

SHATTERED



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KINNAIRD COLLEGE FOR WOMEN,
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**A PROJECT REPORT SUBMITTED TO
KINNAIRD COLLEGE FOR WOMEN
IN FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF**

**BACHELOR OF ART
IN
MEDIA STUDIES**

By

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2019-2023**

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**RESEARCH REPORT APPROVAL
KINNAIRD COLLEGE FOR WOMEN**



Date: 12th June 2023

I hereby recommend that the report prepared under my supervision by,

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Entitled

Title: SHATTERED

be accepted in partial fulfillment of the requirements for the degree of

**BACHELOR OF ART (BA Hons)
IN
MEDIA STUDIES**

In Charge of Research Report

Head of Department

Recommendation concurred in

1. _____
2. _____
3. _____
4. _____

**Committee for the
Final Examination**

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RESEARCH COMPLETION CERTIFICATE

It is certified that Ms. Aimen Shafique and Ms. Mishal Zia of B.A. Honors (session 2019- 2023), Department of Media Studies have carried out this work entitled “Shattered” which is a short film, under my supervision.

It is assured that this thesis project is original and sufficient in terms of scope and quality of degree.

All changes suggested by examiners during defense are incorporated in this final copy

Signatures of Supervisor

Dated: 12th June 2023

Ms. Sadia Safir Tarar

Lecturer




Signatures

Dated: 12th June 2023

Head of Department

Dr. Kiran Karamat



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ABSTRACT

Dissociative identity disorder is a severe mental disorder. About 1.5% of people worldwide have dissociative identity disorder. We have shown the challenges of a person suffering from dissociative identity disorder in this short film. Research shows that Patients with this disorder frequently engage in self-harming behaviour and attempt suicide. This short film fills a void in the mainstream media's positive coverage of this disorder. People will then be better able to understand the significance of DID, which will result in constructive social change. It is an effort to introduce a desperately needed positive narrative into the discussion around dissociative identity disorder

This short film provides an insightful portrayal of the signs and consequences of DID on the lives of sufferers and those around them.

Keywords: Dissociative identity disorder, alter, persona

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CHAPTER 1

INTRODUCTION

Dissociative identity disorder is a mental disorder categorized by the existence of two or more personality states or identities within one body. These identities alternate and have power over the person's behavior. (Foote, 2013). Mostly the identities have their own names, style of speaking, mannerisms and characteristics. The disorder is mostly caused by repetitive and extreme trauma experienced during childhood which could be physical, emotional or sexual in nature. It is the person's mind that is crying to cope and protect themselves from the trauma and as a result of which different personalities come into existence. (Humphrey et al., 2005).

Since a person has multiple identities the main identity or the core identity is the personality they had before the diagnosis of the disorder. The other personalities that are formed later are on are generally referred to as 'Alters'

A person with this disorder, while alternating between different personalities will experience amnesia to some degree. The severity of the amnesia experienced varies from person to person. (American Psychiatric Association, 2013). It could be extreme which would make the affected person completely oblivious to the reality that they suffer from this disorder or the amnesia might be just severe enough that different personalities cannot interact or remember thought processes of other personalities but they are aware of the existence of different personalities within one body so gaps in memory are common for people with dissociative identity disorder.

A short film as defined by the academy of motion picture arts and sciences is an original motion picture that, including all the credits is 40 minutes long or less. A plot, beginning and end is necessary and it should be at least 5 minutes long. Some examples of short films are There's something in the dark, Escape to nowhere and Crazy with crossbow.

1.1 One Liner

Awareness on Dissociative identity Disorder for the purpose of tackling exaggerated misconceptions and stereotypes shown in films.

1.2 Concept

Dissociative identity disorder is a misunderstood condition that is characterized by a

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person having at least two distinct personality identities or states. These identities repeatedly take control of the individual and they are often accompanied by changes or alterations in affect, behavior, consciousness, cognition, memory, perception, and/or sensory-motor functioning. Oftentimes, people suffering from DID are not conscious of the existence of their alternate personality states (Snyder, 2017). A history of trauma is a key feature to this mental illness because about 90 percent of individuals suffering from DID had experienced severe abuse in their past (Cleveland Clinic, 2016). Research has shown that DID is more common in women because they experience childhood abuse more frequently than men (Snyder, 2017; The Recovery Village, 2020a). DID is so prevalent in individuals who have experienced abuse, violence or trauma because dissociation is often used as a coping mechanism to help people manage their distressing memories (The Recovery Village, 2020a). Hollywood has increasingly portrayed mental illnesses on screen, and Dissociative identity Disorder in particular, by producing films depicting various stereotypes and myths associated with this condition (Trifonova, 2010). Considering this disorder is not understood by most of the population, the inaccurate portrayal of DID in these films could influence the public opinion on dissociative identity disorder.

