Evaluating the Proposed Etiologies of Dissociative Identity Disorder

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Dissociative disorders are highly controversial, both in their existence and cause, and of them none are more controversial than dissociative identity disorder (DID). Several models for how complex dissociation arises have been proposed, with none fully agreed on. The most prominent of these models are the post-traumatic model, the sleep-dissociation model, and the sociocultural or sociocognitive model, also known as the iatrogenesis model. This paper seeks to evaluate the existing models' accuracy, and to determine their relevance to the treatment and experiences of those with dissociative identity disorder.

The most prominent etiological model for DID is the post-traumatic model (or PTM), which posits that DID is developed in response to trauma, especially complex childhood trauma (Watson, 2001; Dimitrova et al., 2020). A history of childhood trauma is endorsed by the majority of DID patients, and the majority of people who experience complex dissociation attribute their own experiences in part or in whole to trauma (Pierorazio et al., 2024).

The sleep-dissociation model posits that dissociative identity disorder is the result of problems with the sleep-wake boundary due to sleep disturbances (Watson, 2001; Koffel & Watson, 2009). This theory arises from a number of factors relating to sleep and dissociation.

Sleep disturbances are observed in dissociative disorder patients at a notably higher rate than in healthy controls (Dimitrova et al., 2020). Additionally, sleep disturbances are correlated to an increased severity in existing dissociative symptoms (Simeon & Abugel, 2023), and sleep quality can predict state dissociation even in people with low post-traumatic symptoms (Bregman-Hai & Soffer-Dudek, 2024).

However, while sleep disturbances and dissociative symptoms are certainly correlated, sleep is not an adequate predictor of dissociative identity disorder. Though it's true that DID patients experience higher rates of sleep disturbances, when controlled for childhood

traumatization sleep disturbances did not predict dissociative symptoms; however, when controlled for sleep disturbance and fantasy proneness, childhood traumatization did predict dissociative symptoms (Dimitrova et al., 2020).

A competing model to the PTM and sleep-dissociation models is the iatrogenesis or sociocognitive model (SCM), which is perhaps even more controversial than the diagnosis of DID itself. The SCM claims that dissociative identity disorder, rather than being a discrete disorder caused by trauma or other factors, is the result of people with pre-existing psychological issues and high suggestibility or fantasy-proneness being exposed to suggestive procedures, media influences, and sociocultural influences (Lynn et al., 2014). Some interpretations of the SCM conceptualize DID as "a syndrome that consists of rule-governed and goal-directed experiences and displays of multiple role enactments that have been created, legitimized, and maintained by social reinforcement" (Lilienfeld et al., 1999). In general, the model is predicated on the assumption that DID patients do not present with DID symptoms before clinical intervention. This is contradicted by research indicating that the majority of DID cases present with symptoms prior to therapy (Gleaves et al., 2003).

The best model for the etiology of DID may not be any of the existing models in exclusivity, but rather a blend. For example, while there is strong indication that DID is not caused by sleep disturbances, there is compelling evidence for sleep disturbances increasing the severity of its symptomatology, and that treating sleep disturbance could reduce the severity of the disorder (Dimitrova et al., 2020; Simeon & Abugel, 2023; Bregman-Hai & Soffer-Dudek, 2024). Additionally, while the sociocognitive model fails to account for the frequent manifestation of DID symptoms prior to therapist involvement, it is known that social factors influence the presentation of the disorder, and aspects of the SCM can be used to understand this.

For example, in cultures where possession is an accepted phenomenon, DID is likely to present in the form of apparent demonic possession (American Psychiatric Association, 2022, p. 334). Additionally, dissociative patients themselves often understand their experiences as culturally contextual, heavily influenced for better or for worse by factors such as community with other dissociative people, religion, spirituality, and societal stigma (Pierorazio et al., 2024). While these are not likely to be the etiology of the disorder itself, they are likely to be major factors in how it manifests.

Finally, while the post-traumatic model is highly endorsed, it does not necessarily account for other factors such as genetic predisposition, sociocultural factors, or the impact of sleep. It is also our opinion that the PTM doesn't adequately account for circumstances such as natural multiples who become dissociative later in life while simultaneously accounting for DID patients who apparently split from a single concrete identity. Though the PTM is highly successful as an etiological model, it may benefit from integrating aspects of the SCM and sleep-dissociation model to account for these discrepancies.

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