

GLOSSARY OF TERMS

Below you will find a list of the common terms used in discussing Dissociative Identity Disorder and other trauma related disorders. I'll be adding to this list from time to time as I come across words and phrases that are either not clear or poorly described elsewhere. I hope this helps all to have a better grasp on the psychobabble that occurs in mental health circles. It can be freeing to know just what these terms really mean.

Thank you again for reading DID in a Nutshell.

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Alter- an ego state that has been separated from other ego states by amnesiac barriers which began to be formed in very early childhood. Alters are not separate personalities, they are parts of the same personality that never became associated or whole in early childhood due to extreme trauma.

Amygdala- a roughly almond-shaped mass of gray matter inside each cerebral hemisphere, involved with the experiencing of emotions.

Attachment Disorder-defined as the condition in which individuals have difficulty forming lasting relationships. They often show nearly a complete lack of ability to be genuinely affectionate with others. They typically fail to develop a conscience and do not learn to trust.

Big- This a term people who live with dissociative identity disorder use to describe the adult members of their multiple system.

Body Memory- Memories aren't only stored in the thinking part of the brain. Often memories of traumatic events are stored in the portions which control how humans relate to their bodies.

Co-Awareness- An important step towards gaining control of one's life for a person living with DID is becoming co-aware. In this stage, all or most of the alters gain awareness of each other's feelings, emotions, and memories.

Co-Conscious- Being able to be present in as many situations as possible is extremely important to the waking self in a multiple system. Becoming co-conscious means that whenever an alter emerges, the waking self is aware and awake and thus able to be in on any decisions and actions the emerged alter might make.

Cognitive behavioral therapy (CBT)-a structured, action-oriented and problem- solving approach which helps people to manage their thoughts, behavior and mood more effectively.

Complex Post-Traumatic Stress Disorder- Children who suffer chronic trauma such as abuse and a disruption in attachment to their caregivers, may develop Complex Post-Traumatic Stress Disorder.

Co-Occurring Diagnosis- Often a person living with DID will have other disorders accompanying it such as borderline personality disorder or major depression.

Core Personality- The central, sometimes original ego state of a multiple system.

Covert Switching- Changing from one alter to another without being noticed by people outside the person's system.

Crisis-Psychiatric crisis describes the situation where a person with a mental illness or severe mental disorder experiences thoughts, feelings or behaviors which cause severe distress to him/her and those around him/her.

Depersonalization- A detachment within the self, regarding one's mind or body, or being a detached observer of oneself. Subjects feel they have changed and that the world has become vague, dreamlike, less real, or lacking in significance. It can be a disturbing experience.

Derealization- A persistent or recurring feeling of being detached from one's body or mental processes, like an outside observer of their life and/or a feeling of being detached from one's surroundings.

Depression-a normal emotion, which can lead to a very serious illness (often called major depression, clinical depression or depressive illness).

Dissociative Identity Disorder- According to the Diagnostic and Statistical Manual, 5th Edition, (DSM-5) a person must meet the following criteria to be diagnosed with Dissociative Identity Disorder:

1. Two or more distinct identities or personality states are present, each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self.
2. Amnesia must occur, defined as gaps in the recall of everyday events, important personal information and/or traumatic events.
3. The person must be distressed by the disorder or have trouble functioning in one or more major life areas because of the disorder.
4. The disturbance is not part of normal cultural or religious practices.

5. The symptoms are not due to the direct physiological effects of a substance (such as blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (such as complex partial seizures).

Dissociation- A normal mental process of disconnecting from one's thoughts, feelings, memories or sense of identity.

Dry Wells- People who have no emotional support to give.

DSM-V- The Diagnostic and Statistical Manual of Mental Disorders is published by the American Psychiatric Association and offers a common language and standard criteria for the classification of mental disorders

Eeyore Complex- A chronic depressed outlook on life where the person is always relating to others the negatives of their day to day life experiences.

False Memory Syndrome Foundation- A nonprofit organization founded in 1992 by Pamela and Peter Freyd, the FMFS purports to examine critically the concept of recovered memories, and supports the belief in false memory syndrome. <https://www.fmsf.org>

False Memory Syndrome- Described as a condition in which a person's identity and relationships are affected by memories that are factually inaccurate, but that they strongly believe. False memory syndrome is not a scientifically accepted or proven condition, nor is it found in the DSM-5.

Flashback- A reliving of an event of trauma as though the person were back in the time and place of the occurrence.

Personality Fragment- A partial ego state, such as a nonverbal child.