1.3 Basic Idea

The short film focuses on a young girl whose dealing with the emergence of a new alter. The goal is to show how they are coexisting to live a normal life. What challenges they face and how dissociative identity disorder presents itself in day to day life.

1.4 Scope

Dissociative identity disorder doesn't have much representation in Pakistani media and many people are not even aware that this mental disorder exists. The media portrays this disorder in a negative and false manner (Diefenbach & West, 2007). Moreover, people with this order are depicted as having violent and aggressive tendencies. (Diefenbach & West, 2007). In the Pakistani show 'Ishq Zahe Naseeb' no depth is given to the protagonist's character who has this disorder instead the show mainly focuses on the appearance of his female persona. Such representation of this disorder gives more power to the already present belief that people with dissociative identity disorder just act and behave differently.

According to researches a very small number of people with this dissociative identity disorder commit crimes (Peisley, 2017) or act in a violent manner (The Recovery Village, 2020b), but still media continues to create misconceptions and show stereotypes therefore it

is important to create works that deal with the misconceptions and stereotypes and present a realistic view of this illness. The aim is to make sure that people understand that the representation of this disorder in films is sensationalized and exaggerated.

1.5 Need of the topic

People frequently believe that dissociative identity disorder is uncommon compared to other mental disorders, which is a widespread misperception about the condition. However, more recent evidence contradicts this. In various groups, it has been discovered that dissociative identity disorder affects 1-3% of people. Not to mention, cases of the illness have increased in the last 20 years, with females accounting for 90% of those affected. Although the exact causes are still up for debate, there is a clear connection between childhood neglect and physical and sexual abuse.

In a nutshell, when a child experiences trauma, their primitive central nervous system which plays a role in "fight or flight responses" is over activated as a coping mechanism. Children, unable to resist or flee, resort to imaginative play, emotional numbness, and dissociation from the troublesome present, and bad memories are stored in other areas of their brain. Children can develop other facets of their personalities when these traumatic memories are gradually concealed from their awareness.

1.6 Clarity of the topic

When it comes to a patient's social and professional lives, dissociative identity disorder can be quite crippling, especially given how easily the various alters might flip at even the slightest exposure. An affected individual might not be able to recognize the persons who seem to already know them because alters have distinct memories than humans. Patients may also forget about stuff they may or may not have purchased. As a result, chances tend to become more limited, which causes frustration and antisocial behavior. Dissociative identity disorder also lowers overall productivity and enjoyment of life. According to research, patients have a strong propensity for substance misuse, self-harm, and suicide. Patients are frequently prevented from reporting their symptoms due to the sad stigma connected with mental diseases in our area of the world. Many families are hesitant to see a doctor, and their neglect makes the illness worse. Adults typically avoid addressing their children's symptoms in an effort to avoid what might have caused them in the first place because dissociative identity disorder is embedded in family bonds and care by its very nature. Even if medical help is sought, dissociative identity disorder can be difficult to diagnose because it frequently

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co-occurs with other diseases, making it impossible to establish with physical measures like blood tests.

According to Dr. Amanat who is a psychiatrist at Gulshan Psychiatric Hospital in Karachi, DID shares many symptoms with bipolar disorder, schizophrenia, and post-traumatic stress disorder (PTSD). In addition, dissociative identity disorder differs from patient to patient in terms of its type and severity. For example, patients may be diagnosed with dissociative identity disorder after years of battling bipolar disorder and suicidal ideas. Another potential reason is that dissociation makes it difficult to accurately report symptoms and engage in self-monitoring.

CHAPTER 2

LITERATURE REVIEW

Cortez (2022) in the research paper titled “The Problem with Dissociative Identity Disorder in the Media” informs that the patient's and her therapist, Dr. Connie Wilbur, suffered psychotic breakdowns at the same time. That's why many keep thinking that dissociative identity disorder isn't a "real condition of posttraumatic origin" but rather a figment of the therapeutic mind. There are a lot of causes that could lead to a wrong DID diagnosis. To begin with, genuine DID sufferers rarely discuss their dissociative symptoms unless they are prompted to do so. If doctors and nurses aren't aware of how to spot the symptoms of dissociative disorders in resistant patients, they can miss them. For this reason, many medical professionals will instead diagnose their patients with something more tractable, such as schizophrenia or borderline personality disorder. Still, because doctors don't always get the right training, they often make wrong diagnoses of dissociative identity disorder.

