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Playing with identities: the representation of dissociative identity disorder in the videogame "Who am I?"

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Abstract

Who am I: The Tale of Dorothy (WAI) is the first videogame ever that addresses the treatment of an individual suffering from dissociative identity disorder (DID). WAI describes the life and internal experience of a 14-year-old girl named Dorothy who suffers from DID. The goal of this videogame is to integrate all Dorothy's dissociated identities. Notably, several symptoms of DID are correctly portrayed in the game, such as identity confusion, identity alteration, amnesia, and psychotic-like experiences. Furthermore, WAI identifies the developmental origins of DID in the individual's exposure to severe traumatic experiences in the attachment relationships during childhood, which is consistent with current empirical evidence on the developmental precursors of the disorder. Therefore, WAI may represent an innovative possibility for illustrating the main features of DID to gamers, students, and lay people. Accordingly, playing WAI can have important educational implications, as it might serve to reduce mental stigma toward people suffering from DID.

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1. Introduction

Dissociative Identity Disorder (DID), formerly known as multiple personality disorder, is a clinical condition involving a disruption of identity characterized by two or more distinct personality states, with recurrent memory gaps and marked discontinuity in sense of agency and sense of self. People suffering from DID also display alteration in affect, behavior, cognition, consciousness, memory, perception, and sensory-motor functioning (American Psychiatric Association, 2013).

The interest of the lay public toward the characteristics of DID is noticeable. In fact, many narratives concerning DID cases are part of popular culture. *The three faces of Eve* (Thigpen & Cleckley, 1957) and *Sybil* (Schreiber, 1973) are some examples of books concerning real cases of DID that were written for the lay public and that were later adapted into films. However, DID is mostly known because of a (sometimes morbid) interest of the public for the potential presence of dissociated identity states – frequently defined as "alters" in the scientific literature concerning the internal experience of people

suffering from DID; see Kluft, 1984 – that display violent and aggressive behaviors. Alternate identities displaying disturbing behaviors are the protagonists of some novels, such as Dr. Jeckyll and Mr. Hyde (Stevenson, 1886), and they are portrayed in other well-known novels – e.g., the character of Sméagol/Gollum in the *Lord of the Rings* (Tolkien, 1954-1955). Actually, the interest of the public for the "dark side" of DID is evident: just to make an example here, the real case of Billy Milligan, a convicted rapist who suffered from DID, had become a media sensation in the 1980s (Keyes, 1981). Moreover, the fascination of people for the alleged aggressiveness of alternate identities in individuals suffering from DID is reflected in successful movies, such as *Psycho* (Hitchkock, 1960), *Raising Cain* (De Palma, 1992), *Fight Club* (Fincher, 1999), *Secret Windows* (Koepp, 2004), *Me, Myself & Irene* (Farrelly & Farrelly, 2000), and even in graphic characters, such as Batman's nemesis Two-Face (Finger & Kane, 1942).

A recent example of this noxious fascination can be observed in the successful movie *Split* (Shyamalan, 2016), in which an unrealistic creature named "the Beast" (a hidden dissociated identity of the main movie character that displays superhuman powers and hideous and extremely violent behaviors) emerges at the end of the movie and tries to kill the girls whom other dissociated identities had abducted.

Also, many videogames portrayed violent alters. Examples of DID characters in the videogame culture are Mr. Bates in *Clock Tower: Ghost Head* (Human Entertainment, 1998), the Dark Prince in *Prince of Persia: The two thrones* (Ubisoft Montreal, 2005), Harman in *Killer 7* (Grasshopper Manufacture, 2005), Leo in *Manhunt 2* (Rockstar Games 2007), and Eddie in *Rise of Insanity* (Red Limb Studio, 2018). Notably, the storyline of these videogames includes violent features of dissociated identities as core elements of the gameplay.

However, when looking at scientific research, the association between a diagnosis of DID and the presence of violent behaviors is clearly low (Webermann & Brand, 2017). So, it is important for educational purposes that the lay public can develop a different and more correct understanding of DID. This will allow people to avoid the stigmatization of individuals suffering from this disorder. *Who am I: The Tale of Dorothy* (WAI; Onaemo Studio, 2017) is the first videogame ever that explores the internal experience of a girl suffering from DID.

