Dissociative Symptoms in Filipino College Students

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Dissociative disorders are not commonly diagnosed in the Philippines. This article defines dissociation and summarizes how dissociative experiences are commonly viewed in the Philippine context. Qualitative data from a larger study entitled *Dissociation in a student sample in the Philippines* (Gingrich, 2004) is used to illustrate how the dissociative symptoms of amnesia, depersonalization, derealization, identity confusion, and identity alteration are experienced by a some high dissociators in a sample of Filipino college students. These participants fit DSM-IV-TR criteria for either dissociative identity disorder (DID) or dissociative disorder not otherwise specified (DDNOS). Implications of these findings for the prevailing view of dissociation in the Philippines are then discussed.

In this paper I will first define dissociation, after which I will summarize how dissociative symptoms are commonly viewed in the Philippine context. I will then use qualitative data from a previous study (Gingrich, 2004) to illustrate how dissociative symptoms are experienced by some Filipino college students who fit DSM-IV criteria for either dissociative identity disorder (DID)[1] or dissociative disorder not otherwise specified (DDNOS). Implications of these findings for the prevailing view of dissociation in the Philippines will then be discussed.

DEFINITION OF DISSOCIATION

According to *DSM-IV-TR* dissociation is defined as a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment (American Psychiatric Association, 2000). Dissociative symptoms are present in the five DSM-IV dissociative

disorders (i.e., dissociative amnesia, dissociative fugue, dissociative identity disorder, depersonalization disorder, and dissociative disorder not otherwise specified) as well as disorders classified under other diagnostic categories (e.g., posttraumatic stress disorder, somatoform disorders, schizophrenia, and borderline personality disorder).

Dissociative experiences, however, are not necessarily pathological. Absorption (e.g., being so engrossed in a movie that a person is not aware of other events surrounding him/her) and imaginative involvement (e.g., feeling as though a daydream is so real that it seems as though it is actually happening) are examples of experiences that are dissociative in nature, but can be viewed as normal (Carlson, 1994). Therefore it is important to distinguish between normal and pathological dissociation.

Although the degree of severity of the dissociation is one way of making this distinction (c.f., Putnam et al., 1996; Ross, 1989; Watson, 2003), cultural factors must also be considered. Castillo (1997) suggests that significant impairment must be present and the symptoms considered evidence of illness in the indigenous culture in order to be deemed pathological. Dissociative phenomena can also be understood as the outcome of an interaction between psychological and social processes that are affected by culture. For example, in cultures where mechanical time is not considered as important as in the Western world, that is, where "not knowing, not remembering, and involuntariness are socially sanctioned or normative," even experiences of amnesia can be regarded as socially embedded, with the result that "apparent dissociative episodes may be incorrectly diagnosed on the basis of simple disavowal without any psychopathological significance" (Kirmayer, 1994, p. 115).

A consideration of the voluntary versus involuntary nature of a dissociative episode can be helpful in determining whether or not pathology is evidenced, as the voluntary types are often aspects of culturally sanctioned ceremonies or rituals that are normative for that culture (Coons, 1993; Dorahy et al., 1997; Gonzales & Griffith, 1996). Similarly, voluntary spirit possession for the purposes of healing would not be regarded as psychopathological (Comas-Diaz, 1981).

While assertions have been made that DID is specific to North America (Boon & Draijer, 1991), the findings from numerous studies conducted internationally indicate that DID as a diagnostic category has more universal

applicability (see Appendix). For example, indications of DID have been found in many European countries such as the Netherlands, Belgium, Hungary, the United Kingdom, Switzerland, Scandinavia, France, Italy, and Germany. Cases of DID and other dissociative disorders have also been found in Middle Eastern countries such as Turkey and Israel, as well as in Africa, and some Latin American countries. Although not as much research in the area of dissociative disorders has been conducted in Asia, findings from studies in Australia, New Zealand, India, Japan, and among Cambodian refugees, suggest that DID is also a valid diagnosis in Asia. Results from these studies indicate that while there may be some variation in how DID manifests in different cultures, there appear to be more similarities than differences. They also point to a strong association between dissociation and trauma, particularly trauma due to child abuse.

HOW DISSOCIATION IS VIEWED IN THE PHILIPPINES

In the Philippines, the little that has been written about dissociation has been in the context of discussions of altered states of consciousness (ASCs) within religious rituals, including spirit possession (e.g., Bautista, 1998; Bulatao, 1987, 1992). Qualitative summaries of case studies of traumatized children have included descriptions of dissociative symptoms (e.g., Bautista et al. 2001; Gonzalez-Fernando, 2000), although they have been seldom identified as such. I will discuss the case study material in the Conclusion section of this article. Following is a brief review of the local literature in the areas of religious ritual and spirit possession.

