

# Evidence for a Common Dissociative-Like Reaction Among Addicts

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A questionnaire was designed to test selected aspects of the author's General Theory of Addictions (Jacobs, 1982). Data were collected from groups of compulsive gamblers, alcoholics, and compulsive overeaters, and compared with the responses to the same questionnaire obtained from normative samples of adolescents and adults. The more inclusive term, "compulsive gambler," has been used throughout, since the sample of gamblers in this study included an inpatient subgroup who had been diagnosed as "pathological gamblers," as well as a subgroup of Gamblers Anonymous members who had not been clinically evaluated. Findings support the author's theoretical position that, when indulging, different kinds of addicts will tend to share a common set of dissociative-like experiences that differentiate them from nonaddicts. This has been termed a "state of altered identity."

The author's General Theory of Addictions has been described in a recent issue of this Journal (Jacobs, 1986). This paper will present findings supportive of the theory's prediction that persons known to be addicted to different substances and activities will experience a common dissociative-like state while indulging that will differentiate them from nonaddicts indulging in the same activities or substances. Jacobs (1980, 1982) has defined addiction as a "dependent state acquired over an ex-

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tended period of time by a predisposed person in an attempt to correct a chronic stress condition." Viewed in this light addictive patterns of behavior may be conceptualized as a form of self-management or self-treatment. This perspective offers some advantages when engaging addicts in treatment. While recognizing the influence of predisposing physiologic and psychologic factors, it holds the patient responsible for actively seeking more adaptive alternatives to replace the maladaptive and self-damaging efforts previously made to cope with the perceived stress condition.

According to Jacobs' theory (1982) there are two coexisting and interacting *predisposing factors* that potentiate and maintain an addictive pattern of behavior. These are:

1. *A physiological arousal level that is perceived as chronically hypotensive or hypertensive.* The literature has referred to a minority of persons at either extreme of the normally distributed range of resting arousal levels as "reducer" or "enhancer" types (Petrie, 1967; Ogbourne, 1974). "Reducers" are characterized by a resting arousal state of over-mobilization (i.e., high arousal; tense). The "enhancers" are characterized by a resting arousal state of under-mobilization (i.e., low arousal; bored). Either of these extreme arousal states is held to be aversive. Consequently, one would expect that both groups would attempt to discover and engage in activities that would make them feel better. Not all reducers and enhancers are prone to acquiring an addiction, according to the author's theory. Nonetheless, the persistence of what is subjectively perceived as an aversive arousal state is said to be one of two necessary predisposing conditions for developing an addiction.

2. The second precondition that must exist before the stage is fully set for acquiring an addictive pattern of behavior is *a childhood and adolescence marked by deep feelings of inadequacy, inferiority, and a pervasive sense of rejection by parents and significant others.* Such feelings would be expected to stimulate behaviors and activities that would produce relief from this psychological distress. Several alternatives would be available to persons in such unhappy and frustrating circumstances. These might include responding adaptively by increasing efforts that would gain social acceptance. A second reaction would be to retaliate with angry and aggressive acting-out behaviors of an antisocial type. A third (much less frequent reaction) would be to pretend not to care and/or to conceptually leave the offending field through escape into wish-fulfilling fantasies wherein one is successful, powerful, loved and admired.

Jacobs has predicted that persons with a chronically abnormal arousal state who also tend to respond to feelings of inferiority and rejection by flight into denial and compensatory fantasy are at the highest risk for acquiring an addictive pattern of behavior. Such persons would be particularly vulnerable during adolescence, a developmental period when high levels of both physiologic and psychosocial stresses prevail. Given these interacting predisposing conditions *in a conducive environment*, Jacobs proposed that whatever the potentially-addictive substance or activity chosen, its continued use into a frank addictive pattern of behavior will depend largely on its possessing the following three attributes:

1. *It blurs reality testing.* Specifically, one's attention is temporarily diverted from the chronic aversive arousal state. This may occur as a result of the physiologic effects of an ingested substance, and/or by the manner in which an activity (e.g., gambling) so completely concentrates one's attention on a specific here-and-now event that coexisting aversive aspects of one's life situation are "blurred out."

