



Analysis of the Impact of Social Media on the Social Opinion Orientation of Dissociative Identity Disorder

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Abstract. Dissociative Identity Disorder (DID) is also called Multiple Personality Disorder (MPD), which is a kind of dissociative disorder. As people pay more attention to rare mental illnesses, there are many stories using DID as the background in many films and on social media. This paper will focus on some basic information (causes, effects, etc.) of DID, the public opinion and social concern of DID by analyzing recent studies, two films and three people with DID on social media. The paper shows that the academic community's understanding of DID is still limited. Also, the author found that due to the stereotype of DID perpetuated by movies, people have a severe prejudice against DID. This phenomenon demonstrates a serious misunderstanding of DID. In the future, the academic community should focus on understanding the brain mechanism and corresponding treatment of DID. In terms of spreading cognition, creators should describe DID more objectively.

Keywords: Dissociative Identity Disorder · Brain · PTSD · Split · Psycho

1 Introduction

DID is a psychobiological response to trauma suffered at a specific time in early childhood. DSM-5 identifies it as an identity disruption indicated by the presence of two or more distinct personality states. People with DID have more than 2 alters and recurrent gaps in the recall of every day events [1]. DID is not as rare as the public thought. In epidemiological studies of the general population, the prevalence of DID has been found to range from 1% to 3% [2]. DID requires an like “I’m hungry” or “I want attention”. Those basic parts of a person integrate together, mixed together to a single personality at the age of 6–9 [3], and our personality is formed. There are three things as “requirement” for a child to get DID before the age of this, before the age of a child’s personality is formed. A system is identified as all the alters in the body. People with this disease have really experienced terrible and irresistible things from 6 to 9 years old. Since DID is caused by trauma, other types of mental disease are highly correlated with it, such as Post-traumatic Stress Disorder (PTSD), anxiety disorder, obsessive-compulsive disorder(OCD), and depression. So, based on relevant literature research, this paper focuses

on some biological differences between DID sufferers and healthy people, as well as bias and misunderstanding of DID in public view. In this way, the analysis of the suffering caused to people with multiple personality disorder by certain inappropriate portrayals will contribute to the awareness of social groups about the full range of DID and to the creation of more works about positive images of DID. This paper can also provide an inspiration for biologists about remedies to treat DID to some extent.

2 A Brief Introduction of Did

2.1 Three Causes of DID

Three major causes are required for the development of DID [4]: repeated trauma, the ability to dissociate at a high level, and having a disorganized primary caregiver. To connect these three causes together means something terrible continuously happening to a child with his or her mind having a high desire to escape from the body several times. While his or her caregiver cannot give them an appropriate connection to ab-react and they feel unsafe processing what happened to them, they will develop into DID. For example, if a girl is experiencing sexual abuse and her parents are careless, she may think she won't suffer from this horrible event if she was a boy, or if she was strong enough, or even if someone could listen to her. In this case, a male alter may be created. Since that alter is a male, he feels more removed from what's now going on and holds the trauma. According to how alters are created, it's not hard to analyze that almost every alter is a trauma holder.

Alters are fragmentary parts of a traumatized child's consciousness, which is related to the cause of alters. Each alter is an individual. They may have a different gender, personality, likes or dislikes, or even nationality [5]. Comparing a complete personality to a cup, the trauma will lead to the rupture of the cup, and the change will be the fragments of the cup, each of which is a part of the original cup. As a result of this trauma-related illness, several complications are involved in DID, which makes DID hard to treat. In this paper, the author will list one typical complication that is the most common and most relevant mental disease—post-traumatic stress disorder (PTSD). PTSD is a kind of stress-related brain disorder, which means that it is directly or indirectly caused by some overwhelming or stressful events such as war, witnessing the death threats of others, or natural disasters.

2.2 Effects of DID on the Brain

How does PTSD impact the brain? Because of the specific symptoms, scientists speculate which part of the brain is affected by PTSD. One of the most important areas of the brain implicated in PTSD is the amygdala. Amygdala is responsible for both emotional processes and the fight or flight response. After the trauma, the amygdala of the patient will become hypersensitive, or hypertrophy [6] (Fig. 1).