Religious Ritual

Voluntary dissociative experiences are a not uncommon aspect of Philippine culture. Bulatao (1987), although showing preference for terms such as hypnosis and ASC, does occasionally acknowledge that these are actually dissociative phenomena (1987: 8). Examples of such rituals are the dance of the *tagalona* as part of rites for the dead (Ramos, n.d.), experiences of faith healing and ecstatic preaching, and the shamanic rituals practiced among the Kalinga and Mandaya (Gelido, 1978). Pertierra (1988), in an anthropological study of Zamora, Ilocos Sur, describes many local rituals, from a simple name-changing rite (*gupit)* for children, to more

complex ones. Marasigan (1986), describes how a "meditative state of consciousness" (p. 21) was used to tell a community group that they would see a symbol of some kind in their dreams, as a way of determining God's will for their community. Additional examples of self-induced ASCs for religious purposes can be found in Bulatao's (1992) descriptions of mediums in *Espiritistas*, a woman in Baclaran who would go into a trance every Good Friday, and *Cursillistas*, who sometimes see the face of Christ come alive when they look at an image of Christ after three days of spiritual exercises and lack of sleep. He also includes aspects of charismatic experience as ASCs.

Spirit Possession

In the Philippines, it is commonly believed that psychological problems known in the West as schizophrenia, depression, and so on, are caused by spirits (Bulatao, 1992). Bulatao makes the observation that spirit possession in the Philippines is so widespread that it can be regarded as culturally normal. He says that depending upon who the possessing spirit is, it will be welcomed, disliked or feared, so it is necessary to know who is doing the possessing. For example, those that possess the local healers (e.g., *arbularyo, espiristas*, and faith healers) are left alone because they are seen as desirable. Bulatao sees such benevolent possessions as culturally adaptive.

Those spirits seen as undesirable are cured through local techniques and rituals aimed at some form of exorcism (Bautista, 1998; Bulatao, 1992). Although many Filipinos interpret possession literally, Bulatao interprets spirit possession as fundamentally a psychological phenomenon that is dissociative in nature, as opposed to a religious phenomenon. He explains it in the following way:

> The dissociated person experiences this takeover as coming from the outside, in the same way as a hypnotized person will state that he has no control over his limbs. On the other hand, to the observer, he acts like the "possessed" that one sees in movies or TV or reads about in books. (p. 57)

Bulatao writes: "any experience that has become a part of oneself can become a possessing object" (Bulatao, 1987, p. 7). He suggests, for example, that spirit possession interpreted as possession by the *Santo Niño* could actually be possession by one's child self which would be a form of

regression back to childhood. Although psychological techniques used to uncover repressed material could be used in treating such an individual, Bulatao advocates treatment through "psychological exorcism," rather than contradicting the prevailing cultural background in terms of understanding the phenomenon (1992).

This paper is an exploration of how Filipino students describe dissociative experiences. My delineation of the methodology used in the study will be confined to those aspects I feel are most pertinent to the purposes of this paper.

METHOD

Participants

Participants in this study were residents of a freshman dorm in a prestigious university in the Philippines. Out of the first year students admitted into the university, 805 applied to live on this dorm, with a total of 532 (340 females and 192 males) becoming residents for the first semester of the 2002/2003 academic year. All regions of the Philippines were represented in the dorm with most of the residents coming from the southern Tagalog and central Luzon regions. Approximately 80 percent of the residents attended national public schools, and the vast majority came from the middle socioeconomic class.

Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D-R)

The SCID-D-R (Steinberg, 1993), and its predecessor, the SCID-D, which was based on *DSM-IIIR* diagnostic criteria, have been used extensively in cross-cultural research and have been translated into other languages. The SCID-D-R is a semi-structured diagnostic interview that is intended to systematically assess the presence, severity, and phenomenology of the five posttraumatic dissociative symptoms of amnesia, depersonalization, derealization, identity confusion and identity alteration. Each of these five symptom areas is given a severity rating from 1 (absent) to 4 (severe), which when summed, gives the total SCID-D-R score.

The SCID-D-R can be used to assess the use of dissociative symptoms in individuals without psychiatric illness, and those with all other

psychiatric disorders, as well as make *DSM-IV* diagnoses in the five dissociative disorders (Steinberg, 1994). It is also a helpful tool for assessing dissociation in adolescents (Carrion & Steiner, 2000; Steinberg, 1996). In studies using the SCID-D-R with adolescents, profiles of the five dissociative symptoms were found to be almost identical to the symptom profiles found in adults (M. Steinberg & A. Steinberg, 1994; 1995).

The interview itself is set up so that a positive response to an initial general question asking about the presence of a particular symptom is succeeded by description-seeking questions. The semi-structured format of the SCID-D-R allows for additional follow-up questions, including those related to variations in cultural conceptualizations of dissociation.

