

# Endogenic Plurality (Non-Traumagenic Plural Systems)

**Definition and Community Perspective:** *Endogenic plurality* refers to plural systems that arise without a known trauma-based origin. In these cases, multiple self-identities or “headmates” share one body, but unlike Dissociative Identity Disorder (DID), their emergence is not attributed to childhood abuse or dissociation. Members of plural communities often assert that their multiplicity is natural and not inherently disordered [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/). In an exploratory interview study of self-identified multiples (people with “multiple selves”), most participants reported *no history of severe trauma or amnesic gaps*. They described being plural as something they “were born with,” considering it a healthy, normal state of identity rather than an illness [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/) [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/). For example, one case described how their system “was not created by trauma... it just happened,” and noted that they have no DID-like amnesia; the plural experience did not impair functioning and was actually helpful to them [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/). These individuals often reject the idea that they must integrate into a single identity, instead seeing their multiplicity as a valid identity configuration. The online plural community has developed its own culture and terminology (e.g. *system* for the group, *headmates*, etc.), and many use the term “plural” to encompass both disordered (traumagenic) and non-disordered systems [lifecompartmentalized.com](https://lifecompartmentalized.com/) [lifecompartmentalized.com](https://lifecompartmentalized.com/). Indeed, a clinician who is active in the DID/plural community observes that *plurality has evolved into its own culture* online, with shared language and support networks distinct from the medical model [lifecompartmentalized.com](https://lifecompartmentalized.com/) [lifecompartmentalized.com](https://lifecompartmentalized.com/).

**Research and Clinical Commentary:** Until recently, non-disordered plurality received little academic attention, but this is changing. A 2017 study in *Frontiers in Psychology* conducted interviews with multiple systems and found that in most cases there was no identifiable trauma preceding the multiplicity; all interviewees were aware of their alters and most found their plural identity beneficial for coping [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/). More recent research has begun to validate these experiences. A 2023 systematic review of “multiplicity-spectrum experiences” (encompassing DID and non-traumagenic multiplicity alike) concluded that multiplicity is heterogeneous and that many individuals experience plurality *outside of illness frameworks*. The review emphasizes the need for person-centered understanding separate from traditional psychopathology – in other words, recognizing plural identity as a **neutrally or positively experienced phenomenon** for some, not just a symptom [rot--mutt.tumblr.com](https://rot--mutt.tumblr.com/) [rot--mutt.tumblr.com](https://rot--mutt.tumblr.com/). In line with this, another qualitative study described by its authors as “Here’s DID, and we’re not that” found that being multiple can often be *life-enhancing and positive* when properly supported, and it called for greater validation and tailored support for non-disordered plural individuals [rot--mutt.tumblr.com](https://rot--mutt.tumblr.com/).

Clinical experts have also started to discuss endogenic plurality. Psychiatrists note that “plural identity” (sometimes called *median* or *multiple* identity) has gained visibility through social media

and is **not recognized in DSM-5** as a disorder[thecarlatreport.com](http://thecarlatreport.com). In practice, however, clinicians see some clear differences between DID and self-identified plural systems. For instance, plural systems typically report a high degree of *co-consciousness* among headmates, with shared memories and voluntary switching of who is “fronting” (in control)[thecarlatreport.com](http://thecarlatreport.com). This contrasts with DID, where alters often switch involuntarily in response to triggers and there are memory gaps between identities. Plural individuals can often function in daily life, work, and relationships without their multiplicity causing distress[thecarlatreport.com](http://thecarlatreport.com)[thecarlatreport.com](http://thecarlatreport.com). As one psychiatrist explains, people in the plural community view their identity as “*their way of being*” – a form of human diversity – and usually do not seek to eliminate their headmates, only to manage any associated issues like anxiety or depression[thecarlatreport.com](http://thecarlatreport.com). Because plurality itself isn’t causing dysfunction in such cases, many clinicians advocate focusing on the person’s functional well-being rather than treating the multiplicity as pathology[thecarlatreport.com](http://thecarlatreport.com). Some have even drawn parallels to Internal Family Systems therapy (which treats everyone as having inner “parts”) to normalize the experience of multiple inner voices[thecarlatreport.com](http://thecarlatreport.com). In summary, emerging research and expert commentary suggest that endogenic plural systems are a real phenomenon: people can experience a stable, functioning multiplicity without trauma, and with proper understanding and support this plurality can be neutral or beneficial rather than disabling[pubs.sciepub.com](http://pubs.sciepub.com)[rot--mutt.tumblr.com](http://rot--mutt.tumblr.com). Notably, a study of *tulpamancy* (the deliberate creation of alternate personas through meditation) found that these non-traumatic plural experiences “**coexist with optimal functionality, happiness, and mental health.**”[pubs.sciepub.com](http://pubs.sciepub.com) This challenges the assumption that multiple identities are inherently pathological, aligning with plural advocates’ assertion that multiplicity per se need not be a disorder. Researchers and clinicians are gradually recognizing the importance of cultural competence when working with plural clients – approaching plural identity with an open mind and “cultural humility” rather than automatically treating it as delusion or DID[lifecompartmentalized.com](http://lifecompartmentalized.com)[lifecompartmentalized.com](http://lifecompartmentalized.com). The consensus in recent literature is that each plural system should be evaluated on its own terms: if the plural self-structure is not causing harm and the person finds it helpful, it may be best regarded as an atypical but valid identity phenomenon, distinct from clinical DID.

