

“Should I Tell My Friends/Doctors/Parents/etc about being Plural?”

By The Dragonheart Collective

Short Answer: Probably not.

Longer Answer: This is a question a lot of people like to ask. And ask often in various forms in plural spaces. People want to stop masking so much for many reasons, so they ask, ‘Should I tell?’, ‘How do I tell people?’, and frequently very soon after that, ‘Help I told someone and it didn’t go well, what do I do?’

To get to the heart of the statement;

It’s generally recommended to not tell people because it can rather ruin your life. Telling people can ruin your relationships and can give many negative effects in both intrapersonal and institutional ways.

Plurality is very weird and people hate that. People are fearful of it or do not understand it because anything strange is bad, anything too ‘crazy’ is bad in their eyes. Plurality is not something that is viewed super nicely right now, and while it is very slowly getting better, it is nowhere near a sure thing that people have favorable views.

Ableism and saneism is well and alive and has very much not gone away. It doesn’t matter if you aren’t disorderly and thus diagnosable, you will be affected by it. Anti-plural sentiment itself is also very much around in those who are aware its even a thing.

That said, sometimes the risk is worth the reward, so it’s important to judge the risks correctly and be aware of them before you decide.

This document is to help you and your system make an informed decision about outing yourselves as plural. It is not the end all be all perfect guide of ‘coming out’ and will not solve every problem, it is merely some potentially useful advice to help you come to a conclusion on if you should tell people, what to tell people if you do, and some general ideas of what to do if it goes wrong.

What you stand to gain from telling any given person about your plurality and/or dissociative disorder:

- **Not having to mask-** You no longer have to mask and pretend to be one person around these people. You can talk about your system, you can act as yourselves, and you can proxy things others in the system say more naturally.
- **People being able to understand you better-** People knowing why you act like you do can help them understand you on a deeper level. People who feel like they are lying to others by masking as a singlet won't feel like that anymore.
- **Acknowledgement-** Others can help you feel more validated and safe by acknowledging your plurality. **IT IS IMPORTANT TO NOT DO THIS ONLY FOR VALIDATION**, but it's a nice bonus.
- **Getting knowledge out about this neurotype-** For some this is a strong plus. Being out can help others discover they are plural, help other plurals feel comfortable, and can teach singlets about plural folks.

What you stand to gain by telling a therapist about your plurality or suspicion of DID/OSDD:

- **Specialized care-** If the therapist knows you are plural, they can know each of you have different issues and then work on them separately. If you obtain a diagnosis, you can get accommodations and specific therapies as well as aid to work on your system's issues. If you want Final Fusion you can get professional help to achieve it as well.
- **Professional validation of your symptoms-** A paper diagnosis or acknowledgement of your existence on your record can help you have more 'proof' of your plurality. **IT IS IMPORTANT TO NOT DO THIS SOLELY FOR THE 'PROOF'**, as many people will not recognize it as such, but it is a nice bonus.
- **Insurance Coverage for certain therapies-** If you have a diagnosis on paper you may get some/more insurance coverage for the specialized care.
- **Crisis Management-** If you were in crisis before, you now have a therapist that knows more of the whole picture and can help you out of it.

What you stand to gain from telling a GP or other health practitioner(on top of the general category):

- **Better accommodations-** The health practitioner may be able to accommodate your needs better, such as telling a newly switched in headmate what is going on, or avoiding dissociation triggers, or treating younger headmates with a bedside manner they might find more comfortable.
- **Getting a referral so you can see a therapist should this be necessary-** Sometimes one needs a referral to get a therapist, and they need a very specific kind a referral sometimes to get a specific kind of therapist. Telling your GP can help with this.

