How Metaphors Shape the Concept and Treatment of Dissociation

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There has been a growing understanding over the last few decades that metaphors act as organizers of experience. Starting with Pepper's [1] article, "The Root Metaphor Theory of Metaphysics," and coming of age in Lakoff and Johnson's [2] *Metaphors We Live By*, the study of metaphors has expanded exponentially. Once dismissed as disposable verbal decorations, metaphors explain one thing in terms of another without making an explicit comparison. Sometimes the metaphors are presented directly, as in "My love is a rose." More often they appear indirectly, partly submerged beneath the flow of speech, as in "She blooms when I touch her." In this indirect form, a metaphoric proposition can become part of a deep layer of cultural assumptions, serving as "multidimensional structures [that] characterize experiential gestalts, which are ways of organizing experiences into structured wholes" [2]. Such metaphors may be called "root," or "generative," or "concept" metaphors, and they frame cultural perception.

Metaphors operate not just as comparisons, but as connections between that which is understood well (body, earth, sensory information, common experience) and that which is hard to understand (abstractions, nonsensory phenomena, uncommon experience). The connection works both ways. "The unfamiliar is illuminated by the familiar. But usually there is more to it. Apart from an illustrative and heuristic function, a metaphor has a constitutive one: it changes the context in which it occurs and is itself changed by it" [3]. Such a claim can be put more even more broadly: "discourses changed by metaphor reorganize reality" [3].

Metaphor analysis has addressed the verbal reorganization of reality in many areas of the social sciences, as described in Leary's classic article [4] on the history of metaphor in psychology. Leary cites examples of how metaphors for self and mind "have directed the gaze—not to mention the

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theoretical and practical activities—of researchers to different parts of the nervous system.'' In this sense, metaphors can be said to set the problem of the phenomena they illustrate. Schön [5] describes how problem-setting metaphors operate in social policy. As an example, he notes that social services are often said to be ''fragmented.'' Fragmentation implies an original whole, an esteemed quality in most cultures, which leads policy makers to add more layers of bureaucracy to help coordinate the fragments back into a whole. In actuality, social services are never originally whole but tend to grow individually, and the addition of extra layers to create a metaphor-mandated unity only makes coordination more difficult. Similarly, slums can be defined by metaphor as ''festering,'' as sources of physical, economic, and social disease (in which case they must be eradicated), or they can be seen as natural, not-yet-successful communities (in which case they must be nourished and preserved). Schön [5] demonstrates that analyzing these problem-setting, ''generative'' metaphors can help align effort and result. ''We can spell out the metaphor, elaborate the assumptions that flow from it, and examine their appropriateness in the present situation'' [5].

The same kind of analysis can be applied to metaphors that set problems in psychotherapy. By ''identifying metaphors and unpacking their assumptions and entailments'' [6], it is possible to understand better which problem-setting metaphors compel which solutions. Attention to metaphors in the psychotherapeutic setting is not new; many have noticed how a metaphor can be read as a clue to unsaid meaning, as ''an outcropping of unconscious fantasy,'' or as a buffer of indirection, offering the patient ''the necessary, the safe distance from content'' [7]. Used consciously by the therapist, metaphors have a stealth capacity, making possible ''an indirect form of treatment. Like other forms of indirection, therapeutic metaphors do not engender the kind of resistance to considering new ideas that direct suggestions often can'' [8].

Because of their indirection, stealth, and evocativeness, metaphors are particularly powerful in setting the clinical problem of trauma. As poets know, metaphors can gesture at topics too large or strange for speech, pointing at realities outside the culturally constructed frame of the normal. For victims of trauma, particularly the interpersonal trauma most likely to cause severe dissociative symptoms [9], metaphors can say the unsayable, can reach across gaps in memory, or permit expression where speech has been directly or indirectly forbidden. Both clinicians and patients reach for metaphor to explain and contain the aftereffects of unconstruable experience. In trying to conceptualize posttraumatic dissociation, mental health professionals have created several metaphoric domains.

This article examines some of dissociation's most common metaphors to see how they set the clinical problem of dissociation, particularly the problem of dissociative identity disorder (DID) caused by interpersonal trauma. Because metaphors are inexact, nonlinear, and culturally resonant, they do not fit well into simple lists. Nevertheless, it is possible to assemble two meta-categories of metaphors of dissociation.

