



Research Paper

It's not just a movie: Perceived impact of misportrayals of dissociative identity disorder in the media on self and treatment[☆]

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ABSTRACT

Background: Hollywood has demonstrated an interest in dissociative identity disorder (DID), but unfortunately, films and television series have portrayed DID in captivating storylines at the expense of individuals living with DID. These representations of DID are often stigmatizing, stereotypical, and inaccurate.

Objective: The present study aimed to explore the impact of media portrayals on patients' views of themselves and their treatment.

Method: A total of 377 individuals with DID completed an online survey about their perceptions of the impact of DID representations in the media, and 151 of those participants reported that media portrayals of DID had an impact on their mental health treatment. Reflexive thematic analysis was used to analyze qualitative data.

Results: Of those participants who reported an impact on their treatment, an overwhelming majority ($n = 129$) reported the impact to be negative. Five superordinate themes emerged: 1.) portrayals are inaccurate and perpetuate myths among clinicians, 2.) portrayals impact patients' experiences of themselves and access to treatment, 3.) lack of clinical training and influence of media portrayals lead to negative outcomes, 4.) portrayals lead to maltreatment by clinicians, and 5.) importance of specialty treatment not based on media portrayals.

Conclusions: The present study found that inaccurate, stigmatizing media depictions of DID perpetuate misconceptions about DID and contribute to delays in seeking treatment and getting accurately diagnosed, and increased shame and self-loathing among individuals with DID.

1. Introduction

Dissociative identity disorder (DID) is a complex, trauma-related psychiatric condition that is characterized by a disruption of identity involving the presence of two or more distinct self-states, notable discontinuity in sense of self and agency, and recurrent gaps in memory that are beyond normative forgetting (American Psychiatric Association, 2022). The 12-month prevalence of DID is 1.5 % (American Psychiatric Association, 2022). Although DID is often underrecognized in clinical settings (Brand et al., 2016), it garners attention and fascination from the media industry. Countless films and television series have

capitalized on DID in the interest of creating a captivating storyline or plot twist with representations that are often stigmatizing, stereotypical, and inaccurate (Brand & Pasko, 2017; Sampson, 2020).

Inaccurate and negative portrayals of mental illness in the media shape viewers' perceptions of the illness, and contribute to misconceptions and negative stigma (Coverdale et al., 2002; Diefenbach & West, 2007; Perciful & Meyer, 2017). Stigma has been identified as a major barrier to seeking treatment for individuals with mental illness (United States Public Health Service Office of the Surgeon General, 1999). Vogel et al. (2008) found public stigma to be linked to higher television exposure, which led individuals to have more negative

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attitudes towards and less willingness to seek treatment. In a study examining barriers to treatment for individuals with dissociative disorders (DDs), [Nester et al. \(2022\)](#) found that 18.12 % of individuals cited stigma as a reason for ending their mental health treatment.

Much of the stigma perpetuated by media portrayals of DID derives from inaccurate representations. Film and television media portrayals of DID often involve florid, grossly-exaggerated symptoms and dramatic switching between self-states. Yet, studies show that DID symptoms are generally much more subtle and concealed ([Lowenstein, 2018](#)). Though some individuals with DID do experience more overt presentations of their symptoms, up to 95 % of individuals with DID do not exhibit dramatic switching ([Kluft, 2005](#)). Moreover, films portraying DID, particularly those in the horror genre, often depict characters who are violent, murderous criminals. In a non-peer reviewed study featuring an analysis of eight popular films portraying DID, 100 % of the films reviewed depicted fictional characters with DID engaging in violent behavior, and 75 % of the films depicted criminal behavior ([Sampson, 2020](#)). This portrayal contrasts the low criminal justice involvement among individuals with DDs and findings that the vast majority of individuals with DDs do not perpetrate violent crime; instead, they are more likely to be victims of it ([Webermann & Brand, 2017](#)).

These myths about DID may have negative effects on treatment such as contributing to delays in diagnosis and skeptical or hostile attitudes from treatment providers. [Leonard et al. \(2005\)](#) found 56 % of clinicians were dubious or questioned the validity of DID. Furthermore, 80 % of patients with DDs reported having encountered skeptical or antagonistic attitudes from clinicians; 48 % reported that these attitudes were damaging. Inaccurate media portrayals of DID promulgate misinformation, which, coupled with a lack of training, could negatively impact people with DID and their treatment. In this way, inaccurate portrayals may contribute to the under- and misdiagnosis of DID.

