



Dissociative Identities as Archetypal Scaffolds: Integrating Neuroscience, DSM-5-TR, and Analytical Psychology

Chacko George

PG Diploma in Guidance and Counselling – Counselling Annamalai University, India

ARTICLE INFO

KEYWORDS

Dissociation; Dissociative Identity Disorder; Archetypes; Social-Transpersonal Unconscious; Somatoform Disorders; Identity Fragmentation; Archetypal Resonance; Trauma and Stress; Mind-Body Communication; Jungian Psychology

HOW TO CITE

George, C. (2026). Dissociative Identities as Archetypal Scaffolds: Integrating Neuroscience, DSM-5-TR, and Analytical Psychology. *Emirati Journal of Applied Psychology*, 2(1), 30-35.
<https://doi.org/10.54878/wf3zee55>

ABSTRACT

Contemporary psychiatric models conceptualize dissociative disorders primarily as stress-induced disruptions in the integration of consciousness, memory, and identity. While DSM-5-TR frameworks and classical psychopathology effectively describe the neurobiological and defensive mechanisms underlying dissociation, they provide limited explanation for the coherent, symbolically meaningful, and often culturally patterned identity configurations observed in clinical practice. Across dissociative identity disorder, dissociative amnesia, and somatoform presentations, dissociative identities frequently demonstrate stable affective tone, narrative organization, and recognizable symbolic roles rather than random psychological fragmentation. This paper proposes an integrative theoretical model in which dissociative identities are understood as archetypal identity scaffolds emerging from a deeper layer of the psyche conceptualized as the social-transpersonal unconscious. Under conditions of intense psychological stress, somatoform disruption, hypnosis, or altered mind-body communication, weakened ego integration creates a disruption in autobiographical self-continuity. In response, the psyche recruits archetypal identity templates that function to organize affect, behavior, and meaning. These identity manifestations are conceptualized as psychologically mediated symbolic structures rather than literal past-life memories or autonomous personalities. Drawing on qualitative clinical observations from approximately forty-eight cases, the proposed model integrates DSM-5-TR-based psychopathology, stress-dissociation theory, contemporary neuroscience, and Jungian analytical psychology. The framework offers a clinically grounded explanation for the origin, structure, and symbolic organization of dissociative identities, with implications for understanding dissociation, somatoform disorders, and identity-related phenomena within ethically responsible psychiatric and psychological practice.



Double-blind peer review by independent reviewers.

Received: 30 Jan 2026, Accepted: 25 Feb 2026, Published: 24 Jun 2026

*Corresponding author: chacko-george@outlook.com

Copyright: © 2026 by the author. Licensee Emirates Scholar Center for Research & Studies, UAE.

Open access under the Creative Commons Attribution (CC BY) license

<https://creativecommons.org/licenses/by/4.0>

Introduction

Contemporary psychology and psychiatry provide well-established neurobiological and phenomenological accounts of dissociative disorders, somatoform conditions, and altered identity states. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) conceptualizes dissociation as a disruption in the integrated functioning of consciousness, memory, identity, emotion, perception, and behavior, most often emerging in the context of intense or prolonged psychological stress (American Psychiatric Association [APA], 2022). Classical psychopathology texts further describe dissociation as a defensive psychological response in which the mind fragments in order to manage overwhelming affect and preserve overall functioning (Carson & Butcher, 1992; Sarason & Sarason, 2006). While these frameworks effectively explain how dissociation occurs at the level of stress physiology, cognitive disruption, and neural arousal, they remain notably silent on a crucial question: why dissociated identity states often take on coherent, symbolically meaningful, and historically or archetypally patterned forms rather than remaining chaotic or random.

Clinical observations across dissociative identity disorder, dissociative amnesia, somatoform disorders, and trauma-related conditions consistently reveal that alternate identity expressions demonstrate internal coherence, stable affective tone, and recognizable narrative structure (APA, 2022). Individuals in dissociative states may speak, behave, or self-identify as distinct persons, sometimes associated with culturally elevated or symbolically significant roles such as priests, healers, leaders, or historically resonant figures. Importantly, these identity manifestations rarely appear trivial, fragmented, or dehumanized, suggesting that dissociation does not merely produce psychological noise but rather organizes experience around meaningful identity configurations. Existing diagnostic and neurobiological models describe the mechanism of ego fragmentation but do not sufficiently account for the content and symbolic organization of the identities that emerge.