In the first category, the self is a thing that is changed and damaged by its encounter with trauma. This can happen through division (the self shatters, divides, grows separate, is compartmentalized); through multiplication (the self wishes for reinforcements and gets them); and through subtraction (the self is perforated by trauma, leaving gaps, black holes, silence). Agency in this category belongs to the situation that acts on the self—whether it be the sheer force of trauma, the triggering of protective mechanisms of the mind, or external others who intend to provoke dissociative processes in their victim.

In the second category, the self is its own agent, and dissociation is an automatic but potentially governable action. Dissociation in this category is often pictured as a redistribution of attention, by narrowing focus or turning the mind's gaze away from real relationships in the present, toward interior replication or fog.

Both categories speak to the experience of interpersonal malevolence. In both, a metaphor for self underlies the metaphor for dissociation of self. The most important difference in the examples that follow is between noun-based metaphors that feature the self as a passive item on which trauma has acted, versus verb-based metaphors that feature the self as the active subject of a sentence describing the present.

Self as a thing, dissociation as division or multiplication

The metaphor of the self as a thing, as an item naturally possessed by every adult, is so common that it may seem literal. Nevertheless, self is often more accurately understood as a reified idea. Atwood and coworkers [10] group all such reification metaphors together, tracing their dominance back to Descartes:

> When one is regarded as possessing a mind, and this mind in turn is conceived as having an interior that is occupied by conscious (and perhaps unconscious) psychic contents, a structure is being imposed that sharply delineates the boundaries of one's personhood in respect to an objectively real outer world. Such a picture dichotomizes the subjective field into an inside and an outside, reifies and rigidifies the distinction between them, and envisions the resulting structure as constitutive of human existence in general.

Gottlieb [11] identifies the bounded, structured self as a prerequisite for the concept of multiple personality disorder:

> It should be remarked that most currently accepted explanations of [multiple personality disorder's] psychopathogenesis rely on a concretistic conception of the mind whereby quantitative strain is viewed as causing its falling apart into constituent elements, a rending of the mental fabric, a division into parts. This conception of mental functioning is very like the one articulated by Janet (1889) as le désagrégation psychologique.

Whether shattered, falling apart, or failing to come together, the division of the reified self is by far the most common root metaphor for dissociation [12].

Dissociation as division

The most passive version of the brittle self imagines the mind as a container shattered by the impact of trauma. Such metaphors depersonalize both perpetrator and victim, turning the first into an abstract force and the second into an inert target. Generally, the more trauma, the more the self falls apart: "Traumas produce their disintegrating effects in proportion to their intensity, duration, and repetition" [13].

The struck self may fragment into indistinct shards, or may separate at its seams into identifiable components of mind or experience. For example, Barach [14] describes dissociation as "a disjunction of the association between related mental contents." Braun [15] proposes the well-known acronym BASK, standing for the components of traumatic experience most likely to be separated from one another by dissociation: *B*ehavior, *A*ffect, *S*ensation, and *K*nowledge. Spiegel and Cardena [16] offer a slightly different array: "Dissociation can be thought of as a structured separation of mental processes (eg, thoughts, emotions, conation, memory, and identity) that are ordinarily integrated." When an identifiable piece of the self is separated, it can undergo a process of personification or at least vivification in "the creation of a new entity by the splitting off or coalescing of energy which forms the nucleus of a separate personality or fragment" [15]. As pieces break off from an imagined center, the logic of the metaphor leads to the idea that the center, or host, becomes depleted [17]. In other versions, split-off parts are imagined as puzzle pieces [18,19] scattered by trauma; without all pieces, the self cannot be whole.

In the developmental version of this metaphor, the normal self does not begin whole but becomes so during childhood. Trauma interrupts the process of consolidation, preventing components from coming together naturally. "DID may originate not with a 'coming apart' process, but with the maintenance of earlier arousal states that have not been integrated normally" [19]. "We are not born into this world with a single, unified personality," says Putnam [20]. Instead we begin as "discrete behavioral states," experiential bundles defined by "affect, arousal and energy level, motor activity, posture and mannerisms, speech (eg, rate, volume, pitch, word choice), cognitive processing (eg, varying degrees of abstract thinking), access to knowledge and autobiographical memory, and sense of self." If some of these states are rendered incompatible by unbearable trauma, they cannot come together during development to form a unitary self.

