Dissociative Identity Disorder in Film:

A Historical and Psychological Analysis

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I. Introduction

Dissociative Identity Disorder, abbreviated DID, is a major mental health condition referring to a person with two or more distinct identities. The first documented case was in 1584 when Jeanne Fery created a detailed account of her exorcism, which closely mirrored the behaviors of current DID patients (DID Research, 2022). In 1791, some of the first researchers in this field published a review on a German woman who awoke speaking fluent French, though she had no recollection of learning the language. This paper "coined the term 'exchanged personality'... and helped make the transition from hysteria to dissociative disorder" (Boulerice et al., 2019). DID was first given the name 'Multiple Personality Disorder' in 1968, but was more commonly referred to as 'Split Personality Disorder.' That was, until 1994 when the name was adjusted to Dissociative Identity Disorder to more accurately define the condition (Boulerice et al., 2019).

Current estimates state that DID affects 115 million people worldwide, or approximately 1.5% of the population (American Psychiatric Association, 2022). DID is characterized by the existence of multiple distinct identities within a person or a switch between them, which is referred to as dissociation. Within many of these cases, dissociation is one way for the mind to cope with extreme stress, and those periods of dissociation can last for minutes or years (National Health Service UK, 2020). Such extreme stress is thought to be connected to early developmental years; an estimated 90% of DID cases are caused by childhood abuse, neglect, or trauma (Mind Diagnostics, 2022).

The generalized symptoms of DID include (The Cleveland Clinic, 2021):

1. Memory loss of important people, events, or trauma
2. Disorientation of people and things
3. Delusions
4. Blurred sense of identity
5. Existence of two or more distinct identities
6. Flashbacks or sudden return of memories
7. Sense of detachment of self and emotions
8. Significant stress
9. Inability to cope with stress
10. Out-of-body experiences
11. Behavioral or functional variation
12. Hallucinations
13. Mental health problems
14. Drug and alcohol abuse
15. Development of eating disorders
16. Sudden or severe headaches and body pains
17. Sleep disturbances

There are currently two methods of treatment for DID: psychotherapy and medication. The first, psychotherapy, is more well-known as talk therapy and is the primary treatment choice by psychiatrists. It involves the discussion of one's behaviors, symptoms, and relations affected by DID with a mental health professional. Psychotherapy allows the patient to understand the causes of their disorder and navigate stressful or difficult situations in their personal or professional lives. The second method is less regarded as treatment but more so as an aid, and that is medication. Certain prescriptions from medical professionals can help to reduce the effects of DID symptoms and manage a person's reactions to them. The medications that are generally used are anti-anxiety or antipsychotic drugs (Mayo Clinic, 2023).

Both of these treatment methods are generally regarded as practical within the medical community and have evolved a long way from prior procedures. During the twentieth century, doctors used cognitive behavioral therapy (Gillig, 2009), hypnosis, or exorcism in attempts to treat DID (DID Research, 2022). However, it should be understood that there is no known cure

for DID, and that these modern treatment methods only work towards reducing the effects that patients experience. Though psychotherapy and medications moderate DID symptoms, it can be difficult for medical professionals to locate the exact source of a patient's stressors or pressures.

A literature review published by the Université de Nîmes on the myths of DID affirmed that approximately 35% of DID patients were treated for schizophrenia before being accurately diagnosed (Dodier, 2021). This is because the symptoms of DID bear a close resemblance to those of other mental disorders, as mentioned with schizophrenia, which leads to its frequent misdiagnosis. There are three procedures with which health professionals currently diagnose DID: physical examination, psychiatric examination, and by correlation with the DSM-5, a manual for mental disorders (Mayo Clinic, 2023). While diagnostic procedures are constantly improving and psychiatrists continue to study the nature of DID, its symptoms are nonetheless mistaken, or perhaps it is instead the condition itself that is misunderstood.

False perceptions of DID are found not only in a medical setting but also within publicized information, a common medium for this being film. Two widely recognized films that characterized DID are *Split* (2016) and *Fight Club* (1999). They respectively earned $278 million and $101 million U.S. dollars at the global box office (Box Office Mojo, 2023) and have remained fan favorites since their public introductions. As popular as these films are, they portray DID in an unrealistic manner, as the primary characters with DID either have superhuman abilities or founded a national crime organization. Thus, they are projecting false ideas, as DID neither physically enhances the human body nor leads a person to commit such a consequential offense. While some of the most notable, *Split* and *Fight Club* are two among hundreds of films to depict DID since the early twentieth century, and a lot has changed in the film industry in the last hundred years.

II. Literature Review

The Golden Age of Hollywood was a time period catalyzed by Hollywood's first motion picture in 1915, which lasted until the early 1960s (Heckmann, 2021). During this period, filmmakers experimented with implementing color, sound, and more creative narratives in their works. These productions were revolutionary within the industry and sparked the creation of the media that is viewed today. Even so, it took years of experimentation before filmmakers began delving into more profound subjects. Though DID made its screen debut with *Dr. Jekyll and Mr. Hyde* in 1908, very few films touched on the subject until the late 1900s (Sampson, 2020). This shyness was partly because so few production companies had the resources to create such comprehensive films but also due to the widespread stigma of mental health at the time. Wulf Rössler, in a paper published by the National Library of Medicine, asserts that "stigmatization and discrimination reached an unfortunate peak during the Nazi reign in Germany when hundreds of thousands of mentally ill people were murdered or sterilized" (Rössler, 2016). Mental health stigmatization steered filmmakers away from presenting DID and other mental health conditions in films for a long time in fear of public reaction. In recent years, there have been quantifiable increases in the acceptance of mental health, which has correlated with heightened media representation (Pescosolido, Halpern-Manners, & Luo, 2021). In context, this means that far more films released presently have focused on mental health conditions, and in this case, DID.

