THE ROLE OF METAPHOR IN THE TREATMENT OF DISSOCIATIVE IDENTITY DISORDER: LISTENING TO THE MULTIPLE VOICES OF SHARED EXPERIENCE

by

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Abstract

In this study, the Listening Guide (Brown & Gilligan, 1992), a voice-centred relational methodology, was used to explore the therapeutic application of metaphor in the treatment of dissociative identity disorder (DID) from the perspective of both client and therapist. Two client-therapist dyads, as well as a former therapist, participated in individual interviews exploring their subjective and shared experiences of using metaphor in therapy. Through analysis of the interviews, eight voices were identified. These voices are organized into two overarching categories: 1) voices of trauma and dissociation, and 2) voices of healing and integration. Relationships were observed among the various voices of dissociation, as well as between the voices of dissociation and those of trauma and healing. These relationships reveal natural links between clients' metaphors of trauma, dissociation, and healing. The clients' *core metaphors* of dissociation – Hope's beehive metaphor and 'Reace's mansion metaphor – illustrate the complex relationships that exist among these three metaphorical constructs. The beehive and mansion metaphors represented the individuals' subjective experiences of DID and were used as the main organizers of the healing process across all three phases of treatment: 1) establishing safety, stabilization, and symptom reduction; 2) confronting, working through, and integrating traumatic memories; and 3) identity integration and rehabilitation (International Society for the Study of Trauma and Dissociation [ISSTD], 2011). Importantly, the therapists were open to hearing and engaging with clients' own metaphors of dissociation, which opened possibilities for healing. The clinical implications of these findings are discussed, with a focus on how this research may inform current treatment guidelines for DID (ISSTD, 2011).

Key-words: dissociative identity disorder, metaphor, treatment, Listening Guide

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Chapter 1: Introduction

> To debate the reality or unreality of alters, voices, or parts of the mind is to miss the point – that this metaphor resonates powerfully with how these . . . [individuals] feel about themselves. By entering into this metaphorical communication, the therapist has a powerful tool for encouraging health and promoting healing and a sense of integrated identity. (Waters & Silberg, 1998a, p. 136)

Metaphor appears to be the natural language of trauma and dissociation (Way, 2005). Severely traumatized and dissociative clients seem drawn to metaphor, naturally engaging in this form of communication to describe their own experiences of dissociation. It offers clients a medium through which to "say the unsayable," facilitating the expression of preverbal experiences, traumatic memories, and dissociative processes (Way, 2006, p. 28). Recognizing its powerful effects, clinicians have begun to incorporate metaphor into the treatment of dissociative identity disorder (DID). Metaphor has been used to facilitate a variety of treatment goals, across all three phases of trauma treatment: 1) safety and stabilization, 2) trauma processing, and 3) integration. Importantly, "by understanding, teaching, and using metaphors, clinicians can help their patients restore relationality and language to the isolated, silenced subjectivity at trauma's core" (Way, 2005, p. 15).

Although case evidence supports the idea that metaphor is a valuable and effective tool for promoting safety and stabilization, trauma processing, and integration, this area of study requires further exploration. To date, no systematic research on the therapeutic use of metaphor in the treatment of DID has been conducted. Current recommendations are based on the professional opinions and clinical anecdotes of therapists working in the field. Additionally, existing research does not adequately address therapy process. There is limited information on

how metaphors emerge and evolve over the course of treatment, especially between client and therapist. Finally, the case studies largely represent the clinician's perspective on metaphor and dissociation. The voices of clients have not been adequately represented in the literature.

The purpose of this thesis was to extend this literature by exploring the use of metaphor in the treatment of DID from the perspective of both client and therapist. Specifically, I[1] used the Listening Guide (Gilligan, Spencer, Weinberg, & Bertsch, 2003) to explore this topic with five participants – two clients and three therapists. Using this voice-centred relational methodology, it was possible to describe participants' subjective and shared experiences of using metaphor, both within and across different phases of treatment, to achieve various therapeutic goals. With a focus on therapy process, I explored the origin, evolution, and therapeutic functions of *core metaphors* that emerged from the narratives. These metaphors spoke to participants' subjective experiences of dissociation and healing and were used over the course of therapy.

The existing literature on the role of metaphor in the treatment of DID is reviewed in Chapter 2. In Chapter 3, I describe how I implemented the Listening Guide method to conduct and analyze the five qualitative interviews. An in-depth exploration of the findings that emerged from the analysis is carried out in Chapter 4. Finally, Chapter 5 includes a discussion of the key findings and implications for practice.

Before reviewing the literature, it may be instructive to first develop an understanding of the major constructs that are explored in this study: DID and metaphor.

[1] Although use of first-person pronouns deviates from the publication standards of the American Psychological Association (VadenBos, 2010), it is consistent with the Listening Guide method of conducting qualitative research. Therefore, personal pronouns, such as I and we, are employed throughout this thesis.

Dissociation and Dissociative Identity Disorder

The term *dissociation* is derived from the Greek term “dis” (off) and “sociare” (unite or connect). It is defined, in the *Diagnostic and Statistical Manual of Mental Disorders*, as “a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour” (5th ed.; *DSM*-5; American Psychiatric Association [APA], 2013, p. 291). On a descriptive level, the International Society for the Study of Trauma and Dissociation (ISSTD; 2011) characterizes the process of dissociation as the lack of connection between information and self-attributes – feelings, memories, and physical sensations – that should normally be integrated. According to Janet’s original formulation of the concept, dissociation is the failure of the personal synthesis of meaning structures, “brought about not only by psychological trauma, but also by other conditions (e.g., vehement emotions, temperamental variables, debilitating illness)” (Liotti, 1999, p. 292).

Considered to be a psychological defense mechanism with psychobiological components, dissociation is one way people insulate themselves from overwhelming stress or pain (ISSTD, 2011). In traumatic situations, dissociation can be adaptive because it interferes with the normal process of perceiving an experience and integrating it into memory (Haugaard, 2004). Once the trauma is over and a threat no longer exists, however, dissociation can begin to interfere with life functioning. Dissociation is considered maladaptive when: an individual is not aware of, or able to control, his or her dissociative responses; the dissociative responses occur in inappropriate situations; and the intensity and duration of the dissociation is disruptive to his or her life (Haddock, 2001). Thus, dissociation can be seen as “a normal process that is initially used

defensively by an individual to handle traumatic experiences [that] evolves over time into a maladaptive or pathological process" (Putnam, 1989, p. 9).

Diagnostic criteria. The *DSM-5* (APA, 2013) includes five diagnoses under the classification of dissociative disorders: a) DID; b) dissociative amnesia; c) depersonalization/derealization disorder; d) other specified dissociative disorder; and e) unspecified dissociative disorder. DID is characterized by two or more personality states that alternately take control of the individual's behaviour with inability to recall important personal information. With dissociative amnesia, one is unable to recall autobiographical information regarding an event or period of time (localized), a specific aspect of an event (selective), or his or her identity and life history (generalized). Individuals with depersonalization/derealization disorder experience clinically significant depersonalization (i.e., feelings of being estranged from one's body or mental processes), derealization (i.e., experiences of unreality or detachment from one's environment), or both. The diagnostic categories of other specified dissociative disorder and unspecified dissociative disorder both apply to cases in which the symptoms of dissociation do not meet the full criteria for any of the dissociative disorders (e.g., chronic and recurrent syndromes of mixed dissociative symptoms). In order to make the diagnosis of specified dissociative disorder, however, the clinician must state the reason that the criteria are not met for any of the dissociative disorders. If no reason is provided, the unspecified category is used.

The large majority of literature on dissociative disorders has focused on DID and the related diagnoses of specified dissociative disorder and unspecified dissociative disorder (formerly referred to as dissociative disorder not otherwise specified; DDNOS). The *DSM-5* (APA, 2013) defines the following diagnostic criteria for DID:

1. Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.
2. Recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting.
3. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
4. The disturbance is not a normal part of a broadly accepted cultural or religious practice. Note: In children, the symptoms are not better explained by imaginary playmates or other fantasy play.
5. The symptoms are not attributable to the physiological effects of a substance (e.g., blackouts or chaotic behaviour during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Epidemiology. In its current treatment guidelines, the ISSTD (2011) notes that "DID and dissociative disorders are not rare conditions" (p. 117). Studies of the general population indicate a prevalence rate of DID of one to three percent (Murphy, 1994; Waller & Ross, 1997). Not surprisingly, a higher prevalence of the disorder has been found in clinical populations. In clinical studies, a prevalence rate of one to 20 percent has been described (ISSD, 2005). Due to difficulties in diagnosing DID, however, "many cases of DID and related disorders are still being

missed, misdiagnosed, and inappropriately treated" (ISSD, 2005, p. 72). This information suggests that DID is even more common than indicated by current epidemiological data.

Etiology. The connection between early childhood traumatization and maladaptive dissociation is well documented, "especially severe and repeated traumas of physical, emotional, or sexual character" (Diseth, 2005, p. 84). Dissociative symptoms have been found to correlate with traumatic histories of significant sexual abuse and/or physical abuse (Coons, 1996; Dell & Eisenhower, 1990; Hornstein & Putnam, 1992; Macfie, Cicchetti, & Toth, 2001; Tricket, Noll, Reiffman, & Putnam, 2001), as well as war trauma (Cagiada, Camaido, & Pennan, 1997). Dissociation has also been associated with parenting styles described as neglectful (Brunner, Parzer, Schuld, & Resch, 2000; Ogawa Sroufe, Weinfield, Carlson, & Egeland, 1997; Sanders & Giolas, 1991), rejecting, and inconsistent (Mann & Sanders, 1994). In addition to these traumatic childhood experiences, "events that have not necessarily been defined as major trauma (e.g., repetitive losses of attachment figures, peer rejection, observation of domestic violence, medical procedures, chronic living instability, emotional abuse) have nevertheless been found in the backgrounds" of individuals displaying dissociative symptoms (ISSD, 2004, p. 124). In samples of dissociative adults, the documentation of reported trauma and maltreatment is notable, ranging from 68 (Brand et al., 2009) to 97 percent (Putnam, Guroff, Silberman, Barban, & Post, 1986).

