**Dissociative disorders and other psychopathological groups: exploring the differences through the Somatoform Dissociation Questionnaire (SDQ-20)**

**Abstract**

**Objective:** The Somatoform Dissociation Questionnaire is a self-report questionnaire that has proven to be a reliable and valid instrument. The objectives of this study were to validate the Portuguese version and to determine its capability to distinguish patients with dissociative disorders from others with psychopathological disorders. **Method:** 234 patients answered the translated version of Somatoform Dissociation Questionnaire. The Portuguese Dissociative Disorders Interview Schedule was used to validate clinical diagnosis. Patients with dissociative disorder (n = 113) were compared to a control group of 121 patients with various anxiety and depression disorders. **Results:** Reliability measured by Cronbach’s α was 0.88. The best performance of the Portuguese form was at a cut-off point of 35, which distinguishes between dissociative disorder and neurotic disorders with a good diagnostic efficacy (sensitivity = 0.73). The somatoform dissociation was significantly more frequent in dissociative disorder patients, conversion disorder patients and post-traumatic stress disorder patients. **Conclusions:** These findings suggest that dissociative disorders can be differentiated from other psychiatric disorders through somatoform dissociation. The Portuguese version of the Somatoform Dissociation Questionnaire has fine psychometric features that sustain its cross-cultural validity.

**Descriptors:** Somatoform disorders; Dissociative disorders; Psychiatric disorders; Hysteria; Validation studies

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**Resumo**

**Objetivo:** O objetivo deste estudo foi adaptar, validar e determinar a confiabilidade da versão portuguesa do Somatoform Dissociation Questionnaire e determinar a sua capacidade de discriminar doentes que dissociam de outros doentes. **Método:** O Somatoform Dissociation Questionnaire foi traduzido para o português e retrovertido para o inglês de forma a garantir a sua base conceitual. Os sujeitos responderam também à versão portuguesa do Dissociative Disorders Interview Schedule de forma a validar o seu diagnóstico clínico. O estudo incluiu 234 sujeitos divididos entre 113 doentes com patologias dissociativas e 121 doentes com outras patologias do foro ansioso e depressivo. **Resultados:** O Somatoform Dissociation Questionnaire versão portuguesa mostrou o seu melhor desempenho no ponto de corte 35, apresentando uma sensibilidade de 0,73. O alfa de Cronbach revelou uma consistência interna de 0,88. A dissociação somatoforme foi significativamente mais frequente nos doentes com patologias dissociativas, patologias conversivas e distúrbio de stress pós-traumático. **Conclusões:** A versão portuguesa do Somatoform Dissociation Questionnaire mostrou-se um instrumento útil para discriminar doentes com patologia de foro dissociativo de outros doentes.

**Descritores:** Transtornos somatoformes; Transtornos dissociativos; Transtornos psiquiátricos; Histeria; Estudos de validação

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Introduction

Hysteria has always been associated with the mind-body dualism. In ancient times, the wandering uterus was considered responsible for the disorder; in medieval times, the cause was believed to be the devil’s possession. In 19th century, Pierre Janet conceptualized hysteria as a relative inability to integrate sensory data in traumatized patients. Sigmund Freud also believed hysteria was trauma generated, but later he viewed hysteria as generated by a neurotic defense mechanism and referred to its symptoms as conversion ones. Somatoform dissociation was the hallmark of this and other latter ideas. Nijenhuis et al. introduced the term somatoform dissociation to designate dissociative symptoms that involve the body and cannot be explained by organic disturbances. In the last decade, there has been increasing recognition of somatoform dissociation. Actually, somatoform dissociation is conceptualized as a failure in the sensorial and motor integration, and it’s considered to be linked to psychological trauma particularly related to life threatening episodes caused by other people.

Dissociation is a characteristic psychological process related to several disorders, from dissociative disorders (fugue, amnesia, and dissociative identity disorders), to somatoform disorders (somatization and conversion disorders), and post-traumatic stress disorder (PTSD). There are few studies on dissociative symptoms in conversion disorders.

The objective of the present study was to assess somatoform dissociation in dissociative disorders (dissociative disorder, conversion disorder, and PTSD) and compare them with other control disorders (anxiety and depression disorders). In order to do that, a screening tool for the somatoform dissociation was necessary and it did not exist in Portugal.

Method

1. Subjects

Subjects were consecutively selected from a psychiatric clinic (85), three psychotherapeutic centers (85), and a university (56 students). The questionnaires of eight patients were invalidated due to displacing of answers on the scale. The dissociative patients were screened with a Portuguese Dissociative Disorders Interview Schedule (DDIS-P) for corroboration of the clinical diagnosis. A “gold standard” to do that, a screening tool for the somatoform dissociation was considered as a standard for validating the provisional adaptation (DDIS-P) is a structured interview developed by Ross et al. Our adaptation allows the identification of all dissociative disorders, somatization disorder, and conversion disorder accordingly to DSM-IV diagnoses. The Portuguese version of the DDIS-P was investigated in a study with 41 patients and 29 normal control subjects and showed a good sensitivity rate (84%) and a specificity rate of 100%.

2. Instruments

The Somatoform Dissociation Questionnaire is a 20-item self-report instrument that measures the intensity of somatoform dissociation, and was developed by Nijenhuis et al.

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3. Statistical description

For the dissociative patients the mean ± SD SDQ-20 score was 39.3 ± 11.9; for the conversion patients, it was 39.8 ±
14.2; and for PTSD patients, it was 38.7 ± 11.7. For control subjects, the mean ranged between 27.0 ± 6.9 (depression) and 33.2 ± 7.5 (obsessive-compulsive). The mean scores of these four groups differed significantly (ANOVA: F = 9.06, p < 0.0001). Bonferroni post-hoc multiple comparisons revealed that the significantly differences were between the dissociative disorders and the control disorders; it also showed that there weren't significantly differences within the dissociative disorders. These results are shown in detail in Table 1.

