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Relationships Between Coping Strategies and Styles of Dissociation

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ABSTRACT – Coping methods are used to manage symptoms of anything from a bad day to diagnosed disorders and are associated with a change in those symptoms. The current study investigates the relationship between stress and coping strategies on levels of detachment-type and compartmentalization-type dissociation in a general undergraduate population. Using a multivariate regression analysis, predictive coping strategies were found for individuals experiencing detachment-type or compartmentalization-type dissociation. Individuals experiencing compartmentalization-type dissociation were found to utilize behavioral disengagement, denial, and substance use as coping strategies. Those experiencing detachment type dissociation engaged in coping strategies of behavioral disengagement, self-blame, and substance use. Understanding the effect of coping strategies on detachment-type and compartmentalization-type dissociation highlights the gap in education and resources for using more positive coping strategies.

Keywords:
Dissociation; Nonclinical sample; Perceived stress; Coping strategies

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Introduction

Dissociation is a widespread human experience in today's world that has a variety of symptoms in clinical populations. Symptoms of dissociation have a strong possibility of being prevalent in nonclinical populations as well. Understanding these symptoms on a spectrum can be hypothesized under the Diagnostic and Statistical Manual 5-TR definition of dissociation: a disruption of normal functions of memory, identity, and perception of the world around a person (American Psychiatric Association, 2020). Although many factors could be associated with any one of these disruptions, one major contributor for nonclinical populations is stress. The relationship between stress and dissociation has not been greatly researched.

As stressors increase for everyone, specifically after the Coronavirus Disease-19 (COVID-19) pandemic, understanding the relationship between stress and other variables, such as dissociation, is crucial. Dissociation is defined by Holmes and colleagues' split definition of detachment and compartmentalization (2005). Under this definition, dissociation is seen as an umbrella term that

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includes symptoms of both detachment - feeling a separation from oneself and one's environment, feeling as though one is in a dream, not being able to pay attention or hear things that people say to them, and compartmentalization - an inability to access normal mental concepts such as general recall of information, disorganized or unclear thought processes, and increased executive dysfunction.

The root of dissociation symptoms and disorders is still widely debated; however, there are currently several theories that childhood trauma or anxiety responses are predictive of dissociative experiences (Černis et al., 2021; Loewenstein, 2018). There have been other factors found to increase levels of dissociation in all populations, such as stress, lack of sleep, and substance use (Boulet et al., 2022; Najavits & Walsh, 2012; Weiss & Low, 2017). These general habits have been related to increased levels of dissociation; there has not been much research on coping habits and their impacts. There is more awareness now that dissociation not only impacts clinical populations, but it is seen as more of a continuum across populations. This new outlook requires more research conducted with diverse nonclinical samples with broader variable testing. There has been some research done to determine the relationship between dissociation, its comorbidity, and its impact on collegiate athletes (Sceppaguercio, 2024; Holmes et al., 2005). The current study hopes to expand upon previous work with nonclinical populations for a generalized understanding of dissociation.

The existence of dissociation as a concept and experience has always been strongly debated between physicians, philosophers, and psychologists in clinical and nonclinical settings. It did not become recognized as a human experience until around the late 19th century, when it was cited as a theory by French psychologist and physician Pierre Janet (Van der Hart & Horst, 1989). With research on dissociation as an area of focus reemerging in the 1990s, there has been more recognition of dissociative symptoms within the general public (Ray & Faith, 1995). Despite there being an increased understanding and acceptance of dissociative symptoms and disorders, little research has been done on the predictors of nonclinical levels of dissociation and their effects.