Neuroscientific research has demonstrated that severe stress and trauma are associated with hyperactivation of limbic regions, disruption of hippocampal memory integration, and reduced regulatory control by the medial prefrontal cortex (Lanius et al., 2010; van der Kolk, 2014). These alterations impair autobiographical memory and narrative self-continuity, producing what may be described as an “identity vacuum.” However, the human psyche exhibits a strong intrinsic drive toward coherence, meaning-making, and narrative organization (McAdams, 2001). When the autobiographical self is compromised,

the mind appears to recruit alternative psychological structures capable of restoring stability and continuity. The source and nature of these alternative identity structures remain insufficiently theorized within current psychiatric and neurobiological models.

Analytical psychology, particularly the work of Carl Gustav Jung, offers a complementary theoretical perspective through the concepts of archetypes and the collective unconscious. Jung observed that under conditions of psychological regression, heightened emotional intensity, or altered states of consciousness, individuals may experience archetypal images, roles, and identities that transcend personal biography (Jung, 1968, 1971). Jung emphasized that such experiences should not be understood as literal historical identities or memories of past lives but rather as manifestations of transpersonal symbolic patterns inherent in the human psyche. Although Jung initially described archetypes primarily as formal organizing principles, later developments in depth and transpersonal psychology have suggested that archetypal structures may also carry culturally accumulated symbolic and affective information (Grof, 1985; Hillman, 1975).

Building on this theoretical foundation, the present paper proposes that dissociative identity phenomena can be understood as the activation of archetypal identity scaffolds arising from a deeper layer of the psyche conceptualized here as the social-transpersonal unconscious. Under conditions of intense stress, somatoform disruption, hypnosis, or altered mind-body communication, the ego’s integrative capacity weakens, allowing archetypal identity templates to emerge as stabilizing narrative forms. These templates do not constitute autonomous personalities or memories of literal past lives; rather, they function as psychologically available symbolic configurations that organize affect, behavior, and meaning when personal identity coherence collapses.

This theoretical formulation is informed by clinical observations derived from work with eighteen individuals of dissociative disorder in India, Sultanate of Oman, and UAE, in the author’s experience and recording its nature [from 1984–2025], presenting primarily with somatoform and dissociative features, as well as over thirty additional cases involving disturbances in mind-body communication and conversion experience. Across these cases, dissociative expressions consistently demonstrated patterned symbolic identities rather than random fragmentation, supporting the hypothesis that dissociation involves the selective recruitment of archetypal identity forms rather than mere neurocognitive disintegration. By integrating DSM-5-

TR-based psychopathology (APA, 2022), classical stress-dissociation models (Carson & Butcher, 1992; Sarason & Sarason, 2006), neuroscientific findings (Lanius et al., 2010; van der Kolk, 2014), and Jungian archetypal theory (Jung, 1968, 1971), this paper seeks to address a critical gap in contemporary psychology: the origin and structure of identity content in dissociative states.

The proposed model does not posit metaphysical entities, literal reincarnation, or paranormal transmission of information. Instead, it conceptualizes dissociative identity phenomena as psychologically mediated expressions of archetypal resonance within the human symbolic system. This integrative framework aims to extend existing diagnostic and neurobiological accounts by offering a coherent explanation for the meaningful structure of dissociative identities, with broader implications for understanding dissociation, somatoform disorders, hypnosis, and dream-related identity experiences.

Methodology

2.1 Research Design

This study employs a qualitative, clinical-theoretical design grounded in systematic clinical observation and integrative theoretical analysis. Given the exploratory focus on the origin and symbolic organization of identity content in dissociative states, a qualitative approach was considered most appropriate. This design enables close examination of phenomenological patterns observed in clinical practice while situating these observations within established diagnostic, neurobiological, and theoretical frameworks. The study does not aim to test causal hypotheses but to integrate clinical phenomena that remain insufficiently explained by existing dissociation models.