These persistent misconceptions and the negative consequences on treatment for individuals with DID highlight the need to understand factors that may perpetuate and maintain them, including the possible role of media portrayals. Although some studies investigate the effects of mental illness in the media on viewers, no known study has examined the effects of film-based and television-based media portrayals of DID on the treatment of individuals with DID. The present study aimed to investigate qualitative descriptions of the impacts that these media portrayals of DID have on individuals diagnosed with DID and their treatment, according to individuals with DID themselves.

2. Methods

2.1. Procedure

Participants were recruited via various websites including Facebook, Reddit, and online listservs geared towards groups of individuals with dissociative symptoms, a DD, or professionals who treat dissociation. Recruitment materials included a link to an anonymous online survey for individuals with DID. Participants were required to be at least 18 years of age, able to read and understand English, and have a diagnosis of DID. Qualtrics security settings were enabled to prevent multiple survey submissions by the same participant. Informed consent was obtained on the first screen of the survey, followed by a demographic questionnaire.

2.2. Participants

A total of 377 individuals who reported being diagnosed with DID completed the anonymous online survey about their perceptions of DID representations in the media. The majority of participants identified as female (54.77 %), non-Hispanic (90.78 %), and white (84.02 %). The average age of participants was 37.15 years old (range 18–79). Participants reported living in the United States (69.58 %), Canada (7.61 %), United Kingdom (7.04 %), and other European, Asian, and South

American nations (15.77 %). Participants reported having a DID diagnosis for an average of 7.40 years (range 0.2 to 57), and being in some kind of mental health treatment for an average of 9.68 years (range 0.2 to 46). [Table 1](#) depicts descriptive demographic data of the full sample.

2.3. Measures

Following the demographic questionnaire, participants completed a series of questions about their mental health diagnoses and the amount of time they have received mental health treatment, if any. Participants were presented with a list of films, television shows, YouTube channels, and other video media in which DID is portrayed; they were asked to indicate which they had viewed, along with the option to indicate they had not viewed any of the media listed and an “other” option to enter additional media portrayals. Participants were asked quantitative (yes/no and 5-point Likert scale) and qualitative (free-text) questions about their perception of the impact of these media portrayals of DID on themselves and their treatment. The responses to the following relevant questions were included for analysis: “How, or in what ways, has watching portrayals of DID impacted your view of yourself?” and “If you have participated in mental health treatment, do you feel that these portrayals of DID have impacted your treatment?” All free-text boxes prompted participants not to reveal their names or any potentially identifying information, and participants had the option to skip questions. Due to the large number of participants, free-text responses were limited to 150 words in an effort to keep the length of the survey and volume of data manageable.

Table 1
Demographics of Full Sample (n = 377).

Age	Average	Range
	37.15 years	18–79 years
Length of Time with DID Diagnosis	Average	Range
	7.4 years	0.2–57 years
Length of Time in Mental Health Treatment	Average	Range
	9.68 years	0.2–46 years
Gender Identity	n	%
Agender	7	1.91
Bigender	1	0.27
Female	201	54.77
Genderfluid	30	8.17
Genderqueer	11	3
Male	19	5.18
Nonbinary	44	11.99
Trans Feminine	7	1.91
Trans Masculine	18	4.9
Other	11	3
Prefer not to answer	18	4.9
Race	n	%
Asian	9	2.48
Biracial/Multiracial	16	4.41
Black/African American	4	1.1
Native Hawaiian/Pacific Islander	0	0
Native or Indigenous American/Alaskan	3	0.83
White	305	84.02
Other	15	4.13
Prefer not to answer	11	3.03
Ethnicity	n	%
Hispanic or Latino/a/x	12	3.35
Non-Hispanic or Latino/a/x	325	90.78
Prefer not to answer	21	5.87
Country of Residence	n	%
United States	262	69.58
Canada	29	7.61
United Kingdom	27	7.04
Other European, Asian, & South American Nations	59	15.77

