An Examination of Dissociative Symptoms As They Relate To Indigenous Filipino Concepts

Heather J. Davediuk Gingrich

Abstract

In one phase of a larger study entitled *Dissociation in a student sample in the Philippines* (Gingrich, 2004), interviewees were asked to give their opinions about various scenarios involving dissociative symptoms, including whether they would regard specific dissociative experiences as normal or pathological. These college students were also requested to suggest indigenous terms for dissociative symptoms in Filipino languages. In order to provide a context for a discussion of these qualitative research findings, dissociation is defined, and placed in its historical and cross-cultural context. A summary of how dissociative symptoms have generally been viewed within the Philippines is also included. The methodology used in the larger study is briefly outlined, while the procedures used to collect the data most relevant to the purposes of this article are more thoroughly described. Relevance of the findings for the social sciences is discussed, and recommendations for further research made.

Keywords: Dissociation, Filipino, Indigenous, Identity, Psychopathology, Students

Sikolohiyang Pilipino (Filipino Psychology) purports that the core aspects of a particular culture are embedded in its language and that psychological phenomena cannot be adequately studied in a foreign language or, by implication, from translated instruments that originate in a foreign language (Enriquez, 1982). Proponents have also written that the researcher needs to be a member of that cultural group, in order to understand the subjective experience of individuals within that group. From this perspective, foreigners, as outsiders, should not even attempt to do research studies using a sample from another cultural background (Pe-Pua, 1982). As a Caucasian, and a Canadian, who is not fluent in any of the Filipino languages, this researcher obviously could not do the kind of indigenous research that Enriquez and other proponents of *Sikolohiyang Pilipino* believe essential to doing research among Filipinos. However, as

dissociation and dissociative disorders had not been explicitly studied among Filipinos, yet were showing up in the clinical cases being presented to the researcher in supervision by graduate counseling students, it was felt that an exploratory study, even by a foreign researcher, could be of benefit.

Therefore, a study was conducted entitled *Dissociation in a student sample in the Philippines* (Gingrich, 2004) in order to examine dissociative experiences, dissociative disorders, and a potential trauma-dissociation link among participants in a nonclinical sample of Filipino college students. For the purposes of this paper, one aspect of the larger study will be focused on: an exploration of the participants' conceptualizations of dissociative experiences. To this end, interviewees in one phase of the study were asked to give their opinions about various scenarios involving dissociative symptoms, including whether they would regard specific dissociative experiences as normal or pathological. They were also requested to suggest indigenous terms for dissociative symptoms in Filipino languages (see Appendix). In this way it was hoped that it could be determined if there were any unique cultural aspects to the ways Filipino college students viewed dissociative experiences.

In order to provide a context for a discussion of the research findings, a brief historical background to the study of dissociation will be presented, as well as a definition of dissociation, a discussion of how to differentiate normal and pathological dissociation, and a summary of the international literature on dissociative identity disorder (DID). These will be followed by an examination of how dissociative experiences have been commonly interpreted in the Philippines. The methodology used in the larger study will then be summarized, while the procedures used to collect the data most relevant to the purposes of this article will be more thoroughly described. Finally, a discussion of the relevance of the findings for the social sciences and recommendations for further research will be made.

The Psychological Literature on Dissociation

Historical Background

The concept of dissociation has been part of the psychological literature since the time of Pierre Janet (1859-1947), who used his dissociation theory to explain the phenomena of hysteria and hypnosis. While Janet's theory was met with initial enthusiasm by contemporaries, interest in dissociation waned in the 1930's as the psychoanalytic concept of repression was embraced, supplanting

dissociative explanations (Chu & Bowman, 2000). Renewed interest in dissociation within the United States in the 1980's (Boon & Draijer, 1991) has been attributed to: increased diagnosis of, and physiological research into, multiple personality disorder (now dissociative identity disorder or DID),[1] interest in posttraumatic stress syndromes where dissociative symptoms are exhibited, greater public awareness of child abuse which is one of the major causes of chronic dissociative pathology, and renewed interest in hypnosis (Putnam, 1989).

While there is an extensive anthropological literature on the use of dissociation in specific cultural groups (e.g., use of trance in religious rituals; Bauer & Power, 1995), research on the nature and prevalence of dissociative disorders cross-culturally is relatively recent, with little being written before the 1980's, and an increasing number of studies appearing in the literature from the 1990's to the present.

Definition of Dissociation

The *Diagnostic and statistical manual of mental disorders* (DSM-IV-TR) defines dissociation as a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment (American Psychiatric Association, 2000). Dissociative symptoms are prominent in the five DSM-IV-TR dissociative disorders of dissociative amnesia, dissociative fugue, dissociative identity disorder, depersonalization disorder, and dissociative disorder not otherwise specified. However, dissociative symptoms can also be found in many other mental disorders, such as posttraumatic stress disorder, somatoform disorders, schizophrenia, and borderline personality disorder.

Table 1 provides definitions of the five dissociative symptoms most commonly referred to in the literature on dissociation.

Normal vs. Pathological Dissociation

While use of the word "symptom" implies psychopathology, dissociation can also take the form of dissociative "experiences" that can be viewed as normal. For example, absorption in a task to the extent that a person is not aware of the passage of time would not be considered abnormal unless it adversely interferes with the individual's day-to-day functioning. Similarly, it could be regarded as beneficial rather than problematic for an actress to have the ability to so deeply identify with the character she portrays on stage that she almost forgets she is acting.

One of the ways to distinguish between normal and pathological dissociation is to assess the severity of the dissociation (c.f., Putnam et al., 1996; Ross, 1989; Watson, 2003). To extend the analogy of the actress mentioned above, her dissociative experience while on stage could become a pathological dissociative symptom if she is unable to come out of character for extended periods of time (i.e., weeks or months) even while off-stage.

Cultural factors must also be considered while making a determination as to whether dissociation is normal or pathological. In order to be labeled abnormal, significant impairment must be present and the symptoms considered evidence of illness in the indigenous culture (Castillo, 1997). Kirmayer (1994) suggests that dissociative phenomena can be seen as the result of an interaction between psychological and social processes that are affected by culture. He uses the dissociative symptom of amnesia as an example. In a culture where mechanical time is not valued to the same extent that it is in the Western world, an individual may be incorrectly identified as having amnesia, when "not knowing, not remembering, and involuntariness are socially sanctioned or normative" (p. 115). In such a culture, experiences of amnesia can be seen as socially embedded, and therefore not pathological.

Making an assessment as to whether a dissociative episode is voluntary or involuntary can also be helpful in determining whether or not it is pathological. Religious rituals often involve dissociative experiences that are entered into voluntarily and that are considered normative for that culture (Coons, 1993; Dorahy, Schumaker, Krishnamurthy, & Kumar, 1997; Gonzales & Griffith, 1996). Similarly, in many cultures voluntary spirit possession by a native healer would be seen as desirable rather than problematic (Comas-Diaz, 1981).

The International Literature on Dissociative Identity Disorder (DID)

DID is only one of the DSM-IV-TR (American Psychiatric Association, 2000) dissociative disorders. A diagnosis of DID, however, involves severe or moderate levels of four out of five dissociative symptoms. For this reason, a brief look at the international literature on DID may be a helpful backdrop to a discussion of the results of the current study.