As dissociation is being observed more in general populations, some cohorts are seen as more impacted than others. Although college students and typical adults in the workforce have similar stressors such as finances, weight of responsibilities, and family struggles, students also have other aggravating factors (Pitt et al., 2018). Aggravating factors include finding themselves and their interests, peer pressure, and more team-based projects, as many are away from home for the first time. Increased stressors on top of typical adult struggles can cause dissociation to increase, especially during the crucial period of 20-50 years old, where stress levels are highest (Schanzenbach et al., 2017; Stone et al., 2017). Dissociative symptoms in students can produce the same poor life outcomes as they can for typical adults, including falling short of their own expectations. Students may experience dissociative symptoms and handle them well, which provides the feeling of having more control over where they end up after graduation. Dissociation symptoms have been associated with coping behaviors and habits that begin in college and continue later in life, causing not only academic troubles but also occupational issues later on. Ongoing issues moving into adulthood can also be exacerbated by aggravating factors continuing after education if negative coping strategies are utilized.

Due to multiple stressors and societal expectations, dissociative symptoms at a nonclinical level are more prevalent among student populations than among non-students. Spitzer and colleagues (2006) found a 0.3% prevalence of dissociation symptoms in the European general public and a prevalence of 1.8-2.9% in student populations. Putnam and colleagues (1996) found that students from the United States and Canada scored 6.7% higher than typical adults on the Dissociative Experiences Scale (DES). College students as a whole have ever-growing rates of stress and, in turn, dissociation due to stress and life experiences. This growth has caused a steady increase in the rate of mental health diagnoses and a drastic rise in suicidal ideation in recent years. Understanding the aggravators that impact greater levels of dissociation can make way for specific resources to be shared that can then decrease the potential effects of dissociation.

With the state of the economy and the cost of education rising for both public and private schools, students often must worry about academics and keeping a job. Around 40% of college students have

jobs outside of being full-time students, which has been associated with less sleep and an increase in reactive stress to already present stressors (U.S. Bureau of Labor Statistics, 2024). As seen in the general adult population, lack of sleep can exacerbate stress about stress. As stress levels grow for students, additional sleep issues and somatic symptoms can occur that hinder their ability to perform.

Despite sleep issues being a major issue for students, the lack of sleep and high stress levels are often caused by external sources. Staying up late or waking up early to complete assignments is not beneficial, especially with 87% of students claiming academics as one of their main stressors (American Psychological Association, 2020). About 26.7% of first-year students spent 16 or more hours a week specifically completing homework (Tran et al., 2010). By spending all their time studying, about 60% of all college students get at or under seven hours of sleep a night. The National Sleep Foundation recommends between seven and nine hours for young adults (Hirshkowitz et al., 2015; Mbous, 2022). This can decrease academic performance significantly when paired with the effects that stress alone can have on students. Not only are the consistent stressors of academics and lack of sleep associated with a diminished quality of life, but they also are predictive of dissociation and increased non-specific stress. Dissociation predicted by diminished quality of life can be prevalent in student populations, with self-care time being taken up by academics or work. Lack of sleep, stressors, dissociative symptoms, and non-specific or specific stress compounds, have been associated with an overall decreased overall performance functionally and academically.

Positive and negative coping strategies can have a strong impact on academic performance, especially since these habits are often taken up to alleviate stressors and dissociation. A common negative coping strategy is frequent alcohol usage, which often begins in college, with 49.6% of college students in 2023 reporting having drank alcohol in the past month before a study conducted by the National Institute on Alcohol Abuse and Alcoholism (2025). Cooper and colleagues (1992) found that drinking to cope was more predictive of alcohol abuse: drinking that causes major social and occupational issues and more severe withdrawal symptoms than the average drinker. While stress from classes can cause students to desire drinking, the act of drinking could add more stress when it eventually becomes an addictive item on their to-do list. While 91% of the students in a community college sample used substances as a way of coping, 76.9% used talking to friends and family members as their most common coping strategy (Pierceall and Keim, 2007). Although a strong majority of students use positive coping strategies, having one person who uses negative coping habits is one too many.

