Dissociative Identity Disorder in the Media

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Abstract

This study investigated whether media portrayals of Dissociative Identity Disorder (DID) have a negative effect on mental health literacy and mental illness stigma. Specifically, whether the type of media (visual versus non-visual) and the genre (fiction versus non-fiction) affect an individual’s beliefs about the disorder. Participants were randomly assigned to watch a clip from the movie *Split*, watch a video clip about DID, or read a vignette describing a person displaying symptoms of DID. All groups completed the same survey measuring mental health literacy and stigma after being exposed to assigned media. The author hypothesized that media portrayals of DID would be associated with a decrease in mental health literacy and an increase in stigma surrounding the disorder. The results found that participants believe that all three conditions are accurate portrayals of DID, suggesting a lack of mental health literacy. Increased mental illness stigma was associated with the vignette condition.

Dissociative Identity Disorder in the Media

Research has shown that, for many Americans, mass media is their primary source of information on mental illness. Portrayals of mental illness can be seen in all genres of television shows and movies, from comedies to horror films (Markus, 2017). References to mental illness and mentally ill characters can even be seen in children’s media (Wahl, 2003). The media’s tendency to portray mental illness in its most severe forms creates negative, stereotypical images that are more memorable and are believed to contribute to a lack of mental health literacy (Quintero Johnson & Riles, 2018; Wahl, 2003). Many media sources portraying mental illness feature characters with distinct features or mannerisms that signify to the audience that something is “not quite right” or explicitly inform the audience that the character has a mental illness. Some of these
features include characters who talk to themselves, walk or talk funny, and have poor hygiene. Researchers and mental health professionals also believe that these inaccurate portrayals and stereotypes, along with the inaccurate use of psychiatric terms, serve to perpetuate mental illness stigma in real life (Stout, Villegas, & Jennings, 2004; Quinn, Williams, & Weisz, 2015; Jorm, 2000). The most common and often most pervasive feature of media links mental illness with violence and unpredictability. Research has found that “72% of characters with mental illness portrayed in prime-time television dramas were violent” (Stout, Villegas, & Jennings, 2004). One study tested beliefs about mental illness being linked to violence by priming participants prior to reading a newspaper article. In one condition, the participants were told that the perpetrator was mentally ill while the control condition was given no information about the perpetrator. The study found that telling participants that the individual was mentally ill prior to reading the article led participants to believe that the mental illness caused the individual to commit the crime (Chan & Yanos, 2017). Discussion of crime being caused by mental illness is particularly evident in the aftermath of mass shootings and other violent crimes, such as the Sandy Hook shooting (ABC News, 2014). Media sources tend to use mental illness as an explanation for the crime. However, research shows that mentally ill individuals are no more likely to commit a violent crime than a healthy (non-mentally ill) individual (Cashman & Thomas, 2017). In fact, individuals with a mental illness are involved in less than 3-5% of US crimes (Metzl & MacLeish, 2015). Violent media portrayals of mental illness are incredibly misleading and perpetuate beliefs that mentally ill individuals are more violent than healthy individuals.
Media Use

Communications research has repeatedly found that “people do not randomly attend to media but rather focus on certain messages as a result of specific social or psychological needs or beliefs [Katz & Lazarsfeld, 1955]” (Valkenburg, Peter, & Walther, 2016). This is partially influenced by our need to avoid cognitive dissonance. Cognitive dissonance occurs when we experience information that does not align with or contradicts our existing beliefs and attitudes (Valkenburg, Peter, & Walther, 2016). The mismatch between this new information and our beliefs can cause psychological stress that then encourages us to eliminate or reduce the stress. To eliminate the stress, individuals may choose to change their prior beliefs and behaviors, or they may dismiss the new information as irrelevant or unimportant. An example of this may be someone who enjoys smoking because they feel that it helps them relax. If this individual learns that smoking can cause lung cancer and other serious health issues, this new information may be distressing because it does not align with their previous beliefs. To reduce the distress caused by the contradicting information, the individual may choose to ignore the new information and claim that they know a lot of people who have smoked since they were young and are still healthy.

Since cognitive dissonance is often an unpleasant experience, many people actively seek out information that reinforces their current beliefs and purposely avoid information that may contradict their beliefs (Valkenburg, Peter, & Walther, 2016). This is supported by research that has found that people are more susceptible to media messages that align with the norms and values of their social environment (Valkenburg, Peter, & Walther, 2016; Hackler, Cornish, & Vogel, 2016). Pre-existing stigma and fear of mental illnesses encourages media to continue to villainize mentally ill individuals as it aligns with many individuals’ current beliefs and attitudes. Together, the individual selection of messages within media and the recurring, fear-inciting portrayals of
mental illness further encourage people to have negative values and perceptions about mental illnesses. These negative beliefs represent a lack of mental health literacy and can lead to social distancing behaviors that isolate and further stigmatize individuals with mental illnesses.