Although 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. For example, indications of DID have been found in many

European countries such as: the Netherlands (Friedl, Draijer, & De Jonge, 2000), Belgium (Vanderlinden, Van Dyck, Vandereycken, & Vertommen, 1991), Hungary (Vanderlinden,Varga, Peuskens, & Pieters, 1995), the United Kingdom (Waller et al., 2000), Switzerland (Modestin, Ebner, Junghan, & Erni, 1996), Scandinavia (Hove, Langfeldt, Boe, Haslerud, & Stoerseth, 1997), France (El-Hage, Darves-Bornoz, Allilaire, & Gaillard, 2002), Italy (Grave, Oliosi, Todisco, & Bartocci, 1996), and Germany (Gast, Rodewald, Nickel, & Emrich, 2001). Cases of DID and other dissociative disorders (DDs) have also been found in Middle Eastern countries such as Turkey (Sar et al., 2003) and Israel (Lauterbach, Somer, Dell, & VonDeylen, 2003), as well as in Africa (Gangdev & Matjane, 1996), and some Latin American countries (Martinez-Taboas & Rodriguez, 1997). Although not as much research in the area of dissociative disorders has been conducted in Asia, findings from studies in Australia (Brown, Russell, Thornton, & Dunn, 1999), New Zealand (Barker-Collo, 2001), India (Adityanjee & Khandelwal, 1989), Japan (Hattori, 2004), and among Cambodian refugees (Mollica, et al., 1998), 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 many similarities. They also point to a strong association between dissociation and trauma, particularly trauma due to child abuse.

How Dissociation Has Been Viewed in the Philippines

The word "dissociation" seldom appears in the Philippine psychological literature. Any allusions to dissociative phenomena tend to be made in the context of discussions of altered states of consciousness (ASCs) within religious rituals, or as part of spirit possession (e.g., Bautista, 1998; Bulatao, 1987, 1992). Dissociative symptoms appear in case descriptions of traumatized children (e.g., Bautista, Roldan, & Garces-Bacsal, 2001; Gonzalez-Fernando, 2000) although the authors rarely identify them as such. The local literature in these areas will be briefly reviewed.

Religious Rituals and Spirit Possession

Although Bulatao (1987) generally uses terms such as ASC, hypnosis, and spirit possession when describing what the author of the current paper would consider voluntary dissociation by Filipinos, he does occasionally acknowledge that these phenomena are dissociative in nature (1987, p. 8). He gives many examples of self-induced ASC's as part of religious rituals, including descriptions of mediums in *Espiritistas*, and aspects of charismatic worship (Bulatao, 1992). Levin (n.d.) describes how an ASC can be produced through

5

the rhythmic, rapid reading of long tracts of prayer read aloud (*oraciones*). In an unpublished paper entitled "Mahika", she also makes the observation that the rhythm of a group of people praying the rosary in cadence can produce a trance-like condition. ASC's are entered into by the *tagalona* as they dance as part of the rites for the dead (Ramos, n.d.). Faith healing, ecstatic preaching, and the shamanic rituals practiced among the Kalinga and Mandaya are also examples of such religious rituals (Gelido, 1978).

Bulatao views experiences of spirit possession in the Philippines as a normative part of Filipino culture (1992). The possessing spirits are left alone if they are seen as benevolent or helpful, such as those thought to possess the local healers (e.g., *arbularyo, espiritistas*, and faith healers). If, however, the spirits are seen as undesirable, exorcism rituals are performed (Bautista, 1998; Bulatao, 1992). While acknowledging that most Filipinos interpret spirit possession as religious in nature, Bulatao views it as a psychological phenomenon that is dissociative (1987, 1992). However, even if he does not believe that the possessing agents are spiritual entities, Bulatao suggests that the treatment of choice is "psychological exorcism" (i.e., exorcism that is done as part of a religious rite, but that actually works for psychological reasons).

Descriptions of Traumatized Children

Qualitative descriptions of some cases of traumatized Filipino children indicate dissociative symptomatology. Gonzalez-Fernando (2000) makes the observation that the female child prostitutes in her study had a tendency to "block out whole episodes in their lives" which meant that "the girls could not give us a coherent, intact, integrated view of their own lives" (p. 77). The author concludes that:

> 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)

Symptoms of amnesia can also be seen in the case description by Bautista, Roldan, & Garces-Bacsal (2001) of a severely abused boy named Joselito who had been living in the street. Joselito "would say something but

would say something utterly different when asked about it again….his statements have very little connection with each other" (p. 86).

The researchers in both of these studies commented on the lack of affect and presence of trance-like behavior evidenced by their participants. Bautista et al. (2001) writes, "Joselito relates his story sans emotions. He appeared 'spaced-out.' He looked at his interviewer blankly, as if he were peering into empty space." When he did begin to show emotion he "doused it off right away" (pp. 96-87). Similar indications of depersonalization symptoms were described by Gonzalez-Fernando (2000). She observed a "highly noticeable lack or 'flatness' of affect" (p. 78) when the girls were describing traumatic experiences or spoke of having intense feelings. She writes:

> One girl was described as going "bland" when asked about prostitution experiences. Whenever the subject came up, she would suddenly stare into the distance, as if going into reverie; her mouth would move, as if speaking to herself absentmindedly, but without any sound; this would go on until the interviewer would call her attention - then she would 'snap back,' as if coming alive again. (p. 77)

These case illustrations suggest the presence of dissociative symptoms in Filipino samples of traumatized children.

Therefore, although the Filipino literature contains instances of experiences that could be considered dissociative in nature, the term *dissociation* has tended to not be explicitly used, nor have such phenomena been examined in the light of DSM-IV-TR (American Psychiatric Association, 2000) criteria for dissociative disorders or dissociative symptoms. Neither have Filipino participants been asked how they view dissociative experiences.

Method

Participants

Participants in this study (Gingrich, 2004) were residents of a freshman dorm in a prestigious university in the Philippines. While most of the residents came from the southern Tagalog and central Luzon regions, all regions of the Philippines were represented. Most had attended national public schools and were from the middle socioeconomic class. There were 532 residents in total, 469 of which consented to participate in Phase I of the study. One hundred

and thirty four of the Phase I participants were also participants in Phase II, while 60 of those who participated in Phase II were selected as interviewees for the third phase. The responses of these 60 participants to specific interview questions are the focus of the current paper.

Research Procedure

Selection of Participants

The larger study was conducted in three phases. The first two phases involved the use of two brief screening instruments and a written diagnostic instrument as a means of identifying some of the highest dissociators.[2] Pre-determined cut-off scores on the screening instruments used in Phase I provided the basis for selection of Phase II participants. The interviewees for Phase III consisted of the 30 highest scorers, and 30 low-moderate scorers on the diagnostic instrument used in Phase II.[3] The findings discussed in this paper are derived from data gathered in Phase III of the larger study.

Interview

Forty-one of the interviews were conducted by the researcher, and help was enlisted from two Filipino interviewers for the other 19. Use of the Filipino interviewers meant that some of the participants could respond to items in Tagalog/Taglish if they so desired.

A modified version of the *Structured Clinical Interview for DSM-IV Dissociative Disorders* (SCID-D-R; Steinberg, 1993) was used to assess participants' use of the five dissociative symptoms of amnesia, depersonalization, derealization, identity confusion, and identity alteration (see Table 1). The semi-structured format of the SCID-D-R allowed for additional questions to be added to the end of the interview (see Appendix). As mentioned previously, the additional questions of greatest relevance for the purposes of the current paper fell into two categories: a) those related to participants' opinions about aspects of specific situations that were dissociative in nature, including an assessment of normalcy versus pathology, and b) those related to terms available in indigenous Filipino languages for various dissociative symptoms.

The procedures used to analyze the items belonging to the first category will be outlined. Then the procedure followed in examining terms used in Filipino languages will be discussed. Responses to all of the Additional Interview Questions were first entered into the Microsoft ACCESS database program, which allowed for manipulation of the data into categories and subsequent transfer into word processing programs.