There are a number of etiological models concerning the development of the alternative identities in DID (Kluft, 1984; Nijenhuis & van der Hart, 1999; Putnam, 1997; van der Hart, Nijenhuis, Steele, & Brown, 2004). Many of these theories posit that "alternate identities result from the inability of many traumatized children to develop a unified sense of self that is maintained across various behavioural states, particularly if the traumas occur before the age of

5" (ISSTD, 2011, p. 122). From a developmental perspective, DID does not arise from a previously unified mind or "core personality" that becomes fractured by trauma. Instead, DID results from a disruption of "normal developmental integration caused by overwhelming experiences and disturbed care-taker child interactions . . . during critical early developmental periods" leading to the development of discrete, behavioural states (ISSTD, 2011, p. 123). Secondary structuring of these behavioural states occurs over time and results in the characteristics of the specific alternate identities. These identities help children cope with a variety of life events and experiences, including traumatic situations (Haddock, 2001). As children proceed through adolescence and adulthood, alternate identities may diverge in number, complexity, and sense of separateness.

Metaphor

The original Greek meaning of the term *metaphor* was "to carry something across" or "to transfer." In dictionaries and textbooks, metaphor is commonly defined as a comparison between two things, "based on a point of resemblance" or similarity (Billow, 1977, p. 82). It refers to taking a word, image, or concept that denotes one thing and using it to describe another (Burns, 2007). A client who describes depression as a "heavy cloud" or "sinking pit" is using metaphor to express his or her internal experience.

Current definitions of metaphor and symbolism emphasize their connective function. Lakoff and Johnson (1980) define the "conceptual metaphor" as a metaphorical system that explains one area of experience (abstractions, nonsensory experience, uncommon experience) through another area of experience (body, earth, sensory information, common experience). By drawing on common experiences of everyday life, the unfamiliar is illuminated. In this sense, "metaphors operate not just as comparisons, but as connections between that which is understood

well . . . and that which is hard to understand" (Way, 2006, p. 27). They serve as "multidimensional structures [that] characterize experiential gestalts, which are ways of organizing experiences into structured wholes" (1980, p. 81).

The definition of symbolism carries similar meaning. Derived from the Greek word *symballien*, the term *symbol* means to "throw, bring together, connect." Through the use of symbols, previously unrelated parts are combined to create a new whole (Sperman, Gibney, & Darlington, 2009). The verb symbolize reflects "the process of moving between old and new meanings" (p. 440). It involves differentiating, reordering, and synthesizing elements of experience into a personally meaningful whole. The definition of symbolism also carries a curative meaning. According to Sperman and colleagues, "that which destroys is diabolical, whereas that which heals is symbolical" (p. 440).

Metaphor in psychotherapy. In psychotherapy, various forms of figurative communication, such as metaphor, symbolism, and imagery, are used to deepen meaning and facilitate healing (Seiden, 2004). Metaphor acts as a powerful vehicle for communicating therapeutic interventions "because a metaphor symbolizes a person's experience, thereby providing both an expression and a representation of the inner emotional world" (Pistole, 2003, p. 232). In this way, metaphor can illuminate an intuitive understanding of experience, providing a concrete representation of the client's subjective narrative. Once illuminated, metaphor can be used to explore, understand, and transform a person's inner experience safely and creatively (Burns, 2007). Similarly, metaphor and other forms of symbolic communication such as images, drawings, and figurines can facilitate expression when words fail and promote "integrative functionality" (Sperman et al., 2009, p. 446). Through imagery, clients are able to "express and change the meaning, intensity, and intractability" of difficult experiences (Gerity, 1999, p. 17).

As a form of interactive communication, metaphor also encourages shared understanding and collaboration within the therapeutic relationship (Seiden, 2004). It provides the client and therapist with an opportunity to "exercise and deepen [their] bond," introducing a common language with which to understand and approach clinical material (Seiden, 2004, p. 642).

From the above discussion, it is clear that metaphor serves a number of clinically useful roles, such as highlighting experience, creating possibilities for understanding and healing, and facilitating interpersonal communication. In light of its therapeutic utility, it is not surprising that, on average, three metaphors per 100 words are used in a single hour of therapy (Ferrara, 1994, as cited in Perry, 2007). Because therapy is a language-based process of healing that relies heavily on the effective communication between client and therapist, "it behoves the therapist to be familiar with language structures, such as metaphor, that best facilitate the client's process of change" (Burns, 2007, p. 4).

Implicit and explicit therapeutic metaphors. Metaphor is often used to make explicit comparisons in therapy when "psychotherapists move intentionally to figurative and comparative language in talking with their patients" (Seiden, 2004, p. 638). In exploring a client's relationship to a new woman, for example, Seiden (2004) notes: "She's a bit of a butterfly, isn't she?" (p. 639). In this example, the therapist employs metaphor in an attempt to evoke meaning, deepen the therapeutic exchange, and speak the client's language. Clients also use metaphorical language in the discussion of their own experiences and problems (Burns, 2007). Examples of client-generated metaphors include: "I'm stuck in a hole," "I've reached the end of my rope," and "I feel like an empty vessel." In both cases, metaphor is used in the verbal description, exploration, and resolution of clinical issues.

Unlike verbal modalities, expressive therapies, such as drawing, sculpting, and dance, use metaphor to implicitly communicate clients' experiences (Pistole, 2003). With expressive therapies, metaphor makes it possible to communicate indirectly, engagingly, tactfully, and empathically (Seiden, 2004). For instance, a sculpture created in art therapy may serve as a metaphorical representation of the client's anger towards her abuser (Gerity, 1999). In this context, the client's experience can be accessed and explored indirectly. Engaging in the metaphor of art making makes it possible for individuals to express and change the meaning of their experiences when words fail (Sperman et al., 2009). In such instances, healing occurs on a nonverbal level. Nonverbal mediums are particularly useful with clients who have experienced trauma, as verbal reasoning and speech production are inhibited (van der Kolk, 2002). These approaches are also helpful in addressing early childhood experiences that occurred before language development (Gerity, 1999).

Depending on the client and his or her particular concerns, both implicit and explicit metaphors may be employed over the course of therapy. It is important for the therapist to adapt to the needs and preferences of each client, modifying his or her use of metaphor accordingly (Burns, 2007).

Chapter 2: Literature Review

In this literature review, the role of metaphor in the treatment of DID is examined. The review begins with a brief description of a phase-oriented treatment approach for DID. Examples of implicit and explicit therapeutic metaphors used across treatment phases are discussed. Case studies illustrating the therapeutic functions of metaphor are also explored. Finally, rationales for the present study are outlined.

Treatment for Dissociative Identity Disorder

Current treatment guidelines recommend a phase-oriented approach for complex trauma-related disorders, such as DID (ISSTD, 2011; Kluft, 1993; van der Hart, Nijenhuis, Steele, & Brown, 2004). The most common treatment approach consists of three phases: 1) safety, stabilization, and symptom reduction; 2) working directly and in depth with traumatic memories; and 3) identity integration and rehabilitation. Each of these phases is summarized below.

In the first phase of treatment, there is a focus on establishing a therapeutic alliance, creating a therapeutic holding environment, and educating clients about their difficulties and the process of treatment. Initial work with DID clients also involves addressing major self-destructive behaviours, and other issues that may endanger their physical or psychological wellbeing, through the use of grounding and self-soothing skills and the negotiating of safety agreements. A variety of treatment interventions are used during this phase to assist clients in stabilizing. Typical interventions include: psychoeducation concerning the disorder, techniques to improve internal communication and co-consciousness among alternate identities, and strategies for safely communicating as well as containing symptoms (ISSTD, 2011).

During the second phase, clinical work involves remembering, tolerating, and integrating past traumatic material. According to the ISSTD (2011), active processing of this material aims

to bring "together aspects of the traumatic experience that have been previously dissociated from one another: memories and the sequence of the events, the associated affects, and the physiological and somatic representations of the experience" (p. 143). Through this work, clients gain a sense of control over the traumatic experiences and their reactions to them, and develop a better understanding of their personal history and sense of self.

In the final phase of treatment, the focus turns to helping clients make additional gains in internal coordination and integration. Specifically, individuals may continue to fuse alternate identities, achieving a more solid and stable sense of self, and improve their basic life functioning. As clients work towards integration, "they usually develop a greater sense of calm, resilience, and internal peace" (ISSTD, 2011, pp. 144-145). Additional work in this phase involves dealing more effectively with current life problems and addressing the grief and loss associated with the traumatic past.

Expressive therapies. According to the ISSD (2005), expressive modalities such as art therapy, poetry therapy, movement therapy, and psychodrama are "very helpful to DID patients, as they are uniquely responsive to nonverbal approaches" (p. 123). These therapies facilitate the communication of inner experiences, allowing clients to safely express their underlying thoughts and feelings. The nonverbal creations of this expressive engagement (e.g., artwork, writings, music) can act as a concrete record of the "internal system of alternate identities" (ISSTD, 2011 p. 161). They can also provide "vital information about current stressors, triggers, safety issues, past traumatic experiences, and coping strategies" nonverbally, long before it can be accessed verbally in treatment (2011, p. 161). In fact, expressive therapies can support a variety of treatment goals, across all three phases of trauma treatment: 1) safety and stabilization; 2) trauma processing; and 3) integration. Specifically, the ISSTD (2011) notes:

> Nonverbal psychotherapeutic approaches . . . facilitate improved concentration, reality-based thinking, internal organization and cooperation, problem-solving skills, and utilization of containment techniques. Creative therapies may promote insight, the sublimation of rage and other intense feelings, and the working through of traumatic experiences and can assist with integration goals. (p. 161)

Many clinicians also advocate for the use of expressive therapies with dissociative clients, discussing their therapeutic utility with this population. Dawson and Higdon (1996) describe the advantages of using expressive therapies in the treatment of DID, including: constructively approaching the mutual hostility and lack of recognition between alternate identities; facilitating a variety of forms of expression among the constellation of identities; and increasing the internal cooperation process and integration. The authors note that, as teamwork is continued through expressive therapies, individuals may "progress to an increased quality of life through cooperation and perhaps will even begin to consider eventual personality fusion" (p. 242). Dawson and Higdon use case material to illustrate the clinical applications of expressive therapies. For example, they describe a case in which self-portrait activities were used to capture a client's internal system. This case material will be explored in greater depth in a subsequent section of the literature review.