Similar to sleep and substance use, dissociation has been predictive of other coping strategies. Some effects have been observed as an average person experiencing high levels of dissociation may engage more in self-harm and substance abuse, and experience higher rates of depression (Tolmunen et al., 2008). High levels of dissociation cause serious effects, as mentioned, as well as lesser effects that impact academic performance, which is detrimental for college students. Fung and colleagues (2025) found that 22.0%-50.6% of a large adult sample ranging from 18 to 73 years old showed comorbidity between depression and dissociation. The age range is consistent with that of average college students who also experience the highest levels of dissociation. Individuals who experience depression also report greater levels of denial and avoidance as coping strategies (Orzechowska et al., 2013). With just under half of college students experiencing depression, it is understandable that denial is a common coping strategy.

Another coping strategy that college students use is denial, which is the act of refusing the existence of the stimuli or trying to convince oneself that whatever they are dealing with simply isn't real (Janoff-Bulman et al., 1987). Denial can be very useful when it comes to life-altering news, such as a terminal diagnosis or overwhelming situations (Haase, 2024). Denial can also be used for making decisions during generally uncertain times, which is evident in denial being one of the most common ways of coping for college students (Russell, 1993). When students use denial as a coping strategy, they are more likely to experience stress on top of their uncertainty. Higher stress levels and uncertainty can increase

problem-solving but exaggerate the amount of control they have over a situation (Folkman, 1984). Other coping strategies can then be used to stabilize one's role within a situation.

Self-blame as a coping strategy works as a stabilizer when individuals need to regain a sense of control (Raz et al., 2023). Although not actually giving someone more control over a situation, self-blame can give the façade of controllable factors based on what Kelly (1971, as cited in Davis et al., 1996) calls, 'systematic bias in attributions of causality toward greater personal control.' By focusing on what they did to potentially cause or impact a situation, it can open the way for reshaping the experience into something more palatable. The strategy of self-blame can come from considering the extent to which they had an impact on the event in the first place, compared to external and negating forces outside of one's own. Self-blame is also commonly seen in victims of sexual assault, as is the way of societal views in many places around the world (Sigurvinsdottir & Ullman, 2015). In the more severe cases of crime victims, behavioral disengagement or the allowance of an event to simply exist without trying to cope with it could be utilized as a coping strategy as well.

Behavioral d**i**sengagement is the act of not trying to deal with the stimuli that are impacting oneself or giving up on trying to cope with them. Waterhouse & Samra (2026) found that throughout 165 studies that looked at coping strategies, acceptance of one's situation was one of the more common strategies. Especially as students have academics or work to balance in their lives, it is easier to move on away from the experience or event that was causing them hardship. Although not taking the time to cope with an event or experience can seem like a time-saving act, behavioral disengagement is positively associated with negative affect reactivity, which takes more time in the end (Sun et al., 2023). Higher negative affect reactivity increases one's likelihood of reacting more negatively to negative situations (Abitante et al., 2025). Negatively reacting to situations and letting them plainly exist without doing anything about it can increase depressive-like symptoms, creating a circular effect.

The current study aims to understand the relationship between stress levels and coping strategies, and how they associated with detachment-type or compartmentalization-type dissociative symptoms. This study used a self-report survey for detachment and compartmentalization categories of dissociative symptoms, perceived stress, and coping strategies. The hypotheses of the present study are (1) perceived stress levels and coping strategies styles are associated with detachment symptoms of dissociation, and (2) perceived stress levels and coping strategies styles are associated with compartmentalization symptoms of dissociation.

Method

Participants

There was a total of 135 respondents to the survey. Participants were 74.8% male (n = 101), 24.4% female (n = 33), and 0.7% non-binary (n = 1). Ages ranging from 18 to 54 years old (M = 20.16, SD = 3.76). Ethnic/Race responses resulted in 15.6% Asian or Asian American (n = 21), 3.7% Black or African American (n = 5), 11.1% Hispanic (n = 15), 5.2% Mixed (n = 7), 2.2% Native American (n = 3), 57.8% White (n = 78), and 1.5% Pacific Islander (n = 2). Four did not report ethnicity.