What you RISK in telling people, in general:

- **Nonbelief-** Many people, even therapists, do not believe in plurality. They may also only believe in a very narrow presentation of it or feel like you specifically couldn't experience that. This can result in invalidation to your face and judgements that you are 'attention seeking', 'cringe', or 'confused'. These labels can cause you to not be believed in other situations outside of plurality as well.
- **Personhood denial-** If you each see yourselves as separate people, many people will not consider headmates people, especially therapists. Even if they believe you are experiencing this, they may choose to view you and your system in a way that harms you, even if they do not intend to harm you with it.
- **Telling people without your consent-** Once you have told someone, you cannot un-tell someone, and they may decide to out you as plural to others, or claim you are 'faking having DID' or 'are schizophrenic' or some other dismissive or incorrect statement that prevents you from controlling the narrative about your experiences. **If you tell a person who is required to mandatory report suspected abuse and you are a minor, it may cause your family trouble with CPS** because DID and OSDD (what people are going to think of regarding plurality whether you actually have it or not) are associated with trauma and your family is the prime suspect. They may also tell your family that you are experiencing symptoms in an attempt to be well-meaning as well, which could end poorly.
- **Those who are abusive may use it against you-** Abusive figures may use your plurality against you in some way, they may threaten to tell people to get you to do things, they may threaten to institutionalize you, they may use poor memory against you to get away with things, they may play your headmates against each other or specifically only abuse certain headmates. They may try to program a new headmate to do something against your will or knowledge, they may use your plurality as a reason for people to disbelieve you if you try to come forward.
- **You can be fired for blacklisted-** Many places are 'employment at will' and they can simply fire you if they don't like that you are plural. Even if you have protections in your place of living, they may find a way to fire you for being 'too crazy' in public, regardless of disorder status. You may be blacklisted in your industry or otherwise have a hard time finding a job if your prospective employers can see that you are plural.
- **You can be kicked out of housing or given a worse deal-** You may have trouble with landlords who may consider you a risk for being crazy in their properties or roommates who don't want to live with you because of the stigma. Your family may kick you out or require different things from you to continue to live with them.
- **Teachers or student peers may target you-** if you are still in school, you may be considered a problem person because you are neurodivergent in public, you may be given worse grades, you may become a target of bullying from peers because of it. Teachers may choose not to believe you regarding reports of wrongdoing because you are 'too crazy' to be trusted. You may be isolated or ostracized by your peers for it, and your teachers may let it happen.

What you RISK in telling any medical professional:

- **A note in your file-** They may add notes to your files that list you as ‘malingerer’, ‘hypochondriac’, or other such labels that make navigating medical spaces difficult. This is especially the case if you say you have xyz thing rather than listing symptoms.
- **Stuck with a medical professional that now thinks differently of you-** If you can't change your doctors on a whim and it goes badly, you are now stuck with them.
- **Misdiagnosis-** You may get misdiagnosed with something such as BPD or schizophrenia despite not fitting these labels. These labels and ensuing treatment if they are NOT what you are experiencing can harm you greatly and having a wrong diagnosis on paper can be very hard to remove. This can especially be the case with general practitioners, who may not even know what dissociative disorders are.
- **Diagnosing DID/OSDD if you do not have it-** You may be given a DID/OSDD diagnosis when it isn't applicable because the therapist may decide to ignore 'clinically significant distress or impairment' or may decide some things are as such when they are not for you. Having this on record can impact many things.
- **Minors having diagnoses/suspicions told to parents-** If you are a minor (and even if you are not), they may go over your head and tell your parents/guardians about it. This can become dangerous. Combined with nonbelief or misdiagnosis this can especially be a problem.
- **Refusal of care-** A medical practitioner, but especially a therapist, may not think themselves capable of dealing with you if they think you have a 'tricky' diagnosis or that you are too 'crazy' for them, even if it isn't related to what you are seeing them for. You may have a very hard time getting a therapist willing to treat you.
- **Refusal of HRT or gender-affirming surgery-** If you have a ‘crazy diagnosis’, doctors may be strongly reluctant to allow you to transition in any way. In some places having these kinds of diagnoses at all can full-stop bar you from transition.
- **Doctors not believing further reporting of symptoms-** Having a ‘crazy diagnosis’ on record may cause other doctors to think any medical concern you have is ‘all in your head’ and ignore possibly life-threatening symptoms you report they would have otherwise looked into.
- **Pushing Final Fusion-** Many therapists are under the impression that Final Fusion is the only way to recover, or that even if you are subclinical/nondisordered you still need to do Final Fusion. They may push this at you regardless of your wishes. Final Fusion is a valid recovery option to try for if that is what you want, but it is important for it to be an informed *choice*. Some therapists won't let you make that choice.
- **Making your care all about 'fixing' your plurality instead of more pressing issues-** A therapist may ignore serious issues just to work on getting rid of your plurality regardless of your pleas to focus on the thing that is impacting you the most. They may also decide everything is the Fault of your plurality, regardless of your self-reporting.
- **Other Problems-** You may have worse insurance rates with a diagnosis. **If you ever want to have custody of a child, diagnosis can prevent that.** If a police officer gets a warrant and learns you have something on record **you may have worse treatment by police or the courts** if you have a 'scary horror movie serial killer crazy disease'.