Haddock (2001) also discusses the role of art therapy in the treatment of dissociation. She notes the benefit of using art as a method of communicating memories or other information, especially with nonverbal parts. For some parts, "art is a way of communicating things they do not feel able to communicate verbally" (p. 157). Like others, she describes how art assignments can help alternate identities to work together and begin to share thoughts and feelings. Collaboration is further enhanced by having the system as a whole work on art projects about a

specific issue or time in the client's life. Interestingly, Haddock states that art can assist clients in working through stuck points in therapy, allowing them to "switch gears" and illustrate the issue at hand (p. 158).

In her book *Creativity and the Dissociative Patient*, Gerity (1999) reflects on the use of expressive modalities, such as drawing, sculpting, and puppetry, in the treatment of dissociation. Focusing on the reparative effects of expressive modalities, she makes a connection between the preverbal nature of early trauma and the nonverbal imagery of art therapy. In her work with dissociative individuals, "art therapy provided a place where the patient was able to return to the memory of early bodily traumas, now held within imagery, and provided the tools to express and *change* the meaning, intensity and intractability of the imagery" (p. 17). In addition to addressing traumatic experiences, Gerity uses expressive therapies to facilitate awareness, cooperation, and integration among clients' internal systems. For example, she describes one client who drew herself as an apartment building to depict the various roles and relationships within her internal system. The central goal of art therapy, from Gerity's point of view, is the development of a "healthy, cohesive sense of self" (p. 14).

Across expressive modalities, metaphor is used as an implicit method of self-expression, communication, and healing (Gerity, 1999). The metaphor of art making allows dissociative individuals to express underlying thoughts and feelings, improve internal communication and cooperation, and work through traumatic experiences in a nonverbal, safe way. Through the use of nonverbal mediums, "metaphor can say the unsayable, can reach across gaps in memory, or permit expression where speech has been directly or indirectly forbidden" (Way, 2006, p. 28). Unsurprisingly, severely traumatized and dissociative clients seem drawn to the language and

metaphor of expressive therapies, using art materials in a reparative manner. An adult survivor of childhood sexual abuse shares the value she found in art therapy:

> [T]he day I put my hands into the clay and started creating a head of a person who is very dear to me, something magical happened within me. I felt a deep connection to a deep part of myself. I could put all of myself into this clay – my love, my anger, my fears, and create a thing of beauty. My soul could be validated in an object that I could touch, feel, look at and feel a deep sense of self-worth and even self-love. And this, after all is the overall goal of my rehabilitation – to learn to cherish and love myself – from this everything else flows . . . when I created my clay head, I said, wow, I can do this. I didn't think I could. Maybe there are other things I can do. (Gerity, 1999, p. 14)

From both a clinical and first-person perspective, it is evident that expressive mediums are particularly useful in the healing of trauma and dissociation. Recognizing the implicit presence of metaphor within the expressive modalities, the therapeutic value of metaphor in the treatment of DID is illuminated.

Explicit metaphors. Metaphorical communication is also used explicitly in the treatment of dissociation. This mode of communication involves the explicit discussion of various metaphors, symbols, and images within therapy (Seiden, 2004). Such discussions often include a combination of client-generated, therapist-generated, and collaborative metaphors (Burns, 2007). Metaphor may be introduced as a way to: illustrate what the course of therapy will be and how the alternate identities might work together; conceptualize the client's internal system; encourage understanding of the ideas of teamwork and cohesiveness; safely process traumatic material; express confusing, overwhelming, or upsetting emotions; and promote integration (Waters & Silberg, 1998a; Waters & Silberg, 1998b). In fact, many clients already

use metaphorical communication to describe their own experiences of dissociation (Silberg, 1998; Waters & Silberg, 1998a; Way, 2006). By engaging with clients' metaphors, the therapist can help "move them into an increasingly mature concept of themselves and how they have dealt with trauma" (Silberg, 1998, p. 115).

During the educational phase of treatment, metaphors may be introduced as a way to illustrate what the course of therapy will be and how the alternate identities might work together. For example, the metaphor of a sports team can be used to explain the importance of working together to achieve a common goal. With this metaphor, the individual contributions of each teammate or alter are also recognized. Over the course of therapy, this metaphor can be employed to further promote communication and cooperation within the internal system (Waters & Silberg, 1998a). Similar social metaphors include the "orchestra" (Braude, 1995) and "business" (Kluft, 1993). With children and adolescents, recipe metaphors have also been used to "set the stage for a cooperative approach" (Waters & Silberg, 1998a, p. 143). Individuals are reminded that the outcome of the recipe depends on the proper combination of various ingredients, each with its own special flavour.

Many clinicians have used the ego-state model, developed by Watkins & Watkins (1997), to explain the concept of dissociation in metaphorical terms. The segmenting of normal ego states into dissociative identities is often conceptualized as a creative process that involves the strengthening of internal barriers in response to trauma (Wieland, 1998). Using the concept of personality segments, clients are invited to draw their dissociation as a wheel, pie, or flower. Each segment of the chosen item represents a different part of the internal system. Clients are then asked to depict the level of dissociation between the parts by creating divisions between each of the segments; the greater the division, the stronger the dissociation. This metaphor can

also be used to facilitate communication and cooperation among alternate identities, as clients are encouraged to reduce the barriers between each segment. In doing so, they move "down a continuum from maladaptive dissociation toward adaptive differentiation" (Crawford, 1990, p. 421).

Other authors, such as Crawford (1990), have used the ego-state model to describe dissociation as a "family of self" within the individual. Similar to family therapy, the goal of treatment is to resolve conflicts between dissonant parts of the personality and achieve a kind of "internal diplomacy." The term "inside family" has been used in other contexts to describe the client's internal system. This metaphor may prove to be particularly helpful in promoting a sense of cohesiveness once the parts have some ability to communicate with one another. According to Waters and Silberg (1998a), understanding that the inside parts are like a family helps to emphasize that "the parts must get along and must learn the negotiation and mediation that families use to solve problems" (p. 147). Establishing a caring, cooperative inside family may be of special importance to clients who grew up in disruptive, abusive homes.

A number of images have also been utilized to enhance and manage communication within the internal system. For instance, Krakauer (2001) assists clients in creating "private rooms in the hall of safety, the conference or meeting room, and the theatre" (p. 51). Fraser (2003) uses similar metaphors in his clinical work. Specifically, he has clients imagine a meeting table in a safe room. All the parts are invited to take a seat around the table, with each ego state bringing its own sense of identity and body image to the meeting. A microphone or spotlight is then placed in the centre of the table to encourage parts to speak and a video screen is presented for safely viewing traumatic events. In her work with dissociative children, Shirar

(1996) has clients visualize a neighbourhood with houses, walkways, "telephones in every house, and an intercom system inside the house with a speaker in every room" (p. 176).

Team and business metaphors have also been employed to help clients work through traumatic material. Waters and Silberg (1998a), for example, invite the parts involved in a particular trauma "to participate in the exercise together as a team" (p. 157). Other members of the internal system are encouraged, if feasible and appropriate, to watch, listen, and learn from techniques that may assist them in expressing their feelings. They are asked to support, comfort and cheer on those parts doing the trauma processing. Examples of coaches, cheerleaders, and spectators of sports events are used to "emphasize the importance of building team spirit, endurance, and strength in their successful recovery" (p. 157). Alters who are too young or unable to tolerate the intensity of the traumatic expression are kept in an internal safe place with a parent figure nurturing them. Finally, in order to avoid potential sabotage by aggressive parts, "no harm" contracts may need to be established.

Numerous metaphors have been developed to promote integration. Using images of union, merger, and rebirth, Kluft (1982) ensures that all alternate identities are preserved by joining into one personality. Shared activities, such as dancing and embracing, are proposed. Clients are asked to imagine the internal parts embracing until they are joined. According to Kluft, dissociative clients seem to prefer "images of light or highly lyrical images of streams joining into a river, or the snow on many mountain peaks melting and flowing together into a lake" (p. 236). As an illustration, he describes how the "beaming up" imagery seen on *Star Trek* is used to facilitate childhood fusion rituals (Kluft, 1985). Shirar (1996) has clients choose an imaginary place, such as a meadow or beach, for two parts to join together. She then guides them through the joining process, describing the parts merging "from the feet up to the head and

from the tummy all the way to the backbone" (Waters & Silberg, 1998b, p. 173). Other clinicians introduce the image of a rainbow to facilitate integration experiences. The various colours of the rainbow, representing different alternate identities, are blended together in a "ceremonious mixing of paint colours" (Waters & Silberg, 1998b, p. 175). Finally, Satir encourages clients to host a "parts party" in which other individuals are typecast to play the different parts of the self. The ultimate goal is to complete an "integration ritual." During this exercise, the client stands in the middle as each part shares its feelings and offers itself to the host. Once a part is accepted, it is "successively anchored to the host in a symbolic "necklace of hands" around the shoulders" (Crawford, 1990, p. 427).

