These three diagnoses have many features in common, and often they cluster and overlap with one another. Patients who receive any one of these three diagnoses usually qualify for several other diagnoses as well. For example, the majority of patients with somatization disorder also have major depression, agoraphobia, and panic, in addition to their numerous physical complaints.[32] Over half are given additional diagnoses of "histrionic," "antisocial," or "borderline" personality disorder.[33] Similarly, people with borderline personality disorder often suffer as well from major depression, substance abuse, agoraphobia or panic, and somatization disorder.[34] The majority of patients with multiple personality disorder experience severe depression.[35] Most also meet diagnostic criteria for borderline personality disorder.[36] And they generally have numerous psychosomatic complaints, including headache, unexplained pains, gastrointestinal disturbances, and hysterical conversion symptoms. These patients receive an average of three other psychiatric or neurological diagnoses before the underlying problem of multiple personality disorder is finally recognized.[37]

All three disorders are associated with high levels of hypnotizability or dissociation, but in this respect, multiple personality disorder is in a class by itself. People with multiple personality disorder possess staggering dissociative capabilities. Some of their more bizarre symptoms may be mistaken for symptoms of schizophrenia.[38] For example, they may have "passive influence" experiences of being controlled by another personality, or hallucinations of the voices of quarreling alter personalities. Patients with borderline personality disorder, though they are rarely capable of the same virtuosic feats of dissociation, also have abnormally high levels of dissociative symptoms.[39] And patients with somatization disorder are reported to have high levels of hypnotizability and psychogenic amnesia.[40]

Patients with all three disorders also share characteristic difficulties in close relationships. Interpersonal difficulties have been described most extensively in patients with borderline personality disorder. Indeed, a pattern of intense, unstable relationships is one of the major criteria for making this diagnosis. Borderline patients find it very hard to tolerate being alone but are also exceedingly wary of others. Terrified of abandonment on the one hand and of domination, on the other, they oscillate between extremes of clinging and withdrawal, between abject submissiveness and furious rebellion.[41] They tend to form "special" relations with idealized caretakers in which ordinary boundaries are not observed.[42] Psychoanalytic authors attribute this instability to a failure of psychological development in the formative years of early childhood. One authority

describes the primary defect in borderline personality disorder as a "failure to achieve object constancy," that is, a failure to form reliable and well-integrated inner representations of trusted people.[43] Another speaks of the "relative developmental failure in formation of introjects that provide to the self a function of holding-soothing security"; that is, people with borderline personality disorder cannot calm or comfort themselves by calling up a mental image of a secure relationship with a caretaker.[44]

Similar patterns of stormy, unstable relationships are found in patients with multiple personality disorder. In this disorder, with its extreme compartmentalization of functions, the highly contradictory patterns of relating may be carried out by dissociated "alter" personalities. Patients with multiple personality disorder also have a tendency to develop intense, highly "special" relationships, ridden with boundary violations, conflict, and the potential for exploitation.[45] Patients with somatization disorder also have difficulties in intimate relationships, including sexual, marital, and parenting problems.[46]

Disturbances in identity formation are also characteristic of patients with borderline and multiple personality disorders (they have not been systematically studied in somatization disorder). Fragmentation of the self into dissociated alters is the central feature of multiple personality disorder. The array of personality fragments usually includes at least one "hateful" or "evil" alter, as well as one socially conforming, submissive, or "good" alter.[47] Patients with borderline personality disorder lack the dissociative capacity to form fragmented alters, but they have similar difficulty developing an integrated identity. Inner images of the self are split into extremes of good and bad. An unstable sense of self is one of the major diagnostic criteria for borderline personality disorder, and the "splitting" of inner representations of self and others is considered by some theorists to be the central underlying pathology of the disorder.[48]

The common denominator of these three disorders is their origin in a history of childhood trauma. The evidence for this link ranges from definitive to suggestive. In the case of multiple personality disorder the etiological role of severe childhood trauma is at this point firmly established.[49] In a study by the psychiatrist Frank Putnam of 100 patients with the disorder, 97 had histories of major childhood trauma, most commonly sexual abuse, physical abuse, or both. Extreme sadism and murderous violence were the rule rather than the exception in these dreadful histories. Almost half the patients had actually witnessed the violent death of someone close to them.[50]

In borderline personality disorder, my investigations have also docu-