Computer metaphors add their own vocabulary to the description of how the elements of the self come together. For example, Bucci [21] refers to "subsymbolic processing systems," and Liotti [22] to "interpersonal

motivational systems,'' and ''inborn algorithms for the processing of social information.'' These systems develop (depending on the theory) through the integration of ''internal working models … where expectations about the behaviour of a particular individual towards the self are aggregated'' [23]. If some of the internal models are composed of chaotic or traumatic experience, integrating them may not be possible. To preserve daily functioning, incompatible models or subsystems may have to be kept separate, or dissociated.

Metaphors of a more active self imagine trauma as the indirect cause of internal division; the direct cause is self-protective mental mechanisms that segregate traumatic material to protect mental functioning. There are psychoanalytic versions of these mechanisms, specifying the ''vertical splitting'' of dissociation rather than the ''horizontal splitting'' of classic repression [24,25], and information processing versions ''whereby information—incoming, stored, or out-going—is actively deflected from integration with its usual or expected associations'' [18]. The goal of such mechanisms is the protection of the ''apparently normal personality'' that manages daily life, from the disruptive ''emotional personality'' that has been infected with trauma [26]. A somewhat less reified version describes the defensive separation of acceptable self-states that can be claimed as ''me'' from the toxic self-states that are called ''not-me'' [27].

The concept of the ''self-state,'' an aggregate of attributes that exists only in certain contexts, is connected to metaphors for the natural plurality of the self. If the self is conceptualized as an organized whole made up of lesser wholes, then DID becomes a kind of disharmony in a family or a civil war between self-states [28,29]. In addition to ''internal family,'' other versions of multiple wholes include ''orchestra'' and ''athletic team'' [17]. Although plurality is celebrated by such metaphors, cooperative wholeness is valued more.

Dissociation as addition or multiplication

The patient's own experience of multiplicity is less likely to be one of division than of addition; less the feeling of rending apart and more the experience of discovering an internal other. The mechanism of creating new selves is often described as a combination of spontaneous hypnosis and extreme need. Bliss [30] quotes a patient, speaking in third person of herself, ''She creates personalities by blocking everything from her head, mentally relaxes, concentrates very hard, and wishes.'' Fine [31] describes a child's need for reinforcements, ''to either have a 'buddy to take the hit,' a 'strong protector,' to mediate with the outside world or a 'friend' with whom to run away.'' Sometimes beginning as imaginary friends, sometimes modeled on fictional characters and superheroes, alter personalities accrete individual history (and individuality) every time they are ''out'' to do whatever job made them necessary [18].

In some versions of the creation metaphor, selves generated for a specific crisis are then left behind as time moves on, frozen in an achronic stasis. The metaphor for time is one of steady flowing; the self that will not grow older is left behind as other selves age. Sinason [25] describes the dramatic thawing of a left-behind self: "Instantly, to aid the woman, out of cold storage came the brave 6-year-old friend. Frozen in a terrible state of now-ness that had not changed for over 30 years, she emerged."

Some metaphors of self-multiplication include an internal psychic machine to do the job, such as Gottlieb's [11] "enabling fantasy," or Brenner's [32] "pathognomonic psychic structure at the core of DID, whose function is not only to disown intolerable memories, affects, and drives, but to personify these conflicts through the creation of so-called 'alter personalities.'" These metaphorical constructs, whose intentionality is part of their invention, have real-life counterparts in the external perpetrators and abusers who consciously create altered states, and even alters in their victims. Such an idea does not require the existence of secret international conspiracies. The physical preparation for possession trance, the desensitization training of military recruits, the intimate "grooming" of victims by sexual predators, and the well-publicized techniques of interrogators and torturers are all based on knowledge of how to "break" a mind and create a new, biddable self. When imagining the mechanisms of DID, it is important to keep in mind that the agent of intentional multiplication need not be metaphorical at all.