2.4. Data analysis

The authors analyzed data within cloud-based NVivo data analysis software using Braun and Clarke’s (2006) six-phase framework to conduct an inductive, reflexive thematic analysis of qualitative data. All authors, who represent a variety of healthcare disciplines involved in the assessment, treatment and research of individuals with DID, reviewed the data independently and met to discuss prominent topics and patterns noticed within the data. The authors developed initial codes reflecting the content of the data and coded the qualitative data over the course of several meetings, except for the senior research team member (final author) who audited the coding to provide expertise, as well as improve rigor and dependability. The authors transformed codes into themes. All authors met one final time to confirm the identified themes and select exemplar quotes to illustrate them.

3. Results

Of the 377 individuals living with DID who completed the online survey about the impact of media portrayals of DID, 309 individuals responded to the question, “If you have participated in mental health treatment, do you feel that these portrayals of DID have impacted your treatment?” While 153 reported no impact, 151 reported an impact on their treatment. The remaining five participants responded that they had not participated in mental health treatment. Of those who reported that media portrayals had an impact on their treatment, an overwhelming majority ($n = 129$) reported negative or detrimental experiences, and 7.3 % ($n = 11$) reported positive or facilitating experiences. Eleven participants reported an impact on their treatment but did not provide further description. Following reflexive thematic analysis, the authors formulated five super-ordinate themes to summarize the data (see Table 2).

3.1. Portrayals are inaccurate and perpetuate myths among clinicians

Many participants articulated that media portrayals were inaccurate (see Table 2). They described having no or limited identification with characters who displayed florid, dramatic, or dangerous symptoms, had different life experiences, and included few people of color. They discussed ways in which these inaccurate portrayals exacerbate common myths and misconceptions among clinicians, including beliefs that DID is not real, is dangerous, extremely rare, or it is characterized by dramatic switches or symptoms. For example, one participant stated, “... people expect me to be flamboyant in my switches because that’s what portrayed, which I’m not so they think I’m faking...if they even believe DID exists.” Participants described clinicians as skeptical of the diagnosis because of media depictions of DID, and they recalled incidents wherein they were viewed as lying or exaggerating their symptoms. As another participant shared, “...I’ve been told that people who claim to have DID are only saying so because they’ve seen *Sybil*, or really have borderline personality disorder and are just seeking attention.”

3.2. Portrayals impact patients’ experience of themselves and access to treatment

Participants discussed portrayals as either a “major barrier” to treatment or a treatment facilitator. When they encountered florid or dramatic portrayals that felt dissimilar to their experience, they described denying, avoiding, resisting, or rejecting their diagnosis and treatment out of fear or confusion. One participant described their prolonged avoidance of treatment and stated, “I denied DID for years because I didn’t want to be as crazy as those people I saw in the media,” while another participant recalled spending “many years fighting [the] diagnosis and trying to convince therapists I didn’t have DID (and still do at times) since I feared being like the media portrayals.”

In contrast, some participants recalled “accurate depictions”

Table 2
Themes and Subthemes.

Categorical Theme	Subtheme	References
Portrayals are inaccurate and perpetuate myths among clinicians		100
	Portrayals are inaccurate	44
	Myth that DID is not real or extremely rare	23
	Myth of florid/dramatic symptoms	13
	Myth that DID makes people dangerous	12
	Myth that people are exaggerating or lying	8
Portrayals impact patients’ experience of themselves and access to treatment		86
	Negative/unstable self-concept	23
	Reluctance to accept diagnosis	19
	Hiding due to stigma, fear of not being believed, or fearing harm by clinician	17
	Need to discuss portrayals in treatment	16
	Facilitated self-diagnosis and treatment	11
Lack of clinical training and influence of media portrayals lead to negative outcomes		70
	Lack of knowledge leads clinicians to base treatment on DID misportrayals	36
	Stereotypes perpetuated by media prolong treatment	27
	Clinician terminated treatment	7
Portrayals lead to maltreatment by clinicians		74
	Misdiagnosis and misinterpreted symptoms	24
	Patient not believed or called a “liar”	22
	Abuse, neglect, humiliation, exploitation, or voyeurism by clinician	14
	Misinformed treatment techniques	13
Importance of specialty treatment not based on media portrayals		14
	Specialty treatment that is not based on media portrayals improves outcomes	14

(specifically one YouTube channel and one docu-series) as enhancing their treatment by helping them to understand their symptoms, put language to their lived experience, and prompting them to seek treatment: “It’s become easier for me to open up and accept myself after seeing positive portrayals. It made treatment easier when I could accept my alters and actually communicate with them.”

