

**SOCIAL
DESIRABILITY AND
THE DISSOCIATIVE
EXPERIENCES SCALE**

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ABSTRACT

This study found no relationship between dissociativity and social desirability. In contrast to the assumptions of social enactment theory, the findings revealed that dissociativity, as measured by the DES, is independent of the need to respond in a culturally appropriate and acceptable manner, as measured by the Marlowe-Crowne Social Desirability Scale. In addition, a measure of dissociative pathology (DES-T) showed no relationship to social desirability which suggests that reports of dissociation-related symptomatology to clinicians can be valid and not simply the result of attempts to win approval or gain attention. Both researchers and clinicians, therefore, should feel confident about using the DES as a measure of dissociation.

Though regarded as the most well-respected and widely-researched of all the self-report dissociation measures, a review of the psychological literature reveals a potential limitation of the Dissociative Experiences Scale (DES: Bernstein & Putnam, 1986): No research has demonstrated that individual responses are free from the influence of social desirability. This observation led the authors to question whether DES scores are, in fact, biased by the need to respond in a culturally appropriate and acceptable manner. If so, to what extent does this confound DES research with clinical and non-clinical populations? If not, what does this imply about social enactment theory's position (Spanos, Weekes, & Bertrand, 1985; Spanos, 1994) that patients diagnosed with Dissociative

Identity Disorder (DID) "... are frequently unhappy, insecure people who are . . . strongly invested in presenting themselves in a way that will win their therapist's interest, concern, and approval" (p. 373)? With these questions in mind, the following study examines whether and to what extent DES scores are influenced by the tendency to respond in a socially desirable manner.

A Definition of Social Desirability

Several definitions of social desirability have been stated. Without knowing how this construct is defined for this study, this difference in definition can create some confusion in interpreting the results.

In general, social desirability has been used in the literature to refer to a manner of presenting oneself in a favorable light (Crowne & Marlowe, 1960). Although initial investigations were mainly interested in whether such a response set biased the results of self-report questionnaires, recent investigations have focused on the development, validity, and reliability of various social desirability measures. These include the Edwards' Social Desirability Scale (Edwards, 1957), the Jackson Social Desirability Scale (Jackson, 1984), and the Marlowe-Crowne Social Desirability Scale (MCSD; Crowne & Marlowe, 1960). With few exceptions, these investigations have described the traditional conceptualization of social desirability as failing to take into account different motivations behind the need to respond in a socially desirable way. For instance, in their factor analysis of the Edwards, Jackson, and Marlowe-Crowne Social Desirability Scales, Holden & Fekken (1989) determined that social desirability can be reduced to two dimensions. The scales are not mutually exclusive since each measures both dimensions, but loads more highly on different aspects of social desirability. One measures the "tendency to present the self in a favorable light" (p. 245; specific to the Edwards and Jackson scales), and the other measures "the tendency to give socially approved responses" (p. 245; specific to the Marlowe-Crowne scale). As this study is concerned with the tendency to give socially approved responses, the authors deemed the Marlowe-Crowne definition as most relevant. Specifically, Crowne & Marlowe (1960) define social desirability as the need to "... obtain approval by responding in a culturally appropriate and acceptable manner" (p. 352).

The Influence of Social Desirability on Self-Report Measures

The need to respond in a culturally appropriate manner is not something to be taken lightly. Lautenschlager and Flaherty (1990), for instance, observe that the influence of social desirability "...is a problem whenever self-report inventories are used to assess emotional, attitudinal, or other personality characteristics" (p. 310). Similarly, Silverthorn and Gekoski (1995) state that "...any self-report measure may be affected by social desirability" (p. 244). It would be erroneous, therefore, to conclude that the DES is the exception.

The authors believe that research with non-clinical populations is one area in which social desirability may, indeed, influence DES scores. After several years of administering this instrument to undergraduate research subjects, the second author observed that items pulling more strongly on instances of dissociative pathology had an unsettling impact on some subjects, causing them to inquire about the seemingly "bizarre" questions or laugh nervously and remark "who would ever admit to this?" This behavior and the prior issue concerning self-report measures prompted the authors to explore whether the DES is, in fact, influenced by the need to respond in a culturally appropriate manner. Could these items sample personal experiences perceived as so disturbing and deviant from the cultural norm that respondents do not want to admit to them? If so, a case could be made that estimates of dissociativity among normal populations (e.g., Ross, 1991) have been inaccurate, probably lower than expected, and research using the DES with normal populations as experimental and control groups needs to be reassessed.