2. *It lowers self-criticalness and self-consciousness.* This is accomplished through an internal cognitive shift that deflects preoccupation with one's personal or social inadequacies. Often this is supported and reinforced by the special circumstances that prevail where the addictive pattern of behavior is ordinarily pursued—such as in a bar, gambling casino, race track, restaurant, party, etc. Each of these environs tends to accord acceptance, even encouragement, to behaviors that would be frowned upon or rejected in other settings.

3. *It permits complimentary daydreams about oneself.* These wish-fulfilling fantasies serve to facilitate the assuming of an altered identity wherein one's self image and/or social interactions are perceived as enhanced and successful.

Whether the addictive pattern of behavior is practiced in solitary or in social settings, as the number and intensity of these three attributes increase, so does the likelihood that the person will actually "cross over" into a frank dissociative state.

For purposes of testing this particular feature of the General Theory of Addictions, evidence for a dissociative state was operationally defined as a subject reporting one or more of the following four experiences during or immediately following a period of indulgence. The first item represented a blurring of reality testing: "After (activity noted) have you ever felt like you had been in a trance?" The second item measured a shift in persona: "Did you ever feel like you had taken on another iden-

tity?" The third item was designed to capture an out-of-body experience: "Have you ever felt like you were outside yourself—watching yourself (doing it)?" The fourth item inquired about the presence of amnestic and fugue-like states: "Have you ever experienced a memory blackout for a period when you had been (doing the given activity)?"

## METHOD

A questionnaire was designed to test selected aspects of the General Theory of Addictions (Jacobs, 1982, 1985). Data were collected from groups of compulsive overeaters, alcoholics and compulsive gamblers, and compared with responses from normative samples of adolescents and adults. In all, 407 addicts and 1011 normals were surveyed (Table 1).

Additional information on the mean age and sex distribution of the addict groups is as follows: compulsive gamblers: mean age 46 years, 10% females; alcoholics: mean age 46 years, 12% females; compulsive overeaters: mean age 38 years, 67% females. The addict samples were drawn from available inpatient treatment settings and self-help groups. It is recognized that these samples may or may not be representative of their counterparts in other geographic locales or in other treatment settings, or in other self-help groups. Hopefully, this preliminary report will stimulate replication studies that will throw more light on the relationships between demography variables and experiencing of dissociative-type reactions such as those reported here (Jacobs, Marston & Singer, 1985).

The mean age and sex distribution of the normative samples is as follows: adults: mean age 64 years, 15% females. The adult sample was drawn from available veterans and service club groups in the Inland Empire area of Southern California. The adolescent sample was composed of a broadly representative (though not controlled) selection of ninth to twelfth graders from four high schools in the Inland Empire area of Southern California. The students had a mean age of 17 years, 55% females. The same caveat noted above for the addict groups applies to the representativeness of the normative samples reported in this study.

In one part of the questionnaire all subjects were asked to indicate the relative frequency with which they had experienced each of the four dissociative-like phenomena during or following periods of indulging. Response options to each question were: "Never," "Rarely," "Occasionally," "Frequently," and "All the time." Displayed in Table 1 are the proportions of known addicts, adults and high school students who responded that they had experienced each of these phenomena "Occasionally" to "All the time," when gambling, drinking and/or overeating. It should be noted that the normative samples of adults and high school students reported on the extent of their dissociative-like experiences when indulging in *each* of the three potentially addictive behaviors. On the other hand,

**Table 1**  
**Dissociative-Like Reactions Experienced By Addicts and Normals When Indulging in Gambling, Drinking and Overeating**

Dissociative-Like Reactions Reported	Type of Indulgence											
	When Gambling				When Drinking				When Overeating			
	Gamblers N = 121	Adults N = 168	Adolescents N = 843	Alcoholics N = 203	Adults N = 168	Asolescents N = 843	Overeaters N = 83	Adults N = 168	Adolescents N = 843			
Trance	79%	5%	2%	62%	17%	29%	41%	5%	7%			
Different person	79	21	5	73	36	39	44	21	13%			
Outside Self	50	8	2	34	12	23	30	7	10			
Blackout	38	4	1	73	15	21	14	4	2			
Median Dissociative Score:	64%	6%	2%	67%	16%	26%	35%	6%	8%			

\* Reactions reported "rarely" are not included above

the addicts were asked only to report their dissociative-like experiences when indulging in their particular type of addictive behavior: i.e., compulsive gamblers when gambling, alcoholics when drinking, and compulsive overeaters when overeating.