Treatment metaphors: many into one

If the self is a passive thing that is split by trauma, or a clever thing that segregates the material of trauma, or a generative thing that multiplies itself to create allies in a crisis, then how can it be made whole again in a clinical setting? Some of the simpler, less personified variations suggest their own solutions. The disassembled puzzle should be reassembled [19,20]. Information that was refused or partitioned must be discovered and accepted. As Sinason [25] says, "To heal, you have to finally 'take in' all the words you heard." Janet popularized the idea that traumatic memories become "unconscious 'fixed ideas' that must be 'liquidated'" by translating them "into a personal narrative" [33]. Another version of equalizing information across barriers is implicit in the BASK acronym: if the mind has separated behavior, affect, sensation, and knowledge about a given experience, then a therapist can work "to equalize the BASKs of cooperative personalities and promote spontaneous integration of increasingly like-minded personalities" [31].

The metaphor of the plural self simplifies the problem of many-into-one. Instead of aiming for one, the clinician aims for a better organization of many. For example, Fraser [34] urges clinicians to "engage all the personalities in the therapeutic process and form them into a new team." Kluft [35]

quotes Caul's comment describing a business version of the goal: "It seems to me that after treatment you want to end up with a functional unit, be it a corporation, a partnership. Or a one-owner business." By making metaphors of internal community more concrete rather than less, therapists can exploit the potential of cooperation such metaphors carry. Fraser [34] encourages patients to imagine an internal conference room where each alter gets a chance to speak, learn about other alters, and make decisions. Krakauer [36] uses similar imagery to propose "visualized internal structures" to the lightly hypnotized patient, establishing, for example, "the hall of safety, the conference or meeting room, and the theater." Shirar [19] helps dissociative children imagine an entire neighborhood with separate houses, connecting walkways, individual rooms, "telephones in every house, and an intercom system inside the house with a speaker in every room."

Clinicians who believe that plurality is not only undesirable but is the essence of the problem of DID are likely to emphasize the root metaphor of part and whole. "The global message from the therapist should always be that all of the alters constitute a whole person" [18]. Ross [37] delivers similar advice: "The most important thing to understand is that alter personalities are not people.... They are fragmented parts of one person: There is only one person." This message is delivered in the clinician's terminology: "I try to avoid using the word 'personality'.... I initially stick to descriptions such as 'part,' 'side,' 'aspect,' or 'facet' because this is one of the major themes of the treatment approach—namely, that the personalities are a 'part' of a whole person" [18]. Children understand quickly: "Using puppets or doll figures, I explain parts as something we all have.... 'I have a Happy part, and a part of me that feels Scared sometimes, and a Mad part. I feel sad sometimes, so of course I have a Sad part" [19]. Even the word "part," used without any explicit reference to the whole, carries the clear implication that there is, was, or will be a whole, and that each part belongs to it. Such parts cannot be erased, exiled, or miniaturized without confusing implications about the resulting wholeness of the whole. Worse, once a relational matrix develops between alters within a patient, any action taken against an alter can (and is likely to) be seen as a reenactment of the original abuse. Breaking a habit is hard enough; when the habit has become a person, the metaphor of breaking suggests an attack.

Ideally, as segregated information and affects are shared across dissociated parts of the mind, the need for division decreases and "part-people" lose the distinctness that makes their existence possible. The part-whole metaphor is then dropped, and a new whole is greeted. In less ideal cases, the therapist may resort to rituals of magic or spiritual transformation, searching for an image that allows the patient to picture the merging of people. A more efficient solution may be to depersonify (or rereify) the parts of the unitary self. Through ceremony or suggestion, internal personalities are reimagined as some form of matter that is physically capable of blending, merging, or flowing. Kluft [35] offers an example of helping a patient

visualize alters turning into separate streams of light and then joining into one stream. Metaphors of fluidity (water, paint, flowing colors) show up frequently in prescriptions for integration [18]. However much the container metaphor of the Cartesian mind is offered as a refuge from chaos, fluidity remains the metaphor of health.