There are also important implications regarding the iatrogenic creation of alter personalities. One of the more skeptical developmental perspectives on DID, social enactment theory (Spanos et al., 1985; Spanos, 1994), posits that DID occurs due to "...the mutual shaping between therapists on the lookout for signs of MPD and clients involved in creating an impression that will elicit approval" (Spanos, 1994, p.155). In this context, the patient would respond positively to the more "bizarre" DES items and demonstrate a higher degree of dissociativity. Enacting the role of a dissociative disorder would be contextually appropriate and approved. An insignificant relationship between dissociativity and the need to respond in a socially desirable manner, however, would bring into question this key component of Spanos' theory. If, for example, subjects report high and low dissociativity independent of social desirability, then dissociativity is not simply a function of social desirability.

METHOD

Subjects

One hundred and thirty-six randomly selected undergraduate students (94 females, 42 males, average age = 21.5) at a medium-sized Midwestern university were administered

the DES (Bernstein & Putnam, 1986) and the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960). All subjects were solicited through the department of psychology's undergraduate subject pool and received extra credit for their voluntary participation. The study was approved by the University's Institutional Review Board for research with human subjects.

Measures

The DES is a 28-item self-report measure that asks subjects to mark with a slash the percentage of time they experience various dissociative phenomena. It possesses a test-retest reliability coefficient of .96 (Frischholz et al., 1990) and an internal consistency coefficient of .83 (Bernstein & Putnam, 1986). The DES also correlates well with other measures of dissociativity and demonstrates good to excellent concurrent and criterion-related validity (Frischholz et al., 1990; Steinberg, Rounsaville, & Cicchetti, 1991).

The MCSDS is a 33-item self-report measure (true/false format) that assesses the extent to which individuals are likely to respond in a culturally appropriate and acceptable manner. It is this feature (the focus on interpersonal sensitivity) that, as previously noted, makes the MCSDS unique from other measures of social desirability and makes it most relevant to this particular study. Examples of MCSDS items include the following: "Before voting I thoroughly investigate the qualifications of all the candidates" (Item 1) and "I almost never felt the urge to tell someone off" (Item 29). Obviously, we all vote, from time to time, based on what name sounds most familiar and encounter others who may provoke us sufficiently that we feel the urge to tell them off. Individuals responding true to both of the items, therefore, would be seen as responding in a socially desirable fashion. A number of investigations (Holden & Fekken, 1989; Crowne & Marlowe, 1960; Silverthorn & Gekoski, 1995) have shown that the MCSDS is a valid and reliable measure.

RESULTS

Mean DES and MCSDS scores and standard deviations are presented in Table I. A Pearson product moment correlation revealed an insignificant relationship between DES and MCSDS scores ($r = -.00607$, $p = .9441$).

DISCUSSION

The purpose of this study was to examine the extent to which DES scores are influenced by the need to respond in a culturally appropriate and acceptable manner. Overall, the findings suggest that, at least in the testing of normal populations, DES scores are not biased in a socially desirable direction. Researchers, therefore, can be confident that most normal subjects reporting dissociative experiences on the DES are responding accurately, despite the risk of admitting to

TABLE 1
Means, Standard Deviations (SD) and Ranges for Scores on the
DES, DES-T, and MCSDS

(N=136)			
Measure	Mean	SD	Range
DES	14.33	10.29	0.3 - 43.6
DES-T	6.59	6.93	0.0 - 30.0
MCSDS	13.88	4.94	1.0 - 27.0

what they may perceive as "unacceptable" behavior.

The authors consider the DES to be transparent in relation to what it assesses. Since subjects can readily understand that the DES assesses unusual dissociative experience, how does this transparency influence the results? The findings suggest that, despite this characteristic of the DES, subjects are not keying positive just to please the researcher or because that is what they believe the researcher wants; nor are they keying negative to avoid endorsing socially unacceptable items. Rather, they appear to be responding in an honest fashion.