## RESULTS

As predicted, moderate to high frequencies of each type of dissociative-like experience were reported by each addict group. Compulsive gamblers and alcoholics consistently reported a higher incidence of these reactions than did compulsive overeaters ( $p < .01$ ). Each of the three addict groups reported significantly more ( $p < .001$ ) dissociative-like reactions on each indicator than did normative groups. Normative groups reported dissociative-like reactions most often when drinking, next when overeating, and least when gambling. High school students reported significantly more dissociative reactions when drinking than did adults ( $p < .01$ ). Adults reported significantly more dissociative-like reactions than high school students while gambling ( $p < .01$ ). These findings support a central theoretical position that, when indulging, persons known to be addicted to different substances or activities will tend to share a common set of dissociative experiences that differentiate them from nonaddicts. This is described as "a state of altered identity." Theoretically, this end state is held to be the ultimate goal of all forms of addictive behaviors, regardless of the diverse means used to attain it.

Figure 1 portrays the differences between known addicts and the two normative groups to the question, "Did you ever feel like you had been in a trance when . . . (gambling/drinking/overeating)?" Four out of five compulsive gamblers (79%) reported that they had had this experience "occasionally" to "all the time" when gambling, in contrast to 62% of the alcoholics when drinking, and only 41% of the compulsive overeaters when overeating. Compulsive gamblers reported experiencing a trance-like state significantly more often (chi square = 48.03,  $p < .001$ ), than did the other two addict groups. As noted above, all three addict groups reported this experience far more frequently than did the normative sample ( $p < .001$ ).

Figure 2 compares the responses of the three addict groups and the normative samples to the question "Did you ever feel like you had taken on another identity when . . . ?" Four out of five compulsive gamblers

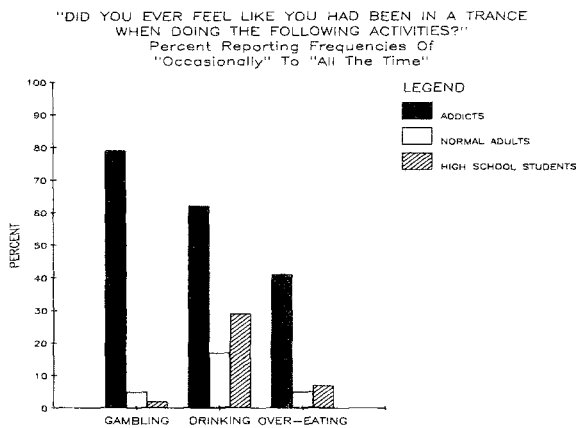


Figure 1

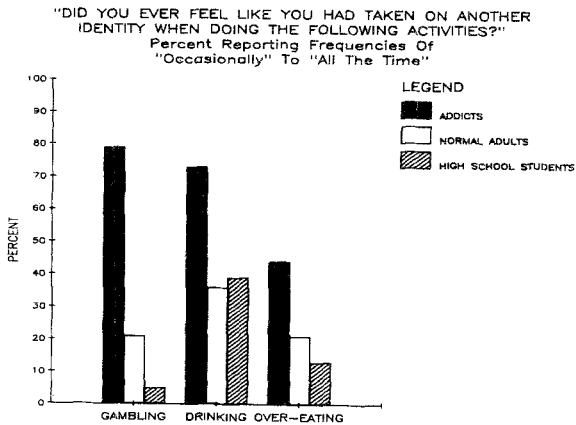


Figure 2

(79%), 73% of the alcoholics, and 44% of the compulsive overeaters reported having this experience “occasionally” to “all the time” when indulging in their respective addictive behaviors. Compulsive gamblers and alcoholics reported this experience significantly more often (chi square = 49.75,  $p < .001$ ) than did compulsive overeaters. Again, the normative samples reported this experience far less frequently than did the addict groups.

Figure 3 compares the addict groups with the normative samples with regard to their responses to the item, “Did you ever feel like you were outside yourself – watching yourself when . . . ?” This out-of-body experience was reported less frequently than the preceding two dissociative-like reactions by all subjects. Compulsive gamblers reported this experience most frequently (50%), followed by alcoholics (34%), and compulsive overeaters (30%), normative groups reported this experience far less frequently.