Based on the various examples provided in this section, it is clear that metaphor is being used extensively in the conceptualization and treatment of DID. On a descriptive level, these examples demonstrate the many ways in which metaphor is employed over the course of therapy to promote understanding, communication, and healing. To more deeply appreciate the reparative effects of metaphor on a practical level, the exploration of case material is required.

Case Studies of Dissociation: Therapeutic Uses of Metaphor

To further illustrate how metaphor is used in the treatment of individuals with DID, a selection of case studies is included in this section. The cases provide an in-depth look at how metaphor brings about understanding, connection, and healing in the hearts and minds of dissociative clients. In an effort to demonstrate the various therapeutic functions of metaphor, the cases are organized according to treatment phase. The selection of cases is representative of children, adolescents, and adults, capturing dissociation across the life span. It also includes examples of both implicit and explicit metaphors.

Phase 1: safety, stabilization, and symptom reduction. In the initial phase of treatment, social metaphors, such as the athletic team, are often used to establish a common goal for therapy. Waters and Silberg (1998a) introduced the metaphor of a soccer team to educate a client on dissociation and explain the course of treatment. Joan, an 8-year-old with DID, was told that working cooperatively with her internal system was like playing soccer successfully, "as each position (symbolic of each alter) is equally important in playing the game well, scoring, and having fun" (p. 143). In order to play the game, all team members need to watch, listen, and follow their positions. Over the course of therapy, helpful alters were assigned the roles of "coaches" and "referees" and the importance of fair play was emphasized.

Selecting a metaphor that relates to the client's own experience increases the likelihood that he or she will understand the meaning of dissociation and the significance of integration. This was the case with one client who had an obsession with television news shows. The therapist explained that his dissociative system was like Channel 7 – "someone does the research, someone edits, and someone presents the news on camera" (Waters & Silberg, 1998b, p. 172). Even though not all members of the news room appear in front of the camera, they are all required to run a successful news show. This explanation gave some of the more covert alters a feeling of confidence and importance, helping them appreciate their contributions. By the end of therapy, the client used the metaphor of "being on air" to aid in moments of integration.

As she explains the process of dissociation, Wieland (1998) incorporates clients' own descriptions and images into the discussion. For example, when one of her clients likened the process of dissociation to the branching of a tree, Wieland had the individual draw a picture of this image. The client drew a tree with the trunk dividing into two branches, with additional splits in each of the branches. She went on to label the divisions, based on the traumas she had

experienced. This approach helped the therapist develop a better understanding of the particular individual's dissociative structure, while also making the explanation personally meaningful for the client.

Often, individuals with DID "have an almost instinctive awareness of what the natural course of therapy will be" (Waters & Silberg, 1998b, p. 169). This awareness is captured in the metaphorical language they use to describe the experience of dissociation and the goals of treatment. The following essay written by a 10-year-old girl illustrates how metaphor is used to describe dissociation and the positive potential for integration:

> A[n] inside part is like a friend. They are helpful sometimes. Sometimes they distract you or do wrong things. Sometimes in life they join into one, but they will always be here. There can be little ones and big ones. They come in all different ages. Some are playful, some are not. It's very surprising to know you have an inside part, but it's perfectly fine to have an inside part. When you get hurt, they will make you feel better. Some are very creative. Some are humorous. Inside parts have feelings too. They are all good at different things. They have different preferences. I was very startled when I found out I had inside parts. . . . If you go to a therapist it won't be so serious. One day they will all come together and they won't be separated. (Waters & Silberg, 1998b, p. 169)

Creative activities, such as poetry, are useful in helping clients portray their internal lives. One DID client, "E.," wrote the following poem to describe her inside family:

> MY INSIDE FAMILY The
>
> Darkness surrounds me But
>
> The light still shines Down.

The far seems farther away.

But there they are.

My friends, My family,

Held together. We, the moon

in the sky.

Through something connects

Our hearts,

It's something that can't

Be explained. (Waters & Silberg, 1998a, p. 161)

The metaphors found in this poem capture the client's subjective experience of dissociation, providing the therapist with a detailed account of her inner world. Over the course of therapy, these metaphors can be used to deepen understanding and promote healing.

Other expressive activities, such as sculpting clay, also provide dissociative clients with an opportunity to share their internal experiences. In one case, Mr. R. was asked to make some kind of expressive rending of the way it felt to live with DID. Using terra-cotta clay, he formed a bust of himself, which consisted of a head plus a wide, elongated structure. The bust represented how "he feels like he is trailing some huge and embarrassing outgrowth. And although the outgrowth . . . is obvious to others, it is literally a secret kept from himself" (Dawson & Higdon, 1996, p. 243). Not only did the art activity allow Mr. R. to share his experience of DID, it also provided him with an outlet for expressing strong feelings concerning the disorder.

A number of metaphors have been used to facilitate understanding and communication among alternate identities. In her work with a dissociative teen named Betty, Wieland (1998)

introduced the metaphor of a table as a way to understand the internal system. She invited Betty to find a safe place where she could "put a table and then gather the parts of her around the table" (p. 148). After looking inside, the client describes the following scenario:

> The table is a rectangle and there is a figure at each end and three empty chairs on each side. This is weird, at one end is a plastic shell of my body that has nothing inside, at the other end there is an invisible version of me. Along the side no one is in the chairs but there is an object on the table in front of each chair. In front of the first chair is a picture of my mother, in front of the second chair is a picture of my stepfather, and in front of the third chair there is a vase of flowers. The invisible part of me moves around the table sitting in the different chairs. As I sit in each of those chairs, I pick up and hold in front of my face whatever is the object in front of the chair. The other side of the table is empty. (p. 148)

The therapist used Betty's internal description to make connections between her past abuse, introjected parts, and shifting behaviours in session. This exercise facilitated mutual understanding of the client's inner world, minimizing some of the internal confusion.

Waters and Silberg (1998a) describe a case in which one 11-year-old girl with DID imagined an internal TV set with a VCR to help her parts communicate. The internal communication system consisted of play and rewind buttons, tapes, and speakers. She could keep the system "on" at all times, "but if she missed something, she would rewind the tape to learn what happened" (p. 146).

Artistic activities have also been used to promote communication and respect among alternate identities. In the case of Lance, a 24-year-old recently diagnosed with DID, his "artist" alter offered to draw portraits of each member of the internal system. Once the portraits were

completed, the therapist invited the "artist" to describe the strengths and personal resources of each alter. During this time, the other alters were asked to listen to the descriptions. After listening in, "the alters seemed to be impressed by her efficient completion of the task, as well as complimented by her lucid descriptions of them" (Dawson & Higdon, 1996, p. 255).

Imagery can also be useful in changing internal perceptions regarding introjected ego states, thereby facilitating more internal cooperation. Lemke (2007) provides a clinical case description of Kelly, an adult client with an introject ego state of her abusive mother. This ego state was extremely verbally abusive to Kelly and the rest of her internal system, so much so that she was too scary to be drawn. Instead, she was represented in any artwork as the letter 'A.' Not only did this ego state represent a rageful mother but also a traumatized child who had her hair pulled out by the roots as a form of punishment. When the system was ready to have 'A' drawn, the 'artist' part drew a very intense and dishevelled image. A suggestion was made to the system to have the ego state "drawn less scary" (p. 64). In other words, "could they tend to the wounded child hidden by the rageful front" (p. 65). The new image depicted 'A' in a gentler manner, with softened facial features and long, intact hair. According to Lemke, the gesture of restoring her hair "fostered more trust between the introject part of this ego state and the rest of the system as they seemed to be 'looking out for' the traumatized part of her, a goal they now all had in common" (p. 65).

Similarly, Lamagna and Gleiser (2007) describe a case in which visual imagery was used to build a secure internal attachment among self-states. Julia, a 24-year-old with complex PTSD and DDNOS, discovered an abandoned and feared self-state that held both anger and despair. Due to this disowned self-state, Julia was having difficulty taking care of her emotional needs. In therapy, she used the image of a "high wooden fence" to symbolize the dissociative barrier

that existed between her and the "angry part" (p. 39). When the therapist asked if there was a way to safely "enter into communication" with this angry part, using the image of the fence, Julie visualized opening the fence and "just looking at that part" from a distance. Through this careful observation, she noticed that the part was upset and in need of comfort. She felt the urge to embrace and soothe that part of herself. In doing so, she was providing internal caregiving to the part that held "concentrated reservoirs of intense affect" related to the abuse and neglect she suffered as a child (p. 39). This process encouraged the development of trust and empathy between two previously estranged self-states.

Phase 2: trauma processing. Expressive activities can be especially effective in helping clients work through disturbing material. They allow memories and feelings to be expressed in a nonverbal and safe way. For example, in order to share and process an abusive incident, one client worked with the various members of his internal system on joint drawings of the event. The parts who remembered the abuse drew the scene in detail, including "how the men appeared, what colors they were wearing, and the form of the car that had transported them" (Dawson & Higdon, 1996, p. 261). As the drawings progressed, the core personality was asked to absorb the experience and empathize with the parts who had been subjected to the abuse. Through this activity, the client seemed to gain a better understanding of the incident and a deeper appreciation for the other parts of himself.

In working through her past trauma, one 14-year-old dissociative teen drew a symbolic picture of how she felt toward her "alcoholic, neglectful, and abusive parents" (Waters & Silberg, 1998a, pp. 161-162). Her picture consisted of palm trees being struck by a hurricane, depicting the rage she felt toward them. After completing therapy, she drew the palm trees

again. This time, the picture conveyed a hopeful outlook towards the future, with a bright sun covering the page and a smiling image of herself in the centre.

Shirar (1996) describes the case of a young dissociative girl who used the image of a tree stump with all its branches cut off to represent her trauma. Each branch symbolized a separate traumatic experience, and the splitting of internal parts. As therapy progressed, the client was able to imagine the tree being "grafted" back together. This new picture represented the integration of her internal system.

