

CHAPTER II

LITERATURE REVIEW

2.1 Review of Related Theories

In this chapter, review of related literature and theoretical framework are discussed. It consist of literature and psychology, the definition of DID in general and what causes people to suffer DID and what are the symptoms.

2.2 Literature and Psychology

Literature is a different playing field than psychology but very often does the two mixed together in a way since literature comes from the mind or psyche of the writer there for the two goes hand to hand pretty nicely. Richard Taylor in his book “Understanding the Element of Literature” said that literature is a place in which the writer use to convey or express their emotion, imagination and feelings that they experience throughout their life.

Literature, like other arts, is essentially an imaginative act, that is, an act of the writer’s imagination in interpreting their life-experience. In literature, words are the medium of expression and it makes little difference whether those words are recorded in the living memory of a people or by some mechanical means such as writing, sound

recording, etc (Taylor, 1981:14).

Psychology is the study of the mind and behavior, according to the American Psychological Association. It is the study of the mind, how it works, and how it affects behavior. Based on that information we can conclude that psychology is the study of behavior and mental process, primarily among humans (Washington DC, July 8, 2022). In other word, Human behavior and mental process can be boiled down to the things that we experience throughout our lives like the actions we take, thoughts, attitudes, moods, and even hopes and dreams. Everything that are related to a character, such as attitude, behavior and morality are parts of a person's psychology. The one that sets them apart is that in real life psychology studied a person behavior while in literature the main subject of the study is the fictional character that exist within the story.

2.3 Dissociative identity disorder

Dissociative identity disorder (DID) previously known as multiple personality disorder (MPD) or split personality disorder (SPD) is a mental disorder characterized by the maintenance of at least two distinct and relatively enduring personality states. The disorder is accompanied by memory gaps beyond what would be explained by ordinary memory issues. The personality states alternately appear in a person's behavior; however, presentations of the disorder vary (Canino et al, 2013:292).

People diagnosed with DID often report that they have experienced physical or sexual abuse during childhood (although the accuracy of these reports has been

disputed); others report overwhelming stress, serious medical illness or other traumatic events during childhood. They also report more historical psychological trauma than those diagnosed with any other mental illness. Severe sexual, physical, or psychological trauma in childhood has been proposed as an explanation for its development; awareness, memories and emotions of harmful actions or events caused by the trauma are removed from consciousness, and alternate personalities or subpersonalities form with differing memories, emotions and behavior (2013, p. 294).

DID is attributed to extremes of stress or disorders of attachment. What may be expressed as post-traumatic stress disorder (PTSD) in adults may become DID when occurring in children, possibly due to their greater use of imagination as a form of coping. Possibly due to developmental changes and a more coherent sense of self past the age of six, the experience of extreme trauma may result in different, though also complex, dissociative symptoms and identity disturbances (2013, p. 294).

A. CAUSES OF DISSOCIATIVE IDENTITY DISORDER

It is stated in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) that DID is "associated with overwhelming experiences, traumatic events, and/or abuse during childhood" Other risk factors reported include childhood neglect, childhood medical procedures, war, terrorism, and childhood prostitution. Dissociative disorders frequently occur after trauma, and the DSM-5 places them after the trauma and stressor-related disorders to reflect this close relationship. Disturbed

and altered sleep has also been suggested as having a role in dissociative disorders in general and specifically in DID, alterations in environments also largely affecting the DID patient (2013, p. 292).

B. TYPES OF DISSOCIATIVE DISORDER

There are three primary types of dissociative disorders:

- Dissociative identity disorder

Dissociative disorders often first develop as a way to deal with a catastrophic event or with long-term stress, abuse, or trauma. This is particularly true if such events take place early in childhood. At this time of life there are limitations on one's ability to fully understand what is happening, coping mechanisms are not fully developed, and getting support and resources depends on the presence of caring and knowledgeable adults. Mentally removing oneself from a traumatic situation — such as an accident, natural disaster, military combat, being a crime victim, or repeated physical, mental or sexual abuse — can be a coping mechanism that helps one escape pain in the short term. It becomes a problem if over the long term it continues to separate the person from reality, and blanks out memories of entire periods of time (2013, p. 292).

- Depersonalization/derealization disorder

One or both of the following conditions exist in the same person in a recurring

pattern over a long period of time:

Depersonalization – Feelings of unreality or of being detached from one's own mind, body or self. It is as if one is an observer of rather than a participant in their own life events.

Derealization – Feelings of unreality or of being detached from one's surroundings. People and things may not seem real.

During these episodes the person is aware of their surroundings, and knows that what they are experiencing is not normal. Even if the person shows little emotion during these episodes, they are usually interpreted as being quite upsetting. Symptoms may start as early as childhood, with 16 years old being the average age of first experience. Fewer than 20% will have their first experience of the disorder after age 20. (2013, p.302)

- Dissociative amnesia

Dissociative amnesia means not being able to recall information about one's past. This is not the same as simply being forgetful, as it is usually related to a traumatic or particularly stressful event or period of time. An episode of amnesia comes on suddenly and can last as little as minutes, or as long as months or years. There is no particular age of onset, and episodes can occur periodically throughout life.

There are three types of amnesia:

Localized – Cannot remember an event or period of time (most common form

of amnesia)

Selective – Cannot remember certain details of events about a given period of time.

Generalized – Complete loss of identity of life history (rarest form).

The person may not be aware of their memory loss or have only little awareness.

