Dissociation, or the feeling of being detached from the reality of one’s body, can be categorized into two types: depersonalization and derealization. Depersonalization is highlighted by a sense of not knowing who you are, or of questioning long-held beliefs about who you are. In derealization, persons perceive reality in a grossly distorted way. Psychologists have identified several types of disorders based on these feelings. These include depersonalization disorder, dissociative fugue, dissociative amnesia, dissociative trance disorder, and dissociative identity disorder (also known as multiple personality syndrome), among others.

Depersonalization disorder is a condition marked by a persistent feeling of not being real. The *DSM-IV* describes its symptoms as “persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one’s mental processes or body (e.g., feeling like one is in a dream).” While many people have experienced a similar feeling, persons actually suffering from this disorder are so overwhelmed by these feelings that they are unable to function normally in society. It is also critical to point out that in order to be diagnosed as having this disorder, these feelings cannot be caused by some specific drug or event. Depersonalization disorder, by itself, is a rare disorder, and, in fact, many of its symptoms are also symptomatic of other more common disorders, such as acute stress disorder and panic attacks.

Dissociative fugue is a strange phenomena in which persons will be stricken with a sudden memory loss that prompts them to flee their familiar surroundings. These flights are usually caused by some traumatic event. People suffering from this disorder will suddenly find themselves in a new surrounding, hundreds or even thousands of miles from their homes with no memories of the weeks, months, or even years that have elapsed since their flight. Incidence of dissociative fugue rarely appear until after adolescence and usually before the age of 50. Once a person has fallen into the behavior, however, it is more likely that it will recur.

Dissociative amnesia describes the condition of suddenly losing major chunks of memory. There are two types of this disorder: generalized amnesia, in which a person cannot remember anything about their lives, and localized amnesia, a common disorder in which a person forgets pieces of their identity but retains an overall understanding of who they are. Dissociative amnesia is generally caused by some traumatic event, such as a natural disaster, a violent crime, or war. In these instances, it is an adaptive mechanism that allows a person to continue his or her life without having to deal with an utterly horrific memory.

Dissociative trance disorder describes the trance-state that people experience in various kinds of religious ceremonies. Such people generally perform feats that would normally cause injury or severe pain—such as walking on hot coals—but because of their dissociated mental state, they are not harmed. This is a curious subcategory in that the condition is not considered a “disorder” in many cultures of the world. Western psychiatrists are divided as to whether this should really be considered a “disorder,” since the word has negative implications. It has been proposed, however, that future editions of the *DSM* specify a diagnosis of trance and possession disorder as one of several dissociative disorders.

Further Reading

## Dissociative identity disorder

Also referred to as multiple personality disorder, a condition in which a person’s identity dissociates, or fragments, creating additional, distinct identities that exist independently of each other within the same person.

Persons suffering from dissociative identity disorder (DID) adopt one or more distinct identities which co-exist within one individual. Each personality is distinct from the other in specific ways. For instance, tone of voice and mannerisms will be distinct, as well as posture, vocabulary, and everything else we normally think of as marking a personality. There are cases in which a person will have as many as 100 or more identities, while some people only exhibit the presence of one or two. In either case, the criteria for diagnosis are the same. This disorder was, until the publication of *DSM-IV*, referred to as multiple personality disorder. This name was abandoned for a variety of reasons, one having to do with psychiatric explicitness (it was thought that the name should reflect the dissociative aspect of the disorder).

