

REFERENCES

- Andreasen, N. C. (1978). *The scale for the assessment of thought, language, and communication (TLC)*. Iowa City: University of Iowa Press.
- Chapman, L., & Chapman, J. P. (1973). *Disordered thought in schizophrenia*. New York: Appleton-Century-Croft.
- Coleman, M. J., Carpenter, J. T., Waternaux, C., Levy, D., Shenton, M. E., Perry, J., et al. (1993). The thought disorder index: A reliability study. *Psychological Assessment*, 5, 336–342.
- Exner, J. E. (1993). *The Rorschach, Vol. 1* (3rd ed.). New York: John Wiley & Sons.
- Johnston, M. H., & Holzman, P. S. (1979). *Assessing schizophrenic thinking*. San Francisco: Jossey-Bass.
- Kleiger, J. H. (1999). *Disordered thinking and the Rorschach: Theory, research, and differential diagnosis*. Hillsdale, NJ: The Analytic Press.
- Koistinen, P. (1995). *Thought disorder and the Rorschach*. Oulu, Finland: Oulun Yliopisto.
- Rapaport, D., Gill, M., & Schafer, R. (1968). *Diagnostic psychological testing* (rev. ed., R. R. Holt, Ed.). New York: International Universities Press.
- Rorschach, H. (1942). *Psychodiagnostics* (5th ed.). Bern, Switzerland: Hans Huber. (Original work published 1921)

SUGGESTED READINGS

- Holzman, P. E., Levy, D. L., & Johnston, M. H. (2005). The use of the Rorschach technique for assessing formal thought disorder. In R. F. Bornstein & J. M. Masling (Eds.), *Scoring the Rorschach: Eight validated systems*. Mahwah, NJ: Lawrence Erlbaum.
- Weiner, I. B. (1966). *Psychodiagnosis in schizophrenia*. New York: John Wiley & Sons.

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See also: Loose Associations; Schizophrenia

DISSOCIATIVE DISORDERS

The dissociative disorders, as listed in the current (4th) edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000), include a number of different syndromes, all of which entail an alteration in consciousness affecting memory and identity. Patients with dissociative amnesia (formerly known as psychogenic or functional amnesia) cannot remember certain past experiences (episodic memory), while those with dissociative fugue (formerly known as psychogenic fugue) also lose their personal identities

(semantic memory). Patients with dissociative identity disorder (DID; formerly known as multiple personality disorder, or MPD) alternate between two or more separate identities (selves, or “alter egos”), each with its associated fund of autobiographical memory—and an interpersonality amnesia separating at least one alter ego from the others.

Patients with depersonalization disorder feel that they have changed in some profound way—in other words, they do not consciously recognize themselves; in the related syndrome of derealization, they do not consciously recognize their surroundings. There is also a subcategory of “dissociative disorder not otherwise specified,” including cases that do not quite fit the diagnostic criteria for amnesia, fugue, or DID, as well as culturally specific cases of “spirit possession,” such as *amok*, *latah*, and *ataque de nervios*. These symptoms are “functional” in that they are not associated with demonstrable brain insult, injury, or disease.

The dissociative disorders came to prominence in the late nineteenth century, with the work of Jean-Martin Charcot and Pierre Janet in France, and of Morton Prince and Boris Sidis in America—forming the clinical basis of pre-Freudian ideas about unconscious mental life (Ellenberger, 1970). Throughout the twentieth century, and now into the twenty-first, the dissociative disorders have served as plot devices in countless novels and films, such as *Random Harvest* by James Hilton (novel, 1941; film, 1942), about a World War I veteran who suffered fugue as a result of “shell shock,” and *The Three Faces of Eve* (1957), based on an actual clinical case of multiple personality disorder. Despite the high degree of popular interest, however, the dissociative disorders were considered to be extremely rare. For example, fewer than 100 cases were reported in the scientific literature up to 1970.

Following the publication of *Sybil* (1976), another ostensible case of MPD, which was turned (twice) into a television movie, there ensued an “epidemic” of DID cases, and the rise of theories linking dissociative psychopathology to trauma—especially a history of childhood sexual abuse (CSA; e.g., Freyd, 1996), and even “satanic ritual abuse.” Although this remains the most popular “psychogenic” theory of the dissociative disorders, the hypothesized link between trauma and dissociation has proved difficult to pin down. In the first place, despite advances in diagnostic criteria and methods, it seems likely that DID has been overdiagnosed in recent years: even the validity of the *Sybil* case has been challenged. Moreover, while most individuals diagnosed with DID report histories of childhood sexual abuse, many of these reports appear to be based on beliefs shaped by popular culture and “recovered memories” of abuse that may have been distorted by inadvertent suggestion from therapists. Although the role of suggestion in the dissociative disorders remains controversial (Kihlstrom, 2004), the fact remains that no

prospective study has shown a documented history of childhood sexual abuse increasing an individual's specific risk for DID.