It is our general opinion as of writing this that telling someone who you has power over you or who you cannot escape about plurality when it's not absolutely necessary is a poor idea.

In the case of telling a doctor or therapist, it should only happen if you need to do so in order to receive care you need, or if you are fully prepared for the worst-case scenario and can shop for new ones if it goes south.

The drawbacks are just so extreme and the stigma is just so great in the current year that we simply cannot recommend it. The cons of the situation are HUGE life-altering ones and many people cannot take the heat from the result of them and it can be really hard to judge if its safe to come out.

That said, if knowing this you still want to do it, then do it. The rewards may be worth it for you, and we cannot decide that for you. Think on it as a system for a good long while, look at the pros and cons, and then decide what you want to do.

Whatever choice you make, make sure it is an INFORMED one that you put thought into and know what you are going to do if it goes south on you.

How to come out in a way that will be received best.

There is no failsafe way to come out that will always be received well. Different people will find different things said different ways easier to swallow or conceptualize. It's important to tailor your talk to the people involved. It is also important to, if you cannot drop the person in any way, test the waters first.

There are two general main categories of coming out, the first is that you are doing it because **you need a diagnosis or treatment**, the other is because of **social needs**- whether its accommodations or because you want to.

In the first, you are generally doing this only to either a GP to get a referral for a therapist, or to a therapist themselves. **It is strongly important to NEVER say 'I think I have x' or 'I'm plural' in this case.** Professionals generally do not like when you say that. They prefer to be given a list of symptoms and come to their own conclusions of your problems or it hurts their ego and they become resistant to acknowledging what you are saying in many cases.

In the case of a GP, you don't have to give them much details, talk about dissociative experiences and maybe PTSD symptoms if you have any only if you can. They may lock onto 'hears voices' and prioritize giving you a therapist who is dead set on you having schizophrenia or onto 'rapid shifting identity/mood' and do the same with BPD. If you detail depression or anxiety only they may not give you a therapist that is equipped for your needs. They may wish to test you for physical/neurological illnesses like epilepsy or other things first before recommending you a psych. It's a good idea to do these tests with as little complaint as possible to be sure those problems are not also problems and to help encourage them to give you what you want.

In the case of a therapist, your coming out is going to entail you listing your symptoms and how they negatively impact you, emphasizing how they prevent you from working or functioning. You are then relying on them to put the pieces together for your diagnosis or referral. This does not always work very well. Many therapists do not believe DID exists, and many more only believe in a rigid view of it. To have a better chance at a good therapist that will listen to you- look for 'patient led' and a dissociation specialty if you can at all do so. If you already have a therapist, you may want to look at their qualifications and specialties first or ask them about what things they have experience with. You may have to get referred to a psychologist who is capable of diagnosing if your therapist isn't, which requires you to also convince this new person.

Ideally you should have prepared:

- **A list of your symptoms with specific examples** in as much detail as you can manage (dates, duration, what happened exactly, possible triggers, etc) and how the symptoms effect you, ideally on paper or in your phone so you can't forget anything important. If you have a system journal or switching log it may be helpful to bring as well.
- **The ability to shop around for a therapist** or otherwise cancel your therapist and get a new one in case it goes badly.
- **Possible testimonies from other people who can vouch for your experience** if you have any, such as partners or family who can attest to your memory problems or 'personality changes', particularly over a long period of time.
- **A backup plan** of what you are going to do/say in case it goes poorly.