Research Procedure

The SCID-D-R was reviewed item by item in order to increase the likelihood that the questions would be culturally appropriate and understandable to Filipino students. An example of a modification made for cultural reasons was the change made to item 47, from "Have you ever felt as if you were two different people, one person going through the *motions of life* and the other observing quietly?," to "Have you ever felt as if you were two different people, one person going through the *everyday routines* and the other observing quietly?"

Thirty high dissociators and 30 low-moderate dissociators were selected for interviews based on their scores on the two brief screening instruments and written diagnostic inventory referred to earlier.[3] The researcher (a Canadian) conducted 20 interviews from the low-moderate dissociator group and 21 from the high dissociator group for a total of 41 interviews, while Filipino co-interviewers conducted 10 (five from each group) and nine interviews (five from the low dissociator group and four from the other), respectively, for a total of 19 interviews. Interviewers were blind as to whether specific interviewees belonged to the high dissociator or low-moderate dissociator groups. I reviewed the audiotapes of the English interviews myself. For interviews conducted in Taglish I enlisted the aid of a Filipino academic and clinician who was not only fluent in both languages, but also familiar with dissociative symptoms. Every interviewee was given a severity score for each SCID-D-R dissociative symptom area and assessed for whether they met DSM-IV criteria for a dissociative disorder.

Qualitative Results and Discussion

As mentioned earlier, the SCID-D-R classifies dissociative symptoms into five major categories: amnesia, depersonalization, derealization, identity confusion, and identity alteration. Frequency, duration, and nature of the symptom are taken into consideration when rating each symptom area as absent, mild, moderate, or severe for a particular individual. A severity rating of absent (1), or mild (2), is generally considered normal, while moderate (3), or severe (4), scores can be indicative of psychopathology. Symptom profiles inclusive of all five categories are among the factors considered when determining if an individual fits the *DSM-IV* classification for a dissociative disorder.[4]

The participants I will be discussing in this section were all diagnosed with DDNOS or DID according to the SCID-D-R. I will attempt to give a flavor for different aspects of dissociative experience by going through each symptom area and giving a number of relevant examples from the SCID-D-R interview data of these participants. I will then deal with one case study in more detail in an attempt to illustrate how all five symptoms are experienced by a particular individual with a dissociative disorder. Some other observations will then be made about this group of dissociative disorder participants.

SCID-D-R Dissociative Symptom Areas

Table 1 includes the definitions of each of the SCID-D-R dissociative symptom areas as outlined in the *Interviewer's guide to the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) Revised* (Steinberg, 1994).

Amnesia. "A specific and significant block of time that has passed but that cannot be accounted for by memory" (Steinberg, 1994, p. 18). A number of participants with dissociative disorders experienced large gaps of time for their childhoods. Al, for example, did not remember much of what happened to him from fifth grade and below, except that he was "picked [on] a lot." Similarly, Mike had a general sense that his childhood was awful, remembering for example, that he feared his father who was a strict disciplinarian. However, he had few specific memories for his younger years.

Table 1. Definitions of SCID-D-R dissociative symptom areas

Symptom area	Definition
Amnesia	"A specific and significant block of time that has passed but that cannot be accounted for by memory"
Depersonalization	"Detachment from one's self, e.g., a sense of looking at one's self as if one is an outsider"
Derealization	"A feeling that one's surroundings are strange or unreal. Often involves previously familiar people"
Identity confusion	"Subjective feelings of uncertainty, puzzlement, or conflict about one's identity"
Identity alteration	"Objective behavior indicating the assumption of different identities or ego states, much more distinct than different roles"

(Summarized from Steinberg, 1994:18–22)

Participants often admitted to feeling as though hours or days were missing. Al describes it this way: "It will be morning, then it will be night all of a sudden... Someone asks me what happened this morning and I tell them something, but I don't really know if it really happened – doesn't really feel like a memory." For Mike, time feels fragmented. He does not know if something happened today, a week, or even a year ago. Some recent experiences he has no memory of at all.

Baby has the sense that time often goes by quickly. "When I have a lot of things in mind that I intend to do, many times time slips so fast that I couldn't remember what happened. What have I been doing?"

Although participants frequently struggled to remember to do their daily activities, some had creative ways of attempting to cope with their memory difficulties. Mike's cell phone reminder feature has helped him remember to do things like household chores and favors for classmates that he would otherwise forget. Mila compensates by writing everything down or she would "always" forget. However, despite posting reminders on their respective dorm walls, Marcial has difficulty remembering his class schedule, and Laura forgets to do course assignments.

Bing "always" feels as though there is something she should be doing, but she doesn't know what it is. Mila has difficulty managing her money because she can't remember what she has spent it on. Some participants also frequently forgot personal information, like their birthdays or home phone number.

These participants were often significantly distressed by their difficulties with memory. Mike, for example, struggles continually to keep up with his studies as he frequently forgets what he is supposed to be studying, immediately forgets what he has been studying, or spends time worrying about his memory problems. Some participants were very apologetic at having forgotten to come for their interviews at the scheduled time.