Some therapists also have clients write play scripts, recounting past traumatic events and depicting wished-for reconciliations. For one dissociative child, "a play about the aftermath of her father's murder of her mother (which she had witnessed) eventually contained themes of anger resolution, forgiveness, and faith" (Waters & Silberg, 1998b, p. 177). Listening to a tape of this play helped her work through conflicting emotions surrounding the tragic event, allowing some healing to take place.

In her detailed case description of a dissociative client named Jenny, Gerity (1999) provides numerous examples of creative materials being used to process traumatic experiences. At the beginning of art therapy, Jenny created a smooth clay mound, which she "attacked with what looked like vicious abandon" (p. 24). Through this activity she was able to discharge some of the rage she felt in response to being "abandoned" by her psychiatrist and others in her life. As therapy progressed, Jenny constructed Mr. Mad, a fire-engine red puppet. He was "forever rapping his hard little head on the table in annoyance, giving himself headaches" (p. 32). Mr. Mad was able to express some of the things that Jenny longed to say but didn't dare. When asked, in a group therapy session, why he was so mad, he stated that "because he had grown up in a completely mad family, where everyone was mad all the time, that was what he learned to

be" (p. 32). Over time, some of the other puppets helped Mr. Mad learn how to experience different kinds of feelings, such as happiness. Speaking through another puppet, Jenny described the experience of being raped by her neighbour at the age of six. The puppet, known as Joy, then began to weep as the therapist patted her on the back. Afterwards, both Joy and the therapist "decided that Jenny was grown up now and didn't have to do anything she didn't want to" (p. 45).

Clients also use explicit metaphors to describe their experiences of trauma. One individual likened the experience of traumatic dissociation to a beehive full of black syrup. Specifically, the client notes:

> My hurt and pain is stored in a beehive, in honeycomb form with lots of different compartments. The syrup is not golden, however, it is black and oozes, it is disgusting. I am the one who lives outside of all of that. The others they are covered in the ooze. Me, I live in nowhere. (Schwartz, 2000, p.4)

This vivid metaphor captures the darkness and isolation present in the client's life. Over the course of treatment, this imagery can be transformed to encourage hope, healing, and wellness.

In another case, a dissociative individual created a metaphor to represent the process of working through traumatic material. The client described trauma processing as the act of going into the basement, where the abuse occurred, and rescuing the child alters. Together with the therapist, her adult part was able to return to the scene of the traumas and help the frightened children (R. Bradshaw, personal communication, January 31, 2011). This metaphor gave the client a sense of purpose in facing the traumatic incidents from her past.

In addition to these client-generated metaphors, Kluft (2012) describes a case study in which he introduced the image of a "magical, cleansing stream" to facilitate shame reduction (p.

151). The client, a successful lawyer named Gwen, had an extensive history of sexual trauma, including years of incest and exploitation. This trauma led her to believe that her "orifices were irretrievably filthy and soiled" (151). Through the presentation of increasingly detailed and intimate images that involved "exposing these parts completely to the cleansing power of the stream," Gwen reported feeling "clean for the first time in her life" (p. 151). This procedure not only resolved feelings of shame but also served to "open the gates of memory," facilitating further trauma processing.

Phase 3: identity integration and rehabilitation. According to Waters and Silberg (1998b), "the part-to-whole relationships in desserts, where various ingredients come together to make a final whole, is a particularly powerful way to describe the concept of personality integration" (p. 172). This metaphor was used with a client who identified pumpkin pie as her favourite dessert. During therapy, references were made to her alternate identities coming together "as one delicious pumpkin pie." When one resistant alter named Lucy decided to join with the others, the client reported that "Lucy was the pumpkin added to the pie, and the pumpkin pie tasted scrumptious!" (p. 172).

Creative modalities, such as art, are also powerful tools through which to alter or amend internal imagery. Pictures, collages, and sculptures can be used to "depict the ongoing process of integration or can be incorporated into a fusion ritual" (Waters & Silberg, 1998b, p. 174). In the case of Jane, an 8-year-old girl with DID, a picture of "the love lines" connecting her and her alters was used to promote fusion. As she drew the picture, emphasis was placed on the alters' individual strengths being combined and reinforced through the "love lines." Through the connections, the parts were able to come together as one and experience life simultaneously.

Pam, a DDNOS teenager, also used art to depict her growth and integration. She drew a picture of a kite, with each part choosing a favourite colour and design to put on the kite. During an earlier phase of therapy, one of her parts had played the game of "He loves me, he loves me not," pulling off the petals of daisies as she questioned the love of her abusive father. This part drew a large, intact daisy in the centre of the kite, which symbolized the resolution of that conflict. She also placed a spider on the kite to represent a continuing need for protection. Integration took place as Pam focused on her picture, while her therapist "told an integration story about Pam and her parts joining together and soaring high, like the kite, free of abuse and fear" (Waters & Silberg, 1998b, p. 175).

The joint construction of picture collages has been used to encourage integration. In one case, the therapist instructed the client to work with one of his alters to create a collage out of magazine images. Both parts were asked to choose pictures of things that the other might like. The activity was designed to help them "see things through the eyes" of the other part (Dawson & Higdon, 1996, p. 261). Working together on this project strengthened the connection between the client's core personality and the identified alter.

Through a combination of art and puppetry, Jenny, a 40-year-old DID client, elegantly expressed her integration process. Drawing a picture of an apartment building, she illustrated how the various puppets she had made to represent her internal system were joined together. Gerity (1999) provides an in-depth description of Jenny's picture:

> Mr. Mad and his family live at the very top of the apartment building. On the next floor down, Joy, Carey, and Little Carey live. On the floor below we find Lisa and her baby, swinging his bottle out the window by his teeth. Below her are Eric and Lita, and at the ground floor we find Jenny guarding the front door. Scattered throughout the building

> are shuttered windows, as yet not revealing who lives behind them. On a separate piece of paper, split off from the building itself, is the basement (or the unconscious) where we find Jenny's mother, Margaret, with her spiky-haired guard, Sebastian. Margaret has what looks like an unusually large collection of goods and supplies: blankets, jars and bottles of food and drink, drawers and cabinets of hidden contents, as well as a refrigerator and freezer. (p. 84)

By drawing her inner world, Jenny was able to make sense of how the parts of herself all fit together. Adopting the role of puppeteer, she had a repertoire of roles to use and could consciously choose when and how to employ them, "enacting the workings of a healthy sense of self" (pp. 85-86).

Poetry is another powerful medium through which to express the process of integration. In an effort to capture her healing journey, an adolescent wrote the following poem:

> I come to you now, and bring nothing in my hand.
> I bring myself to you wiped away from anger.
> I come to you today free from abuse and pain.
> I come to you now and give to you my love.
> I come to you this day showing how I changed.
> So, now that I am here empty handed,
> but with a fulfilled heart,
> Take me under your wings and wrap me in your innocence . . . I
> am now FREE. (Waters & Silberg, 1998b, p. 189).

With feelings of freedom and hope in her heart, this client was ready to reclaim her childhood after having achieved successful integration.

Summary and Critique. Collectively, these case studies provide sufficient evidence to indicate that metaphor has the capacity to bring understanding and healing to the lives of individuals with DID. Throughout the therapy process, it appears to play a significant role in the treatment of dissociation. On both an implicit and explicit level, metaphor contributes to greater self-awareness, therapeutic engagement, and personal growth. This information suggests that metaphor serves multiple therapeutic functions across all three phases of treatment.

Although the therapeutic value of metaphor in the treatment of DID is evident, this area of study requires further exploration. Given the complexity of DID, it is not surprising that numerous metaphors are employed to address a range of clinical issues. However, it remains unclear what metaphors are most useful for specific therapeutic tasks at different points in treatment. For example, what metaphors best represent trauma and the processing of traumatic material? In what ways are these metaphors helpful in therapy? The question of what type of metaphor, implicit or explicit, is best suited to particular clinical issues also remains unanswered. Current recommendations are based on the professional opinions and clinical anecdotes of therapists working in the field. In order to provide better care to those living with dissociation, these issues need to be evaluated in a more systematic fashion. Additionally, current research does not adequately address therapy process. There is limited information on how metaphors emerge and evolve over the course of treatment, especially between client and therapist. In light of its therapeutic benefits, an important goal of future research is to determine the most effective ways of using metaphor with dissociative clients.

Research Focus

In this chapter, I have described existing literature on metaphor, as it applies to the treatment of DID. It should be evident from this research that metaphor plays a powerful role in

the conceptualization and treatment of dissociation. Whether implicit or explicit, metaphor appears to be the natural language of trauma and dissociation (Way, 2005). It offers clients a medium through which to "say the unsayable," facilitating the expression of preverbal experiences, traumatic memories, and dissociative processes (Way, 2006, p. 28). Importantly, "by understanding, teaching, and using metaphors, clinicians can help their patients restore relationality and language to the isolated, silenced subjectivity at trauma's core" (Way, 2005, p. 15).

Case evidence supports the idea that metaphor is a valuable and effective tool for promoting safety and stabilization, trauma processing, and integration. The literature, however, is limited to single case studies. To date, no systematic research on the therapeutic use of metaphor in the treatment of DID has been conducted. Moreover, most of the literature on metaphor and dissociation focuses on therapeutic outcomes. Case reports typically stress the positive effects of metaphor on DID, without specifying how healing occurs. As a result, valuable information concerning therapy process is overlooked. Finally, the case studies largely represent the clinician's perspective on metaphor and dissociation. The voices of clients have not been adequately represented in the literature.