Transportation may also be an important factor when considering how media is used and the impact it can have on the viewer. Transportation is “the extent to which readers might perceive a character as similar to them or as a person with whom they might have a social relationship (Caputo & Rouner, 2011). In addition to choosing messages that align with prior beliefs to avoid cognitive dissonance, research has found that being transported into the story leads viewers to accept the beliefs and attitudes portrayed in entertainment media because the audience can often relate to the characters, plot, and setting (Caputo & Rouner, 2011). Many people use media as a source of entertainment, a way to escape their busy lives and dive into another reality. The enjoyment we get out of movies, books, and TV shows comes from “escaping” into a fictional character’s life that is relatable to their own in some ways, yet still fulfills fantasies that they may not be able to achieve in real life.

An important factor in transportation into media that portray mental illness is that the storylines individuals are being transported into reflect real-life stigma and biases toward mental illness. Viewers may be able to transport themselves into films and TV shows that portray mental illness because they identify with characters that share similar negative beliefs about mental illness. It is believed that when individuals are transported into media in this way, they may temporarily ignore real-world facts and avoid critically analyzing the message embedded in the narrative (Caputo & Rouner, 2011). For example, transportation into the storyline may lead individuals to ignore real-world facts that mentally ill individuals are not violent or do not conform to stereotypical portrayals. It may also prevent the individual from thinking critically about
whether the portrayals of mental illness are accurate because they want to temporarily “escape” from reality without analyzing the specific details.

Since many Americans rely on mass media as their primary source of information about mental illness, it is important to examine how these narratives can effect stigmatizing beliefs and behaviors. The more an individual relates to the storyline or perceives the portrayal to be an accurate representation of real life, the more likely they may be to adopt the negative and stigmatizing beliefs that they receive in the media. This may be true even for fictional media because, even though it is not literally real, many people believe that it represents and reflects real life events and behaviors. (Caputo & Rouner, 2011). Even though most people can identify that fictional media is not always realistic, some individuals associate or impose fictional information onto events and behaviors in the real world.

One of the most common media genres that leads individuals to associate fictional information with real-world behaviors of mentally ill individuals is the horror/psychological thriller film genre. These films are overloaded with negative stereotypes and portrayals of characters with serious mental illnesses. One disorder that is particularly popular within the horror/psychological thriller genre is Dissociative Identity Disorder.

**Dissociative Identity Disorder (DID)**

Dissociative Identity Disorder is commonly portrayed in horror films to encourage viewers to question the stability of their individual personality and is used as an explanation for the character’s violence. Films portraying DID often focus on a violent character who appears to be wreaking havoc on others, only for it later to be revealed that some of the other characters are actually alternate identities. This can be seen in films such as *Split, Fight Club*, as well as *Me,*
Myself, and Irene. Because DID is a rare disorder that is often poorly understood, individuals are more likely to believe that people with DID can have a violent alternate personality.

**Diagnostic Criteria.** According to the Diagnostic and Statistical Manual of Mental Disorders (5th Edition; DSM-5), dissociative identity disorder is characterized by “a) the presence of two or more distinct personality states or an experience of possession and b) recurrent episodes of amnesia” (APA, 2013). The DSM specifically outlines five diagnostic criteria that should be met for a DID diagnosis (See Appendix A for more details). To be diagnosed with DID, an individual must experience a disruption in identity as a result of the presence of two or more personality states. Individuals may feel like they are observing their own actions and develop strong emotions, speech, or actions that the individual does not recognize as their own. These changes can be observed and reported by others or reported by the individual themselves (APA, 2013; Brand, 2016; Robinson, 2003). In addition, individuals must have a loss of memory for day to day events, personal information, and/or traumatic events they have experienced. The DSM-5 requires that these symptoms cause “clinically significant distress or impairment” in any areas of functioning, including social and work-related responsibilities (APA, 2013). While the main personality may uphold relationships with others and perform necessary responsibilities, such as going to work or buying groceries, alternate identities may have relationships with different individuals and engage in maladaptive behaviors, such as promiscuity or excessive drinking. Further, any of the previously mentioned symptoms must not have been found to or believed to be caused by a substance or another medical condition (APA, 2013). All other medical conditions and the use of drugs or other substances that may cause an individual to exhibit these symptoms must be ruled out prior to making a DID diagnosis.
Film portrayals of DID create exaggerated versions of the disorder that combine actual symptoms with more severe and unrealistic features that may lead viewers to believe that the representations are accurate portrayals. Many recent films that have characters with DID portray an individual who experiences hallucinations and delusions “without signaling to the audience that they are hallucinations and delusions” or show the character engaging in conversations with other characters which are then “revealed to be their alternate personalities” (Goodwin, 2014; Markus, 2017). Media portrayals also tend to associate violence and unpredictability with psychosis or severe disorders. DID is often portrayed in horror films because it offers a unique fear aspect that encourages the audience to question the stability of their individual personality state. This approach temporarily creates a shared identity between the audience and the character, further persuading the viewer that our personality states may not be as stable as previously believed (Caputo & Rouner, 2011).