The self as a thing, dissociation as gap, hole, no-thing

The metaphors of division and multiplication serve to convey the clinician's overwhelming impression of "too many" (too many attitudes, schemas, incompatible emotions, interests, names, presentations, and so on) for one patient. The observer's natural impulse is to name these manifestations, to count and categorize what there is too much of. It is a much harder task to see what there is none of, to name what is missing, to become aware of the spaces around and between the contending selves. There are persistent metaphors for dissociation that are images of loss, gaps, holes, and silence. For example: "The character structures of many survivors show a surprising mosaic of areas of high level psychologic functioning coexisting with the potential for severe regression. It is as though we see 'black holes' in an otherwise throbbing, pulsating, and alive galaxy" [38]. Van der Kolk and coworkers [39] also write about "the black hole of trauma," and quote Krystal [40] on the reactions of some Holocaust survivors: "no trace of registration of any kind is left in the psyche; instead, a void, a hole, is found."

Within the black hole of dissociated trauma, language fails. Laub [41] quotes the child of Holocaust survivors, who refers to the "then" of her parents' unspoken past: "Before that 'then' was the gaping vertiginous black hole of the unmentionable years." Throughout Western trauma literature since 1980, the Holocaust acts as a singularity, as the historical trauma that other traumas might somewhat resemble [42], but that in its totality resembles none. Lanzmann [43] describes the unknowability of the Holocaust story as an unbridgeable gap: "Between all these conditions—which were necessary conditions maybe, but they were not sufficient—between all those conditions and the gassing of three thousand persons, men, women, children, in a gas chamber, all together, there is an unbreachable discrepancy. It is simply not possible to engender one out of the other. There are no solutions of continuity between the two; there is rather a gap, an abyss, and this abyss will never be bridged." The abyss of dissociated trauma can expand and replicate into human evil: "Malevolence is inextricably linked to a relational system in which there is a continuous 'retrospective falsification of the past' [44] and a continuous erasure of the present" [45]. "The evil act is therefore internally obscured and interpersonally obscuring; the perpetrator's relational field is infected with the disappearance of history" [45].

At the very center of trauma, metaphor itself fails. In the most extreme cases, trauma writers point to a failure of signification: "the collapse of the imaginative capacity to visualize atrocity" [41]. Boulanger [46] writes

of how "the real resists being colonized by the symbolic." Des Pres [47] talks about the "fact of trauma and its resistance to symbolization and fantasy," describing the conditions in which "metaphors tend to actualize, the word becomes flesh." Austrian philosopher Jean Amery, a survivor of Auschwitz, writes [48]:

> It would be totally senseless to try and describe here the pain that was inflicted on me. Was it "like a red-hot iron in my shoulders," and was another "like a dull wooden stake that had been driven into the back of my head?" One comparison would only stand for the other, and in the end we would be hoaxed by turn on the hopeless merry-go-round of figurative speech. The pain was what it was. Beyond that there is nothing to say…. If someone wanted to impart his physical pain, he would be forced to inflict it and thereby become a torturer himself.

In these metaphors, pathologic dissociation is a silence that testifies to topics for which no metaphoric vehicle can be found, experiences that cannot be linked, even by comparison, to any cultural norms.

Treatment metaphors: crossing the gap

The treatment options for the conditions defined by such metaphors are profoundly existential. Loss is loss; there is no filling the abyss. But the speechlessness and isolation that mark such experiences can be addressed. Sometimes the clinician's willingness to witness loss can begin a dialog that reestablishes relationality [45,49]. When the "the abandonment and isolation wrought by these traumas" becomes a topic in therapy, both grieving and human connection become possible [50].

Furthermore, the metaphor of dissociation as a gap (in history, self, or language) carries the associated possibility of a gap bridged. Bromberg [51] describes the isolation of the patient, existing as "an island of tortured affect," searching for "some way of processing demonic internal reality through a human relationship, but there are no thoughts that bridge past and present." Likewise, Grand [45] cites Benjamin's [52] metaphor of swimming across a gap: "Because that traumatized self is defined by solitude, the survivor's resurrection requires that she be known by another in this solitude, for, as Benjamin notes, 'The sea of death can be crossed only by reaching the other.'"

