

DISSOCIATIVE IDENTITY DISORDER MASTER LIST

This is a master list of information gathered from the [ICD](#), [DSM-V](#), [online resources](#), and [university psychology books](#).

WARNING BEFORE HEADING AHEAD!

The document will contain triggering topics such as talk or mention of all types of abuse, use of substances, death, and RAMCOA.

WHAT IS DID ?

Dissociative Identity Disorder, also known as DID, is a disorder caused by high levels of dissociation resulting in dissociative barriers that cause the development of [alternate states of consciousness](#).

Strictly related to **Post-traumatic Stress Disorder**, DID is a coping and defense mechanism of the brain in order to endure and survive traumatic experiences in early childhood. See ["PTSD and DID"](#).

"Dissociative identity disorder is associated with overwhelming experiences, traumatic events, and/or abuse occurring in childhood." ^[1]

THE MAIN SYMPTOMS

According to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, symptoms of DID include "**the presence of two or more distinct personality states**" accompanied by the **inability to recall personal information** beyond what is expected through normal memory issues. Other DSM-5 symptoms include a **loss of identity** as related to individual distinct personality states, loss of one's subjective experience of the passage of time, and **degradation of a sense of self and consciousness**.^[2]

"The full disorder may first manifest at almost any age. Dissociation in children may generate problems with memory, concentration, attachment, and traumatic play. Nevertheless, children usually do not present with identity changes; instead they present primarily with overlap and interference among mental states, with symptoms related to discontinuities of experience. Sudden changes in identity during adolescence may appear to be just adolescent turmoil or the early stages of another mental disorder. Older individuals may present to treatment with what appear to be late-life mood disorders, obsessive-compulsive disorder, paranoia, psychotic mood disorders, or even cognitive disorders due to dissociative amnesia. In some cases, disruptive

affects and memories may increasingly intrude into awareness with advancing age.” [1]

WHAT ARE THE CAUSES OF DID ?

The onset of Dissociative Identity Disorder is most **commonly associated with traumatic experiences**, especially physical, sexual, and emotional abuse or childhood neglect.

"Dissociative identity disorder (DID) is multifactorial in its etiology. Whereas psychosocial etiologies of DID include developmental traumatization and sociocognitive sequelae, biological factors include trauma-generated neurobiological responses. Biologically derived traits and epigenetic mechanisms are also likely to be at play. At this point, no direct examination of genetics has occurred in DID. However, it is likely to exist, given the genetic link to dissociation in general and in relation to childhood adversity in particular." [3]

WHAT ARE “ALTERS” ?

A person with DID experiences themselves as having **alternate states of consciousness**, also known as alters or alternate identities. Alters “take over” control of the person's body or behavior at various times. Each can function independently. Alters typically form from dissociation caused by trauma, although neglect and stressing factors can also play a role (*typically only after the onset of the disorder*).

Recommend seeing [this site](#) for more information about alters.

PTSD AND DID.

Post-traumatic Stress Disorder (PTSD) is a disorder that develops following exposure to an extremely threatening or horrific event or a series of events. Similarly, DID is caused by the same causes as PTSD. Often making them, **comorbid conditions**.

“In fact, DID and PTSD are so commonly comorbid that some have speculated that DID is actually an extreme version of PTSD or that both fall on the same spectrum of structural dissociation of the personality.” [4]

However some claim that DID is more commonly associated not with PTSD per se but with **Complex Post-Traumatic Stress Disorder (C-PTSD)** due to the extreme and chronic interpersonal trauma that typically causes it.

“Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible.” [5]

“ENDOGENIC” DID.

Some might've found the term or hashtag “endogenic” in topics related to DID or alters online. However, it is hard to find a complete meaning of the word and its usage in this topic.

Endogenic means “**created from the inside**”, formed by the greek prefix endo- meaning “**within, inner**” and the form -genic which means “**produced by, originated by**”. Therefore, indicating that endogenic is a term **for those whose DID is *not* caused by an external cause**.

People that claim to have endogenic DID mean that their disorder is more often caused by a neurodivergence, from a psychological cause other than DID/OSDD, or some sort of spiritual cause.

Endogenic DID is **impossible**. A simple look at either the ICD or DSM-V document will show the following statements:

- “The symptoms are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects (e.g., blackouts or chaotic behavior during substance intoxication), and are not due to a Disease of the Nervous System (e.g., complex partial seizures) or to a Sleep-Wake disorder (e.g., symptoms occur during hypnagogic or hypnopompic states).” ^[5]
- “The disturbance is not a normal part of a broadly accepted cultural or religious practice.” ^[1]

Both of the diagnostic manuals deny the ability to form DID as a result of another condition or spiritual belief.

THE ISSUE WITH “TULPAMANCER SYSTEMS”

Often, along with the term endogenic, the term tulpa and tulpamancy show up. However, as seen before there's no correlation to the condition with religion and cultural beliefs.

