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Dissociative Identity Disorder: Etiology, Media, and Stigma

Abstract

Dissociative Identity Disorder (DID) is often portrayed incorrectly in the media, causing the public to know little about the disorder other than the stigmatizing information from the media. Because of this, individuals with the disorder often face more stigmatizing behaviors than the "normal" amount of stigma those with mental disorders often face. The newest revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) contributes the etiology of the disorder to underlying trauma, however many psychologists consider a "sociocognitive" or "fantasy" model. Current research provides more support for the trauma/posttraumatic model of the disorder and further supports the harm the media is causing.

Keywords

Dissociative Identity Disorder, Stigma, Media. Mental Disorder, Etiology

Disciplines

Communication Technology and New Media | Psychology | Social Psychology

Comments

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Dissociative Identity Disorder: Etiology, Media, and Stigma

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ENG 101: Introduction to College Writing

May 6, 2020

I affirm that I have upheld the highest principles of honesty and integrity in my academic work and have not witnessed a violation of the Honor Code.

Leah N. Millard

If you have ever watched a crime show, it is likely that you have seen an episode in which someone is acquitted on the grounds of insanity due to their murderous alter personality that the character was unaware of. Dissociative Identity Disorder, formerly known as Multi Personality Disorder, is a highly stigmatized and highly controversial mental disorder. Because of its complexity, there is not one model that is agreed upon by psychologists. Media portrayals of the disorder greatly affect the stigma-both in the self and in the public. Dissociative Identity Disorder, while being controversial, is a true disorder that has a physical and psychological basis. Even with the stigmatizing media portrayals, there is a true diagnosis that does not align with the public's interpretation and follows the posttraumatic etiological model.

Throughout the revisions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), there have been multiple changes to the criteria that define the disorder. In DSM-III, the disorder was referred to as "Multi Personality Disorder" (American Psychiatric Association, 1980); prior to DSM-III, the diagnosis did not exist. In the switch to DSM-IV, the name was changed to "Dissociative Identity Disorder", providing a less stigmatizing and more accurate name to the disorder. In the text-revision of the DSM-IV (DSM-IV-TR), the defining criterion, criterion A, a person must meet to have the disorder states that a person must exhibit, "the presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self)"(APA, 2000). The newest revision of the DSM (DSM-5) criterion A states that a person must have, "a disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption of identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor

functioning…" (APA, 2013). This singular criterion from DSM-5 completely encompasses criteria A and B from DSM-IV-TR. The other criteria between the two revisions are very similar but with more specified language. Each edition states that this condition does not result from any substance effect or other medical condition (APA 2000; 2013). Perhaps the most important change in criteria includes criterion C in DSM-5, "the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 2013). This criterion itself is one of the defining features of a mental disorder, something that causes either dysfunction, distress, deviance, and/or danger (D. Sue, D. W. Sue, D. Sue, & S. Sue, 2017). By including this, the American Psychological Association is emphasizing that this disorder should be recognized and treated as others, even with its uncertainty in diagnosis and course.

The defining criteria of this complex psychological disorder can be exhibited through scientific studies in the psychiatric community. A study conducted by Hartmann and Benum exhibits the personality discontinuity through a Rorschach test with distinctive personality states. In their study, personalities Ann and Ben (both of which existing inside of a female who had experienced multiple traumas) were assessed using the Rorschach Inkblot Method. Ann was described as being sociable, whereas Ben was withdrawn and craved acceptance, yet strongly avoided physical and psychological connection. To ensure that the study results truly reflected the difference in personality states, the test on each personality state was performed three months apart. Interestingly, after Ann was tested three months prior, Ben said that he had never taken a Rorschach test. The study resulted in Ann displaying normal behaviors and few signs of mental disturbance but Ben showed multiple serious mental disturbances and a strong urge to be normal (Hartmann & Benum, 2019). Because there is so much variability in the responses of each Ann

and Ben, it is easy to discern the completely separate personality states and therefore discount any doubt one could have on the existence or validity of this disorder. A case study about a woman named Paula also corroborates the existence of Dissociative Identity Disorder. While being in therapy, her therapist noticed that her mood quickly shifted between agitation and severe depression. As her therapist continued working with her, he realized that she had recurrent memory gaps and splitting headaches that could not be explained. When Paula was put under hypnosis, Sherry was the personality state that "woke up", as evidenced by saying, "No. I don't have a headache. Yes. Paula does" (Oltmanns, Martin, Neale, & Davison, 2007). This case study clearly demonstrates the first few criteria of Dissociative Identity Disorder. Paula, once exposed to hypnosis, was able to connect with her other personality states that caused her lapses in memory (another defining symptom of Dissociative Identity Disorder). Because of the headaches and recurrent lapses in memory, Paula experienced significant distress. As each of the scientific studies demonstrate, Dissociative Identity Disorder undoubtedly exists and the DSM clearly lists the pertinent symptoms. With an accurate listing of symptoms that have evidential support, the scientific community can begin to destigmatize this disorder and come to a consensus.