Depersonalization. "Detachment from one's self, e.g., a sense of looking at one's self as if one is an outsider" (Steinberg, 1994, p. 19). Some participants felt as though they were watching themselves from a point outside of their bodies. Marcial described walking somewhere, but also seeing himself walking at some point in the distance. However, the person he sees outside himself looks different, like another person, like a stranger. "We are the same, but he has a different soul." Every other day Laura also has an experience of watching herself from a point outside of her body. She feels as though she's controlling "this body," but not connected to it; "it's all in the mind, what I feel, what I touch, what I think."

While these students usually experience episodes of depersonalization spontaneously, a couple of them voluntarily enter this state. Once a week, for example, Merly chooses to see herself at a point three feet away from her body as a way of evaluating herself; of determining if she is the same in the present, past and future. Baby says that she "daydreams" everyday, but that the daydreams are very real, like watching a video.

Some participants felt that they sometimes went through their everyday routines, but that the real them was far away from what was happening to them. On a weekly basis Bing feels as though she is not herself while she is doing the things she is supposed to do, almost as though she is not the one doing them. She says that it is almost as though her mind is asleep sometimes while her body does things automatically. For example, in class it is as though her body takes notes even when her mind is not following what the professor is saying.

Sometimes depersonalization is experienced through perceived changes in physical appearance. Al often feels that his arms are thinner or fatter than they should be, and believes his face changes shape, and his hair grows.

Symptoms of depersonalization can also take the form of an individual feeling as though their body is foreign to them, or feeling as though their body is fading away. Sometimes Baby feels as though a hand or an arm doesn't belong to her, or that she doesn't have a hand attached to her body. Laura has memories of regular, terrifying experiences as a child, where she would wake up from a nap in the late afternoon, hysterical, feeling as though her body was slowly fading away from the feet up, and fearing that she was going to die.

A sensation of not being in control of one's actions is also considered a symptom of depersonalization. At times Baby feels as though her words, behavior and emotions are not under her control. For example, sometimes in class she amazes herself and others by expressing herself particularly well. She often feels like a stranger to herself because she does things that she would not normally do.

Derealization. "A feeling that one's surroundings are strange or unreal. Often involves previously familiar people" (Steinberg, 1994, p. 20). A number of participants described such experiences. Marcial continuously feels as though his surroundings are not real and that his surroundings change, particularly when he is alone. On a number of occasions Bing had the experience of going to mass at the church she attended regularly, only to realize in the middle of the mass that her surroundings felt unfamiliar.

Karyl says that she often hears things. On one occasion she was walking on campus when a jeepney went by and she heard children loudly screaming from inside of it and as though they were falling off a cliff. However, there were no passengers in the jeep. At other times she has heard someone whispering or someone snoring when no one was actually in the room. These experiences have left her confused and scared.

When asked if she ever felt puzzled as to what is real and what is unreal in her surroundings, Marie answered: "It's usually about me [i.e., not so much her surroundings]. Sometimes about people—if they are

real. Sometimes you just see them as subjects in experiments and wonder how they'd react if you did this and that and suddenly shift doing the usual things that you're doing [in order] to see if they're real. I really question why people exist sometimes, what if we don't? I just question why they're there."

Merly's experience of derealization is more positive. She intentionally creates her own internal landscapes, feeling as though she has an emotional bond with nature. These scenes are so real to her that she assumes that they are objective reality until someone interrupts her fantasy. Only then does she recognize the discrepancy between her current perceptions and those of a few moments before.

Identity confusion. "Subjective feelings of uncertainty, puzzlement, or conflict about one's identity" (Steinberg, 1994, p. 21). A theme of persistent inner struggle is a common one for these participants. Bing, for example, frequently feels confused as to who she really is. It is like there are two conflicting voices inside her head that often have opposite opinions about who she is and what she thinks. For example, one will say "You shouldn't care for them—they're not really that important to you," while the other will respond "That's not true. I know you care for them—you care about everyone else who is close to you."

Dave describes the ongoing struggle that takes place within him when he has to make a decision regarding "what do I want" versus "my responsibility." He describes the visual images that are associated with the struggle. "I see one me clothed in white and the other one clothed in black. And they bicker. They argue. The black one represents my desires. The white one represents my obligations." Usually Dave chooses to do what the arbiter suggests because the arbiter is able to weigh the choices and then come to a rational conclusion as to what he should do.

Karyl's experience is similar to Dave's. She says it is as if there are two voices in her brain. One voice is that of a male, while the other voice sometimes sounds male, sometimes female, and sometimes gender-free.

Identity alteration. "Objective behavior indicating the assumption of different identities or ego states, much more distinct than different roles" (Steinberg, 1994:22). Symptoms of identity alteration include: feeling or acting as if still a child, acting like a different person, referring to self by different names, feeling possessed, internal dialogues, and experiencing rapid mood changes without any reason.