Sekhri (2022) in the research paper titled “Incorporating Movie Clips to Validate Learning: A Students’ Assessment” states that according to the DSM-IV, a person's personality can take on a number of different "states," or manifestations. The DSM-IV replaced the previous label, "multiple personality disorder," with "disorder with indeterminate severity". The DSM-5, released in 2013, contains the most up-to-date criteria for diagnosing DID. The DSM-5-TR, published in March 2022, does not update the DSM-5. In each of the four DSM manuals, a diagnosis of MPD or DID necessitates the presence of two or more "distinct personalities" (or "personality states" in DSM-III-TR). All of these mental states, say the authors of this updated version, may be distinguished by their "very persistent" patterns of perception, connection, and cognition with respect to both the external world and the self. One criterion put forth by the DSM-III specifies that the individual in question must have a single, dominant personality that directs all of his or her behaviors. If a patient meets the criteria for a diagnosis of dissociative identity disorder according to the DSM-III-revised TR, then they must have "at least two of the identities recurrently acquiring control of the person's activities". Similar wording can be found in the DSM-IV. DSM-IV and DSM-V criteria point out differences from "normal" functioning when it comes to retrieving three different kinds of memories

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Ross (2020) in the research titled “Epidemiology of multiple personality disorder and dissociation” says that dissociative identity disorder (DID) diagnoses have been available in the DSM for some time (DSM). The first comprehensive guide to mental health conditions, the Diagnostic and Statistical Manual of Mental Disorders (DSM-I), was published by the American Psychiatric Association. At first, the DSM-I was advertised as merely a lexicon that merely outlined the diagnostic categories; it did not, in fact, provide diagnostic criteria. Both "dissociative reaction" and "psychoneurotic disorder" have been used to describe DID. In the first edition of the Ross, C. A., published in (2020), dissociative hysteria was categorized as a "psychotic condition." The first edition of the Diagnostic and Statistical Manual of Mental Disorders labeled the condition as a "psychotic disorder," but the second edition renamed it "neurosis". Both editions omitted diagnostic criteria, leaving it up to individual physicians to determine when to declare a diagnosis. Following the publication of the first two editions of the DSM, the DSM-III (Diagnostic and Statistical Manual of Mental Disorders) was released in 1980. In this edition, the term "Dissociative Disorders" has replaced "Multiple Personality Disorder". The diagnosis of multiple personality disorder has evolved from the former label of "many personalities," which was first introduced in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III-TR in 1987. Author says that a person's personality consists of their "firmly established" habits of thought, behavior, and introspection in relation to themselves and the world around them.

Sampson (2020) in the research paper titled ‘The Portrayal of Dissociative Identity Disorder in Films’ has analyzed the representation of dissociative identity disorder in film over the last 25 which happen to be stigmatizing and incorrect, such portrayals create negative and unfavorable opinions about people with this disorder. The researcher performed a content analysis of 8 films to analyze the frequency of stereotypes shown about dissociative identity disorder in film. The findings revealed that misconceptions about criminal behavior, treatment related incompetence, violence and extreme alternate personalities were shown. Moreover it was common to ridicule the person of this disorder. Repetitive occurrence of incorrect stereotypes in the chosen films suggest that people have continue to have misguided views about people who have dissociative identity disorder.

Miller (2019) in the research paper titled “A Critical Film Analysis of Representation of People with Disabilities in M. Night Shyamalan Films” discusses that recently, Split, a Hollywood film about dissociative identity disorder, received widespread backlash for perpetuating harmful stereotypes about the disorder. The plot of M. Night movie Split centers

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on a serial killer who, in his twenty-fourth guise, kidnaps and murders two of three young women. The National Alliance on Mental Illnesses criticized the Farrelly brothers' 2000 film *Me, Myself, and Irene* because it stereotypically portrayed people with schizophrenia as having "split personalities". The film portrays Jim Carrey's character as if he suffers from a disorder that is not consistent with his actual diagnosis. The main character in the 2016 TV drama, *United States of Tara*, was said to seem like her multiple identities were being suppressed by the medication used to treat her dissociative identity disorder. Four years after the movie came out, Miller found that no medical treatment had been shown to make dissociative episodes less bad or get rid of them completely. Chris Sizemore's story is one of the few to be accurately depicted on film; the film *The Three Faces of Eve* is a prime example. When it came down to it, it turned out that most of the events in *Sybil* were made up. Coons' 1986 film adaptation of novel of the same name caused controversy since it showed a man with multiple identities who had experienced trauma in his childhood. Some people speculated that the same person was hiding behind multiple aliases to play multiple roles.