Though the relationship between dissociativity and social desirability was looked at in relation to undergraduate research subjects, the findings can theoretically be extended to dissociative-disordered populations using a pathology index of the DES, namely the DES-T (Waller, Putnam, & Carlson, 1996). The DES-T is an eight-item subscale of the 28-item DES that focuses specifically on instances of pathological dissociation, such as amnesic episodes and the hearing of voices. The scale was developed using taxometric analysis, differentiating among eleven clinical and non-clinical groups: normal controls, late adolescents/college students, DID, DDNOS, PTSD, schizophrenia, eating disorders, affective, anxiety, neurological, and other psychiatric disorders. It could, therefore, be argued that individuals scoring high on this scale might be suffering from a dissociative disorder. Although in its early stages of development, preliminary findings suggest that the DES-T is a valid and reliable measure. On the assumption that the DES-T reduces variability due to non-pathological dissociation, the authors used it to test the conceptualization of the "DID" patient as posited by social enactment theory (Spanos et al., 1985; Spanos, 1994).

As previously noted, social enactment theory posits that patients diagnosed with DID are desperate and naive individuals whose sole purpose is to gain the approval of their

encouraging therapists, who unconsciously foster dissociative symptoms. In this regard, DID patients would seem to be characterized by a need to respond in a socially desirable manner, a response characterized by the demands of the social situation as well as the need to be approved and perceived in a positive light. In contrast to what proponents of social enactment theory might expect, the authors found an insignificant relationship between DES-T and MCSDS scores ($r = -.0098$, $p = .9099$), suggesting that cultural acceptance, or in the extrapolated situation, acceptance from one's therapist, need not restrict the response of pathological dissociators. This finding raises serious questions about the social enactment theory's conceptualization of the approval-seeking DID patient. To

explicate this in more detail, as is obvious, these data do not involve a therapist or a therapeutic situation. In the therapy situation, however, the implications of social enactment theory is that *all* dissociative pathology is a function of the patient's response to cues from the therapist. As a result, dissociativity does not exist independent of the social expectation of its occurrence. The non-significant correlation between the DES-T and the MCSDS demonstrates that dissociativity is independent of social desirability. To phrase this differently, one can be dissociative in the absence of cues relating to social approval. Coupled with Ross, Norton, & Eraser's (1989) finding that "exposure to hypnosis does not appear to influence the phenomenology of MPD" (p. 61), there appears to be some serious flaws in the assumption of social enactment theory. Clearly, dissociation occurs in and of itself, independent of needs for social approval. Cleaves (1996) integrates a host of other information to demonstrate the inaccuracy of social-enactment theory in explaining DID phenomena.

The following caveat, however, is critical. The results do not imply that the phenomena claimed by Spanos (1994) never occur. As the authors have experienced personally in clinical situations, clients will modify their reports to please the therapist. Spanos provides an important reminder to be cautious. These results, however, demonstrate that the social enactment theory cannot explain all dissociative pathology and based on these data, reports of dissociation and dissociative pathology are not influenced in general by the need to respond in a culturally appropriate and acceptable manner in order to gain approval.

SUMMARY AND DIRECTIONS FOR RESEARCH

This study assessed the influence of social desirability on

DES scores. Social desirability was measured using the Crowne & Marlowe (1960) Scale, which, as noted above, conceptualizes this construct as the need to obtain approval by responding in a culturally appropriate and acceptable manner. As expected, and in contrast to the notions set forth by social enactment theory, DES and DES-T scores were not related to the need to respond in a socially desirable manner. Although based on a sample of "normal" college students, these findings suggest that subjects endorsing dissociative symptoms are reporting accurately and that patients suffering from DID should not be perceived as enacting their symptoms simply to please their therapists.

Directions for future research should involve replicating this study with dissociative and non-dissociative clinical populations and different cultural and ethnic groups. Future research should compare inpatient versus outpatient samples of DID patients and look at the relationship between the DES and other measures of social desirability. In addition, multiple measures of dissociation should be obtained. ■

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