Procedure

Participants were recruited from a private southwest university through SONA systems and granted course credit for participation. After registration on SONA, participants completed study materials on PsyToolkit (Stoet, 2010; Stoet, 2017). It took an average of 18 minutes for participants to complete the survey. All study protocols were approved by the author's Institutional Review Board.

Measures

The Detachment and Compartmentalization Inventory (DCI). The Detachment Compartmentalization Inventory (DCI) is a measure that assesses the separation of detachment and compartmentalization symptoms of dissociation. The DCI had a total of 22 questions that used a 0–7

Likert scale (0 – *Never*; 7 – *Daily*; Butler et al., 2019). The symptoms were separated by whether they pertained to a heightened sense of self-observation (detachment) or actions (compartmentalization). This measure was chosen because it is the most comprehensive and commonly accepted method of assessing these specific categories of dissociation symptoms. The reliability was also tested, and it returned α = 0.871 for the detachment and α = 0.912 for the compartmentalization subscales. The total reliability for the DCI was α = 0.931. Validity of the sample was also tested for the sample using items eight and 15 per the instructions; validity was passed.

Perceived Stress Scale (PSS). The Perceived Stress Scale (PSS) assesses how stressed an individual feels based on different circumstances. These situations range from feeling in control to emotion management and experiencing emotions. The PSS has 10 questions that use a 0–4 Likert scale (0 – *Never*; 4 – *Very Often*; State of New Hampshire Employee Assistance Program, 1983). This scale is currently widely accepted and the most used assessment for stress. All scores were averaged for each participant after the reverse coding items 4 and 7. The reliability of the PSS returned α = 0.88 when run with all items.

Brief COPE Inventory. The Brief COPE Inventory assesses the categories of coping skills used during stressful or difficult times. The inventory has 28 questions that use a 1–4 Likert Scale (1 – "*I haven't been doing this at all*"; 4 – "*I've been doing this a lot*"; Carver, 1997). This is a more condensed version of the COPE Inventory that provides the same in-depth analysis of coping skills by simply using two items to measure each coping habit rather than four. This inventory is a widely accepted and commonly used assessment for coping strategies.

Per the original inventory scoring instructions, the types of coping strategies are measured as follows: Self-distraction, items 1 and 19; Active coping, items 2 and 7; Denial, items 3 and 8; Substance use, items 4 and 11; Use of emotional support, items 5 and 15; Use of instrumental support, items 10 and 23; Behavioral disengagement, items 6 and 16; Venting, items 9 and 21; Positive reframing, items 12 and 17; Planning, items 14 and 25; Humor, items 18 and 28; Acceptance, items 20 and 24; Religion, items 22 and 27; Self-blame, items 13 and 26. Each item score was added to the other for that coping strategy, and the ones that were scored the highest for each individual were seen as the strategies that the participant used the most. The reliability of the Brief COPE returned α = .876.

Table 1: Descriptive Statistics for Study Measures

Measure	*M*	*SD*	Variance	Min	Max	Skewness	Kurtosis
Detachment	38.18	13.97	195.01	10	77	0.36	– 0.16
Compartmentalization	20.28	12.68	160.86	10	73	1.73	3.14
PSS Total	18.41	7.20	51.77	4	37	0.28	–0.56
Self-Distraction	5.52	1.55	2.42	2	8	– 0.44	–0.33
Active Coping	6.07	1.35	1.81	2	8	– 0.67	0.29
Denial	2.96	1.42	2.01	2	8	1.52	1.69
Substance Use	3.37	1.22	1.48	2	8	0.54	0.24
Emotional Support	4.49	1.75	3.06	2	8	0.28	–0.61
Instrumental Support	4.64	1.70	2.91	2	8	0.22	–0.64
Behavioral Disengagement	3.33	1.43	2.05	2	8	0.90	0.05
Venting	3.93	1.46	2.14	2	8	0.68	0.03
Positive Reframing	5.16	1.61	2.58	2	8	– 0.20	–0.49
Planning	5.81	1.59	2.54	2	8	– 0.38	–0.29
Humor	5.18	2.03	4.12	2	8	– 0.06	– 1.18
Acceptance	5.84	1.62	2.62	2	8	– 0.44	–0.31
Religion	3.52	1.88	3.54	2	8	1.07	–0.07
Self-Blame	5.30	1.99	3.97	2	8	– 0.11	– 1.19

Note: N = 135. PSS = Perceived Stress Scale.