These films also suggest that DID is a psychotic disorder or that it is the same as schizophrenia, even though they are different diagnoses (See Appendix B). Schizophrenia often develops between the ages of 16 and 30, while DID may develop at any age. Symptoms of schizophrenia may include hallucinations, delusions, and grossly disorganized behavior (NIMH, 2016; APA, 2013). Hallucinations are false sensory perceptions in which individuals may hear, smell, or see things that are not really there (NAMI, 2019). Individuals with schizophrenia may report having a voice inside their head that tells them what to do. While hallucinations may be present in DID, similar to schizophrenia, the hallucinations are actually the result of communication between the alternate identities (APA, 2013). Delusions are strongly held false beliefs about real world events that are not grounded in reality (NAMI, 2019). An individual with schizophrenia may believe that they are being watched by the government or that any noises they
hear inside their home is someone trying to break in. Individuals with DID do not experience delusions about themselves or others. When individuals with schizophrenia have grossly disorganized behavior, they may have difficulty performing daily activities, such as maintaining their hygiene, they may have childlike outbursts in which they talk or laugh to themselves (Schultz, North, & Shields, 2007). Individuals with schizophrenia do not have two or more identities that alternately take control. Even though these diagnoses are not the same, media often uses them interchangeably because they seem very similar on the surface. Many individuals would not know the differences between the disorders unless they come from a clinical psychology background or research the differences.

These portrayals are problematic because they paint an unrealistic picture of DID in the viewer’s mind, inciting fear and stigma, towards individuals with the disorder as well as individuals with disorders that viewers perceive to be similar to DID. Individuals with DID are not always dangerous and do not have alternate identities that seek to murder or kidnap individuals, as suggested by movies, such as Split. Furthermore, though DID may share similar features with other disorders, it is not a psychotic disorder and is not the same as schizophrenia. The development of alternate identities is a coping mechanism used by the individual to cope with stress associated with traumatic experiences. Creating alternate identities allows the individual to “detach from overwhelming fear, pain, and helplessness generated by trauma” (Wedding & Niemiec, 2010).

It is important to study portrayals of mental illness because media depictions perpetuate many misconceptions about mental illness that the public then construes as accurate information. These negative portrayals often trivialize the real experiences of mentally ill individuals and encourage social distancing behaviors and discrimination. “Mental illness stigma has been
associated with less treatment utilization, poorer treatment outcomes, [and] reduced relationship quality” (Quinn, Williams, & Weisz, 2015). In addition, studying portrayals of DID is important because even though it is commonly portrayed in films, the disorder itself is often misunderstood and some professionals do not believe the disorder exists. This lack of understanding leads to inaccurate and exaggerated representations which then emphasize a lack of literacy and increases stigma surrounding the disorder.

**Current Study**

There is a significant amount of research that discusses how mentally ill individuals are portrayed in the media. However, there is very little research examining whether these portrayals affect the public’s perception of mental illness. One recent study examined college students’ beliefs about mental illness by asking them to name the common characteristics that they have seen as being associated with mental illness. The participants were first asked to describe symptoms and behaviors that came to mind when thinking about mental illness. They were then asked to name a character from a television show or movie that had a mental illness and describe the character in terms of physical, behavioral, and personality characteristics (Quintero Johnson & Riles, 2018). The researchers also measured how often the participants watched television or media on the Internet (Netflix, Hulu, etc.). The study found that individuals who remembered stereotypical representations and severe symptoms were more likely to use stereotypical attributes to describe mental illness. The most common stereotypical attributes described were violent/dangerous behaviors and being “crazy”. Stereotypical perceptions about mental illness were positively associated with anxiety about interacting with a mentally ill individual (Quintero Johnson & Riles, 2018). This study suggests that stereotypical media portrayals of mental illness
may influence individuals to think of mental illness in terms of severe, stereotypical characteristics, which may then encourage social distancing behaviors.

This project sought to further research by examining whether media portrayals of Dissociative Identity Disorder have a negative effect on mental illness literacy and stigma. The study examined portrayals of DID in three media sources (horror/fiction film, non-fiction video clip, and a vignette [print source]). The study also sought to answer the following questions:

1. Do individuals believe media portrayals of DID to be accurate representations of the disorder?
2. Do media portrayals encourage individuals to view DID negatively?
3. If media portrayals do encourage individuals to view DID negatively, do individuals express wishes to distance themselves if they were to encounter an individual with DID?

**Hypotheses:**

It was hypothesized that media portrayals of DID would be associated with a decrease in mental health literacy and an increase in stigma surrounding the disorder. Specifically, it was hypothesized that the fictional movie condition (Split) would be associated with the greatest decrease in mental health literacy and greatest increase in stigma. The author believed the greatest difference would be seen in the film condition because individuals would be able to see the exaggerated and extreme symptoms in the movie. It was believed that visually seeing a character with DID would allow participants to see the exaggerated symptoms, as compared to imagining what the symptoms would look like from the vignette. It was also believed that viewing a character with DID would aid transportation into the film and potentially lead the audience to view themselves as completely different from the character. The author also chose to compare fiction and nonfiction media to examine if participants would be able to distinguish between the genres
and the basis in reality. It was hypothesized that the viewers would realize that the film was a fictional story which may exaggerate certain aspects to make the storyline more thrilling. Caputo and Rouner (2011) found that an important “covariate of the ability to distinguish fact from fiction is familiarity with mental illness”. Participants cited some knowledge of DID on the surveys, however they likely have less knowledge about the specific diagnostic features of the illness since they were in a 100-level psychology class. Less knowledge of the specifics of the disorder was ideal because participants could still lack mental literacy about the true nature of DID and therefore exhibit mental illness stigma towards the disorder.

