

Spellbound: Dissociation in the Movies

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ABSTRACT. In this paper we examine how aspects of dissociation permeate the film-going experience. Using examples from more than three dozen films spanning six decades, we introduce and discuss three observations regarding dissociation in film. Specifically: (1) that the act of watching a film may be viewed as a voluntary engagement in a positive dissociative experience; (2) that film directors and cinematographers use cinematic devices to convey and dramatize the peri- and post-traumatic dissociative experiences of their characters, and the force of these techniques may issue from the film-viewer's personal knowledge of normative dissociation; and (3) that representations of dissociative conditions and symptoms in film allow filmmakers to examine universal existential experiences and themes along with contemporary psychosocio-cultural issues, while exploiting the plot-expanding possibilities that inhere in the topics of memory, identity, and multiplicity. Underlining the continuity of pathological and nonpathological dissociation, the weight of our observations leads us to assert that dissociation is not only integral to film, but that film-making and the film-watching experience rely on the audience's innate understanding of dissociative phenomena. We propose that this innate or intuitive understanding may reflect the pervasive

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The authors would like to thank Robert Garlan for his invaluable contributions to both the substance and the style of this paper and Tatiana Forero Puerta, Cicely Smith, and Xin-Hua Chen for their assistance in the preparation of the manuscript.

Journal of Trauma & Dissociation, Vol. 5(2) 2004
<http://www.haworthpress.com/web/JTD>
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Digital Object Identifier: 10.1300/J229v05n02_04

nonpathological presence, integration, and use of dissociative processes in everyday life. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Dissociation, trauma, memory, nonpathological, film, movies, cinema

Fifteen years ago, psychiatrist Steven Hyler noted that, “if the number of commercial films depicting mental disorder is any indication, Hollywood certainly is fascinated by all things ‘psychiatric’” (1988, p. 195). Since then this preoccupation has, if anything, intensified. In 1986, Gabbard and Gabbard identified approximately 300 films portraying psychiatrists/therapists and psychotherapy; less than a decade and a half later the count approached 450 films (cited in Gabbard & Gabbard, 1999).

Regarding the depiction of mental disorders in film, Hyler (1988) observed that the film industry seems to be “most enamored” with dissociative disorders, “which are portrayed in films far out of proportion to their actual prevalence” (p. 200). Indeed, Hyler’s comment was likely based on common psychiatric knowledge that, for example, by 1980 fewer than 200 cases of multiple personality disorder (now known as dissociative identity disorder [DID]) had been reported in almost two centuries of psychiatric literature (Greaves, 1980), and that the diagnostic manual used during most of the 1980’s (DSM-III; American Psychiatric Association [APA], 1980) offered the following dissociative disorder prevalence guidelines: “apparently rare under normal circumstances” (psychogenic amnesia; p. 254), “apparently rare . . . most common in wartime, and in the wake of a natural disaster” (psychogenic fugue; p. 256), “apparently extremely rare” (multiple personality disorder; p. 258), and “no information” (depersonalization; p. 260). Or, as Putnam put it in 1989, “There are no useful data on the incidence of any of the dissociative disorders” (p. 13).

More recent findings, however, suggest that dissociative disorders are more common than previously imagined. Among adult psychiatric inpatients, dissociative disorders have been estimated to be as high as 15 to 20% (Horen, Leichner, & Lawson, 1995; Ross, Anderson, Fleisher, & Norton, 1991), while the lifetime prevalence of dissociative disorders in the general population has been estimated to be 10 to 12% (Ross, 1991; reviewed in Ross, 1996). Other recent epidemiological findings indicate that dissociative *experiences* (which include everyday occurrences not deemed pathological) are common in the

general population (Ross, Joshi, & Currie, 1990) and very common for at least a quarter of those sampled (reviewed in Ray, 1996).

An assumption shared by both the classical and modern dissociation literature is that dissociative experiences lie on a continuum (reviewed in Putnam, 1989; see also Bernstein & Putnam, 1986; Butler, 2004 [this volume]; Hilgard, 1977; Ludwig, 1983), ranging from everyday nonpathological experiences such as the phenomena of daydreaming, highway hypnosis, and transient depersonalized experiences, to psychopathological conditions involving persistent and pervasive disruptions of memory and identity. Until recently, research has focused primarily on dissociation as an element of or process underlying psychopathology, with the additional assumption that dissociation serves a defensive or adaptive function in protecting the individual from overwhelming affects and intolerable experiences (reviewed in Putnam, 1989; see also Butler, 2004 [this volume]; Hilgard, 1977; Ludwig, 1983). Although the *presence* of nonpathological dissociation in everyday (non-traumatic) experience is now extensively documented, the *role* or *function* of nonpathological dissociation has received much less attention (e.g., Ludwig, 1983). Similarly, empirical study of distinctly *positive* dissociative experiences—as dissociative experiences—has been virtually absent (with one notable exception, Pica & Beere, 1995).

Interestingly, dissociative experiences in both clinical and general populations have a similar three-factor structure—comprised of absorption/imaginative involvement, depersonalization-derealization, and amnesia—suggesting that these groups differ in *degree* of dissociation rather than its underlying structure (reviewed in Ross, 1996; Ray, 1996). Nonclinical groups, however, primarily endorse dissociative experiences of absorption/imaginative involvement and are less likely to endorse items more closely associated with dissociative disorders (Ray, 1996).

These recent epidemiological findings suggest that dissociative experiences are far more common to everyday experience than previously recognized, and apparently some Hollywood directors and scriptwriters have long intuitively recognized this and capitalized on it. Along with the increasing clinical and research attention paid to the epidemiology of dissociation in the last several decades, the production of films with trauma- and dissociation-related themes also appears to have increased (although the number of films released per year during that time has remained relatively constant; Motion Picture Association of America [MPAA], 2002). In Table 1 we present a (nonexhaustive) list of popular American-made films with dissociation-related themes or content for the reader's examination.

Rather than focusing on diagnostic accuracies and distortions in representations of dissociative disorders in film (which have been examined elsewhere; e.g., Hyler, 1988; Silberg, Salter, & Gold, 2001), in the present paper we intro-

TABLE 1. A selection of Hollywood films with dissociation-related topics.