When participants accepted their DID diagnosis, many described then “hiding” their symptoms or diagnosis from people close to them or mental health providers due to concerns of being feared or disbelieved because of media portrayals. As one participant recounted, “I didn’t want them to think I was like the images they had seen.” Participants also described feeling frightened of themselves and experiencing increased “shame” and self-loathing due to depictions: “I backslide when I watch unrealistic portrayals of DID. It makes me fear and hate myself more.” Several participants noted needing to spend treatment sessions discussing portrayals to be reassured that they were not like the “stereotypes” and were “not crazy and not alone.” Feelings of shame, fear of

oneself, and fear that others may view them as “monsters” resulted in reluctance to share diagnosis or symptoms limited opportunities for support, and exacerbated loneliness.

3.3. Lack of clinical training and influence of media portrayals lead to negative outcomes

Participants described experiencing clinicians as generally lacking knowledge concerning dissociation or DDs. They recalled instances wherein their clinicians were relying on media to guide their treatment: “When clinicians ask, ‘Have you seen X film,’ it lets me know that clinicians probably don’t have a research-informed understanding of DID.” As a result, participants discussed media portrayals as not only perpetuating harmful stereotypes, but as also prolonging treatment for years by increasing clinician skepticism regarding the validity of DDs and leading clinicians to look for only rarer florid or dramatic symptoms. A participant recalled, “Therapists have an inadequate education about it, in my experience, so they tend to bring up [*Three Faces of Eve* and *Sybil*] as gold standards of sorts.”

When participants were able to receive accurate diagnoses, some participants described efforts to teach their clinicians about DDs to counter any lack of education or misinformation they had. One participant shared, “I have tried to help therapists who were afraid from movies better understand with YouTube info,” while another took a different approach: “One therapist told me he didn’t know much about DID, so I could teach him. After told him if we were doing the teaching, he’d be paying us the \$70/session, not the other way around.” Several participants discussed their clinicians feeling overwhelmed or frightened of them, ultimately resulting in treatment termination by the clinician that also prolonged and delayed healing.

3.4. Portrayals lead to maltreatment by clinicians

Participants reported experiences of misdiagnosis or misinterpreted symptoms due to media portrayals. They described clinicians as having “preconceived notions” about what DID “looks like” and “missing the diagnosis because they didn’t do a proper assessment and were waiting for a drastic switch like the *United States of Tara*.” Their symptoms were dismissed or misinterpreted as indications of other mental health issues such as schizophrenia or borderline personality disorder. Several participants recalled being called a “liar” or not being believed when describing DID symptoms to clinicians. When clinicians attended to reported DID symptoms, participants again underscored their interventions were often not evidence-based and were instead based on portrayals clinicians observed of providers in films; as one participant stated, “I had a psychologist who was super excited to ‘treat’ me and everything she did and said was from *Sybil*. It was so bad, I became so unwell.”

Several participants also described experiences of abuse, neglect, humiliation, exploitation, or voyeurism by clinicians. Participants discussed being “manipulated,” “physically/verbally abused,” “ridiculed,” and treated as subhuman or “a sensationalized specimen.” One participant shared, “There have been times when we have been afraid to describe how we truly felt and/or our symptoms because of what punishment our therapist or sent to inpatient treatment because of what we saw in the media.” Other participants recalled experiences wherein clinicians were fascinated by them and shared their hopes that treating them would advance their careers: “I think my old therapist thought I could make her reputation. I could be her *Sybil*.”

3.5. Importance of specialty treatment not based on media portrayals

Several participants described finding specialty treatment to be helpful in their healing journey, which one participant described as follows:

I am glad I was able to find a DID specialist, as I have been able to heal exponentially faster in the 1.5 years I have been in DID specific treatment versus the 3 years of therapy I was in with a therapist that understood trauma, but did not know how to treat DID/dissociation.