Mila experiences a number of the above symptoms of identity alteration. She feels as if, and acts as if she is still a five year old child "all the time." She calls this part of her "Child Mila." According to her, Child Mila is cute, and has a lot of fun just like she did when she was actually a five-year-old child.

Mila also identifies other parts of her: "Romel Bad" who feels 15 years old; "Romel Good" who feels 16 or 17 years old; and 17-year-old Mila. Mila said that she experienced a complete loss/change of identity in her third year of high school, during which time Romel Bad took over complete control of her behavior. Mila despised Romel Bad, calling him a "black sheep." She hated his bullying behavior and "bad" image. She also blamed him for her decrease in class ranking from third to seventh. Due to pressure from her parents to increase her academic ranking, Romel Bad was replaced by Mila in fourth year high school. Mila merely told herself: "I'm gonna rise again"; she needed Mila "so I was Mila." Mila had assumed that Romel Bad was now dead. However, in the course of the interview, Romel Bad conversed with her through an internal dialogue, and she realized that he was actually still a part of her. During the second part of the interview (spaced one week apart), Mila said that she had now accepted Romel Bad as part of her.

Mila said that "Romel Good" made his initial appearance in first year high school and also came out in college. She likes this Romel; he is the male side of her, who dresses in male clothes, but does not have the bad characteristics of Romel Bad.

Romey is another participant who experiences severe identity confusion. Throughout high school Romey was given the feedback that he was acting like a child. A breakup with his girlfriend in fourth year high school forced him to realize that his immaturity was causing problems in relationships, so overnight he became someone else, Heero Yuy.

Heero Yuy is an animé (animation) character from a cartoon. Romey adopted the good characteristics of Heero Yuy as a way of becoming more mature and stronger. Heero helped Romey deal with his emotions, because Heero didn't let emotions get in the way of his missions. When Romey is depressed or stressed, Heero takes over. Romey experiences a "shift through his body." It feels sometimes as though Heero possesses

him. He is strong whereas Romey is weak, unsociable whereas Romey is sociable, "*pabayawan*" (unmindful) whereas Romey gets caught up in emotions. Romey sees adopting Heero as beneficial, because Heero helps him cope with situations in life with which Romey doesn't feel capable of coping. For example, when Romey feels emotional pain that he cannot cope with, he lets Heero take over. However, the down side is that Romey has a persistent sense that he does not know who he really is. He is confused as to his identity and envies classmates who have a sense of who they are.

DISCUSSION

The dissociative symptoms described by the SCID-D-R interviewees in this sample of Filipino students are manifested in ways similar to those described in the international literature for both adolescents and adults.

I find it remarkable that despite even large gaps in memory, those participants exhibiting severe symptoms of amnesia have been able to function well enough to be admitted into a university requiring a high level of academic achievement. Success seems to come at a high price in terms of emotional distress, but they seem to be managing. It would be interesting to know if these students have been able to remain in their programs of study.

The symptoms of depersonalization and derealization described by these participants are typical of what has been described in the literature, as well as similar to those my Western clients have shared with me. I cannot help but wonder, however, if someone not familiar with dissociative disorders might mistakenly assume that these participants are psychotic. Schizophrenia, for example, is a common misdiagnosis for dissociative disorders (Putnam, 1997).

I had initially been concerned that the identity confusion segment of the SCID-D-R would not distinguish between normal adolescent attempts to define their sense of self, and pathological identity conflict. However, as I conducted increasing numbers of interviews, I realized that there were definable differences between participants in terms of identity confusion. The full range of severity scores for this symptom area, from absent to severe, was experienced by these adolescent participants. The examples

taken from the case studies to illustrate identity confusion were all moderate or extreme in severity. This is consistent with other studies conducted using the SCID-D-R with adolescents (M. Steinberg & A. Steinberg, 1995).

Symptoms of identity alteration as described by these participants are also what would be expected from looking at the literature. One characteristic of identity alteration that is particularly true of adolescents is that teenagers with dissociative disorders often identify with characters in the mass media (M. Steinberg & A. Steinberg, 1995). While only the example of Romey was given above, identification with cartoon animation characters, and other uses of fantasy by these participants will be described in more detail later in this paper.

Only those participants diagnosed as having dissociative disorders (based on the SCID-D-R criteria) were used to illustrate the above SCID-D-R symptom categories, however, numbers of participants who were not diagnosed with a dissociative disorder manifested dissociative symptoms that were very similar to what I have outlined above for at least one symptom area.

