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DID and Its Representation in *Split*: Harmful?

Throughout the history of horror films, there has been many terrible monsters and dangerous psychopaths that have wreaked havoc on the big screen. When creating a villain, the writer needs to provide a motive for all the atrocities in which the character could commit during a story, especially in the instance of a horror film. Therein the problem lies, as it is not easy for any person to murder someone or perform some of the acts these movie monsters have over the years. A common road these horror writers seem to take is to explain the behavior of a deviant character by supplying them with a mental illness. Describing a villain as “psychotic” or “insane” is an easy way to justify a character’s wrongdoing, but this provides the possibility of creating a negative view on mental illnesses, a problem many people in the world are dealing with, ranging from small interruptions in daily life to some more serious and life-disrupting disorders.

Split (2016), directed by M. Night Shyamalan is a film that follows this very pattern, however the film uses the mental disorder as a central plot point, as the story is based on Dissociative Identity Disorder and an individual whose suffering leads to plenty of horrific events. Kevin Wendell Crumb is a character who is afflicted with DID in *Split* and is also the film’s main antagonist. The movie begins with Kevin abducting three teenage girls: Casey, the film’s protagonist, Claire, and Marcia. He locks them in an underground facility, and it is there

where Casey recognizes that Kevin has multiple personalities. It is revealed that Kevin in fact contains 23 distinct personalities within himself and at this point three of them have taken over control of Kevin's body. Dennis, Patricia, and Hedwig have formed an alliance and have suppressed the other identities, including Barry, Kevin's main personality and the identity he would normally use in everyday life, in order to carry out their plan. These personalities use the name "The Horde", and their plan is to release a secret 24th personality known as the Beast. The Beast is a superhuman entity who gains supernatural abilities and feasts on those who are "impure" or have never been abused.

Are mental illnesses as dangerous as M. Night Shyamalan portrays them? The depictions in *Split* are heavily exaggerated and do not represent Dissociative Identity Disorder in an accurate way. There have been many pre-existing stigmas surrounding mental illness in our society and this film only reinforces the idea that individuals who suffer from these disorders are dangerous and should be feared. DID is incorrectly represented in *Split* as an unpredictable disease in which the individual suffering has no control over each personality, leading to psychotic scenarios. In reality, many of these psychological disorders are not a danger to others in society, but more of a danger to the individual themselves. The implication of a Beast persona is even more damaging, as it is a representation that is entirely fictitious and impossible. These people are attempting to live normal lives, and films such as *Split* are endangering them by supplying society with a stigma/negative attitude towards individuals who are suffering from not only DID, but all mental illnesses.

In order to compare *Split*'s representation of DID with real-life, there must be a concrete understanding of what DID entails. An excerpt from a psychiatry textbook dictates:

Dissociative Identity Disorder (DID) is a disruption of identity characterized by two or more distinct personality states...The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition and/or sensory-motor functioning...In addition the person will experience recurrent gaps in the recall of everyday events, important personal information and/or traumatic events that are inconsistent with ordinary forgetting. (Fuehrlein)

Essentially, it is as if there are entirely different people who have different characteristics and personalities inhabiting the same body, each with their own memories. Fuehrlein continues as he describes DID as, “two or more entities, each of which has a characteristic and separate personality, history, affect, values, and function.” Occasionally these personalities can be unaware of the other alters, or conversely, communicate with each other. It is normal for the full set of alternative personalities to emerge only after therapy, where the specialist attempts to connect with each alter one-on-one.

Kevin contains 23 distinct personalities within him in *Split*, which is not too unrealistic in comparison to the actual disorder. For example, there is Dennis, an aggressive older man who has patterns of OCD, Patricia, an older woman who speaks very softly but is threatening and manipulative, and Hedwig, an innocent 9-year-old boy. Kevin is controlled by multiple different alters throughout the film, and the transitions between personalities are accurate to real-life observations. Each alter has individual characteristics, personality traits, and even differences in “physical” appearance (Hedwig for example).

One of the main recognizable symptoms of DID is the amnesia. A research article involving amnesia in DID described the alternate personalities as, "highly discrete states of

consciousness organized around a prevailing affect, sense of self (including body image), with a limited repertoire of behaviors and a set of state dependent memories...It is for this reason that interpersonality amnesia has often been interpreted as an extreme example of mood-dependent memory” (Eich 417). This article suggests each individual with DID has a concrete set of memories that stay constant within each alter, such as the individual’s original identity, with each alter retaining only the shorter-term memories that they experience during their time of consciousness. It was also found that some identities have the possibilities of communication in the form of advice from other alters, suggesting that some identities have links to others through memory. To further study this, they did tests on a woman with 22 alters, tests related to memory of words and phrases. It was found that through “interpersonality priming”, or a process of trying to prepare an alter for a test by supplying other alters with clues or even the answer for the questions being asked. It was found that with some tests, like filling in fragmented words (a one answer solution), the alters showed signs of memory connection between each other. However, in other tests that were more open-ended, the patient seemed to show more signs of interpersonality amnesia, as the likelihood of the alters having connected memories was similar to the likelihood of the answers matching by random chance. It can be concluded that only small memories or images, such as a visual representation of a word, are stored interpersonally, rather than concepts or thought processes that are based off personality and personal opinion.