Santoro et al. (2019) in their research paper titled "Playing with identities: the representation of dissociative identity disorder in the videogame" explains that in many cases, people with DID symptoms will attempt to diagnose themselves, rather than seek professional help. Those in this situation frequently seek the advice of the general public while trying to pinpoint the source of their problems in order to obtain a diagnosis. Many of these individuals place great weight on their own or others' claims as absolute truth. Patients who have finally received a diagnosis may feel compelled to exaggerate their symptoms for the sake of their own mental health. But the use of general diagnostic criteria is the real cause of misdiagnosis, not the causes you cited. The Diagnostic and Statistical Manual of Mental Disorders (DSM) was written by the American Psychiatric Association (APA) to make sure that all mental health professionals use the same criteria when diagnosing patients. The recommendations should allow even physicians who have never encountered a patient with DID to make an accurate diagnosis. Many doctors don't have the specifics they need to diagnose their patients, even when their signs and symptoms seem to match those in the DSM-5. Inaccurate diagnoses and subpar treatment lengthen patients' painful experiences.

Thurn (2019) in the research paper titled "The Language of Movies: Using Film to Teach Visual Literacy in the EFL Classroom" discusses that the DSM-IV has changed its criterion so that it now requires evidence that the disturbance is not the product of pharmacological effects

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on the body or the outcome of children's make-believe. From the DSM-IV, we inherit this requirement, as well as the ones that the symptoms be incapacitating or distressing and that the disease have no spiritual or cultural basis. All of the DSM disorders, together with their diagnostic criteria, have been fully described. We begin with the DSM-III and provide an overview of the prevalence, sex ratio, risk factors, and typical symptoms to help round out and clarify the diagnostic criteria. More females than males have been diagnosed with DID in clinical settings for adults throughout all of recorded history. Three of the five films I've watched that include characters with DID are focused on women, which is consistent with this conclusion. It's been used to characterize forgetfulness, dissociative hallucinations, and "freezing," or resistance to change, ever since the DSM was created. DSM-II requires quick symptom onset and resolution, but DSM-III introduces the phrase "transition".

Brand et al. (2016) in research paper titled 'Separating Fact from Fiction: An Empirical Examination of Six Myths about Dissociative Identity Disorder' highlights misconceptions and myths about dissociative identity disorder. Beliefs such as this illness being a fad, it is over diagnosed, it is rare, it is not trauma based, it is the same as borderline personality disorder and that the treatment can be harmful, exist about this disorder. Research doesn't support these claims but there isn't much research either that can refute these claims that's why there are many misconceptions. Ignorance about this disease should be dealt with because it is risky for the individuals who have this disorder. Old-fashioned misconceptions regarding DID have been replaced by empirically established understanding. It is necessary to vigorously disseminate information regarding this complex condition.

Gillig (2009) in research article titled 'Dissociative Identity Disorder A Controversial Diagnosis' talks about the controversies revolving around the diagnosis of dissociative identity disorder which is followed by a discussion on the similarities and differences between borderline personality disorder and dissociative identity disorder as the symptoms of the two can be confused with each other. The topic of disorder attachment and the phenomenon of autohypnosis in terms of early childhood sexual drama have also been discussed along with talks about the meaning behind alternate personalities and alters. Neuroscience researches that relate memory processes and disordered attention to symptoms of dissociative identity disorder have also been highlighted. Recommendations regarding treatment and an account of a patient with the disorder have also been discussed.

Liu (2007) in research paper titled 'Dissociative Identity Disorder' has discussed information, identification, symptoms and causes regarding dissociative identity disorder.

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DSM-5 diagnostic criteria symptoms for dissociative identity disorder are mentioned which are followed to diagnose the patients in the medical field. Childhood experiences and influences which can be causative factors to causing dissociative identity disorder have also been discussed. The researcher is of the belief that we as individuals should look at the current data source to obtain knowledge regarding symptoms, brain function and causes of this disorder rather than obtaining this knowledge from media and film. It is important to ensure that we as members of a society give more importance to the development and mental health of children.

CHAPTER 3

SIGNIFICANCE OF THE STUDY

The knowledge surrounding dissociative identity disorder in the Pakistani community is not enough. There have not been many researches and studies about it in this country. The knowledge that an individual can obtain through dramas and film whether those films are Pakistani or foreign depict stereotypes that are very harmful and incorrect. The disorder is heavily exaggerated in the media for entertainment purposes. Raising Cane, Secret Window and cult classic Fight Club are some films where this disorder been shown. Our short film aims to provide an insight into this mental disorder that will highlight the struggles and behaviors of a person struggling with this disorder. It will help people to understand how this illness represents itself in day to day life moreover it will help to reduce the misconceptions and myths that have been associated with dissociative identity disorder.

Dr Amanat Mohsin who is a psychiatrist at Gulshan Psychiatric Hospital in Karachi says that distinct identities of a person can be completely different from one another even having a different gender and name. An identity will adopt its own perception of situations and separate verbatim as if it's a completely different person. The national alliance of mental health states that for a person to have more than 10 alters or even a hundred is considered normal for a person with this disorder. A 26 year old Pakistani student by the name of Layla Kanwar(name changed to protect identity) says that her dissociation is so extreme that often times she does not remember how she ended up at a specific location.