Specifically, participants indicated improved experiences and outcomes if their clinician’s knowledge was not based on portrayals, but instead on research. One participant shared, I am lucky to work with a therapist who is a leader in the field of complex trauma and dissociation. She has a really good awareness of how DID is not necessarily portrayed well in media and takes a compassionate stance to help me separate my experience from what I hear about how it is portrayed.

4. Discussion

DID is a trauma-based condition that is poorly portrayed in media and often poorly understood by clinicians due to the lack of evidence-informed training. This study found that inaccurate, stigmatizing depictions of DID in the media perpetuate misconceptions about DID and contribute to delays in seeking treatment, accurate diagnosis, and increased shame and self-loathing among individuals with DID (See Fig. 1). Not only do misportrayals influence the ways people with DID understand themselves, but they seem to shape the way clinicians view, understand, and treat people with DID. Ultimately, these faulty portrayals are a barrier to trauma survivors receiving evidence-based treatment. Participants noted that misportrayals prolonged their suffering, delayed accurate diagnosis, and interfered with healing from severe trauma. It is imperative that content creators change the way they portray DID in the media and clinicians receive evidence-based training in dissociation to prevent further harm to people living with DID.

4.1. Inaccurate portrayals of DID

Participants with DID reported that most media portrayals of DID are exceedingly inaccurate, stigmatizing and erroneous, characterized by violence, animal-like behaviors (e.g., climbing walls), and florid “switching” between personalities. While some experience more overt symptom presentations, these media portrayals are far from reality for the majority of individuals living with DID (Kluft, 1985). Participants reported some clinicians incorrectly believed that presentations of DID in films were accurate and were inspired to employ case conceptualizations and treatment approaches used by fictional therapists, supporting Loewenstein’s (2018) contention that many clinicians have “learned” how to treat DID by watching media rather than through professional, evidence-informed training. However, many film characters with DID would not meet diagnostic criteria for DID (Sampson, 2020), and fictional therapists do not use evidence-based treatment

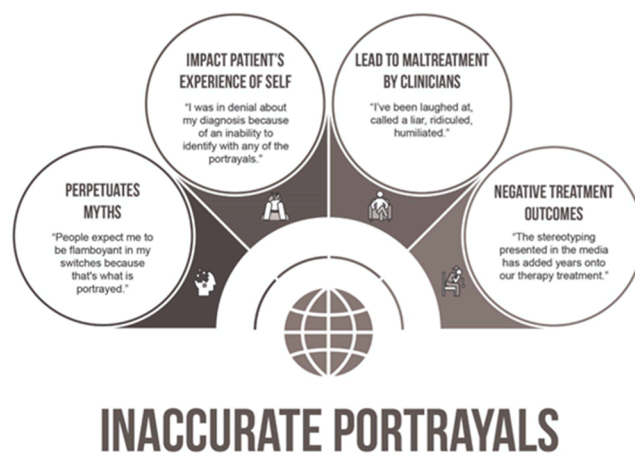


Fig. 1. Illustration of the Impact of Inaccurate Media and Film Portrayals of DID.

practices and often are portrayed with unprofessional boundaries (Brand & Pasko, 2017).

Moreover, several harmful myths about DID derived from the media were repeatedly reported by participants as having negatively affected their treatment. Participants' clinicians believed that DID is exceedingly rare or not real, and that people with DID are dangerous, prone to exaggeration and suggestibility, and demonstrate dramatic symptom presentations. Every one of these myths is consistently contradicted by research (Brand et al., 2016). Participants described that many of the media characters who supposedly had DID as being extraordinarily violent, often seeming more like a "monster" than a human. Indeed, in an analysis of eight films with characters portraying DID, the majority of fictional characters demonstrated violent (100 %) or criminal (75 %) behaviors (Sampson, 2020), which are rare in reality (Webermann & Brand, 2017). Instead, people with DID are much more likely to be victimized by others than they are to cause harm to other people, and if they engage in violence, it is directed towards themselves as suicide attempts or self-injury (Webermann & Brand, 2017; Webermann et al., 2014). Stigmatizing and misrepresenting an already highly exploited and traumatized group of people for the sake of "entertainment" and financial gain is destructive and causes harm by increasing shame, and delaying accurate diagnosis and access to treatment consistent with treatment guidelines (Brand et al., 2019; Chu et al., 2011).