While the DSM has criteria relating to the psychological symptoms of Dissociative Identity Disorder, there are studies that have been completed that examine the brain structure in those with the disorder. Many of these studies included only one participant and therefore was not generalizable or entirely conclusive. A study conducted in 2015 by Reinders and associates examined not only the brain structure of those with Dissociative Identity Disorder, but also had a control group of people without any mental disorders. Using MRI technology, healthy controls and patients were alternately scanned. The results of this study offer a biological basis to Dissociative Identity Disorder. When compared to "healthy controls" the brains of those with the

disorder had different spatial patterns of grey and white matter (Reinders et al., 2019). These results are increasingly important because it successfully gives biological support to the Dissociative Identity Disorder and provides a substantial foundation for continued research in neuroanatomical markers not only for this disorder, but every other disorder found in the DSM.

The etiology of all mental disorders can be confusing, as the model for understanding the formation of the disorders (the multipath model) has a biological, psychological, social, and sociocultural basis (Sue et al., 2017). Dissociative Identity Disorder has conflicting models that relate to the psychological basis of the disorder, called the sociocognitive (fantasy) model and the posttraumatic (trauma) model. The sociocultural model holds that the disorder is "largely socially constructed and culturally influenced" (Hersen & Beidel, 2012). Many proponents of the sociocultural model believe that Dissociative Identity Disorder has a largely iatrogenic basis. They believe that therapeutic techniques such as hypnosis and prompting of alters supplements the formation of the disorder because the therapist supposedly introduces the thought into the brain. The sociocultural model also greatly attributes the emergence of the disease to media influences. After the release of a book/movie combination about Sybil, a woman with 16 personalities, the number of Dissociative Identity Disorders rose from 6,000 cases to about 40,000 within the span of 30 years. This, and the fact that the number of average personality states rose to 16 after the release of *Sybil,* (Lilenfield, Lynn, & Lohr, 2003) provides compelling evidence that the sociocognitive model could be the explanation of Dissociative Identity Disorder genesis in people.

While the sociocognitive model has compelling evidence, the posttraumatic model has been studied within the scientific community as another psychological basis to the disorder. The posttraumatic model of this disorder maintains that Dissociative Identity Disorder is a

posttraumatic disorder that is principally caused by physical and/or sexual abuse in early childhood. The awful experiences are then compartmentalized as a coping mechanism, so that it seems as though these events are happening to someone else rather than the victim (Lilenfield et al., 2003). A study conducted by Vissia and associates (2016) examined those with Dissociative Identity Disorder against those with Posttraumatic Stress Disorder (PTSD), simulators, and healthy controls on fantasy and trauma measures. People with Dissociative Identity Disorder were compared against those with PTSD as a method to test trauma symptoms and compared against simulators that were trained as though they had Dissociative Identity Disorder to test fantasy symptoms. Results of this study concluded that those with genuine Dissociative Identity Disorder were not more suggestable to fantasy situations than any of the other experimental groups. Those with Dissociative Identity Disorder showed more difficulty with memory consistency than the simulators and controls, but like previously stated, did not test positively on measures of suggestibility. These results substantiate the posttraumatic model and also discount the sociocognitive model. More evidence for the posttraumatic model discovered in this study include the Dissociative Identity Disorder group displaying higher scores of emotional neglect and detachment when compared to the PTSD group (Vissia et al., 2016). The DSM-5 provides further validation to the posttraumatic model of Dissociative Identity Disorder by including this model in the development and course section of the Dissociative Identity Disorder chapter (APA, 2013). With all the evidence, one can conclude that the posttraumatic model of Dissociative Identity Disorder is the one that accurately describes the etiology of this complex disorder.

As some psychologists are still proponents of the sociocognitive model, more research exists that questions the validity of the model. As it is well-known that the media has a propensity for over-exaggeration, a study conducted by Brand and others uses a personality

inventory (MMPI-2; Minnesota Multiphasic Personality Inventory) to assess the difference between those who have genuine Dissociative Identity Disorder and coached and uncoached simulators. Coached simulators were given information on the disorder and instructed to portray the symptoms in the personality test, whereas uncoached simulators had no given information on the disorder. People who had diagnosed Dissociative Identity Disorder scored high in categories that reflect the psychiatric difficulties that are common with the disorder. Uncoached simulators scored high in categories that reflect the media's presentation of the disorder, but did not match any of the categories that actual people with the disorder endorsed. Coached simulators reported similar results to those with genuine Dissociative Identity Disorder, yet had statistically significant differences in their responses (Brand et al., 2016). The results of this research study not only provide further evidence for the posttraumatic etiological model, but also lay evidence for the claim that the media provides harmful, stigmatizing misinformation to the general public.