Film	Year	Dissociation-Related Topic	Etiology
<i>Spellbound</i>	1945	Amnesia; Fugue	Traumatic experience (childhood/adult trauma)
<i>Three Faces of Eve</i>	1957	MPD (biographical)	Traumatic experience (childhood trauma)
<i>Vertigo</i>	1958	Posttraumatic acrophobia	Traumatic experience (accident)
<i>Suddenly, Last Summer</i>	1959	Amnesia	Traumatic experience (witnessed murder)
<i>Psycho</i>	1960	Split personality	Unknown
<i>The Manchurian Candidate</i>	1962	Hypnotic control of behavior	Exogenous manipulation
<i>Marnie</i>	1964	Posttraumatic functioning	Traumatic experience (childhood abuse)
<i>Sybil</i>	1976	MPD (biographical)	Traumatic experience (childhood abuse)
<i>The Deer Hunter</i>	1978	Posttraumatic functioning	Traumatic experience (combat)
<i>Ordinary People</i>	1980	Posttraumatic functioning	Traumatic experience (childhood accident)
<i>Birdy</i>	1984	Posttraumatic functioning	Traumatic experience (combat)
<i>Everybody Wins*</i>	1990	Possible multiplicity	Unknown
<i>Total Recall</i>	1990	Memory; Identity	Exogenous manipulation
<i>Dead Again</i>	1991	Amnesia; Posttraumatic functioning	Traumatic experience (loss)
<i>The Prince of Tides</i>	1991	Posttraumatic functioning	Traumatic experience (childhood assault)
<i>Fearless</i>	1993	Posttraumatic functioning	Traumatic experience (accident)
<i>Color of Night</i>	1994	Conversion color blindness; Split personality**	Traumatic experience (suicide; childhood abuse)
<i>Dolores Claiborne</i>	1995	Amnesia	Traumatic experience (childhood abuse)
<i>Primal Fear</i>	1996	DID** (Malingering)	Traumatic experience (adolescent abuse)
<i>Lost Highway</i>	1997	Multiplicity	Unknown
<i>Fight Club***</i>	1999	Split personality	Societal forces
<i>The Matrix</i>	1999	Memory; Identity	Exogenous manipulation
<i>Memento</i>	2000	Amnesia	Organic injury
<i>Me, Myself, & Irene</i>	2000	Split personality	Frustrations
<i>Nurse Betty</i>	2000	Amnesia; Fugue	Traumatic experience (witnessed murder)
<i>Curse of the Jade Scorpion</i>	2001	Hypnotic control of behavior	Exogenous manipulation
<i>K-Pax</i>	2001	Multiplicity; Posttraumatic functioning	Traumatic experience (childhood loss; family murdered)
<i>The Majestic</i>	2001	Amnesia; Identity	Organic injury
<i>Mulholland Drive</i>	2001	Amnesia	Organic injury
<i>Session 9</i>	2001	DID	Childhood events
<i>Vanilla Sky</i>	2001	Memory; Identity	Exogenous manipulation
<i>Bourne Identity</i>	2002	Amnesia; Identity	Organic injury
<i>Hollywood Ending</i>	2002	Conversion blindness	Stress
<i>Lord of the Rings: Two Towers</i>	2002	Split personality	Emotional conflict
<i>The Hulk</i>	2003	Split personality	Organic
<i>Identity</i>	2003	DID	Traumatic experience (childhood neglect/abuse)
<i>The League of Extraordinary Gentlemen</i>	2003	Split personality	Organic

Note. The terms *MPD* and *DID* are used when the film explicitly states these diagnoses; *multiplicity* is used where dual or multiple consciousnesses are portrayed but no diagnosis is provided (or intended); *split personality* is used where, in the authors' opinions, dual consciousness is portrayed to convey this classic dramatic theme. MPD = multiple personality disorder; DID = dissociative identity disorder; *Reported by Silberg (Silberg et al., 2001); **Plot hinges on audiences' suspicions/belief regarding character's possible dissociative condition; *** See Gold, 2004 (this volume).

duce and discuss three additional observations regarding dissociation in film that have stemmed from our personal film-going experiences. Specifically, we propose: (1) that the act of watching a film may be viewed as voluntary engagement in a (positive) dissociative experience; (2) that many film directors and cinematographers skillfully use cinematic devices to convey and dramatize the dissociative experiences of their characters—and the force of these techniques may issue from the movie-viewer’s personal knowledge of relatively normative dissociative experiences related to traumatic or stressful life events; and, (3) that recent representations of dissociative conditions and symptoms in film allow film makers to examine universal existential experiences and themes, along with contemporary psychosocio-cultural issues (see also Silberg et al., 2001), while exploiting the plot-expanding possibilities that inhere in the topics of memory, identity, and multiplicity.

In other words, we will examine film-viewing as a dissociative experience; how dissociative experiences are conveyed through cinematic devices; and the use of dissociative disorders or symptoms and dissociation-related themes in film as means to explore aspects of the human condition, in particular memory and identity, and duality, along with contemporary concerns.

FILM-VIEWING AS A DISSOCIATIVE EXPERIENCE

Since the beginning of the film era, film makers and theorists have recognized that watching a movie is a unique experience, where “the viewer experiences a sort of dissociative state in which ordinary existence is suspended” (Wedding & Boyd, 1999, p. 1) and that the movie screen can be “the master hypnotist” (Greenberg, 1975, p. 5). The darkened theater, the illuminated large screen, and the placement of the projector behind the viewer, combined with technical equipment (cameras, lights, etc.), cinematic devices (creating of the illusion of reality), and the viewer’s unconscious/conscious projections and processes are all part of the cinematic apparatus employed to produce a “dream state” in the viewer (Stam, Burgoyne, & Flitterman-Lewis, 1992, p. 143).¹

Filmmakers have a term of art to denote the achievement of this state: *suturing*. Suturing the viewer into the film occurs when the filmgoer is able to connect and integrate separate scenes into a coherent narrative in spite of distinct story lines and cinematic editing cuts (Silverman, 1992). Suturing suggests a loss of psychological distance from the film and a suspension of critical reflection and judgment. When suturing is successful, viewers lose awareness of their surroundings and perceive the events on the screen as life-like. The absorption and suspension of critical judgment that are necessary preconditions to pleasurable film viewing, therefore appear to parallel elements of some

nonpathological dissociative experiences such as hypnotic states (Butler, Duran, Jasiukaitis, Koopman, & Spiegel, 1996).

Although there is no widely accepted definition for nonpathological dissociation, the term implies an altered state of consciousness that is not organically induced, that does not occur as part of a dissociative disorder, and that involves the temporary alteration or separation of normally-integrated mental processes in conscious awareness. The most common instances of nonpathological dissociation are those involving absorption (Ray, 1996). In everyday life these would include the normative activities of daydreaming, imaginative engagement, meditation, formal hypnosis, and pastimes that capture attention and oblate self-awareness, such as reading an engrossing book or watching a riveting film.