4.2. Impact on treatment

Media that misrepresents DID significantly impacted people's access to and experience in mental health treatment, according to the participants. Many clinicians seemed to have learned about DID through media and lacked scientific training in dissociation. People with DID noted their clinicians' lack of training in subtle ways, such as clinicians mentioning films about DID during their therapy sessions, and in more apparent ways, such as patients having to provide education and resources about DID to the clinicians. Participants reported this significantly delayed their treatment, wasted therapy time, or caused them to terminate treatment when clinicians did not know how to treat DID. Sadly, this is not an uncommon occurrence. Up to 37 % of dissociative individuals report clinicians' lack of training as a barrier to accessing and continuing mental health treatment (Nester et al., 2022). Treatment for DID is a lengthy and complex process, requiring specialized treatment from trained clinicians (ISSTD, 2011); yet, the majority of clinicians never receive systematic training in trauma or dissociation (e.g., Bride et al., 2009), and the psychology textbooks utilized in training programs do not adequately or correctly discuss dissociation (Brand et al., 2019; Wilgus et al., 2015). Adequate training in complex trauma and dissociation can result in increased knowledge and perceived competency for treating clients (Kumar et al., 2022), whereas inadequate training is associated with both under- and mis-diagnosing dissociative clients (Hayes & Mitchell, 1994; Leonard et al., 2005; Perniciaro, 2014).

Participants with DID noted that clinicians' lack of training and inaccurate understanding of DID based on the media caused them harm. Participants recounted stories of being humiliated and dismissed, oftentimes being told they are lying or seeking attention when they attempted to discuss aspects of their disorder or trauma. Some clinicians reportedly immediately terminated treatment upon learning about their diagnosis. While referring outside of one's competency is an acceptable practice (American Psychological Association, 2017), this process was reported to have been done with disbelief about the disorder, accusations, or with a poor rationale for the treatment termination. For some who remained in treatment, negative responses from providers eventually led to termination, further delaying their access to healing from the impact of childhood maltreatment.

Participants reported clinicians communicated doubt about the validity of DID, which participants described as having been harmful. Participants reported being misdiagnosed because the provider "did not

believe" in DID. Research has repeatedly found that disbelief and suspicions about DID from clinicians contributes to the mis- and under-diagnosis of the disorder (Hayes & Mitchell, 1994; Leonard et al., 2005; Perniciaro, 2014). People with DDs are diagnosed with three or more conditions and spend 5–12 years in treatment before being correctly diagnosed with a DD (Loewenstein, 2018).

Only a few participants described media led them to identify their experiences as dissociative, accept their DID diagnosis, or pursue mental health treatment. Participants reported significant improvements in therapy when working with clinicians trained in treating DID. Indeed, dissociation-specific treatment (e.g., ISSTD, 2011; Brand et al., 2012) results in significant improvements in dissociative and PTSD symptoms, enhanced emotion regulation, and decreased non-suicidal self-injury (NSSI) and treatment costs, among others (e.g., Brand et al., 2009, 2013; Brand et al., 2019; Myrick et al., 2017).

4.3. Impact on understanding of self

Media portrayals of DID had a damaging impact on how people with DID understand themselves. Participants shared that seeing violent and dangerous portrayals of DID caused them to be afraid of themselves. Participants were fearful they would act out and hurt others even though they had never exhibited violent behaviors. Portrayals featuring dramatic symptoms also caused people to be confused and dismissive of their own experiences because their experiences did not match what they saw in the media. For example, some participants felt confused because they did not have visually observable switching between self-states or frequent amnesia. Myths about DID, compounded by media-fueled stigma, led many people with DID to feel profound shame about their diagnosis and hatred, confusion, and fear directed towards themselves. Clinicians who were untrained and believed in the widespread myths about DID reinforced and amplified these feelings of self-doubt and shame. Said more pointedly, media portrayals compounded the damage that had already been done to these individuals by chronic childhood abuse.