The media is constantly providing misinformation. For example, in the media those with Dissociative Identity Disorder are viewed as psychotic, dangerous, and homicidal (Brand et al., 2016). As previously illustrated, this is an inaccurate representation of those with Dissociative Identity Disorder. The majority of the western world endorses stigmatizing attitudes of mental illness. Mental illness is more likely to be perceived as the patient's fault when compared to physical illness, which leads to medical practitioners withholding help, avoidance of the diagnosis in patients, segregated institutions, and coercive treatments. Public stigma can then be turned inwards on the self, causing those with mental illness to believe that they are less valued because of their disorder (Corrigan & Watson, 2002). These phenomena can be witnessed through the Rorschach study and a case study of a woman with Dissociative Identity Disorder. The woman involved in the Rorschach research study avoided telling family and friends about

her feelings and alters with the fear of being labelled “crazy” (Hartmann & Benum, 2019). In a case study performed by Hallett (2015), Ms. D, a patient with Dissociative Identity Disorder, was refused service at multiple clinics, put on many month-long waiting lists, and given ultimatums for receiving services. Because of the public stigma, not only was Ms. D unable to find treatment, but she also felt as though she had “no voice” and was unable to form positive relationships with healthcare providers (Hallett, 2015). Stigma poses a serious problem to those with mental disorders. Although one may have a diagnosable mental condition, it does not make them less of a person nor give anyone the right to treat them as such. Mental illness stigma is a problem among all mental disorders, especially those categorized as ‘serious mental disorders’ such as Dissociative Identity Disorder.

Stigmatizing attitudes and false media portrayals provide evidence to psychologists that endorse the sociocognitive etiological model of Dissociative Identity Disorder. Research studies and the Diagnostic and Statistical Manual of Mental Disorders endorse the posttraumatic etiological model. While the research studies referenced have low generalizability, they have comparable results. For further understanding on the topic of Dissociative Identity Disorder, more research needs to be completed and replicated. Until then, as a population we must attempt to stop holding stigmatizing views and provide less belief in the media in order to aid those with Dissociative Identity Disorder who face daily hardships due to their diagnosed condition.

Works Cited

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association, 2013.

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision*. Washington, D.C.: American Psychiatric Association, 2000.

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Third Edition*. Washington, D.C.: American Psychiatric Association, 1980.

Brand, B. L., Chasson, G. S., Palmero, C. A., Donato, F. M., Rhodes, K. P., &Voorhees, E. F. (2016). MMPI-2 item endorsements in dissociative identity disorder vs. simulators. *J Am Acad Psychiatry Law, 44*, 63-72

Corrigan, P. W., & Watson, A. C. (2002). The impact of stigma on people with mental illness. *World Psychiatry: official journal of the World Psychiatric Association, 1,*

Hallett, K. (2015). Intersectionality and serious mental illness-A case study and recommendations for practice. *Women & Therapy, 38*, 156- 174.

Hartmann, E. & Benum, K. (2019). Rorschach assessment of two distinctive personality states of a person with dissociative identity disorder. *Journal of Personality Assessment, 101*, 213-228.

Hersen, M., & Beidel, D. C. (Eds.) Adult psychopathology and diagnosis, sixth edition. John Wiley and Sons, Inc.

Lilienfield, S. O., Lynn, S. J., & Lohr, J. M. (Eds.) *Science and pseudoscience in clinical psychology.* Guilford Press.

Sue, D., Sue D. W., Sue D., & Sue, S. (2017). *Essentials of understanding abnormal behavior*. Boston, MA: Cengage Learning.

Oltmanns, T. F., Martin, M. T., Neale, J. M., & Davison, G. C. (2007). *Case studies in abnormal psychology, 7th ed*. Hoboken, NJ: John Wiley & Sons Inc.

Reinders, A. A. T. S., Marquand, A. F., Schlumpf, Y. R., Chalavi, S., Vissia, E. M., Nijenhuis, E. R. S., Dazzan, P., Jäncke, L., & Veltman, D. J. (2019). Aiding the diagnosis of dissociative identity disorder: A pattern recognition study of brain biomarkers. *British Journal of Psychiatry, 215,* 536-544.

Vissia, E., Giesen, M., Chalavi, S., Nijenhuis, E., Draijer, N., Brand, B., & Reinders, A. (2016). Is it Trauma- or Fantasy-based? Comparing dissociative identity disorder, post-traumatic stress disorder, simulators, and controls. *Acta Psychiatrica Scandinavica*, *134*, 111–128