Finally, the author wanted to focus on DID specifically because it could be considered one of several “Hollywood” disorders. Hollywood movies about mental illness tend to give the impression that some rare disorders, like DID, are more common in the real world. Hollywood focuses on rare and less well-known disorders specifically because they “make for good visual melodrama” (Pirkis, Blood, Francis, & McCallum, 2006). Disorders like DID are particularly easy to manipulate and exaggerate in media because they are not well known or understood by the general public.

**Methodology**

**Design.** An independent groups design was used for this experiment to ensure that participants were only in one condition of the experiment. Allowing participants to participate in all three conditions would have created response bias. Participation in all three conditions may have lead participants to answer the survey questions in a way that they believed was useful to the researcher. For example, the participants may have caught on to the fact that the researcher was measuring mental illness literacy and therefore answered in a way that would suggest that the
individuals know more about the disorder than they actually do. Conceptually, the author examined the effect of media genre on mental illness stigma and mental health literacy.

The independent variable was the manipulation of the genre of media that the groups were exposed to (fictional film, non-fictional film, or vignette). The purpose of manipulating genre was to determine whether social distancing behaviors were impacted by fiction or nonfiction portrayals. The dependent variable of the study was the level of mental health stigma and mental health literacy, measured using a survey created for the purpose of this study. The study consisted of three conditions. In one condition, participants watched about a four-minute clip from the film *Split*. This clip portrayed the main character switching between his many alternate identities and showed some symptoms of the disorder. Another condition required participants to watch about a four-minute video clip about a woman with DID. This clip briefly discussed how the woman developed DID, what it is like living with the disorder, and showed her switching between her alternate identities. The third condition involved reading a vignette about an individual with DID. The vignette briefly described the individual’s symptoms, some of her experiences with the disorder, and the individual traits of her alternate identities. All participants completed the same survey after watching or reading their media genre. The contents of the media in each condition were all sufficiently similar. In addition, the video clip and vignette conditions were considered to be accurate portrayals of DID.

**Participants.** Participants included 53 North Central College undergraduate students, 23 men and 30 women. All participants were students enrolled in a 100-level psychology course. Participants signed up for this study online through the SONA participation system. The participants were credited with one research credit for participating in the study.
Survey. The survey consisted of a series of 12 Likert-scale statements regarding mental health literacy, such as knowledge, treatment, social distance, and stigma. Each statement was rated on a scale from 1 Strongly Disagree to 5 Strongly Agree (see Appendix C & D). A short demographic survey followed the 12 questions to help determine the demographic makeup of the population. The demographic survey also contained questions about knowing an individual with a mental illness and prior exposure to information about DID. The surveys were completed anonymously, and each participant was assigned a number that cannot be traced back to their name or other data.

Procedure. To ensure random assignment and to determine which condition participants would be in, a die was rolled before each experiment session. The numbers one and four represented the Split condition, the numbers two and five represented the video clip condition, and the numbers three and six represented the vignette condition. As the participants entered the room they chose seats and waited for everyone to arrive. When all the participants had arrived, the experimenter addressed the students, began reading the experimenter script, and distributed the consent forms (see Appendix E). The participants were asked to read the consent form carefully and provide their signature if they chose to participate. The consent forms were then collected. In conditions watching film clips, the films were set up and loaded prior to the beginning of the experiment. In the film conditions, the participants first watched the clips and then were given the survey. In the reading condition, the survey was attached to the back of the vignette and could be completed as soon as the participant was done reading the vignette. Participants were not given a time limit and were asked to flip over their survey when finished. When everyone completed the survey, the surveys were collected. The participants were then given debriefing forms and were asked to read them thoroughly (See Appendix F). The experimenter waited one minute to see if
there were any questions. If there were no questions, the experimenter thanked the participants and informed them that they would be receiving credit for their participation shortly. The participants were then dismissed.

**Results**

The author hypothesized that the greatest decrease in mental illness stigma and decrease in literacy would occur in the fictional movie condition because the participants would be able to see the exaggerated and extreme symptoms portrayed in the film. After evaluating the data, the results found that the vignette group had the highest average score of mental health stigma (M = 35.75, SD = 3.11) compared to both the fictional movie condition (M = 32.61, SD = 3.85) and the video clip condition (M = 33.21, SD = 2.42). See Figure 1. High survey scores indicated a high level of mental illness stigma.