The main purpose of WAI is to successfully treat the DID condition of its protagonist. In fact, the aim of WAI is to integrate the dissociated identities of a girl named Dorothy into her full personality, so to allow her developing psychological, psychosocial and relational well-being. The present article discusses the potential relevance of WAI for educating gamers and the lay public about DID, and thus for reducing the stigmatization toward people who suffer from this disorder.

2. Mechanics of the Game in "Who Am I?"

WAI is a commercial visual novel released in 2017 for mobile devices, and made available for PC and Mac in 2018. WAI is available for different operative systems, such as Windows XP/Vista/7/8/10 (PC), OS X 10.6 and above (Mac), Android 4.1 and above (smartphone), iOS 8.0 and above (iPhone, iPad, iPod touch). Following its original release, WAI has been updated several times to improve its graphic elements and the gameplay experience. A visual novel is an interactive videogame in which the player takes decisions that will affect the advancement of the story. Visual novels are often characterized by anime-style graphics and limited or absent animation. Most visual novels have detailed background scenarios and a soundtrack modelled on the events of the game. In some cases short movies are included (between chapters and at the end of the videogame).

Both the context and the purpose of WAI are clearly indicated in the tutorial of the videogame. The protagonist of WAI, Dorothy, is an adopted 14-years-old girl who suffers from DID and who displays three dissociated identities. Each of these identities is presented with different appearances, behaviors and attitudes. Dorothy's alters are Alice (an introverted six-year-old girl, who is stuck in the past and is also delusional), Gretel (an alter who is wary toward all adult people and has episodes of blinding rage), and Cindy (a joyful girl who does not like Dorothy's introversion). The purpose of WAI is to integrate all Dorothy's identities: this happens by means of weekly counseling sessions with Dorothy and the other "kids" - as Dorothy calls her dissociated identities.

2.1 Gameplay

The counseling sessions begin with Dorothy discussing the most significant event that happened to her during the week. When Dorothy concludes the description of that event, the player can choose the identity to address, if either Dorothy, Alice, Gretel, or Cindy. The chosen identity will discuss the event according to her peculiar perspective, and then the player will choose between three alternative responses to that identity. Both Dorothy's life events and the player's responses will determine Dorothy's stress level and the integration of her alters. The player must provide the correct questions, responses, and interpretations to help Dorothy integrating all the alternate identities into her entire personality, at the same time promoting her safety feelings and avoiding that the distressing internal experiences of conflicts without resolution among identities lead her to psychological disintegration. Also, the player must avoid that one of the alters takes full control on Dorothy's life.

The videogame includes eight possible event lines (two for each identity) and six game endings in total. When a storyline ends, the player gets an illustrated card for each ending that describes what happened to Dorothy after therapy.

2.2. The origins of Dorothy's alters

WAI might have an important role in educating the lay public about DID. In fact, WAI appropriately describes DID as a disorder deriving from traumatic experiences in the childhood relationships with parents and other significant figures (Dorahy et al., 2014; Krüger & Fletcher, 2017).

Despite uninformed claims that DID could represent an iatrogenic disorder (Piper & Merskey, 2014), empirical research clearly shows that DID almost always originates in severe and repeated episodes of abuse and neglect that had occurred to an individual in the relationship with attachment figures during childhood (Dorahy et al., 2014; Schimmenti, 2017a; 2018a). Accordingly, the player of WAI discovers during the counseling sessions that Dorothy's alters were formed to cope with unbearable traumatic experiences that had occurred to her when she was a child.

More in detail, Alice was created at about age 6 to cope with parental neglect and psychological abuse. Accordingly, Dorothy switches into Alice's world of imagination to cope with the current fear of being abandoned by the adoptive parents. If the player fails to integrate Alice, Dorothy will develop a psychotic disorder, and she will think and behave as she lives into an imaginary Wonderland.