DID in film has become so widely accepted that it can be considered its own "enduring genre" (Byrne, 2001). Even so, it is commonly misrepresented, thus reinforcing misconceptions, but more so presenting DID in a negative light. Valerie Sampson with Elon University contends that "film portrayals that are incorrect and stigmatizing can contribute to the public's unfavorable

opinion of mentally ill individuals" (Sampson, 2020). According to Peter Byrne at the Kent Institute of Medical and Health Sciences, film psychiatry depicts two primary misconceptions: "mental illness as violence and the belief that every mentally ill person harbours one 'great dark secret,'" (Byrne, 2001). This research demonstrates the susceptibility of audiences to correlate fact and fiction, especially in relation to psychiatry. Without accurate representation, filmmakers are contributing to the stigmatization surrounding mental health conditions.

An accurate cinematic representation would encompass the depiction of several symptoms associated with DID, not just dissociation or the inclusion of multiple distinct identities. Dr. Stacy L. Smith affirms that "[b]y authentically depicting the nuanced and complex way that mental health conditions intersect individuals' lives, media can introduce audiences to new ways of thinking, ways to ask for help, and ultimately create necessary shifts in our cultural beliefs about mental health" (Smith et al., 2019). It is with regard to this statement that many productions fall short of creating authentic depictions of DID. The portrayals are either done with a negative reflection of those with DID or are simplified down to the prior name of the disorder, that being Multiple Personality (Sampson, 2020).

To explore this, many researchers have focused on a single film depicting DID to determine the boundaries of the character with the disorder. Cicih Nuraeni and Trosahlan Silaban with the Universitas Bina Sarana Informatika considered this area of research in a study titled "DID on Kevin Wendell Crumb Characters in Split Movie." Through their work, data was collected to present a psychological analysis of the main characters, ultimately concluding that there were numerous biological and psychological factors that determined the inclusion of DID in the film (Nuraeni & Silaban, 2018).

Similarly, student researcher Arni Eka Putri Wirjayanti, with guidance from Dr. Ali

Mustofa at the Universitas Negeri Surabaya, published a study entitled "Dissociative Identity Disorder in Todd Philip's Joker." Her work was constructed around two purposes: determining how DID was portrayed in *Joker* (2019) and the factors that caused the character's development of the disorder. A series of scene images and dialogue were collected and analyzed for profound changes within the main character. The analysis primarily focused on the imbalance of the id, ego, and superego and ascertained that, while it shaped the character, this imbalance was the cause of his DID (Wirjayanti & Mustofa, 2021).

Comparable analyses have been done on other films such as *Fight Club* (1999), *Frankie & Alice* (2010), *Black Swan* (2010), and *Moon Knight* (2022). Numerous reviews parallel to those previously mentioned have been published to analyze the symptoms, characteristics, and boundaries of DID in films. Nevertheless, these assessments have never been executed in such a way that creates historical connections between films as well as medical comparisons.

III. Overview of Research and Methodology

After understanding the various misconceptions and stigmatizations surrounding DID, I set out with two purposes for my research. The first was to identify the accuracy of the portrayals of DID in film, and the second was to create a separation between creative narratives and clinical knowledge. The ultimate goal was to create a historical and psychological analysis of DID within the film industry, and with that, I fabricated a research question. How accurate are the portrayals of DID in films from 1950 to 2022 as compared to relative and historical knowledge of the associated symptoms? In response to this question, I established two hypotheses. The primary hypothesis was that the portrayal of Dissociative Identity Disorder would focus primarily on the existence of two or more distinct identities and fail to represent other symptoms as frequently. The secondary hypothesis was that the accuracy of films in relation to clinical knowledge would

increase over time from the 1950s to the 2020s.

To explore these claims, searches were conducted, to no avail, in order to find a study with similar intentions. However, I was able to locate a study entitled "Dementia in the Movies: The Clinical Picture," written by Debby Gerritsen, a distinguished expert on dementia. Qualitative and quantitative analyses were conducted within this work to analyze the symptomatic portrayals of dementia across a series of films (Gerritsen, 2013). While there was no historical contextualization within this research, the collection of various forms of data with a closely related purpose to my own helped shape my understanding of how to explore my hypotheses.

IV. Methodology

IV.I. Preparations

The development of my research process began with film selection. I started my search on IMDb, an online database verified by numerous studios and directors, where I searched for movies tagged with the keywords 'dissociative identity disorder' or 'multiple personality disorder.' The search results were gathered in a long list that noted the film title, release year, and classification or genre. To begin narrowing the list of results, I disregarded documentaries due to intentional accuracy, short films to ensure the content was long enough, and tv series to avoid having far too much content. I selected a list of full-length feature films and miniseries to ensure an appropriate quality and length of content for my study. This list was then ordered by release year and separated by decade from the 1950s to the 2020s.

After selecting my film sample, I researched each individual film through IMDb and The Numbers, a reference for cinematic information, to determine whether or not I could access them in English through subscriptions, purchases, or rentals on the following services: Apple TV+,

Prime Video, Disney+, and Netflix. I then determined if one of the film's primary characters was portrayed with DID, making certain that the character would have an ample amount of screen time to examine.