The present study was designed to address these limitations. The main goal of this research was to explore the use of metaphor in the treatment of DID from the perspective of both client and therapist. Using language as a tool, I intended to bring to life the subjective and shared experiences of individuals with the disorder and the professionals who treat it. Multiple cases were included in the investigation, allowing for comparisons of themes and voices across each client-therapist dyad and the sample as a whole. Therapy process was also examined in the study. Specifically, I explored how metaphors are created, how they evolve, and what

therapeutic functions they serve over the course of therapy. I used the following research questions to guide my exploration:

1. For individuals who have been diagnosed with DID, what are their experiences of using metaphor in therapy?
2. For therapist working with DID clients, what are their experiences of using metaphor in therapy?
3. How is metaphor used at different phases of treatment to address clinical issues?
4. How useful is metaphor in the treatment of DID, from the perspective of both the client and therapist?

Chapter 3: Method

As noted by Morrow (2005), it is common practice for qualitative researchers "to make their worldviews, assumptions, and biases explicit to assist the reader in understanding the researcher's stance vis-à-vis the research" (p. 210). In this spirit, I will summarize my personal stance. My methodological perspective is largely informed by my clinical work, in which I place central importance on clients' subjective experiences and feelings. In working with marginalized individuals, I endeavour to give voice to those who have been traditionally silenced or ignored and bring about social transformation. As a clinician, I am also interested in working collaboratively with individuals to improve their experiences in therapy and overall life functioning. In light of my clinical background, it is not surprising that I am naturally drawn to qualitative inquiry. This approach not only enables the researcher to understand the meanings people make of their experiences but also facilitates the in-depth examination of psychotherapy process (Morrow, 2005).

Through the use of the Listening Guide, the present study was designed to explore the therapeutic application of metaphor in the treatment of DID from the perspective of both client and therapist. The intention of this research was to illuminate the lived experiences of individuals with the disorder, privileging their voices in the discourse on metaphor and DID. This knowledge has the potential to enhance the quality of care of individuals with the disorder, improving therapy process and outcome.

The Listening Guide Methodology

The Listening Guide is a qualitative, relational, voice-centred, feminist method of analyzing interviews (Woodcock, 2005). It differs from other methods of analysis in that "it places emphasis on the psychological complexities of human beings through attention to voice"

(p. 49). Using the language of music as a metaphor for voice, this method "provides a way of systematically attending to the many voices embedded in a person's expressed experience" (Gilligan et al., 2003, p. 157). The researcher seeks to hear the harmony, dissonance, pitch, tonality, and rhythm of a person's unique and multilayered voice. By entering into relationship with the participant and tuning into the multiple voices expressed within his or her story, the researcher gains understanding of the complexities of human experience (Tolman & Brydon-Miller, 2001).

Notably, the Listening Guide brings into focus the relational and cultural contexts that influence a person's voice (Way, 2001). During analysis, an effort is made to understand what type of relationships and cultural expectations are influencing the stories of participants. The method is also relational in the sense that the researcher and the research question are brought into relationship with the participant's spoken experience "by identifying, exploring, and making explicit our own thoughts and feelings about, and associations with, the narrative being analyzed" (Gilligan et al. 2003, p. 160). The subjectivities of both the participant and researcher are experienced, noted, and used to guide the research process, creating an opening for shifts in the way questions are asked and voices are listened to.

Paradigm considerations. As a qualitative methodology, the Listening Guide (Gilligan et al., 2003) is rooted in constructivist and transformative paradigms. A constructivist paradigm has "a relativist position that assumes multiple, apprehendable, and equally valid realities" (Ponterotto, 2005, p. 129). Recognizing that "there are as many realities as there are participants (plus one: the investigator)," the constructivist researcher is interested in capturing the subjective experience and unique voice of each participant (Morrow, 2005, p. 213). The researcher is also seen as an active co-constructor of the meanings that emerge during data collection and

interpretation, participating fully in the research process (Morrow, 2005). As such, the researcher often documents his or her personal insights and emotional reactions to the stories being told, incorporating this material into the data set. This reflexive awareness makes explicit "the relationship between the interviewee's voice and silences and the researcher's voice, silences, and interpretation. In this way, the voices are differentiated" (McLean Taylor, Gilligan, & Sullivan, 1995, p. 29).

The Listening Guide method also reflects elements of a transformative paradigm. Although this paradigm shares some similarities with the constructivist perspective, it is defined by its commitment to social justice and ending oppression (Morrow, 2005). Given its feminist grounding, the Listening Guide "provides space to hear those who have been traditionally silenced" (Woodcock, 2005, p. 49). Themes of resistance and oppression, as well as voices of strength and resilience, are often the focus of Listening Guide research. Transformative researchers who use Listening Guide methodology "consciously and explicitly position themselves side by side with the less powerful in a joint effort to bring about social transformation" (Mertens, 2010, p. 21).

Rationale. The Listening Guide (Gilligan et al., 2003), a voice-centred relational methodology, was used throughout the interview and analysis process of the study. This method was selected for a number of reasons. The Listening Guide is useful when one's research goal is to develop in-depth insights into the psychological complexities of human experience within particular relational contexts. In the present study, this approach facilitated the exploration of individuals' first-person narratives of dissociation and healing, "using language as a tool . . . to plumb the depths of this experience to glean meanings that are not otherwise observable" (Morrow, 2005, p. 211). This methodology also recognizes the "layered nature of the psyche,

which is expressed in a multiplicity of voices," providing a way to "systematically attend to the many voices embedded in a person's expressed experience" (p. 157). This understanding of the human psyche is congruent with the lived experiences of individuals with DID who experience the self as having multiple parts. Consequently, the Listening Guide is uniquely designed to capture the multiplicity of voices through which participants express their experiences of dissociation. The relational nature of the research is also consistent with the Listening Guide methodology. Focusing on therapy process, I was interested in understanding how metaphor is used in the context of psychotherapy to treat dissociation from the perspective of both client and therapist. Thus, in this study, the subjective and shared experiences of client-therapist dyads were explored in-depth.

Notably, the Listening Guide method also provides space to hear the voices of those who have been silenced or disempowered. The voices of individuals with DID have been repeatedly silenced not only by the trauma they have experienced but also by the skepticism surrounding the disorder. Within the clinical community, there is an ongoing debate over the existence of DID. The view that DID is "due to fantasy proneness, suggestibility, suggestion, and role-playing," rather than factors such as traumatization and disrupted attachment, denies the validity of the disorder and contributes to narratives of oppression (Reinders, Willemsen, Vos, den Boer, & Nijenhuis, 2012, p. 1). At its core, this skepticism reflects our "cultural reluctance to face child abuse" (Barringer, 2006, p. 3). Thus, the Listening Guide was chosen for this study, in part, because it privileges participants' unique and multilayered voices, illuminating their individual experiences of trauma, dissociation, and healing. It is hoped that, by taking part in this study, participants felt empowered to speak out about the realities of healing from severe, chronic

childhood trauma. Their voices, if listened to, have the potential to contribute to improvements in the understanding and treatment of dissociation.

Participants

In this thesis, I explored the experiences of two client-therapist dyads, as well as the experience of a former therapist. The client participants were two adult women in their early sixties, residing in the lower mainland region of British Columbia. Both women had a confirmed diagnosis of DID and were engaged in some form of ongoing psychotherapy. At the time of the study, one client had been working with her therapist for two years, while the other had been with her therapist for three years. Regarding overall length of treatment, Hope and 'Reace had been participating in therapy for 11 and 28 years, respectively. Additional information on the two clients who took part in this research, including their trauma histories and treatment experiences, is included in Chapter 4.

Eligibility for participation in this study was dependent on individuals meeting the *Diagnostic and Statistical Manual of Mental Disorders IV-TR (4th ed., text rev.; DSM-IV-TR*; American Psychiatric Association, 2000) diagnostic criteria for DID. The Structured Clinical Interview for DSM-IV Dissociative Disorders-Revised (SCID-D-R; Steinberg 1994, 1995), a clinician-administered structured interview, was used to assess DID. Further information on this assessment is provided in a later section of this chapter.

Individuals were also required to be engaged in ongoing therapy in which some level of safety and stability had been achieved. Treatment must have addressed any major self-destructive behaviours and other issues that may have jeopardized individuals' physical or psychological safety. Although stabilization was a requirement for participation in this study, it was expected that some alters may show signs of comorbid conditions or self-harming

behaviours, as these issues are observed in more than 50% of DID cases (Putnam, 1989). Such cases were not excluded from the study.

In order to participate fully in the research process, participants were also required to have at least one alter who was co-conscious or aware of other members of the internal system. The SCID-D-R (Steinberg 1994, 1995), as well as therapist feedback, was used to determine level of co-consciousness during the screening phase of the investigation. Some level of co-consciousness was necessary for participation in this study, as individuals were required to engage in self-reflection and discuss the use of metaphor in the treatment of their dissociation. Co-consciousness between alters tends to increase as individuals move beyond the safety and stabilization phase of treatment into trauma processing and integration (ISSTD, 2005).

Exploring the use of metaphor in the treatment of DID, from the perspective of both client and therapist, necessitated the involvement of participants' primary therapists. This inclusion criterion was introduced with the intent that the focus of the study be on the subjective and shared experiences of the therapeutic application of metaphor. The therapist participants included two current female therapists and one former male therapist. In terms of clinical experience, Julia, Penelope, and Rob had six, nine, and 35 years of experience, respectively. All participants used an integrative approach to psychotherapy, and had training and experience specific to trauma and dissociation. These therapists all used Observed and Experiential Integration (OEI), a neurologically-based trauma therapy (Bradshaw and Cook, 2008) with the clients in this study.

Recruitment

This thesis was conducted as part of a larger project on metaphor and DID. In the second study, Conron (2012) used an arts-informed, feminist-relational approach to explore the role of

metaphor in the subjective experience of DID. Recruitment occurred concurrently, providing participants with the option of taking part in either or both of the studies. Individuals with DID were recruited from a population of clients accessing counselling services at agencies and private practices in the Fraser Valley of British Columbia. These organizations were used to recruit participants because they serve clientele that fit participant criteria. This purposeful sampling method, known as intensity sampling, helped the researcher obtain cases in which the phenomenon of interest (DID) is strongly represented (Mertens, 2010). In the context of qualitative research, purposeful sampling is an appropriate procedure for identifying information-rich cases.