## Soulbonds (Internal Figures Linked to External Fiction or Entities)

**Concept and Origins:** *Soulbonding* is a term originating in fan subcultures to describe an intense psychological connection with a fictional character or other external entity, to the point that this character is experienced as a real presence or personality in one’s mind. In plural terminology, a **soulbond** usually refers to a headmate who is explicitly identified with a character from an external source (such as a novel, movie, or even a historical or spiritual entity). In fact, the now-common plural term “headmate” itself “**originated in the soulbonding community,**” underscoring how pivotal fiction-linked figures were in early plural groups[endogenichub.weebly.com](http://endogenichub.weebly.com). Soulbonding can be thought of as a form of *parasocial*

*imaginary companion*: the person forms such a strong emotional bond with a fictional persona that the character seems to take on a life of its own in their inner world. Unlike tulpamancy, which involves intentionally creating a separate identity, soulbonding often is described as *spontaneous* – the character “comes to life” in one’s imagination, often unbidden, after deep immersion in a story or media. Some soulbonds are also described in spiritual or mystical terms (for example, viewing the character’s soul or essence as genuinely connected to the individual). While academic literature on soulbonding specifically is scarce (it’s largely a fan/community concept), the phenomenon aligns with known psychological experiences of imagined figures and identification with fictional worlds.

**Psychological Perspectives and Examples:** Psychologists recognize that it’s possible for otherwise healthy individuals to vividly experience fictional characters as independent agents in their mind. A study on fiction writers, for instance, found that many authors experience their characters as if they have their own wills and voices – essentially an illusion of independent agency. Some novelists even report *conversing* with their characters or feeling their presence. One author famously described her characters “sleeping in her bed with her and sometimes waking her up to ask about her plans for their future,” according to researchers [pages.uoregon.edu](https://pages.uoregon.edu). This illustrates how a fictional entity can be experienced as an autonomous companion in one’s inner life. Soulbonding takes a similar form: the individual isn’t creating a brand-new imaginary person, but rather experiencing an existing fictional character as a real partner or alter in their internal dialogue. In the plural community, a soulbond is essentially a specific type of **fictive** (fiction-based alter) that is strongly rooted in an external source and often arrives fully formed due to the person’s strong attachment to that character [plurality-dictionary.fandom.com](https://plurality-dictionary.fandom.com). Many plural systems, especially endogenic ones, include such fictive members from favorite books, games, or shows. For example, one case study (“Space System”) reported by researchers had about 20 members *most of whom were fictional characters* – “like Luke Skywalker and Han Solo” – originating from various movies and literature [pmc.ncbi.nlm.nih.gov](https://pmc.ncbi.nlm.nih.gov). This person’s internal world (or “headspace”) was essentially populated by beloved fictional figures turned psychological alters. Another plural participant in the same study noted that their headmates were “rooted in a fantasy world” and could even include mythical or non-human personas [pmc.ncbi.nlm.nih.gov](https://pmc.ncbi.nlm.nih.gov). These accounts show how permeable the boundary between fiction and personal identity can become for some individuals.