Other tips:

- **Focus on obviously dissociative experiences** if you have any, this will make them more likely to look at the right section. Describe them as how they feel to you instead of by name. **ESPECIALLY** describe any amnesia you have, if you experience it.
- **Avoid listing 'hearing voices' or 'rapid personality and mood changes' as your primary symptom** as they may get set on the psychosis spectrum, BPD, or Bipolar.
- PTSD is not a requirement for diagnosis, but **detailing trauma and how it affects you** if you have any may help them connect the dots.
- **Avoid detailing your headmates' identities or 'inner world' lore at first if they do not ask.** Having elaborate detailed knowledge of your headmates, a lot of more fantastical 'system lore', or anything too 'woo'-ey going on can make some people take you less seriously even if it is your lived experience. Convince them of your experiences first so they don't dismiss you as a roleplayer or 'fantasy-prone'.
- **Avoid using specific words and define the experience instead.** Don't say 'my headmate switched in and did x' say 'it felt like some other person took over my body and did x'. Using specific words may cause them to dismiss you or not understand what you are talking about.
- **Ask to take the dissociative experiences screening test.** Perhaps not by name, try 'is there a test to screen for dissociation'. This may help your experiences be recognized.

The second category is less concrete. There are a great many of ways to go about it and they depend on the individual person you are broaching the subject with.

Ideally you should have prepared for any given approach with someone who isn't a medical professional:

- **An explanation of what plurality and/or DID is**, something simple, concise, tailored to them, and with as little new jargon as possible. Be *extremely* simple about it.
- **Reasonable assurance that they will respond favorably** to you broaching this subject or coming out.
- **A explanation that you are plural, and what you want them to do about it.**
- **A back up plan** of what you are going to do/say in case it goes badly.

Good easy FAQs for Plurality that may help:

- <https://morethanone.info/>
- <http://www.karitas.net/blackbirds/layman/>
- <https://freyasspirit.com/plurality-playbook/>

Further reading that may be helpful:

- <https://di.org.au/> <- more medical focused, bit outdated language but still good
- <http://healthmultiplicity.com/> <- good general source of info
- <https://kinhost.org/> <- community self-help wiki site
- <https://endogenichub.weebly.com/> <- useful for systems not based in trauma if its relevant
- <https://daemonpage.com/> <- useful if one is a daemonist
- https://soulbonding.tripod.com/soulbonding_intro.htm <- useful if one is a soulbonder
- <https://tulpa.io/> <- useful if one is a tulpamancer
- <https://www.isst-d.org/> <- medical source if you need one
- <http://traumadissociation.com/dissociativeidentitydisorder.html> <- medical source if you need one
- <https://www.discussingdissociation.com/2008/12/integration-a-requirement-for-did-therapy-or-not/> <- source on integration not being a requirement
- https://www.researchgate.net/publication/11405369_Moral_Status_and_the_Treatment_of_Dissociative_Identity_Disorder1 <- paper debating if headmates should be treated like people, paper finds by strict criteria of personhood yes, but says that personhood should be redefined instead because of this, illustrates bias in the system and does prove they could be considered people
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5492082/> <- source for low integration success rate (12.8%)

Nonclinical multiplicity studies that may be useful if its relevant to you:

- <https://www.tandfonline.com/doi/abs/10.1080/15299732.2015.1103351?journalCode=wjtd20>
- <https://xena.greedo.xeserv.us/files/Tracking%20the%20Tulpa.pdf>
- <https://www.researchgate.net/publication/228978385> Critiquing the Requirement of Oneness over Multiplicity An Examination of Dissociative Identity Disorder in Five Clinical Texts
- https://www.academia.edu/37853723/NORMAL_DIMENSIONS_OF_MULTIPLE_PERSONALITY_WITHOUT_AMNESIA

Types of testing approaches, if you wish to test the waters first (RECOMMENDED):

- **Testing the waters with a ‘friend who is plural’** and explain what that is from there and see how they respond and talk about this friend.
- **Testing the waters with a ‘look at this cool thing I found’**, and see how they respond to the concept of the plural community or some research papers on plurality that exist. Ask what they think about it.
- **Testing the waters with a ‘person on the internet who is plural’**, show them their content and ask them what they think about the whole thing/that person.
- **Testing the waters with a fictional character you both like who is plural**, lead it into a saying you researched the real thing and compare and contrast how the media does it versus how it is IRL. Ask them what they think about it.