Gretel was created to cope with a severe traumatic experience that occurred when Dorothy was 7 years old, when she saw her biological father killing her mother. Gretel acts as a "protector" of the alter system (Ross, Norton, & Wozney, 1989) that tries to prevent the exposure to further episodes of abuse and neglect. However, Gretel is also "identified with the aggressor" (Ferenczi, 1932-1988), i.e., she has internalized some characteristics of those who abused her during childhood (Schimmenti, 2017b), and thus she may become physically violent toward herself and others. If the player fails to integrate Gretel, she will take control of the entire personality system, and her anger will lead Dorothy to burn her home with her adoptive parents still inside.

Cindy was created to cope with Dorothy's trauma of living into an orphanage after the death of her mother and the imprisonment of her father. The player discovers that Cindy was modelled on a Dorothy's peer, an expansive and vital blond girl who lived with Dorothy and other unfortunate children in the orphanage.

Cindy identity thus represents Dorothy's attempt not to fall into depression and isolation. If the player fails to integrate Cindy, the original Dorothy will disappear forever from the identity system because she will feel that Cindy is the only one who can be loved by her parents and other people. If at any time of the event lines, Dorothy's stress exceeds the allowed limit, Dorothy will die of heartbreak or will commit suicide with her adoptive mother's pills.

3. A Game for Educating People about Dissociative Identity Disorder

DID is often poorly understood, misrepresented, or wrongly paralleled with other and apparently more frequent psychiatric disorders. In this regard, WAI might have a strong educational value for its players, and might also serve for educating undergraduate students in fields such as psychology, psychiatry, social work, nursing, etc., about the principal features and psychodynamics of DID. Accordingly, WAI represents an appropriate example to illustrate the educational properties of some some serious videogames, in which the gaming experience promotes knowledge and positive attitudes (Cheng, Chen, Chu, & Chen, 2015).

Among the remarkable characteristics of the game, there is indeed its capacity to show some fundamental features of DID, without giving them a negative or stigmatizing value. We have already stressed that the game accounts for the onset of dissociative symptoms as a result of complex relational trauma during childhood (Herman, 1992; Dalenberg et al., 2012; Schimmenti, 2017c; 2018b), including severe neglect and abuse. Even though there is no evidence in the game that Dorothy suffered from sexual abuse during childhood (a frequent traumatic experience in the life of people suffering from DID; see Ross, Norton, & Wozney, 1989), Dorothy experienced extreme traumatic events in the relationships with her parents and peers. From a psychological perspective, such overwhelming experiences might lead a child to defensively exclude the memories of these events and their related feelings from consciousness, and to restructure and organize them in the form of dissociated identities (Schimmenti, 2018a). Actually, Dorothy was neglected, exploited and confused by her biological parents. Also, she was physically abused by her father and psychologically abused by her mother, she witnessed the violent conflicts between her parents that brought her father to kill her mother, and she was also sent in an alienating orphanage after the murder of her mother. Accordingly, child abuse and the lack of a responsive caregiver may force the child to excessively rely on dissociation, a mental process already available in early stages of development that allows an individual to screen out overwhelming stimuli and unbearable mental states from consciousness (Schimmenti, 2016, 2018b). An excessive use of dissociation during childhood may permanently hinder the integrative capacity of the mind, thus increasing the probability to develop DID (Dalenberg et al., 2012; Dorahy et al., 2014).

In addition, WAI shows the specific role of alternate identities in the mental and behavioral functioning of people who suffer from DID. For example, Dorothy switches into Cindy when she is exposed to triggers of the relational trauma that she has experienced during her life in the orphanage; thus, the identity of Cindy allows Dorothy to avoid re-experiencing unbearable feelings of aloneness and shame. Gretel takes control of Dorothy when she feels that her adoptive parents may dislike or even abandon Dorothy, because she had experienced traumatic separations from her biological parents and even loss during her childhood. Furthermore, Alice's identity presents with psychotic symptoms that allow

Dorothy to detach from negative memories of unbearable emotional neglect during her childhood, by relating with imaginary companions inside a reassuring fantasy world. Notably, research shows that people suffering from DID may experience allucinatory and delusional symptoms even more frequently than individuals suffering from schizophrenic disorders (Kluft, 1987; Laddis & Dell, 2012), even though people with DID do not usually show consistent patterns of the so-called "negative" symptoms of schizophrenia, such as poor executive functioning or flat affect (Schimmenti, 2017a).