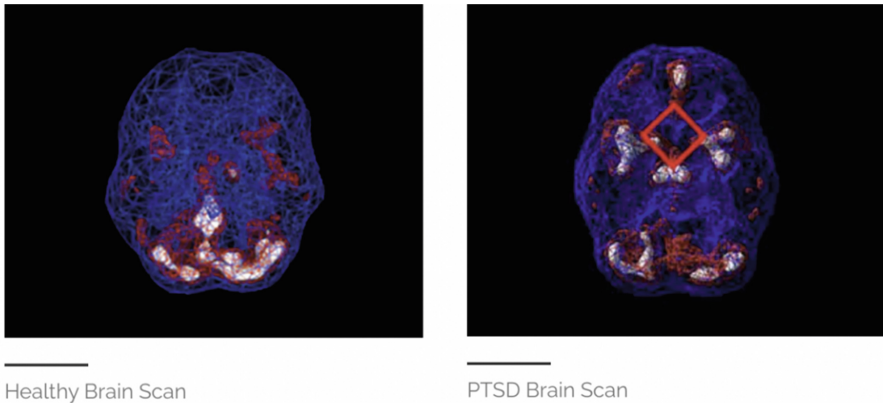


Fig. 1. Healthy brain compare to PTSD affected brain

In this case, those who have PTSD tend to be hypervigilant and cause sleep disorders [7]. The hippocampus is also strongly influenced by trauma. Under normal circumstances, the hippocampus and amygdala work together to provide a “safety signal”, such as when setting off fireworks. The hippocampus tells the amygdala that the environment is safe, but the hippocampus and amygdala in PTSD patients are not well connected. The amygdala can’t know that it’s safe to stay calm, which may lead to flashbacks or extreme behavior [8]. This constant dysfunction is believed to cause hippocampus atrophy. In 2014, an experiment on rats proved this point [9]. Acute stress can promote oligodendrocytes, especially oligodendrocytes in the hippocampus, because the increase in axon myelination will slow down the transmission speed between the hippocampus and the amygdala. Over time, it will lead to atrophy of the hippocampus. From the factor of PTSD, it’s obvious almost all patients with DID have PTSD and have an obvious shrink on their brain (Fig. 2).

Although the basic function of DID is still unknown, its effects on the hippocampus and amygdala are eminently similar to PTSD and other kinds of dissociative disorders. A study shows the patient’s hippocampus and amygdala were significantly atrophied by 19.2% and 31.6% compared to people who experienced trauma but not DID [2].

3 Some Specific Symptoms of Did and Ways to Support Someone with Did

3.1 Amnesia

People with DID have extremely serious amnesia [9]. Meanwhile, they cannot control the unconsciousness alteration, which is quite dangerous to DID patients. Before they get a diagnosis and accept treatment, the person will be confused by what is controlling his or her life since he or she has amnesia and there’s a memory barrier between alters. Because of those unstable and erratic changes during their daily lives, it is hard for them to recall everyday events, so they easily get confused and “forget” some important date. They might forget important things such as deadlines or take medicine. The best choice,

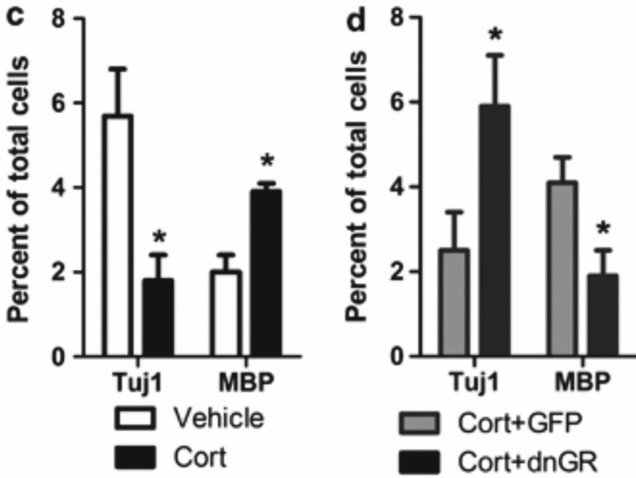


Fig. 2. Effects of stress on oligodendrocytes

which is taken by most systems, is to write a system diary or sticky notes. These would help them review the whole day’s events and reduce the risk of missing important events due to memory loss.

3.2 Ways to Support Someone with DID

Also, most DID patients won’t tell others that they got DID to protect the system as a whole. It is bound to be more difficult for them to integrate into the group, even if the alters can act like one complete person. For their family members, close friends, and partners, they need to get along with all the alterations in the system. To prevent stimulating patients and causing a flashback, they also need to be aware of triggers (anything can be a trigger). The preference for a certain alter cannot be the reason for triggering out that alter, since both positive or negative triggers can be harmful to the whole system [10]. Even touch or sound can be forbidden to some system. Not even touching, let alone trauma-related humor, it’s not funny to people with DID. In this way, as a good supporter, at least it is 100% sure that things that are happening to or talking to the system are safe.

The most important, yet most overlooked point, is not to try to interrupt when people are dissociating. Dissociation can be pretty disorienting to people with DID. Interrupting can be startling and force somebody who could be triggered by that and goes straight forward to go straight into a fight or flight response. After a dissociation, a short disorientation with a headache can happen to the alter who switched out. Due to the memory barrier between alters, it’s possible for them to be confused about where they are. As a supporter, it would make them feel safe if there was an explanation of the situation to them.