Give some time with this to look for positive indications, then if it goes well lead into actually coming out.

Ensure when you reveal your plurality:

- **They know what it is, actually.** They may not have gotten it before. Ensure they know what you are actually talking about, that it’s a real thing, that you have cleared up the myths, etc.
- **They know what you expect from them about it.** Clearly state what you want them to do with this information, such as treating each of you like separate people, being patient when you don’t remember something, using the name you indicate for a specific time, or some other thing. Many people will not know what to do with the information otherwise, and some may ignore it wholesale because of this.
- **They know that you are coming out as this.** Clearly state that you are plural and give them only the very basics. Genic terms, other system type labels, and a full headmate list with all of their labels is NOT the very basics. This is information to give later in small doses if at all. It’s too much information to process otherwise, and to the layman who is not up to their eyeballs in certain subsections of the internet can sound very silly and cause them to turn off to the notion.

If you are a disorderly system with a paper diagnosis, there is a bit of a different process you can take then if you are not, where you come out by informing them you have a diagnosis, and what that means and what you want them to do, rather than involving the plural community at large. This has the potential to be taken more seriously, but people may also take it seriously in the negative stigma sort of way as well, which may be more dangerous.

A VERY IMPORTANT ADDITIONAL NOTE- Exercise extreme caution in telling those who you have been around a long time and who hold power over you, such as parents.

Parents and close relatives are often the perpetrators of abuse towards children, and trauma history is extremely common in plural folks. If you do not have a clear picture of why you formed, and even if you do, it is not a good idea to tell your parents if you still are dependent on them for this reason especially. **It is very common for plural folks to not remember trauma or abuse, and one can have amnesia for trauma without knowing you do. It is also very common to not recognize something as abuse that is in fact abuse.**

It cannot be stressed enough that abusers can and will take advantage of admissions like this, and if you have forgotten something or otherwise don't recognize the abuser as one for some reason, it is possible that they may use that knowledge to further abuse you.

This is not to accuse all parents of plurals of abuse, but it is good to have caution is all, even if you love and trust your parents or other kind of guardian, just in case. Be *absolutely sure* you can trust them with this information before you out yourself if at all possible.

“Help! Things Went Badly!”

It is best to have a plan ahead of time about what to do if things go wrong, but sometimes that doesn't happen. Sometimes because you may not have thought they would react badly, sometimes because you were half-outed without your consent and you had to scramble. Sometimes because one headmate made a kneejerk decision and the whole system now has to deal with it. Sometimes because of other things. Sometimes you *did* have a plan but that didn't cut it.

These kinds of things go wrong often, as said above in this document. We see so many people writing in a panic to places asking for advice about what to do when coming out goes badly. That is what this section is for.

First off- Blaming yourselves helps nothing.

What is done is done. You trusted someone and it didn't work out. Blaming yourself for assuming the best of others is not going to solve your predicament. You are not to blame for ableism, saneism, or general anti-plural sentiment you did not know was there. They are to blame for being a bigot. What is important is moving forward.

Ensure your direct immediate safety.

It is sometimes a concern that the outing may put you in direct immediate danger, such as physical violence, or being kicked out of the house, or some other thing that threatens your physical wellbeing. Ensure that you are physically safe by whatever means necessary first and foremost.

If you were injured, seek medical attention and consider reporting the assault to law enforcement if you feel safe to do so.

Now decide what you are going to do going forward

There are three main options for what to do at this stage; doubling down on being out, doing nothing, or recloseting. Which is best depends on your personal situation.

