Furthering the link between a desire to dissociate and negative reinforcement patterns of drinking

Grace O. Putz[1], Emma R. Hickman[1], Michaela J. Cordova[1], Kailey A. Richner[2], Dennis E. McChargue[2], & Alicia K. (Klanecky) Earl[1]

Creighton University[1], University of Nebraska-Lincoln[2]

INTRODUCTION

- The desire to dissociate has been conceptualized as a mechanism that facilitates alcohol use to reduce negative experiences.
- A desire to dissociate can be reliably measured using the Desire to Dissociate Scale (DDS; Klanecky Earl et al., 2020), a modified version of the Dissociative Experiences Scale (DES-II; Carlson & Putnam, 1993), and is associated with alcohol, trauma, and emotion regulation variables (e.g., Klanecky et al., 2012).
- Current aims seek to replicate and extend correlates identified in Klanecky Earl et al. (2020) between the DDS and variables measuring alcohol use and negative experiences, as well as better understand in individuals' own words why they wish to dissociate.

METHOD

- N=954 college students across two Midwestern universities completed an online survey battery (See Table 1).
- The DDS was constructed by modifying select items from the Dissociative Experiences Scale-II (DES-II). Where the DES-II assesses the frequency of dissociative tendencies, the DDS asks about the *desired* frequency of dissociative tendencies.
- Following endorsement of a DDS item, participants were asked to describe "why" they would like that experience. Researchers completed qualitative coding (Braun & Clarke, 2006) on the three most endorsed items.

RESULTS

- DDS scores were positively correlated with drinking to cope, alcohol consequences, trauma-related variables, and emotion regulation difficulties (*r*'s=.12-.43; *p*'s<.02). They were also positively correlated with current stress, anxiety, and depression; increased negative affect and experiential avoidance (*r*'s=.31-.40); and reduced positive affect (*r*=-.20; all *p*'s<.01).
- Thematic analysis (Braun & Clarke, 2006) was conducted on the qualitative data describing why students desire to dissociate (n=485). The two common themes across the three most frequently occurring questions described either wanting to escape one's experience or absorb into another experience.
  - 73% of participants wished to not hear all or part of what was said when talking with someone. Most (44.3%) indicated this was to avoid aspects of the conversation, whereas 14.3% desired to engage more in internal experiences (e.g., one's thoughts).
  - 62.2% of participants wished to be able to ignore pain. While 51.5% described how the removal of pain would be beneficial, 21.4% described being in the pain as a negative experience.
  - The description of being in or absorbed by the pain was correlated with increased alcohol consumption and consequences, and trauma symptoms (*r*'s=-.15 to -.23; *p*'s<.04) (See Table 2).

DISCUSSION

- Findings replicate and extend previous results (Klanecky Earl et al. 2020). An increased desire to dissociate is consistently related to increased negative affective experiences and alcohol use behaviors.
- Thematic analysis of why participants desire to dissociate revealed theoretical facets of absorption and escape (Butler, 2006). Notably, responses identifying being absorbed or stuck in the pain, not removing or escaping from it were associated with increased alcohol and trauma variables.
- Those who become absorbed in negative experiences (e.g., pain) may be more vulnerable to problem drinking for the negatively reinforcing effects of alcohol.

Thematic analysis shows facets of absorption as a potential mechanism in the relationship between a desire to dissociate and alcohol-related variables.

Table 1

Descriptive Statistics

Variable		Mean (SD) or Freq (%)
Age		19.61 (1.65)
Gender	Men	305 (32%)
	Women	643 (67.4%)
Ethnicity	White	714 (74.8%)
	Asian American	76 (8.0%)
	Hispanic	71 (7.4%)
	African American	33 (3.5%)
	Other	60 (6.3%)
DDS		9.46 (9.05)
AUDIT Total		5.91 (4.64)
AUDIT QF		3.93 (2.51)
AUDIT Prob		1.96 (2.73)
DMQ Coping		1.55 (.69)
PCL-C Total		19.15 (16.38)

Note. AUDIT =Alcohol Use Disorders Identification Test, a self-report questionnaire looking at total problem drinking (AUDIT Total), as well as quantity/frequency (AUDIT QF) and alcohol-related consequences (AUDIT Prob). Higher scores indicated increased severity. DMQ Coping=Drinking to cope subscale of the Drinking Motives Questionnaire-Revised. PCL-C =PTSD Checklist – Civilian Version, a self-report instrument designed to measure PTSD symptoms within the last month. Higher scores indicate increased symptoms.

Table 2

Pearson's Correlations

	1	2	3	4	5
1. DDS10	1	-.232**	-.145*	-.211**	-.158*
2. AUDIT Prob	-.232**	1	.593**	.901**	.207**
3. AUDIT QF	-.145*	.593**	1	.884**	.063
4. AUDIT Total	-.211**	.901**	.884**	1	.155**
5. PCL-C Total	-.158*	.207**	.063	.155**	1

*$p<.05$, **$p<.01$

Note. DDS10=Item 10 of the Desire to Dissociate Scale asking participants *why* they wish they could avoid pain. Coded 0=being in or absorbed by the pain and 1=focusing on the removal of pain. AUDIT Prob=Alcohol-related consequences; AUDIT QF=quantity/frequency of consumption; AUDIT Total=Total problem drinking; PCL-C Total=Total PTSD symptoms in the last month.