“Tulpamancy: the culture and practice of talking to tulpas (autonomous mental constructs with a persistent personality and identity).”

The westernization of Tibetan culture not only has been seen as **disrespectful** to Buddhist individuals but has also been called **appropriative**.

“Tulpa is a concept in Theosophy, mysticism, and the paranormal, of an object or being that is created through spiritual or mental powers.” ^[6]

Looking in depth at the meaning of Tulpa, we once again get as an answer the fact that **tulpamancy and DID are not correlated**, and in no way are tulpas anything similar to alters.

Although the term “system” does **not strictly** correlate to DID, it's often used as a **synonymous** to explain the condition.

In the end, “tulpamancer systems” are more likely to **have a misconception of Tulpamancy** and Tulpas, and so appropriating of terms and culture.

CLEARING OUT MISCONCEPTIONS.

SYSTEM PREGNANCY.

Misconception: Alters can give birth to new alters or NPC.

Truth: It seems that often younger people **mistake inner-world pregnancy as a real pregnancy**, however, an alter pregnancy is hardly imaginable and is not recognized as an actual thing by doctors. However, it doesn't immediately indicate that it can't happen to see a pregnant alter.

Innerworld and Real pregnancy are different, the main aspect of it is that inner world pregnancies usually **don't give birth** to a child-alter, and only split a child alter as a result of the false pregnancy. Pregnancy in the inner world is more likely to be caused by traumatic experiences, most reports explain that pregnant alters appeared as a result of a traumatic pregnancy, sexual assault, and/or mind control.

ALTER CONDITIONS.

Misconception: Alters have different traits, as such, they can have different mental health conditions.

Truth: Alters are dissociated parts of oneself, therefore they can't suffer from different mental health conditions from which the body suffers from, as you cannot obtain disability and vice-versa. Of course, alters can **only display symptoms** of mental health conditions, which should be followed by professionals.

Some alters have the "role" to have more symptoms of a certain condition than other alters.

ALTER DEATH.

Misconception: Alters have their lives, therefore they can die and get injured

Truth: As explained in [alter conditions](#), **alters are not separated identities**, and are **originated from the same core identity**, if an alter were to die that would mean that a part of the core identity died, which **is not possible** if the death is caused by an alter (all reports of a dead sense of self are linked only to **Cotard's syndrome**). The **same thing works for injuries**, mainly being

that the inner world is a **raffiguration of an idea** and not a real place. **Injuries in a false reality can't happen.**

SYSTEM HOPPING.

Misconception: system hopping is when an alter from one system to another thanks to a deep connection in the two systems

Truth: system hopping can be two things:

Firstly used online is a known **form of manipulation** from the guest to the system hosting the guest, the guest can threaten the system hosting as a way to get what they want.

Secondly, it's a **RAMCOA** term, usually, for programming survivors, *it's not a joke nor fun*, system hopping happens in between side systems, where one alter is ought to travel from one to another.

Endogenic "systems" appropriated the term for their "fun" activities.

STOLEN TERMS FROM RAMCOA SURVIVORS

Endogenic system **way too often appropriate and steal** ramcoa survivor's terms, **not fully grasping the meaning and cause of it.**

All we can do is **educate people** to avoid causing any other harm.

We need to **listen** and let ramcoa survivors **speak**. Survivors are **tired of being ignored and talked over**. If you see misinformation on the internet please educate people letting them know that certain terms are **only** for certain people!

The **most common terms** to be found online are:

- **system hopping**
- **system reset** : coined in the '80s as 'Epochal division' it's the sudden dormancy or movement in other side systems of the alters.
- **shell alter** : alters that serve as an access point for the abusers, they mask all switching to prevent discovery, they're typically parts that aren't capable of thinking for themselves.
- **programming a system/alter** (as an action)

AUTHOR'S FINAL NOTES

This document was made as an attempt to educate people about DID in a more *medicalized* way.

If anything is wrong or should be fixed, comments are turned on for tips.

This document was made and written by a person with DID, so most comments are understood from a first point of view.
Please take in consideration the fact that this document is always under editing by it's writer, so tips are always more than welcomed.

RESOURCES

¹ **DSM-V** — [*Dissociative Identity Disorder*](#)

source is a copy-paste of the official DSM-V document.

² **WIKIPEDIA** — [*Dissociative Identity Disorder, Symptoms*](#)

⁴ **NATIONAL LIBRARY OF MEDICINE** — [*Revisiting the etiological aspects of dissociative identity disorder*](#)

⁴ **DID-RESEARCH.ORG** — [*Comorbidity of DID*](#)

⁵ **ICD** — [*Complex Post Traumatic Stress Disorder*](#)

⁶ **WIKIPEDIA** — [*Tulpa*](#)