With this completed list of about a hundred films, I selected the two highest-grossing films by the international box office in U.S. dollars. This data was cross-referenced on IMDb and Box Office Mojo, a source used by professionals in the movie advertising industry for the greatest accuracy. Unfortunately, this data yielded some slight limitations. The first was that *Moon Knight* (2022) was released directly to Disney+ and did not have box office data. To account for this, I took the first month's views, being 12.89 million (Nebens, 2022), and multiplied them by the average movie ticket price in 2022 of $10.45 (The Numbers, 2023) to estimate the grossing. Further, *The Three Faces of Eve* (1957) and *David and Lisa* (1962) only had data on U.S. Rentals (The Numbers, 2023), so I used those quantities in replacement of box office earnings.

Another minor concern was that I could not find data for the grossing of approximately a dozen films within my criteria, mainly from the 1970s. To account for this, I consulted Kabir Ananda, a senior director of analytics, and Jeffrey Lossman, vice president of sales revenue, with National Cinemedia, a film advertising company. I found that, between multiple aforementioned sources, these few selected films had no earnings data online. In place of this process, I turned to film ratings on IMDb and chose the two with the highest rating for the 1970s.

This extensive criterion produced the following sixteen films for analysis, two originating from each decade within the scope of this study. Below are the individual film earnings, not adjusted for inflation, as well as the streaming service and price where each was located.

Films in Release Order	Earnings (Unless Specified)	Service, Price
Lizzie (1957)	$1.4 million (U.S. Rentals)	Amazon Rentals, $17.09
The Three Faces of Eve (1957)	$555 thousand (U.S. Rentals)	Apple TV+, $3.99
Psycho (1960)	$50 million	Apple TV+, $3.99
David and Lisa (1962)	$2.3 million (U.S. Rentals)	Prime Video, Free
Footprints on the Moon (1975)	6.6/10 (IMDb Rating)	Tubi, Free
Sybil (1976)	8/10 (IMDb Rating)	Prime Video, $11.99
Dressed to Kill (1980)	$31.9 million	Prime Video, Free
10 to Midnight (1983)	$7.1 million	Apple TV+, $3.99
Primal Fear (1996)	$102.6 million	Prime Video, Free
Fight Club (1999)	$101.2 million	Prime Video, Free
Me, Myself & Irene (2000)	$149 million	Apple TV+, $3.99
Secret Window (2004)	$92.9 million	Netflix, Free
Shutter Island (2010)	$294.8 million	Netflix, Free
Split (2016)	$278.5 million	Prime Video, Free
Spider-Man: No Way Home (2021)	$1.9 billion	Apple TV+, $14.99
Moon Knight (2022)	$141.7 million (Estimate)	Disney+, Free

Before continuing with the analysis, I completed thorough research on DID to create a complete list of symptoms (see Figures I, II, and III). In order to compile this list, I searched ‘symptoms of Dissociative Identity Disorder’ on various sources, including the Mayo Clinic, the National Alliance on Mental Illness, the Cleveland Clinic, and the National Institute for Mental Health. Any primary symptom that was noted by two or more of these sources was written on the

master list. Further, I researched secondary, tertiary, and quaternary symptoms with the same search criteria. This process allowed for a more detailed description of the related symptoms, thus making film portrayals more recognizable. The structure of the symptoms on the list is as follows:

Primary Symptoms = Numbers (1, 2, 3)

Secondary Symptoms = Letters (a, b, c)

Tertiary Symptoms = Roman Numerals (I, II, III)

Quaternary Symptoms = Numbers (1, 2, 3).

Dissociative Identity Disorder Master Symptom List

Mental and Emotional Symptoms

1. Memory loss of important people, events, or trauma (especially of childhood)
2. Disorientation of people and things
3. Delusions
4. Blurred sense of identity
5. Existence of two or more distinct identities
    a. Changes in behavior, memory, thoughts, handwriting, or preferences
    b. Feel as though there are voices trying to control one's head
6. Flashbacks or sudden return of memories
7. Sense of detachment of self and emotions
8. Significant stress or problems in social and professional life, or other
9. Inability to cope with emotional and professional stress
10. Out-of-body experiences
    a. Loss of control
    b. Feel as though they are an observer of themself
    c. Change in feel of body (small child, opposite gender, change in figure)
11. Behavioral or functional variation (hyper-efficiency to sloth or incompetence)
12. Hallucinations
    a. Hearing voices
    b. Sensory experiences
13. Mental health problems
    a. Depression
        i. Feeling of sadness, tearfulness, emptiness, or hopelessness
        ii. Angry outbursts, irritability, or frustration
        iii. Loss of interest in one's normal activities
        iv. Tiredness or lack of energy
        v. Changes in appetite or weight
        vi. Slowed thinking, speaking, or body movements
        vii. Feelings of worthlessness or guilt (fixation on failures, self-blame)
        viii. Trouble thinking, concentrating, making decisions, or with memory
    b. Anxiety, panic attacks, phobias

Figure I: Complete symptom list of Dissociative Identity Disorder, page 1.

i. Nervous, restless, or tense
ii. Sense of impending danger, panic, or doom
iii. Increased heart rate
iv. Hyperventilation
v. Sweating
vi. Trembling
vii. Feeling weak or tired
viii. Trouble concentrating or thinking
ix. Gastrointestinal (GI) problems
x. Difficulty controlling worry
xi. Urge to avoid anxiety-triggering activities, places, interactions, etc.
xii. Hot flashes or chills
xiii. Choking sensation
xiv. Pain or tightness in chest
xv. Sensation of butterflies in stomach
xvi. Nausea
xvii. Feeling faint
xviii. Numbness or pins and needles
xix. Dry mouth
xx. Need to go to the restroom
xxi. Ringing in ears
xxii. Confusion or disorientation

c. Suicidal thoughts or self harm
    i. A person talks about any of the following:
        1. Killing themselves
        2. Hopelessness
        3. Having no reason to live
        4. Being a burden
        5. Feeling trapped
        6. Unbearable pain
    ii. Looking for ways to end their lives