So the disease has also been reported in Pakistan. As there is a lack of knowledge, resources and research in our country we need to start creating work that will help people understand this disorder so they can understand those who have it and can help to recognize the symptoms in others. The creators of this short film want to create and encourage discussions on this topic so that those individuals who are suspected of having this illness can identify it and get the required help and diagnosis.

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CHAPTER4

SCRIPT

Title: Shattered

Characters:

Saba ----- Main Protagonist

Saba's Psychiatrist

Saba's Father

Saba's Mother

Saba's Friend----- Hadia

Scene 1

OUT.GARDEN-DAY

Saba is sitting outside and painting. Her friend approaches her and likes one of her paintings. She requests to take it with her to which Saba agrees.

Scene 2

INT. BEDROOM- NIGHT

Saba is facing the mirror. Her eye makeup is smeared. She puts on a red lipstick and wipes it off. She stares in the mirror.

Saba V.O

Scene 3

INT.BEDROOM-DAY

This is Saba's nightmare. Saba's father is stabbed by thieves. He's lying on the floor bleeding. She is sitting in a corner curled up, watching her father suffer. Saba wakes up from the nightmare and she looks drained and lies down on her side. Her mother enters the room to wake her up, she tells her that one of her diaries was in the lounge. Her mother tells her to keep using her diaries. Saba then reads her diary and looks confused

Scene 4

INT.LOUNGE-NIGHT

Saba's alter is painting on a canvas while listening to music suddenly she looks confused. Saba's expressions imply confusion as if she doesn't know why she is painting.

Scene 5

INT.OFFICE-MORNING

Saba is talking to her psychiatrist about her personality switch when she was painting and the

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nightmare she had the day before. Her psychiatrist encourages her to keep taking therapy and tells her that with therapy she can manage this disorder.

Scene 5

INT. LOUNGE-NIGHT

Saba is about to throw away her painting when suddenly she receives a call from her friend who tells her that one of her paintings was selected for an exhibition. Saba looks at her painting and smiles.

END CREDITS

CHAPTER 5

AUDIO VISUAL BOARD

Scenes	Audio	Visual	Duration
1	BGM	Title	15 secs
2	BGM بادیہ: Hi - کیسی ہو صبا: Hi میں ٹھیک ہوں۔ تم بتاؤ بادیہ۔ واہ پار۔ کتنی اچھی پیٹنگ کر رہی ہو صبا: Thanks بادیہ: واہ یہ بھی تمہاری پیٹنگز ہیں؟ This looks so interesting بادیہ: اگر تم برا نہ مانو تو کیا میں اسے اپنے ساتھ لے جاؤ؟ صبا: ہاں لے جاؤ	-Closeup shot of paints -Long shot of Hadia -Wide shot of Hadia and Saba -Mid shot of Hadia and Saba	43 secs
3	BGM V.O صبا : مجھے یہ مرض ہے اور میں نہیں جانتی کہ اس پر کیسے قابو پایا جائے۔ مجھے نہیں معلوم کہ میں پیٹنگ کیوں کر رہی تھی۔ یہ Therapy میری مدد نہیں کر سکتی Infact.. Infact - کوئی بھی میری مدد نہیں کر سکتا۔ میں اس سب سے تھک چکی ہوں۔	-Medium wide shot of Saba standing infront of mirror	50 secs

4	<p>BGM</p> <p>امی: صبا! بیٹا، اٹھ جاو</p> <p>صبا: جی امی میں اٹھی وی ہوں</p> <p>امی: یہ ڈائری باہر ٹیبل پر تھی</p> <p>---</p> <p>Are you using it</p> <p>صبا: جی امی میں ڈائری استعمال کر رہی ہوں۔</p>	<p>-Medium close up shot of father lying on the floor</p> <p>-Cowboy shot of Saba lying on the bed</p> <p>- Full shot of girl sitting</p> <p>-Medium close up shot of Saba</p> <p>- close up shot of knife</p> <p>- Wide shot of Mother and Saba</p> <p>-Medium close up shot of mother</p>	90 secs
5	<p>BGM</p>	<p>-Close up shot of Saba's supplies</p> <p>-Close up shot of Saba's face</p> <p>-Medium Closeup Shot of Saba Painting</p> <p>-Cowboy shot of Saba</p>	50 secs
6	<p>BGM</p> <p>ڈاکٹر: کیا تم بنا سکتی ہو کل رات کیا ہوا؟</p> <p>صبا: مجھے کچھ بھی یاد نہیں ہے مجھے ایسا لگا جیسے میں کسی ایسی جگہ پر موجود ہوں جہاں مجھے نہیں ہونا چاہیے، میرے ہاتھ میں ایک پینٹ برش تھا</p>	<p>Mid close up shot of therapist</p> <p>-Mid close up shot of Saba</p> <p>-closeup shot of notes</p>	95 secs