![Figure 1: Mean survey scores between all conditions](image)

Based on the independent measure ANOVA test, there was a significant difference between the three conditions (F(2, 50) = 4.62, p = .014). This result suggests that at least one of the media sources was associated with a decrease in mental health literacy and/or an increase in mental illness.
stigma. Further analyses found that there was not a significant difference between the fictional movie and video clip group (M = 32.91, SD = 3.16, p = .572). This suggests that the fictional movie and video clip were not associated with an increase in mental health literacy or stigma. However, there was a significant difference between the fictional movie and vignette group (M = 34.371, SD = 3.00, p = .010), as well as the video clip and vignette group (M = 34.08, SD = 3.81, p = .014). See Figure 2. These findings suggest that the vignette group was associated with an increase in mental illness stigma as they had higher overall scores on the survey.

![Figure 2 Comparing means between all conditions](image)

This contradicts the original hypothesis and suggests that the greatest increase in mental illness stigma resulted from reading the vignette. In addition, 64% of participants reported knowing someone (friend, family, etc.) with a mental illness. 83% of participants had previously heard of DID and many cited that they had briefly learned about it in a previous psychology class or from the movie *Split.*
**Discussion**

The results of this study show that while participants believed that all three conditions were accurate portrayals of DID, the greatest increase in mental illness stigma occurred in the vignette condition. The increase in stigma in the vignette condition may have been related to the participants’ inability to transport themselves into the story. As previously mentioned, transportation is the extent to which viewers identify with the character themselves or view the character as being similar to someone with whom they are close. Participants may have been better able to transport or relate to characters who they could see on the screen, as opposed to having to imagine what the character in the vignette would look like. By imagining what the character in the vignette looked like, participants had to use prior knowledge of DID or mental illness portrayals to construct how the character may look or act. The participants had to rely on their previous knowledge about individuals or other media characters with mental illness and may have envisioned an individual with the stereotypical characteristics that can be seen in popular media sources. Constructing an image based on these stereotypical characteristics may have prevented participants from being transported into the vignette because they may not have imagined the character as similar to themselves. The vignette condition may have also created cognitive dissonance within individuals by presenting a character who was non-violent and living a seemingly similar life as a college student. These relatively benign descriptions of a college student living with DID may have challenged previous beliefs that one would very easily be able to tell if a peer had a mental illness, especially one that is often linked to violence. The recognition that they may be in close proximity (friend, roommate, classmate) with someone with a mental illness at any given time without necessarily being aware of it may have led to increased desire to socially
distance themselves from the individual in the vignette due to preexisting beliefs and stigma surrounding mental illness.

One interesting aspect of this study was that most participants answered that they believed the media in the experiment were accurate portrayals of DID. However, many participants later answered that they believe media portrayals in TV shows, movies, etc. are generally inaccurate. Participants explained that they believe media portrayals exaggerate DID symptoms and only show the worst aspects of the disorder. It is interesting that participants recognize that the media exaggerates and portrays stereotypical images of mental illness, yet failed to account for this in the condition that watched *Split*. While some aspects of the movie are accurate portrayals of the disorder, there are supernatural elements that are not realistic and further highlight the “Hollywood appeal” of DID. The results of this experiment may have implications for understanding what information individuals take away from mental illness portrayals in the media and what types of media result in an increase of mental illness stigma. This may be particularly important for future research that examines visual and print media that contain false assertions, as research has shown that individuals tend to make “false assertions in fictional narratives, accepting statements such as ‘mental illness is contagious’” (Caputo & Rouner, 2011).

Similar to the current study, Caputo and Rouner (2011) addressed the potential effects of genre (fiction and nonfiction) on stigmatizing behaviors, such as social distancing, by showing participants a movie about mental illness and measuring the extent to which participants identified with the main character. The participants watched a film about depression that was based on a true story. Prior to watching the film, genre was manipulated by verbally telling participants whether the stimulus was fiction or nonfiction and then displaying the genre on the screen. Participants then completed a survey that measured several factors, including social distancing behaviors,
familiarity, and transportation. The results found that “genre did not affect the social distancing scores of participants who were familiar with mental illness”, however transportation into the film had some impact on social distancing behaviors (Caputo & Rouner, 2011). These results could have been due to the fact that even though some participants were told the film was fiction, they may have found it to be more realistic upon watching it, which could account for the lack of an effect as a result of manipulating the genre. Further research needs to be done to determine whether presenting different sources that actually aligned with the fiction or non-fiction genre description, similar to this study, has an effect on social distancing behaviors.

**Limitations**

One of the biggest limitations of this study was that it was a small convenience sample. The sample consisted of only North Central College students in a 100-level psychology class, which in turn affects the external validity of the study. Due to this, the results cannot be generalized to any population other than North Central College students. In order to test the effects on other populations the experiment would have to be performed with other, potentially larger populations. Another limitation may be the use of a popular film that many participants were familiar with when in the fictional movie condition or cited as an example of where they had previously heard of DID. Since the movie was released in 2017, it may have been briefly discussed in psychology classes and participants may have already been made aware of the accuracies and inaccuracies of the movie. In addition, there was little background information on the participants experience with mental illness and their knowledge of specific disorders. Participants were simply asked to answer yes or no if they know someone with a diagnosed mental illness and were asked to give a brief
There was little information as to what disorders participants may be familiar with and what specific knowledge they had about DID.