Even when they do realize a loss of memory, the person often downplays the importance of not recalling a particular event or period of time. (2013, p.298)

C. SIGN AND SYMPTOM OF DISSOCIATIVE IDENTITY DISORDER

According to the DSM-5, Symptoms of DID include "the presence of two or more distinct personality states" accompanied by the inability to recall personal information beyond what is expected through normal memory issues. Other DSM-5 symptoms include a loss of identity as related to individual distinct personality states, loss of one's subjective experience of the passage of time, and degradation of a sense of self and consciousness. In each individual, the clinical presentation varies and the level of functioning can change from severe impairment to minimal impairment. Individuals with DID may be reluctant to discuss symptoms due to associations with abuse, shame, and fear. DID patients may also frequently and intensely experience time disturbances (2013, p. 292).

Dissociative identity disorder has been identified in 4 percent to 7.5 percent of

patients in psychiatric residences, 2-6 percent of patients in outpatient settings and 0.4 percent to three and one-tenth percent of individuals not linked with mental health services. Dissociative identity disorder is also believed to be widely undiagnosed or misdiagnosed, making it difficult to determine exactly how many people are affected by dissociative identity disorder (Camille, May 26, 2022).

2.4 Previous Studies

There have been more than one person's that have made studies around Psychology or mental state of a character within a story, here are a few list of them that have a similar approach that can be correlated to this paper:

The first research is entitled "The Female Leading Character's Personality Disorder in Gillian Flynn's *Gone Girl*" by Rizky, Fadhillah from The Department of English Literature Faculty of Cultural Studies, University of Sumatera Utara, Medan (2018). In this research, Fadhillah analyze the source material to find out what kind of personality disorder that the leading character have and how the diseases effected the character overall mental health in the story by using literature and psychology literature. The study concluded that the lead character Amy Dunne have an Obsessive Compulsive Personality Disorder (OCPD) with all the finding the author of the study find within the story.

The second research is entitled "An Analysis of Bipolar Disorders as Portrayed in Matthew Quick's *The Silver Linings Playbook*" by Sari, Maria Hana from The

Department of English Faculty of Cultural Studies, University of Sumatera Utara, Medan (2018). The writer of this thesis uses the novel *The Silver Linings Playbook* (2008) from America as the object of the research. This analysis is about how bipolar disorders as portrayed in *The Silver Linings Playbook*. In this thesis, the writer uses American Psychiatric Association's theory to analyze the novel. The method that used in writing this thesis is descriptive qualitative method. The analysis and findings that can be found in the novel are about how bipolar disorders. The study concluded that there are two types of bipolar disorders found in this novel analysis, namely bipolar I disorder and bipolar II disorder. Bipolar I disorder is characterized by one or more Manic, usually accompanied by major depressive episodes. Bipolar II disorder is characterized by one or more Major depressive episodes accompanied by at least one Hypomanic episode.

The third research is entitled "Alice's Coping Behavior With World Dualism Reflected In *Alice In Wonderland* (2010) Movie By Tim Burton: An Individual Psychological Approach" by Rosyida, Alfina Suci Bella Dina from Department Of English Education, School Of Teacher Training And Education, Muhammadiyah University Of Surakarta, Central Java (2020). The researcher of this study used qualitative methods. The researchers of this study used two data sources, namely: primary and secondary. Primary data source is taken from the film *Alice in Wonderland* (2010) by Tim Burton. The secondary data is taken from supporting data from other sources relating to research conducted by the author such as literature books, articles, journals, from a lot of information relating to films from other reference books and the

internet. The technique of analyzing data used in this research is qualitative methods. Based on the analysis that has been done, the research results obtained by the researcher of this study are: 1) Schizophrenia mental disorders make Alice have excessive imagination can't even distinguish between imagination and reality, 2) World dualism and passing through events in Wonderland can make Alice return to a bolder person, confident and responsible in solving problems.

The fourth research is entitled "Psychopathic Personality Reflected In Esther's Character In Orphan Movie" By Dona, Refila from Faculty of Literature and Education, Universitas Teknokrat Indonesia, Lampung (2020). In this research, the writer discussed about the main character in Orphan movie which is considered possessing psychopath or mental disorder and the writer also interested to find out the reason of why the main character possessed mental disorder. In order to find out the answer of the research questions, this research conducts descriptive qualitative method. The psychoanalysis approach and Cleckley's theory (1976) is used to answer the research question about the characteristics of Esther's psychopathic disorder. In the end, the researcher found out that the cause of Esther's psyche disorder is because of her hormone disorder (hypopituitarism) that makes her cannot control her emotions.

The difference this paper has with the other researches stated above is that the main subject for this research suffers from multiple personality disorder (now known as Dissociative Identity Disorder) and that this research focused on the trauma model of DID theory (childhood physical or sexual as the root cause of the DID). This research also utilize Thomas Oldmans theory (Psychological factor and social factor). Another

difference is that the object of the research is different since the film is new and no one has conducted research on the film Moon Knight yet.

2.5 Theoretical Framework

The main theory that are going to be used in this study is DID theory proposed by Spiegel (1984, trauma model) along with the theory of the cause of dissociative identity disorder by Thomas Oldmans. In Spiegel theory, it is stated that one of the main reasons that causes DID is overwhelming experiences, traumatic events, and/or abuse during childhood hence the name “Trauma Model”. Just like Spiegel, Thomas Oldmans stated in his research that one of the reasons a person can developed DID is trough childhood trauma like physical or sexual abuse and the other reasons is trough social factor caused by iatrogenesis due to false diagnosis (the patient is susceptibility to suggestion that they believe there’s something wrong with them if a doctor or someone thrust worthy said to them that they got problems).

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