Case Study of Mel

The case of Mel, which was presented in the introduction to this paper, was chosen because her experiences are fairly typical of those described by the other participants diagnosed with dissociative disorders. While in the previous section excerpts from the case studies of many of these participants were used to illustrate each dissociative symptom, a closer examination of Mel's experiences will help to portray how these symptoms manifest in a particular individual. Mel was given a SCID-D-R severity score of severe (4) for each of the five SCID-D-R dissociative symptom areas, resulting in a SCID-D-R total score of 20. Following are descriptions of Mel's experiences in light of the SCID-D-R dissociative symptom areas.

Mel describes persistent bouts of amnesia that last for several hours or days, struggles to remember to do her daily activities, and at times does not even remember how old she is. Her sense of detachment from her own hand movements while she paints and writes are all classic depersonalization symptoms. The frequent experiences of *bangungot*, as well as her distorted perception of her hands and feet are other evidences of depersonalization.

Mel's memory of seeing her second grade classroom as though through a cloud, and her admission that she sometimes is suddenly not able to see or hear anything until her surroundings gradually reappear, are typical of experiences of derealization.

Mel's symptoms of identity confusion are also severe. She is continually confused about who she is. Consequently, she experiences a great deal of emotional and physical distress in an effort to figure herself out. She also shows numerous indications of identity alteration, in that she both feels like a different person and seems that way to others, identifies parts of herself by different names and ages, and feels as though these parts of her control her behavior.

While I enjoyed spending time with Mel, I found interviewing her hard work. She frequently began an answer to a question hesitantly with the words "I think..." or "I am not sure because I have a bad memory." This meant that I had to continually seek clarification of her responses, a task in which I was sometimes successful and sometimes not. Reviewing the audiotape of Mel's interview did not lessen my confusion any. While the SCID-D-R interview form is detailed enough that full transcriptions of most of the interviews were generally not necessary, I found that I needed to see this interview written down word for word, in order to adequately score the SCID-D-R, make an appropriate diagnosis, and get a good grasp of how Mel experienced herself and the world. I cannot help but wonder if my own confusion, both during the interview itself and afterwards, was merely a taste of the confusion and frustration with which Mel continually lives.

I initially felt that DDNOS would be a safer diagnosis than DID, because of the inconsistencies in Mel's story about whether or not the different parts of her felt like distinct personalities. However, as I went over the SCID-D-R diagnostic worksheet again, I realized that she actually did fit DID criteria, and that her inconsistencies could actually be indicators of identity alteration (Steinberg, 1994). For example, it is possible that different parts of Mel responded to similar questions at different times. Or, perhaps the discrepancies could be the result of her difficulties with memory, or even simply a way for her to attempt to minimize her symptoms.

This case gives evidence in support of findings in the international literature that adolescents with dissociative disorders exhibit the same

SCID-D-R profiles, as do adults with dissociative disorders (cf. M. Steinberg & A. Steinberg, 1994, 1995). It also confirms the results of numerous other studies that indicate that dissociative disorders have many similarities across cultures.

Use of Fantasy

I was struck by the way in which some of the participants in this sample used fantasy as a way to cope, and felt that this was an observation worthy of further consideration. I will first give some case examples to illustrate such use of imagination, after which I will discuss the implications of these findings.

Case examples. Romey's identification with the animé cartoon character Heero Yuy was already referred to as an example of the SCID-D-R symptom category of identity alteration. It is as though Romey saw qualities in the animé character that he lacked, but valued, and incorporated them into his personality in the form of Heero Yuy.

Merly began strongly identifying with some animé characters in order to cope with extreme loneliness. She imagines what her world would be like if she were an animé, "that without my knowledge someone is having control over me." While she acknowledges that it is humans that create the animé, she feels that she can learn from the animé how to deal with human situations and that she develops her emotions through the characters.

One of her favorite animé characters is named Jackson. She has incorporated parts of Jackson into her personality. It can take Merly hours, or even overnight to come out of the character she feels she is portraying; it is as though she is more like the animé than her usual self.

Merly was given a severity rating of moderate (3) in identity alteration, and a diagnosis of DDNOS rather than DID, because it is not clear if the animé characters she identifies with actually feel like separate parts of her, or whether she is playing a role. What is clear is that she uses dissociation as a way of coping with life stresses.

Other interviewees do not identify with a specific character, but make use of fantasy in other ways. Marie, for example, has created an imaginary world for herself that she prefers to the real world. In this world she is alone, which she loves, except for blue ducks and black

horses. She says there is a lake, yellow daisies, and that the world is bathed in pale moonlight. When in her world "it's just me!" She generally spends minutes to hours in this world every day if she has the time. She finds that it helps to relax her. Mila, too, has an active imagination. She creates stories, ongoing sagas, in which she is the main character, which continue from night to night. Most often she imagines her future, a future in which she's successful, in which she is perfect. She also imagines herself as one of the characters in a movie. However, it does not feel real, it is "all in her mind." Baby, who was discussed in the section on SCID-D-R derealization symptoms, also daydreams everyday. She, too, visualizes herself as a successful person in the future.

