MARTHA STOUT

WHAT IS SANITY? Are "normal" people always sane, or could it be said that we experience sanity only at certain times? After witnessing a jarring event, have you ever found yourself in a condition that is not exactly sane: a state of frantic agitation or numbness and distraction? These are just some of the questions explored by Martha Stout in her first book, *The Myth of Sanity: Divided Consciousness and the Promise of Awareness* (2002), from which this selection comes. Stout draws on her nearly 30 years of practice as a clinical psychologist to show that the tendency to dissociate—to withdraw from reality—begins as a life-preserving resource that defends against severe trauma in childhood, but later can develop into a way of life defined by emotional detachment and prolonged disengagement with the world. In the most extreme cases, a dissociative disorder can cause individuals to black out for extended periods or to develop multiple personalities in order to cope with life's challenges. By defining a continuum that extends from the everyday experience of spacing out or getting lost in thought to conditions like Post-Traumatic Stress Disorder, Stout urges her readers to recognize the complexity of consciousness itself. If all of us dissociate to some degree, then a term like "sanity" is simply too crude to capture the real nature of mental health, which requires a proper balance between dissociation and engagement. The patients Stout focuses on in her study have lost this precious balance, but with her help, they come to see the meaning of their lives as something they can recover. In jargon-free prose, Stout tells stories of her patients' struggles for sanity, revealing in each case how buried or missing memories disrupt their awareness of the present.

For more than 25 years Stout served on the clinical faculty of the Harvard Medical School through the McLean Hospital in Belmont, Massachusetts, and the Massachusetts General Hospital in Boston. In addition, she has taught on the Graduate Faculty of the New School for Social Research and the psychology faculty of Wellesley College. Since completing *The Myth of Sanity*, she has published two other best selling books *The Sociopath Next Door* (2005) and *The Paranoia Switch* (2007).

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When I Woke Up Tuesday Morning, It Was Friday

"The horror of that moment," the King went on, "I shall never, *never* forget!"

"You will, though," the Queen said, "if you don't make a memorandum of it."

—LEWIS CARROLL

Imagine that you are in your house—no—you are *locked* in your house, cannot get out. It is the dead of winter. The drifted snow is higher than your windows, blocking the light of both moon and sun. Around the house, the wind moans, night and day.

Now imagine that even though you have plenty of electric lights, and perfectly good central heating, you are almost always in the dark and quite cold, because something is wrong with the old-fashioned fuse box in the basement. Inside this cobwebbed, innocuous-looking box, the fuses keep burning out, and on account of this small malfunction, all the power in the house repeatedly fails. You have replaced so many melted fuses that now your little bag of new ones is empty; there are no more. You sigh in frustration, and regard your frozen breath in the light of the flashlight. Your house, which could be so cozy, is tomblike instead.

In all probability, there is something quirky in the antiquated fuse box; it has developed some kind of needless hair trigger, and is not really reacting to any dangerous electrical overload at all. Should you get some pennies out of your pocket, and use them to replace the burned-out fuses? That would solve the power-outage problem. No more shorts, not with copper coins in there. Using coins would scuttle the safeguard function of the fuse box, but the need for a safeguard right now is questionable, and the box is keeping you cold and in the dark for no good reason. Well, probably for no good reason.

On the other hand, what if the wiring in the house really is overloaded somehow? A fire could result, probably will result eventually. If you do not find the fire soon enough, if you cannot manage to put the fire out, the whole house could go up, with you trapped inside. You know that death by burning is hideous. You know also that your mind is playing tricks, but thinking about fire, you almost imagine there is smoke in your nostrils right now.

So, do you go back upstairs and sit endlessly in a dark living room, defeated, numb from the cold, though you have buried yourself under every blanket in the house? No light to read by, no music, just the wail and rattle of the icy wind outside? Or, in an attempt to feel more human, do you make things

warm and comfortable? Is it wise to gamble with calamity and howling pain? If you turn the power back on, will you not smell nonexistent smoke every moment you are awake? And will you not have far too many of these waking moments, for how will you ever risk going to sleep?

Do you sabotage the fuse box?

I believe that most of us cannot know what we would do, trapped in a situation that required such a seemingly no-win decision. But I do know that anyone wanting to recover from psychological trauma must face just this kind of dilemma, made yet more harrowing because her circumstance is not anything so rescuable as being locked in a house, but rather involves a solitary, unlockable confinement inside the limits of her own mind. The person who suffers from a severe trauma disorder must decide between surviving in a barely sublethal misery of numbness and frustration, and taking a chance that may well bring her a better life, but that feels like stupidly issuing an open invitation to the unspeakable horror that waits to consume her alive. And in the manner of the true hero, she must choose to take the risk.

For trauma changes the brain itself. Like the outdated fuse box, the psychologically traumatized brain houses inscrutable eccentricities that cause it to overreact—or more precisely, *mis*react—to the current realities of life. These neurological misreactions become established because trauma has a profound effect upon the secretion of stress-responsive neurohormones such as norepinephrine, and thus an effect upon various areas of the brain involved in memory, particularly the amygdala and the hippocampus.

The amygdala receives sensory information from the five senses, via the thalamus, attaches emotional significance to the input, and then passes along this emotional "evaluation" to the hippocampus. In accordance with the amygdala's "evaluation" of importance, the hippocampus is activated to a greater or lesser degree, and functions to organize the new input, and to integrate it with already existing information about similar sensory events. Under a normal range of conditions, this system works efficiently to consolidate memories according to their emotional priority. However, at the extreme upper end of hormonal stimulation, as in traumatic situations, a breakdown occurs. Overwhelming emotional significance registered by the amygdala actually leads to a *decrease in hippocampal activation,* such that some of the traumatic input is not usefully organized by the hippocampus, or integrated with other memories. The result is that portions of traumatic memory are stored not as parts of a unified whole, but as isolated sensory images and bodily sensations that are not localized in time or even in situation, or integrated with other events.

To make matters still more complex, exposure to trauma may temporarily shut down Broca's area, the region of the left hemisphere of the brain that translates experience into language, the means by which we most often relate our experience to others, and even to ourselves.

