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# The Delusions-Symptoms-States Inventory (DSSI): construction, applications and structural analyses

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## Abstract

This is the third and last report in a series of three articles reviewing and reassessing the late Graham Foulds' theoretical conceptions of personality disturbance and personal illness and the scales that were developed to assess them. We have already reported on the Personality Deviance Scales (PDS; Deary et al., 1995) and the Personal Disturbance Scale (DSSI/sAD; Bedford & Deary, 1997). The present report concerns the Delusions-Symptoms-States Inventory (DSSI). The literature on this instrument is reviewed under three broad headings: theoretical background and technical aspects, clinical reviews and other studies. Multivariate analyses of the DSSI's 12 subscales and total structure are reported. All 12 subscales have adequate psychometric characteristics. The higher order structure of the instrument reveals two clear but correlated factors of anxiety and depression-elation. Interpretation of a third higher order factor is less certain. A brief overall assessment of Foulds' contribution to differential clinical psychology is made and it is concluded that his theories and clinical psychometric instruments have lasting value. © 1999 Elsevier Science Ltd. All rights reserved.

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## 1. Introduction

In two previous articles we have discussed the theories of the late Graham Foulds with respect to personality disorder (personality deviance, as he called it) and mental illness (personal illness in his parlance) (Deary et al., 1995; Bedford & Deary, 1997). These reports reviewed the accumulated scientific literature concerning, and reassessed the structures of, two of the clinical psychometric instruments developed by Foulds and his colleagues, viz. the Personality Deviance Scales (PDS)

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and the Personal Disturbance Scale (DSSI/sAD). In this last report in the series we examine the literature on, and present some illustrative data analyses of, the Delusions-Symptoms-States Inventory (DSSI; Bedford & Foulds, 1978a). The DSSI and the PDS (Bedford & Foulds, 1978b) constitute the second generation of measures for the assessment of personality and personal illness (Foulds, 1965, 1976).

To impose structure upon the large number of studies which have used the DSSI we have grouped them into ten sections or topic areas which, in turn, collapse into three broad clusters. The first cluster—Theoretical background and technical aspects—begins with the initial publications of the test's authors in the 'Construction and validation' of the DSSI items and sets. It needs to be recognised that the creation of the self-report inventory was a continuation of the work carried out with the earlier interview-based Symptom-Sign Inventory (Foulds, 1965; Foulds & Hope, 1968). Accordingly, the next subsection—Hierarchy of classes of personal illness—continues Foulds' development of his theories on personal (psychiatric) illness and the hierarchy model, applying the new assessment instrument in a clinical context. The resulting numerous replication studies by other clinical workers are summarised. Next, 'Comparison with clinical diagnosis' contains one published study and the present authors' analyses and interpretations of three other data sets (unreported in journals) which examined the relationship between DSSI data and formal clinical diagnoses. This first broad cluster of sections is completed by a section on 'Existing and novel analyses', which concerns statistical examinations at DSSI item and subscale level. Again, some of these are in the published literature whereas others were carried out by the present authors on previously unreported data.

The second cluster of sections—Clinical review—opens historically with 'Other publications by the test's authors' which concerns early work with the DSSI. Next, 'Other clinical studies' broadens the scope both of authorship and years of publication, whilst excluding any topic or source of information that is substantial enough to justify its own section. The first of such sections—Schizotypy—centres on the work of the Liverpool and Oxford research teams in the last decade. Next and finally in the 'Clinical review' cluster, is the section—Evaluating psychological therapy—devoted to the employment of a shortened version of the DSSI by Baker and co-workers in Aberdeen and Dorset with the clients of clinical psychologists and counsellors.

The third—Other studies—cluster comprises a 'Translations' section which is a mixture of studies involving Italian psychiatric and medical patient and non-hospital subjects examined by Rubino and colleagues. This small cluster is completed by an 'Other studies' section which consists of those few reports which defy classification under any of the earlier headings.

Attention is drawn to the provision of an appendix which gives the content of each of the DSSI's 84 items presented in the context of their 7-item set or syndrome. Repeated reference to this, like the Fig. and Tables, should help comprehension and overcome unfamiliarity with terminology and abbreviations.

## **2. Theoretical background and technical aspects**

### *2.1. Construction and validation of the DSSI*

The DSSI is an 84 item self-report inventory of current mental state. All items begin with the word 'Recently' which more concretely is explained to the subjects as 'during the last month or

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