Discussion. When is the use of fantasy normal, and when is it an indicator of psychopathology? I wrestled with this question as I listened to some of the interviewees who made use of fantasy as a way of coping with life stress. Most felt that their imaginative abilities were helpful to them rather than problematic. Surely, then, a dissociative disorder diagnosis could not be made on the basis of such use of fantasy. However, as I went over the symptom profiles of these interviewees, I realized that while the use of fantasy in and of itself may not have been problematic, these participants were struggling with symptoms of amnesia, depersonalization, derealization, and often severe identity confusion. Therefore, the combination of these symptoms made a diagnosis of a dissociative disorder tenable for some of these participants, not solely their use of imaginative involvement.

The literature on fantasy proneness can help shed some light on this issue. Some authors say that imaginative involvement, while dissociative in nature, is generally considered normal, and even necessary for healthy psychological functioning (Rauschenberger & Lynn, 1995). However, research studies have shown that high fantasy proneness has been associated with significant *DSM-IV* Axis I and Axis II psychopathology (Rauschenber & Lynn, 1995; Waldo & Merritt, 2000), child sexual abuse (Bryant, 1995), and child physical abuse (Lynn & Rhue, 1988). It has also been linked with pathological dissociation in college students (Waldo & Merritt, 2000), and adolescents (Muris, Merckelbach & Peeters, 2003).

Young (1988) believes that fantasy is essential to the formation of multiple personality disorder. He purports that abused children use fantasy as a way of gaining mastery over traumatic experiences. Psychological structures are thus formed, which, along with the use of dissociative defenses, result in potential MPD. Lynn, Pintar and Rhue (1997) also discuss how fantasy proneness contributes to uncontrolled dissociation. Whether or not these authors are correct about the role of fantasy in the development of dissociative disorders, their ideas are consistent with the observation that teenagers with dissociative disorders often identify with characters in the mass media (M. Steinberg & A. Steinberg, 1995). This then, is another way in which the experiences of participants diagnosed with dissociative disorders in this sample are congruent with those of adolescents in other cultures with dissociative disorders.

CONCLUSION

The results of this study challenge the prevailing view in the Philippine literature that dissociation is primarily limited to ASCs as aspects of religious ritual and/or experiences of spirit possession. Not only did some participants in a nonclinical sample of Filipino college students clearly fit criteria for DSM-IV dissociative disorders, but they described their dissociative experiences of amnesia, depersonalization, derealization, identity confusion and identity alteration in ways very similar to what has been published in the international literature. The SCID-D-R symptom profiles of participants who were diagnosed with a dissociative disorder were also what would be expected. If these results were found even in a nonclinical population, I suspect that dissociative disorders might also be prevalent among those in clinical populations.

Research findings published in the international literature show that a strong link exists between trauma and dissociative experiences, particularly childhood physical abuse, sexual abuse, and neglect (Nijenhuis, Van der Hart, & Steele, 2002). Although such an association has not previously been researched in the Philippines, my own study (Gingrich, 2004) confirmed that the relationship between trauma and dissociation found in many other countries also exists in this one. There are also indications in the local literature that dissociative symptoms are present in trauma

survivors, even if not interpreted as such by authors. For example, Bautista et al. (2001) describe a young boy who had been regularly beaten and almost killed by his drug addicted father before seeking refuge in the streets. The researchers observed various indications of possible dissociative symptoms such as intrainterview amnesia, dissociation of affect, entering into spontaneous trance states, and even a hint of potential identity alteration.

Another investigator (Gonzalez-Fernando, 2000), in her phenomenological study on the inner world of the girl child prostitute, even more clearly describes dissociative symptoms. She actually uses the term dissociation at one point, although she shies away from making a diagnosis of a dissociative disorder. Initially all her subjects denied having been prostitutes despite corroborating evidence to the contrary. Whether this was evidence of dissociation or conscious disavowal of the experience is unknown. However a common tendency to "block out whole episodes in their lives" was observed (p. 77). This resulted in an "*almost absent sense of chronology...*" She adds, "the girls could not give us a coherent, intact, integrated view of their own lives" (p. 78). Thus amnesia seems to have been a frequently observed symptom.

Dissociation of affect was described by Gonzalez-Fernando (2000) as a "highly noticeable lack or 'flatness' of affect" (p. 78) when the girls spoke of intense feelings or were describing traumatic situations. As Gonzalez-Fernando narrates:

> In their inner life, these girls are split in two. It is as if they have two separate existences, two personas, two lives—the one they really had and would rather forget, and the one they wish they could have but deep-down are afraid they never could. This 'split' (dissociation) is so pervasive that each of the girls would say something (completely positive or completely negative) about sexuality at one point of the interview, only to express something totally its opposite at another point. (p. 84)

Gonzalez-Fernando (2000) does not diagnose these girls as having DID. However, it seems probable that they would fit into the *DSM-IV* category of DID or DDNOS.