Therefore, the alters allow Dorothy to avoid re-experiencing the traumatic memories and their related feelings of psychological disintegration. This defensive function of dissociation is correctly portrayed, and is also illustrated by Dorothy's amnesia for the behaviors of the other identities. In fact, dissociative amnesia is considered one of the key feature of DID (Steinberg & Schnall, 2001; Schimmenti & Şar, 2019).

Finally, achieving Dorothy's integration in WAI requires a sensitive approach to her difficulties, which is critical for any successful treatment of real people suffering from DID (Schimmenti, 2017a). According to the guidelines for DID treatment that have been developed by the International Society for the Study of Trauma and Dissociation (2011), any DID treatment should have as a first objective the establishment of the client's safety and the control of his or her symptoms.

The presence of a distress meter in the game is thus consistent with a tenet of therapeutic work with people suffering from traumatic dissociation: the clinician must be always sensitive to the needs of safety and security of DID clients, especially when they are processing their traumatic memories (Schimmenti & Caretti, 2016). Therefore, the fact that WAI is focused on the reduction of Dorothy's distressing internal experience is in line with a real clinical need to consistently and gently support the efforts of DID patients in processing and overcoming their symptoms: this is critical for avoiding dysfunctional responses and revictimization of patients, but also for establishing an effective therapeutic alliance that will later facilitate the integration of the dissociated identities.

However, DID treatment also includes the processing of the overwhelming past events, in order to foster the integration of dissociated identities into a whole personality (Kluft, 2013). Alternate identities in WAI are associated to specific and detailed traumatic memories, and this helps the player to better understand the role and functions of these identities in the disorder. The game also demonstrates that processing traumatic memories after reducing the internal distress of the client is critical for an effective DID treatment. The game is accurate in showing that the integration of traumatic memories in DID patients is positive and can lead to the integration of the personality only if the patient's symptoms and affect states are sufficiently stabilized and internally regulated. This is made clear in the game by changes in the music and background scenarios, with more relaxing sounds and paintings when Dorothy is moving toward integration.

4. Discussion

All the positive features of WAI suggest that this videogame can serve to educate the public about DID, and to avoid that people with DID are stigmatized. However, it must be stressed here that WAI cannot be considered as a real "simulator" of DID treatment. The small range of interactions with Dorothy and the few alternatives for addressing her dissociated identities – which actually are raw simplifications of some alters showed by people suffering from DID – strongly limits the player's possibilities to develop a comprehensive understanding of the fragmented personality of DID clients; nor the game allows the player to extensively assess and treat the dysfunctional patterns of relationships and behaviors of DID clients, to foster their security and a positive expectation for future life, or to promote the stability of the integration of personality when such integration is achieved.

An additional element of WAI suggesting that it cannot be used as a treatment simulator concerns the fact that Dorothy and her alters are represented as cartoons and have no voice in the game. Accordingly, their proxemics and written communication do not evoke the emotional impact of traumatic histories of DID patients on the player. On one side, this may protect the player from the potential effects of a vicarious traumatization (McCann & Pearlman, 1990) that may occur when a vulnerable individual is exposed to potentially traumatizing triggers; on the other side, the lack of a faithful immersion in the frequent rollercoaster of feelings and emotional responses evoked by patients suffering from DID (Burton & Lane, 2001; Howell, 2011) represents a strong limit for any use of WAI as an effective instrument for the training of professionals who are willing to work in the field of complex trauma and dissociation. In fact, the clinician's capacity to provide empathic attunement to DID patients and to cope with the potentially disturbing emotional responses evoked by them constitute essential skills of the therapists who provide DID treatment. It is very likely that these complex skills can only be acquired by participating to extensive and specific training programs.