	<p>جیسے میں کچھ پینٹ کر رہی ہوں</p> <p>ڈاکٹر: تو کیا تم نے اپنی ڈائری دیکھی؟</p> <p>صبا: میں نے دیکھی تھی لیکن مجھے آرٹ سے ریلیٹڈ کچھ نہیں ملا</p> <p>ڈاکٹر: ہو سکتا ہے کہ تمہارا ایک نیو alter Emerge کر رہا ہو۔۔۔ تمہے اپنے روم میں Sticky notes لگا کے رکھنے چاہئے اور اپنی ڈائری میں بھی لکھنا چاہئے۔ اس سے تمہے بہت سی باتیں یاد رکھنے میں مدد حاصل ہو گی</p> <p>صبا: میں تھک چکی ہوں میری زندگی کا یہ خوفناک خواب۔۔۔ اس نے میری ساری زندگی کو جھنجھوڑ کے رکھ دیا ہے۔</p> <p>ڈاکٹر: Are you still having nightmares?</p> <p>اتنی کم عمر میں اپنی آنکھوں کے سامنے ایسا واقعہ دیکھنا اصل مسئلہ ہے اور dissassociative identity disorder میں Nightmares</p>		
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	<p>ہونا نارمل سی بات ہے - کیا ہوا؟ کوئی پریشانی ہے؟</p> <p>صبا: وہ پینٹنگز. وہ سب کچھ.. پھر میری آنکھوں کے سامنے آ رہا ہے</p> <p>ڈاکٹر: تم پریشان مت ہو With time یہ بالکل Manage ہو جائے گا. تم یہ therapy sessions باقاعدگی سے لیتی رہو اور اپنی ڈائری لکھتی رہو انشاء اللہ This will help you</p>		
7	<p>BGM</p> <p>Hello: صبا</p> <p>ہادیہ: اسلام علیکم صبا.</p> <p>صبا: وعلیکم السلام ، کیسی ہو؟</p> <p>ہادیہ: میں تو ٹھیک ہوں پر میں جو تمہیں بتانے جا رہی ہوں ، اس کو سن کے تم بھی بہت اچھی ہو جاؤ گی۔</p> <p>صبا: کیا، کیا مطلب کچھ سمجھی نہیں۔</p> <p>ہادیہ: ارے یار تمہاری جو پینٹنگ میں لے کے گئی تھی وہ میری یونیورسٹی میں EXHIBITION</p>	<p>-Closeup shot of Saba -Mid shot of saba - Closeup shot of painting</p>	90 secs

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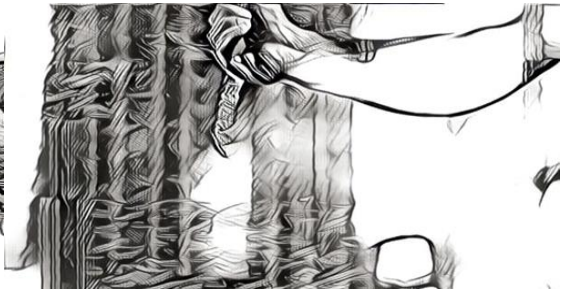
	کے لیے سیلیکٹ ہو گئی ہے and guess what اگر تمہاری پینٹنگ کو first second یا third میں سے کوئی بھی position ملے تو تمہیں آرٹس اسکول میں scholarship ملے گی - BGM		
8		End credits	33 secs

Total Duration: 8 Minutes (with credits)