In general, absorption involves a narrowing of attention that results in “a heightened sense of reality of the attentional object,” an “imperviousness to normally distracting events,” and “an altered sense of reality in general and of the self in particular” (Tellegen & Atkinson, 1974, p. 274). For example, “while watching an engrossing film, one may temporarily lose track of oneself (e.g., no longer be able to reflect on the fact that one exists and is sitting in an uncomfortable chair watching an enjoyable movie) and be unaware of one’s ongoing actions (e.g., eating popcorn). Attention is completely captured in the immediate narrow experience, and other self-reflective, perceptual, affective, and behavioral information is temporarily inaccessible” (Butler et al., 1996, p. 43). Additionally, for suturing to occur, it would seem that the film experience—like other hypnotic and dissociative experiences—must induce (or at least allow) the viewer to “suspend higher order reflective cognitive structures and processes as well as distal environmental information that under normal circumstances would control or constrain thoughts (or actions)” (p. 44). Otherwise extraneous internal and external stimuli could undermine the extent and quality of the absorption into the alternate reality of the film.²

It appears, then, that film-makers deliberately seek to induce an altered state of consciousness in their audiences—one in which viewers are so enthralled with the narrative on the screen that they lose track of where (and who) they are, suspend their critical faculties, and become in essence spell-bound by this alternate universe. And this may be exactly why so many Americans seek out movie viewing as a recreational activity. As described elsewhere (Butler, 2004 [this volume]), the dissociative qualities of absorption may provide a temporary psychological diversion or escape from present concerns and, for some, absorption may act as a “psychological clutch” allowing the individual to disengage from life stresses, preoccupations, and perhaps even dysphoria (as is one of the apparent functions of some dissociation-related behaviors associated with psychopathology, such as self-cutting and binge-eat-

ing; Gardner & Cowdry, 1985; Heatherton & Baumeister, 1991; see also Butler et al., 1996).

As Greenberg (1975) put it, “When reality—or what passes for it—becomes too much to bear, the siren song of cinema is likely to prove irresistible” (p. 4). According to the annual attendance study of the Motion Picture Association of America (MPAA, 2002), there were about 166 million U.S. moviegoers in 2002, with 38% of them defined as frequent moviegoers (i.e., attending at least once per month). Figures on time spent viewing movies, home video, and interactive TV (video-on-demand) indicate that the average U.S. consumption per capita was 92 hours in 2002. Adding the time spent viewing other *filmed* entertainment (viewed on broadcast, cable, and satellite TV, and through the Internet), the average in 2002 exceeded 1900 hours per person.

Given that Americans and others spend considerable time viewing films (and, we should point out, indulging in other potentially dissociative activities such as reading for pleasure, day dreaming, meditating, taking road trips, and playing computer games), it strikes us that *the active pursuit of (nonpathological) dissociative activities* such as these *may represent a cornerstone of every-day human existence*—one so common and so second-nature, that its role in our lives has not been fully appreciated or examined empirically.

DISSOCIATION AS A CINEMATIC DEVICE

Film is uniquely suited to portray subjective experiences objectively (Wedding & Boyd, 1999). Although Hitchcock used the camera to make the viewer feel uncomfortably like a voyeur in some scenes (described in Saito, 1999), cinematic devices can also be employed to draw the viewer into the character’s experience. Thoughts, feelings, and experiences—usually imperceptible to an observer—can be depicted on the movie screen through a variety of cinematic devices such as voice-overs, jump cuts,³ flashbacks, close-ups, alterations of sound, color, and image, and panning techniques (Wedding & Boyd, 1999).

Dissociative experiences (such as derealization, depersonalization, and intrusive re-experiencing phenomena) are difficult to convey through words alone because many of these experiences are undergone in what feels primarily like sensory awareness. However, films can portray these internal states, through a montage of sounds, images, visual associations, and well crafted dialogue. The most skilled and intuitive directors use an arsenal of cinematic devices to convey the otherwise unseen dissociative experiences of their characters, thus further bridging the gap between what is being portrayed on the screen and viewers’ subjective experience. In this section, we briefly discuss how film makers portray some of the dissociative experiences of their charac-

ters—in particular, how the phenomenology of peritraumatic dissociative experiences (specifically aspects of derealization and depersonalization) and post-traumatic intrusion experiences (specifically memories, flashbacks, and reactivity) are cinematically conveyed.

Peritraumatic Dissociation

Research indicates that symptoms of derealization and depersonalization are common—in some circumstances virtually universal—peritraumatic dissociative experiences that occur during and immediately following highly stressful or traumatic events (e.g., APA, 2000; Morgan et al., 2001; Noyes & Kletti, 1977) and involve changes in the perceptual qualities of experience and alterations in one's sense of relatedness to the self or world.

Derealization. Derealization describes experiences in which aspects of the world, or one's relationship to it, seem changed in ways that entail shifts in the perceptual qualities of experience. These include colors going flat or brightening, sounds becoming distant or more sharp, time slowing down or speeding up, images becoming less or more clear, distant, and/or intense, and objects looking different or unreal or, conversely, “ultra-real” (APA, 2000; Noyes & Kletti, 1977).

Survivors of traumatic events frequently report alterations in color as one among the many perceptual distortions that marked their peritraumatic experience. Modification of color is artfully employed in *Saving Private Ryan* (Bryce et al., 1998) when the majority of colors during the opening battle scene are washed away, making the viewer feel as if he or she is watching an almost black and white film. This feeling is disrupted when the viewer sees blood, strikingly red among the subdued colors, which contributes to the heightened feeling of threat and also to the unreality or dream-like state of the combat situation. Trauma-induced elimination of color was also portrayed in an early scene in *Color of Night* (Feitshans, Matalon, Willis, Zozzora, & Rush, 1994) when a therapist (Bruce Willis), staring down at the crumpled body of a client who has just thrown herself from his office window and is now lying on the pavement below, sees the stark, almost ultra-real red of the blood pooling around her body suddenly fading into black.

Distortion of sound is also frequently reported in peritraumatic dissociation. In the opening scene of *Saving Private Ryan* (Bryce et al., 1998), when Captain Miller (Tom Hanks) and his men leave the boat at Omaha Beach, Normandy, they are faced with the terrible brutality of war as the soldiers begin to die in great numbers and in appalling ways. As Miller slowly looks around, taking time to absorb the horrific incomprehensibility of the situation, the sounds of battle and screams of the wounded and dying gradually mute into an

erie, muffled near-silence. This portrayal is accomplished through several cinematic devices, including modification of sound and slow motion images.