Data Analysis

Statistical Analysis was completed using IBM SPSS Statistics Version 27. A priori analysis for sample size suggested 125 participants for linear multiple regression on G*Power with $\alpha = .05$, and a power of .95 and effect size of .25 (Faul et al., 2007; Faul et al., 2009). No data was missing from any participant except in the demographic sections. Multicollinearity was assessed using tolerance and VIF values and were seen as acceptable. Skewness and Kurtosis values that were used to assess normality also met acceptable values. Descriptive statistics for each measure are reported in Table 1.

Results

There were 135 participants who were decently representative in the ethnic origin demographic. All participants fully completed the survey. The validity questions were run for the DCI to ensure accurate, not sporadic, answers from each participant. Two multiple regression tests were run with all coping strategies, the PSS outputs, detachment outputs, and compartmentalization outputs.

Table 2: Linear Regression Model Summaries of Detachment-Type Dissociation

Model	*R*	R^2	Adj. R^2	*SE*	Δ*F*	*p*
1	.59	.35	.35	11.28	72.45	<.001
2	.66	.44	.43	10.53	20.70	<.001
3	.69	.47	.46	10.27	7.60	.007
4	.70	.49	.48	10.12	4.98	.027

Note: *N* = 135. Model 1 predictors: Behavioral Disengagement. Model 2 predictors: Behavioral Disengagement, Self-Blame. Model 3 predictors: Behavioral Disengagement, Self-Blame, Substance Use. Model 4 predictors: Behavioral Disengagement, Self-Blame, Substance Use, Perceived Stress Scale Total. *SE* = Standard Error of the Estimate.

Table 3: Factors Associated with Detachment-Type Dissociation

Variable	*B*	*SE*	*β*	95% CI
Step 1				
Constant	18.85***	2.47		[13.96, 23.73]
Behavioral Disengagement	5.80***	0.68	.59	[4.45, 7.15]
Step 2				
Constant	11.68***	2.79		[6.16, 17.20]
Behavioral Disengagement	4.15***	0.73	.43	[2.70, 5.60]
Self-Blame	2.39***	0.53	.34	[1.35, 3.43]
Step 3				
Constant	5.66	3.49		[−1.25, 12.57]
Behavioral Disengagement	3.80***	0.73	.39	[2.37, 5.24]
Self-Blame	2.29**	0.51	.33	[1.27, 3.30]
Substance Use	2.07**	0.75	.18	[.59, 3.56]
Step 4				
Constant	4.24	3.50		[-2.68, 11.16]
Behavioral Disengagement	2.86***	0.83	.29	[1.22, 4.50]
Self-Blame	1.81**	0.55	.26	[0.73, 2.90]
Substance Use	2.05**	0.74	.18	[0.59, 3.52]
PSS Total	0.39*	0.17	.20	[0.04, 0.73]

Note: *N* = 135. *p<.05; **p<.01; ***p<.001. PSS = Perceived Stress Scale. SE = Standard Error of the Estimate.

Detachment

The forward method was used with detachment as the dependent variable (DV) and the coping strategies and PSS outcomes as the independent variables (IVs). Three of the 14 coping strategies were found to be positively associated with detachment symptoms in the final model: behavioral disengagement (35.3% of variance), self-blame (8.8%), and substance use (3.1%). High scores on the PSS were also significantly associated with detachment, accounting for an additional 2.0% of the variance, bringing the total variance of all four up to 49.9% of the variance, F (1, 130) = 4.98, p = .027, R^2 = .475. Behavioral disengagement (β = .29, t = 3.45, p < .001), self-blame (β = .26, t = 3.30, p = .001), substance use (β = .18, t = 2.77, p = .006), and stress (β = .20, t = 2.23, p = .027) had significant positive relationships with detachment type dissociation (see Table 2 and 3 for model summary and regression coefficients).