Categorization of responses related to assessments of dissociative symptoms. A Filipino research assistant (M.A. student) was asked to group together identical responses (e.g., one-word "yes" and "no" answers), and then suggest some initial categories for the remainder of the data. Modifications to these categories were made based on what the researcher saw in the data, then another research assistant (doctoral graduate) was asked to look over the categories and give feedback, which the researcher then took into consideration in reworking the categories. Throughout the categorization process, the researcher consulted with another Filipino research assistant (M.A. graduate) regarding participant responses in Tagalog/Taglish.

One problem encountered was that many responses contained more than one theme, making categorization difficult. The researcher considered separating the different ideas from a single participant and placing them in separate categories. However, although it was understandable how another type of study could make good use of this type of micro-analysis, the researcher became concerned that in artificially separating out responses in this way, the over-all sense of how an individual participant viewed dissociative experiences might get lost. Therefore, the response of each participant was examined in its entirety for its global sense.

For example, for the question, "What if their voice sounds different when they feel this way?" (i.e., felt like a different person), rather than categorize several similar responses together as "having fun," other responses together as "feeling happy," and a third set of responses together as "switching mood," all three were subsumed under "expressing emotions." Categories were continually reworked until the researcher was satisfied that they were helpful descriptions of the responses of the participants.

Categories were put into tabular form (one table per question) with frequencies of identical responses indicated. Then, responses not identical, but which were determined to be similar enough to fit into the same category were added. The frequencies were then summed to determine the total frequency per category. The percentage of the total number of responses represented by each category was also tabulated.

At this point one of the Filipino interviewers was asked to review all of the tables for spelling and typographical errors, particularly with reference to the Tagalog. She was asked for feedback regarding the over-all categories, and was requested to pay particular attention to whether or not the Tagalog/Taglish responses had been placed in appropriate categories. The two research assistants mentioned earlier also gave feedback during the process of fine tuning

9

categories. Realizing that there were still some errors in the tables, the help of another consultant was enlisted to suggest corrections. This person was a faculty member at the seminary where the researcher taught, spoke Tagalog fluently, and had an M.A. in Applied Linguistics. Therefore, the final categories were examined by four people in addition to the researcher, two for whom Tagalog was their first language, three of whom had an understanding of dissociation, and one who was a linguistics expert. Summary tables, which include the total frequency for each category, were then formed from each of the larger tables.

Categorization of terms for dissociative symptoms in Filipino languages. For every dissociative symptom measured by the SCID-D-R (see Table 1), interviewees were asked whether there were any terms in their language that described such experiences. As the researcher did not speak any of the Filipino languages, help was enlisted from a small group for this part of the research. Members of the group included the head of a language school who taught foreigners Tagalog and other Filipino languages, the Filipino interviewer (mentioned above), a graduate assistant (M.A. student mentioned above) who took notes on a laptop computer (and was occasionally consulted regarding Tagalog terms), and the researcher. The group as a whole met for a total of eight hours, with additional hours put in by individual group members. The group sessions were tape recorded and the researcher took down notes to ensure that the graduate assistant was not missing anything as she entered the analysis into the computer.

Group members who were not familiar with the SCID-D-R or the Additional Questions were given an orientation on the instrument and on the research study. Then the group worked their way through each participant response, attempting to come up with the best possible translation for a particular term. Some terms were also gleaned from words used by interviewees in response to the SCID-D-R itself. There was, at times, extensive discussion among the three Filipinos and the researcher before coming to a consensus as to which translation best fit the context of the question. Only when agreement was reached did the group go on to the response of the next participant. All three Filipinos were Tagalog speakers, one was knowledgeable in Cebuano, and various other Filipino languages were represented from among them. Translations for the few responses that were in a language not understood by any of the group members were elicited from graduate students at the seminary at which the researcher taught.

Terms and responses were initially entered into the computer by the graduate assistant in the order in which the group had discussed them. After the other group members left these meetings, the researcher compared what she

had encoded earlier with the notes that she had taken, and the entries were modified accordingly. Going through the list, similar terms and definitions were placed in closer proximity, and similar responses combined.

Some of the variations in terms looked as though they were actually different forms of the same root word. However, as the researcher did not speak the languages, the graduate assistant was asked to write down the root of the word where relevant, and, in table form, put the variations in one column, and the frequencies with which each variation appeared in another. For example, the graduate assistant isolated *limot* as the root for the terms *malimutin, makalimutin, makakalimutin, and dali na makalimot* (see Table 4).

The research assistant was then asked to group together terms from the different Filipino languages that were close to identical in meaning, and come up with an English term that was descriptive of the whole category of terms in the various Filipino languages (e.g., *forgetful* was the English term chosen to describe the category including the Tagalog root word *limot,* the Cebuano root words *limtanon* and *bungaw*, the Ilocano *managliplipat,* etc.). The categories were then adjusted in consultation with the research assistant. Usually the modifications involved combining two categories, or eliminating a category and redistributing responses among the other existing categories. The frequencies of each of the terms under one English category were then summed in order to determine the number of SCID-D-R participants who used terms communicating a similar idea in one of the Filipino languages. For example, 20 participants suggested terms that best fit under the English category *forgetful* (see Table 4).

Upon completion of the final draft of the tables, a member of a small group who knew the greatest number of Filipino languages (i.e., the Filipino interviewer), was asked to review each table for spelling/ typographical errors, and possible mistakes in content or classification. The linguistics expert mentioned earlier was asked to make further modifications regarding root concepts, and spelling/typographical errors in the Tagalog. Once these changes were made, the summary tables included in the body of this paper were created.

Results

Discussion will integrate results from participant responses related to the Additional Interview Questions, as well as observations from other aspects of the research study. Responses from all 60 interviewees, both those diagnosed

with a dissociative disorder, as well as those without a dissociative disorder diagnosis, have been included.[4]

Amnesia

Symptoms

When asked what they would think of university students who experience large gaps in their memory, hours or days that cannot be accounted for, or who have difficulty remembering to do their daily activities, 17% said it was normal (see Table 2). In the words of one interviewee, "It's okay. Everybody has gaps in their memory." Twenty-seven percent of participants felt that stress or inability to concentrate explained the difficulties in memory, citing academic pressure and hectic schedules as examples of the kinds of stresses that students experience. Eight percent thought that such symptoms were abnormal in some way, and another 10% thought that it was abnormal if experienced frequently or if symptoms were extreme (e.g., large gaps rather than smaller gaps). Eighteen percent thought that such memory difficulties were indicative of a psychological problem or disorder, while 10% attributed the symptoms to bad experiences from the past such as a difficult childhood (e.g., "*nasasayang rin childhood niya*"), or a traumatic event (e.g., "Maybe something happened to them that didn't happen to me, trauma"?). Ten percent of the interviewees attributed the symptoms to being merely forgetful, (e.g. "*taong makakalimutin, just like me*").

When asked specifically if they thought these experiences would be considered normal or abnormal, 30% replied that these are "normal," and 7% said that these experiences were normal, but with the recognition that they were different (see Table 3). One participant responded, "I think I'm normal, but when I compare myself to others I realize that not everyone experiences these things. I've gotten used to being different." Another said that it is an "exception for people to not remember, but it is not really the person's fault so I wouldn't want to call them abnormal." Twenty-seven percent thought these kinds of memory gaps were definitely abnormal, while another 28% said it was abnormal if experienced frequently or if the symptoms were extreme. Two percent talked about these experiences being normal if an individual was under a lot of stress.