The muffling of sound is also used in *Fearless* (Beasley et al., 1993) to convey the derealized experience of surviving an airplane crash. As crash survivor Max Klein (Jeff Bridges) walks through the wreckage with a rescued baby in his arms, his character displays a calmness out of place in the chaotic accident scene. The surreality of the experience is underscored when he is asked directly whether he was a survivor of the crash and he denies it. As the camera scans the scene from his point of view, we see the debris from the collision impact, people in shock and crying, and bodies disfigured by fire. However, instead of the expected sounds of the engine fuel exploding, fire crackling, survivors screaming and crying, rescue workers shouting, and helicopters approaching, the film viewer (and character) hears only a muted auditory range punctuated with selective sounds (e.g., a rolling champagne bottle) that seem to break through into awareness—perhaps only the psychologically bearable sounds.

Film is the only medium in which time can be objectively expanded or condensed to parallel the subjective change in time perception commonly reported by trauma survivors. For example, the climactic crash scene in *Intersection* (Hartwick, Rydell, Yorkin, & Rydell, 1994) is shown in slow motion, allowing the viewer to participate in the moment-to-moment experience of Vincent Eastman (Richard Gere), who is driving one of the vehicles. This expanded present allows the character, and by extension the viewer, to experience the dreadful anticipation of the impending crash and the ironic realization that the pivotal decision that this character made just prior to getting in his car may never be known to those it would so deeply affect. Similarly, in *Fearless* (Beasley et al., 1993), as Max Klein scans the airplane crash scene, the camera pans the scene slowly, allowing the viewer and the main character to take in the devastation, the horrific details, and the harrowing meaning of the scene. In contrast, in the German film, *Run Lola Run* (Arndt, Henke, Schreitmüller, & Tykwer, 1998), in the press of elapsing time, Lola's (Franka Potente) frantic sprint through the city streets feels sped up (i.e., as if time is slipping away too quickly), though the film is not, because her dashing body is filmed against the stationary backdrops of buildings and fences.

However, special film techniques are not always necessary to induce an experience of time distortion for viewers. This is ingeniously portrayed in the French film, *Irreversible* (Cassel et al., 2002), in a scene where a woman is brutally raped by a stranger. In that scene, the camera stands mercilessly still as the rape continues for a full nine minutes of screen time. By offering no refuge or distraction from the violence, the viewer is forced to experience, along with the character, the subjective protraction of time that can occur during traumatic events.

Directors and cinematographers frequently take advantage of characteristics of the natural setting of the story to portray and create the mood for their scenes. In *Cast Away* (Hanks, Rapke, Starkey, & Zemeckis, 2000) and *Saving Private Ryan* (Bryce et al., 1998) images shot under water are used as a medium to convey feelings of unreality that often are part of the peritraumatic experience. In the moments following the airplane crash in *Cast Away*, the lightning, the violent tempest, and Chuck Noland's (Tom Hanks) disorientation and struggle to keep his head above the storming sea all contribute to a feeling of daze and confusion for both character and viewer. Similarly, when the soldiers in *Saving Private Ryan* jump into the water as they land at the beach at Normandy, the camera goes under water creating a momentary yet illusory escape from the shrill chaos and brutality of the fighting on the beach. Actions slow, sounds muffle, colors mute, and movements become sluggish. This (un)reality is quickly replaced by another, as bullets pierce the water, bodies intrude into awareness as they submerge and thrash, and eddies of blood envelope the scene—mimicking the discontinuous perceptual and meaning shifts that can pervade overwhelming violent experience.

Depersonalization. The experience of depersonalization has a phenomenological flavor similar to derealization except that the object of distortion is the experience of the self rather than of the world. Such experiences include feelings of being separate from what is happening, feeling like an automaton or a mere spectator of events; feelings of floating outside one's body; and feeling that one's body, or one's relationship to it, has changed in some way (APA, 2000; Noyes & Kletti, 1977).

These types of experiences are somewhat more challenging to convey in film because they are not strictly about perceptual distortions (or experiences that can be conveyed that way). In general, this felt sense is conveyed through high overhead shots or the rotation of the camera's point of view around the character experiencing the event. For example, following the airplane crash in *Cast Away*, the camera shows Noland's floating lifeboat from very high above, tossed in enormous waves, giving the viewer a sensation of being "out of body" and observing the scene from a distance. This cinematic point of view also presages the profound and protracted isolation that Noland is subsequently to experience.

Some films capture the moment when a traumatic realization strikes by lacing together a variety of cinematic techniques that convey the complexity of the peritraumatic experience. In *Run Lola Run* (Arndt et al., 1999), Lola learns on the phone that her boyfriend will be killed in 20 minutes if he does not pay back a large sum of money he owes to local criminals. As she takes in this news and realizes that she has only 20 minutes to save him, the camera zooms in tightly on her face, conveying the confinement and tension of her predicament. While the phone conversation continues, the camera circles 360 degrees

around her, creating a sense of disembodiedness, vertigo, and intense anxious concentration. A visual Rolodex of faces then flashes on the screen, as Lola's attention focuses on the pressing challenge at hand and she tries to think of who might be able to provide a solution to her impossible dilemma.

Intrusive Re-Experiences

For many survivors of traumatic events, elements of their initial experience are later re-experienced through posttraumatic intrusions such as memories, flashbacks, and reactivity to cues reminiscent of the original event (APA, 2000; Chu, 1991; Horowitz, 1986; Orr & Roth, 2000, van der Kolk & van der Hart, 1991). In the following we examine some of the ways in which these phenomena are captured in film.

Memories and flashbacks. According to the Oxford English Dictionary Online (OED; n.d.), use of the term flashback to denote a revival of the memory of past events to further a story's plot is first recorded in 1916. In literature and film, the term flashback seems to connote all types of autobiographical memories. However, the cinematic ways in which film flashbacks are conveyed have changed over time. Turim's book *Flashback in Film* (1989) describes the evolution of remembrance of past events through different cinematic flashback techniques,⁴ and argues that these changes parallel advances in the neurobiological understanding of memory formation, suggesting that either consciously or unconsciously science informs the cinema (or vice versa).

The term flashback was subsequently recruited by medical and mental health professionals, to describe the re-experiencing phenomena induced by neural stimulation studies (e.g., Penfield, 1955), substance-related hallucinatory re-experiences (e.g., Horowitz, 1969), and, more recently, the recollective re-experiences of traumatic events (e.g., Van Putten & Emory, 1973).⁵ However, the associated features of the term introduced into the medical and psychiatric lexicon are not isomorphic with those implicit in the artistic usage. In trauma-induced (and electrical stimulation or drug-related) states, flashbacks are experienced as intrusive re-experiences, unbidden and passively endured. By contrast in film, flashbacks generally involve depictions of all types of memories currently in awareness; some actively called up, others evoked by association, and others still, previously inaccessible, intruding into awareness (Greenberg & Gabbard, 1999).