Table 4: Linear Regression Model Summaries of Compartmentalization-Type Dissociation

Model	R	R^2	Adj. R^2	SE	ΔF	p
1	.58	.34	.33	10.38	67.10	<.001
2	.63	.39	.38	9.98	11.89	<.001
3	.64	.42	.40	9.81	5.60	.019

Note: N = 135. Model 1 predictors: Behavioral Disengagement. Model 2 predictors: Behavioral Disengagement, Denial. Model 3 predictors: Behavioral Disengagement, Denial, Substance Use. *SE* = Standard Error of the Estimate.

Table 5: Factors Associated with Compartmentalization-Type Dissociation

Variable	B	SE	β	95% CI
Step 1				
Constant	3.16	2.27		[−1.34, 7.66]
Behavioral Disengagement	5.14***	0.63	.58	[3.90, 6.38]
Step 2				
Constant	0.18	2.35		[−4.47, 4.83]
Behavioral Disengagement	3.83***	0.71	.43	[2.42, 5.24]
Denial	2.48***	0.72	.28	[1.06, 3.90]
Step 3				
Constant	−4.94	3.16		[−11.20,1.32]
Behavioral Disengagement	3.51***	0.71	.40	[2.10, 4.92]
Denial	2.43***	0.71	.27	[1.03, 3.83]
Substance Use	1.70*	0.72	.16	[0.28, 3.11]

Note: N = 135. *p<.01; **p <.01; ***p <.001. *SE* = Standard Error of the Estimate.

Compartmentalization

The forward method was run with the same IVs but with compartmentalization as the DV. Three of the 14 coping strategies were found to be positively associated with compartmentalization symptoms in the final model: behavioral disengagement (33.5% of the variance), denial (5.5%), and substance use (2.5%), which comes to 41.5% of the total variance, F (1, 131) = 5.60, p = .019, R^2 = .402. Behavioral disengagement (β = .40, t = 4.92, p < .001), denial (β = .27, t = 3.44, p <.001), and substance use (β = .16, t = 2.37, p = .019) were significantly associated with compartmentalization type dissociation (see Table 4 and 5 for model summary and regression coefficients). Stress was not significantly associated with compartmentalization symptoms.

Discussion

The analysis revealed similarities between the coping predictors of compartmentalization and detachment type symptoms and one major difference. Substance use and disengagement were observed to have significant positive associations with both detachment and compartmentalization-type dissociation. The distinction seen between detachment and compartmentalization type dissociation was the intriguing nature of denial being associated with compartmentalization, and self-blame being associated with detachment. With the identification of differing coping strategies being associated with both dissociation types, the path is opened for further evidence to be found in support of the split definition of detachment and compartmentalization. The best way to recognize how this distinction impacts the symptom categorization is to think of compartmentalization type as a separation from self, and detachment as a separation from the environment.

Denial, often being used to reduce cognitive dissonance or as a defense against negative emotions, can create a separation between self and environment (Abelson, 1959). The questions of the Brief COPE asked whether the participants had told themselves "this isn't real" or whether they would simply refuse what happened as consolation (Carver, 1997). By refusing the reality of an event or other occurrence, the recent happenings in one's life become jumbled and unclear, which is consistent with the symptoms of compartmentalization. Compartmentalization symptoms, including slower/weaker general recall abilities, disorganized or unclear thought processes, and increased executive dysfunction, exemplify the jumbled and unclear aspects of life (Holmes et al., 2005). The positive correlation between compartmentalization and denial suggests that the more someone denies the existence of a painful stimulus or occurrence, the more symptoms they will potentially experience.

