

CHAPTER II

LITERATURE REVIEW

2.1 Dissociative Identity Disorder

Dissociative Identity Disorder (DID) is a type of disorder where there are two or more identities with distinct memories and behaviors inhabit the body of a same person. A psychotherapist and a hypnotherapist in the field of trauma and dissociation, Jo. L. Ringrose (2012) defines DID as the presence of two or more identities alternatively emerge in one individual's identity including their behavior, feelings, and cognitions of the dominant host along with an inability to recall personal information (Ringrose, 2012, p. 3-4).

The use of the word client in DID was developed to signify a rejection of this medical way of thinking, replacing it with the humanistic language of growth and change in which it is the client who has expertise on what is best for them. Psychological problems are not illnesses to be cured but states of self and social alienation. As such, therapy is not about curing illness but about helping people to find solutions and new directions in life for themselves (Joseph, 2013).

The identities in a client with DID usually exists without knowing other identities' existence, but usually the alters know that other identities other than themselves exist, and they can either cooperate with each other, fighting, or ignoring each other (Frances in Ringrose, 2012, p. 7). Often, one identity is dominant and dominates the host most of the time yet not aware of what the other alters have done when the dominant personality was out.

Each alter has its own perceptives and may have their own name. Ringrose (2012) in her book defines alter as an entity with a firm, persistent, and well-founded sense of self and a characteristic and consistent pattern of behavior and feelings in response to given stimuli. It must have a range of function, emotional responses, and a significant life history of their own existence (Ringrose, 2012, p. 7). The alters view themselves as separate people and may not understand or care that they share the same body. They will have different body languages and handwritings (if they can write). They can also have their own posture, hairstyle, speaking style, even different accents. Some may speak in different languages. A female with DID may have male alters, and a male with DID may have female alters.

2.1.1 Causes of Dissociative Identity Disorder

Ringrose (2012) in her book mentions several causes of clients with dissociative identity disorder:

- a) One or both parents are emotionally or physically absent. Often they don't have both parents, and/or a poor attachment with parents or parental figures. They either don't get the attention they needed or have a bad relationship with their parents.
- b) Torture, neglect, physical, sexual, and emotional abuse, or repeatedly witnessing domestic abuse in their home. Abuse is the most prominent cause of DID, because severe abuse may traumatize them, even if the abuse wasn't directed at them (watching their father beat their mother).

Sometimes, when a child is severely abused, they become so detached and disconnected with themselves and reality. This state is called dissociation, and it can become so extreme that they may begin to distort time or in extreme cases, actually loses time and cannot remember what happened during the dissociation period (Haddock, 2001, p. 2). Dissociation is a part of defense mechanism, and dissociation with something does not mean it is bad, it is just one way people insulate themselves from pain. However, extensive dissociation can be an issue when someone are not aware or cannot control their dissociative responses, the dissociative responses may occur in inappropriate situations, thus become disruptive to their life. (Haddock, 2001, p. 3).

Although there is no cure for Dissociative Identity Disorder, long-term treatment can be quite successful. As stated by Ringrose, clients in treatment for longer period of time showed somewhat higher rates of symptom reduction than those who were in brief treatment (Ringrose in Howell, 2011, p. 246). In other words, if the client is persistent and stays committed with the treatment given by the experts, they will likely to reduce the DID symptoms. However the aim of treatment is to integrate all the different personalities into one whole identity.

Ringrose stated that, integration is the process whereby the host (a DID client) accepts all her thoughts, feelings, and behavior (past and present) as their own. It occur when a client accept a dissociated personality, part, or aspect of themselves and bring it into normal awareness (Ringrose, 2012, p. 58). Through integration, a DID client can become one whole identity by integrating the personalities of both the host and the alter through treatment by the experts.