The researcher was initially surprised that such a high percentage (i.e., 37%) of interviewees judged these amnestic experiences as normal, experiences that the researcher would see as evidence of possible psychopathology. After all, the question asked about "large" gaps in memory and "days" missing. However, when taking into consideration that 30 of these 60 interviewees

were chosen to participate in this stage of the research precisely because they were high dissociators, and that 19 of these interviewees were diagnosed by the SCID-D-R as having a dissociative disorder, these individuals may have considered such memory gaps normal because they were normative in their own experience.

Another potential factor is the stressful nature of the life of a student, alluded to by 27% of participants (see Table 2). While the researcher's memory has at times been adversely affected by stress, she has yet to experience the extreme symptoms inquired about in these questions.

Perhaps culture is also a factor. Western cultures tend to be more time conscious than Asian ones (Kirmayer, 1994). In Canada, for example, high value is placed on being on time for appointments and putting available time to productive use. The author's experience in the Philippines fits with Church's observation (as cited in Villar, 1997) that Filipino time is much more flexible. For example, when the researcher was working on her Ph.D. at the University of the Philippines, a study group of students would sometimes arrange to get together "Saturday afternoon," without specifying an exact time. Perhaps then, it is possible that these students do not view gaps of several hours as much to be concerned about. If they themselves experience such gaps they may be able to function more easily in the Philippines than in the West because other Filipinos may be more willing to overlook a missed appointment or significant tardiness.

Kirmayer (1994) discusses how in societies where mechanical time is less important, it is less likely that narratives will anchor events to dates. If this is true of Filipinos, that is, that Filipinos are more event-oriented than time-oriented, forgetting to attend an important event, or not remembering an event that they were a part of, may be more distressful than time loss in itself. For example, a number of interviewees, when asked SCID-D-R questions about their own experiences, found it especially distressful to not remember the time they supposedly spent with friends, or to not remember events from childhood that involved people important to them. A closer examination of how Filipinos view amnestic experiences could make a valuable study for future research.

Terms

With regard to terms in Filipino languages related to amnesia, the greatest number of responses (20) involved words that can best be translated as forgetfulness (see Table 4). The next largest category of responses referred to senility (17) and being old (2), the idea being that young people should not experience these kinds of memory problems. Two respondents used Tagalog

13

words for confused, that is, when someone is *tuliro* or *natataranta*, they can have memory problems. Two individuals came up with the terms related to *buang* to imply a person is crazy. Two participants talked about social isolation being a factor, using the Tagalog word *nagsasarili* and the Cebuano *nagpalahi*.

The Tagalog idea of *wala sa sarili*, or being lost to oneself, is interesting in the context of amnesia. It seems to imply that memory difficulties are experienced when a person is in some other state, where they are not feeling like themselves. This is what the researcher has heard her DID clients in the West describe, a sense that they are not themselves, or are not there at all; a sense of being lost to oneself.

One interviewee used the Tagalog word "*tulala*" to describe what she thinks happens when she loses time. She states, "I usually kind of stare into nothingness" for hours at a time. This kind of spacing out, or trancing out, is something that the researcher has personally observed in her DID counselees, and noticed in some of the interviewees during the course of the SCID-D-R administration.

Depersonalization

Symptoms

As summarized in Table 5, when the participants were asked for their reactions in response to another student telling them that they frequently felt as though they were observing themselves from a point outside of their body, or a part of their body felt disconnected form the rest of their body, 27% thought it was weird or unusual for someone to have those kinds of experiences, and another 28% thought that the individual must have a psychological problem or be under a lot of stress. Three interviewees (5%) alluded to the possibility that the individual might have multiple personalities. One of these referred to a novel by Sidney Sheldon on the theme of multiple personalities, saying that it was "an awful book."

Thirteen percent (13%) of participants expressed disbelief, shock or surprise. For some, this reaction seemed to be the result of not being able to personally relate to these kinds of experiences (e.g., "My initial reaction would be asking that person if he is really sure about that...because I haven't experienced that, because I experienced these things only in a dream"). For others the reverse was true; the surprise for them seemed to be that their own experience was validated (e.g., "Oh my God, I have the same experience!"). Two participants

14

(3%) said that they thought it was normal, one of them responding, "Don't worry, I can see myself from outside my body too." Two other participants (3%) attributed depersonalization symptoms to a medical condition. Thirteen percent of participants wanted to ask the individual more about their experiences before coming to conclusions about what was happening. One respondent's symptom of amnesia came out in his/her response to the question saying, "I'll ask them about their experience then next day I'll forget what they told me."

When asked about whether these experiences were normal or abnormal, 6 participants (10%) said it was normal (see Table 6). The reason one participant gave for this response was that, "I'd have to see myself as abnormal" otherwise. Sixty-eight percent said it was abnormal to experience these things, and 12% percent responded that these experiences could be viewed as both normal and abnormal, depending on how frequently the symptoms are experienced, or on the specific aspect of the symptom (i.e., normal to see self outside of body but not normal to experience part of body disconnected from rest of body).

Participants, therefore, seemed to view depersonalization experiences as more abnormal or strange than they did symptoms of amnesia.

Terms

Not many terms were given in Filipino languages to describe experiences of depersonalization (see Table 7). Ten out of a total of 14 responses were expressions that could be translated into English as "crazy." One interviewee referred to *bangungot*, the belief that someone could die from a nightmare unless awakened. Another used the expression *hindi ka nag-iisa* (you are not alone), which may have been an indirect reference to DID. One participant thought that these experiences were weird (*kakaiba*), and another used an expression literally translated as "the mind is flying" (*lumilipad ang isip*) to refer to these experiences.

Derealization

Symptoms

When participants were asked how common it was for someone their age to be unable to recognize close friends or to feel puzzled about what is real and unreal in their surroundings, a total of only 12% responded that it was common, and a total of 84% thought it was uncommon (see Table 8).

15

Terms

As was the case for depersonalization terms, participants did not come up with many terms for derealization in Filipino languages (see Table 9). Five individuals suggested terms that fit the category for crazy and another four made reference to the person being old or senile. One respondent each gave Tagalog terms that fit the categories of forgetful (*makakalimutin*), thinking too much (*masyadong nag-iisip*), confused (*naguguluhan*), out of this world (*siguro nasa ibang mundo ka*), day dreaming (*nanaginip ng gising*), and loss of the head/mind (*nasiraan ng bait*). Two participants used the expression *"nawawala sa sariling pag-iisip"* which most closely corresponds to the English phrase "not in his/her right mind." An expression used in connection with the questions about amnesia, *"nawawala sa sarili"* (lost to oneself), was used by two participants to describe derealization.

Perhaps the scarcity of Filipino terms for depersonalization and derealization is not surprising, in that the researcher could not think of many English language terms specific to each of these experiences either. Even in the West, depersonalization and derealization experiences are not topics that come up in general conversation, perhaps because they are highly subjective experiences that are potentially more easily hidden from public view. Individuals can feel detached from their body, or wonder if their surroundings are unreal, for example, without other people necessarily knowing that this is happening.

Perhaps this is the case in the Philippines, as well. If something does not get talked about, there may be no need for a Filipino language to include terms that describe it. This idea is consistent with *Sikolohiyang Pilipino's* (Filipino Psychology's) cross-indigenous perspective. Enriquez suggests that key indigenous concepts are embodied in the language of a particular culture (Enriquez, 1982). A corollary of this idea is that if a concept is not found within the language, it must not be of great importance within that cultural context. While participants in this study have not used very specific terms for depersonalization and derealization, they have suggested numerous terms, within several Filipino languages for "crazy." Therefore, in the Philippine context, it may be that the more general terms for "crazy" include depersonalization and derealization experiences.