Moreover, the helplessness of losing the ability to organize his or her life and identity will revolve around them. Nevertheless, because of the amnesia between alters, the

feeling of isolation and brokenness will bring great despair to the patient, and he or she will tend to evade their lives. According to one patient, it feels like you're in a daze in your bedroom and then come back to stand on the street. This feeling is so scary that many patients find it difficult to accept. After getting appropriate treatment, the person may feel despair or hopeless at first, but every coin has two sides. Correct diagnosis will provide an opportunity to help the person to see more clearly the dynamics of dissociation as a coping mechanism as well as receive tools for navigating the system's days and integrating the various parts of themselves. In addition, through compassionate care, they found a spirit of acceptance and played an active role in the rehabilitation process.

4 Related Social Prejudices

In fact, in epidemiological studies of the general population, DID is considered a rare mental illness. The prevalence of DID has been found to range from 1% to 3%, but the first time most of the population gets to know DID is through movies. Dissociative identity disorders are frequently portrayed in film and television works as terrifying and horrible images, and even murderers, due to the need for dramatization and rationalization of the plot. As a result, widespread discrimination is rooted in people's hearts. On China's largest questioning platform, there is a question "How scary is multiple personalities?", which was viewed by 77,321 people as of May 20, 2022. This strong cognitive bias has been strengthened on various social platforms and exacerbated modern people's fear of patients with multiple personalities. The following will analyze the images of DID with certain prejudice displayed by the media through two typical movie interpretations.

4.1 Psycho

The movie "Psycho" tells the story of DID's murder. The most important thing about the whole movie is that it is not pointed out that the male protagonist is a patient with DID at the beginning. Instead, it portrays a manic mother and a gentle and kind protagonist to the audience. It also makes everyone feel that multiple personalities are completely different extreme personalities, and they have a very serious tendency to violence, and it is absolutely possible to do things that endanger society. The protagonist leaves with his mother after killing his abusive father, who later kills his mother. The protagonist's secondary personality is his mother. This character killed the heroine, Marianne. The way of killing is very cruel. He stabbed Marianne directly in the bathroom, and the male protagonist didn't know that he had actually killed himself. This film is very realistic, and the shooting techniques are also very high-end, which perfectly shows the uncontrollable situation and psychological state of the male protagonist. But it is precisely because of these shooting skills that many people feel that people with DID are uncontrollable, and even if they do terrible things, they will forget what they did.

The film also uses the inability to communicate memories between alters (dissociative amnesia) to create a contrast between the protagonist and his "mother". With the advancement of the horror atmosphere and the rendering of the suspenseful atmosphere, the audience's cognition of the two extreme characters has been emphasized. So that the

final impression left on the audience is that the multiple personalities are very scary and extreme.

Also, since the male protagonist dug up his mother's body and put it in the basement, it can be seen that the male protagonist is very mentally abnormal. At the end of the film, the male protagonist's "mother" is disguised as an old woman, grinning, holding a sharp blade, and standing behind her mother with a murderous look. This movie not only brought the audience's fear of the male protagonist but also brought serious prejudice to the multi-personality group.

A patient with DID described in an interview that they had a friend who was horrified, very frightened, and even took many steps back when they first saw their personality change, and then said to them, "This is not going to be a murder, is it?" The friend was very serious, very serious, no joke at all. It is perfectly normal for a person with DID to have many other mental illnesses at the same time. However, in the portrayal of the film, it focuses on the dark parts while ignoring that each personality is also an independent individual.

4.2 Split

In the film *Split*, the author creates a super altered "monster". This alter is very terrifying. He has super physical strength, super strength, and a superhuman body structure. He also killed the entire system's psychiatrist and two kidnapped little girls. But in fact, multiple personalities are not superhuman. Although the transformation of personality will have different physiological responses such as muscle tone and respiration rate, because they are in this body, their limits are limited, not the so-called "super humans". The transformation and difference in personality, the difference in personality, identity, and personality are very normal physical and physiological phenomena, but each difference has been stigmatized as a monster that kills innocent people indiscriminately. Of the three patients the authors studied, all expressed "feeling offended by the film."

The film's director, James McAvoy, mentioned in an interview with *Good Morning America* that he didn't actually communicate face-to-face with patients with multiple personalities, but just watched some videos on YouTube. One of the patients I studied said that he made the film without really knowing the group, and it was like stealing. Because he took those kinds of interesting physical portrayals that were accurate pushed, but used them to represent a really awful situation. The film was hugely influential, playing in 58 countries and receiving rave reviews. Underneath the video of a YouTuber with DID, it was even said that the film was used by teachers as an example of DID. The teacher told them that it was DID. There's a lot of negative footage about DID in this movie. The already misunderstood multi-personality group, the phenomenon of stigma, has been strengthened again.

