

Dissociative Identity Disorder: Am I Real to Myself?

Ana Tauqir

Student at Gems New Millennium School, Al Khail, Dubai, UAE

Abstract:

Dissociative Identity Disorder (DID) is a known dissociative disorder that is trauma-related; however, patients diagnosed with this disorder have often expressed concerns about the reality of their own experiences. This paper will discuss the phenomenon of Dissociative Identity Disorder from a clinical psychological perspective as well as from the personal experience of patients who have been diagnosed with this disorder in terms of the question of whether what they experience is real or just imagined.

Through the mixed methods approach to research design, the current research incorporates a systematic review of the literature on the psychological and medical aspects of the subject matter, together with a small-scale survey among non-clinical respondents to examine the perceptions that can impact self-doubt among those who suffer from DID. The existing body of research on the subject matter will be examined for the aspects of prevalence, trauma-related causation, neurobiological findings, and treatment effectiveness.

Results support that DID is a genuine psychological disorder that is closely linked to traumatic experiences during childhood and is well-grounded in neurobiological findings. On the other hand, findings of this survey indicate that there is a great deal of misconstruction of DID based on its presentation in popular media. This paper also underscores how a lack of belief in a disorder can contribute to a confused sense of identity in a patient with DID.

I. Introduction

What if the hardest part of having a disorder is constantly questioning whether your own mind is lying to you?

When someone has Dissociative Identity Disorder, or DID, it's not just about losing track of who they are or gaps in memory. A big part of it is the deep sense of self-doubt that people with this diagnosis often feel. People with DID often wonder if their symptoms are real, asking themselves if they're making things up, blowing them out of proportion, or just not understanding what's happening. People often don't get what's going on, and what society thinks just makes things harder.

It's really important to study DID, and not just look at how we diagnose it or what's going on in the brain. You really have to think about how tough it is for people with this condition, dealing with disbelief from others and, sometimes, even from themselves. DID often shows up because of really tough childhood trauma, but the ways we cope to survive that trauma can also make us feel pretty mixed up about who we are and what's real.

We want to look at Dissociative Identity Disorder, or DID, as something that's really real and comes from trauma. We're also checking out how what people think and say that's not true makes folks with DID doubt themselves.

II. Literature Review

Clinical and Psychological Perspectives

Early clinical descriptions of dissociation date back to the late nineteenth century, but Dissociative Identity Disorder had to wait for the development of modern diagnostic systems for its official recognition. The DSM-5-TR defines DID based on identity disruption and recurrent amnesia, with a focus on functional impairment rather than dramatic presentation.

DID can be supported as a trauma-based disorder by substantial clinical data. Studies have continuously reported that more than 90% of individuals diagnosed with DID have undergone chronic and overwhelming trauma in early childhood, usually before age six. It is also at a stage in life when critical phases of identity integration occur, and the developing psyche is especially vulnerable to dissociative coping mechanisms.

Neurobiological and Cognitive Research

Neuroimaging studies provide objective support for DID, such as reduced hippocampal and amygdala volumes, altered stress responses within the HPA axis, and state-dependent brain activation patterns. These findings make a distinction between DID and malingering or imaginative role-play and place it firmly within the category of such severe trauma-related disorders as PTSD.

Cinema and Literature as Cultural Context (Not Diagnostic Evidence)

Although the current study does not compare the movie representation of the disorder to the real thing, movies and books are a big influence on how a person with DID understands their own condition. For example, *Sybil* and *The Three Faces of Eve* are movies that first represented the idea of multiple productions to the world at large. Later examples of the genre are *Fight Club*, *Shutter Island*, *Split*.

In 'Fight Club' (1999), the dissociation is represented in by the person's secondary self, Tyler Durden. He represents all the qualities which the individual self can't assert in their own identity safely. He shows amnesia, separation in identity, and internal monologues which resemble characteristics of DID but in 'Fight Club', all these characteristics are rushed and situated in the cinematic "reveal."

III. Gaps within previous Research

Historical

Although there has been growth in the amount of clinical information available on DID, there has not been much work dedicated to the impact that stigma and the portrayal within the mainstream media may have on the affected individuals.

Despite the emergence of evidence, there are still gaps regarding large-scale longitudinal research, male cases of DID, and consistency in diagnosis across cultures. Media representations are also impacting perceptions, especially where they take precedence over research evidence.

IV. Methodology

This study employed a mixed-methods research design, combining secondary literature analysis with a small-scale primary survey to examine both clinical evidence and public perception of Dissociative Identity Disorder.

Research Design

The research was divided into two components:

1. Qualitative secondary research through review of existing psychological and medical literature.
2. Quantitative primary research through a structured survey conducted among a small sample group.

