THE RELATIONSHIP BETWEEN DISSOCIATIVE IDENTITY DISORDER AND VIOLENT BEHAVIOUR

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Abstract. Mental disorder or mental illness has long been associated with violent behaviour. Personality disorder is a form of mental illness and is more susceptible among individuals with traumatic childhood experience. This article will base the discussion on dissociative identity disorder (DID). The aim of the study is to investigate symptoms and factors which will help to predict violent behaviour among individuals with DID. The study makes use of a descriptive approach which relates the argument with past research. Case analysis is included in this study to better illustrate the occurrence of DID. The results show that violence among individuals suffering from mental disorders is heavily connected with the use of substances such as drugs and alcohol and the painful and traumatic memories from childhood.
Keywords: *mental disorder, dissociative identity disorder (DID), crime, violence*

Introduction

Mental disorder refers to abnormal behaviour in an individual and is typically associated with mental illnesses. Clinically, mental disorder is a condition which affects an individual's mental capacity such as feeling, mood, thinking and behaviour as well as the ability to relate to others (Telles-Correia et al., 2018). It is a psychiatric disorder associated with pain or sadness (Suris et al., 2016) and requires mental healing (Clark et al., 2017). Generally, there are several different types of mental disorders for example, anxiety disorder, eating disorder, identity disorder, post-traumatic stress disorder (PTSD), psychotic disorder and depression or bipolar disorder. Previous research suggests that individuals with mental disorders exhibit a more violent behaviour and have a bigger tendency to engage in a violent situation as compared to those without the illness especially if their symptoms include paranoid psychosis.

For example, a study by Coid et al. (2013) found that individuals with mental disorder who commits violent act displays threat control-override symptoms (TCO) usually detected in schizophrenic patients. The symptoms rooted from individual's belief of impending threat being targeted towards them accompanied with distorted thinking that ultimately take over their logical reasoning. Another study shows the same results. Reinharth et al. (2014) learned that mentally ill individuals perceived violence as the most suitable response based on their reality. The frequency of violence perpetrated by individuals with mental disorder is also associated with drug abuse. Claro et al. (2015) study shows that patients in rehabilitation centre with severe mental health symptoms and history of alcohol abuse are most likely to involve in violence and crime.

On the other hand, there are also researchers who believe the reason of violence among mentally disordered individuals as being the illness itself regardless of symptoms and the likelihood of substance abuse (Barbara et al., 2018; Iozzino et al., 2015). However, studies regarding mental disorders which focus solely on clinical

symptoms as a means to understand people's disoriented behaviour are only beneficial in relation to healthcare workers' responsibility of care. Hence, an in-depth analysis on mental disorders and violent behaviour must consider the factors contributing to the occurrence of mental illness symptoms in individuals. This article will discuss one of the most prevalent disorder types which is dissociative identity disorder (DID) and its correlation with violence.

Dissociative Identity Disorder (DID)

The word personality comes from the Greek anthology '*Persona*'. Personality disorder is a disorder related to the way individuals think and feel about themselves that affects how they function in different aspects of life. Dissociative identity disorder (DID) or previously known as multiple personality disorder on the other hand is defined as a group of disorders characterized by a disturbance or dissociation of a function of identity, memory, or consciousness (Ashraf et al., 2016). DID is a dissociative disorder in which a person has two or more different personalities or alter ego that is foreign from their original identity, each with a different name and character (Öztürk and Sar, 2016). These 'other' personalities repeatedly control the person's behaviour, with some memory loss between them.

Dissociative symptoms can be explained by its type. In general, personality disorders are divided into three groups. The first is the personality disorder of group A. Individuals with this personality disorder usually have strange thoughts and behaviours (Dorahy et al., 2014). The types of personality disorders of group A include;

(1) **Schizophrenic personality disorder.** People with this type of condition often appear anxious or uncomfortable in social situations. They also suffer from delusions, such as believing that they have the power of telepathy to influence others' emotions and behaviours.

(2) **Schizoid personality disorder**. People with this condition have a hard time enjoying a special moment and are not interested in forming friendships with anyone. They tend to be lonely and avoid social interaction.

(3) **Paranoid personality disorder.** The main features of this type of personality disorder are suspicion and distrust of others, including their spouse. They are always afraid that others will manipulate or harm them.