Hippocampus- The hippocampus is involved in the storage of long-term memory, which includes all past knowledge and experiences. The hippocampus seems to play a major role in declarative memory, the type of memory involving things that can be purposely recalled.

Integration- a highly controversial topic among people living with Dissociative Identity Disorder. Integration occurs when the ego states (alters) achieve their highest level of co-awareness, cooperation, and co-consciousness.

fMRI- Functional Magnetic Resonance Imaging. It is a radiological test where a strong magnet is used to visualize soft tissues in the body. It is painless, but it can take a great deal of time to perform.

Multiple Personality Disorder- The old term for Dissociative Identity Disorder. Its name was changed to Dissociative Identity Disorder in 1994.

Panic attack-sudden periods of intense anxiety which appear to have no obvious triggers or reasoning. They can happen when a person least expects it and can be very distressing and frightening for the sufferer.

Personality-This term refers to individual differences in characteristic patterns of thinking, feeling and behaving which are attributed to an individual. Our personalities begin to be formed before birth, are believed to consolidate (associate) between the ages of 4-6, and continue to evolve until death.

Phobias-are characterized by feelings of fear or anxiety triggered by situations or objects.

Prevalence of DID. In the general population of the United States is 1% (1 out of 100) afflicting around 3.2 million people. It is Schizophrenia which afflicts 3.5 million people in the US.

Psychotherapy- Often referred to as “talk therapy”, this psychological tool consists of a client sitting with a mental health professional and working out through exploring personal insights, the problems they feel they need help with

Relapse- Falling back into old patterns that one has determined to be negative to one’s health and happiness.

Singleton- A term used in the DID community to describe anyone who is not diagnosed or living with dissociative identity disorder.

Sleep disorders. This is clinically defined as the ‘inability to initiate or maintain sleep or to obtain good sleep quality despite adequate opportunity to do so, accompanied by significant daytime consequences of poor sleep’ (American Academy of Sleep Medicine, 2005). It’s worth noting that insomnia is highly subjective and individual sleep requirements vary considerably.

Splitting- Switching from one alter to another, it is also known as switching. Splitting is often out of the person living with DID’s control.

Stress- An occurrence which causes a person to feel a heightened sense of alertness. There is always stress in our lives, however some stress is toxic in that it overwhelms our abilities to cope and drives us to do things to cope we would not normally do.

Stress Hormones- Our brains have a mechanism to ready us to respond to any perceived threat and stress hormones are a key to this response. When a threat is perceived, the hypothalamus (an organ located in the brain) to send signals to other parts of the body including the pituitary gland, which is responsible for secreting adrenocorticotrophic hormone (ACTH). This hormone then forces the adrenal glands to produce the hormone corticosteroid to increase the body’s readiness to flee, fight, or freeze to avoid or escape danger. These responses are automatic, and it is important to note that they are triggered by what the brain PERCEIVES as a threat, not necessarily the fact that a threat exists in the here and now.

Survivor- A term used to describe a person who has lived into adulthood after experiencing childhood trauma.

Therapist- A highly trained mental health professional who offers hope and help to persons in need of someone to speak with to overcome an adversity in their life.

Trigger- A trigger is something that sets off a memory, flashback or dissociative event. Triggers are very personal as different things trigger different people. They can involve all five of the senses, and are very hard to avoid all the time.

Vocational Rehabilitation Services-Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. Includes transitional employment.

Some Helpful Resources

Blogs by People Living with Dissociative Identity Disorder

Healthy Place

<https://www.healthyplace.com/blogs/dissociativeliving/>

Reditt

<https://www.reddit.com/r/DID/>

Multiple Work

<https://multiplework.com/>

Real DID

<http://real-did.tumblr.com/>

Kate 1975

<https://kate1975.wordpress.com/>

I Am We

<http://christinepattillo.com/blog/>

Dissociative Jess

<https://dissociativejess.wordpress.com/>

Websites with Pages devoted to DID

Psyche Central

<https://psychcentral.com/search/?q=dissociative+identity+disorder&x=0&y=0>

I am 1 In 4

<https://iam1in4.com/>

Health Stories Project

<https://healthstoriesproject.com/>

Massive Resource for Research

If you wish to find a lot of research and other articles on Dissociative Identity Disorder, then please check out the extensive lists on the following site:

http://www.empty-memories.nl/www_4.html#disso

Safe Online Support Groups I Highly Recommend

Ivory Garden Dissociative Identity Disorder Support Group

<https://www.igdid.com>

Trauma Survivors Support Group

<https://www.ftass.net>