In conjunction with my own study, I think the descriptions offered by these authors add weight to my conclusion that dissociative disorders, including cases of classical DID presentation exist in the Philippines. They also support the theory that dissociation is associated with some forms of childhood trauma.

Significance of the Findings

These results have both theoretical and clinical significance for disciplines concerned with the mental health of Filipinos. In terms of psychopathology, DID and other dissociative disorders need to be acknowledged as legitimate diagnoses. At the same time, the findings also raise the question of the incidence of DID relative to the incidence of spirit possession. Results are also consistent with a theory of dissociation as a defense against the memory and affect of trauma.

Clinically, knowledge of the dissociative symptom areas of amnesia, depersonalization, derealization and depersonalization could help mental health professionals to identify pathological dissociation. Awareness of the trauma-dissociation link could assist social workers, physicians, clergy, and clinicians as they do formal or informal psychological assessments of individuals under their care. For example, where child abuse/trauma is identified they could look for signs of dissociation, while dissociative symptoms could alert to the possibility of a trauma history. Accurate assessment of dissociative disorders and dissociative symptoms is an important step towards providing the best possible care to trauma survivors. As dissociative disorders in this study manifested in ways consistent with descriptions in the international literature, treatment protocols used elsewhere may be of use in the treatment of Filipinos with dissociative symptoms.

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APPENDIX

Research Studies: Indications of DID in countries outside North America

Country/sample	Studies
Netherlands	Boon & Draijer, 1993; Friedl & Draijer, 2000; Friedl, Draijer, & De Jonge, 2000; Vanderlinden ,Van Dyck, Vandereycken, & Vertommen, 1993
Belgium	Vanderlinden, Van Dyck, Vandereycken, & Vertommen, 1991
Hungary	Vanderlinden,Varga, Peuskens, & Pieters, 1995
United Kingdom	Bauer & Power, 1995; Van der Hart, 1993; Waller et al., 2000
Switzerland	Modestin, Ebner, Junghan, & Erni, 1996
Scandinavia	Hove, Langfeldt, Boe, Haslerud, & Stoerseth, 1997
France	Darves-Bornoz, Degiovanni, & Gaillard,1999; El-Hage, Darves-Bornoz, Allilaire,& Gaillard, 2002
Italy	Grave, Oliosi, Todisco, & Bartocci, 1996
Germany	Gast, Rodewald, Nickel, & Emrich, 2001
Turkey	Akyuz, Dogan, Sar, Yargic, & Tutkun, 1999; Sar, Yargic, & Tutkun, 1996; Sar, Kundakci, Kiziltank, Bakim, & Bozkurt, 2000; Sar, Tutkun, Alyanak, Bakim, & Baral, 2000; Sar et al., 2003; Tutkun, Sar, Yargic, Ozpulat, Yanik, & Kiziltan, 1998; Yargic, Sar, Tutkun, & Alyanak, 1998
Israel	Eldar, Stein, Toren, & Witztum, 1997; Lauterbach, Somer, Dell, & VonDeylen,2003; Somer, 2000;Van der Hart, 1993
Africa	Gangdev & Matjane, 1996
Latin America	Martinez-Taboas & Rodriguez, 1997
Australia	Brown, Russell, Thornton, & Dunn, 1999
New Zealand	Altrocchi, 1992; Barker-Collo, 2001
India	Adityanjee & Khandelwal, 1989
Japan	Berger, Ono, Nakajima, & Suematsu,1994; Berger, Saito, Ono, Tezuka, I., Shirahase, Kuboki, & Suematsu,1994; Berger et al., 1995; Fukushima et al., 2000; Hattori, 2004; Ichimary, 1999; Umesue, Matsuo, Iwata, Tashiro, 1996
Cambodian refugees (in North America)	Carlson & Rosser-Hogan, 1991, 1993; Mollica, et al., 1998

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NOTES

[1]The switch from multiple personality disorder (MPD) to dissociative identity disorder (DID) was made with the implementation of the 4th edition of the *Diagnostic and statistical manual of mental disorders* (*DSM-IV*). In this paper the term "DID" will be used, unless the original source uses the term "MPD."

[2]The brief screening instruments used were the *Dissociative Experiences Scale* (DES; Putnam, 1989), and the *Somatoform Dissociation Questionnaire* -5 (SDQ-5; Nijenhuis, 1999). The written diagnostic instrument was a modified version of the *Multidimensional Inventory of Dissociation* (MID; Dell, 2003).

[3]See the Ph.D. dissertation by Gingrich (2004) for a detailed description of the procedure followed.

[4]The Diagnostic Worksheets available in the SCID-D-R interviewer's guide (Steinberg, 1994) give detailed checklists for help in making dissociative disorder diagnoses.