Recloseting

- It may be painful to do, but **sometimes denying everything and going back into the closet can be the safest and least painful option.**
- If you know right in the moment of the coming out that it was a bad idea and you want to choose this option, **play it off as a joke or perhaps say you were talking about a fictional character.**
- If its later that you have decided on this option, if they bring it up again, just **brush it off and say you were mistaken or confused** or some other thing.
- **This works best if you are confirming their own denial of your experiences.** They will feel vindicated in being right, which will allow confirmation bias to do the work for you.
- However **if you were a bit too earnest or too in-depth about it, or they are the kind of person to just not let things go you may have to double down or just deal with it** instead.

Doubling Down

- **Try to figure out what went wrong.** Do they not think DID is a thing? Do they not believe in subclinical/nonmedical plurality? Do they not think YOU could be plural specifically? Do they misunderstand what DID or plurality is exactly? Are they mourning the person they thought your system was and are having a crisis about not knowing you at all?
- **Make sure that they actually know what plurality is and what that means for you.** Try to clear up myths they seem to believe, or bring up studies and evidence for things that are relevant if you need to cite things.
- **You will often need to field 'rude questions' in many cases,** so be aware that you may have to do things like explain that DID and schizophrenia aren't the same thing, or that it isn't like 'Sybil' or 'Split', or other things that may feel quite hurtful, but are the result of the average person not knowing much about mental health and neurodiversity.
- **Ask them what their problem with it specifically is, and try to solve that problem** and assuage their worries.

Just live as you are and deal with it

If you have already tried one or both of the other two, this is your remaining option. Sometimes people just need time and may come around. Sometimes you just aren't going to convince them and can't go back in the closet. At this point you just have to learn to live with the negative consequences.

There are many outside resources that may be useful to you even if they may not fit quite right, such as safety plans for those for forcibly outed LGBTQ+ folks, guides for those who have to trick doctors into believing them to get care, or those who have been fired or evicted for ableist reasons. There is no one-size-fits-all guide for this option, so do your own research here.

Cutting ties

Sometimes this has to happen in relation to coming out not going well. It sucks, but sometimes someone is not going to change and is making you miserable. Sometimes it is best to cut that person out of your life, fire that therapist, change your doctor. Sometimes this cannot be done, but when it can and it feels necessary, it can make it much more bearable.

The person does not accept you and your system as you are, if they cannot accept you, that isn't someone who cares about you, they just care about the idea of you and their own wishes of who they want you to be. Its up to you what to do about this- and in some cases, cutting ties with them is best and will save you more pain and damage to your life.

You can do this slowly or all at once. Depending on how unaccepting they are, one may be better than the other. Stop meeting so often, unfollow, unfriend, or even block them in internet spaces, stop responding to texts and calls, with or without an explanation for why or a request to stop interacting. Leave the job post for another job(if it's a workplace), change your doctor and possibly change to a different office(if the person is a medical practitioner).

If its major and you need to do it for your safety, corresponding this with moving accounts/changing the names of accounts, changing your number or address, or other evasive methods can give you additional distance.

When you obtain a new practitioner or new job, have a reason prepared as to why you moved and a way to explain why you left or anything your previous employers made known about the situation in a way you feel comfortable.

You can also inform trusted friends that you are no longer in contact with them, which may prevent them from doing things like inviting you and them to the same events or other things that become awkward when you are avoiding a person.

They may try to plead for you to stay when you try to leave, but be firm in asserting your boundaries and what you require for remaining in contact. Either they try to understand you, or you leave.

Its ok to grieve the relationship you lost, and a good idea to take some time to process it. You may feel a lot of emotions about it, or those in your system may have different emotions about losing that person.

They may also try later to get back in contact after you cut ties. They may try to guilt trip you, bargain, or threaten you. Issue a firm ultimatum regarding their behavior regarding your plurality. Don't let them back into your life if they are not willing to at least try to accept you and your system as you are.

Good luck and stay safe.

The original home of this document is at <https://dragonsroost.neocities.org/projects.html>.

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