveness of the level of development 4.833 ± 2.245 . where its p value is less than 0.05 was a significance.



6. Mean and standard deviation of the level of development.

Section D: Association between level of development on dissociative symptoms among young adolescents with their selected demographic variables.

Table 1.4: Association between level of development on dissociative symptoms among young adolescents with their selected demographic variables. (N=30)

SL.NO	DEMOGRAPHIC VARIABLES	HIGH		LOW		X ² df P value
		N	%	N	%	
1.	Age					
	a) 18 to 19 years	8	26.7	1	3.3	5.382 2 0.68 NS
	b) 20 to 22 years	8	26.7	3	10	
	c) 22 to 24 years	4	13.3	6	20	
2.	Gender					
	a) male	10	33.3	7	23.3	1.086 1 0.297 NS
	b) female	10	33.3	3	13.3	
3.	Education					
	a) Primary school	2	6.7	1	3.3	0.355 2 0.837 NS
	b) Higher secondary school	6	20	2	6.7	
	c) Graduate	12	40	7	23.3	
	d) Other	0	0	0	0	
4.	Father of Occupation					
	a) House maker	10	33.3	2	6.65	5.625

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	b) Government employee	0	0	0	0	2 0.060 NS
	c) Private employee	10	33.3	8	26.65	
5.	Residence					
	a) Rural	16	53.3	8	26.7	0.694 1 1.0 NS
	b) Urban	4	13.3	2	6.7	
6.	Religion					
	a) Hindu	17	56.7	6	20	2.239 1 0.127 NS
	b) Muslim	3	10	4	13.3	
	c) Christian	0	0	0	0	
	d) Other	0	0	0	0	
7.	Monthly Income					
	a) Below ₹5000 per month	0	0	0	0	2.500 1 0.114 NS
	b) ₹5000 to ₹10,000 per month	10	33.3	2	6.7	
	c) More than ₹10,000 per month	0	0	0	0	
	d) none	10	33.3	8	26.7	
8.	Marital status					
	a) married	6	20	3	10	0.656 1 1.0 NS
	b) unmarried	14	46.7	7	23.3	
9.	family History of psychiatric illness					
	a) yes	0	0	0	0	K
	b) no	20	66.7	10	33.3	
10.	Type of Family					
	a) Joint family	4	13.3	1	3.3	0.480 1 0.488 NS
	b).Nuclear family	16	53.3	9	30	
11.	Self Health Rating					
	a) Good	11	36.7	2	6.7	3.326 1 0.68 NS
	b) Fair	0	0	0	0	
	c) Poor	9	30	8	26.7	
12.	Any substance abuse					
	a) alcohol	6	20	1	3.3	5.405 2 0.067 NS
	b) smoking	7	23.3	1	3.3	
	C) none	7	23.3	8	26.7	
13.	History of trauma					
	a) 0 times	17	56.7	10	33.3	1.667 1 0.197
	b) 1 to 2 times	3	10	0	0	

	c) More than 2 times	0	0	0	0	NS
14.	source of Health Information					
	a) Mass media	11	36.7	8	26.7	1.926 2 0.382 NS
	b) Health personnel	3	10	1	3.3	
	c) Relatives	6	20	1	3.3	
15.	Socio economic Status					
	a) low	3	10	2	6.7	10.029 2 0.007 S
	b) middle	17	56.7	4	13.3	
	c) high	0	0	4	13.3	

s- significant, ns- non significant, p<0.05,k=constant.

The table 1.4 represents the association between levels of development on dissociative symptoms among young adolescents with their selected demographic variable were in socio economic status whose chisquare value was 10.029 df- 2 in highly significant. Other than the demographic variables were in non-significant.

V. RESULTS

The table 1 depicts that the frequency and percentage wise distribution of the demographic variables according to age of the adolescents was 11(36.7%) on 20 to 22 years old, those were all in 17(56.7%) male candidates, those are mostly having the 19(63.3%) on graduate in education, most of the adolescents were worked in 12 (40%) private job, most of them beside at 24(80%) rural area were as in 23(76.7%) in Hindu region. Monthly income of the adolescents was 18(60%) none, marital status was 21(70%) unmarried, those family history of psychiatric illness was 30(100%) no, type of family were in 25(83.3%) nuclear family, those self-health rating was 17(56.7%) on poor, these types of adolescents had any substance abuse 15(50%) none, history of trauma is 27(90) 0 times, source of health information was 19(63.3%) mass media and socio-economic status of these peoples 21(70%) in middle.

VI. RECOMMENDATION

- On findings of the present study the following recommendation have been made.
- The same study can be conducted in other parts of the state with large sample.
- The same study can be conducted with the experimental research design.
- The same study can be done as a comparative study in different setting.
- The same study can be conducted in control group

VII. CONCLUSION

The assessment of the level of knowledge on dissociative symptoms among young adolescents where high level of knowledge was 20(66.7%) and the low level of knowledge was 10(33.3%) The mean and standard deviation values of the effectiveness of the level of knowledge 4.833 ± 2.245 . Where its p value is less than 0.05 was a significance.

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