Figure II: Complete symptom list of Dissociative Identity Disorder, page 2.

iii. Withdrawing from activities
iv. Isolation from family or friends
v. Visiting or calling people to say goodbye
vi. Giving away prized possessions
vii. Aggression or fatigue

Physical Symptoms

14. Drug and alcohol abuse or misuse
15. Development of eating disorders
16. Sudden or severe headaches and body pains
17. Sleep disturbances
    a. Insomnia
    b. Sleep walking
    c. Irregular sleep patterns

Figure III: Complete symptom list of Dissociative Identity Disorder, page 3.

IV.II. Analysis

Once prepared for analysis, a document was created for each film with which to collect data (Table I). This document contained a table with a list of primary symptoms and space for time stamps as well as scene descriptions. During analysis, I used two devices, one for viewing the film

Symptom	Time Stamp	Notes
Memory loss of important people, events, or trauma (especially of childhood)		
Disorientation of people and things		
Delusions		
Blurred sense of identity		
Existence of two or more distinct identities		
Flashbacks or sudden return of memories		
Sense of detachment of self and emotions		
Significant stress or problems in social and professional life, or other		
Inability to cope with emotional and professional stress		
Out-of-body experiences		
Behavioral or functional variation (hyper-efficiency to sloth or incompetence)		
Hallucinations		
Mental health problems		
Drug and alcohol abuse or misuse		
Development of eating disorders		
Sudden or severe headaches and body pains		
Sleep disturbances		

Table I: Data collection table used during film analysis.

and one for filling in this document (Table I), while also referencing the complete symptom list on paper. Throughout the film, I paused to note any symptoms portrayed on-screen, regardless of whether they were associated with DID. To determine the portrayal's relation to DID symptoms, I referenced the complete symptom list and replayed the scene as necessary. After determining a correlation, the scene's information was either noted or discarded based on its nature. These notes consisted of the number of portrayals, time stamps, and notes describing the scenes, an example (Table II) of which demonstrates the data for *Psycho* (1960).

Symptom	Time Stamp	Notes
Memory loss of important people, events, or trauma (especially of childhood)	01:08:31 01:30:46	Norman has trouble recalling the details of Marian's stay at the motel when questioned by a detective. Norman forgets to have them pay in advance and forgets to give them a receipt.
Disorientation of people and things		
Delusions		
Blurred sense of identity		
Existence of two or more distinct identities	01:41:53 01:42:43 01:45:11	Norman runs into the basement dressed as and acting as his mother, Mrs. Bates. A psychiatrist says that Norman no longer exists, and he only used to half exist. Now, the other half has taken over. Psychiatrist says that Norman existed as both personalities at once and would carry out conversations between the two identities.
Flashbacks or sudden return of memories		
Sense of detachment of self and emotions		
Significant stress or problems in social and professional life, or other		
Inability to cope with emotional and professional stress		
Out-of-body experiences		
Behavioral or functional variation (hyper-efficiency to sloth or incompetence)		
Hallucinations	01:48:19	Norman hears his mother's voice discussing her confession of the murders he committed, as well as talking about his life.
Mental health problems	01:43:59	Psychiatrist says that Norman had always been deeply mentally disturbed.
Drug and alcohol abuse or misuse		
Development of eating disorders		
Sudden or severe headaches and body pains		
Sleep disturbances		

Table II: Data collection table after film analysis for *Psycho* (1960).

Once the film analysis was completed, a series of quantifications were gathered. While considering each film on its own, the number of portrayals per symptom was noted on a separate spreadsheet (Table III).

Symptoms	Psycho (1960)
Memory loss of important people, events, or trauma (especially of childhood)	2
Disorientation of people and things	
Delusions	
Blurred sense of identity	
Existence of two or more distinct identities	3
Flashbacks or sudden return of memories	
Sense of detachement of self and emotions	
Significant stress or problems in social and professional life, or other	
Inability to cope with emotional and professional stress	
Out-of-body experiences	
Behavioral or functional variation	
Hallucinations	1
Mental health problems	1
Drug or alcohol abuse or misuse	
Development of eating disorders	
Sudden or severe headaches and body pains	
Sleep disturbances	
Symptoms in Film	7

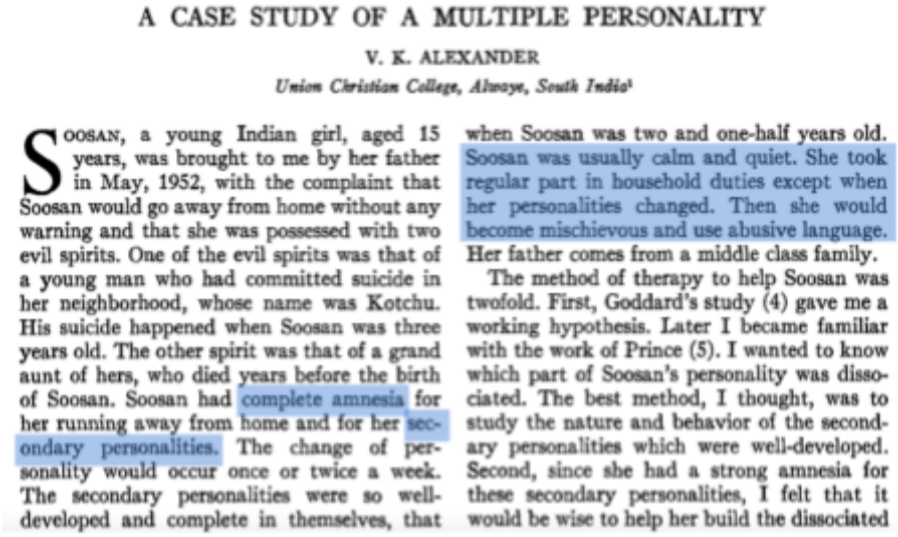
Table III: Film analysis quantifications from *Psycho* (1960).