The second type is personality disorder of group B. Its characteristics range from unpredictable thoughts and behaviours, as well as excessive and dramatic emotions (Tesfaye et al., 2019). The types of group B personality disorders include;

(1) **Threshold personality disorder (borderlin**e). People who suffer from this condition usually have unstable emotions and have the urge to self-harm and are difficult to interact with others.

(2) **Antisocial personality disorder.** People who suffer from this condition tend to blame others for problems that occur in their lives. They also cannot control their anger and maintain relationships.

(3) **Narcissistic personality disorder**. People who suffer from this condition feel confident that they are more special than others. They tend to be arrogant and constantly expect praise from others.

(4) **Histrionic personality disorder.** People who suffer from this condition are usually overly concerned with appearance, tend to be dramatic, and always seek attention.

The third type of personality disorder belongs to group C. Although the characteristics of each disorder in this group differ, there is one similarity, namely anxiety and fear (Dorahy et al., 2014). Group C personality disorders include;

(1) **Dependent personality disorder.** People suffering from this condition cannot live independently and are always covered by the fear of being left behind. As a result, people with dependent personality disorder will not be able to make decisions and carry on their own responsibilities without the guidance and assistance of others.
(2) **Avoidant personality disorder.** People with this condition often avoid social contact, especially in new activities involving strangers. In fact, they want to be close to others, but often find it difficult to mix around without fear of rejection.
(3) **Obsessive-compulsive personality disorder**. People who suffer from this condition find it difficult to work with others and prefer to organize or complete their own tasks.

According to Singh and Batta (2019) and Wildschut et al. (2018), dual personality is formed from childhood traumatic experiences that usually occur between the ages of 4-6. Patients relieve themselves of something painful by creating another personality to accommodate their feelings. In other words, the child tries to protect himself from things that he has experienced by creating a personality that is completely unaware about the incident until they grow up. During the 90s, multiple identity disorder was an issue of controversy. Some experts believe that the disorder is diagnosed too quickly in highly susceptible people who may simply follow the suggestion that they may have the disorder. Several well-known experts, such as Nicholas Spanos (Spanos, 1994) via Waterhouse (2014) and other psychologists have argued for the existence of dissociative identity disorders. For Spanos, a dual personality is not a disorder of its own, but rather a form of role play in which individuals first begin to perceive themselves as dual self and then begin to act in a manner consistent with their conception of the disorder.

In the end, they are too caught up in the role-playing game and it becomes a reality for them. In *Diagnostic and Statistical Manual of Mental Disorders* version 2013, DID is the emergence of two or more distinct personalities. The clarity or ambiguity of this personality however varies from psychological motivation function, current stress level, culture, internal and dynamic conflict, and emotional decline (Dorahy et al., 2014). The emphasis on periods of identity disorder may occur when psychosocial stress is severe or prolonged. Individuals with DID may express a sense of being suddenly a personalized observer of their words and actions, in which they feel powerless to stop their sense of self (Huntjens et al., 2019). Some individuals also exhibit a perception of voice foreign to them for example child voice. Strong emotions, impulses, and other words or actions may suddenly appear in DID individuals without any sense of self-control.

These emotions and impulses are often portrayed as a powerless and confusing ego. Attitudes, looks and personal likes (food, activities, clothes) can change dramatically. Individuals also feel that their bodies are different and resemble children’s bodies or muscular men. Individuals with DID have different awareness levels and attitudes

toward amnesia. Some memory loss behaviours can be obvious to others, such as when people did not recall something they realized doing or saying, when they cannot remember their own names, or when they do not recognize their spouse, children, or close friends (Ashraf et al., 2016). DID is linked to an abundance of experiences, traumatic events, and childhood abuse. Childhood dissociations relate to memory problems, loss of concentration and anxiety. Older individuals can develop mood disorders, obsessive compulsive, paranoid, psychotic mood disorders, and even cognitive disorders caused by dissociative amnesia.

Case analysis

DID will be analysed based on a film that is vastly popular in 2016. The film stars James Mc-Avoy as Kevin Wendell Crumb who suffered from dual personality disorder. Kevin has 23 different personalities. Barry is a leading personality in Kevin's body (*Figure 1*). He loves to design women's clothes and has the authority to decide who will have the light (takes over Kevin's body).