2.2 Clinical Material and Sample

The clinical material derives from long-term professional engagement with adults presenting dissociative and somatoform symptoms within counseling and psychosomatic contexts. The total sample consisted of a single clinical pool with two phenomenologically distinct subgroups.

The first subgroup comprised eighteen individuals exhibiting prominent dissociative identity manifestations, including identity discontinuity and second-personality-like behavior under psychological stress. These cases provided the primary basis for examining structured identity expression in dissociative states.

The second subgroup included over thirty individuals who did not demonstrate second-personality behavior but presented with mind-body interaction disturbances, such

as psychosomatic pain, irritability, somatoform conversion, and stress-related alterations in self-experience.

Across both subgroups, presenting features included dissociative amnesia, trauma-related dissociation, psychosomatic complaints, and stress-induced disruptions in emotional and bodily regulation. Diagnostic descriptions adhered to DSM-5-TR criteria where applicable (American Psychiatric Association, 2022), with cases not meeting full diagnostic thresholds approached dimensionally rather than categorically.

Together, these subgroups illustrate the spectrum of dissociative and somatoform phenomena, providing a clinically grounded foundation for understanding the emergence of archetypal identity scaffolds as psychologically organized structures under conditions of compromised ego integration.

2.3 Data Sources and Observational Procedures

Data were obtained through non-invasive clinical observation, therapeutic dialogue, client phenomenological reports, and clinician-recorded session notes accumulated over extended engagement. In eighteen cases, hypnosis was used as a therapeutic facilitation tool to support affect regulation and access to experiential material; it was not employed for memory retrieval, identity induction, or historical reconstruction. No experimental manipulation or pharmacological intervention was involved.

Observations emerged organically within counseling and psychosocial contexts, reflecting naturally occurring clinical phenomena. Particular attention was given to:

Expressions of altered identity or role adoption

Narrative coherence and symbolic content

Affective tone and emotional regulation

Stability and recurrence of identity configurations across sessions

Interpretation was conducted cautiously to minimize suggestion effects and to avoid reinforcing literalized explanations such as past-life identity or external possession.

2.4 Analytical Framework

Analysis followed a phenomenological-theoretical synthesis. Clinical material was first examined descriptively to identify recurring phenomenological features. These features were then evaluated in relation to existing explanatory models drawn from:

DSM-5-TR dissociation frameworks (APA, 2022)

Classical psychopathology and stress-based models (Carson & Butcher, 1992; Sarason & Sarason, 2006)

Neuroscientific research on trauma and identity disruption (Lanius et al., 2010; van der Kolk, 2014)

Jungian analytical psychology and archetypal theory (Jung, 1968, 1971)

Transpersonal and archetypal psychology literature (Grof, 1985; Hillman, 1975)

Discrepancies between mechanistic accounts of dissociation and the observed symbolic coherence of identity content informed the development of the archetypal identity scaffolding hypothesis. Dissociative identities are conceptualized as symbolic structures organizing affect, narrative, and meaning when ego integration is compromised.

2.5 Theoretical Integration Procedure

The proposed model emerged through an iterative process involving:

Identification of recurring symbolic identity patterns across cases

Evaluation of the limits of neural disintegration and memory-fragmentation explanations

Integration of archetypal constructs as psychologically mediated identity templates

Conceptualization of these templates within a social-transpersonal unconscious rather than as metaphysical entities

Archetypal identity configurations are interpreted as affect-regulating symbolic structures activated under conditions of reduced ego integration, not as autonomous personalities or literal historical identities.

2.6 Ethical Considerations

All observations adhered to standard ethical principles of psychological practice. Client confidentiality was strictly maintained, and no identifying information is presented. Interpretations were applied retrospectively for theoretical purposes and did not alter therapeutic interventions. Care was taken to avoid reinforcing maladaptive beliefs, including literal interpretations of dissociative experiences.

The study is presented as a theory-building contribution and does not claim diagnostic or treatment generalizability.

2.7 Methodological Limitations

As a qualitative, clinically informed study, the methodology does not permit causal inference or statistical generalization. Findings are shaped by clinical interpretation and contextual factors. Future research incorporating mixed methods, neurobiological measures, cross-cultural analysis, and structured phenomenological interviews is recommended to further evaluate the proposed model.