5. Conclusions

Its limitations notwithstanding, WAI is a novel typology of videogame that might have relevant educational implications. In fact, WAI might serve to reduce stigmatization toward individuals suffering from DID, by providing an innovative gaming experience to players. In this gaming experience, the traumatic origins of DID, the painful internal experience of people suffering from this disorder, and the relevance of a sensitive and respectful approach to these individuals and their symptoms, are correctly portrayed. WAI can thus be included among those videogames that are not only in the service of the players' fun, but also in the service of the society and its cultural development.

References

1. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington DC.

2. Burton, N., & Lane, R. C. (2001). The relational treatment of dissociative identity disorder. *Clinical Psychology Review*, *21*(2), 301–320.

3. Cheng, M. T., Chen, J. H., Chu, S. J., & Chen, S. Y. (2015). The use of serious games in science education: a review of selected empirical research from 2002 to 2013. *Journal of Computers in Education, 2*(3), 353–375.

4. Dalenberg, C. J., Brand, B. L., Gleaves, D. H., Dorahy, M. J., Loewenstein, R. J., Cardeña, E., . . . Spiegel, D. (2012). Evaluation of the evidence for the trauma and fantasy models of dissociation. *Psychological Bulletin*, *138*(3), 550–588.

5. De Palma, B. (Director) (1992). *Raising Cain* [Film]. Hurd, G. A. (Producer). United States: Universal Pictures.

6. Dorahy, M. J., Brand, B. L., Şar, V., Krüger, C., Stavropoulos, P., Martínez-Taboas, A., . . . Middleton, W. (2014). Dissociative identity disorder: An empirical overview. *Australian & New Zealand Journal of Psychiatry, 48*(5), 402–417.

7. Farrelly, P., & Farrelly, B. (Directors). (2000). *Me, Myself & Irene* [Film]. Farrelly, P. (Producer): United States: 20th Century Fox.

8. Ferenczi, S. (1932-1988). *The Clinical Diary of Sándor Ferenczi*. Cambridge, MA: Harvard University Press.

9. Fincher, D. (Director). (1999). *Fight Club* [Film]. Linson, A., Chaffin, C., & Bell, R. G. (Producers). United States & Germany: 20th Century Fox.

10. Finger. B., & Kane, B. (1942). Batman: The crimes of Two-face. *Detective Comics 66* (vol.1). Burbank, CA: DC Comics.

11. Grasshopper Manufacture. (2005). *Killer 7*. [Nintendo GameCube, PlayStation 2], Japan: Capcom.

12. Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, *5*(3), 377–391.

13. Hitchcock, A. (Producer & Director). (1960). *Psycho* [Film]. United States USA: Paramount Pictures.

14. Howell, E. F. (2011). *Understanding and Treating Dissociative Identity Disorder: A Relational Approach*. New York, NY: Taylor and Francis Group.

15. Human Entertainment. (1998). *Clock Tower: Ghost Head*. [PlayStation], Japan: Human Entertainment.

16. International Society for the Study of Trauma and Dissociation. (2011). Guidelines for treating dissociative identity disorder in adults, third revision. *Journal of Trauma & Dissociation*, *12*(2), 115–187.

17. Keyes, D. (1981). *The Minds of Billy Milligan*. New York, NY: Random House.

18. Kluft, R. P. (1984). An introduction to multiple personality disorder. *Psychiatric Annals*, *14*(1), 19–24.

19. Kluft, R. P. (1987). First-rank symptoms as a diagnostic clue to multiple personality disorder. *American Journal of Psychiatry*, *144*(3), 293–298.

20. Kluft, R. P. (2013). *Shelter from the Storm: Processing the Traumatic Memories of DID/DDNOS Patients with the Fractionated Abreaction Technique*. North Charleston, SC: CreateSpace Independent Publishing Platform.

21. Koepp, D. (Director). (2004). *Secret Window* [Film]. Polone, G., & Swerdlow, E. (Producers). United States: Columbia Pictures.