Self-blame is a coping strategy as clear as the name; done by using self-criticism and by blaming oneself for an event or occurrence. Especially when events occur that feel out of one's control, self-blame can come about as a way to regain a sense of security (Raz et al., 2023). By focusing more strictly on what one did to cause the event or ignite the stimuli, it is more difficult to engage with happenings outside of one's head. Being hyperaware of one's relationship to themselves can be predictive of a greater perceived distance from their environment or the stimuli. The awareness of distance from oneself to the stimuli is maybe associated with someone feeling like they are in a dream or watching themselves from the third person and missing the world around them, as seen in detachment symptoms (Holmes et al., 2005).

Identifying coping strategies that are distinct between the two symptom categories of dissociation provides evidence to support Holmes and Colleagues' (2005) theory of split definitions. Showing that there are different coping strategies that can predict each symptom type by association is crucial to allow this theory to become more mainstream among researchers and practitioners alike. Having a base theory for the not greatly researched field of dissociation can provide greater understanding for those who experience it and make way for new supports to take hold.

As seen with sleep and stress, substance use is seen to have a circular relationship with dissociative symptoms under either type. Previous literature identified that substance use is utilized to cope with dissociation (Fung et al., 2025). The current study provides evidence that substance use is also associated with dissociative symptoms of both types. Use of a substance is often a means to escape whatever is going on in and outside of the mind (Najavits & Walsh, 2012). When substance use becomes too much of a dependent act, the brain may switch to dissociation, which can have the same effects, minus the harmful substance intake (Wenzel et al., 1996). This switch can also come from too much energy being put towards dealing with the stimuli, as evidenced by behavioral disengagement, the other shared as a predictor associated with detachment and compartmentalization type symptoms.

When a situation is observed to have several uncertainties, students have been found to cope using behavioral disengagement more often than other strategies (Straup et al., 2022). Consistent with the previous literature, disengagement due to uncertainties is evident in the current study with the college student population. Out of most populations, it is seen that college students tend to experience more

uncertainty than other age groups due to the change in responsibilities and lifestyle alterations that occur during this time (Feng et al., 2025). With uncertainty happening at every corner, a positive correlation between behavioral disengagement and both detachment and compartmentalization types makes sense.

Identifying the similar aggravating coping strategies for both symptom categories shows evidence that although the separation of symptom categories is beneficial, having them under the main dissociation umbrella is also still crucial. Practically, by understanding that substance use and behavioral disengagement are associated with an increase of either symptom type, more supports can be put in place to redirect people to other coping strategies. Although support for both similar and differing positively correlated coping strategies are beneficial, focusing on decreasing dependency on the similarities can be just as beneficial with less so it is easier to implement.

Three notable limitations are present from this study. The participants for this study were taken from a more specialized private university in the southwest limiting the overall academic, ethnic, and gender diversity. The current study utilized self-report measures within a student, meaning that the scores could have been affected by personal interpretation bias. The final notable limit is we chose to not consider that some participants may have mental health consideration which could impact the prevalence of dissociating.

Since the field of dissociation has limited research given the short time it has been accepted as a human experience, there are several future directions that can be taken for dissociation research in general. Relating to Holmes' and colleagues' (2005) theory of dissociation symptom categorization and the current study, future research should identify the distinctions between dissociation as a whole and the separate symptom categories. Since this study was able to identify some of the positively correlated coping strategies for detachment and compartmentalization, future research should aim to find strategies that reduce dissociation symptoms. Additionally, the relationship between dissociation and dissociation types with other human experiences such as self-esteem should be explored.

Dissociation is ever more present in general populations and specifically in college students, which may have advantages when it comes to resource dissemination. Basing symptom categorization on Holmes and Colleagues' (2005) split definition of detachment and compartmentalization type dissociation symptoms, we identified which coping strategies are positively associated with each. Dissociation can have a serious impact on college students and their academic experience. Acknowledging the impact and aggravators of dissociation, college professors and mental health staff can work to provide preventative education, information, and opportunities that support students in finding other coping strategies. The findings support extra resources aimed at substance use and behavioral disengagement awareness with additional resources for decreasing denial and self-blame strategies.

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