Clinically, soulbonding doesn’t have an official category, but professionals would likely understand it as a form of *imaginal coping or engagement* with fiction. It overlaps with concepts like **parasocial relationships** (one-sided emotional bonds with fictional characters or celebrities) and adult imaginary companions. Unlike a typical parasocial fan attachment, however, a soulbond is inwardly personified – the character’s presence is felt in the mind, not just admired externally. Some therapists have encountered clients with internal “imaginary friends” persisting into adulthood, and they note that as long as the person can distinguish fantasy from reality and is not distressed, such companions can be benign or even beneficial (providing comfort, creativity, or companionship). Indeed, forming imaginary bonds may help to combat loneliness or provide support. A psychologist writing about related phenomena noted that *immersive fantasy practices* like reality shifting (imagining oneself in a fictional universe), fictophilia/fictosexuality (romantic attraction to fictional characters), and tulpamancy all “offer

avenues for combating loneliness and provide individuals with a sense of comfort” in their lives [forbes.com](https://www.forbes.com). This insight suggests that soulbonding might serve a similar purpose for some – the soulbonded character acts as an emotional support or friend created by the mind.

**Overlap with Fictives and Plural Systems:** Within plural systems, soulbonds are often treated just like any other headmate, with the unique feature that their identity is tied to an external fiction. In traumagenic systems (like DID), a comparable phenomenon is known as a *fictional introject* – essentially, an alter that believes it is a specific fictional character, possibly arising because the child identified with that character during trauma. In endogenic systems, soulbonds might come about simply through love of the character or deliberate invitation. There is some debate about the “reality” of soulbonds – skeptics might assume the person is just role-playing or engaging in elaborate fantasy. However, from a phenomenological standpoint, people experiencing soulbonds genuinely feel as though the character’s personality exists as a distinct consciousness in their mind. Neurological or cognitive research on this specific experience is lacking, but it likely engages the same imaginative capacities as other intense imaginary relationships. It’s worth noting that even outside plural communities, many people have reported vivid experiences of deceased loved ones, spirit guides, or fictional heroes providing guidance internally – all of which are analogous to soulbonding. In summary, while *soulbonds* are not a formally recognized psychological category, they represent a convergence of normal imaginative empathy, parasocial attachment, and plural-like inner experience. Professional literature is only beginning to acknowledge these kinds of experiences; one recent mental health text on plurality noted that contemporary plural systems may include many “**fictive alters**” drawn from media and have richly detailed inner worlds that reflect fictional or fantastical universes [lifecompartmentalized.compmc.ncbi.nlm.nih.gov](https://lifecompartmentalized.compmc.ncbi.nlm.nih.gov). This indicates an overlap between the soulbond concept and the broader recognition of fictives in psychology (discussed below). As long as the person finds the soulbond relationship helpful or positive and can function in daily life, clinicians tend to approach it non-judgmentally – perhaps even leveraging the soulbond as a source of strength or comfort in therapy, much as one might work with a client’s inner child or imagined support figure.

## Fictives (Fiction-Based Alters or Identities)

**What Are Fictives:** *Fictives* are system members (alters) whose identity is based on a fictional character. In clinical terms, they are a subset of “introject” alters – an *introject* being any alter modeled on an external person or persona. Fictives (sometimes called **fictional introjects**) specifically refer to alters patterned after characters from books, movies, games, mythology, etc., rather than real-life individuals [healthypurpose.com](https://www.healthypurpose.com). For example, an alter might believe themselves to be Sherlock Holmes, Elsa from *Frozen*, or any character that held significance for the host personality. This phenomenon has been observed in many DID/OSDD systems, especially in recent years as exposure to media has grown; community surveys indicate that a notable proportion of plural systems include one or more fictives. The plural community uses the term *fictive* widely, and it is essentially synonymous with what clinicians mean by a fictional introject. One paper draws a useful distinction: in classic DID literature an *introject* often meant

an alter internalizing the identity of an abuser or caregiver (as a result of trauma), whereas today “a Plural may have an internalized ‘fictive’ that mirrors a character from media such as movies, anime, or video games.”[lifecompartimentalized.com](http://lifecompartimentalized.com) In short, *fictives* are recognized in psychology as a real type of alter – they are not “just imaginary” in the dismissive sense, but a genuine part of the dissociative identity structure when they occur in DID.