Discussion

As far as our knowledge goes, this is the first study to evaluate somatoform dissociation among Portuguese patients, and to compare dissociative patients with other diagnosis groups. The mean SDQ-20 score was higher in patients with a dissociative disorder than in those with control pathologies. The most important finding of this study is that somatoform dissociation is common in dissociative disorders, PTSD and conversion disorders, and it reinforces the idea of a connection between these disorders or their symptoms. Our anecdotic cases from clinical practice also support that idea. And we agree with Spitzer et al. and Nemiah regarding the assertion that conversion disorders should be re-categorized with the dissociative disorders. This is a good internal consistency, leading to the assumption that the SDQ-20 Portuguese version seems a useful instrument, which supports the idea of including a dissociative dimension in PTSD diagnostic criteria. Considering recent evidence about two subtypes of PTSD – a dissociative and a “hyperaroused” PTSD –, our finding provides a relevant empirical contribution.

Another important finding is that dissociation is very common in PTSD, which supports the idea of including a dissociative dimension in PTSD diagnostic criteria. Considering recent evidence about two subtypes of PTSD – a dissociative and a “hyperaroused” PTSD –, our finding provides a relevant empirical contribution.

The SDQ-20 Portuguese version seems a useful instrument for the diagnosis of somatoform dissociation, and for discriminating between dissociative disorder patients and other psychiatric patients. Global scale reliability analyses reveal a good internal consistency, leading to the assumption that the questions converge to the same construct.

We should also mention some limitations of our study. There were few subjects in psychopathological subcategories to enable further analysis and the study of other associations. And there were more female than male subjects, as it usually happens in many psychopathological studies. In addition, this study, as pointed out by Steinberg, is also limited by the vague construct of dissociation, which needs a more consistent conceptual foundation and screening tools with a more comprehensive assessment of this complex concept. Another limitation to the generalization of our results is the assessment of 165 patients who depended only upon LEAD procedure, which has been questioned in some studies.

Conclusions

The Portuguese SDQ-20 was able to discriminate between patients with a dissociative disorder and patients with other pathologies in a Portuguese population, and it has good psychometric parameters that sustain its validity in another culture.

References

## ANNEX

SDQ-20

Este questionário refere-se a vários sintomas físicos ou a sensações corporais que pode ter tido durante pouco tempo ou por períodos longos de tempo. Indique, por favor, o grau em que essas experiências se aplicam a si no último ano.

Para cada frase faça um círculo no número da primeira coluna que melhor se aplica a si.

As possibilidades são:

1= Não se aplica NADA  
2= Aplica-se POUCO  
3= Aplica-se MODERADAMENTE  
4= Aplica-se MUITO  
5= Aplica-se BASTANTE

Se um sintoma ou sensação se aplicar a si, indique se um médico o relacionou com uma doença física. Aponte esta situação na segunda coluna "A causa física é conhecida?" fazendo um círculo à vontade da palavra SIM ou NÃO.

Se assinalou SIM, escreva a causa física na linha, caso a conheça. Um exemplo:

<table>
<thead>
<tr>
<th>Grau em que o sintoma se aplica a si</th>
<th>A causa física é conhecida?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>Não, sim, e é ____________</td>
</tr>
</tbody>
</table>

Se pôs um círculo no 1 da primeira coluna (Não se aplica NADA), NÃO tem de responder à pergunta sobre se conhece a causa física. Mas se pôs um círculo no 2, 3, 4 ou 5, DEVE pôr um círculo no NÃO ou no SIM na coluna de "A causa física é conhecida?"

SFF Não saíte nenhuma das 20 perguntas. Muito obrigado pela sua colaboração.

1= Não se aplica NADA  
2= Aplica-se POUCO  
3= Aplica-se MODERADAMENTE  
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<tr>
<td>1 2 3 4 5</td>
<td>Não, sim, e é ____________</td>
</tr>
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</table>

### Às vezes acontece que:

1. É como se o meu corpo, ou parte dele, desaparecesse.  
2. Fico paralisado(a) durante um bocado.  
3. Não consigo falar (ou falo somente com um grande esforço) ou só consigo susurrar.  
4. O meu corpo, ou parte dele, fica insensível à dor.  
5. Tenho dores de urinar.  
6. Não consigo ver por momentos (como se ficasse cego(a)).  
7. Tenho dificuldades em urinar.  
8. Não consigo ouvir por momentos (como se ficasse surdo(a)).  
9. Ocupo os sons próximos como se eles viesssem de longe.  
10. Fico rígido(a) por momentos.  
11. Não tenho gosto, no entanto consigo cheirar muito melhor ou muito pior do que habitualmente.  
12. Sinto dores nos genitais (independente de relações sexuais).  
13. Tenho um ataque semelhante a uma convulsão epiléptica.  
14. Repugnante cheiros de que gosto habitualmente.  
15. Não suporto sabores de que gosto habitualmente (exceto mulheres na gravidez ou em período menstrual).  
16. Vejo as coisas à minha volta da forma diferente do habitual (p.ex.: como se olhasse através de um túnel ou visse somente parte do objeto).  
17. Não consigo dormir noites seguidas mas mantenho-me muito ativo(a) durante o dia.  
18. Não consigo engolir ou só engulo com grande esforço.  
19. As pessoas e as coisas parecem mais distantes do que são na realidade.  
20. Sinto o meu corpo ou parte dele dormente.

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