It is true that there will be "evil alter", but this does not mean that they will harm the people around them uncontrollably. The purpose of the existence of multiple personalities is to allow the entire system to survive, and it is a self-protection mechanism. However, in the movie, they focus on the things they do to protect themselves and hurt others, rather than the details of the internal self-digestion of the system.

5 Discussion

When the author communicates with his peers, he also finds that their cognition of personality is that “personality is selfish”, “each of them wants to occupy the whole system”, and the meaning of the ignored personality itself is to ensure the whole system survives trauma. In the eyes of the public, personality is selfish, terrifying, and even extreme. Many people feel that all personalities except the main character are “bad”. The author thinks that the magnification of the portrayal of some extreme personalities in the film has led to the public’s misunderstanding of multiple personality groups.

The author believes that DID is not a rare mental illness. The disturbance he caused to the normal life of the patient himself. However, the patient has been living under the negative misunderstanding of the public for a long time, and the reason is a large number of film and television works. It is a very convenient way to use multiple personalities to explain the reason for the murder of a murderer, but since directors and even screenwriters have an unclear understanding of multiple personalities, even some directors do not understand the group of multiple personalities at all’s creation. This has led to the public’s impression of multiple personality groups, which has been at an extremely extreme level for a long time, and there is no trend of polarization, and few people actively understand this group. Instead of reinforcing inherent, stubborn prejudices for the sake of novelty and box office, the director should shoot about the positive aspects of the multi-personality group.

On the Internet, there are also a large number of negative comments under the comment areas of some bloggers who are dedicated to disseminating scientific knowledge of DID, such as “how can DID be true” and “DID patients are scary”. It is very necessary for some popular science lectures to be carried out in large numbers in cities around the world. Society should be more tolerant of group diversity, instead of always being skeptical and distrustful of what they don’t understand.

6 Conclusion

All in all, the increase in axonal keratinocytes in the brain and the weakened connection between the hippocampus and the amygdala lead to their atrophy. In addition, the several ways to support DID patients mentioned above are also necessary. It is as far as possible to avoid the patient’s exposure to triggers. It is also very important not to interrupt the dissociating process, so as not to cause panic.

After analyzing the two films and comparing with the descriptions of relevant interviewees, the author found that the public now holds a lot of prejudice against DID, such as thinking that they are extreme. At the same time, because the movie blindly exaggerates the symptoms of DID, society’s perception of DID is not only one-sided, but also negative. For example, the author’s friend believes that every personality wants to seize the initiative. It’s terrifying that these prejudices are perpetuated without a professional correcting their cognitive errors. However, this paper did not study the deeper effects of DID on the brain and propose effective drug treatment in more detail, and future research will focus more on biological aspects.

References

1. Ciccarelli, Sandra K, and J Noland. Psychology: DSM 5. 5th ed., Boston, Pearson, 2014.
2. Vermetten, Eric, et al. "Hippocampal and Amygdalar Volumes in Dissociative Identity Disorder." *American Journal of Psychiatry*, vol. 163, no. 4, Apr. 2006, pp. 630–636, <https://doi.org/10.1176/ajp.2006.163.4.630>.
3. "Dissociative Identity Disorder in Children." DID-Research.org, did-research.org/controversy/children#:~:text=Dissociative%20identity%20disorder%20is%20the%20result%20of%20repeated. Accessed 23 May 2022.
4. Staniloiu, A., and H.J. Markowitsch. "P-246 - the Neuroimaging of Dissociative Disorders." *European Psychiatry*, vol. 27, Jan. 2012, p. 1, [https://doi.org/10.1016/s0924-9338\(12\)74413-9](https://doi.org/10.1016/s0924-9338(12)74413-9).
5. "Alters in Dissociative Identity Disorder." Did-Research.org, did-research.org/did/alters/.
6. Ptsduk.org. "The Science and Biology of PTSD – PTSD UK.", 2009 www.ptsd.uk/what-is-ptsd/the-science-and-biology-of-ptsd/.
7. "What Exactly Does PTSD Do to the Brain?" Verywell Mind, 14 July 2014, www.verywellmind.com/what-exactly-does-ptsd-do-to-the-brain-2797210.
8. Chetty, S., et al. "Stress and Glucocorticoids Promote Oligodendrogenesis in the Adult Hippocampus." *Molecular Psychiatry*, vol. 19, no. 12, 1 Dec. 2014, pp. 1275–1283, www.nature.com/articles/mp2013190, <https://doi.org/10.1038/mp.2013.190>.
9. "Dissociative Identity Disorder (Multiple Personality Disorder)." WebMD, www.webmd.com/mental-health/dissociative-identity-disorder-multiple-personality-disorder#:~:text=Dis%20sociative%20identity%20disorder%20is%20a%20severe%20form%20of.
10. PTSD UK. Post Traumatic Stress Disorder Explained. www.ptsd.uk/what-is-ptsd/ptsd-explained/.

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