Figure 1. *Barry, has a deep understanding of fashion and design.*

The Hodge in Kevin's 23 personalities is a herd of weak or oppressed personalities among those 23 personalities. The Hodge is made up of 3 personalities which are often subjected to the mercy of other dominant personalities and is considered detrimental to Kevin. There is Hedwig, the embodiment of Kevin's childhood. Hedwig is a 9-year-old boy and the youngest personality in Kevin's body (*Figure 2*). Here, Hedwig is portrayed as a cheerful and curious boy.

Figure 2. *Hedwig, a 9-years old boy.*

He managed to seize Barry's light unknowingly and give it to Ms. Patricia or Dennis. Patricia is the only female-type personality. She is the most feminine personality in Kevin's body. However, she has a personality that loves perfection. So, whatever she does, and asks should have the perfect result. In the movie, Ms. Patricia's sense of perfectionism was displayed in a scene where she got very angry after cutting a sandwich unevenly and she decided to make a new one (*Figure 3*).

Figure 3. *Ms. Patricia, the only female personality.*

Then there is Dennis, who is a very strong personality and a fiery jerk (*Figure 4*). Dennis had the habit of seeing a girl dancing while naked. The first three personalities are a flock that Barry does not want to have light on. For years they were pressured from taking over Kevin's body. Unfortunately, thanks to Hedwig, these three personalities eventually dominated Kevin's body. Starting with Dennis as the most outgoing character in this movie. He is in charge of abducting 2 girls for the 24th-

personality, The Beast. Dennis has obsessive-compulsive personality disorder; he cares about cleanliness around him. When he gets in the car to kidnap Casey and her friends, the first thing he does is clear the paper waste on the car dashboard.

Figure 4. *Dennis always wear glasses and suffered from OCD.*

Then there is the scene where Dennis is pretending to be Barry when he visits Dr. Fletcher for a consultation. Dennis tries to correct the placement of some of the things he sees as inappropriate in her consultation room. In addition, Dennis also asked the girls he abducted to clean the bathroom and specifically tell them the colour difference among the cleaning fluids. Not only that he also repeatedly told the girls to take off their dirty clothes. From Freudian personality theory and psychoanalysis, Kevin is suffering from a mental disorder called Multiple Identity Disorder or Dissociative Identity Disorder (*Figure 5*). This is due to Kevin's childhood trauma. At the age of 3, his mother often scolded him when he did something wrong. These personalities continue to emerge as supporters of Kevin's weak personality that were unable to defend himself from his abusive mother.

Figure 5. *Kevin who appears at the end of the movie.*

There are 23 egos or in other words 23 different personalities in Kevin. There are a host of identities or personalities who often appear like Barry and Dennis. Then there is an alter identity that is a personality that comes with having a different gender like Patricia. A child's ego is a type of personality that appears younger than its main personality. This type is described as Hedwig, which was formed by Kevin's childhood experiences. There is also a persecutor personality that tends to be aggressive and dangerous. This personality reflects Dennis and Patricia. On the other hand, Barry is seen as a helper, a personality that greatly contributes to the main personality in connecting with the world or making choices. It can be said that the formation of all of Kevin's personalities was based on Kevin's hypnosis of himself and was taken over by Barry who could overcome Kevin's fear of social interaction with the people around him.

Analysis of violent behaviour aming mental patients

Violence or aggressive behaviour is a ubiquitous concept. In order to relate violence with mental disorder, there is a need to provide an accurate definition of what constitutes violence. Schlack et al. (2013) provides the definition of violence as an individual who physically harms another individual. It involves the use of force and is associated with evil doings. Normally, the use of force is executed by those who do not pay attention to possible harm inflicted to others (Bufacchi, 2005). Violence or aggression exists in many forms of social activity including the legal field. In violent cases involving bodily harm of a victim, the use of force is encouraged by law, for example death penalty and there will be no criminal liability for it, even if the result of the act is the death of a person. Based on the former, it can be concluded that violence can be both punishable or encouraged, depending on the nature of the action and its characteristics.

Violent or aggressive behaviour is often associated with feelings of anger or rage. Anger is part of the normal response to human feelings but being out of control can cause serious harm. Although violent behaviour is often associated with individuals

suffering from mental illness, it can also occur among non-mental individuals. From a psychiatric point of view, aggression is any kind of behaviour that can cause serious harm to a person's body or feelings (Harwood, 2017). These behaviours can occur in the form of actual violent acts or criminal threats. Those who exhibit aggressive behaviour usually develop a defect in the brain section called the prefrontal cortex. In addition, the imbalance of chemicals in the brain called neurotransmitters as well as hormone secretion can also lead to aggressive response to normal stimuli (Howard, 2015).