Identity Confusion

Symptoms

In response to question 10 (see Table 10), concerning the degree to which their classmates feel as though there is a struggle inside of them about

16

who they really are, 28% responded either by describing it as uncommon, or suggesting it was quite uncommon by identifying a percentage between 0 and 30%. Twenty-five percent of participants thought that their classmates experienced an identity crisis to a moderate degree (30% - 60%), and 22% believed that their classmates experienced a high degree of struggle (60% - 95%). Another 15% of respondents thought that identity struggles were commonly experienced by their peers, and 8% were not sure how to respond. Therefore, 75% of the participants thought that their classmates experienced struggles with identity issues to a degree of 30% or more.

Terms

Once again, there were not many terms suggested for identity confusion in Filipino languages (see Table11). Four respondents used a term for crazy, and four used words for confused (e.g., in Tagalog, *naguguluhan* and *nalilito*; in Ilonggo, *nagamuhan*). Four participants used expressions referring to not being sure of who she/he is. In Tagalog, the phrase used was *di sigurado sa sarili*, and in Cebuano, it was *wala kaila sa iyang kaugalingon*. Two other participants talked about divided attention or focus being the reason for their confusion. One respondent alluded to struggles around sexuality (*silahis*), and another to the idea of internal rebellion (*nagwawala*). The expression *medyo wala sa sariling pag-iisip* (somewhat not in his/her right mind) was suggested by one individual.

In light of the fact that many of the participants viewed identity struggle as so common for students of their age, this author finds it interesting that they suggested so few terms related to a struggle with identity. There seems to be a discrepancy, then, between this finding and the idea discussed earlier regarding how key cultural concepts are likely to be embedded in the language of that cultural group.

One possible explanation is that these students are mistaken, that is, their perceptions regarding the frequency of such identity struggles do not match with the actual frequency of such experiences within this country. Western influences in the media, or developmental psychology theories based on Western ideas (e.g., Erikson's identity vs. role confusion stage; Erikson, 1980) could potentially mislead students into thinking that such an experience is universally true in adolescence. If conceptions of self in the Philippines are more interdependent than the more independent self-construals that are thought to exist in the West (cf. Sta. Maria, 1999), then this would have implications for how identity is formed. Perhaps, then, the paucity of indigenous terms for identity crisis/struggle reflects these differences.

On the other hand, many interviewees experienced severe identity confusion according to the SCID-D-R, so maybe the struggle is real after all. Perhaps it is possible that this generation of students has been more influenced by Western concepts than some of the previous ones, and so has also taken on views of self that are in variance with the traditional ones of their predecessors. If this is the case, the identity struggles that are common in the West, may have been exported to the Philippines. But are they in fact identical? The reality of a struggle may be similar, but I wonder if the themes inherent in the content of the struggle are the same. For example, some of the interviewees talked about struggling as to whether their decisions should be based on the wishes of their parents and friends, or be primarily motivated by their own desires. Much to their dismay, they could sometimes not even distinguish between the two. This theme makes sense in a relational culture such as the Philippines, where fitting in with others would have a very high value (Santa Rita, 1996). My question, though, is whether this theme is any more prevalent among adolescents in the Philippines than in the West, or whether it is a more universal adolescent theme.

Another issue is the way in which these participants will resolve any identity struggles they are now experiencing. Resolution could potentially come through defining who they are in either a more independent or more interdependent fashion. Either way, if true resolution takes place, the sense of internal conflict around identity issues would dissipate. However, if attempts to resolve their identity confusion are met with disapproval by significant others (e.g., family or *barkada* [peer group]), the individual might resort to the use of dissociation as a defense mechanism in an attempt to cope with something that may feel unsolvable to them. This is a question worthy of future research.

Identity Alteration

Symptoms

When the respondents were asked if they would see it as normal if a dorm mate told them that he/she sometimes felt as though he/she were a young child, or that he/she felt like a different person, 58% of participants said that they would see it as normal, and 18% said it would be abnormal (see Table 12). Two participants (3%) said it depends on the degree, that is, with one mentioning "split personalities" of participants reported that whether these behaviors would be considered normal or not would depend on the reason. One participant from this category stated, "It would depend. If they enjoy doing it, it is normal, but if they act as if they were a different person, then it is abnormal, especially if they are affected by trauma and that makes them change."

When participants were asked if they would see it as normal or abnormal if the person's voice sounded different when they acted like a child/ different person, 17% said it was normal (see Table 13). A number of these respondents assumed that the individual was just joking. Eight percent of interviewees thought that the change in behavior was a way of expressing emotions such as happiness, excitement, longings, and hurt. The rest of the participants felt that something was wrong; only differing in the severity and specific reason for their response. For example, eighteen percent thought it was weird or unusual to have such an experience, 18% used the word "abnormal" to describe their reaction, 8% thought the voice was evidence of multiple personalities, 10% felt that the individual had some kind of psychological problem, and 20% thought that possession explained the behavior.

Question 14 (see Table14), also connected to identity confusion, concerned how common it was for someone their age to hear voices in their head, dialoguing together. Over half of the participants believed that it was abnormal or uncommon, while 33% thought that hearing voices was common. Some in the latter category gave as possible explanations for hearing voices the confusion of being an adolescent, or the number of decisions that have to be made during this developmental period. One participant observed, "I think they do it; they just don't want to admit it."

Questions 15 and 16 inquired about possession experiences. The first question asked respondents what they would think of a dorm mate who talked about feeling possessed (see Table15). Only 10% were convinced that it really was possession, but another 12% responded that they would be really frightened, implying that they thought that possession might be an explanation. Not every participant who talked about possession as a possibility believed that the individual would be possessed by a spiritual entity. One, for example, thought that people could be "possessed by feelings of desperation" and another "by an alien from outer space." One of the three participants (5%) who thought that feeling possessed was normal, said that the possessed individual could be "ego-possessed by herself," for example when angry, but was not sure "if demon possession is possible or not." Twenty-four percent either labeled the individual abnormal, or thought that there must be some kind of psychological problem. Five of the participants in these two categories recommended that the affected individual seek help. Fifteen percent believed that the problem was either spiritual, or could be a combination of both spiritual and psychological problems. A number of participants whose responses fit into this category thought that the affected individuals lacked faith in God, while others recommended seeking out a priest and/or a psychiatrist. Ten percent of

participants thought that the possession would not be a real phenomenon, but that the individual would be merely joking around, while 17% labeled it weird. Eight percent of participants were not sure what to make of the situation.

This question elicited the widest range of responses among any of the questions related to the dissociative symptom areas, which implies that there was no consensus among them regarding how to interpret possession experiences. This author wonders if this result is specific to this particular Filipino sample. For example, some of these students might feel somewhat caught between worldviews. They are living in a culture where belief in spirits and the supernatural is not uncommon (cf. Bautista, 1998; Bulatao, 1992; Enriquez, Balde & Bernardo, 1989). However, some of the interviewees talked about how the academic environment they are living and studying in, fosters free thinking and a re-evaluation of previous beliefs. Some found this confusing and disconcerting. Perhaps their current setting influenced their responses to this particular question about possession experiences. If they had been asked the same question the year before, while they were still in their home provinces, would there have been the same diversity of responses?

Question 16 (see Table 16) posed a variation on the previous question by asking participants how they would react if the person referred to themselves by a different name when they felt possessed. The biggest change in how participants responded to this question as compared to how they responded to Question 15, is that the category including the idea of fear rose from 12% to 42%. Some participants specified that their fear was due to the greater possibility of actual possession, however, others appeared to be shocked or scared because they just did not know what to make of it. One participant exclaimed, "I would be alarmed! I would be shocked!" This participant went on to suggest sending the individual to both a priest and a psychiatrist. Others said they would "freak out," or "run away," because "it's not part of my experience." Fifteen percent of interviewees thought that calling themselves by a different name when possessed would be weird or unusual, 8% used the word abnormal, and 17% thought that the behavior was due to a psychological problem. Two participants (3%) mentioned the possibility of multiple personalities, and 3 (5%) thought that possession was a real possibility. One of the 2 participants who labeled this behavior as normal put it down to having fun or attention seeking. However, the other one said it was normal because "we have the same thing, so don't worry."