The totals by symptom were then added together to produce a series of numbers that represented the number of times each symptom was portrayed across the 16 films. These quantities were converted to percentages by dividing the number of portrayals of each symptom by the total portrayals, as in this equation: (Primary Symptom Portrayals ÷ Total Portrayals) × 100 = Percentage Composition of Each Symptom.

IV.III. Comparison

To finalize my methodology, a list of numerous case studies from each decade was formulated with which to compare the films. Case studies were collected from the American Psychiatric Association and the National Library of Medicine through search terms ‘Dissociative Identity Disorder case study’ or ‘Multiple Personality Disorder case study.’ The results were filtered by popularity, and I selected the top two results from each decade to parallel the two highest-grossing films from each decade. In order to eliminate bias, I refrained from reading the case studies until all film analysis was complete. This allowed me to view each film without a predisposition toward the symptoms which could have been in the film.

Once all the films were analyzed, I compared the notes from each film to the case study originating from the same decade. To do so, separate documents were created for the film and case study data. For each case study, I read through and noted any symptoms described, a process demonstrated in Figure IV.



A CASE STUDY OF A MULTIPLE PERSONALITY

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SOOSAN, a young Indian girl, aged 15 years, was brought to me by her father in May, 1952, with the complaint that Soosan would go away from home without any warning and that she was possessed with two evil spirits. One of the evil spirits was that of a young man who had committed suicide in her neighborhood, whose name was Kotchu. His suicide happened when Soosan was three years old. The other spirit was that of a grand aunt of hers, who died years before the birth of Soosan. Soosan had complete amnesia for her running away from home and for her secondary personalities. The change of personality would occur once or twice a week. The secondary personalities were so well-developed and complete in themselves, that when Soosan was two and one-half years old. Soosan was usually calm and quiet. She took regular part in household duties except when her personalities changed. Then she would become mischievous and use abusive language. Her father comes from a middle class family.

The method of therapy to help Soosan was twofold. First, Goddard's study (4) gave me a working hypothesis. Later I became familiar with the work of Prince (5). I wanted to know which part of Soosan's personality was dissociated. The best method, I thought, was to study the nature and behavior of the secondary personalities which were well-developed. Second, since she had a strong amnesia for these secondary personalities, I felt that it would be wise to help her build the dissociated

Figure IV: Visualization of process for case study analysis.

With the quantifications of symptoms from both the film depictions and the case studies, I took a percentage similarity to determine the overall accuracy of the films. This was done for each decade through the use of this equation: (Number of Symptoms in Films Noted in Case Studies ÷ Number of Symptoms in Case Studies) × 100 = Percentage Similarity of Films to Case Studies of Decade. This data was contrasted in 8 intervals or decades over the selected time period to understand the correlation between similarity and time. The process drew conclusions toward the general and progressive accuracy of the portrayals within the films of my study.

V. Results

As detailed within the methodology, data was collected through two processes, the first being film analysis. The quantifications of the symptoms were added from the individual films and consolidated for the total portrayals across all films; this data is illustrated in Table IV.

Symptoms	Final Averages
Memory loss of important people, events, or trauma (especially of childhood)	48
Disorientation of people and things	0
Delusions	2
Blurred sense of identity	12
Existence of two or more distinct identities	180
Flashbacks or sudden return of memories	21
Sense of detachement of self and emotions	0
Significant stress or problems in social and professional life, or other	2
Inability to cope with emotional and professional stress	3
Out-of-body experiences	13
Behavioral or functional variation	4
Hallucinations	33
Mental health problems	9
Drug or alcohol abuse or misuse	7
Development of eating disorders	0
Sudden or severe headaches and body pains	3
Sleep disturbances	9
Symptoms in Film	**346**

Table IV: Primary symptoms of DID and total quantities of portrayals across all 16 films.

Of the 346 symptoms portrayed throughout the films, the existence of two or more distinct identities was depicted 180 times. This number not only represents the majority of all quantifiable portrayals but is significantly greater than the second most frequently shown symptom, being memory loss of important people, events, or trauma (especially of childhood) at 48 depictions. There were three symptoms that were not depicted throughout any of the films: the disorientation of people and things, a sense of detachment of self and emotions, and the development of eating disorders.

The data from Table IV was then converted to the percentages indicated in Figure V, which demonstrates the margin of each symptom in relation to the total portrayals. It is presented in a pie chart for visual ease and to increase understanding of the sections that fabricate the total symptomatic portrayals.