2.1.2 Symptoms of Dissociative Identity Disorder

Ringrose (2012) in her book wrote a common symptoms of DID:

- a) The presence of two or more distinct identities, each with their own characteristics and perceptions. At least two of these identities recurrently take control of the client's behavior.
- b) Amnesia, typically around trauma events but may be for large chunks of the client's childhood. There are also often amnesic barriers between the identities which effectively separate the alters' memories and experiences from the host and one another.
- c) Anxiety, which may appear to come out of nowhere and feel uncontrollable.
- d) Auditory hallucinations, includes crying, muttering, self-deprecatory remarks, but where the clients know these come from inside their head.
- e) Lost time, the host experiences lost time when the alter take over the limelight for a while.
- f) Self-harm and suicide attempts, usually to bring the client back from a distant/detached/unreal state, or to change an emotional pain into a physical one because this feels more controllable.

The symptoms of DID may be more evident to the client's surroundings than to the client. Often, the client is unconsciously changing identities from one identity to another. This process is called *switching*. A switch may occur from one alter to another alter, from a host to an alter, or an alter to a host (Ringrose, 2012,

p. 9). Frances (1998) wrote that most of the time the change is sudden and takes only seconds, but sometimes it can take hours or days.

The most common times that switching occurs are when an identity is reminded of a past trauma event and the event acts as a trigger. For example, a client reminded of being raped in her past become nervous and anxious when left alone with strangers in a disclose room. She did not want to deal with it and wanted it to go away, therefore she unconsciously switch and let her alter deal with it (Ringrose, 2012, p. 9).

Ringrose's concept of DID was a development of Freud's early theory of the *Sexual Theory of Hysteria* (1957) in which he argued that sexuality plays a huge role in the pathogenesis of hysteria as a resource of psychic traumas. Abuse or neglect in childhood, rape, and loss of loved one are included in some of the causes of psychic trauma, which could lead to an unconscious defense mechanism called repression, which in turn causes the dissociative symptoms to emerge (Freud, 1957, p. 3). Ringrose felt that dissociation was a process of defense which would remove threatening or overwhelming thoughts from a person's awareness, which is a development of Freud's concept of repression, which can result the emergence of dissociative symptoms can result a person to have two or more identities in one body (Ringrose, 2012, p. 12).

2.2 Psychoanalytic Criticism

Sigmund Freud was an Austrian neurologist best known for developing the theories and techniques in Psychoanalysis. His theories on child sexuality, libido and the ego, among other topics, were some of the most influential academic

concepts of the 20th century. Psychoanalysis itself is one of a therapy to cure mental disorders by investigating the interaction of conscious and unconscious elements in mind (Barry, 2009, p. 96). The method of doing this is to get the patient to talk freely, in such a way that the repressed fears and conflicts which are causing the problems are brought into the conscious mind and openly faced, rather than remaining buried in the consciousness (Barry, 2009, p. 96).

2.3 Levels of Mental Life

Freud has divided two levels of mind, the unconscious and the conscious mind. Unconscious comprises all the things that are not easily available to awareness, such as drives and instincts or things that can't be seen, like the memories and emotions related with trauma. Conscious, on the other hand, is a notion of awareness that presents perceptions, memories, thoughts, fantasies, and feelings (Freud, 2003, p. 96-97).

2.4 Three Parts of Psyche

Freud developed an idea that the human composes three apparatus of mind to help him explaining the mental images according to their functions or purposes. The most primitive part of the mind is id and it is completely unconscious. The second part is the ego which is active across the unconscious, preconscious and conscious. The last part is superego and it is both precocious and unconscious (Freud, 2003, p. 97-98).

The three apparatus of mind work hand in hand to develop one's personality and behavior. The id seeks to fulfill all wants, needs, and impulses while the ego

is trying to satisfy them in acceptable ways, and the superego tries to get the ego to have moral manner in fulfilling the id's needs and urges.

2.4.1 Id

The id is unconscious; therefore, it has no contact with reality or the real world. It consists of the basic needs of human nature such as hunger, thirst, and sexual impulses. It strives for immediate gratification and if not met, the person will result in a state of anxiety or tension. Id cannot be changed, amoral, and asocial because it would lead to any kind of destructions to satisfy its impulses for pleasures without concerning the reason, logic safety, or moral values. In other words, id cannot make a decision based on moral values or differentiate between good and evil. Therefore all of the id's energy is spent to seek pleasure without regard for what is proper (Freud, 2003, p. 104).