In *Split*, Kevin’s original consciousness has been blocked off by the other alters for about 3 years. His usual alter, Barry, who controls Kevin’s body for the majority of the time, has taken full control and delegates time in Kevin’s body to all the other alters. Throughout the movie, we can see that most of the alters are aware of what the others do when in control, and by the way it is explained to the audience, each alter is able to watch the others in the light. We can see this

especially when the evil alters, or the Horde, take control. The alters who have been suppressed take every opportunity to reach out for help, indicating that they remember and were perhaps present when the Horde was operating.

Another common symptom is hallucinations, whether they be auditory or visual, usually revealed through questioning of the individual. Auditory hallucinations may be voices and conversation fragments from past traumatic events, or interior voices telling them to commit harm upon themselves or others. Visual hallucinations could consist of alterations in one's body image or shadowy figures lurking and threatening them. These are mere examples, as each individual's experience is different.

That begs the question: How does this miraculous disorder become prevalent in a person's life? According to the psychiatry textbook, "The entities usually first emerge during childhood, in the form of imaginary protectors or companions that help the child cope with recurrent experiences of abuse and fear" (Fuehrlein). Almost every individual with diagnosed DID has reported some instance of childhood trauma occurring at some point during their early years. However, most individuals who have been diagnosed with DID do not get a proper diagnosis until around their late twenties. The worst part about DID is the difficulty it takes in correctly diagnosing someone with this disorder.

Through flashbacks during the film, we see some glimpses of Kevin's older life. As a child, he lost his father at a young age, and after that loss his mother became very abusive to Kevin. In one scene, we see her trying to reprimand Kevin for making a mess. From this scene we can infer that this is a possible creation of Dennis, as he could have acted as an imaginary friend of Kevin's who helps him stay clean to avoid the wrath of his mother. This could be where Dennis's OCD behaviors originate from, as he would have adapted the need to keep everything

clean and orderly. The other alternatives would have developed through similar processes during Kevin's childhood development.

The reason it takes so long for DID to be diagnosed is its range of symptoms, as they overlap with many other known mental disorders. "DID is most likely to be confused with the following conditions: partial complex seizures, schizophrenia, bipolar disorder, major depression with psychotic features, Munchausen syndrome, Munchausen syndrome by proxy, and malingering" (Fuehrlein). There are so many other disorders that are similar to DID that it often takes multiple different medical professionals and diagnoses to accurately identify DID in a patient. What makes matters worse is that the medical world is struggling to come up with a concise definition of the disorder. After a study done in 2002 on the symptoms of DID, it was reported that, "Of the above 21 symptoms, 10 receive no mention whatsoever in DSM-IV-TR's account of DID: depersonalization, derealization, trance, identity confusion, "made" feelings, "made" thoughts, "made" impulses, influences playing on the body, thought insertion, and thought withdrawal" (Dell). Even though since that study was conducted there has been a new DSM released (DSM V), it is still concerning to see so many symptoms undocumented.

The treatment of DID is more therapeutic than medical, as there is no drug that can be taken to cure it. Professionals have devised a base procedure in handling patients with DID: "(1) integrate the alters; (2) seek harmony between the alters; (3) leave the alters alone and focus on improving adaptation to the here-and-now; and (4) regard the alters as artifacts, ignoring them and treating other symptoms (e.g., depression)" (Fuehrlein). The first step is to become familiar with each alter and be able to distinguish them. Then there must be an attempt to reconnect the alters back with the host. The second step is to attempt to obtain cohesion between each alter. Thirdly, the individual must try and focus on the present and reality and understanding when

they are in control. The final step was added by professionals who believe DID may be partially fictitious, where the patient tries to disconnect from the alters and treat other symptoms of the disease that are affecting everyday life.

Kevin's treatment takes a similar road. His therapist, Dr. Fletcher, holds weekly meetings where she and Barry (or whomever was in control that day) would work on the disorder and discuss recent events in Kevin's life. She has grown familiar to many of the personalities and even has a grasp at recognizing them, as she realizes that she is speaking with Dennis rather than Barry later in the movie. She looks to understand the workings of Kevin's mind and create peace between the alters. Dr. Fletcher has seemingly earned Kevin's trust, as she is the only person they seek out for help when things go wrong.