A growing body of research indicates that in these ways the brain lays down traumatic memories differently from the way it records regular memories. Regular memories are formed through adequate hippocampal and cortical input, are integrated as comprehensible wholes, and are subject to meaning-modification

by future events, and through language. In contrast, traumatic memories include chaotic fragments that are sealed off from modulation by subsequent experience. Such memory fragments are wordless, placeless, and eternal, and long after the original trauma has receded into the past, the brain's record of it may consist only of isolated and thoroughly anonymous bits of emotion, image, and sensation that ring through the individual like a broken alarm.

Worse yet, later in the individual's life, in situations that are vaguely similar to the trauma—perhaps merely because they are startling, anxiety-provoking, or emotionally arousing—amygdala-mediated memory traces are accessed more readily than are the more complete, less shrill memories that have been integrated and modified by the hippocampus and the cerebral cortex. Even though unified and updated memories would be more judicious in the present, the amygdala memories are more accessible, and so trauma may be "remembered" at inappropriate times, when there is no hazard worthy of such alarm. In reaction to relatively trivial stresses, the person traumatized long ago may truly *feel* that danger is imminent again, be assailed full-force by the emotions, bodily sensations, and perhaps even the images, sounds, smells that once accompanied great threat.

Here is an illustration from everyday life. A woman named Beverly reads a morning newspaper while she sits at a quiet suburban depot and waits for a train. The article, concerning an outrageous local scandal, intrigues her so much that for a few minutes she forgets where she is. Suddenly, there is an earsplitting blast from the train as it signals its arrival. Beverly is painfully startled by the noise; her head snaps up, and she catches her breath. She is amazed that she could have been so lacking in vigilance and relaxed in public. Her heart pounds, and in the instant required to fold the newspaper, she is ambushed by bodily feelings and even a smell that have nothing whatever to do with the depot on this uneventful morning. If she could identify the smell, which she never will, she would call it "chlorine." She feels a sudden rigidity in her chest, as if her lungs had just turned to stone, and has an almost overpowering impulse to get out of there, to run.

In a heartbeat, the present is perceptually and emotionally the past. These fragments of sensation and emotion are the amygdala-mediated memories of an afternoon three decades before, in Beverly's tenth summer, when, walking home from the public swimming pool, she saw her younger sister skip into the street and meet an immediate death in front of a speeding car. At this moment, thirty years later, Beverly *feels* that way again.

Her sensations and feelings are not labeled as belonging to memories of the horrible accident. In fact, they are not labeled as anything at all, because they have always been completely without language. They belong to no narrative, no place or time, no story she can tell about her life; they are free-form and ineffable.

Beverly's brain contains, effectively, a broken warning device in its limbic system, an old fuse box in which the fuses tend to melt for no good reason, emphatically declaring an emergency where none now exists.

Surprisingly, she will probably not wonder about or even remember the intense perceptual and emotional "warnings," because by the next heartbeat, a long-entrenched dissociative reaction to the declared emergency may already have been tripped in her brain, to "protect" her from this "unbearable"

childhood memory. She may feel strangely angry, or paranoid, or childishly timid. Or instead she may feel that she has begun to move in an uncomfortably hazy dream world, far away and derealized. Or she may completely depart from her "self" for a while, continue to act, but without self-awareness. Should this last occur in a minor way, her total experience may be something such as, "Today when I was going to work, the train pulled into the station—the blasted thing is so loud!—and the next thing I remember, it was stopping at my stop." She may even be mildly amused at herself for her spaciness.

Most of us do not notice these experiences very much. They are more or less invisible to us as we go about daily life, and so we do not understand how much of daily life is effectively spent in the past, in reaction to the darkest hours we have known, nor do we comprehend how swampy and vitality-sucking some of our memories really are. Deepening the mire of our divided awareness, in the course of a lifetime such "protective" mental reactions acquire tremendous *habit strength.* These over-exercised muscles can take us away even when traumatic memory fragments have not been evoked. Sometimes dissociation can occur when we are simply confused or frustrated or nervous, whether we recognize our absences or not.

Typically, only those with the most desperate trauma histories are ever driven to discover and perhaps modify their absences from the present. Only the addictions, major depressions, suicide attempts, and general ruination that attend the most severe trauma disorders can sometimes supply motivation sufficiently fierce to run the gauntlet thrown down by insight and permanent change. On account of our neurological wiring, confronting past traumas requires one to re-endure all of their terrors mentally, in their original intensity, to feel as if the worst nightmare had come true and the horrors had returned. All the brain's authoritative warnings against staying present for the memories and the painful emotions, all the faulty fuses, have to be deliberately ignored, and in cases of extreme or chronic past trauma, this process is nothing short of heroic.

It helps to have an awfully good reason to try, such as suffocating depression or some other demonic psychological torment. Perhaps this is a part of the reason why philosophers and theologians through the centuries have observed such a strong connection between unbearable earthly sorrow and spiritual enlightenment, a timeless relationship that psychologists have mysteriously overlooked.

In order to appreciate what psychological trauma can do to the mind, and to a life, let us consider an extreme case of divided awareness, that of a woman whose psyche was mangled by profound trauma in her past, and who came to me for treatment after several serious suicide attempts. Her story is far grimmer than most of us will ever know, and the consequent suffering in her adult life has been nearly unsurvivable. And yet, should one meet her on the street, or know her only casually, she would seem quite normal. In fact, one might easily view her as enviable. Certainly, when looking on from a distance, nothing at all would appear to be wrong, and much would be conspicuously right.

Julia is brilliant. After the *summa cum laude* from Stanford, and the full scholarship at the graduate school in New York, she became an award-winning

producer of documentary films. I met her when she was thirty-two, and an intellectual force to be reckoned with. A conversation with her reminds me of the *New York Review of Books*, except that she is funnier, and also a living, breathing human being who wears amethyst jewelry to contrast with her electric auburn hair. Her ultramarine eyes gleam, even when she is depressed, giving one the impression, immediately upon meeting her, that there is something special about her. She is, however, soft-spoken and disarming in the extreme. She does not glorify, does not even seem to notice, either her prodigious intelligence or her beauty.

Those same blue eyes notice everything, instantly, photographically. The first time she walked into my office, she said, "Oh how nice. Did you get that little statue in Haiti? I did a kind of project there once. What a spellbinding place!"