**How and Why Fictive Alters Form:** In trauma-based dissociative disorders, fictive alters are believed to form for similar reasons as other alters: to help the individual cope with overwhelming situations or emotions. A child who is experiencing trauma may latch onto a heroic or comforting fictional character and, in a dissociative response, that character’s identity is subconsciously absorbed into the self as a separate alter. In some cases, the psyche may create a fictive alter to *embody strengths* that the individual needs. For instance, a scared child might unconsciously “bring to life” a brave superhero alter to face abuse, or a lonely child might develop a fictive friend based on a favorite character for companionship[healthyplace.com](http://healthyplace.com). One DID blogger explains that the system “needed the qualities of that fictional character and internalized them to form the fictional introject in response to a trauma”[healthyplace.com](http://healthyplace.com). Fictives can also arise without positive intent – occasionally a perpetrator or frightening fictional villain might be internalized, resulting in an alter that disrupts or terrorizes the system (essentially carrying on the trauma internally)[healthyplace.com](http://healthyplace.com). In the DID literature, most fictives are reported to originate in childhood, since that is when the dissociative identity framework is forming. However, systems can sometimes form **new alters later in life**, especially in response to new trauma or significant stress, meaning an adult with DID could still develop a new fictive if circumstances evoke that need[healthyplace.com](http://healthyplace.com). Outside of trauma contexts, in endogenic or mixed-origin systems, fictives might form simply from strong identification or imaginative immersion, similar to soulbonding as described above. Notably, one survey of the plural community found that many systems of all types reported a *high number of fictive members*, reflecting how common fictional identification has become[lifecompartimentalized.com](http://lifecompartimentalized.com). The rise of internet fandoms and constant exposure to media means people have more fictional influences available to potentially introject.

**Characteristics and Validity:** Fictive alters can present in varying ways. Some *believe themselves to literally be* the fictional character (at least when they are fronting), complete with that character’s name, mannerisms, even “memories” from the fictional universe. Others are more loosely based on a character – for example, a fictive might share the character’s personality traits or appearance in the inner world, but know they are ultimately an alter in a human body. There is no single rule: “*there are no concrete characteristics that all fictives possess,*” as one commentator notes[healthyplace.com](http://healthyplace.com). Importantly, a fictive alter is **not necessarily an exact copy** of the fictional persona. They often develop their own unique qualities over time, diverging from canon. A fictive may have original traits or adapt to the host’s life in ways the fictional character never did. For instance, an alter based on Harry Potter might act a bit different from J.K. Rowling’s version of Harry due to having different lived experiences in the system. This does *not* make them “fake.” Clinicians and advocates stress that fictives are real alters and should be treated as such, not dismissed as mere fantasy. As the author of a DID memoir blog writes, “*Fictives are not made up. They are not part of a game. Fictives are real. They can hold memories and experience trauma just like any other alter.*”[healthyplace.com](http://healthyplace.com).



Within DID therapy, therapists encounter fictive alters reasonably often, especially with younger clients who grew up with modern media. There has been some controversy, even within dissociative disorder circles, about whether having numerous fictives (especially from pop culture franchises) is a sign of “faking.” Conservative clinicians in past decades did not describe fictives in case literature, which can make the concept seem novel or dubious to outsiders. However, contemporary experts recognize them. The International Society for the Study of Trauma and Dissociation (ISSTD) conference presentations have included discussion of fictional introjects, and specialists like Dr. Richard Kluft have commented on patients with alters drawn from TV or books. The consensus in the field is that if the patient has a part that identifies as a fictional character, it’s to be accepted as a legitimate part of the self’s narrative. In other words, *a fictive is as “real” to the patient as any other alter*, and therapy should not trivialize that.