2.8 Summary

This study employs a qualitative, integrative methodology combining clinical observation, phenomenological analysis, and theoretical synthesis to address a key gap in dissociation research: the symbolic organization of identity content in dissociative states. By situating clinical observations within established psychopathological, neuroscientific, and Jungian frameworks, the methodology supports a psychologically grounded and ethically responsible exploration of archetypal processes in dissociation.

Discussion

This paper addressed a persistent gap in contemporary models of dissociation: the origin and symbolic organization of identity content emerging during dissociative states. While psychiatric, neurobiological, and stress-based frameworks effectively explain the mechanisms of dissociation—such as stress-induced disruption of integrative neural networks and defensive fragmentation of consciousness (Carson & Butcher, 1992; Sarason & Sarason, 2006; American Psychiatric Association [APA], 2022)—they offer limited insight into why dissociated identities frequently manifest as coherent, meaningful, and culturally resonant configurations. The proposed archetypal identity scaffolding model seeks to address this gap through an integrative framework that brings together DSM-5-TR-based psychopathology, neuroscience, and Jungian analytical psychology (Jung, 1968, 1971).

3.1 Dissociation Beyond Fragmentation: Meaningful Identity Organization

A central contribution of this model is the reconceptualization of dissociation not only as a process of disintegration but also as one of psychological reorganization. Clinical observations across dissociative identity disorder, dissociative amnesia, and somatoform presentations consistently indicate that identity alterations are structured rather than chaotic, showing stable affective tone, narrative continuity, and

recognizable symbolic roles (APA, 2022; McAdams, 2001). Such patterned organization challenges interpretations of dissociation as mere neural noise or cognitive breakdown and suggests the involvement of higher-order organizing processes.

The archetypal identity scaffolding model proposes that when autobiographical self-continuity is disrupted under conditions of intense stress, trauma, or somatoform dysregulation, the psyche recruits archetypal identity templates from a deeper layer conceptualized here as the social-transpersonal unconscious. These templates function as stabilizing narrative structures that organize affect, behavior, and meaning, thereby preserving psychological coherence when personal identity integration is compromised (Grof, 1985; Hillman, 1975). This view aligns with narrative identity theories emphasizing the human drive toward coherence and meaning-making (McAdams, 2001).

3.2 Integration With DSM-5-TR and Neurobiological Perspectives

The proposed framework does not conflict with DSM-5-TR conceptualizations of dissociation (APA, 2022). Rather, it extends them by addressing a dimension that remains largely descriptive rather than explanatory: the symbolic and narrative content of dissociated identities. DSM-5-TR outlines disruptions in identity, memory, and consciousness but remains intentionally neutral regarding the organization of identity content. The archetypal scaffolding model complements this neutrality by offering a psychologically grounded explanation without invoking metaphysical assumptions (Jung, 1968; Grof, 1985).

From a neurobiological standpoint, trauma-related limbic hyperactivation, impaired hippocampal integration, and reduced prefrontal regulation disrupt autobiographical memory and self-referential processing (Lanius et al., 2010; van der Kolk, 2014). These changes can be conceptualized as creating an “identity vacuum,” in which continuity of the autobiographical self is weakened. Within this context, archetypal identity configurations may emerge as psychologically available symbolic structures rather than newly generated personalities. The brain thus facilitates access to existing symbolic patterns when ego integration is reduced, rather than producing identity states de novo.

3.3 Reframing Transpersonal and Past-Life-Like Experiences

The model provides a clinically responsible reinterpretation of experiences often described as past-life memories, spirit possession, or external communications.

Rather than dismissing such experiences as delusional or endorsing them as literal phenomena, the archetypal scaffolding framework conceptualizes them as symbolic identity constructions arising from archetypal resonance within the psyche (Jung, 1968, 1971; Grof, 1985). This balanced position preserves the subjective meaning and emotional reality of these experiences while avoiding reinforcement of literalized beliefs that may impede psychological integration.