An initial contact letter, outlining the research project, was provided to prospective recruitment sites (see Appendix A). For those organizations that demonstrated interest in the study, advertisements in the form of posters and brochures were given to staff members and placed directly in the counselling centres. The advertisements included both a description of the study and contact information (see Appendices B and C). Interested participants took part in an initial screening interview over the telephone to ensure that they met the eligibility criteria for the investigation. Respondents who met the criteria for inclusion were scheduled for in-person interviews to assess: DID symptoms; level of co-consciousness; informed consent issues; and current levels of functioning. Once consent was obtained, interviews were also scheduled with participants' primary therapists to gather additional information on levels of DID symptoms, stabilization, and co-consciousness (see Appendix D).

Through these recruitment efforts, two individuals with DID, along with their primary therapists, agreed to participate in the present study. After the individual interviews with each member of the client-therapist dyads were completed, it became clear that Hope's narrative

included meaningful descriptions of therapy process that occurred with her previous therapist. In an effort to capture this experience from a shared perspective, I inquired about the possibility of bringing the former therapist's voice into the research. Hope endorsed this option, and an interview was conducted with her former therapist. Therefore, in total, five participants took part in the study. In light of the study's qualitative design, this sample size allowed for an in-depth exploration of information-rich cases, facilitating deeper understanding of complex therapeutic processes and human phenomena (Morrow, 2005).

In the aim of transparency, it is important to note that both of the client participants in the present study were former clients of the second reader of this thesis, Dr. Rick Bradshaw. The ISSTD (2011) notes that the process of diagnostic interviewing with persons with DID is challenging. Because of their "early trauma and attachment difficulties and the resultant distrust of others, . . . traumatized patients may be very reluctant to reveal an inner, hidden world to a clinician" (p.124). The client participants' involvement in the research was likely influenced by their pre-existing connections with Dr. Bradshaw, establishing levels of safety and trust that allowed the interviews to take place.

Data Collection

SCID-D-R. Prior to the data collection interviews, the SCID-D-R (Steinberg, 1994, 1995) was administered to each client participant. The SCID-D-R is a 277-item interview that assesses five symptoms of dissociation: amnesia, depersonalization, derealization, identity confusion, and identity alteration. The majority of items have follow-up questions concerning the experience, specific examples, and an estimate of frequency and impact on social and occupational functioning. The SCID-D-R provides: a) diagnoses for the five DSM-IV dissociative disorders, including DID; b) a score for each of the five dissociative symptoms; and

c) a total score. These scores are determined by the frequency and intensity of symptoms. The assessment takes 45 to 180 minutes or more to administer, depending on the individual's responses. The SCID-D-R has good reliability and discriminant validity (ISSTD, 2005). Total scores on the instrument have been shown to have a correlation of .78 with the Dissociative Experiences Scale (Boon & Draijer, 1993).

Listening guide interviews. Following the assessment phase, each member of the client-therapist dyad was individually interviewed, using a semi-structured format. The interviews were conducted in the same place where the client usually received treatment. This setting was selected for the following reasons: to allow the client to feel more comfortable without having to adjust to a new setting; to minimize the introduction of new stimuli that may be threatening or triggering; and to provide contextual cues for the parts of self that typically participate in therapy. The interviews lasted approximately one hour for each individual. All interviews were digitally recorded. This information was stored on a password protected computer, which was kept in a locked cabinet in my home office.

At the beginning of the interviews, I briefed participants on the nature of the interview and reiterated aspects of informed consent. I then inquired about their experiences of using metaphor in treatment, using the following questions:

1. How do you experience DID? What does it look or feel like on the inside?
2. Where did this image come from – you, your therapist, both?
3. At what point in therapy did this image emerge? What phase of treatment were you in?
4. What other images/metaphors/symbols have you used in therapy? When did they first emerge? How were they used?

5. In what ways have these images been helpful in therapy? In what ways have they been unhelpful?
6. How have you and your therapist used these images together in therapy? How have the images changed over time?
7. What images/metaphors/symbols best represent misunderstandings or ruptures with your therapist? What images best represent repairs with your therapist?
8. What images/metaphors/symbols best represent communication and cooperation within your internal system?
9. What images/metaphors/symbols best represent trauma or the processing of traumatic material?
10. When you think of integrating, what images come to mind? In what ways have you and your therapist used these images in therapy?

A similar set of questions was presented to the therapists, asking them to reflect on their experiences of using metaphor in the treatment of DID.

Given the relational nature of the Listening Guide (Gilligan et al., 2003), the interview process was guided by attention to relationship. Specifically, I was intentional in my efforts to establish rapport, create safety, and provide emotional support. I honoured participants' "unique personal language" with which they characterized their internal systems, incorporating their terms into the interview questions (ISSTD, 2011, p. 121). Additionally, I varied the sequence and pace of the questioning, depending on participants' responses. All participants were given opportunities to reflect and respond fully to each question, before additional questions were asked. Following the interviews, I debriefed the process with each participant and addressed any questions or concerns that arose.

Analysis Procedures

As previously mentioned, the Listening Guide method (Gilligan et al., 2003) was used in the analysis of interview data. The paradigmatic assumptions underpinning the Listening Guide were discussed earlier in this chapter. The following is a description of the analysis procedures of this method, and its applications to the present study.

Transcription. I personally transcribed all of the qualitative interviews. In order to maintain respect for participants' voices, a verbatim transcription approach was used (Gilligan et al., 2003). Specifically, I included pauses, false starts, misspoken and repeated words, and unfinished sentences. Para-verbal aspects of voice, such as sighs, laughter, crying, and inflections, were noted in brackets within the text. I also used para-verbal cues to code for perceived emotion and possible switching between parts of the self. The following passage, taken from 'Reace's interview, illustrates this approach:

> Um, before (abrupt upward shift in volume, possible switch) . . . I, I've been doing one eye integration since 2003 and prior to that, and even along the earlier stages . . . I'm getting a little bit dizzy right now because I'm clearly doing something internally. Um and it's hard to stay anchored to a conscious place (laboured tone, searching for words) when this happens (breathless, laughing). It drives me crazy!

All transcripts were edited for identifying information, including names of people and places. In an effort to honour their voices, the client participants were invited to choose a personal identifier to represent themselves in this study. The therapists were assigned a pseudonym to protect their anonymity.

Listening guide analysis. The Listening Guide method involves a series of four sequential "listenings" or steps of analysis for each interview (Doucet & Mauthner, 2008). The

analysis is centred on a set of basic questions about voice: “Who is speaking and to whom, telling what stories about relationship, in what societal and cultural frameworks?” (Gilligan et al., 2003, p. 159). According to Gilligan and colleagues (2003), each listening amplifies another facet of a person’s voice “in a manner similar to listening to and following the oboe through a piece of music and then listening again, this time following the clarinet” (pp. 159-160). Engaging in multiple listenings allows the researcher to both hear nuances of the individual’s expressed experience and uncover “important themes and relationships that emerge from the data” (Woodcock, 2005, p. 50).

In this approach, the first two listenings are more prescribed, whereas the later listenings are guided by the specific research questions. The listenings of each step are documented through underlining the text, using different coloured pencils for each listening, as well as through notes and interpretative summaries recorded by the researcher (Gilligan et al., 2003). Through this process, the researcher remains connected to the interview and documents evidence for later interpretations.

This method of analysis is “enhanced by work within interpretative communities” in which multiple listeners engage in the listening process (Gilligan et al., 2003, p. 161). A relational approach to analysis allows for the exploration of different reactions, identifications, and interactions with the stories being told. For this reason, an interpretative community was formed in the present study, through the inclusion of additional listeners. In addition to the primary researcher, the research team consisted of the thesis supervisor, Dr. Janelle Kwee, and a research collaborator, Chelsea Conron, who conducted the second study in the larger research project on metaphor and DID. Each interview was analyzed by at least two members of the research team.

Steps of analysis. The four main steps of analysis include: listening for the plot, "I poems," listening for contrapuntal voices, and composing an analysis. A description of how each of these steps was implemented in the present study is provided below.

Listening for the plot. In the initial stage of analysis, the researcher listens for the various stories being told by the speaker. This process is guided by the basic elements of plot: what, when, where, with whom, and why (Gilligan et al., 2003). Repeated images and dominant themes are recorded, as well as contradictions and absences in expression. Additionally, this step involves identifying personal responses to both the stories being told and the person telling them. Each member of the research team was invited to first complete her own plot listening and then share it with the team. Discussions of the different plot summaries and personal responses served to both deepen understanding and develop clarity, enriching the complexity of the analysis process. These shared conversations directly informed the overall analysis of the interview data. A brief plot summary of each participant's interview is provided in Chapter 4. For a more comprehensive example of a plot listening, see Appendix E.

I poems. In the second step of this method, the researcher focuses on the first-person voice in the narrative, listening for the "I" who is speaking. In doing so, the researcher is able to detect distinctive patterns of the first-person voice and hear how the person speaks and feels about him- or herself. At this point, "I" phrases are underlined in the text and pulled together to create a poem. Gilligan et al. (2003) describe how the I poem is intended to "pick up on an associative stream of consciousness carried by a first-person voice, cutting across or running through a narrative rather than being contained by the structure of full sentences" (p.163).

Because of their dissociation, it is not surprising that the client participants used several different pronouns – including, but not limited to, I, we, she, and they – to speak about

themselves in their interviews. These pronouns represent the multiple voices or parts of the self. Thus, in the present study, the concept of I poems was modified to better reflect the subjective experiences of the clients. Specifically, I identified all pronouns relevant to their personal experience, along with associated verbs and meaningful words, and constructed "I/We" poems. This process is illustrated in the following passage selected from Hope's interview:

> I remember I was about two or three going into my dad's store. And he sold gardening things for farmers on the prairie. And he had this cone-shaped honeycomb in there. And something bad happened so I went inside. We went inside. She went inside.