**Fictives in Non-DID Contexts:** Beyond DID, fictive-like experiences can occur in non-disordered plurality (and even in imaginative play by non-plural people). For plural systems that are endogenic, a *fictive headmate* might be very similar to what we described as a soulbond. The difference is largely semantic and contextual: plural communities might use *fictive* as a broader term including any fiction-origin person in the system, whereas *soulbond* often implies a particular emotional connection that initiated the presence. In practice, both terms overlap – a soulbond is essentially a fictive with an emphasis on the external relationship that brought them. Researchers have started to include fictives when studying plural systems. In the 2017 multiplicity interview study, one participant’s system was dominated by fictives (e.g. fictional characters like those from *Star Wars*)[pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/). The recent *Plurality* systematic review (Eve et al., 2023) also noted the presence of fiction-based identities as one aspect of plural experiences requiring careful, non-judgmental understanding[researchgate.netresearchgate.net](https://researchgate.net/researchgate.net).

**Clinical Approach and Overlap:** Clinicians dealing with DID will approach a fictive alter the same as any other alter – establishing communication, understanding its role, and helping the system work cooperatively. Sometimes the fictional origin of a part can even be therapeutically useful: for example, if a client has an alter who thinks he’s a protective wizard, the therapist might gently work with that metaphor (e.g. “Can Harry use his protective skills to help keep the body safe now?”). There isn’t much formal research on outcomes specifically related to fictives. However, anecdotal clinical reports suggest that fictive alters can integrate or cooperate just as well as other alters. Some may eventually shed the more literal belief of being *that* fictional character once healing progresses, essentially reinterpreting themselves as “inspired by” the character rather than identical to them – though others retain their identity long-term. The presence of fictives sometimes indicates a creative and resilient coping mechanism: the mind found *strength in an imaginary hero* or familiar figure when it needed support. This underscores a theme across all these phenomena – whether it’s endogenic plurality, soulbonding, or fictive alters in DID, the human psyche shows remarkable creativity in devising multiple selves or persona connections. Modern psychology is gradually acknowledging that these experiences exist on a **spectrum** from the pathological extreme (DID born of trauma, with severe dissociation) to normative imaginative play, with a large gray area in between where plurality might simply be an atypical but non-harmful way of being[rot--mutt.tumblr.compubs.sciepub.com](https://rot--mutt.tumblr.com/pubs.sciepub.com). Fictives, soulbonds, and endogenic multiplicity all challenge the traditional notion of one

mind/one identity – and research and commentary are beginning to treat these not as “delusions” but as genuine facets of identity worthy of respectful study. As one researcher aptly put it, “*many people experience a non-unitary self*”, and recognizing this can help destigmatize those who have plural identities or unusual inner experiences[psychologytoday.com/rot--mutt.tumblr.com](https://psychologytoday.com/rot--mutt.tumblr.com).

**Overlap and Comparisons:** It is worth noting the interplay between these concepts. A *soulbond* is essentially a kind of *fictive* headmate that is often discussed in the context of **endogenic** systems or fan communities (rather than in a DID therapeutic context). Both involve fictional character identities manifesting internally. The key difference is origin story: soulbonds are typically invited or emerge via emotional/spiritual connection, whereas fictives in DID are usually understood as forming via dissociative trauma processing. Despite this, sources often discuss them together. In plural community glossaries, one might see “soulbond (n.): a headmate who is a fictional character (a type of fictive)”[plurality-dictionary.fandom.com](https://plurality-dictionary.fandom.com). Both soulbonds and fictives highlight how external media and stories can become internalized as part of a person’s identity structure. Meanwhile, *endogenic plurality* provides a broad context in which these fiction-based identities might exist without the framework of disorder. All three topics point to a growing recognition: **identity can be fluid, multiplicity can occur without pathology, and even imaginary or fictional personas can play a real role in people’s inner lives**[pubs.sciepub.com/rot--mutt.tumblr.com](https://pubs.sciepub.com/rot--mutt.tumblr.com). What was once on the fringe of psychology (in the realm of fantasy or niche case reports) is now being openly discussed in clinical and research settings. As research accumulates – from case studies of plural systems, to surveys of tulpamancers, to qualitative studies of “healthy multiplicity” – our understanding of endogenic plural experiences, soulbonds, and fictives will continue to deepen. These concepts, though still somewhat marginal in mainstream psychology, are gaining credibility through the voices of those with lived experience and the clinicians willing to listen to them[rot--mutt.tumblr.com/lifecompartmentalized.com](https://rot--mutt.tumblr.com/lifecompartmentalized.com).