Its function is to seek pleasure which Freud called it *pleasure principle* (Freud, 2003, p. 105). Freud believed that id is operating as the primary process and relying to the secondary process that runs by the ego in order to connect with the outside world (Freud, 2003, p. 76).

2.4.1.1 Eros & Thanatos

Sigmund Freud, the father of psychoanalysis, has developed a Theory of Drives which is centered on the opposition between the death drive (Thanatos) and the life drive (Eros). In Freudian psychoanalytic theory, the death drive is the drive towards death, self-destruction and the return to the inorganic. Not only that, death drive can take a number of forms, such as teasing, gossip, sarcasm,

humiliation, humour, and the enjoyment of other people's suffering (Freud in G. Feist & J. Feist, 2008, p. 33).

The concept of the death drives was initially described in Freud's book *Beyond the Pleasure Principle* (2003), in which he proposed that "the goal of all life is death". The death drive opposes Eros or the life drives which have the tendency toward survival, seeking for food and water, having sex, and other creative and life-producing drives. The life drives can also take many forms, including narcissism, love, sadism, and machonism (Freud in G. Feist & J. Feist, 2008, p. 32).

Freud asserts that human behaviors are motivated by sexual and instinctive drives known as the libido which is energy derived from the Eros or life instinct (Freud, 2003, p. 112). In pursuing their respective goals both drives behave in a strictly conservative manner, in that they seek the restoration of a state that was disrupted by the emergence of life. According to this view, the emergence of life is therefore the cause both of the urge to carry on living and, simultaneously, of the urge for death, while life itself is a battle and constant compromise between these two urges (Freud, 2003, p. 112).

The life and death drives and their derivatives may fuse together, neutralize each other, or replace one another. Eating, for example, represents a fusion of hunger and destructiveness that is satisfied by biting, chewing, and swallowing food. Love, a derivative of the sex drive, can neutralize hate, a derivative of the death drive (Freud in Hall, 1981, p. 43).

2.4.2 Ego

The ego comprises of the part of the personality that deals with reality as it connects to the real world. According to Freud, the ego is placed in the conscious mind and it is controlled by the *reality principle*. The ego has an executive part in the decision making process of a personality since its main function is to control the pathways to activity. In other word, the ego pays attention to the real world and assesses the most harmless opportunity in dealing with id's urges. It also watches the aftereffect of one's behavior to satisfy their id's urges and persuade the id in order to substitute its urges (Freud, 2003, p. 105).

Though the ego lacks the strong vitality, Freud believed ego is able to restraint the strong and pleasure-seeking impulses of id, but, sometime ego also fail to take control. When it comes to deal with the impulses, the ego does two things: puts up with them or seeks to fight them through the process of repression (Freud, 2003, p. 107).

Ego does not have its own strength and only rely to id's energy. Even though ego relies on id, it regulates the instinctual drives of the id so that they may be released in nondestructive behavioral patterns. In performing cognitive and intellectual function, ego should choose between a series of illogical and contradictory demands of id with superego. Being in the middle of id and superego causes ego to form a reaction called anxiety (Freud in G.Feist & J.Feist, 2008, p. 29).

Under the pressure of excessive anxiety, the ego is sometimes forced to take extreme measures to relieve the pressure. These measures are called defense

mechanisms. All defense mechanisms have two characteristics in common: (1) they deny, falsify, or distort reality, and (2) they operate unconsciously so that the person is not aware of what is taking place (Freud in Hall, 1981, p. 51).

2.4.2.1 Defense Mechanism

To protect itself from anxiety, ego uses defense mechanisms such as repression, denial, reaction formation, displacement, fixation, regression, projection, introjection, and sublimation (Freud in G.Feist & J.Feist, 2008, p. 16).

1. Repression

The most basic defense mechanism is *repression*. Every time the ego is threatened by id impulses, it protects itself by repressing those impulses into the unconscious like dream (Freud, 2003, p. 43).