She was referring to a small soapstone figurine, the rounded abstraction of a kneeling man, that I had indeed purchased in Port-au-Prince, and that sat on a shelf parallel to my office door. She had not glanced back in that direction as she came in, and must have captured and processed the image in a microsecond of peripheral perception.

"That's very observant," I said, whereupon she directed at me a smile so sparkling and so warm that, for just the barest moment, her lifelong depression cracked and vanished from the air around her, as if it had been nothing but a bubble. The radiance of her momentary smile caused me to blink, and I knew exactly then, even before the first session began, that if she would let me, I would do everything I could to keep this particular light from going out.

At a moment's notice, Julia can speak entertainingly and at length about film, music, multicultural psychology, African politics, theories of literary criticism, and any number of other subjects. Her memory for detail is beyond exceptional, and she has the storyteller's gift. When she is recounting information, or a story, her own intellectual fascination with it gives her voice the poised and expertly modulated quality of the narrator of a high-budget documentary about some especially wondrous endangered animals, perhaps Tibetan snow leopards. She speaks a few astutely inflected sentences, and then pauses, almost as if she is listening—and expects you to be listening—for the stealthy *crunch-crunch* of paws on the snow's crust.

Curious about this, I once asked her whether she were an actress as well as a filmmaker. She laughed, and replied that she could do first-rate narrative voice-overs, if she did say so herself, but had not a smidgen of real theatrical ability. In fact, she said, sometimes the people she worked with teased her good-naturedly about this minor chink in her armor.

At my first session with her, when I asked her why she had come to therapy, she spent thirty minutes telling me in cinematic detail about her recent attempt to kill herself, by driving to an isolated Massachusetts beach at three A.M. on a Tuesday in late January, and lying down by the surf. By so doing, she sincerely expected not to be found until well after she had frozen to death. Taking her omniscient narrator tone, intellectually intrigued by the memory, she described the circumstances of her unlikely accidental rescue by a group of drunken

college students, and then spent the second thirty minutes of our hour together likening this near-death experience to the strangely impersonal distance from a story one can achieve on film with certain authorial camera moves.

"By then, I was floating above myself, looking down, sort of waiting. And I know I couldn't actually have seen those kids, but I *felt* that I did. Over the sound of the waves, I don't think you can really *hear* footsteps in the sand, but still...."

And I strained to hear the *crunch-crunch*.

Therapy is a frightening thing, and people do not often seek it out because they are only mildly unhappy. In my work, and because of the high-risk individuals who are referred to me, it is not unusual for me to hear stories of attempted suicide from people I have only just met. I have come almost to expect such accounts, in fact.

At our second session, and in exactly the same tone she had used to describe her suicide attempt, Julia began by giving me an interesting account of her new project on the life of a promising writer who had died young, reportedly of a rare blood disease he had contracted in western China. After about fifteen minutes of this, I stopped her, and explained that I wanted to know something about her, about Julia herself, rather than about Julia's work. Seeing the blank expression come over her face, I tried to provide her with some nonthreatening guidance. I asked her some general, factual questions about her childhood.

And at that second session, this is what the articulate, intellectually gifted Julia remembered about her own childhood: an only child, she knew that she had been born in Los Angeles, but she did not know in which hospital. She vaguely remembered that when she was about ten, her parents had moved with her to another neighborhood; but she did not remember anything about the first neighborhood, or even where it was. Though she did not know for sure, she assumed that the move must have taken place because her parents had become more prosperous. She remembered that she had a friend in high school named Barbara (with whom "I must have spent a lot of time"), but she could not remember Barbara's last name, or where Barbara had gone after high school. I asked Julia about her teachers, and she could not remember a single one of them, not from grade school, not from middle school, not from high school. She could not remember whether or not she had gone to her high school prom or her high school graduation. The only thing she seemed to remember vividly from childhood was that when she was about twelve, she had a little terrier dog named Grin, and that her mother had Grin put to sleep when he needed an expensive stomach operation.

And that was all she remembered of her childhood, this successful thirty-two-year-old woman with the cinematic mind. And it took forty-five minutes for her to pull out that much from the dark, silent place that housed her early memories. She could not remember a single holiday or a single birthday. At thirty-two, she could swim, read, drive a car, and play a few songs on the piano. But she could not remember learning any of these skills.

Insufficient memory in the context of an adequate intellect, let alone a gifted one, is the next observation—right after the extraordinary understatement and humor—that causes me to become suspicious about a patient's past.

At our third session, she asked me an astonishing question, but also, really, the obvious question: "Do other people remember those things, about their teachers, and going to their graduation, and learning to drive, and so on?" When I told her that, yes, they usually do remember, at least to a much greater degree than she did, she reverently said, "Wow," and then she was quiet for a few minutes. Finally, she leaned forward a little and asked, "So what's wrong with me?"

Cautiously, because I knew what I had to say might at first sound preposterous or worse to Julia, I said, "I'm wondering about early traumatic experiences in your life. Even when someone's cognitive memory is perfectly good, as yours is, trauma can disrupt the memory in emotional ways."

Julia thought I was way off base; or at least the part of her that collected amethyst jewelry, made award-winning films, and talked about camera angles thought I was way off base. Another part of Julia, the part that kept trying to commit suicide, the part that prevented her from moving back to Los Angeles as her career demanded, the part that sometimes made her so sleepy during the middle of an ordinary day that she had to be driven home, that part kept her coming back to therapy for the next six years. During those six years, step by step, Julia and I cast some light on what had happened to her. She agreed to be hypnotized; she began to remember her dreams; she acknowledged her faint suspicions. She even traveled back to Los Angeles, to talk with distant relatives and old neighbors.

What we eventually discovered was that, when she was a child, Julia had lived in a house of horrors, with monsters jumping out at her without warning and for no apparent reason, except that Julia had come to assume, as abused children do, that she must be a horrible person who deserved these punishments. By the time she was school age, she had learned not to cry, because tears only encouraged her parents to abuse her further. Also, she had lost any inclination whatsoever to let anyone know what was going on. Telling someone and asking for help were concepts foreign to her despairing little soul. The thought that her life might be different had simply stopped occurring to her.