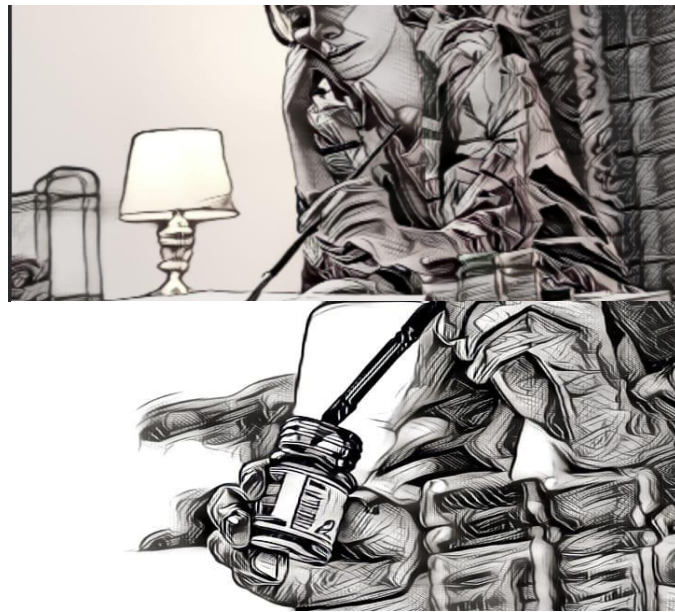
CHAPTER 6
STORYBOARD



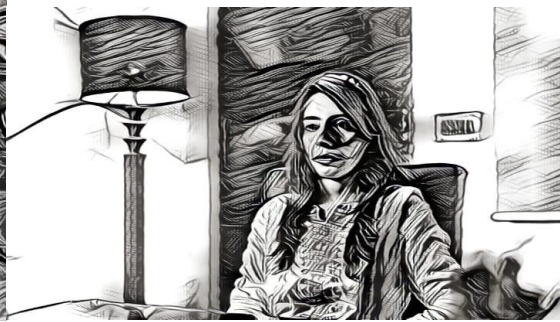
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CHAPTER 7

TECHNICAL METHODOLOGY

7.1 Approach

As this illness is not talked about in our society and there is little to no knowledge about it, the main goal of this short film is to introduce discussions regarding this mental illness so people can understand that it is real, they get the knowledge to understand what they or someone with this illness are experiencing and how a person experiencing this illness can be helped.

7.2 Genre

The medium is short film and the genre is drama. The fictional short film demonstrates the protagonist who has DID and the story will revolve around the emergence of a new alter.

7.3 Clustering

We looked at sensationalized, dramatized and glorified disorders in movies and television series and after discussions with our supervisor, we decided to make a short film on dissociative identity disorder. We looked at interviews from famous talk shows such as The Oprah Winfrey show and Dr Phil as well as videos from psychologists online to get an understanding of the dissociative identity disorder. After getting the basic knowledge of the disorder we researched the need and scope of the topic in our society and came up with our outline.

7.4 Objectives

The Objectives of this short film are

- To create a piece of work that is true and real.
- To explain that films and drama exaggerate this illness.
- To encourage creation of work on this topic in Pakistani media.
- To introduce dialogue on this topic.
- To provide insight into the struggles of a person living with this mental illness

7.5 Target Audience

The target audience of this short film is the general society as they all consume media. All of them can be influenced from films that overly exaggerate dissociative identity disorder for the sake of entertainment and create negative and harmful stereotypes about it. We will show a piece of work that is based on reality.

7.7 Psychographics

The main targets of influence of this project are the people who don't understand DID or have misconceptions and stereotypes about it.

7.8 Camera Angles and Shots

As it's usually said that it's not the equipment that matters it's the user that does, we can be very productive with very minimum equipment. Camera is the most important item of this project, Camera along with some stabilizing equipment was used to capture several types of shots that included the panning of camera to wide angle shots with several zooming aspects with proper management and timing to intriguingly depict the life of a girl suffering from dissociative identity disorder.

7.9 Technical equipment

- Canon 5D Mark IV
- Canon EF-S 18-135mm f/3.5-5.6 IS STM
- Tripod
- Gimble

7.10 Treatment

The short movie project is a piece of media that aids in the awareness of a mental disorder that helps people acknowledge how deeply these issues adhere in our society. The videography methods involved with proper scripting is to indulge the viewer in it and let them absorb the content so they realize the severity of the issue. This disease is very rare and certain times the person infected isn't aware of this. The overall theme is toned with proper lighting and effects according to the plot and scenario. Cherry on cake is the BGM that aids to indulge the viewer into the scene, completely attaining their attention and focus.

7.11 Pre-Production Coordination

Pre-production includes all the events and plannings that are scheduled and done before the proper shooting in order to save time and manage things accordingly, this is done to formulate all the processes, all the homework and researches are compiled the script is finalized, the places of shoot are discussed objects according to scene needs are arranged and the total budget is estimated to cover all the expenses, the shooting plan is developed and surpassed to the team so that the harmony could bring out the masterpiece of a project.

A) Recce Report:

Location	Jubilee Town and Kinnaird College
Date/Time	Shooting would comprise of two days
Lights availability	Properly arranged and equipped along with exponential use of natural lighting
Noise interference	Low noise levels
Permission	-Own property -Permitted by University to shoot at campus
Availability of food	Homemade food majorly along with fast food orders from nearby chains
Limitations	Electricity fluctuations and house inhabitants

B) Production Schedule

Once the recce was completed and location was finalized, a production schedule was created.

- **Location Permission**

The approval from location authority was taken on 30th March 2023. The approval to shoot at University campus was taken on 3rd May.

- **Equipment Gathering**

The equipment was brought on location and gathered on the day of the shoot. i.e., 15th April 2023.

- **Props Gathering**

The props were gathered two days before the shoot and were set on location. i.e., 14th April 2023.