2. Denial

Denial involves blocking external events from awareness and denying the existence of an external threat or traumatic event. If some situation is too much to handle, the person just refuses to experience it. (Freud in Boeree, 2006, p. 7).

3. Reaction Formation

A Defense mechanism in which a repressed impulse becomes conscious through adapting a disguise opposite from its original form is called a reaction formation. For example, a woman who hates her mother but pretends to love her because society demands affection toward parents (Freud in G.Feist & J.Feist, 2008, p. 35).

4. Displacement

Freud believed that through displacement, people can redirect their undesired impulses toward a variety of people or objects so the original impulses are disguised or concealed (Freud in G.Feist & J.Feist, 2008, p. 36).

5. Fixation

In the time a human went to a further development then the anxiety will become more provoking than before. To cope with this anxiety, the ego may react to stay at the present. This defense mechanism is called fixation (Freud in G.Feist & J.Feist, 2008, p. 36).

6. Regression

Through this defense, the person regresses to an earlier period that was more pleasant and free of frustration and anxiety. Freud described regression as the sense of longing for the mother, or the sense of being overwhelmed by the present (Freud, 2003, p. 18).

7. Projection

Projection happens when internal drives provoke too much anxiety, the ego may reduce the anxiety by delivering undesired drives to another person. Projection can be defined as seeing others unacceptable feelings but the feelings are actually located in one's unconscious (Freud in G.Feist & J.Feist, 2008, p. 37).

8. Introjection

Introjection takes place when a person adopts positive qualities of someone else into their own ego. The introjections will provide the person a self-worth sense and reduce the feelings of inferiority (Freud in G.Feist & J.Feist, 2008, p. 37).

9. Sublimation

Sublimation is the repression of the genital aim by substituting a cultural or social aim. In other words, it is a process where the object-libido is substituted by a different goal far from sexual gratification (Freud, 2003, p. 43).

2.4.3 Superego

The last component is the superego, which controls all the social, cultural, and moral norm. It operates on both conscious and unconscious mind. It persuades the ego to fulfill the id's urges by considering moral values based on rules about what is good or bad. If the person behaves in a way that possibly breaks the rules, the superego will make the person feel guilty. In an unhealthy person, the ego would not be the strongest component and the person would be under the control of either its id or superego, leading to several dysfunctional behaviors (Freud, 2003, p. 111).

2.5 Dreams

Freud believed that *The interpretation of dreams* (1900) serves as the "royal road" to the unconscious world. In other words, dreams are regarded as the most reliable approach route for those seeking to understand the deep-level processes of the psyche (Freud, 2003, p. 58). Freud believed that dreams are formed in the unconscious but forced their way into consciousness. In order to become conscious, dreams must pass the primary and final censors. Dreams serve as a particularly rich source of unconscious material. For example, Freud believed that childhood experiences can appear in adult dreams though the dreamer has no

conscious recollection of these experiences (Freud in G.Feist & J.Feist, 2008, p. 24).

Freud stated that dreams should not be interpreted without the dreamer's associations to the dream (Freud, 1990, p. 48). In other words everything that happened in a person's dream links to the person's associations with their life. Freud proposed that dreams are motivated by wish fulfillments and is divided into two contents. The manifest content includes the actual images and thoughts contained in the dream which often only stems from experiences of the previous day. The latent content is the hidden underlying symbolic meaning of the dream which is formed in the unconscious and usually goes way back to childhood experiences (Freud, 1990, p. 25-28). Those wishes in the latent content dreams can only be uncovered by dream interpretation. For people who suffer traumatic neurosis, the dream-function is thrown into disarray and distracted from its proper purposes so the dreams are not wish fulfillment (Freud, 2003, p. 57).

Trauma neurosis is a condition resulted from severe life-threatening incidents. Through their dreams, these people who suffer from traumatic experience are repeatedly taken to the situation of their frightening or traumatic situation and when they awake the sense of fright will be renewed. The fact that the traumatic experiences can repeatedly attack the patients during sleep proofs that they have made a deep impression on the patients (Freud, 2003, p. 58).