In the film *Dolores Claiborne* (Hackford & Mulvehill, 1995), for example, much of the story is presented as flashback memories⁶—some pleasant, some nightmarish—of the namesake character's family life while her daughter was still a young child and her husband was still alive. Indeed, to solve a recent murder of which she (Kathy Bates) is accused, the arc of the story line requires that Dolores remember the life events that tore her family apart and convey⁷

them to her daughter (Jennifer Jason Leigh), who is amnesic for many of these events, including the childhood incest she suffered at the hands of her father. It is only once the daughter “witnesses” these events (through Dolores remembering and describing them), that she is able to follow the thread of her own memory associations to her missing life episodes, and make sense of her mother’s behaviors then and now. The film does not differentially portray—as a trauma expert might—Dolores’ happy memories, her traumatic memories, and her daughter’s dissociated and then recovered memories, though the characters’ reactions to these different memory types are predictable. Instead, these disparate memories are woven into the tapestry of the characters’ lives; the patterns of some are fully visible, the meaning of others becomes apparent only as the memory concatenations are explored.

Posttraumatic reactivity. Another aspect of intrusive experiences portrayed in film is posttraumatic reactivity, wherein an individual reacts with intense psychological distress and/or physiological symptoms upon exposure to either internal or external cues that are reminiscent of an earlier traumatic experience (APA, 2000; Orr & Roth, 2000). In this case, special cinematic devices are not always necessary to the effort; the simple display of intense emotional and physical reactions by the character is sometimes enough to convey the message.

In some cinematic portrayals of posttraumatic reactivity, there is little doubt about the origin of the symptoms. For example, in Hitchcock’s *Vertigo* (Hitchcock, 1958), the protagonist, Scottie (Jimmy Stewart), suffers acute posttraumatic acrophobia after a colleague falls to his death from a rooftop while trying to save Scottie’s life. Thereafter, Scottie experiences paralyzing anxiety, dread, and vertigo when confronted with locations involving heights. Scottie’s experience is conveyed both in his facial expression and in a special point-of-view shot used every time he suffers vertigo; a shot that was “designed to make the spectator physically experience Scottie’s vertigo and his emotional crisis” (Saito, 1999, p. 207).

However, posttraumatic reactivity is sometimes incorporated into films subtly to enhance the plot’s mystery, rather than its suspense. For example, in another of Hitchcock’s classic films, *Spellbound* (Selznick & Hitchcock, 1945), one initially puzzling aspect of the story is that the protagonist, John Ballantine (Gregory Peck), reacts with agitation and sometimes anger to seemingly benign features of his environment, including lines on a tablecloth left by a fork drawn over it, stitching on a bathrobe, and a bedspread with a lined, nubbed pattern. Although the viewer suspects that they are all meaningfully related—particularly given Ballantine’s reaction in each case, the swell of eerie music accompanying each incident, and that they all involve dark lines on a light surface—it is only much later that we (and Ballantine—for he has amnesia) learn that they are reminiscent of a skiing death he witnessed that left

parallel ski tracks in the white snow (and activated a “guilt complex” about his involvement in his brother’s accidental death in childhood). Similarly, in the early scenes of *Dead Again* (Doran, Feldman, Maguire, & Branagh, 1991) the female protagonist, Grace (Emma Thompson), has complete amnesia for her identity but is irrationally afraid of scissors. Only later do we (and Grace) learn that scissors had been the weapon used in the murder of her beloved (in a previous life!).

In summary, filmmakers’ portrayals of aspects of their characters’ peri-traumatic and posttraumatic phenomenology add another layer of dissociation to the film-going experience. Our brief review suggests that filmmakers understand that dissociative experiences caravan with highly stressful or traumatic experiences, and they have developed a variety of techniques to illustrate these internal states. In addition, we would note that *the success of this cinematic endeavor hinges on the viewers’ intuitive understanding of the dissociative experiences that these cinematic techniques are intended to capture*. Apparently, audiences do not need education in the ways of traumatic experience—filmmakers assume that we are our own experts.

DISSOCIATION AS A PLOT DEVICE

In a recent presentation on the subject of dissociation in the movies, Joyanna Silberg (Silberg et al., 2001) noted that “dissociation has dramatic potential” and a glance at Table 1 certainly bears out her observation; dissociation-related material appears to be a mainstay of American cinema, particularly as a plot device in mysteries (e.g., *Spellbound* [Selznick & Hitchcock, 1945], *Color of Night* [Feitshans et al., 1994], *Primal Fear* [Lucchesi, McMinn, & Hoblit, 1996], *Identity* [Konrad & Mangold, 2003]), dramas (e.g., *Suddenly, Last Summer* [Spiegel & Mankiewicz, 1959]; *Manchurian Candidate* [Axelrod & Frankenheimer, 1962]; *Everybody Wins* [Swerdlow, Thomas, & Reisz, 1990]; *Dolores Claiborne* [Hackford & Mulvehill, 1995]; *Fight Club* [Grayson Bell, Chaffin, Linson, & Fincher, 1999]) and, more recently, comedies (e.g., *Me, Myself & Irene* [Charpentier et al., 2000]; *Nurse Betty*⁸ [Golin, Mutrux, & LaBute, 2000]).

In an examination of the role of dissociation in film, however, it is important to keep in mind that

... audiences do not attend films merely to be entertained. They line up at the local multiplex to encounter long-forgotten but still powerful anxieties that stem from universal developmental experiences. They seek solutions to problems in the culture that defy simple answers or facile explanations. The screen in the darkened theatre serves as a container for

the projection of their most private and often unconscious terrors and longings. (Gabbard, 2001, p. 14)

By focusing on the verisimilitude of representations of dissociation in film, one may fail to consider the larger issue of why dissociation is being portrayed at all—what is it about dissociation that makes it such a useful device? We would propose that it is used both because of the multi-faceted plot twists that amnesia and multiplicity, for example, can provide, and also because dissociation (or aspects related to it) can be employed as a powerful metaphor to instantiate common existential motifs and contemporary psychosocio-cultural issues. Underscoring the continuity between normative experience and pathological states, aspects of dissociation in the movies parallel the juxtaposition of alternate realities that everyday dissociation presents us with.⁹

Early representations of dissociation in American film appeared in two general, though related, formats: as the backdrop for mystery plots that hinge on the ultimate revelation of a major character's dissociative condition (e.g., *Spellbound* [Selznick & Hitchcock, 1945]), and as biographical presentations of the life story of a dissociative patient (e.g., *Three Faces of Eve* [Johnson, 1957]), each nested in the regnant psychoanalytic tenets of that period. In these early films we find the germs of thematic frameworks that have become more fully developed in the cinema of late, in particular those related to themes of memory and identity and also duality in human nature. Additionally, we can observe that evolving views of dissociation, and the issues and concerns they raise, also find expression on the big screen.