Question 18 inquired even more specifically about possession by asking participants if they believed in spirits (see Table 17). Thirty-eight percent

answered "yes" to this question, 40% said "no," 13% partially believed, and 8% were unsure. Most who said "yes," or that they partially believed, cited as evidence, stories that they had heard from others (e.g., grandparents, parents, siblings, media). Some, however, based their belief on their own experience. One participant said, "there's one in my room" who helps keep her company. She described it as a young boy, about 1 to 2 years of age. Her parents have told her it might be the *Santo Niño* (Infant Jesus). The participant says that the spirit tries to say something to her but that she doesn't understand his language. She wonders what he wants, thinking he may need help. She says, "I don't want to see him again. I am scared." However, she tries to understand him and prays for him.

One of the participants, who was not sure whether or not he believed in these "spirits", said, "I don't know whether I have to see them to believe or to believe to see them." The confusion of another participant is obvious in his response as he struggles to express how he feels after watching some movies: "No [I don't believe in them], but I'm afraid of them, but I don't believe in them. I can feel it/them, I feel that they're there, that they exist. But I know that they don't exist."

Knowing that individuals with DID and other dissociative disorders sometimes experience visual hallucinations, the researcher was curious as to whether the participant who told me the spirit of a young boy came to visit her had a dissociative disorder diagnosis. Tracing the response back to a specific interviewee, it was discovered that the comment belonged to a female named Baby who had been given a dissociative disorder diagnosis. Looking at the case study, it was interesting to find that Baby has daily depersonalization experiences in the form of daydreams that feel so real to her, like watching a video of herself. In the author's clinical experience, the visual hallucinations of dissociative disorder clients have been related to dissociated parts of self. That is, the image of the person that is seen as external is actually that of a different part of self. In Baby's case, it is possible that the child "spirit" that she sees is actually a dissociated child part of herself, who is seeking the help of teenaged Baby. If Baby had belonged to a culture that was not as open to the possibility of a spirit world, it would be interesting to know what explanation she would have given for this experience.

Terms

Twenty-eight participants came up with words that could be translated into English as possessed (see Table18). They represent the languages of Tagalog (e.g., words with the roots of *sanib* and *sapi*), Cebuao (e.g., *nasudlan, nayawaan*), Ilonggo (*ginasudlan*), Bicolano (*insasaniban*), and Ilocano (*saib*). Five participants

referred to supernatural beings who are capable of controlling a person (e.g., *inkanto, namamaligno, namamatanda, kapre*), and one used a Tagalog term, *nagpaparamdam* (the idea that the spirit of the dead person is making their presence known). One person referred to *aswang* (similar to a vampire), while another used the Tagalog word for slave (*alipin*) to get across the idea that a possessed individual is a slave to the possessing agent. Two participants also used the expression *nawawala sa sarili* (lost to oneself) that has been used to describe previously discussed dissociative symptoms. Six participants used words for crazy.

This author is struck by the fact that participants seemed to have little difficulty coming up with terms to describe possession experiences, in contrast to the low frequency of reported terms for some of the other dissociative symptom areas. To be consistent with *Sikolohiyang Pilipino's* assumption that key cultural concepts are embedded in language, possession must be an important indigenous concept in Filipino culture. If this is true, it would be expected that identity alteration in the Philippines would frequently take the form of spirit possession. In fact, as mentioned in the Literature Review, this is precisely what Bulatao (1987) addresses in some of his writings. In conversation with Father Bulatao (personal communication, March 13, 2001), he went so far as to say that what is diagnosed as DID in the West, *always* manifests as spirit possession in the Philippines. Even before beginning this research study, the researcher's clinical experience both as a psychotherapist and as a clinical supervisor of graduate seminary counseling students, had led her to believe that some, but not all, cases of DID presented as possession in this country. However, she was surprised that *none* of the interviewees who were diagnosed with a dissociative disorder by means of the SCID-D-R wondered if they were spirit possessed. A number of them talked about feeling controlled, or possessed in the sense that they did not always feel like it was them behaving in particular ways. However, none talked about a possessing agent in supernatural terms.

It is possible that some of the dissociative disorder participants felt as though they were spirit possessed, but did not want to acknowledge these feelings in the context of the research study. Another explanation could be that some of them have parts of self of which the participant is still unaware. The researcher's clinical experience has been that some parts of self remain hidden, both from the client and therapist, for considerable periods of time before feeling safe enough to make their presence known. This would be all the more likely in a nonclinical sample of individuals with dissociative disorders. Perhaps one of the reasons that these students have been successful enough at dealing with their dissociative symptoms that they have been able to study at university, is that they have limited awareness of what is happening to them.

Associated Features of Identity Disturbance

This is not a separate symptom area, but is related to identity alteration. When participants were asked how normal they thought it was for a university freshman to have rapid mood changes without any reason, 48% of respondents replied that it was abnormal in some way (see Table19). Some of these students observed that mood swings in themselves were normal, but that there should be a reason for them (e.g., culture shock, academic pressure).Twenty-one participants (35%), said that such mood changes were normal. Six of the 21 talked about them being normal for freshman because of the many adjustments that first year students need to make as they settle into university life. Others talked about specific pressures inherent in university life (e.g., many ideologies, unique blend of people), as well as other stresses. Eight percent of interviewees felt that it was normal for a girl (e.g., menstruation), but not for guys.

Terms

In response to the question asking for terms in Filipino languages that describe rapid mood changes without any reason, participants suggested 12 terms for moody in a total of four Filipino languages (See Table 20). Other terms had to do with being sensitive, hot tempered, irritable/temperamental and difficult to get along with. Participants also suggested that rapid mood changes without any reason could be connected to a character change, or be the result of possession.

Summary and Discussion

In general, the majority of participants indicated through their responses to the Additional Interview Questions, that they would find it, at a minimum, strange, if not an indication of severe psychological or spiritual disturbance, for another student to tell them they were experiencing dissociative symptomatology. One exception to this was participant responses to questions about amnestic symptoms. While the majority still assessed such memory difficulties as indicative of a problem, 30% felt that such experiences were normal, a percentage that is higher than I would have expected considering that the item asked about "large" gaps in memory.

Terms for the dissociative symptom areas in Filipino languages tended to be more general than specific. For example, terms conveying the idea of forgetfulness were mentioned by one-third of the participants, but none of the suggested words seem to capture the essence of the English concept of amnesia. For the symptom areas of depersonalization, derealization, and identity

confusion, fewer than 18 out of 60 interviewees managed to come up with any Filipino language terms. This may not be surprising, however, as alternative, nontechnical terms do not exist for these concepts in the English language either. In the section of Additional Questions on identity alteration, over two-thirds of interviewees suggested terms for possession experiences. Terms for possession also tended to be the most specific of all of the terms related to dissociative symptoms that were suggested by participants.

What is noteworthy is that participants suggested some terms in more than one dissociative symptom category. In all five dissociative symptom areas, for example, terms related to the concept of craziness were proposed. Not only was the category of crazy used across symptom areas, but there also seemed to be a plethora of synonyms used, in a number of different Filipino languages.