Although impaired memory is the hallmark of the dissociative disorders, clinical and experimental research agree that traumatic and other emotional events are typically well remembered—which is one of the core symptoms of posttraumatic stress disorder (PTSD). When trauma is poorly remembered, the forgetting is usually ascribed to normal memory processes, such as infantile and childhood amnesia, the passage of time, and the like, rather than to any dissociative process. Recent proposals to list DID and other dissociative disorders as forms of PTSD await firm evidence linking dissociation to trauma (McNally, 2003).

Somewhat surprisingly, given the “epidemic” of the 1970s and 1980s, there has been relatively little laboratory research on the dissociative disorders. One line of research has found evidence of “state-dependent” memory in DID, such that one “alter ego” cannot remember items studied by another. Another has uncovered evidence of spared priming and other expressions of implicit or unconscious memory, despite the patient's impairment of explicit or conscious memory. In an attempt to identify attentional correlates of dissociation a third line of research has used the Stroop test and related paradigms with normal subjects (typically college students) who report high levels of dissociative experiences, in an attempt to identify attentional correlates of dissociation.

Until relatively recently, the dissociative disorders were grouped with the conversion disorders under the broad rubric of “hysteria.” Indeed, just as dissociative amnesia, fugue, and identity disorder can be described in terms of impairments of conscious memory, so “hysterical” blindness, deafness, paralysis, and the like can be construed as impairments of conscious perception and action (Kihlstrom, 1994). On the other hand, DID, the other dissociative disorders, and the conversion disorders have been given a social-psychological interpretation in terms of role enactment (Lilienfeld et al., 1999). In this view, patients behave “as if” they are amnesic, or blind, or have multiple personalities, as part of a socially sanctioned and goal-directed strategy for expressing personal distress and managing (and manipulating) social relations. A skeptical approach to the dissociative disorders is natural, in view of the excesses of the DID “epidemic” of the 1970s and 1980s. At the same time, we should not let a principled skepticism blind us to genuine cases of dissociative disorder, however few and far between they may be.

REFERENCES

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Freyd, J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge, MA: Harvard University Press.
- Kihlstrom, J. F. (1994). One hundred years of hysteria. In S. J. Lynn & J. W. Rhue (Eds.), *Dissociation: Clinical and theoretical perspectives*. (pp. 365–394). New York: Guilford Press.
- Kihlstrom, J. F. (2004). An unbalanced balancing act: Blocked, recovered, and false memories in the laboratory and the clinic. *Clinical Psychology: Science & Practice*, *11*, 34–41.
- Lilienfeld, S. O., Kirsch, I., Sarbin, T. R., Lynn, S. J., Chaves, J. F., Ganaway, G. K., et al. (1999). Dissociative identity disorder and the sociocognitive model: Recalling the lessons of the past. *Psychological Bulletin*, *125*(5), 507–523.
- McNally, R. J. (2003). *Remembering trauma*. Cambridge, MA: Harvard University Press.

SUGGESTED READINGS

- Crews, F. (1995). *The memory wars: Freud's legacy in dispute*. New York: New York Review of Books.
- Ellenberger, H. F. (1970). *The discovery of the unconscious: The history and evolution of dynamic psychiatry*. New York: Basic Books.
- Kihlstrom, J. F. (2005). Dissociative disorders. *Annual Review of Clinical Psychology*, *1*, 277–253.

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See also: Amnesia; Depersonalization Disorder; Dissociative Identity Disorder

DISSOCIATIVE IDENTITY DISORDER

Dissociative identity disorder (DID) is a psychiatric condition that was formerly known as multiple personality disorder (MPD). DID is viewed as the most complex and severe of the dissociative disorders, a category that also includes dissociative amnesia, dissociative fugue, and depersonalization disorder (see Cardeña & Gleaves, 2007 for a discussion of other dissociative disorders). Although it is controversial and long regarded as exotic and rare, a wealth of research has been conducted on DID in recent years, particularly since the 1980s.

Description

According to the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2000), DID is defined by the presence of two or more distinct identities or personality states that recurrently take control of the individual. The other essential diagnostic criterion is some degree of psychogenic or psychological amnesia. Although the DSM focuses on the issue of alternate identities, a core set of features of DID has also appeared in research and may be as essential

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