These metaphors of island and sea are linked to the deeper conceptual metaphor of mental health as fluidity and flowing. Boulanger, criticizing psychoanalytic metaphors of the rigidly structured self, proposes instead the metaphors of recent theorists who "view personality as a fluid entity, a river rather than a building, which in its ebb and flow is constantly subject to the exigencies of experience" [53]. Among those theorists is Mitchell [54], who proposes a flowing river as a metaphor for the self in time, to be held in continuous counterpoint to the spatial metaphors of the self fixed to the moment.

The fixed, rigid, solid self is a prerequisite for metaphors of fragmentation and gap. When the self is fragmented, it must be reassembled. When it is perforated or hollowed, forever lacking certain parts, the loss must be mourned within human connection. In all these scenarios, the path to mercy seems to travel through metaphors of liquidity, melting what was rigidly separate into a new whole.

Self as an agent who dissociates

The metaphor of the self as dissociating agent has an unfortunate history in the treatment of dissociation. The idea that a patient has any agency in the process of dissociation was seized in the 1990s by the False Memory Syndrome Foundation as proof that both the dissociation and the causative trauma were fake, manufactured by the patient or induced by the therapy [55]. Even Segall [56], who fortifies his excellent essay on "metaphors of agency and mechanism in dissociation" with statements of support for dissociative patients, assumes that agency means performance and malingering. It has seemed better to many writers to emphasize the passivity of the trauma-struck individual and leave agency aside. To give up the metaphors of agency, however, is to give up the best chance of understanding and treating dissociation. None of these metaphor categories is sufficient alone, but the category of action metaphors is particularly important in understanding the experience, as opposed to the appearance, of dissociation.

The primary metaphors of agency in conceptualizing dissociation are metaphors of perception and attention. To dissociate is to reduce or reallocate mental vision, which in turn reduces what can be known. For example, Spiegel [57] uses a camera metaphor to describe the dissociative action of hypnosis:

> Hypnosis is a state of aroused, attentive focal concentration with a relative suspension of peripheral awareness. This state involves a narrowing of the focus of attention. Hypnotic concentration differs from ordinary concentration in somewhat the same way a telephoto lens in a camera differs from a wide-angle lens. A hypnotized individual focuses on one perception, image, or idea with great intensity at the expense of peripheral awareness…. The more intensely one focuses on one aspect of experience, the more the remaining peripheral awareness is dissociated and unconscious.

Krueger [58] uses a similar metaphor: "Within a particular state of mind the focal length is frozen, making it difficult to reflect or observe." Chefetz [59] refers to filters: "Not all minds have the same perceptual filters. These filters are an implicit factor in the experience of knowing." Bucci [21] writes of how dissociation reduces the areas where vision is allowed: "The zones that must be avoided proliferate, leading to the tunnel vision of neurotic life." Bromberg [60] describes how dissociation "reduces what is in front of someone's eyes to a narrow band of perceptual reality," with particular

limits on self-awareness. "Dissociation as a defense, even in a relatively normal personality structure, limits self-reflection to what is secure or needed for survival of selfhood" [61].

A related metaphor of agency imagines dissociated attention as scattered. Goldberg [62,63] describes how the mind can avoid authenticity by refusing to focus: "It is as if the senses themselves are distracted so that the mind remains unassailable. One may also observe a peculiar quality of *attention* in dissociating individuals: attention fixes on the sensory surround, focusing the individual on peripheral physical and mental operations (thereby distracting from the worlds of internal and external reality)" [63]. In Goldberg's complex description, the DID patient both creates and sequesters the world he or she sees [63]:

> Actual contact, by which I mean reciprocal communication between actual subjects (or emotional intercourse between whole objects), is obstructed by this invisible sensory cocoon wall and, in the place of a world of subjects, is constructed a world of omnipotently created part objects—a narcissistic world in which the type of communication and emotional reality are authored and controlled by the patient alone. This is a world that makes intercourse with other people both redundant and impossible.

The pathology of such agency does not lie in the invention of traumas, but in the desperate invention of a sensory-rich intrapersonal life that fills the patient's field of vision, blocking out actual life.