**Future research**

Despite the above-mentioned limitations of this study, the findings may help to guide further research. If a similar study were to be run, the participants should be randomly sampled from various colleges in the United States or other populations which could help to generalize the results to the general population. Another possibility for further research would be to further examine the effect of visual media on mental illness stigma and literacy. This could include showing several or longer length clips from movies and documentaries that portray DID. Showing participants more clips from these sources may help to give participants more information to determine whether they believe it is an accurate portrayal. Though the hypothesis was not supported, the results from this study can be used to guide further research on the effect of media portrayals on mental illness stigma and literacy.

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Appendix A – DSM-5 Criteria for DID

The Diagnostic and Statistical Manual of Mental Disorders (5th Edition; DSM-5) requires that the following five criteria must be met for an individual to be diagnosed with Dissociative Identity Disorder (DID):

**Criterion A:** The individual experiences a disruption in identity that is caused by the presence of two or more personality states or an experience of possession. Individuals with multiple identities experience a noticeable break in their sense of self and sense of agency. A break in the sense of self causes an individual to feel like they are observing their own actions, but that these actions are not under their control. A break in the sense of agency may include the development of strong emotions, speech, or actions that suddenly emerge with feelings that these thoughts or actions are not one’s own. The individual may feel that they have lost control of their own body and feel like they are having an out of body experience in which someone else is talking or behaving through their own body. These changes can be observed and reported by others or reported by the individual themselves (APA, 2013; Brand, 2016; Robinson, 2003).

**Criterion B:** The individual experiences recurring experiences of loss of memory that are inconsistent with normal forgetting. In these episodes, individuals have a loss of memory for day to day events, their personal information, and/or traumatic events that they have experienced.

**Criterion C:** Memory loss and other symptoms cause “clinically significant distress or impairment” in any areas of functioning, including social and work-related responsibilities (APA, 2013). While the main personality may uphold relationships with others and perform necessary responsibilities, such as going to work or buying groceries, alternate identities may have relationships with different individuals and engage in maladaptive behaviors, such as promiscuity or excessive drinking.

**Criterion D:** Symptoms and distress experienced are not considered to be a part of normal and broadly accepted cultural/religious practices that the individual participates in.

**Criterion E:** Any of the previously mentioned symptoms must not have been found to or believed to be caused by a substance or another medical condition (APA, 2013). All other medical conditions and the use of drugs or other substances that may cause an individual to exhibit these symptoms must be ruled out prior to making a DID diagnosis.
Appendix B – DSM Criteria for Schizophrenia

The Diagnostic and Statistical Manual of Mental Disorders (5th Edition; DSM-5) requires that the following criteria be met for an individual to be diagnosed with schizophrenia:

**Criterion A:** 2 or more of the following symptoms must be present a majority of the time for a 1-month period, with at least one of them being symptoms (1), (2), or (3):

1) Delusions
2) Hallucinations
3) Disorganized speech
4) Grossly disorganized or catatonic behavior
5) Negative symptoms

**Criterion B:** An individual’s level of functioning must be disturbed for a significant period of time after the onset of symptoms. This disruption must occur in 1 or more major areas (work, interpersonal relationships, self-care, etc.) and must occur at a level that is significantly below the level achieved before the onset of symptoms. If symptoms begin in childhood or adolescence, the expected level of interpersonal, academic, or occupational functioning is not achieved.

**Criterion C:** There must be consistent signs of disturbance in functioning for at least 6 months, with at least 1 month of symptoms.

**Criterion D:** Schizoaffective disorder and depressive/bipolar disorder with psychotic features must have been ruled out before making a schizophrenia diagnosis.

**Criterion E:** Any of the previously mentioned symptoms must not have been found to or believed to be caused by a substance or another medical condition (APA, 2013). All other medical conditions and the use of drugs or other substances that may cause an individual to exhibit these symptoms must be ruled out prior to making a schizophrenia diagnosis.

**Criterion F:** If the individual has a history of autism spectrum disorder or a communication disorder, an additional diagnosis of schizophrenia can only be made if Criteria A is also met.
Appendix C – Vignette & Survey

Vignette

Anna is 20 years old and is a sophomore in college. She often feels depressed and is afraid that she will harm herself or her friends. Anna does not have any memories prior to age 10 and often has nightmares about the traumas she experienced as a child. Anna describes hearing voices, both male and female, which seem to come from inside her head and instruct her to say things or hurt herself.