An implication could be that while these symptoms may be viewed as pathological by some of these students, there may be no indigenous concepts specific to these symptom areas (with the exception of spirit possession). Instead, dissociative symptoms may get lumped together with other symptoms of psychopathology. This has potential implications for the diagnosis and treatment of dissociative disorders.

The two other phrases which spanned more than one dissociative symptom category were *nawawala sa sarili* (the idea of being lost to oneself), and *nawawala sa sariling pag-iisip* (not in his/her right mind). *Nawawala sa sarili* was mentioned for four of the symptom areas: amnesia, depersonalization, derealization and identity alteration, while *nawawala sa sariling pag-iisip* was suggested for the symptom areas of derealization and identity confusion. While still somewhat general, these phrases seem to be more specifically related to experiences of dissociation than to the concept of craziness in general. For example, both *nawawala sa sarili* and *nawawala sa sariling pag-iisip* address difficulties with the sense of self (*sarili*). While identity confusion and identity alteration are the dissociative symptom areas that most directly deal with sense of identity, all of the symptom areas could be seen as affecting one's sense of self. For example, to not recall important personal events (e.g., one's own graduation), or to have a large memory gap for years of one's childhood, could greatly affect the ability of an individual to develop a personal life narrative, and thus a clear sense of who they are. Experiences of depersonalization leave an individual with the sense that their body does not belong to them, and derealization episodes affect how an individual sees him/herself in relation to other people and the world. Therefore, the terms *nawawala sa sarili*, and *nawawala sa sariling pag-iisip*,

could be very descriptive of dissociative experiences as a whole. It seems then, that while terms for most of the dissociative symptom areas may not be indigenous to Filipino languages, indigenous phrases that might be descriptive of dissociative experiences as a whole do exist.

Significance of the Study

Almost one-third of the 60 interviewees experienced dissociative symptoms severe enough to be diagnosable with a dissociative disorder, while some other interviewees did not meet DSM-IV-TR criteria for a dissociative disorder, but experienced high levels of dissociative symptomatology (Gingrich, 2004). Yet dissociative disorders are rarely diagnosed in the Philippines. Perhaps one of the reasons that such individuals are not more commonly identified is that Filipino languages do not seem to contain terminology specific to dissociative symptoms. Therefore, persons exhibiting dissociative symptoms could be labeled as "crazy" because it is obvious to others that something is wrong, yet not get appropriate treatment because the exact nature of the "craziness" is not understood. Conversely, it may be that spirit possession has been viewed as the primary way pathological dissociation manifests in the Philippines, in part due to the many terms that are available for possession experiences in various Filipino languages. It is possible, then, that the presence or absence of terms in Filipino languages specific to dissociative symptoms have influenced both what Filipinos observe, as well as their interpretations of what they see. That is, dissociative symptoms that take the form of spirit possession may be acknowledged, while other forms of pathological dissociation may either go unrecognized or are given a broad label.

These findings confirm that for the most part, dissociative experiences that are perceived as pathological in other cultures were also considered problematic by these participants. An exception was the symptoms of amnesia. As almost one-third of the interviewees considered large gaps in memory normal, it raises the question as to whether symptoms of amnesia are considered more normative in the Philippines than in Western cultures, or whether this result is specific to this sample (i.e., college students, half of whom are high dissociators).

As mentioned earlier, the scarcity of Filipino terms related to struggles with identity that were suggested by participants is at odds with self-reports of the degree of identity confusion experienced by participants. Therefore, questions are raised concerning the nature and process of identity formation among Filipino youth.

Taken together, the results of participants' responses to the Additional Questions have implications for the fields of Filipino psychology, clinical psychology, developmental psychology, personality theory, social psychology, sociology, and cultural anthropology.

Limitations

The use of a sample of highly intelligent, first-year, university students, primarily from the middle class socioeconomic level, limits the external validity of this study. As the half of the interviewees were high dissociators, with almost one-third having a diagnosable dissociative disorder, findings from the responses to the Additional Questions may not necessarily apply to a general population of freshman college students.

The decision to use assessment instruments developed in the West, with English as the primary medium for the research, has the possible disadvantage of limiting responses to a conceptual framework predetermined by the use of the English language. The use of a semi-structured interview (SCID-D-R) rather than a fully structured interview potentially counteracted this danger to some degree, by allowing respondents to more fully describe their subjective experiences. The 20 participants who were interviewed by Filipinos were given the opportunity to respond to questions in Tagalog, but lack of knowledge of Filipino languages by the researcher was a limitation. The researcher tried to compensate by offering to interviewees the option to respond in Tagalog, as needed, and to have their responses transcribed and translated from the tape recording. While this helped to compensate for the language difficulties, some participants acknowledged that the use of English during the interviews made it more difficult for them to express themselves, potentially confounding results.

Recommendations

Use of the Additional Questions in this research study was an initial attempt to explore how descriptions of dissociative symptoms that appear in the international literature, could potentially be related to indigenous Filipino concepts. Filipino researchers are encouraged to conduct further studies in this area. However, rather than ask participants whether terms exist in their languages for various dissociative symptoms, it might be more beneficial to use a grounded theory approach in order to glean terms, phrases, and concepts from interviews with Filipino participants. For example, the Filipino word *tulala* (spaced out) was used by numbers of interviewees to describe their subjective experiences

of dissociation while responding to SCID-D-R questions. However, interviewees did not suggest this word when they were asked to come up with terms in Filipino languages.

It would be helpful for studies to be conducted that would focus on distinguishing between normal and pathological aspects of dissociative experiences among Filipinos. Further research into Filipino experiences of amnesia and identity confusion might be of particular usefulness in determining whether there are culturally specific variations. Such research could be of benefit in better understanding the phenomenological world of Filipinos, as well as potentially contributing to an increased understanding of normal identity formation. Perhaps further exploration of the terms *nawawala sa* sarili and *nawawala sa sariling pag-iisip* would be of particular help in this regard. Identification of pathological dissociative symptoms within the Philippine context would also aid in the diagnosis and treatment of dissociative disorders.

If further research confirms that Father Bulatao (1992) is correct in his assertions that Filipinos dissociate easily, and should celebrate this ability, it seems all the more important that dissociative experiences are examined more closely. While much of the dissociation Filipinos experience may indeed be positive, those experiencing pathological dissociative symptoms may be suffering, yet go unnoticed.

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 diosorders* (DSM-IV).

[2]The brief screening instruments used were the *Dissociative Experiences Scale* (DES; Putnam, 1989) and the *Somatoform Dissociation Questionnaire* – (SDQ-5; Nijenhuis, 1999). The written diagnostic instrumen 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]Nineteen of the 60 interviewees were diagnosed with a dissociative disorder according to the SCID-D-R; 7 dissociative identity disorder, 10 dissociative disorder not otherwise specified, and 2 dissociative amnesia.

References

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, DC: Author.

Bautista, V. V. (1998). View of *sapi* by evangelical churchworkers: Some implications for psychopathology and counseling. In A. B. I. Bernardo, N. A. Daya, & A. A. Tan (Eds.), *Understanding behavior, bridging cultures: Readings on an emerging global psychology*, pp. 175-184.

Bautista, V., Roldan, A., & Garces-Bacsal, M. (2001). *Working with abused children from the lenses of resilience and contextualization.* Quezon City, Philippines: University of the Philippines Press.

Bulatao, J. C. (1987). Modes of mind: Experience and theory of consciousness and its alternative states. *Philippine Journal of Psychology, 20,* 3-30.

Bulatao, J. C. (1992). *Phenomena and their interpretation: Landmark essays 1957-1989.* Manila, Philippines: Ateneo de Manila University Press.

Castillo, R. J. (1997). Dissociation. In W., Tseng & J. Streltzer (Eds.), *Culture and psychopathology: A guide to clinical assessment* (pp. 101-123). New York: Brunner/Mazel.