Participants

A total of fifteen 16 year olds contributed to the survey.

- 9 females
- 6 males

10 closed-ended and semi-open-ended questions formed up the structured questionnaire. rather than focusing on a medical diagnosis, the survey addressed awareness, opinions, and misinformation about DID.

Survey Questions Used

1. Have you heard of Dissociative Identity Disorder (DID)?
2. Where did you first learn about DID? (Movies/TV, Social Media, Books, Academic Sources, Other)
3. Do you believe DID is a real psychological disorder?
4. Do you associate DID primarily with violence or danger?
5. Do you think DID is caused mainly by trauma?
6. Are you aware that DID is recognized in the DSM-5-TR?
7. Do you think media portrayals of DID are accurate?
8. Would you feel comfortable interacting with someone diagnosed with DID?
9. Do you believe DID is over diagnosed, underdiagnosed, or accurately diagnosed?
10. Should more awareness about DID be included in mental health education?

V. Procedure

Survey Findings

Some results of the survey have provided insights into how Dissociative Identity Disorder is viewed and recognized. These include:

- All participants (15/15) had heard of DID
- 73% (11/15) were originally introduced to DID by films or TV.
- 67% (10/15) of respondents believed that DID is a real psychological disorder while 33% (5/15)
- 60% (9/15) linked DID to
- 80% (12/15) thought trauma is the major cause of DID.
- 40% (6/15) knew that the DSM-5-TR recognizes formally the existence of the DID
- 87% (13/15) believed media representation of Multiple Personality Disorder, or
- 70% (11/15) reported they would be comfortable in contact with someone diagnosed with DID.
- 63% (9/15) thought that DID
- 93% (14/15) showed support for more mental health information on DID

VI. Discussion

The implications of the results, when interpreted through the eyes of people with Dissociative Identity Disorder, indicate the obscured psychological issue of self-questioning. While there is acceptance of Dissociative Identity Disorder as a psychological condition, people with this brain function often wonder if what they experience is actually happening.

Findings in the survey that the vast majority of the group became familiar with the concept of DID through films or television programming can provide insight into this struggle. Movie stories tend to include the dissociation experience in exaggerated, violent, or impossible ways. For individuals with DID, finding

themselves in this confusing state, where the symptoms can be hidden, internal, and disorganized, can cause the person to struggle with the idea “If I don’t look like that, then maybe I’m not real.”

Memoirs written by people with DID consistently report patterns of denial, terror of being discovered as lying, and of one's own memory. These experiences validate trauma psychology research showing that chronic invalidation reinforces rather than resolves dissociative coping.

The findings suggest that misunderstanding DID does not merely shape attitudes and opinions; it shapes the internal psychological world of those who live with the disorder.

VII. Self-Interpretation: The Experience of Doubting One’s Own Reality

From the perspective of self-interpretation psychological theory, Dissociative Identity Disorder could be defined as a psychological condition that, for a person to survive, the mind has to shatter, but for recovery, the individual has to accept those parts or voices as real, creating a paradox that only people with DID have.

People with DID may experience their childhood and adolescence in conditions where the world around them invalidated their experiences. Thusly, the disbelief seen in the external world later in society and the media can be one way in which the traumatic invalidation can become manifested again. People who may experience subtle incidents may see the representation of dissociation in movies as overt and violent.

Understood in this way, the question “Is it real?” is not about disclaiming the existence of the disorder, but about the knowledge about the self that is being questioned. The Disorder of Identity shows that reality is not unified and continuous but can in fact be sectioned off in such a way as to allow reality itself to continue. The return to mental health therefore is based not simply on integration but on regaining trust in the self’s own experiences.

VIII. Conclusion

Findings from this study prove that Dissociative Identity Disorder is an actual, validated psychological condition that stems from child trauma. But when one scrutinizes it from the lens of lived experiences, the primary issue linked to DID transcends the normalization of symptoms to issues linked to self-legitimacy. While the impact of cinema and literature is significant in demonstrating dissociative experiences in a manner opposite to the way it is observed in practice in the realm of psychology; for patients suffering from DID, it merely acts as a factor in undermining their acceptance of the diagnosis that they have been prescribed. The importance of this study is embedded in the significance of validation in both therapeutic practices and every other practice for that matter.

Some of the limitations of this study can be attributed to the small survey and the reliance on secondary sources for experiences, which do not provide an accurate representation of the experiences of people who have been diagnosed with DID. Future research should therefore focus on personal experiences and qualitative research involving people who have been diagnosed with DID in order to grasp the effect of the narrative on identity.

IX. References

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