2.6 Identical

Ellen Hopkins' *Identical* is written in a switching viewpoint of the twins, Kaeleigh and Raeanne, with chapters alternating between their standpoints. Unlike

the novels these days, the narratives are written in free verse in sometimes shapes of hearts or liquor bottle, which supports the content of the text. Each twin's chapter begins on a right-hand page, while the other twin's chapter ends on a left-hand page. Where the two contents are in contrast, chosen words from each are identical, as if trying to show the twins' deep connection.

The story follows Kaeleigh and Raeanne Gardella, the teenage daughters of two successful parents. Their father, Ray is a prominent judge and their mother, Kay is expected to win a seat in the U.S. Congress. The Gardella family is busy, with Ray working long hours, Kay mostly on the road campaigning and the girls have school to occupy them. Their family had been torn part years before, when Ray drank too much and swerved their car into oncoming traffic causing Kay to lose her ability to love. Ray started looking for the love he couldn't get from Kay by visiting little Kaeleigh in the night and sexually abused her, back when she was only nine. Young Raeanne could only watch, while feeling scared and jealous. The twins respond to the abuse, as well as their father's alcoholism and their mother's emotional abandonment, in different ways. Kaeleigh copes as best as she can with the continuing sexual abuse, trying to be a good Daddy's little girl, finding comfort in binge eating and self-harming. Raeanne, Kaeleigh's twin, wishes her father to love her instead and wish she could pleasure him back. Raeanne looks for something to fill the hollow inside her by trading sex for marijuana. She also steals OxyContin and whiskey from her father, as well as experimenting with drugs and bondage.

A few days after Kay wins the election, Kaeleigh overdoses on whiskey and pills because she knows that her mother won't be coming back home anymore. Ray finds Kaeleigh, and seeks help from Hannah, a nursing-student neighbor with whom he had an affair. Hannah help Kaeleigh vomit and then tells Ray that Kaeleigh needs help, but Ray wants to handle things himself. Raeanne on the other hand then goes off in search for her grandfather (Ray's father), to find out about her father's past which might explain why he has been acting the way he is. Raeanne later learns that her father was sexually abused by a neighbor when he was young. To cope with the shocking news, Raeanne then goes off with TY, a young man who is into drugs and bondage, and when things started to get out of control, Ian, Kaeleigh's boyfriend arrives to rescue Kaeleigh. Ian is disappointed to find Kaeleigh with TY, but Raeanne explains that she's not Kaeleigh, not her twin sister. Ian, devastated, explains that Raeanne is dead, killed in a car crash years ago, and the girl standing here is indeed Kaeleigh.

A doctor helps Kaeleigh to understand that she probably has dissociative identity disorder where she has created multiple identities to cope with the trauma in her life. Ray is forced to go into rehab and moved out from home. Kay only comes home for rare visits, for the sake of appearances. Kaeleigh's grandmother (Ray's mother) moves in with Kaeleigh, in the family home. Ian promises to stand by Kaeleigh and love her, as long as he is able, to help her through her treatment. Kaeleigh vows that the abuse stops here, that her children will be protected and nurtured. Raeanne, lurking quietly inside of Kaeleigh, vows that she will never leave, because she is strong and she must protect her twin.

2.7 Ellen Hopkins

Ellen Hopkins is one of the well-known names among Young Adult novel writers. She is an award-winning author of twenty nonfiction titles and five New York Times Bestselling novels-in-verse. *Crank*, *Identical* and *Burned* are included in her key works. These novels discuss profound issues in teenagers that trouble young generation today such as, psychological problems, sex addiction, drug addiction and other issues.

2.8 Theoretical Framework

This study uses Sigmund Freud's theories of psychoanalysis and Ringrose's concept of Dissociative Identity Disorder to investigate how personality integration of DID client is depicted in Ellen Hopkins' *Identical*. Freud's theories is used to analyze the id, ego and superego of Kaeleigh and Raeanne, while Ringrose's concept of DID is used to support and uncover the causes and the symptoms of DID through Kaeleigh and Raeanne. The investigation of personality integration of Dissociative Identity Disorder client is taken from the narrations in the story.