Comas-Diaz, L. (1981). Puerto Rican espiritismo and psychotherapy. *American Journal of Orthopsychiatry, 51*(40), 636-645.

Coons, P. H. (1993). The differential diagnosis of possession states. *Dissociation, 6*(4), 213-221.

Dell, P. F. (2003). *Multidimensional Inventory of Dissociation (MID): A comprehensive self-report instrument for pathological dissociation.* Manuscript submitted for publication.

Dorahy, M. J., Schumaker, J. F., Krishnamurthy, B., & Kumar, P. (1997). Religious ritual and dissociation in India and Australia. *Journal of Psychology, 131*(5), 471-476.

Enriquez, V., (1982). Towards cross-cultural knowledge through cross-indigenous methods and perspective. In R. Pe-Pua (Ed.), *Filipino psychology: Theory, method and application* (pp. 120-130). Quezon City, Philippines: University of the Philippines Press.

Enriquez, V., Balde, P. J., & Bernardo, M. A. (1989). *Ang kababalaghan at and parasikolohiya.* Akademya ng Sikolohiyang Pilipino, Philippine Psychological Research and Training House. Philippines: New Horizons Press.

Erikson, E. H. (1980). *Identity and the life cycle.* NY: W.W. Norton.

Frischolz, E. J., & Braun, B. G. (1990). Comment on "Is MPD really rare in Japan?" *Dissociation, 3*(2), 60-61.

Fukushima, H., Kurumizawa, S., Kim, I., Tanaka, K., Kobayashi, S., An, K., & Maeda, K. (2000). Kairisei doitsusei shogai nyuinkanja no rinsho tokucho [The clinical phenomenology of inpatients with dissociative identity disorder]. *Seishin Igaku, 42,* 153-157.

Gelido, M. (1978). Two popular religious practices: Faith healing and ecstatic preaching. *Philippine Priests Forum, 10,* 14-22.

Gingrich, H. J. (2004). *Dissociation in a student sample in the Philippines.* Unpublished doctoral dissertation, University of the Philippines, Quezon City, Philippines.

Gonzalez, C. A., & Griffith, E. H. (1996). Culture and the diagnosis of somatoform and dissociative disorders. In J. E. Mezzich, A. Kleinman, H. Fabrega & D. Parron (Eds.), *Culture and psychiatric diagnosis: A DSM-IV perspective* (pp. 137-149). Washington, DC: American Psychiatric Press.

Gonzalez-Fernando, P. (2000). *Pagkatao, pagkababae, at seksuwalidad* (Self-concept, womanhood, and sexuality): A phenomenological study of the inner world of the girl child prostitute. *Philippine Journal of Psychology, 33*(1), 67-91.

Kirmayer, L. J., (1994). Pacing the void: Social and cultural dimensions of dissociation. In D. Spiegel (Ed.), *Dissociation: Culture, mind, and body* (pp. 91-122). Washington, DC, American Psychiatric Press.

Nijenhuis, E. R. S. (1999). *Somatoform dissociation: Phenomena, measurement, and theoretical issues.* Assen, Netherlands: Van Gorcum.

Pe-Pua, R. (Ed.). (1982). *Filipino psychology: Theory, method and application.* Quezon City, Philippines: University of the Philippines Press.

Putnam, F. W. (1989). *Diagnosis and treatment of multiple personality disorder.* New York: Guilford Press.

Putnam, F. W., Carlson, E. B., Ross, C. A., Anderson, G., Clark, P., Torem, M., Bowman, E. S., Coons, P. Chu, J., Dill, D. L., Loewenstein, R. J., & Braun, B. G. (1996). Patterns of dissociation in clinical and nonclinical samples. *Journal of Nervous and Mental Disease, 184*(11), 673-679.

Ross, C. A. (1989). *Multiple personality disorder: Diagnosis, clinical features, and treatment.* New York: John Wiley & Sons.

Sta. Maria, M. (1999). Filipinos' representations for the self. *Philippine Journal of Psychology, 32*(2), 53-88.

Santa Rita, E. S. (1996). Pilipino families. In M. McGoldrick, J. Giordano & J. K. Pearce (Eds.), *Ethnicity and family therapy* (pp. 324-330). New York: Guilford.

Steinberg, M., & Steinberg, A. (1994). Systematic assessment of dissociative identity disorder in an adolescent who is blind. *Dissociation, 2,* 117-128.

Villar, I. M. (1997). *Western approaches to counseling in the Philippines.* Manila, Philippines: De La Salle University Press.

Watson, D. (2003). Investigating the construct validity of the dissociative taxon: Stability analyses of normal and pathological dissociation. *Journal of Abnormal Psychology, 112*(2), 298-305.

Zelikovsky, N., & Lynn, S. J. (2002). Childhood psychological and physical abuse: Psychopathology, dissociation, and Axis I diagnosis. *Journal of Trauma & Dissociation, 3*(3), 27-58.

Zoroglu, S., Yargic, L. I., Tutkun, H., Ozturk, M., & Sar, V. (1996). Dissociative identity disorder in childhood: Five Turkish cases. *Dissociation, 9*(4), 253-260.

APPENDIX

1. Do you have anything further to add?*****

Amnesia

2. What would you think of university students who describe having experiences such as large gaps in their memory, who go through hours or days that cannot be accounted for, or who have difficulty remembering to do their daily activities?

3. Are there any terms in your language that describe such experiences?

4. Would you consider these experiences normal or abnormal?

Depersonalization

5. If university students told you that they frequently felt as though they were observing themselves from a point outside of their body, or that part of their body felt disconnected from the rest of their body, how would you react?

6. Are there any terms in your language that describe such experiences?

7. Would you consider these experiences normal or abnormal?

Derealization

8. In your opinion, how common is it for someone your age to be unable to recognize close friends, or to feel puzzled about what is real and unreal in his/her surroundings?

9. Are there any terms in your language that describe such experiences?

Identity Confusion

10. To what degree do you think your classmates feel as though there is a struggle inside of them about who they really are?

11. Are there any terms in your language that describe such a struggle?

Identity Alteration

12. If a dorm mate told you that he/she sometimes felt as though he/she were a young child, or that he/she felt like a different person, would you see that as normal?

13. What if his/her voice sounds different when he/she feels this way?

14. How common do you think it is for someone your age to hear voices in his/her head, dialoguing together?

15. What would you think of a dorm mate that talked about feeling possessed?

16. What if he/she refers to him/herself by a different name when he/she feels possessed? How would you react?

17. Are there terms in your language that describe such possession experiences?

18. Do you believe in spirits (e.g., "duende," "dwarves," etc.)?

Associated Features of Identity Disturbance

19. How normal do you think it is for a university freshman to have rapid mood changes without any reason?

20. Is there a term that describes this experience in your language?

*Only the Additional Questions of relevance to the current paper are included.

Heather J. Davediuk Gingrich, Ph.D., is a Canadian who is currently teaching at Denver Seminary in Colorado. She lived in the Philippines for eight years, working as an Associate Professor at the Alliance Graduate School in Quezon City. This paper is based on one aspect of a larger study that was conducted as part of a Ph.D. dissertation entitled *Dissociation in a student sample in the Philippines*, University of the Philippines, Diliman, Quezon City. Partial funding for the study was provided through a grant from the Office of the Vice-Chancellor for Research and Development (O.V.C.R.D.) of the University of the Philippines. Correspondence concerning this paper should be addressed to the author at the following address: Denver Seminary, 6399 South Santa Fe Dr., Littleton, Colorado, 30120. e-mail: <heather.gingrich@denverseminary.edu >