## References

1. **Ribáry, G. et al.** (2017). “*Multiplicity: An Explorative Interview Study on Personal Experiences of People with Multiple Selves.*” *Frontiers in Psychology*, 8:938. DOI: 10.3389/fpsyg.2017.00938. (Study of non-disordered plural systems; see especially findings on lack of trauma and positive adaptation[pmc.ncbi.nlm.nih.gov](https://pubs.ncbi.nlm.nih.gov/pmc.ncbi.nlm.nih.gov))
2. **Christensen, E. M.** (2022). “*The online community: DID and plurality.*” *European Journal of Trauma & Dissociation*, 6(2): 100257. DOI: 10.1016/j.ejtd.2021.100257. (Discussion by a clinician with lived experience in the plural/DID community, describing plural culture and terminology[lifecompartmentalized.com/lifecompartmentalized.com](https://lifecompartmentalized.com/lifecompartmentalized.com))
3. **Eve, Z., Heyes, K., & Parry, S.** (2023/2024). “*Conceptualizing multiplicity spectrum experiences: A systematic review and thematic synthesis.*” *Clinical Psychology & Psychotherapy*, 31(1):e2910. DOI: 10.1002/cpp.2910. (Reviews qualitative research on

multiplicity outside traditional DID; emphasizes person-centered understanding beyond pathology([rot--mutt.tumblr.com](https://rot--mutt.tumblr.com))

4. **Mitra, P.** (2023). *"Dissociative Identity Disorder vs Plural Identity in Teens and Young Adults."* The Carlat Child Psychiatry Report, Jul/Sep 2023. (Professional interview discussing differences in memory, switching, and functioning between DID and self-identified plural systems([thecarlatreport.com](https://thecarlatreport.com)))
5. **Isler, J. J.** (2017). *"Tulpas and Mental Health: A Study of Non-Traumagenic Plural Experiences."* Research in Psychology and Behavioral Sciences, 5(2): 36-44. DOI: 10.12691/rpbs-5-2-1. (Survey of the tulpamancy community; reports that plural experiences can coexist with good mental health and improved well-being([pubs.sciepub.com](https://pubs.sciepub.com)))
6. **Matulewicz, C.** (2018). *"Fictive Alters in Dissociative Identity Disorder."* (Dissociative Living blog on HealthyPlace, Feb. 28, 2018.) Retrieved from HealthyPlace.com. (Explains fictional introjects in DID systems, their formation, and debunks myths about them([healthyplace.com](https://healthyplace.com)))
7. **Taylor, M., Hodges, S. D., & Kohányi, A.** (2003). *"The illusion of independent agency: Do adult fiction writers experience their characters as having minds of their own?"* Imagination, Cognition and Personality, 22(4): 361-380. DOI: 10.2190/FTG3-Q9T0-7U26-5Q5X. (Study finding that many writers feel their fictional characters act autonomously; e.g. characters "waking [the author] up" to talk([pages.uoregon.edu](https://pages.uoregon.edu)))
8. **Endogenic Hub – Definitions.** (n.d.). *Endogenic Hub* (community resource). Accessible at [endogenichub.weebly.com](https://endogenichub.weebly.com). (Plural community glossary; notes that "headmate" was coined in soulbonding circles([endogenichub.weebly.com](https://endogenichub.weebly.com)) and provides definitions of plural-related terms)
9. **Hoek, L. et al.** (2024). *"Performing Plurality: 'Meet the Alters' Vlogs on YouTube as Breeding Grounds for Epistemic Justice."* Tijdschrift voor Mediageschiedenis (Journal for Media History) 27(2). (Media study of plural YouTube vlogs; cites the need for recognizing plural experiences in their own terms and references multiple sources on plural identities([researchgate.net](https://researchgate.net)))
10. **Eve, Z., et al.** (2024). *"Here's Dissociative Identity Disorder, and we're not that': A constructivist grounded theory exploration of multiplicity experiences."* Psychosis: Psychological, Social and Integrative Approaches, advance online publication. DOI: 10.1080/17522439.2024.2356730. (Qualitative study of non-DID multiples; finds multiplicity is experientially distinct from clinical DID/psychosis and often a positive, non-pathological life experience([rot--mutt.tumblr.com](https://rot--mutt.tumblr.com)))