Memory and Identity

The first format is exemplified by Hitchcock's 1945 mystery *Spellbound*, which includes trauma-related dissociative amnesia and fugue as clinical features of the male protagonist and the central element in the plot. In *Spellbound*, a handsome young psychiatrist, Dr. Edwardes/John Ballantine (Gregory Peck), arrives at a mental institution to replace the retiring director. Before long, his colleagues become suspicious because he seems too young to be the renowned Dr. Edwardes, too vague in his understanding of medical and psychiatric phenomena, and, at times, he behaves peculiarly (for example, as described previously, becoming inexplicably frightened and angry).

One of the institution's psychiatrists, Dr. Peterson (Ingrid Bergman), correctly surmises that Dr. Edwardes may actually be suffering from amnesia—with the plot-propelling implication that he may have actually murdered the physician whose identity he has assumed. Fearing the worst, yet believing her best clinical (and romantic) intuitions, Dr. Peterson escapes with Dr. Edwardes to the home of her psychoanalytic mentor in an effort to unravel the mystery of his identity through recovery of his dissociated past. In short, this film conveys

two major themes that have recurred in films since: the restorative potential of examining traumatic life events and the necessity of continuity in autobiographical memory for the maintenance of coherent identity. The former theme is explored in many subsequent films, such as *Suddenly, Last Summer* (Spiegel & Mankiewicz, 1959), *Marnie* (Hitchcock, 1964), *Ordinary People* (Schwary & Redford, 1980), *The Prince of Tides* (Karsch & Streisand, 1991), *Dead Again* (Doran et al., 1991), *Dolores Claiborne* (Hackford & Mulvehill, 1995), and *K-Pax* (Colesberry, Gordon, Levin, Levy, & Softley, 2001). The latter theme of memory and identity, we examine in the following.

In *The Vintage Book of Amnesia: An Anthology of Writing on the Subject of Memory Loss* (2000), author Jonathan Lethem suggests that “amnesia can be seen as a basic condition for characters enmeshed in fiction’s web” (p. xiv). A recent article in the *USA Today* (Seiler, 2002) provides support for Lethem’s statement, reporting that Hollywood has at least 15 “amnesia” films in production. Generally speaking, however, Hollywood does not distinguish between amnesias of different origins (i.e., organic versus psychogenic) in its examinations of the role of memory in personal identity. In several recent films, for example *The Bourne Identity* (Crowley, Gladstein, & Liman, 2002), *The Majestic* (Darabont, 2001), and *Dead Again* (Doran et al., 1991), the main characters initially suffer from generalized amnesia and struggle to understand who they are and how they have come to be where they are. In *The Bourne Identity*, the character must discover his past identity to account for his apparent talents at survival and espionage and to understand the repeated attempts on his life. In *The Majestic*, the main character is mistaken for a long-lost war hero and finds himself pressed to assume this new identity and future. These plots, though different, are each concerned with establishing identity and less concerned with recovering memories—perhaps because the amnesia in both cases is associated with receiving a physical, rather than distinctly psychological injury. Nonetheless, both convey the temporal paradox that in not knowing one’s past, one cannot know who one is in the present—identity, in this sense, is memory.

Dead Again (Doran et al., 1991) presents an altogether different, dissociation-driven, plot. In this film, the main character, Grace (Emma Thompson), has amnesia of apparently psychological origin, and she and her temporary caretaker, private detective Mike Church (Kenneth Branagh), attend hypnotherapy sessions in an effort to understand her nightmares, regain her memories, and reclaim her identity. However, as her hypnotherapy proceeds she recovers memories that appear to be from someone else’s life—that of a famous pianist of the 1940’s who was brutally murdered; a crime for which her beloved husband, a famous composer, was tried and subsequently executed. As this plot unfolds, the characters (and audience) begin to believe that Grace is the reincarnation of this murdered woman and elements of the film start to

make sense: her psychogenic amnesia (due somehow to her traumatic previous life), her trespass into the orphanage at the start of the movie (which had originally been the couple's lavish home), her irrational fear of scissors (the murder weapon), and the presence of Mike (who, it appears, was her husband in her previous life).

The film is rich with dissociation-relevant topics and controversies of the last two decades, including the assumption regarding the curative potential of revealing and examining formative traumatic life events (Freud, 1914/1958; Gordon, 1994); the increasing recognition of the prevalence of traumatic amnesia (reviewed in Schefflin & Brown, 1996); the use of hypnosis and other techniques to recover memories and the controversy it sparked (e.g., Jaroff, 1993; Ofshe & Singer, 1994); the topic of implausible memory recovery, including past life regression (Spanos, Menary, Gabora, DuBreuil, & Dewhirst, 1991; Spanos, Burgess, & Burgess, 1994); and the long-recognized tendency for some trauma survivors to reenact their traumatic experiences (Terr, 1990; van der Kolk & van der Hart, 1991). Indeed, the repetition compulsion aspect of this film resonates not only through the characters (including some minor ones), and their relationships to one another, but also, in an amusing touch that appears when we finally see Grace's apartment—apparently she is an artist in her present life and her artistic output has been altogether preoccupied with images of scissors.

A more recent variant on memory in film, *Memento* (Dysinger, Todd, Todd, & Nolan, 2000) is a remarkable and subtle meditation on the role of memory in giving life meaning. The main character, Leonard Shelby (Guy Pearce), suffers from anterograde memory loss due to a head injury he apparently sustained while trying to come to his wife's aid during a sexual assault in which she died. Since that time he has made it his life's mission to find his wife's killer/s and avenge her death—no small detective task for someone who cannot remember what he has learned from one minute to the next. Although Leonard can remember his life up to the time of the assault, subsequent to the injury he only experiences memory continuity within a brief event (lasting several minutes); thereafter it is lost. To compensate for this memory deficit he records information by writing notes, taking photographs of people and places and annotating them, and tattooing himself with clues of which he is certain and believes to be critical to solving the mystery.