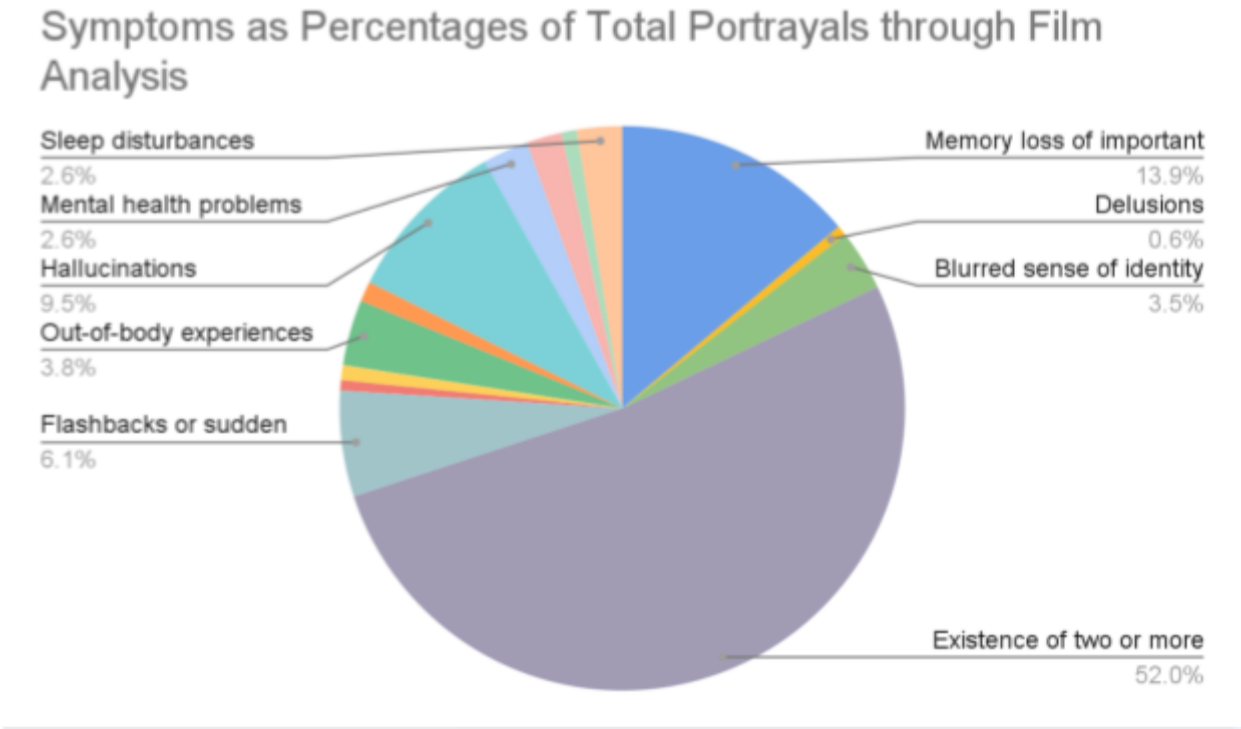

Figure V: Percentages of symptomatic portrayals making up the total of all portrayals across films.

The most substantial section towards the bottom of the figure represents the existence of two or more distinct identities, accounting for 52.0% of all portrayals. As also demonstrated in Table IV, memory loss of important people, events, or trauma (especially of childhood) remains the second most frequent portrayal at 13.9%. It is notable that not all symptoms are labeled as they comprise such small percentages of the total symptoms portrayed. One example of these small margins is delusions, which account for 0.6% of all portrayals. As stated before, since the disorientation of people and things, a sense of detachment of self and emotions, and the development of eating disorders were not portrayed, they are not listed in the figure.

Additionally, Figure VI demonstrates the symptoms distributed across each decade. Each bar represents one decade and the corresponding two films, while the various colors represent the different symptoms portrayed in the films. Just as in Figure V, the large purple section represents the existence of two or more distinct identities, making up the majority of the portrayals across

decades. The one outlier to this trend is the 1990s, in which the existence of two or more distinct identities was portrayed an equal amount to a blurred sense of identity.