And soon, in a sense, she had stopped telling even herself. When the abuse began, she would "go somewhere else"; she would "not be there." By this, she meant that her mind had learned how to dissociate Julia's self from what was going on around her, how to transport her awareness to a place far enough away that, at most, she felt she was watching the life of a little girl named Julia from a very great distance. A sad little girl named Julia was helpless and could not escape; but psychologically, Julia's self could go "somewhere else," could be psychologically absent.

Simply put, Julia did not remember her childhood because she was not present for it.

All human beings have the capacity to dissociate psychologically, though most of us are unaware of this, and consider "out-of-body" episodes to be far beyond the boundaries of our normal experience. In fact, dissociative experiences happen to everyone, and most of these events are quite ordinary.

Consider a perfectly ordinary person as he walks into a perfectly ordinary movie theater to see a popular movie. He is awake, alert, and oriented to his surroundings. He is aware that his wife is with him and that, as they sit down in their aisle seats, she is to his right. He is aware that he has a box of popcorn on his lap. He knows that the movie he has come to see is entitled *The Fugitive*, and that its star is Harrison Ford, an actor. As he waits for the movie to begin, perhaps he worries about a problem he is having at work.

Then the lights in the theater are lowered, and the movie starts. And within twenty-five minutes, he has utterly lost his grasp on reality. Not only is he no longer worried about work, he no longer realizes that he has a job. If one could read his thoughts, one would discover that he no longer believes he is sitting in a theater, though in reality, he is. He cannot smell his popcorn; some of it tumbles out of the box he now holds slightly askew, because he has forgotten about his own hands. His wife has vanished, though any observer would see that she is still seated four inches to his right.

And without moving from his own seat, he is running, running, running—not with Harrison Ford, the actor—but with the beleaguered fugitive in the movie, with, in other words, a person who does not exist at all, in this moviegoer's real world or anyone else's. His heart races as he dodges a runaway train that does not exist, either.

This perfectly ordinary man is dissociated from reality. Effectively, he is in a trance. We might label his perceptions as psychotic, except for the fact that when the movie is over, he will return to his usual mental status almost instantly. He will see the credits. He will notice that he has spilled some popcorn, although he will not remember doing so. He will look to his right and speak to his wife. More than likely, he will tell her that he liked the movie, as we all tend to enjoy entertainments in which we can become lost. All that really happened is that, for a little while, he took the part of himself that worries about work problems and other "real" things, and separated it from the imaginative part of himself, so that the imaginative part could have dominance. He *dissociated* one part of his consciousness from another part.

When dissociation is illustrated in this way, most people can acknowledge that they have had such interludes from time to time, at a movie or a play, reading a book or hearing a speech, or even just daydreaming. And then the out-of-body may sound a little closer to home. Plainly stated, it is the case that under certain circumstances, ranging from pleasant or unpleasant distraction to fascination to fear to pain to horror, a human being can be psychologically absent from his or her own direct experience. We can go somewhere else. The part of consciousness that we nearly always conceive of as the "self" can be not there for a few moments, for a few hours, and in heinous circumstances, for much longer.

As the result of a daydream, this mental compartmentalization is called distraction. As the result of an involving movie, it is often called escape. As the result of trauma, physical or psychological, it is called a dissociative state. When a hypnotist induces dissociation, by monotony, distraction, relaxation, or any number of other methods, the temporary result is called an hypnotic state, or a trance. The physiological patterns and the primary behavioral results of distraction, escape, dissociative state, and trance are virtually identical, regardless of method. The differences among them seem to result not so much from how

consciousness gets divided as from how often and how long one is forced to keep it divided.

Another recognizable example of how consciousness can be split into pieces has to do with the perception of physical pain. On the morning after seeing *The Fugitive*, our moviegoer's wife is working frenetically to pack her briefcase, eat her breakfast, get the kids off to school, and listen to a news report on television, all at the same time. She is very distracted. In the process of all this, she bashes her leg soundly against the corner of a low shelf. Yet the woman is not seemingly aware that she has injured herself. That night, as she is getting ready for bed, she notices that she has a large colorful bruise on her right thigh. She thinks, "Well, now, I wonder how I did that."

In this case, a person was distracted, and the part of her consciousness that would normally have perceived pain was split apart from, and subjugated to, the part of her consciousness that was goal-directed. She was not there for the direct experience of her pain. She was somewhere else (the briefcase, the breakfast, the kids, the news). And because she was not there, she does not remember the accident.

The direct experience of physical pain can be split off in cases of much more serious injury as well. Most of us have heard stories along the lines of the parent who, with a broken leg, goes back to the scene of an accident and wrenches open a mangled car door with her bare hands in order to rescue her child. Less valorous, I myself remember my car being demolished by a speeding limousine. My knee was injured, but I felt no pain just after the crash, was more or less unaware of my body at all. My first thought before being dragged out of my car was to peer into the rearview mirror and inspect my teeth, and to decide that everything must be okay because there were no chips in them. And then there are the war stories about maimed infantrymen who have had to flee from the front line. All such circumstances affect memory in fascinating ways. Note, for example, that when veterans get together, they often laugh and tell war stories as though those times had been the best of their lives.

Agony that is psychological can be dissociated, too. While she was being abused, Julia developed the reaction of standing apart from herself and her situation. She stopped being there. Certainly, some parts of her consciousness must have been there right along. She could watch her parents, even predict their moods. She could run and hide. She could cover her injuries. She could keep her parents' secrets. But the part of her consciousness that she thinks of as her self was not there; it was split off, put aside, and therefore in some sense protected. And because her self had not been there, her self could not remember what had happened to her during much of her childhood.

What does this feel like, not being able to remember whole chapters of one's own life? I have asked many people this question, Julia among them. As usual, her answer was obvious and startling at the same time.

"It doesn't feel like anything," she answered. "I never really thought about it. I guess I just assumed, sort of tacitly assumed, that everyone's memory was like mine, that is to say, kind of blank before the age of twenty or so. I mean, you can't see into someone else's mind, right? All you can do is ask questions,

and it never even occurred to me to ask anybody about this. It's like asking, 'What do you see when you see blue?' First of all, you'd never think to ask. And secondly, two people can agree that the clear blue sky is blue, but does the actual color blue look the *same* to both of them? Who knows? How would you even ask that question?