The film's message about the primacy of memory is masterfully executed in form as well as content. The events of the film are presented in reverse chronological order—scene by scene—starting with the opening image of a Polaroid photograph of the murder of Leonard's friend, Teddy (Joe Pantoliano), "undeveloping" in Leonard's hand. This reversed revelation of the plot line keeps the audience guessing about how the murder that "starts" the story came about and, perhaps more importantly, it mimics the memorial disconnectness of the main character's phenomenological experience of his present

life. The audience knows what just happened, but not what has come before. In addition to highlighting the issue that memory, or in some cases the effort to recover it, gives meaning to life, *Memento* adds another thematic layer when the viewer realizes that although Leonard's amnesia may be organic in origin, there appears to be emotional wiggle room in what he claims to remember, raising doubts about how his wife actually died. There is also evidence for Leonard's motivated use of his memory affliction to meet his emotional needs and current life goals—themes reminiscent of criticisms of the recovered memory phenomena (e.g., Ofshe & Watters, 1994; Wenegrat, 2001). Having solved the crime and accomplishing the only aim he has, Leonard destroys and alters evidence, knowing that to do so will cause him to repeat the search and maintain his purpose in life.

Greenberg and Gabbard (1999) have argued “that cinema and science have each constituted different sites for exploring the same inchoate notions about perception, consciousness and memory which arose synchronously in the collective mind-set because the time was ripe. This mysterious parallelism has repeatedly occurred throughout the reach of history, notably during major technological transformations” (p. 17). Dissociation-related instances of this observation have played out in a number of films, starting with *The Manchurian Candidate* (Axelrod & Frankenheimer, 1962) wherein memory implantation and behavioral control are accomplished through hypnosis. More recent variations of this theme call upon computer-brain interfaces to do the job, such as in *Total Recall* (1990), *The Matrix* (1999), and *Vanilla Sky* (2001). Although these films are not about dissociative disorders, they do examine dissociation-related themes in the public's awareness at those times, including the potential for exogenous manipulation of behavior and the contents of awareness—a theme salient in the post-Korean War period due to concern that American POWs had been brainwashed by the enemy (e.g., Marks, 1979). More recently, this is exemplified in the academic and public attention paid to issues regarding the veracity of memory (Loftus & Ketchum, 1994; Toufexis, 1991), the technological potential of virtual reality (e.g., Elmer-Dewitt, 1990) and artificial intelligence (e.g., Wright, 1996; Dibbell, 1996), and the memory-altering possibilities of misinformation and implantation (e.g., Loftus & Ketchum, 1994), spurred by the vociferous recovered/false memory debate (e.g., reviewed in Gleaves, Smith, Butler, & Spiegel, in press; see also Gorman, 1995; Jaroff, 1993; Ofshe & Watters, 1994; Olio & Cornell, 1994).

Duality and Multiplicity

In the second dissociation-related film format, initiated with the release of *Three Faces of Eve* in 1957, the audience views the struggles and Hollywood-style psychotherapeutic rescue of a DID patient, played by Joanne Woodward, with two distinct personalities: Eve White, unassertive, inadequate, and unhappy; and Eve Black, seductive, impulsive, and unsatisfied. Through the therapeutic ministrations of Lee J. Cobb as her psychiatrist, the

patient relives the early traumatic experience that prompted her fragmentation and is able to integrate her disparate selves into a new consolidated personality, Jane. Although biographical in format, *Three Faces of Eve* embraces two themes that have been popular in film since: the psychological struggle with duality in human nature, and—as already established in *Spellbound*—the necessity of traumatic memory recovery to the ultimate coherence and integration of human identity.

In fiction, the theme of duality—that humans are constituted with conflicting drives of good and evil, human and bestial, moral and carnal—can be traced at least as far back as the publication of *Dr. Jekyll and Mr. Hyde* (Stevenson, 1981/1886). Recent film portrayals of this discordant dichotomy are widespread. Consider the depictions of “split personality” in the murderous, mother-fixated Norman Bates of *Psycho* (Hitchcock, 1960), the (seemingly) identity disturbed patient, Richie/Rose in *Color of Night* (Feitshans et al., 1994); the Narrator/Tyler protagonist of *Fight Club* (Grayson Bell et al., 1999; see Gold, 2004 [this volume]), the Charlie/Hank lead in *Me Myself, and Irene*¹⁰ (Charpentier et al., 2000), the conflicted creature Golem in *Lord of the Rings: Two Towers* (Jackson, Osborne, Porrás, Selkirk, & Walsh, 2002); the Jekyll/Hyde reprise in *The League of Extraordinary Gentlemen* (Albert, Murphy, & Norrington, 2003); and the bifurcation of *The Hulk* (Arad, Franco, Hurd, Schamus, & Lee, 2003), whose duality includes changes in both psychological make-up and frank physiognomy.¹¹

In addition to cinematic portrayals of conflicting human impulses as “split personalities” in film, the depiction of multiplicity in film has evolved from the sympathetic portrayals of the tribulations of patients in *Three Faces of Eve* (Johnson, 1957) and *Sybil* (Babbin & Petrie, 1976) to representations that capitalize on dissociation as a plot device with tremendous dramatic promise. Indeed, it appears that modern screenwriters and directors now assume that filmgoers have some knowledge of multiplicity and perhaps even some of the complicated social issues that surround it. For example, in the film *Color of Night* (Feitshans et al., 1994), a major element of the plot assumes that the audience has knowledge of the possibility of multiplicity to carry the dramatic tension regarding whether the mysterious murderer of a therapist and his clients is really the alter ego of one of the more disturbed patients.¹²

The legal mystery, *Primal Fear* (Lucchesi et al., 1996), presents not only multiplicity, but also a number of the social and legal issues pervading the cultural zeitgeist of its time. The film presents the story of a young man, Aaron Stampler (Ed Norton), accused of viciously murdering a priest, and of his lawyer, Martin Gail (Richard Gere) who believes in Stampler’s innocence and is fighting for it in court. The plot swerves when Aaron’s second identity, Roy, introduces himself to the lawyer in a prison meeting. This dramatic development takes up several trauma-related issues salient in the 1980s and early 90s, including the increasing recognition of sexual misconduct among some members of the clergy (e.g., Carroll et al., 2002; Chua-Eoan, 1994), the role of sexual abuse in the etiology of multiple personality disorder (Kluft, 1985;

Spiegel, 1984); the debate about whether multiple personality can be used as a legal (insanity) defense for criminal activity (i.e., in the case of rapist, Billy Milligan; Keyes, 1981); and the controversy regarding DID and malingering (e.g., in the case of Kenneth Bianchi, the Hillside Strangler; Orne, Dinges, & Orne, 1984; see also Coons, 1991). In short, the film can be seen as a reflection of concerns of the period.