One might ask, "If Shyamalan's depiction of DID is accurate in terms of symptoms, development, and treatment, how is he potentially harming individuals who suffer from this disorder in our society today?" The accuracies end when Kevin transforms to his final identity, The Beast. This entity has bulletproof skin, is much faster and stronger than a normal human, and can scale nearly flat surfaces with his bare hands. Created as a combination of the animals Kevin encounters at the zoo, the revealed location of his underground residence, The Beast is a monstrosity that defies reality. Shyamalan looks to draw fear out of the audience by presenting a deranged individual, as the character is truly scary on-screen. This connects to the side plotline where Dr. Fletcher is attempting to further research on Kevin, searching for a hidden potential for humankind through the disorder. By exaggerating the disorder, Shyamalan creates a representation that is much more dangerous and fear-worthy phenomenon rather than its actual, much less harmful real-life counterpart.

DID is difficult for individuals from the start, as many professionals question its legitimacy as a disorder. It has been recognized that there is an “interplay between diagnosis and legitimacy, whereby the lack of a diagnosis or acceptance by the medical system can increase the risk that the individual is denied social recognition of his or her distress and deemed to be faking it” (Floris). Since there is no exact way to test for alternate personality, where the therapist must instead rely on the word of the patient and their own observations of behavior, DID is a mostly unknown disorder that still requires much study. Adding additional negative stigmas on top of these existing stigmas can create a problem for people with DID in our society. Through the studies that have been conducted and the data acquired, it was found that these individuals are more of a danger to themselves than they are to society:

These patients commonly exhibit transient depression, mood swings, sleep disturbance, nightmares, and suicidal behavior. They are often self-injurious and exhibit a host of dissociative symptoms including amnesia, episodes of "lost time" (i.e., amnesia varying from several minutes to several days), depersonalization, fugue, and hallucinations.

Anxiety and its somatic concomitants (e.g., dyspnea, palpitations, chest pain, choking sensations, faintness, tremors) commonly herald a switch of alter personalities.

(Fuehrlein)

These symptoms affect solely the individual afflicted and are not an outward danger to others. Carrying this stigma can affect the individuals as well, as many have had to hide their mental illnesses from employers and school administration in order to avoid any possible discrimination or prejudice that could result (Martin).

Split is an entertaining movie, and as a film it deserves a high level of praise. The acting is incredible, and James McAvoy does an outstanding job portraying Kevin, as he delivers a

believable performance. However, it still falls short in representing DID accurately and has thus resulted in a negative impact on society. In fact, having this representation be visually similar (besides the Beast) as real-life DID is even more harmful, as these individuals are recognizing these symptoms and behaviors in the films, furthering the damage to self-esteem regarding their disorder. In conclusion, while Shyamalan has directed a thrilling and intriguing tale of DID, he has fueled a dangerous stigma surrounding the disorder that can only harm the reputation of individuals afflicted.

Works Cited

Dell, Paul, F.. "Dissociative Phenomenology of Dissociative Identity Disorder". *The Journal of Nervous and Mental Disease*, vol. 190, no. 1, January 2002, pp. 10-15. <https://oce-ovid-com.esearch.ut.edu/article/00005053-200201000-00003/HTML>.

Eich, Eric, et al. "Memory, Amnesia, and Dissociative Identity Disorder." *Psychological Science*, vol. 8, no. 6, 1997, pp. 417–422. *JSTOR*, www.jstor.org/stable/40063227.

Floris, Jessica & Susan McPherson (2015) Fighting the Whole System: Dissociative Identity Disorder, Labeling Theory, and Iatrogenic Doubting, *Journal of Trauma & Dissociation*, 16:4, 476-493, DOI: [10.1080/15299732.2014.990075](https://doi.org/10.1080/15299732.2014.990075).
<https://www.tandfonline.com/doi/full/10.1080/15299732.2014.990075>.

Fuehrlein, Brian, and Barry Nurcombe. "Dissociative Disorders." *Current Diagnosis & Treatment: Psychiatry*, 3e Eds. Michael H. Ebert, et al. New York, NY: McGraw-Hill, <http://accessmedicine.mhmedical.com.esearch.ut.edu/content.aspx?bookid=2509§ionid=200805298>. Accessed 24 Oct. 2019.

Martin, Jennifer Marie (2010) Stigma and student mental health in higher education, *Higher Education Research & Development*, 29:3, 259-274, DOI: [10.1080/07294360903470969](https://doi.org/10.1080/07294360903470969).
<https://www.tandfonline.com/doi/full/10.1080/07294360903470969>.