"Of course, every now and then I'd hear people talking about pin-the-tail-on-the-donkey, or some other thing about a little kid's birthday, and I'd wonder how they knew that. But I guess I just figured their memory was especially good, or maybe they'd heard their parents talk about it so much that it seemed like a memory.

"The memories I did have seemed like aberrations, like pinpoints of light in a dark room, so vague that you're not really sure whether you're seeing them or not. Certainly, there was nothing like a continuous thread of memory that linked one part of my life to another.

"Really it wasn't until you started asking me questions about my teachers and so forth that I ever even had any serious questions about my memory. After you started asking, I asked a couple of other people, just out of curiosity, and I began to realize that other people really do have childhood memories, and some of them are pretty vivid. I was surprised.

"What can I tell you? It just never occurred to me to wonder about it before. It felt like ... it felt like nothing."

She shrugged. Most people shrug. They are genuinely surprised, and at a loss.

Now the conspicuous question to ask Julia was, "All this time that you've been so unhappy, all the times you've tried to end your life, what did you think was causing all that misery?"

"I thought I was crazy," she answered.

This is easy enough to understand. Imagine a simple and, relatively speaking, innocuous example. Imagine that someone, call her Alice, leaves work early one day and goes to the oral surgeon to have her two bottom wisdom teeth extracted. The extractions go well; the doctor packs the gums with cotton and sends Alice home. On the way home, for some fictitious reason, let us say magic moonbeams, Alice completely loses her memory of the visit to the oral surgeon. She now assumes that she is driving directly home from work, as she does on most days. After she gets home, she is okay for a while, but gradually the anesthetic wears off, and she begins to experience a considerable amount of pain in her mouth. Soon the pain is too strong to ignore, and she goes to the bathroom mirror to examine the situation. When she looks into her mouth, she discovers that there are wads of cotton in there. And when she takes the cotton out, she discovers that two of her teeth are missing, and she is bleeding!

Alice is now in the twilight zone. The ordinary experience of having her wisdom teeth pulled has turned into a situation that makes her feel insane. One or two more of such experiences, and she would be convinced.

Childhood trauma creates a particularly bewildering picture. Observe normal children at play, and you will realize that children are especially good at dissociating. In the interest of play, a child can, in a heartbeat, leave himself behind,

become someone or something else, or several things at once. Reality is even more plastic in childhood. Pretend games are real and wonderful and consuming. It is clear to anyone who really looks that normal children derive unending joy from their superior ability to leap out of their "selves" and go somewhere else, be other things. The snow is not cold. The body is not tired, even when it is on the verge of collapse.

Because children dissociate readily even in ordinary circumstances, when they encounter traumatic situations, they easily split their consciousness into pieces, often for extended periods of time. The self is put aside and hidden. Of course, this reaction is functional for the traumatized child, necessary, even kind. For the traumatized child, a dissociative state, far from being dysfunctional or crazy, may in fact be lifesaving. And thanks be to the normal human mind that it provides the means.

This coping strategy becomes dysfunctional only later, after the child is grown and away from the original trauma. When the original trauma is no longer an ongoing fact of life, prolonged dissociative reactions are no longer necessary. But through the years of intensive use, the self-protective strategy has developed a hair trigger. The adult whom the child has become now experiences dissociative reactions to levels of stress that probably would not cause another person to dissociate.

The events that are most problematic tend to be related in some way to the original trauma. However, human beings are exquisitely symbolic creatures, and "related" can reach unpredictable and often indecipherable levels of abstraction and metaphor. A long shadow from a city streetlight can remind someone of the tall cacti on the Arizona desert where his father used to threaten to "feed" him to the rattlesnakes. An innocent song about the wind in the willow trees can remind someone else of the rice fields that were a part of her childhood's landscape in Cambodia. A car backfiring on Beacon Street in Boston can remind yet another person of that spot on the trail where his eighteen-year-old platoon mate exploded six feet in front of him.

And so for the adult who was traumatized as a child, the present too has a kind of mercurial quality. The present is difficult to hold on to, always getting away.

In Julia's case, though she had not questioned her poverty of memory for the past, she had begun to suspect even before she came into therapy that she was losing time in the present. Probably this is because there are more external reality checks on the present than there are on the past. From other people—and from radio, television, the Internet, date books—there are ongoing reminders of the present time of day, and day of the week. Markers of time in the past are less immediate, and sooner or later most dates and chronologies for the past begin to feel amorphous to us all. It is hardly amazing that one should have forgotten something that happened twenty years ago. But if a person lets on that she has no memory of an important event that occurred this very week, friends and associates are unlikely to let such a lapse go unremarked.

At one of her early sessions with me, Julia announced, "When I woke up Tuesday morning it was Friday."

"Pardon?"

"When I woke up this morning it was Tuesday, and then I discovered that it was Friday for everybody else."

"How do you mean?"

"Well, the last thing I remember before waking up this morning was having dinner Monday night. So I thought it was Tuesday. And then I went in to work, and some sponsors were there that I was supposed to meet with on Friday. So I asked my assistant what was up, and she said, 'You wanted to meet with these people this morning, remember?' And I said, 'No. I wanted to meet with them on Friday.' She looked at me, and said, 'Today is Friday, Julia.'

"I finessed. I laughed and said, 'Of course. That's terrible. No more late nights for me. Pretty soon I'll be forgetting my name. Ha, ha.' But it isn't funny. This happens a lot. I just lose time. Hours, days. They're gone, and I don't know what I've done or where I've been or anything else.

"I've never told anyone this before. It's embarrassing. Actually, it's terrifying.

"I don't understand any of it, but the thing I understand the least is that apparently I go about my business during these times, and nobody notices any difference in me. At least, no one ever says anything. After the meeting this morning, I realized that on Tuesday, Wednesday, and Thursday, I must have done a mountain of editing. There it was, all finished. I did a good job, even. And I don't remember a bloody thing."

During this confession, I saw Julia cry for the first time. Quickly, though, she willed her tears under control, and wanted me to tell her about a word she had heard me use the previous week, "dissociative." She questioned me as if the issue were a strictly academic one for her, which it clearly was not. I gently steered her back to the subject of herself and her week.

"Where did you have dinner Monday night?"

"What? Oh. Dinner Monday night. I had dinner at the Grill 23 with my friend Elaine."

"Was it a nice time?" I continued to question.

"I think so. Yes, I think it was okay."