Treatment metaphors: widening perception

When the clinical problem is defined as an action (in this case, the pathologic misallocation of attention) then treatment is drawn toward activity. Instead of static inventories of alters and puzzle pieces, the focus of therapy becomes a series of actions: perception, emotional reaction, inquiry, revelation, and intersubjective experiencing. Boulanger [46,53] urges more attention to the flow of experience and less to the delineation of rigid psychic structure. Chefetz [59], staying as close to verbs as possible, uses the phase "different ways of being" instead of parts and alters. Here as elsewhere, health is found in moving away from fixity and toward fluidity, what Goldberg calls "the pluralistic, fluid qualities of integrated self-experience" [63].

Verbal metaphors of seeing and knowing are not just valuable for being fluid, but for being inhabited metaphors in an inhabited world. The metaphors of the fragmented or multiple self encourage the clinical focus on the patient as "done-to," as a passive target struck by a traumatic force as quantifiable and inhuman as a volt. Yet interpersonal trauma requires two people in the moment of experience, one knowing the feeling of doing, one perceiving (learning, receiving) the doing of the other, even in the moment of victimization. The patient overcomes an important restriction on focus when he or she can imagine the doing of the other, be it the therapist, the indifferent witness, or the perpetrator. Chefetz recounts the moment when

his patient finally gains what D.J. Siegel calls "mindsight" [64], the ability to encompass the mind of the other in a relational moment: "You know, like it is bad enough that he raped me, but then to humiliate me? Can you imagine what was in his mind? Like, what could he have been thinking about" [59]? With agency comes admission to a world of genuine others, some good, some bad, and a genuine self, even in the experience of catastrophe.

In Segall's comparison of metaphors of agency (fantasizing) with metaphors of mechanism (splitting), he finishes by recommending a mix of both: "Therapists do best when they understand the advantages and weaknesses of each of these metaphors, and strive towards a middle path, understanding the client as both process and person, object and agent, fragmented, and yet, ultimately whole" [56]. Such a conclusion is inarguable, yet remains stuck in the metaphoric frame of the expert who examines a phenomenon. The recovered patient is not just whole, but acts from within his or her wholeness, interacting in human complexity with the therapist. Just as dissociation can be learned from the skewed attention of the abusive other, so too can connection be learned from therapy where people pay attention to each other as agents responsible for their actions.

Conclusions

In the two meta-categories of metaphors for dissociation (the self as a thing fragmented by trauma, multiplied by trauma, or eviscerated by trauma; and the self as an agent narrowing its range of interpersonal perception to avoid trauma) the problem is solved according to how the problem is set metaphorically.

If the self is a thing, and dissociation is the splitting or multiplication of the thing in response to trauma, then both patient and clinician can expect a multitude of countable things: selves, states, roles, attitudes, and presentations. The deep metaphor shared by both association and dissociation guarantees there will be more than one of whatever is being counted, because two are needed to move together or apart. For the patient, snarled in the chaos and dysfunction of discontinuous living, there may be some fleeting consolation in the possession of "manyness." Although self-fragments are an involuntary testimony of disaster, there is a temptation for both patient and clinician to marvel at the intricacy and number of parts. They offer the patient denial of the damage of trauma, a way to say, "I, who have lost so much, have all these." In the therapy of parts, the patient is invited to stand with the clinician and gain mastery by observing the system. Treatment involves metaphors of reassembly and merger. Personification is turned back into reification so that images of blending, melting, flowing, and joining can describe the return to unitary wholeness.

If the self is a thing, and dissociation is the gap, the destroyed sectors left by trauma, then the clinician and patient face a stark existential task.

Admitting out loud that words do not suffice is itself a kind of testimony. The metaphors of negation complement the metaphors of fragmented manyness. Neither are voluntary creations of the patient, but both invite the patient to stare in horror at the effects of trauma. Both also present a contagious fascination to the clinician.

If the self is seen as a relational agent, apparent actor in a relational world, and dissociation is an interpersonal, behavioral option learned from the other during trauma, then the clinician and patient can both expect to act out dissociative scenarios in treatment. The dissociating self avoids danger by narrowing vision to a fragment of time, by refusing to focus in from the periphery, or by staring obsessively at internal fantasy. Metaphors for treatment use verbs (perceiving, evading) rather than the configurations of nouns (parts, holes), encouraging the patient to move away from stasis and toward fluidity. The abusive other appears in treatment not as an introjected ghost, but as a series of relational options constantly offered (withdraw, pretend, project, deny, enjoy pain) and often taken by both patient and clinician. Eventually, some degree of shared humanity returns, not just to the clinical scenario, but also to the original traumatic scenario.