4.4. Implications for improving understanding and media portrayals of DID

Moving forward, clinicians urgently need research-informed, accurate training about the assessment and treatment of dissociation; training resources are available. Expert consensus guidelines for the treatment of DID are available free of charge (ISSTD, 2011). The ISSTD offers extensive training to professionals. Experts in treating DID offered recommended treatment strategies for each phase of DID treatment (Brand et al., 2012). Brand and colleagues developed an evidence-informed educational intervention (Brand et al., 2022; Schielke et al., 2022), which teaches clinicians and individuals who experience dissociation a practical step-by-step approach to decreasing PTSD and dissociative symptoms, stabilizing self-injury, and improving daily functioning and emotion regulation. The program was found beneficial in the Treatment of Patients with Dissociative Disorders (TOP DD) study (Brand et al., 2019). The assessment and treatment of complex trauma and dissociation must also be routinely integrated into educational training (Henning et al., 2021; Kumar et al., 2022). The inaccurate, stereotypical information about trauma and dissociation needs to be removed from psychology textbooks (Brand et al., 2019; Wilgus et al., 2015). Mandatory and research-based trauma and dissociation training for clinicians would increase clients' access to well-trained professionals who would not base their beliefs, diagnosis, and treatment of DID on media misportrayals.

Within the consulting room, clinicians are encouraged to not only seek training in evidence-based assessment and treatment of DID, but to also explore implicit bias they may have as the result of exposure to media misportrayals of DID. We recommend that clinicians and patients openly discuss what media the patient has or is viewing and maintain

space throughout treatment to answer questions, clarify inaccuracies, challenge stigma, address feelings of shame, and provide support.

Stigmatizing depictions of DID in the media need to be addressed. Accurate portrayals of DID in the media are needed to combat the myths about DID. To do this, people with lived experience of DID and experts trained in DID should be consulted. Accurate portrayals of DID may decrease their appeal as antagonists in horror films. Just as stigmatizing portrayals of individuals with intellectual and physical disabilities in the media have been challenged and become less tolerated, stigmatizing portrayals of DID and all mental illness need to be challenged and stopped. If DID is going to be a focal point of any fictional narrative, it is essential that a disclaimer about the inaccuracy of the portrayal is communicated to the audience. The public can put pressure on the creators of harmful media to financially support organizations that offer support to people with DID, to support education of professionals, and to support research about dissociation, as was done with industries that have caused harm to the physical health of individuals.

5. Limitations

One limitation of the study is that participants self-reported their DID diagnosis. No clinical interviews or diagnostic tools were employed to verify the diagnoses. Participants were recruited via online platforms and self-selected to participate, which represent only a subset of people living with DID. Individuals who engage in online platforms and communities for DID might be further biased in that they could have greater awareness of their dissociation. Though the sample included participants from several nations, the majority of the sample self-identified as white and American, which may influence the findings. Participants' responses were limited to 150 words, which may have resulted in curtailed responses – though the majority of responses were far fewer than 150 words. Finally, the present study explored the impact of common film, television, and social media portrayals of DID, but it was not an exhaustive exploration of all sources of media. Future research should explore whether differences exist between the impacts of these various types of media.

6. Conclusion

DID is a trauma-based psychiatric condition that is poorly portrayed in media and often poorly understood by mental health professionals due to the lack of evidence-informed training about dissociation. The present study found that inaccurate, stigmatizing depictions of DID in the media perpetuate misconceptions about DID and contribute to delays in seeking treatment, getting accurately diagnosed, mistreatment, and increase shame and self-loathing among individuals with DID. Ultimately, these faulty portrayals are a barrier to these trauma survivors receiving trauma- and dissociation-informed mental health treatment, and further research is needed on this topic.

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Data availability

Data are not publicly available to protect the confidentiality of participants.

CRedit authorship contribution statement

Briana L. Snyder: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original

draft, Writing – review & editing. **Stacey Marie Boyer:** Conceptualization, Data curation, Formal analysis, Software, Writing – original draft, Writing – review & editing. **Jennifer E. Caplan:** Formal analysis, Methodology, Validation, Writing – original draft, Writing – review & editing. **M. Shae Nester:** Formal analysis, Methodology, Validation, Visualization, Writing – original draft. **Bethany Brand:** Conceptualization, Formal analysis, Project administration, Resources, Supervision, Validation, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors have nothing to disclose.

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