"What did you and Elaine talk about, do you remember?"

"What did we talk about? Let's see. Well, I think we talked about the film a bit. And we talked about the waiter. Very cute waiter." She grinned. "And we probably spent the longest time talking about Elaine's relationship with this new guy, Peter. Why do you ask?"

"You said the dinner was the last thing you remembered before you woke up this morning. I thought it might be important. What did Elaine say about Peter?"

"Well, she said she's madly in love, and she said she wanted me to meet him because she thought we'd have a lot to talk about. He's from L.A., too."

"You and Peter are both from L.A. What else did you and Elaine say about L.A.?"

Julia looked suddenly blank, and said, "I don't remember. Why? Do you really think something about the place where I grew up scares me enough that just talking about it blasts me into never-never land for three days? That really can't be, though. I mean, I talk about L.A. a lot to people."

"I think it's possible that something during the dinner scared you enough to make you lose yourself for a while, although we'll never know for sure. Obviously, talking about L.A. doesn't always do that, but maybe there was something in that particular conversation that reminded you of something else that triggered something in your mind, something that might seem innocuous to another person, or even to you at another time. But as I say, we'll never know for sure."

"That's frightening. That's awful. It's like I'm in jail in my own head. I don't think I can live this way anymore."

"Yes, it's very frightening. I suspect it's been very frightening for a long time."

"You got that right."

Julia's knowledge of her own life, both past and present, had assumed the airy structure of Swiss cheese, with some solid substance that she and her gifted intellect could use, but riddled with unexplained gaps and hollows. This had its funny side. A few months later, when she had gained a better acceptance of her problem, she came in, sat down, and said in a characteristically charming way, "How do you like my new bracelet?"

"It's beautiful," I replied. "I've always admired your amethyst jewelry. When did you get that piece?"

"Who knows?"

She grinned at me again, and we both laughed.

The somewhat old-fashioned term for Julia's departures from herself during which she would continue to carry out day-to-day activities is "fugue," from the Italian word *fuga,* meaning "flight." A dissociative state that reaches the point of fugue is one of the most dramatic spontaneously occurring examples of the human mind's ability to divide consciousness into parts. In fugue, the person, or the mind of the person, can be subdivided in a manner that allows certain intellectually driven functions to continue—rising at a certain time, conversing with others, following a schedule, even carrying out complex tasks—while the part of consciousness that we usually experience as the "self"—the self-aware center that wishes, dreams, plans, emotes, and remembers—has taken flight, or has perhaps just darkened like a room at night when someone is sleeping.

The departures of fugue are related to certain experiences in ordinary human life that are not generated by trauma. For example, similar is the common experience of the daily commuter by car who realizes that sometimes she or he arrives back at home in the evening without having been aware of the activities of driving. The driving was automatically carried out by some part of the mind, while the self part of the mind was worrying, daydreaming, or listening to the radio. The experience is that of arriving at home without remembering the process of the trip. If one reflects upon the minute and complex decisions and maneuvers involved in driving a car, this ordinary event is really quite remarkable.

Clinical fugue differs from common human experience not so much in kind as in degree. Fugue is terror-driven and complete, while the more recognizable condition is the result of distraction, and relatively transparent. As fugue, the car trip example would involve a driver who failed to remember not just the process of the trip, but also the fact that there had been a trip, and from where.

Far beyond distraction, the more remarkable dissociative reaction of fugue would have been set off by something—an event, a conversation, an image, a thought—that was related, though perhaps in some oblique and symbolic way, to trauma.

Not all traumatized individuals exhibit outright fugue. For some people, stressful events trigger a demifugue that is less dramatic but in some ways more agonizing. Another of my patients, Lila, refers to her experience as "my flyaway self":

"I had an argument with the cashier at the Seven-Eleven store. I gave him a twenty and he said I gave him a ten. He wouldn't give me my other ten dollars back. The way he looked at me—it was just the way my stepfather used to, like I was stupid, like I was dirt. I knew he wasn't really my stepfather, but all the feelings were there anyway. After a minute, I just couldn't argue about it. I left without my money, and by the time I got back home, my flyaway self thing had started. Once it starts, it's like there's absolutely nothing I can do about it. I'm gone, and there's nothing I can do about it."

"What does it feel like?"

"Oh boy. I don't know how to describe it. It's just ... it's just really awful. I don't know ... everything around me gets very small, kind of unreal, you know? It's my flyaway self, I call it. It feels like ... my spirit just kind of flies away, and everything else gets very small—people, everything. If it were happening now, for example, you would look very small and far away, and the room would feel kind of unreal. Sometimes even my own body gets small and unreal. It's awful. And when it happens, I can't stop it. I just can't stop it."

What Lila describes as her "flyaway self" is in some respects similar to the derealization that most people have known occasionally, usually under passing conditions of sleep deprivation or physical illness. One temporarily has the sense of looking at the world through the wrong end of a telescope: everything looks small and far away, though one knows intellectually that these same things are just as close and life-sized as ever.

Imagine being forced to live lengthy segments of your life in this state. Imagine that you were falling inexorably into it, to remain there for a week or more at a time, because of events such as an unpleasant argument with a stranger at a convenience store. As bad as this would be, the situation for someone like Lila is incalculably worse, because for her the phenomenon has its origins in trauma.

Another of my patients offered a specific image, and for me an indelible one, to describe the same dissociative condition. Forty-nine-year-old Seth, like Julia, is successful, educated, and visually talented, and his disquieting description reflects his aptitudes. At the beginning of this particular therapy session, he had been telling me about a startling encounter, at a company softball game, with another person lost in the dissociated space with which he himself was all too familiar.

"I knew exactly where she was," said Seth.

"What does it feel like?" I asked. "Can you tell me what it feels like when you're there? How do you change?"

"I don't change. It's not that I change. *Reality* changes. Everything becomes very small, and I exist entirely inside my mind. Even my own body isn't real."

Indicating the two of us and the room around us, he continued, "Right now, this is what's real. You're real. What we're saying is real. But when I'm like that, the office is not real. *You're* not real anymore."

"What is real at those times?" I asked.