All these metaphor categories are accessed during most treatments of dissociative disorders, with differing emphasis. Interestingly, the conceptualization of recovery in each of these categories carries images of fluidity: melting the alters into one another; swimming across the sea of death to the island of the relational other; learning fluid verbs instead of fixed avoidance, movement instead of stasis. The advantage of putting more emphasis on the self as agent is that images of fluidity are conveyed from the beginning, without the attractive distraction of counting up parts.

By working toward metaphors of process rather than thing, the clinician has more opportunity to stand inside dissociative process with the patient, rather than inviting the patient to stand safely outside the relational field as the clinical observer. The outsider's view offers detachment and potential control to a patient who may feel agonizingly out of control. But detachment is a bit like dissociation. Detachment reinforces skills learned during trauma. In contrast, the verbal metaphors of perception draw attention to the immediacy of perceiving, to actions for which both clinician and patient are accountable.

Metaphors that encourage the outsider's point of view also support a sense of a more (more parts, more holes, more layers of known or unknown history), but the daily experience from the patient's point of view is not so much the richness of invented variety as the persistent experience of less. The dissociating self, minute by minute, sees only a fragment of the world, instead of the large visual field of the healthier person who can tolerate more things in the view at once. Able to bear only one unconflicted fraction at a time, the dissociated patient is sole viewer of disconnected vistas that are alternately vivid and lost, producing an experience of loneliness, power, and a nagging sense of missing something. Pizer [65] recounts

a therapeutic use of metaphor that captures the poignancy and loneliness of such a constricted view:

> In my work with Donald, I had recurrently noted his distance or abstractness and had developed with him a language for our noting together his cognitive and communicative style that resulted from splitting and dissociation: he described how initially he had only seen fragments of my office, never putting the whole picture together; I introduced the image of his looking out at the world through holes cut in a cardboard box, turning his head to see unconnected, discontinuous images; and I described his style of associations as island enshrouded in fog, kept separate and isolated, awaiting the lifting of the fog to reveal one vast, continuous inner landscape.

Once the problem is identified as constriction rather than manyness, the clinical task changes from assembling puzzles to widening the holes in the box.

The most important clinical difference between metaphors of self as a multiplied and fragmented thing and metaphors of self as a seeing person is the location of the "I" of the patient. In the first case, the faceless action of dissociation has broken what should be whole. In the phrase, "Trauma broke his mind," both abuser and victim are depersonalized, the abuser into a force, the victim into a breakable target. In the second case, where metaphors describe the self's actions, the interpersonal transaction is harder to reduce. The victim learns at the hands of another the art of seeing the world in pieces. To make the victim whole, the world must be made whole, which requires restoring selfhood to both sides of the malevolent exchange. The clinical challenge of trauma-born dissociation can be thought of as a shift of metaphors: How to change the self from an it to an I, from passive noun to active pronoun, on both sides of a world-breaking interpersonal catastrophe.

The good news is that every word carries the potential of relationality: A "word is a two-sided act. It is determined equally by whose word it is and for whom it is meant … Each and every word expresses the 'one' in relation to the "other" [66]. Metaphors add an extra dimension, expressing abstraction in relation to body and ground. "The important thing," says Bucci [67], "is to get the symbolizing process going, get some referential connections operating." If trauma freezes language, "referential connections" unfreeze it, opening the possibility of fluid change. Clinicians can exploit this possibility by emphasizing metaphors of agency even while respecting the witness of parts, enlisting the patient in the universal project of imagining a culture that can address all human experience.

Summary

The clinical metaphors that set the problem of pathologic dissociation can be categorized in two groups: noun-based metaphors that represent the self as a thing that is divided, multiplied, or perforated by trauma;

and verb-based metaphors that represent the self as an agent who reduces perception and redirects attention. Although both metaphor groups have their uses, verb-based metaphors help lead away from dissociative disconnection and toward responsibility, interactive relationality, and the recovery of human meaning in trauma.

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