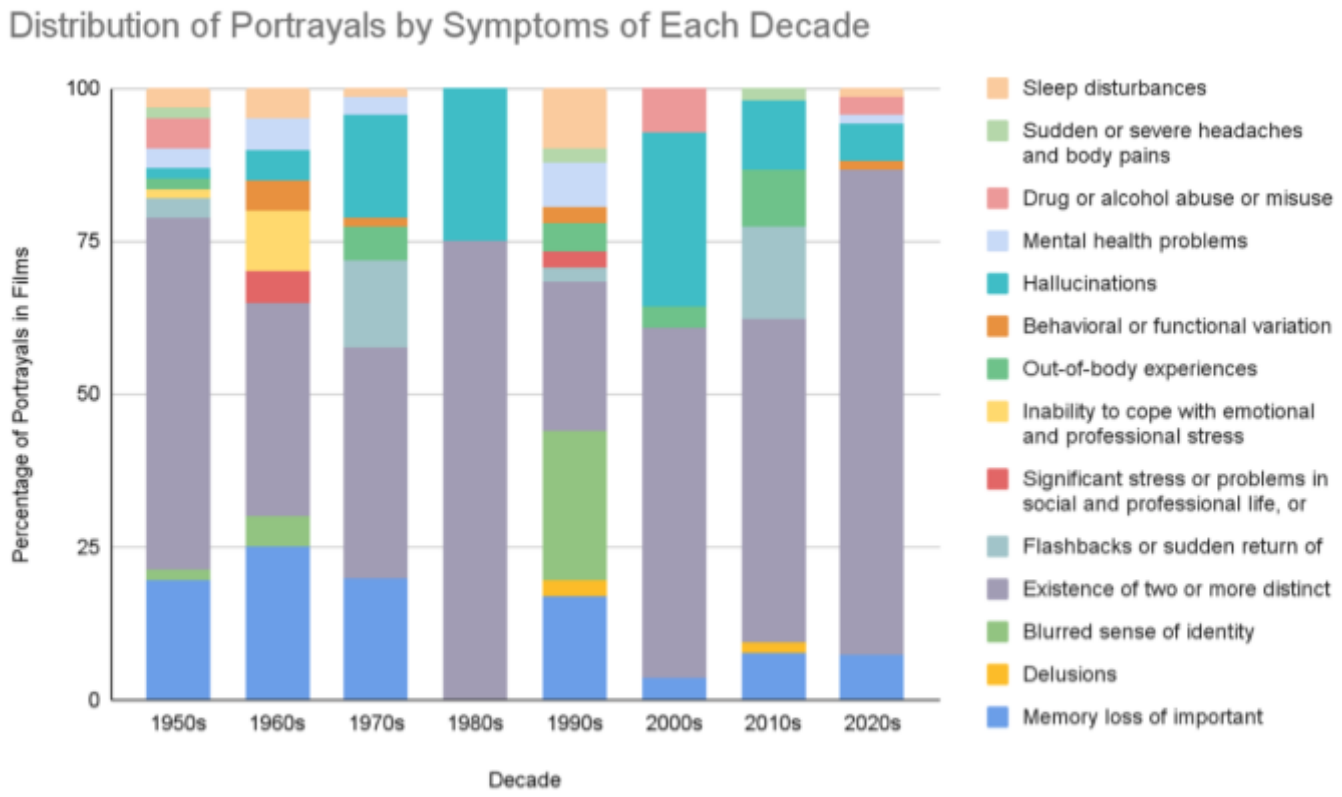

Figure VI: The distribution of symptomatic portrayals across decades, each decade containing two films.

The second method of data collection was completed through a contrast of film analysis and case study findings. As previously mentioned, the quantifications of symptoms depicted in films and discussed in case studies were compared by decade to determine a correlation over time; these findings are shown in Figure VII. Therefore, each percentage represents the similarity of film depictions to medical observations at the time of the film's release.

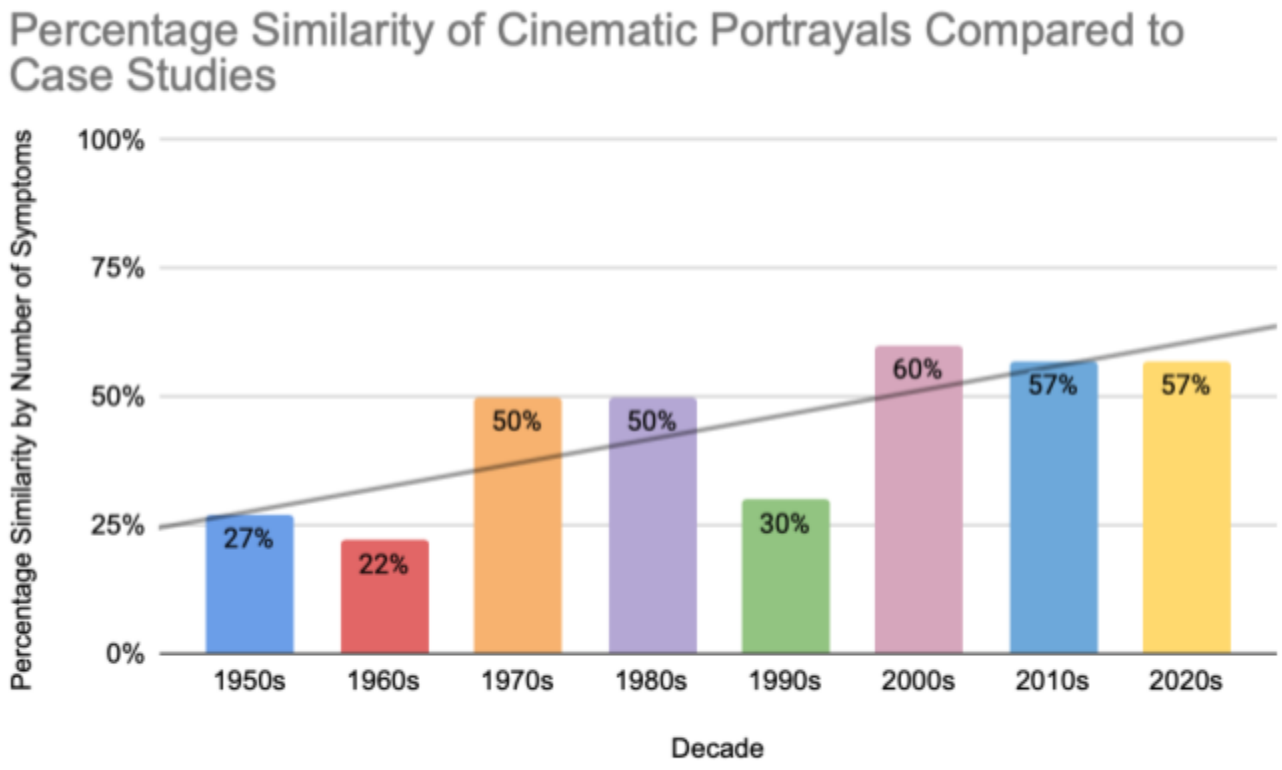

Figure VII: Percentage similarity between film analysis data and case study findings by decade.

There are several pronounced features of Figure VII. First, the films from the 1950s had an average 27% similarity to case studies, whereas those from the 2020s had a 57% similarity. The constantly increasing trend line presents this change and illustrates the increase in correlation over the selected timeline. There is, however, one noticeable outlier in the data: the 1990s at 30% accuracy. That is likely due to the fact that the two case studies from that decade only mentioned a total of four symptoms, meaning that the percentage was bound to be lower, given how many symptoms were shown in the films.