"I don't know exactly. It's hard to explain. Only what's going on in my mind is real. I'll tell you what it feels like: I feel like I'm dog-paddling out in the ocean, moving backwards, out to sea. When I'm still close enough to the land, I can sort of look way far away and see the beach. You and the rest of the world are all on the beach somewhere. But I keep drifting backwards, and the beach gets smaller, and the ocean gets bigger and bigger, and when I've drifted out far enough, the beach disappears, and all I can see all around me is the sea. It's so gray—gray on gray on gray."

"Is there anything out in the ocean with you?" I asked.

Seth replied, "No. Not at that point. I'm completely alone, more alone than you can imagine. But if you drift out farther, if you go all the way out to where the bottom of the sea drops off to the real abyss part, then there are awful things, these bloodthirsty sea creatures, sharks and giant eels and things like that. I've always thought that if something in the real world scared me enough, I'd drift out and out to past the dropping-off part, and then I would just be gobbled up, gone—no coming back, ever.

"When I'm floating out in the middle of the sea, everything else is very far away, even time. Time becomes unreal, in a way. An hour could go by that seems like a day to me, or four or five hours could go by, and it seems like only a minute."

Some extreme trauma survivors recognize that they are dissociative, and others do not recognize this. Many times, an individual will realize at some point in adulthood that she or he has had a lifelong pattern of being "away" a grievously large portion of the time.

During the same session, Seth described his own situation in this way:

"Actually, when I was a child, I don't know how much time I spent away like that. I never thought about it. It was probably a lot of the time, maybe even all the time. It just *was*."

"You mean it was your reality, and so of course you never questioned it, any more than any other child questions his reality?"

"Right. That's right. That was when I was a child. And most of the time it still happens automatically, bang, way before I know it's coming; but in here now, sometimes, there's this brief moment when I know I'm about to go away, but I still have time to try to keep it from taking over. Emphasis on *try*."

"How do you do that?" I asked.

"By concentrating. By trying with everything I've got to concentrate on you, and what you're saying, and on the things around me in the office here. But then there's physical pain, too. My eyes hurt, and I know I could make myself feel better if I shut them. But I try not to. And I get this thing in my stomach, which is the hardest thing to fight. There's this pain that feels like I just swallowed a whole pile of burning coals, this torture feeling that beams out from my stomach to the rest of my body; sooner or later, it just takes me over."

He grimaced and put a fist to his breastbone.

When Seth said this about pain in his stomach, I remembered, as I had remembered during descriptions by many, many others, that there is a common Japanese term, *shin pan*, inexactly translated as "agitated heart syndrome," referring to a great pain between the chest and the stomach, just under the solar plexus. *Shin pan*, a condition as real within Eastern medicine as is cataract or ulcer or fractured fibula within Western medicine, is a pain of the heart that does not involve the actual physical organ. In our culture, we consider such a thing—a "heartache," if you will—to be poetry at most. We do not understand that much of the rest of the world considers it to be quite real.

I said to Seth, "It must be frightening to be out in the ocean like that."

"Actually, it's not," he replied. "The abyss part, with the sharks and all, that's frightening. But for most of my life it was really no more frightening than the things that were on the beach, no more frightening than reality, I guess is what I'm saying. So floating in the middle of the ocean was really the best place, even though I guess that sounds strange. Also, being there takes care of the physical pain; there's no more pain when I'm there. It's just that now, I mean lately, the beach, where you are, and everything else, sometimes it makes me wish I could maybe be there instead. I guess you could say that now, at least sometimes, I want to live."

I smiled at him, but he looked away, unsure of what he had just proposed.

Referring back to Seth's softball team acquaintance, whose dissociative episode had begun our discussion, I said, "It must be strange to be with another person when you know she's drifting away in an ocean just like you do sometimes."

"Yes, it's very strange."

"How did you know she was drifting? Did she tell you?"

"No. She didn't tell me. She didn't say anything at all about being dissociated. She was just standing around with us, talking about these incredible things, horrible things from her past, without any emotion, without any reaction to them. She played well that day, actually, but she won't remember any of it, that's for sure."

"You mean," I asked, "another person, besides you, might not have known she was dissociated?"

"Absolutely. I'm sure someone else might not have known at all. It's just that I looked at her, and I saw me. It was like talking to somebody who didn't have a soul."

"You mean her soul was somewhere else?"

"Yes, I guess so. Her soul was somewhere else," Seth said.

After a brief silence, he turned the discussion back to his own life: "The other day, my wife was trying to talk to me about something really important that happened when the twins were born. Doesn't matter what it was; what matters is that I had no idea what she was talking about. I didn't have a clue. It wasn't a dim memory. It wasn't anything. I didn't have that memory because I wasn't there."

"You weren't there, but your wife didn't know that at the time?" I asked.

"No, she didn't know that at all. But you know, most of the time when she and I are making love, and I'm not there, she doesn't know it even then."

"You mean, someone can be that close to you, and still not know?"

"Yes."

At that moment I thought, and then decided to say aloud, "That's so sad."

A single tear skimmed down Seth's cheek. He wiped it quickly with the back of his hand, and said, "I'm sorry, it's just that, well, when I think about it, I realize that, really, I've missed most of my own life."

He stopped and took a deep breath, and I wondered whether he might have to dissociate just to get through this experience in my office.

I asked, "Are you here now, at this moment?"

"Yes, I think so. Yes."

There was another pause, and then with more emotion in his voice than he was usually able to show, he said, "It's so hard, because so much of the time when I'm here, what you're seeing is not what I'm seeing. I feel like such an impostor. I'm out in my ocean, and you don't know that. And I can't tell you what's going on. Sometimes I'd really like to tell you, but I can't. I'm gone."

Seth's description of his inner life makes it wrenchingly clear that the traumatized person is unable to feel completely connected to another person, even a friend, even a spouse. Just as limiting, perhaps even more limiting, is such a person's disconnection from his or her own body. You will recall that Lila's "fly-away self" owned a body that was only "small and unreal," and that when Seth was in his ocean, his mind was separated from his physical self. I began this chapter with Julia, the brilliant producer of documentary films, and as it happens, about a year into her treatment, an event occurred that well illustrates the survivor's trauma-generated dissociation from the body itself, or more accurately, from those aspects of mind that inform one of what is going on in the body.

