



A GUIDE TO KEY TERMS

Research and public understanding of mental health continue to evolve, and some concepts discussed in *Paper Birds* may be complex or interpreted in different ways. Below are definitions of terms related to and referenced in the film, with context drawn from clinical practice and scientific research.

DISSOCIATION

Dissociation refers to disruptions in the normal integration of thoughts, emotions, bodily sensations, memory, or awareness. Dissociative experiences are reported more frequently among people who have experienced trauma, and dissociation has long been observed by therapists and studied by researchers. As explained below, different forms of dissociation—especially peritraumatic dissociation and structural dissociation—have been used to understand fragmented or incomplete traumatic memories, as well as amnesia and delayed recall. The possible nature and mechanisms of these relationships remain subjects of ongoing scientific study and debate.



EXPLICIT MEMORY

Explicit memory refers to memories that are consciously accessible and are recognized as memories. It includes both “semantic” memory (factual knowledge) and “episodic” memory (memories of personal experiences). Episodic memories may involve images, sounds, smells, bodily sensations, emotions, and thoughts that are experienced as details of something that occurred in the past. With respect to trauma, explicit memories are those a person can consciously identify as connected to a particular experience or event, although they may be fragmentary and disorganized. (Explicit memories are reconstructive, not complete or exact recordings, and vividness and emotional intensity do not guarantee historical accuracy.)

IMPLICIT MEMORY

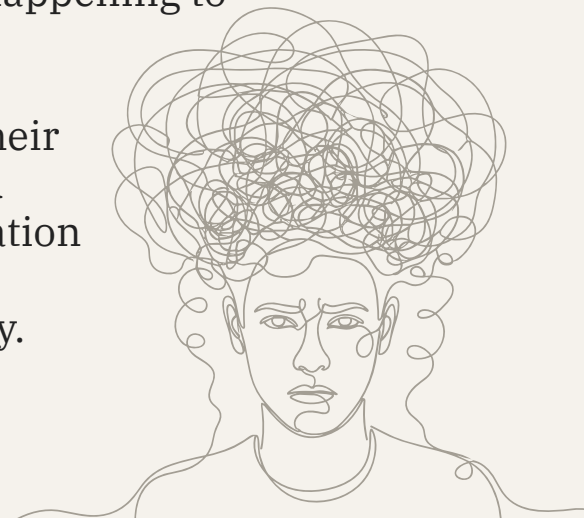
Implicit memory, with respect to trauma, refers to the influence of past experiences on a person's emotions, bodily sensations, or behavior without conscious recall of those experiences. These influences may appear as automatic emotional reactions, physiological responses, or behavioral patterns that are disturbing or confusing. Because implicit memory operates without conscious recall of the original experience or learning, a person may not recognize a connection between their current reactions and past experiences. (Specific traumatic events should not be assumed based on such reactions alone.)

In some cases, people experience fragmentary images or sensations that are only later understood to be memories of a past event. Such experiences involve conscious awareness but may occur without recognition that they are memories. This differs from implicit memory in the strict scientific sense, which refers to memory processes that influence experience or behavior without conscious recall of the prior experience or learning.

PERITRAUMATIC DISSOCIATION

Peritraumatic dissociation refers to dissociative experiences that occur during overwhelming stress or threat. It can function as an automatic response in which a person feels detached from themselves or their surroundings. For example, someone may experience numbness, unreality, or a sense of distance. They may not feel some physical sensations, emotional reactions, or some things happening to them in the moment.

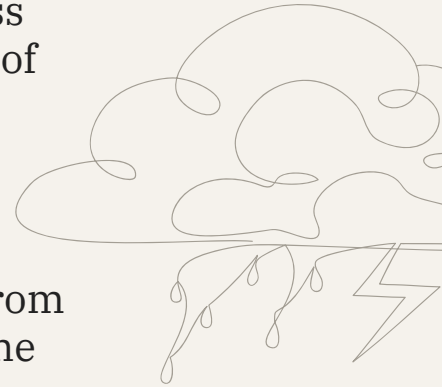
Some people may become so disconnected that their awareness narrows to a spot on a ceiling or sound outside a window. Because peritraumatic dissociation affects attention and perception, it can influence which details do and don't get encoded in memory.



PTSD

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after experiencing or witnessing one or more traumatic events. PTSD involves changes in how a person responds to reminders of the traumatic experience and processes memories and emotions, leading to distress that can interfere with daily life, relationships, and sense of safety. Symptoms are grouped into four main categories: intrusion, avoidance, negative changes in thoughts and mood, and changes in arousal and reactivity.

The combination and severity of symptoms vary widely from person to person. Also, symptoms may begin soon after the event or have delayed expression, and they may last for a short period or become chronic.



REPPRESSED MEMORY

“Repressed memory” is a popular term often used to describe situations in which a person experiences amnesia—that is, does not recall a (traumatic) experience for a period of time—which may be followed by delayed recall.

In the field of psychology, repression has been defined as an unconscious process that keeps distressing memories out of awareness. It has been proposed as one possible explanation for amnesia, but memory research suggests that such amnesia can be caused by multiple factors, including conscious suppression, dissociation, or lack of effective cues for recall. Therefore, the term “repressed memory” is an oversimplification of complex memory processes that obscures the distinction between the experience of amnesia and one of its potential causes.



SOMATIC MEMORY

Somatic memory is a term used in some trauma-informed approaches to describe memories that are experienced primarily as bodily sensations and responses rather than as visual images or verbal thoughts. These experiences involve brain systems that process internal bodily sensations and emotional reactions. Somatic memories may include feelings of tightness, pressure, pain, numbness, or other bodily sensations associated with past traumatic experiences. They can also involve the embodied aspects of intense emotions, such as terror or emptiness. Unlike explicit memories, somatic memories may arise as physical experiences in the present without the person immediately recognizing them as connected to past events. In this way, they share features with implicit memory, which influences experience without conscious recollection.



STRUCTURAL DISSOCIATION

Some trauma experts use the term structural dissociation to describe a long-term division in aspects of personality or identity following overwhelming experiences. That is, different “parts” of a person may have different access to memories, emotions, and patterns of thinking or behavior. In some cases, this may include dissociative amnesia (a diagnosis recognized in diagnostic manuals since 1980), which can range from inability to recall time periods of one’s life (localized amnesia), some but not all events from a particular period (selective amnesia), or certain people or types of events (systematized amnesia).

Structural dissociation has also been used to understand some fragmented and incomplete traumatic memories and delayed recall. The most severe expression of structural dissociation is Dissociative Identity Disorder (DID), in which distinct “parts” or identity states operate without shared memory or awareness. Structural dissociation is used differently across trauma frameworks, and scientists debate the mechanisms underlying amnesia and delayed recall.