VI. Discussion

The two processes detailed within the methodology, film analysis, and medical comparison, directly correlate with my primary and secondary hypotheses. Recalling my primary hypothesis that the existence of multiple distinct identities would be portrayed disproportionately

higher than other symptoms, Figures V and VI support this thinking. These figures demonstrate that the existence of two or more distinct identities accounted for 52.0% of all portrayals across films, as well as the majority from each decade. Considering that the second most frequent portrayal made up only 13.9% of all symptoms, the 38.1% difference renders the existence of multiple identities disproportionate to other symptoms. There were, however, three films that did not follow this pattern, those being *Footprints on the Moon* (1975), *Fight Club* (1999), and *Secret Window* (2004). Instead, the symptoms portrayed most frequently in those films were memory loss, a blurred sense of identity, and hallucinations, respectively. This disparity from the general pattern of the data could be due to a production decision by filmmakers or screenwriters relating to the plot of the film, though there is no way of confirming this view.

The data from Figure VII corresponds with my second hypothesis that the accuracy of the portrayals of DID in films would increase over time. This is supported by the trend line in Figure VII, which extends from approximately 25% to 60% between 1950 and 2020. A 35% increase is a very noticeable change in the similarity between the films and clinical observations. In this context, the words ‘similarity’ and ‘accuracy’ are used interchangeably, as they refer to the correlation between cinematic depictions and medical observations. As formerly asserted by Dr. Stacy L. Smith, accurate portrayals are defined by the existence of a variety of symptoms (Smith et al., 2019). Thus, the more symptoms that are shown in films and correspond with case study observations, the more accurate the portrayal from that film.

There is one drawback to this method of calculation, that being that it only determines the existence of a correlation between two factors rather than validating the exact relationship. Even so, the findings presented are supportive of my initial claims and show the composition of the portrayals as well as the progression of them.

VI.I. Limitations

Though my findings were in congruence with my initial hypothesis, my study was not without its limitations. With only one researcher, there is a potential that I misinterpreted or overlooked a portrayal within the films. In order to combat this, I made sure to complete thorough research on the symptoms of DID and to reference the symptom list after the portrayal of any symptom, whether associated or not, during film analysis. There was also an opportunity for error within calculations, so I was sure to complete each calculation two to three times, ensuring that the answers were consistent.

My methodology in particular, was restricted by the availability of online resources. One area to consider would be my search criteria. While IMDb is a generally trusted source by professionals in the film industry, the tagging of the films by which I found my selection might not have been entirely accurate. That is to say, it could have mislabeled a film or not labeled a film that did depict DID. In relation to this fault, two of the films within my final selection, *Secret Window* (2004) and *Split* (2016) were alternative selections to *The Hours* (2002) and *The Mummy* (2017). This was due to the fact that, after film analysis, there appeared to be no consistency between the symptoms shown in the films and those associated with DID. Rather than discarding the data completely, I chose to watch the alternative films mentioned, which were the third highest-grossing from those decades.

Also worth considering is the limited scope of my research due to time constraints and available resources. Without the aid of others in the research process, I was only able to conduct one analysis on each of the 16 films and only read two case studies from each decade. Moreover, my initial goal was to utilize symptom lists from past decades in place of the case studies I examined. These resources were unable to be located, perhaps due to the fact that symptom lists

evolve as medical knowledge broadens over time. With that, I believed the next closest option would be to analyze case studies to best understand how medical professionals observed DID in decades past. This substitution limited my findings because case studies are not necessarily a representation of the entirety of clinical knowledge of DID at the time they were published. They could have been only a small sample of the knowledge at the time, though there is no way to be sure of this. However, given the resources available, I believed it to be the best alternative.

VI.II. Implications

The methodology entailed in this study can not only be expanded upon with further research, but it can also inspire similar reviews. This study could easily be replicated in the future with a new or larger selection of films and case studies or inspire similar work on other mental health conditions with the same purpose. This would be especially beneficial because, as mentioned, the calculations have their downfalls and would be best considered as inspiration for another methodology or further explorations.

The findings presented can also act as a catalyst for a number of social and standard changes. They help to increase knowledge of DID and entice audiences to inform themselves of the reality of the conditions they see on screen. This holds great importance because, as discussed in the literature review, audiences have a predisposition to assume media as fact, whether it is or not. To reduce these misconceptions, my work determines a separation of fact and fiction regarding mental health portrayals in film; it could help to change the ways audiences perceive film.

A movement of change in the film industry could be inspired by my findings, such as for filmmakers to collaborate more frequently with psychiatrists with the intention of increasing the

accuracy of their portrayals. This union could bring a positive light to the portrayals of mental health conditions within films worldwide of all genres.

VII. Conclusion

In spite of the fact that my findings are not concrete, they still hold a significance in the research field. The concepts, methods, and reviews covered within this paper contribute to the public's knowledge of the actuality of Dissociative Identity Disorder and deconstruct the notion that all cinematic portrayals are accurate. It is with great hopes that this paper could inspire researchers to conduct further research on the media's representation of Dissociative Identity Disorder to continue to depict it with a sense of realism.

In 2019, the last year without the influence of COVID-19, the global box office grossed 42.5 billion U.S. dollars (The Hollywood Reporter, 2019). With such great reach, the film industry has a great capacity to influence millions of people within its audiences each year. Given this, it is imperative that filmmakers create accurate representations of mental health conditions. Otherwise, the stigmatization of mental health conditions will remain, and films will continue to do injustice to those with mental health conditions.

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