## **Text S1**

## **Additional information about the psychometric questionnaires**

The selection of the questionnaires was based on the following considerations: Firstly, in order to enable the comparison of our sample with those of other DPD studies, we selected questionnaires, which were used in the majority of previous DPD studies [[1-13](#_ENREF_1)]. This applied to the Cambridge Depersonalization Scale (CDS) [[14](#_ENREF_14),[15](#_ENREF_15)], the Dissociative Experiences Scale (DES) and its subscales amnesia and depersonalization [[16](#_ENREF_16)], the Beck Depression Inventory-II (BDI-II) [[17](#_ENREF_17)] and the State-Trait Anxiety Inventory (STAI-T/-S) [[18](#_ENREF_18)]. Further, the BDI-II and the STAI were used to describe the impairment by symptoms of anxiety and depression, as there is a high comorbidity with depressive disorders and anxiety disorders in DPD. In the end, assessment of depression and anxiety should allow the matching of the DPD group with the patient controls. Secondly, the Childhood Trauma Questionnaire (CTQ) [[19](#_ENREF_19)] was included in order to describe the severity of traumatic childhood experiences. According to the DPD literature, DPD is not associated with severe forms of childhood trauma (e.g. sexual abuse) in contrast to severe dissociative disorders such as dissociative identity disorder [[13](#_ENREF_13)]. The CTQ enabled us to demonstrate, that the level of childhood traumatic experiences was not high in both groups. Thirdly, as we used a mindful breathing condition in our study, we applied the Mindful Attention Awareness Scale (MAAS) [[20](#_ENREF_20)] to measure dispositional mindfulness and to compare DPD patients with patient controls regarding their dispositional mindfulness.

**References of Text S1**

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