The *DSM-IV* lists four criteria for diagnosing someone with dissociative identity disorder. The first being the presence of two or more distinct “identities or personality states.” At least two personalities must take control of the person’s identity regularly. The person must exhibit aspects of amnesia—that is, he or she forgets routine personal information. And, finally, the condition must not have been caused by “direct physiological effects,” such as drug abuse or head trauma.
Persons suffering from DID usually have a main personality that psychiatrists refer to as the “host.” This is generally not the person’s original personality, but is rather developed along the way. It is usually this personality that seeks psychiatric help. Psychiatrists refer to the other personalities as “alters” and the phase of transition between alters as the “switch.” The number of alters in any given case can vary widely and can even vary across gender. That is, men can have female alters and women can have male alters. The physical changes that occur in a switch between alters is one of the most baffling aspects of dissociative identity disorder. People assume whole new physical postures and voices and vocabularies. One study conducted in 1986 found that in 37 percent of patients, alters even demonstrated different handedness from the host.

Statistically, sufferers of DID have an average of 15 identities. The disorder is far more common among females than males (as high as 9-to-1), and the usual age of onset is in early childhood, generally by the age of four. Once established, the disorder will last a lifetime if not treated. New identities can accumulate over time as the person faces new types of situations. For instance, as a sufferer confronts sexuality in adolescence, an identity may emerge that deals exclusively with this aspect of life. There are no reliable figures as to the prevalence of the disorder over the last several decades. There is considerable controversy about the nature, and even the existence, of dissociative identity disorder. One cause for the skepticism is the alarming increase in reports of the disorder over the last several decades. Eugene Levitt, a psychologist at the Indiana University School of Medicine, noted in an article published in *Insight on the News* (1993) that “In 1952 there was no listing for DID in the *DSM*, and there were only a handful of cases in the country. In 1980, the disorder [then known as multiple personality disorder] got its official listing in the *DSM*, and suddenly thousands of cases are springing up everywhere.” Another area of contention is in the whole notion of suppressed memories, a crucial component in DID. Many experts dealing with memory say that it is nearly impossible for anyone to remember things that happened before the age three, the age when much of the abuse supposedly occurred to DID sufferers.

Regardless of the controversy, people diagnosed with this disorder are clearly suffering from some profound disorder. As Helen Friedman, a clinical psychologist in St. Louis told *Insight on the News*, “When you see it, it’s just not fake.”

**TWO FAMOUS CASES**

The stories of two women with multiple personality disorders have been told both in books and films. A woman with 22 personalities was recounted in 1957 in a major motion picture starring Joanne Woodward and in a book by Corbett Thigpen, both titled *The Three Faces of Eve*. Twenty years later, in 1977, Caroline Sizemore, the 22nd personality to emerge in “Eve,” described her experiences in a book titled *I’m Eve*.

The story of Sybil (a pseudonym) was published in 1973 by Flora Rheta Sprecher, who worked closely for a decade with Sybil and her New York psychiatrist Dr. Cornelia B. Wilbur. Sybil’s sixteen distinct personalities emerged over a period of 40 years. Both stories reveal fascinating insights—and raise thought-provoking questions—about the unconscious mind, the interrelationship between remembering and forgetting, and the meaning of personality development. The separate and distinct personalities manifested in these two cases feature unique physical traits and vocational interests. In the study of this disorder, scientists have been able to monitor unique patterns of brainwave activity for the unique multiple personalities.

There is considerable controversy about the nature, and even the existence, of dissociative identity disorder. One cause for the skepticism is the alarming increase in reports of the disorder over the last several decades. Eugene Levitt, a psychologist at the Indiana University School of Medicine, noted in an article published in *Insight on the News* (1993) that “In 1952 there was no listing for [DID] in the *DSM*, and there were only a handful of cases in the country. In 1980, the disorder [then known as multiple personality disorder] got its official listing in the *DSM*, and suddenly thousands of cases are springing up everywhere.” Another area of contention is in the whole notion of suppressed memories, a crucial component in DID. Many experts dealing with memory say that it is nearly impossible for anyone to remember things that happened before the age three, the age when much of the abuse supposedly occurred to DID sufferers.

Regardless of the controversy, people diagnosed with this disorder are clearly suffering from some profound disorder. As Helen Friedman, a clinical psychologist in St. Louis told *Insight on the News*, “When you see it, it’s just not fake.”