22. Krüger, C., & Fletcher, L. (2017). Predicting a dissociative disorder from type of childhood maltreatment and abuser–abused relational tie. *Journal of Trauma & Dissociation*, *18*(3), 356–372.

23. Laddis, A., & Dell, P. F. (2012). Dissociation and psychosis in dissociative identity disorder and schizophrenia. *Journal of Trauma & Dissociation*, *13*(4), 397–413.

24. McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1),131–349.

25. Onaemo Studio. (2017). *Who am I: The tale of Dorothy*. [Android, iOS], South Korea: Onaemo Studio.

26. Piper, A., & Merskey, H. (2004). The persistence of folly: critical examination of dissociative identity disorder. Part I. The excesses of an improbable concept. *Canadian Journal of Psychiatry, 49*(9), 592–600.

27. Red Limb Studio. (2018). *Rise of insanity*. [PC], Tymbark, Poland: Red Limb Studio.

28. Rockstar Games. (2007). *Manhunt 2.* [Microsoft Windows, PlayStation 2, PayStationPortable, Wii], North America: Rockstar Games.

29. Ross, C. A., Norton, G. R., & Wozney, K. (1989). Multiple personality disorder: An analysis of 236 cases. *The Canadian Journal of Psychiatry*, *34*(5), 413–418.

30. Schimmenti, A. (2016). Dissociative experiences and dissociative minds: Exploring a nomological network of dissociative functioning. *Journal of Trauma & Dissociation*, *17*(3), 338–361.

31. Schimmenti, A. (2017a). Elena: A case of dissociative identity disorder from the 1920s. *Bulletin of the Menninger Clinic*, *81*(3), 281–298.

32. Schimmenti, A. (2017b). Traumatic identification. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, *11*(2), 154–171.

33. Schimmenti, A. (2017c). The developmental roots of dissociation: A multiple mediation analysis. *Psychoanalytic Psychology, 34*(1), 96-105.

34. Schimmenti, A. (2018a). Five lessons on dissociation. *Rivista Sperimentale di Freniatria: La Rivista della Salute Mentale, 142*(1), 73-91.

35. Schimmenti, A. (2018b). The trauma factor: Examining the relationships among different types of trauma, dissociation, and psychopathology. *Journal of Trauma & Dissociation*, *19*(5), 552-571.

36. Schimmenti, A., & Caretti, V. (2016). Linking the overwhelming with the unbearable: Developmental trauma, dissociation, and the disconnected self. *Psychoanalytic Psychology*, *33*(1),106–128.

37. Schimmenti, A., & Şar, V. (2019). A correlation network analysis of dissociative experiences. *Journal of Trauma & Dissociation*. doi: 10.1080/15299732.2019.1572045.

38. Schreiber, F. R. (1973). *Sybil.* Chicago: Henry Regnery.

39. Shyamalan, M. N. (Director). (2016). *Split* [Film]. Shyamalan, M. N., Blum, J., & Bienstock, M. (Producer). United States: Universal Pictures.

40. Steinberg, S., & Schnall, M. (2001). *The Stranger in the Mirror: Dissociation – the Hidden Epidemic.* New York, NY: HarperCollins Publishers Inc.

41. Stevenson, R. L. (1886). *Strange Case of Dr. Jekyll and Mr. Hyde.* London: Longman, Greens and Co.

42. Thigpen, C. H., & Cleckley H. M. (1957). *The Three Faces of Eve*. New York, NY: McGraw-Hill.

43. Tolkien, J. R. R. (1954-1955). *Lord of the Rings*. London, UK: George Allen & Unwin.

44. Ubisoft Montreal. (2005). *Prince of Persia: The Two Thrones*. [Android, iOS, Microsft Windows, mcOS, Nintendo GameCube, PlayStation 2, PlaystationPortable, Xbox], North America: Ubisoft.

45. Webermann, A. R., & Brand, B. L. (2017). Mental illness and violent behavior: The role of dissociation. *Borderline Personality Disorder and Emotion Dysregulation*, *4*(1), 2.