

Split Sciences: The Legal Accountability of Patients with Dissociative Identity Disorder

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ABSTRACT

The thriller “Split” by M. Night Shyamalan showed a glimpse into the multiple personalities of the antagonist in the film. While many elements were added for intense suspense, the existence of such a disorder was factual. Dissociative Identity Disorder is defined by the American Psychiatric Association as a “psychological illness with 2 or more distinct identities, each accompanied by changes in behavior, memory, and thinking” (American Psychiatric Association). In a legal setting, the actions of the patients with DID have numerous ramifications. This paper aims to illustrate how the accountability of DID patients during a crime should be assessed. To find out how DID patients could be held accountable, we analyzed the disorder by researching the transformations in the brain, identified its origins, and explored the consequences in a judicial milieu. After conducting this research, we identified the solution that could be seamlessly embedded into our current society and benefit the patient as well as the courts. Through the analysis of the psychological disorder with a social lens, we evaluated that the jury and the public should be made more aware of the disorder and the court should not automatically assume innocence based on just the Insanity Defense. This plan is the best course of action for patients and the court systems and also aims to adapt societal thought to be more aware of DID’s difficulties.

Introduction

According to the National Alliance on Mental Illness, 518 million people are diagnosed with Dissociative Identity Disorder (DID). This equates to more than 7% of the world’s population (National Alliance On Mental Illness). The idea that diagnosed DID patients should be convicted of crime has various legal ramifications that, if implemented, will alter, and entirely redefine the current court system. According to Brady J Phelps, a psychology professor at South Dakota State University, the criminal actions of the Dissociative Identity Disorder patients are attributed to their previous trauma. The effects of the disorder impair one’s control over their personality; however, by taking into account the desire to achieve justice for the victims and the frequent abuse of using this disorder as a legal protection, the need for prosecution of people with DID disorders should be addressed in countries throughout the world.

Implications on the victims of the crime

Even though a person suffering with DID is not mentally stable, their criminal actions have numerous implications on the victims of the crime. The victims include not only the injured or the dead but also their families who are highly affected by the crime. In a case study, a serial rapist who was reported to have DID, was convicted of crime. This court case ruled that “although a patient may have distinct personalities that control his or her behavior, this condition does not preclude criminal responsibility” (Farrell). The court found that the law adjudges criminal liability according

to the person's state of mind at the time of the act and “will not inquire whether an individual possesses other personalities, fugues, or even moods in which he would not have performed the crime” (Farrell). This took into account the convict’s various personalities, yet by considering the magnitude of the heinous crimes, the defendant was found guilty. This shows us that certain crimes go past the insanity defense and it is crucial to first evaluate the criminal activity. By considering all patients with Dissociative Identity Disorder as not accountable for their actions and crimes, the magnitude of their deeds is not considered.

Misuse of DID and the Insanity Defense

The prevalence in the misdiagnosis of DID leads the jury to make an uninformed decision and could prevent justice from being provided to the victims because of the legal protections given to those with this disorder. One such case study explores the story of a woman who allegedly suffers from DID and killed her husband. According to the specific case study a “lot of her behavior was strictly manipulative and controlling, with a volitional component” (Hafeimester). Though her results showed her mental instability, it was later proven that she was faking her disorder. As a result, the jury sentenced the woman to thirty-two years of imprisonment. The reason these DID convicts are sentenced to prison is because the basis of determining whether or not the person has DID or is simply misusing it is challenging to identify. The diagnosis of DID is extremely difficult as they are often “cautious and hidden and are not easily discernible” (Hafeimester). In fact, DID is often misdiagnosed. According to two studies conducted by Christopher H Rosik, a clinical psychologist in California, approximately “one-quarter of patient populations were found to have levels of dissociation consistent with a dissociative disorder” however, in reality only “5 percent of the population had DID” (Rosik). Doctors are “sidetracked by the secondary disorders that people with DID often suffer -- depression, eating disorders, and panic attacks” (Arbetter). This not only shows us that many of the people diagnosed with Dissociative Identity Disorder may be faking it but also that education about the disorder and its diagnosis are important. Without clearer research on Dissociative Identity Disorder, it is close to impossible to adhere to the insanity defense regardless of the crime committed.

The Convict’s Perspective

Through the convict’s lens, we can attribute their earlier trauma to their mental instability. A convict may argue that because of mental disease or defect, she or he was unable to act in conformance with the law. While exploring previous trauma we learn that “victims of abuse have potentially ‘heightened’ operant control of emotions and personality behaviors when confronted with uncertainty or stimulus conditions reminiscent of the past” (Phelps, “Dissociative Identity Disorder: The Relevance of Behavior Analysis.”). This helps to identify that the victim’s previous trauma leads them to act in a specific way. According to Robert Wettstein, a psychologist from Pennsylvania, the insanity defense can only be stated if it is shown that the impulse or desire the convict felt to commit the crime was truly irresistible. This allows for the classification of certain emotions as suppressible and further clouds the difference between these emotions and the alternate personality. It is crucial to identify whether the mental disorder led to their actions or they simply “failed to control [their] behavior because of anger, revenge, or greed” (Wettstein). In this scenario it is crucial to evaluate the deeper ethics of this behavior. Usually, criminal actions based on the convict's trauma often arise from feelings of revenge and anger. Therefore, these feelings cannot be considered part of their alternate personality, further suggesting that their alternate personalities could be controlled. The line between trauma backed with anger and the psychological disorder is quite thin. It is essential to attribute each crime on a case-by-case basis to either excessive emotion or Dissociative Identity Disorder.

Presented Solution

Due to the challenges imposed on the court system of identifying people with DID and whether or not it influenced their actions, several steps could be taken to help inform members of the jury in their deliberations. Jury members need to understand that not all people with DID commit crimes solely due to this condition but can also be influenced by other emotions like anger and rage. Especially when a defendant pleads insanity, jury members need to take into account the full context of the crime, including the victims, the magnitude of the crime, and the mental state of the defendant. In addition, jury members should be made aware that DID identification is not certain in all cases and is subject to misdiagnosis. They should also be informed of the fact that there have been past cases of defendants faking DID to escape legal prosecution. Overall, jury members should take each crime on a case-by-case basis and not assume that all DID defendants are innocent because of their condition. By looking at all the factors surrounding the crime, jury members can more accurately assess the criminal activity that occurred despite their mental instability.

Conclusion

Therefore, although the mental ailments of those with DID is severe and can be debilitating, the legal prosecution of defendants with this disorder should be regarded cautiously and carefully to fully understand crime and serve justice accordingly. By prioritizing justice for victims and taking into account the abuse of this defense in the past, the diagnosis of DID should not automatically be assumed to be connected with the inability to control one's actions. If this assumption is not made, the court can come to a fairer conclusion on the verdict of the trial. However, as a society, it is crucial we do not stigmatize patients with DID and are all made more aware of the symptoms and case studies for patients with Dissociative Identity Disorder. With this increase in awareness, we can soon hope to normalize the mental state of the patients and allow them to reintegrate into society.

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