Figure 4 compares the responses of the addict and normative groups to the question, “Did you ever experience a memory blackout for a period when you had been indulging?” Alcoholics reported this experience most frequently (73%). Surprisingly, 38% of the pathological gamblers and 14% of the compulsive overeaters also reported memory blackouts “occasionally” to “all the time” when indulging in their respective addictive forms of behavior. Alcoholics and gamblers reported this behavior significantly more often than did the overeater group (chi square = 159.5,  $p < .001$ ). This experience was relatively rare among the normative sample.

It is of interest that on the *combined dissociative score* (Table 1) the overeater group was significantly lower than either the alcoholic or gamblers group, who did not differ from one another (chi square = 30.14,  $p < .001$ ).

Table 1 details the responses of each of the addict and normative groups to the four dissociative questions. In general, feeling like one had taken on another identity and feeling like one had been in a trance while indulging were the more frequent kinds of dissociative-like reactions experienced by both addicts and normals. Except for the extremely high frequency of blackouts reported by alcoholics following drinking episodes, the addict groups, as well as the normative groups, reported out-of-body experiences and blackouts less frequently.



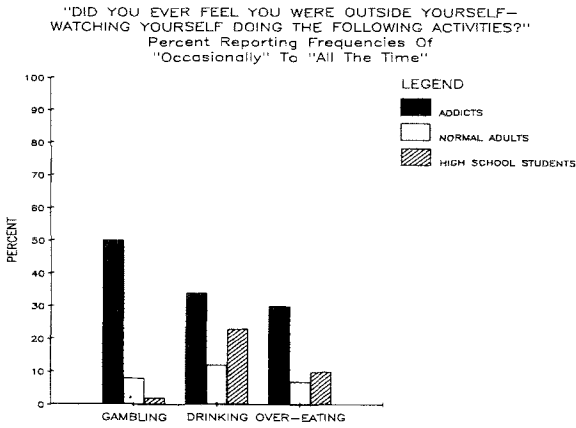


Figure 3

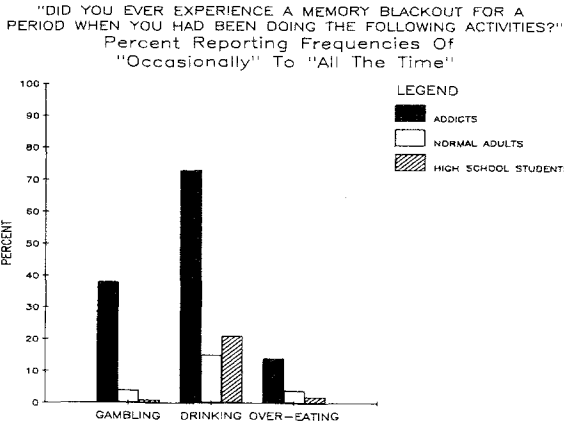


Figure 4

## CONCLUSIONS

One may confidently conclude from this study that addicts of several disparate types share a common dissociative-like experience when indulging that sets them clearly apart from normals who also indulge in the same types of substances or activities. The finding that addicts reported a significantly greater number and variety of dissociative-like reactions than did normals may have clinical utility for differentiating addicts from nonaddicts who present themselves to health professionals for treatment.

Now that a state of altered identity has been shown to be a common feature among some addict groups, further research will undoubtedly explore the incidence and prevalence of dissociative-like reactions among still other types of addicts. These findings also open the door to a series of studies designed to correlate the relative presence of dissociative-type phenomena with a variety of other dimensions. These might include assessing the relationships between dissociative reactions and stage or course of addictive career (Jacobs, 1984; Moran, 1970; Custer, 1982); age and sex distributions among different addict groups (Jacobs, 1985); sensation seeking (Zuckerman, 1979; Anderson & Brown, 1984; Kuley, 1986); arousal level changes when indulging (Blaszczynski et al., 1986); scores on "Twenty Question"-type inventories constructed by self-help groups such as Gamblers Anonymous, Alcoholics Anonymous, Overeaters Anonymous, etc. (Kuley, 1986).

Meanwhile, the extent and type of dissociative-like experiences associated with a given form of indulgence may serve as "hard signs" for early identification of high risk adolescents and adults before they become enmeshed in an addictive pattern of behavior. The ultimate goal of the author's entire program of research is to augment and systematize the knowledge base about addictions, so that timely interventions may be designed to prevent them (Jacobs, Marston & Singer, 1985).

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