This reframing is particularly relevant in hypnosis, dream states, hypnagogic experiences, and other contexts in which ego boundaries are attenuated. Across such states, dissociative and transpersonal experiences frequently involve culturally elevated or symbolically resonant roles—such as healers, protectors, or authority figures—rather than arbitrary or dehumanized identities. These patterns support the view that the psyche selectively recruits archetypal identities associated with regulation, authority, and meaning (Hillman, 1975; McAdams, 2001). Within this framework, inward self-dialogue, cathartic reflection, and symbolic dream imagery can be understood as adaptive expressions of the same organizing processes.

3.4 Clinical Implications

Clinically, this model encourages attention not only to symptom reduction but also to the symbolic meaning and affective function of dissociated identities (APA, 2022; Carson & Butcher, 1992). Conceptualizing dissociative identities as archetypal scaffolds may support more integrative therapeutic approaches that aim to reintegrate symbolic meaning into the individual’s autobiographical narrative rather than prematurely suppressing identity expressions.

At the same time, the framework cautions against interpretive extremes. Reducing dissociative experiences to mere pathology risks invalidating their psychological significance, while endorsing literal metaphysical explanations may reinforce maladaptive belief systems. A psychologically grounded archetypal interpretation offers a balanced approach that respects subjective experience while promoting adaptive meaning-making and integration (Grof, 1985; Hillman, 1975).

3.5 Limitations and Future Directions

This study is limited by its qualitative, clinically informed methodology and reliance on observational data rather than experimental or neurobiological measures. Although the consistency of symbolic identity patterns across cases supports the proposed model, future research employing mixed methods—including structured phenomenological interviews, cross-cultural comparisons, and

neurobiological correlates—would strengthen empirical validation (Lanius et al., 2010; van der Kolk, 2014).

Cultural context is also likely to shape the specific archetypal forms that emerge in dissociative states. Further research should examine how sociocultural environments influence the selection and expression of archetypal identities across populations (McAdams, 2001; Hillman, 1975). Additional investigation into the intersections among dissociation, dreaming, hypnagogic states, and symbolic self-dialogue may further clarify processes of symbolic self-organization and affect regulation.

Conclusion

The archetypal identity scaffolding model offers an integrative and psychologically grounded framework for understanding the coherent and symbolically meaningful identity configurations observed in dissociative states. By bridging DSM-5-TR-based psychopathology, contemporary neuroscience, and Jungian analytical psychology, the model accounts for both the mechanisms and the meaning-bearing structure of dissociation. It proposes that when autobiographical self-continuity is disrupted by trauma or overwhelming stress, the psyche may recruit archetypal templates to preserve narrative coherence, affect regulation, and functional adaptation.

By incorporating clinically observed phenomena such as dreams, inward self-dialogue, cathartic reflection, hypnagogic states, and transpersonal experiences, the framework moves beyond reductive deficit-based interpretations of dissociation. Instead, it highlights dissociation as a potentially organizing and adaptive process, shaped by deep symbolic and affective structures of the psyche. This integrative perspective offers a more nuanced, humane, and clinically useful understanding of dissociative processes, with implications for assessment, psychotherapy, and trauma-informed care (APA, 2022; Grof, 1985; Jung, 1968; van der Kolk, 2014).

References

- American Psychiatric Association. (2022). *DSM-5-TR: Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing.
- Carson, R. C., & Butcher, J. N. (1992). *Abnormal psychology and modern life* (8th ed.). HarperCollins.
- Sarason, I. G., & Sarason, B. R. (2006). *Abnormal psychology: The problem of maladaptive behavior* (11th ed.). Pearson Education.
- Jung, C. G. (1968). *The archetypes and the collective unconscious* (2nd ed., R. F. C. Hull, Trans.). Princeton University Press. (Original work published 1959)

Jung, C. G. (1971). *Psychological types* (R. F. C. Hull, Trans.). Princeton University Press. (Original work published 1921)

Hillman, J. (1975). *Re-visioning psychology*. Harper & Row.

Grof, S. (1985). *Beyond the brain: Birth, death, and transcendence in psychotherapy*. State University of New York Press.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Lanius, R. A., Vermetten, E., & Pain, C. (2010). *The impact of early life trauma on health and disease: The hidden epidemic*. Cambridge University Press.

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, 5(2), 100–122. <https://doi.org/10.1037/1089-2680.5.2.100>