- **Shooting**

The shooting was done in two days. The shooting on the first day started from 9am and

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went on till 11:30 pm in the evening on 6th April 2023. Only one scene was shot at university campus on 5th May.

- **Voiceover**

The voiceovers were recorded on 18th April 2023.

- **Editing**

The editing was started a week later on 25th April 2023. Final editing was completed on 6th May.

C) Talent

One of the directors herself performed the role of the protagonist who had dissociative identity disorder. Talent was also arranged for the roles of supporting characters.

7.12 Production Coordination

The shooting schedule marked the start of the production phase. On April 15, 2023, at 11 a.m., the director and the entire production team started filming. Using both natural and artificial light, the movie was shot.

To save time, all of the internal sequences were filmed in the order that they would appear, for example, the bedroom scenes were filmed first, followed by the lounge. The producer, and assistant, and the director set up the props as needed for each scene. The lighting was selected carefully according to the scenes. The actresses/actor changed into a new outfit and applied new cosmetics as needed for the situations. A lunch break was also given to the team. One scene was shot at a different location on 5th May.

The atmosphere of the shoot was creative, collaborative and everyone was comfortable to ensure maximum productivity.

7.13 Post-Production Coordination

An editing decision list was made during the post-production stage. The BGM, the transition, and the sound effects were chosen along with snippets from the raw video during the editing process. The voiceovers were incorporated into the movie through editing, such as the voiceover for the scenes where the protagonist answers a phone and the scene on which the protagonist looks in the mirror.

Adobe premiere pro was used to edit the video and audio. The music of the short film was chosen according to the atmosphere of the scene to make it more relevant.

The short film's content was taken into consideration when the PR materials were prepared.

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For publicity, it featured posters, a DVD cover, and flex. The PR content remained consistent throughout with the central topic.

CHAPTER 8

BUDGET

Head of Accounts	Quantity	Names/Description	In House	Out Source (Spent in Rupees)
Director	2	Aimen Shafique Mishal Zia	Yes	
Producer	2	Aimen Shafique Mishal Zia	Yes	

Production

Equipment		Camera Tripod Lights		20,000
Meals		2 day shoot		4000
Travel costs				4500
Camera person				20,000

Post Production

Editing		Audio+Visual		10,000
DVD cover	2			2000
Flex & Poster	2			3000
Project Printing	2			3000
Miscellaneous				4000
Total cost				78,500

CHAPTER 9

CONCLUSION

The alternation of two personality states, also known as alters, self-states, or identities, is a prominent characteristic of dissociative identity disorder, formerly known as multiple personality disorder. Typically, this entails physical, emotional, and/or sexual abuse. By compartmentalizing their continuous, painful experiences and then projecting them onto other elements of their selves, some children in such situations may develop DID. They can psychologically separate themselves from pain by doing this. Inability to remember commonplace events, crucial personal information, and/or traumatic or stressful situations are all symptoms of this disorder and none of these things would generally be forgotten due to normal forgetfulness.

Hollywood frequently disregards sensitivity or realism in favour of excessive portrayals of mental illness in their productions. The most recent example, *Glass* (2019), portrays a dissociative identity disorder (DID) that is inaccurate and highly stigmatizing. Pervasive negative depictions can be harmful, reinforcing the stigma associated with mental illness and decreasing the possibility those persons with mental illness will seek assistance, according to research done by the University of Melbourne. Misrepresenting DID in films and television programmes spreads false information about a serious condition and stigmatizes those who have it. People who are stigmatized are socially isolated and are discouraged from getting help. The purpose of this short film is to raise understanding and awareness among the general audience so that they see something different than the negative portrayal of this disorder in films.

In conclusion, Violence is not more likely in DID sufferers than in the general population. Few known instances had DID and crime together. There is no such thing as a "evil" alter as shown in movies and TV shows. Compared to the general population, people with DID are more prone to re-traumatize themselves and endure additional abuse and violence. That's why it's important to put an end to the misrepresentation of the disorder in media.

CHAPTER 10

RECOMMENDATIONS

Around 1% of the general population suffers with dissociative identity disorder, formerly known as multiple personality disorder (Foote, 2013). Since it is crucial to comprehend the problem, it is advised that:

- Dissociative Identity Disorder's symptoms and diagnosis should be discussed so that, despite the disorder's current lack of study, an accurate picture of it may be given.
- Promote understanding of this disorder rather than stigmas.
- In order to raise awareness of the problem, media organizations should present accurate and pertinent information.
- Education on this topic would be beneficial if it were included in books, movies, and other frequently watched media since it would help individuals learn about this under represented disorder
- DID can't just be fixed. Encourage those who suffer from this condition to keep up strong mental health and to continue receiving regular counseling

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