For normal humans, aggressive behaviour can occur when the desire is not met, or personal safety is threatened (Howard, 2015). Environmental factors can also play a role in aggressive acts. For example, a car driver who does not use air conditioning in hot weather may find it easier to ring horn at the whim and exhibit aggressive behaviour when challenged. Criminals or individuals with personality issues such as antisocial or borderline disorder took aggressive behaviour as a normal response to the threat around them and they are more likely to repeat the act (Harwood, 2017). The use of alcohol or drugs may further induce violent behaviour among both mental patient and non-mental individuals (McKetin et al., 2019; Volavka and Citrome, 2011). Patients with depression usually bear a negative view of themselves. This leads to feelings of frustration and extreme anger that lead to aggressive behaviours such as anger and the desire to kill.

A soldier with Post Traumatic Stress Disorder (PTSD) who have previously experienced trauma on the battlefield may exhibit aggressive behaviour after their retirement if left untreated. In this context, trauma plays a significant role in predicting the occurrence of mental disorder and the tendency of violence among individuals with DID. According to Kira (2001), trauma strikes three major groups. The first is 30% of soldiers who spend a significant amount of time in war. Second, 60% of people have ever experienced childhood violence. Third, as many as 60% of people are born in war-torn countries. In complex trauma, the ways in which children are exposed to prolonged horrible events that impact their developmental lives are described.

Generally, complex trauma exposures involve several simultaneous or sequential events (Cohen et al., 2012). These include child abuse, psychological abuse, neglect, physical and sexual abuse, and witnessing domestic violence. Complex trauma is a chronic type of trauma. It dates to childhood and occurs in the primary care system of the child and his or her social environment. Exposure to early experiences of trauma such as unstable emotions, lack of safety, direction, and the ability to detect or respond to danger signals may impact children's development over time and may result in repeated incidents in adolescents and adulthood if left without support, which negatively impacts themselves. There are two main causes of trauma, namely internal (psychological) and external (physical) factors. Internal factors include weak personality or low self-esteem and self-esteem that may cause individuals to feel inferior.

For external factors, parental abuse for example causes both physical injuries and trauma. Psychological trauma is an indicator of mental illness. Patients with psychological trauma tend to experience severe hallucinations and mental disorders caused by experiences that cannot be avoided and eventually affect their personality. When psychiatric patients were compared to other populations (with no psychiatric illness) in the same community, rates of violent crime did not differ significantly between the two groups. Looking more closely at violent individuals, alcohol and drug abuse are major contributing factors; regardless of whether they have mental illness or

not. Alcohol and drug abuse factors such as amphetamines, cocaine and marijuana have often emerged in other studies on the risk of violence among mental patients.

A study by Elbogen and Johnson (2009) found that past history of a violent offender is also a strong factor in the potential for re-offending. Therefore, being a mental patient does not mean that individuals tend to be violent but more importantly it should be emphasized that drug and alcohol abuse and history of violent behaviour are among the main factors which led to aggressiveness. It should be noted that provocations associated with violent acts are no different from those without mental disorder. Apart from alcohol and drug abuse, other environmental factors such as social relations and economic problems can be a trigger for anyone. At best, these factors contribute to a more violent response of individuals with mental disorders coupled with their delusions and perception of surrounding threats. In addition, mental patients are also at high risk of acting aggressively if they do not comply with clinical treatment (Farooq and Naeem, 2014).

Symptoms of psychosis and delusions can potentially cause the person to act unexpectedly. However, statistically, the actual violence and crime caused by the symptoms of psychosis is very small (without the abuse of drugs and alcohol). This situation occurs if they do not receive the proper treatment or they do not continue the treatment as advised by their doctor and psychologist. Hence, the relationship between DID and violence is therefore moderate.

Conclusion

The condition of mental illness should not be taken as the sole explanation of violent acts. Drug and alcohol abuse and history of violent childhood (trauma) are major predictors of violent behaviour among mentally ill individuals. As illustrated in the film ‘Split’, an abusive environment affects Kevin both mentally and physically, and as a coping mechanism, he invented multiple personalities to help him ease the painfull memories. Social stigma which associates mentally ill patients as violent is therefore irrelevant and extensive and comprehensive social support should be devised to help these individuals to live normally.

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Conflict of interest

The author confirms there are no conflict of interest involve with any parties in this research study.

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