There are times when Anna reports feeling like she has “lost track of time” and is sometimes unable to recall what happened in the past several days. On some occasions she has woken up in places with no recollection of how she got there. Anna has also experienced a number of psychotic symptoms, such as visual and auditory hallucinations. When asked about her symptoms, she refers to herself as “we” and explains that she feels there are several people inside of her. There is Sarah, who is “9 years old and runs away a lot.” There is Rebecca, who is “promiscuous and likes the attention of all the guys.” Andrew, who is “18 and often encourages Anna to harm herself” and Debbie, who is “shy, but helps Anna take care of her responsibilities.”

Anna has few friends and has trouble maintaining romantic relationships because others do not understand why she acts differently at times. Anna tries her best to hide her other personalities from others. Anna’s roommate is one of the few people at school who knows the full extent of her symptoms, has met each of the personalities, and tries to work with each of them to help Anna be successful in school.

Please read the following *DSM-5* criteria for a diagnosis of DID. Then answer the following statements with regards to how much you agree with each statement:

The Diagnostic and Statistical Manual of Mental Disorders (5th Edition; DSM-5) requires that the following five criteria must be met for an individual to be diagnosed with Dissociative Identity Disorder (DID):

- There should be at least two or more distinct personalities. This can be seen through changes in behavior, attitude, and memory for events or personal information. The personalities can be observed and reported by others or reported by the individual themselves.

- The individual experiences memory loss that is more extreme than normal forgetting. Individuals may not remember day to day events, their personal information, and/or traumatic events that they have experienced.

- The memory loss and other symptoms must cause significant distress and effect their daily living, such as their social lives or work/school responsibilities.

- The symptoms and distress should differ from any practices that are considered a normal part of the individual’s culture or religion.

- An individual does not meet diagnosis for DID if their symptoms, as mentioned above, are caused by or believed to be caused by a drug or another medical condition.

1. Based on the story I just read and the description above, I believe the story gave an accurate representation of DID.

   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree
2. Based on the story I just read and the description above, I believe individuals with Dissociative Identity Disorder (DID) are psychotic. (Psychotic individuals experience delusions, hallucinations, or both. These disruptions make it difficult for the individual to differentiate between what is real and what is not. Psychosis is a symptom, not an illness.\textsuperscript{1})

1 Strongly Disagree
2 Disagree
3 Neutral
4 Agree
5 Strongly Agree

3. Based on the story I just read and the description above, I would feel comfortable living near an individual who has DID.

1 Strongly Disagree
2 Disagree
3 Neutral
4 Agree
5 Strongly Agree

4. Based on the story I just read and the description above, I would feel comfortable having a class with an individual who has DID.

1 Strongly Disagree
2 Disagree
3 Neutral
4 Agree
5 Strongly Agree

5. Based on the story I just read and the description above, I would feel comfortable dating an individual who has DID.

1 Strongly Disagree
2 Disagree
3 Neutral
4 Agree
5 Strongly Agree

6. Based on the story I just read and the description above, I would feel comfortable being friends with an individual who has DID.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree

7. Based on the story I just read and the description above, I believe that individuals with DID need treatment.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree

8. Based on the story I just read and the description above, I believe that individuals with DID are violent or a threat to others.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree

9. Based on the story I just read and the description above, I believe Dissociative Identity Disorder is a real mental illness.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree
10. Based on the story I just read and the description above, I believe DID can easily be faked.

   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

11. Based on the story I just read and the description above, I believe it is the individual’s fault that they have DID.

   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

12. Based on the description above, do you think media (TV shows, movies, etc.) accurately portray individuals with DID?

   Yes

   No

   a) Please explain your answer to question #12.
Demographics

Gender: _____________

Race/Ethnicity:
— American Indian   — Hispanic/Latino
— Asian             — White
— African American  — Other; Specify: _________________
— Do not wish to answer

Year in school (circle):
    Freshman    Sophomore    Junior    Senior

Have you or anyone in your family ever been diagnosed with a mental illness (ex: depression, anxiety, ADHD, OCD, etc.)
    Yes
    No

Have you or someone you know (including family) ever been diagnosed with DID?
    Yes
    No

Have you previously heard of DID?
    Yes
    No

    a) If so, where?
Appendix D – Film & Video Clip Survey

Please read the following DSM-5 criteria for a diagnosis of DID. Then answer the following statements with regards to how much you agree with each statement:

The Diagnostic and Statistical Manual of Mental Disorders (5th Edition; DSM-5) requires that the following five criteria must be met for an individual to be diagnosed with Dissociative Identity Disorder (DID):

- There should be at least two or more distinct personalities. This can be seen through changes in behavior, attitude, and memory for events or personal information. The personalities can be observed and reported by others or reported by the individual themselves.

- The individual experiences memory loss that is more extreme than normal forgetting. Individuals may not remember day to day events, their personal information, and/or traumatic events that they have experienced.

- The memory loss and other symptoms must cause significant distress and effect their daily living, such as their social lives or work/school responsibilities.

- The symptoms and distress should differ from any practices that are considered a normal part of the individual’s culture or religion.

- An individual does not meet diagnosis for DID if their symptoms, as mentioned above, are caused by or believed to be caused by a drug or another medical condition.