One morning just after the workday began, Julia's assistant, a gentle young woman who was quite fond of her boss, noticed that Julia was looking extremely pale. She asked how Julia was feeling, and Julia replied that she thought her stomach was a little upset, but other than that she was sure she was fine. Ten minutes later, walking down a corridor, Julia fell to the floor, and by the time the panic-stricken assistant came to her aid, she was unconscious. An ambulance arrived and rushed Julia to the Massachusetts General Hospital, where she underwent an immediate emergency appendectomy. Her life was in danger, and the situation was touch-and-go for a while, because her infected appendix had already ruptured and severe peritonitis had resulted. She survived, however, and during her recovery, when she was well enough to see me again, she recounted a postsurgery conversation with her doctor.

"The doctor kept asking me, 'Didn't you feel anything? Weren't you in pain?' I told her my stomach had been upset that morning, but I didn't remember any real pain. She said, 'Why didn't you call me?' I guess she just couldn't believe that I really hadn't felt any pain. She said that I should have been in agony by the previous night, at the very latest. She kept saying 'agony.' But I didn't feel it. I swear to you I didn't feel any pain, much less agony."

"I believe you," I said to Julia.

"Well, I don't think she did. I guess a ruptured appendix involves a lot of pain for most people."

"Yes. Yes it does," I replied, trying to disguise some of my own astonishment.

"I know I've tried to kill myself intentionally, more than once, so maybe this sounds crazy—but I don't want to die one day just because I'm confused."

"What do you mean?" I asked.

"I don't want to die because I can't feel anything. I don't want to end up dead because I can't feel what's going on in my body, or because I can't tell the difference between that psychosomatic pain I'm always getting in my chest and some honest-to-God heart attack."

Julia said "psychosomatic," but I was thinking *shin pan*, again.

"You know how we talk about my tendency to be dissociative? Well do you think I dissociate from my body, too? Because if that's what I'm doing, then it's the illusion from hell. I mean, if it's supposed to save me, it's not working. In fact, it's going to kill me one day. And even if it doesn't kill me, what's the use of living if I can't feel anything? Why should I be alive when I lose big parts of my life? I mean, really, how can you care about anything if you can't even know the truth about yourself? If you keep losing yourself?"

I said, "I think that's one of the best questions I've ever heard."

"You do? You mean you agree with me about how I can't really care about living if I keep losing myself?"

"I said that's one of the best *questions*. I didn't say I knew the answer."

"Oh boy, you're cagey," she said, and grinned. "So okay, how do I find the answer?"

"Well you know, you could try to remember. We could try hypnosis, for one thing."

I believed that Julia might be ready to bring up the lights in the cold, dark house of her past.

"Yes, so you've said. And the idea scares the hell out of me." There was a substantial pause before she continued. "The idea scares the hell out of me, but I think I have to do it anyway."

"Why do you have to?"

"Because I want to know. Because I want to live."

"So, let's do it?" I asked.

"Let's do it," Julia said.

QUESTIONS FOR MAKING CONNECTIONS WITHIN THE READING

1. Drawing on the information Stout provides, discuss the relations between the mind—in particular the memory—and the brain. Why are traumatic memories generally inaccessible? When Stout refers to "our divided

awareness," what does she mean? Is it possible for awareness to become undivided? If such a state can be achieved at all, can it ever become permanent, or is "dividedness" an inescapable feature of consciousness itself?

2. Explain the difference between dissociation and ordinary distraction. What is it about Julia's lapses of memory that qualifies them as examples of dissociation? Are there significant differences between Julia's lapses and Seth's? Has Seth devised ways of coping that have proven more successful than Julia's?
3. In her discussion of Seth, Stout makes a reference to the condition known as *shin pan*, a term taken from Asian medicine. Does this reference bring something new to our understanding that the term *heartache* does not? Is Stout just showing off her knowledge of Eastern culture, or is she trying to get us to rethink our own attitudes about the importance of emotions?

QUESTIONS FOR WRITING

1. The title of Stout's book is *The Myth of Sanity: Divided Consciousness and the Promise of Awareness*. Now that you have read one chapter from her book, why do you think she refers to sanity as a "myth"? What does she mean by "the promise of awareness"? How might "awareness" differ from "sanity"?
2. Julia and Seth both qualify as extreme cases of dissociation, but their experiences may also shed some light on ordinary consciousness. Taking Stout's essay as your starting point, and drawing also on your own experience, discuss the nature of consciousness. Does the mind operate like a camcorder, or is awareness more complex and less continuous than the images stored in a camcorder's memory?
3. Can we ever know reality—the world as it actually is—or are we trapped within our own mental worlds? If memory shapes our perceptions from moment to moment, then would you say that experience can ever teach us anything new? If memory is unreliable, then what are the implications for self-knowledge? Is the ancient adage "Know Thyself" actually an invitation to wishful thinking?

QUESTIONS FOR MAKING CONNECTIONS BETWEEN READINGS

1. In "The Mega-Marketing of Depression in Japan," Ethan Watters makes the case for seeing depression as a cultural construct rather than an empirical fact. He does not deny the reality of depression as an experience, but he proposes that people in different cultures will understand the disorder differently. Dr. Laurence J. Kirmayer, an authority whom Watters quotes with approval, notes that "a Nigerian man might experience a culturally distinct form of

depression by describing it as a peppery sensation in his head. A rural Chinese farmer might speak only of shoulder or stomach aches. A man in India might talk of semen loss or a sinking heart or feeling hot." What might Watters say about Stout's account of dissociative disorders? What might Stout say about Watters' view? What conclusions can we draw from the fact that Julia, Seth, and others respond to trauma in similar ways? Does this similarity undermine Watters's argument about the role of culture?

2. In her text, Stout discusses how dissociation causes people to have different experiences of reality. Her patient Seth describes what happens to his perception when he dissociates: "It's not that I change. *Reality* changes." How is the concept of reality related to perception? How can that help explain why, as Tim O'Brien writes, "In a war, you lose your sense of the definite, hence your sense of truth itself, and therefore it's safe to say that in a true war story nothing is ever absolutely true"? How do the versions of truth and reality the texts embrace complicate, confirm, or contradict each other? How might the subjective nature of truth and reality make communication difficult for O'Brien's narrator and his fellow soldiers, as well as for Stout's patients? How can awareness of the subjectivity of reality make communication easier?