In the most recent and aptly named film, *Identity* (Konrad & Mangold, 2003), the plot twist is more tortuous still. Ten strangers, caught in impassable weather, find themselves thrown together for the night at a remote and run-down motel in the desert. Before long, the strangers start turning up brutally murdered and all concerned begin examining the histories of those remaining for clues to the identity of the murderer among them. Although the film opens with a therapist reviewing an audiotape and sorting through papers that the knowledgeable movie-goer can identify as trauma and/or DID-related (e.g., crime clippings, notes with portentous diagnostic phrases, diagrams mapping alters), the film takes several turns before we learn how these materials pertain to the motel drama. The psychiatric plot twist here—indeed perhaps the ultimate instantiation of multiplicity as a plot device—is that the strangers at the motel are all actually alters acting out this murderous drama in the mind of a convicted killer.¹³ The film touches upon—albeit in Hollywood style—themes of the phenomenology of DID (Kluft, 1996; Putnam, Guroff, Silberman, Barban, & Post, 1986); the legal predicament of a criminal DID individual (Lewis & Bard, 1991; Steinberg, Bancroft & Buchanan, 1993); and questions regarding the tractability of the condition.

This brief review of dissociation as a topic and plot element in Hollywood films suggests that its cinematic prevalence is over-determined. Dissociation has a virtually limitless potential for throwing intriguing curves into story lines; it has an easy applicability as a metaphor for universal anxieties about memory, identity, and conflict in human nature; and DID, traumatic amnesia, and the nature and malleability of memory have been topics of serious interest and debate in American culture for the past two decades. Depictions of dissociation in film are sometimes outlandish and often exotic, while the corresponding dissociations in ordinary experience are common, even mundane—as a character's fugue state is to a viewer's highway hypnosis. Yet *they share, in phenomenology, the fundamental existential experience of alternate realities*, and that may lay the empirical base for the filmgoers' appreciation of dissociation on the big screen.

CONCLUSIONS

In reviewing the variety of aspects of dissociation in film we have been struck by the fact that dissociation permeates the film-going experience—dissociative elements are integral to the filmgoer's experience, they are central

to the way interior (traumatic) experience is conveyed in film, and they are at the plot center of many modern films. Additionally—and paralleling the three factors found common to normal and pathological dissociative experiences (reviewed in Ray, 1996)—we have noted three implications of these observations. First, absorption and imaginative involvement (e.g., suturing) are defining features of the film-going experience, and the psychological flight they provide may be one of the motivations behind the popularity of film-going and video-watching. Second, the power and meaning of peri- and post-traumatic experiential elements (including depersonalization/derealization) captured cinematographically in scenes dramatizing stressful and traumatic experience must rely on the filmgoer's intuitive understanding of these phenomena, underscoring the common features of these experiences. And finally, amnesia and related themes of memory, identity, and divided consciousness are common subject matters of modern film because of their prevalence, their applicability to basic human concerns and modern psychosocio-cultural issues, and, perhaps, because they reflect on the big screen dramatic elaborations of the smaller dissociative experiences many of us confront in daily life. "As with all forms of art, when we study film we study ourselves" (Gabbard, 2001, p. 14).

NOTES

1. Additionally, the dimming of the lights, silencing of the sound system, and opening of the curtain accompanied by the studio theme or film score (or, more modernly, the illumination of the previously black screen with the film company logo accompanied by the studio theme) can be seen not only as a ritualistic indication that the film is about to begin, but also as a ritual of induction into the hypnotic movie experience.

2. Interestingly, if, as we have suggested, the absorptive experience of watching a film parallels other dissociative and hypnotic states, then it would be reasonable to expect film-viewing to be associated with increased suggestibility in viewers with respect to the information presented on screen—an assumption, presumably, of advertising (Gould, 1991). Although we know of no direct test of this hypothesis, research examining the impact of political messages documents the persuasive power of conveying the message through the visual modality (versus audio or text; Patterson Churchill, Burger, & Powell, 1992) and image-based messages (Schuetz, 1993).

3. Abrupt changes in the continuity of the film, where the expected time sequence is broken.

4. Flashbacks in film typically feature a dissolve between the present and past scene, slow motion, color distortion (e.g., going from color to black and white), stills versus motion, changing the character's context or the angle of the camera, or distortion of the image (Turim, 1989; Greenberg & Gabbard, 1999).

5. We were surprised to discover that the medical/psychiatric usage is not yet included in the OED.

6. Indeed, in some films, virtually the entire story is composed of a relatively continuous flashback memory (e.g., *Intersection*), opening with a scene set in the present and concluding with a return to the action of the initial scene.

7. We use the term “convey” here, because in this film, as in many others, the event of remembering and the act of describing the memory content to another character are not really distinguished. Although sometimes the transition into a flashback memory is introduced with a voice-over description from the remembering character (e.g., *Dead Again*) that dissolves into the re-experienced scene (and a similar strategy is used to exit the flashback), or the memory is narrated throughout (e.g., the recounting of a dream in *Spellbound*), the memories (i.e., the images on the screen) are typically assumed to have been experienced by all exposed to them, including the viewer. This lack of cross consciousness boundaries helps to make the story more seamless and the viewer’s experience more intimate (see also, Greenberg & Gabbard, 1999).

8. Of note—presumably for the knowledgeable filmgoer—the fugue-afflicted name-sake character’s last name is Sizemore.

9. Such as we experience when emerging from daydreaming, highway hypnosis, and absorbing recreational activities.

10. The character is described as suffering from “advanced delusionary schizophrenia with involuntary narcissistic rage,” though the character is a meek and loving state trooper with a violently angry and sexually disinhibited alter ego (appallingly) played for laughs. Not surprisingly, the movie provoked intense criticism from patient advocate groups for its misrepresentation and stigmatization of the mentally ill (Byrne, 2000).

11. Other commentators (e.g., Ingram, 2001) have noted that the character Noland in *Cast Away* develops an alter ego (though not a “split personality” in the usual sense) in “Wilson” (the volleyball) as an adaptation for psychological survival.

12. Conversion color blindness (for the color red) is also a plot-determining dissociative element in this film.

13. The film does not make clear whether the step-by-step annihilation of these alters is intended as a metaphor for the integration he is achieving in psychotherapy, though it is clearly spurred by his legal predicament.

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RECEIVED: 10/22/03
ACCEPTED: 10/24/03