1. Based on the film I just watched and the description above, I believe the film showed an accurate representation of DID.

   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree
2. **Based on the film I just watched and the description above, I believe individuals with Dissociative Identity Disorder (DID) are psychotic.** (Psychotic individuals experience delusions, hallucinations, or both. These disruptions make it difficult for the individual to differentiate between what is real and what is not. Psychosis is a symptom, not an illness\(^2\)).
   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

3. **Based on the film I just watched and the description above, I would feel comfortable living near an individual who has DID.**
   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

4. **Based on the film I just watched and the description above, I would feel comfortable having a class with an individual who has DID.**
   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

5. **Based on the film I just watched and the description above, I would feel comfortable dating an individual who has DID.**
   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

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6. Based on the film I just watched and the description above, I would feel comfortable being friends with an individual who has DID.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree  

7. Based on the film I just watched and the description above, I believe individuals with DID need treatment.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree  

8. Based on the film I just watched and the description above, I believe individuals with DID are violent or a threat to others.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree  

9. Based on the film I just watched and the description above, I believe Dissociative Identity Disorder is a real mental illness.

   1 Strongly Disagree  
   2 Disagree  
   3 Neutral  
   4 Agree  
   5 Strongly Agree
10. Based on the film I just watched and the description above, I believe DID can easily 
be faked.
   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

11. Based on the film I just watched and the description above, I believe it is the 
individual’s fault that they have DID.
   1 Strongly Disagree
   2 Disagree
   3 Neutral
   4 Agree
   5 Strongly Agree

12. Based on the description above, do you think media (TV shows, movies, etc.)
accurately portray individuals with DID?
   Yes

   No

b) Please explain your answer to question #12.
Demographics

Gender:___________

Race/Ethnicity:
  ___ American Indian     ___ Hispanic/Latino
  ___ Asian              ___ White
  ___ African American   ___ Other; Specify:______________
  ___ Do not wish to answer

Year in school (circle):
  Freshman    Sophomore    Junior    Senior

Have you or anyone in your family ever been diagnosed with a mental illness (ex: depression, anxiety, ADHD, OCD, etc.)
  Yes
  No

Have you or someone you know (including family) ever been diagnosed with DID?
  Yes
  No

Have you previously heard of DID?
  Yes
  No

  b) If so, where?
Appendix E – Consent Form

Certificate of Informed Consent

Title of study: 2018-58
Student Investigators: Sam Kovac
Faculty Supervisor: Dr. Patricia Schacht

In this study you will be asked to watch two clips from a film or read a short passage. After, you will be asked to answer a survey with a series of questions pertaining to the clips/passage. The survey is not timed, you may take as long as you need to complete it.

Risks and Benefits: There is minimal risk of being triggered by the discussion of mental illness in this study. We will provide resources at the end of the study should you feel you need them. Your answers will be kept confidential and will contain no identifying information that may be connected back to your identity. Names will only be used in correspondence with receiving credit for participating in the study and will not be attached to any testing documents. One benefit that may be gained is the increased knowledge of the way research is conducted in the field of psychology.

Contacts: If you have any questions about the procedures in this experiment, please contact Dr. Patricia Schacht, Associate Professor of Psychology, at (630) 637-5331 or at pmschacht@noctrl.edu. If you need support from an independent party after participating in this experiment, please contact the Dyson Wellness Center at (630) 637-5554.

Participation: Participation in this study is voluntary. You are free to withdraw from the experiment at any time without penalty. If you elect not to participate or withdraw participation before the study is complete, you may still receive credit for participation.

Age requirement: You must be at least 18 years of age to participate in this study. By providing your signature below you are indicating that you meet this age requirement. By providing your signature below, you are also indicating that the study has been explained to you and that you agree to participate.

Date: _____-____-____
Printed Name: __________________________________________
Signature: __________________________________________

Please check one of the following:
_____ I choose to participate in this study
_____ I choose to not participate in this study
Appendix F – Debriefing Form

The purpose of this study was to determine whether media portrayals of Dissociative Identity Disorder (DID) have a negative effect on mental health literacy and mental illness stigma. Groups either watched clips from the movie Split, watched clips from a documentary about DID, or read a vignette about DID. All groups completed the survey after watching the clips or reading the vignette. I designed this study to test whether the media portrayals of Dissociative Identity Disorder will decrease mental health literacy and increase the stigma surrounding the disorder. Specifically, I hypothesized that the greatest decrease in mental health literacy and increase in stigma will occur in the condition that watches the fictional portrayal of DID in the movie Split. If there are any concerns after the study, we encourage you to take advantage of one of the following resources:

- To talk to the researcher for more information about the study, please contact Samantha Kovac at skkovac@noctrl.edu
- If you have questions about your rights as a participant, please contact Dr. Patricia Schacht at 630-637-5331 or pmschacht@noctrl.edu
- If you feel lingering stress or discomfort, please contact Dyson Wellness Center at 630-637-5554.

Your research credit will be assigned to you shortly. Thank you again for your participation today!