Capturing the voices of multiple parts of the self, the I/We poem for this passage speaks to Hope's experience of hiding or going "inside."

> I remember
>
> I went inside
>
> We went inside
>
> She went inside

Listening for contrapuntal voices. This stage of listening involves attending to, and interacting with, the multiplicity of voices within a person's expressed experience. The researcher first identifies the different voices in the interview that may speak to the research question. After listening for these voices through separate readings of the text, underlining each expression of experience in a different colour, the focus of analysis then shifts to the relationships among the various voices held within the speaker's narrative. Listening for contrapuntal voices is an iterative process in which the researcher works to "fine-tune" the identification and definition of voices that illuminate "some meaningful aspect of the text" (Gilligan et al., p.168).

As the primary researcher, I developed a deep understanding of participants' narratives through repeated and thoughtful listenings of the interviews. For this reason, I initiated the step of listening for contrapuntal voices by creating definitions of possible voices. I then introduced these potential voices to the other members of the research team for consideration. Through collaborative discussion and exploration of the interviews, the definitions of these voices were refined to best capture participants' expressions of using metaphor in the treatment of DID.

During this step of the analysis, we identified eight voices. These voices are organized into two overarching categories: 1) voices of trauma and dissociation, and 2) voices of healing and integration. Each voice has a counterpoint or an opposing voice. For example, participants describe experiences of both trauma and healing in their stories. These contrapuntal voices reflect the continuum of dissociation and the women's movement along it. Descriptions of how the women have progressed from severe dissociation to more integrated functioning are evident throughout the narratives of both clients and therapists. An in-depth exploration of the eight voices heard within participants' expressed experiences is carried out in Chapter 4.

In creating definitions of the voices, we made an effort to remain attuned to similarities and differences in participants' expressions of experience across interviews. When differences were identified, the researchers modified the definitions of existing voices to better reflect the experiences of all participants. For example, as we engaged in the process of relational analysis, we discovered that the therapist participants expressed certain voices differently than their clients. This difference in expression is apparent when participants speak in a voice of not knowing. For the client participants, this voice reflects the confusion and the lack of awareness surrounding their experiences of trauma and dissociation. In contrast, the therapist participants convey a sense of "not knowing" in a manner consistent with their role as helping professionals.

Therapist expressions of this voice include: speaking in a tentative manner about some of their insights, acknowledging the limitations of their knowledge, and leaving room for alternative explanations.

Once the eight voices were identified, we completed separate listenings for each contrapuntal voice. Within our interpretative community, there was resonance among the multiple voices of listeners. Questions regarding the coding of voices, although infrequent, were explored until agreement was reached. The exploration of different interpretations involved considering alternative viewpoints, completing additional listenings, and engaging in collaborative problem solving. These discussions deepened my understanding of participants' expressed experiences, as each listener's voice amplified distinct aspects of the stories being told.

Composing an analysis. In the final step, all the listenings are brought together to create an overall understanding of the speaker in relation to the research question. The researcher synthesizes what has been learned through the entire analysis process so as to "not reduce or lose the complexity of a person's expressed experience" (Gilligan et al., 2003, p.169). At this stage, the descriptions of multiple participants may be examined together to identify similarities and differences in emergent themes across the entire sample.

After the third listening was completed for all of the interviews, the primary researcher conducted the final step of analysis. During this stage, comparisons were made between the themes that emerged across each client-therapist dyad and the sample as a whole. Similarities and differences among participants' expressions of using metaphor in the treatment of DID were explored and documented. Importantly, in the process of completing this step, it became evident that the context of the research questions needed to be modified. Through the use of the

Listening Guide, an inherently relational method of analysis, "we actively bring ourselves and our research question into relationship with the person's spoken experience . . . creating an opening for that person to shift our way our listening [and] the questions that we ask" (Gilligan et al., 2003, p.169). Listening to participants' narratives, I heard descriptions of how metaphor facilitated understanding and healing not only within the context of therapy but also *outside* of it. For the client participants, in particular, metaphor seems to lies at the heart of how they understand themselves and experience the world. For this reason, descriptions of metaphors that were used in a healing capacity, or to better understand the self or an experience, were included in the results of this thesis. In listening for and engaging with the client's own metaphors, the therapist has a "powerful tool for encouraging health and promoting healing and a sense of integrated identity" (Waters & Silberg, 1998a, p. 136).

Rigour and Quality

According to Morrow (2005), the standards for evaluating the trustworthiness of a study should reflect the researcher's paradigm. Below I describe the criteria used to asses the rigour of this thesis and the steps taken to ensure these criteria were met.

Reflexivity. Engaging in critical self-reflection, the reflexive researcher develops an "emerging awareness" of how her personal experiences and reactions are influencing the research process (Morrow, 2005, p. 254). The Listening Guide method is especially sensitive to the relational nature of research. It is based on the idea that "voice depends on resonance or relationship in that speaking relies on, and is affected by, being heard" (Gilligan et al., 2003, p.157). In this view, the research relationship is central to understanding the multiple layers of meaning in a person's expressed experience. Each step in the analysis process "requires the active presence of the researcher and an acute desire to engage with the unique subjectivity of

each research participant" (p. 159). For this reason, the voice of the primary researcher was explicitly brought into the research process throughout each stage of this thesis.

Working reflexively with the narratives being analyzed, I sought to identify and explore how my own subjectivities influenced the co-construction of knowledge (Mauthner & Doucet, 2008). I used the following questions – to which the Listening Guide incorporates attention (Way, 2001) – to guide my own self-reflective process:

1. Who is listening and what is the nature of his or her relationship with the speaker, especially with respect to power?
2. Which voices are being heard - the speaker's, the researcher's, both?
3. What are the researcher's personal reactions to what is being spoken?
4. How do the researcher's biases and life experiences affect how he or she hears the voices?

In an effort to properly document these self-reflections, I kept a journal to record my thoughts, feelings, and reactions to participants' narratives over the course of the study. Through journaling, I was able to continually reflect on the ways in which my beliefs and experiences shaped my analysis of the data. I also used the journal to document how my interests, contributions, and understandings grew and changed throughout the research process. The following example is representative of the personal reflections documented in my research journal:

> Reading a thesis on the topic of trauma this morning stirred up strong feelings in me. In particular, the part that talked about trauma being a taboo subject that people do not want to discuss – in essence, the idea that society as a whole does not want to acknowledge the depth and breadth of abuse and neglect present in our world. It reminded me of Hope's

feelings of confusion, pain, and injustice when she talked about the support available to cancer patients, but not those affected by trauma. There is a sense that survivors of trauma are invisible – no one is willing to see their pain or provide appropriate care and support. I felt such a deep sadness fill my chest – my heart ached for all those unseen trauma survivors. Soon after, I noticed a strong feeling of determination rise up within me. Things can change, I thought. We can make a difference through this project. We can draw attention to the realities and needs of individuals with complex trauma and dissociation. I know this is one of the main reasons why Hope agreed to participate in the study. Inspired by her hopeful and determined spirit, I wrote a poem entitled *Hope Realized*:

I feel your sadness,

I hear your cries,

Living in a world that fails to recognize,

Children's fear and pain,

Wounds that still remain,

Imprinted on the soul,

Invisible to most,

Secretly hoping and outwardly searching,

For another pair of kind eyes,

A haven to rest inside,

To be seen,

To be heard,

Love beyond words,

Speaking from a place of wisdom,

Deep within,

Sharing your voices,

Will help the healing begin,

Transforming this world,

One heart at a time,

Your story means so much,

You are truly one of a kind,

Just like the dragonfly,

Vibrant and free,

Living a full life,

Finally allowed to be.

In addition to journaling, I regularly engaged in reflexive conversations with my research team. The Listening Guide analysis was carried out within an "interpretative community," which promoted the "exploration of the different connections, resonances and interpretations" that each listener brought to the process (Gilligan et al., 2003, p. 161). Our team dialogues were an opportunity to share observations, provide insights, and ask questions, as we continually reflected on how our own subjectivities were influencing our interpretations of the interviews.

Representation. A qualitative researcher strives to fairly represent the experiences of participants and views "participants, rather than researchers, as the authorities on participants' lives" (Morrow, 2005, p. 254). The Listening Guide offered a way of understanding each participant's experiences of using metaphor in treatment, as well as the meaning of these experiences for the participant. Conducting multiple listenings helped to ensure that distinct

aspects of each participant's subjective narrative were not overlooked and that "no single representation of a person's experience" was used to "stand for that person" (Gilligan et al., 2003, p. 159). The strategy of member checking was also used to achieve the standard of representation. In preparation for the member checks, I created a detailed report of the findings that emerged from the four listenings. Each participant's report included the following material: plot listening; I/We poem; description of voices and metaphors; and implications of the research. An in-depth member check interview was conducted with each of the participants in this thesis to ensure that the researcher's interpretations meaningfully reflected the participant's experiences. The interview included both an individual discussion with each participant and a collaborative dialogue with both members of the client-therapist dyad. During the individual discussion, we reflected on the research findings together. Participants were invited to provide feedback on how the findings fit or did not fit their experiences. The collaborative dialogue involved the sharing of voices and themes that emerged across each client-therapist dyad.

The feedback provided during the member check interviews was overwhelmingly positive. The participants informed the researcher that the findings were consistent with their subjective and shared experiences of using metaphor in the treatment of DID. For Hope, in particular, the language of "voices" resonated with her subjective experience of dissociation, providing her with a new way of describing the self. In her own words, she expressed feeling "thrilled at the simplicity" of organizing her experience into eight voices. These findings signified to her: "I'm one. I can function in an integrated kind of way with eight voices in my experience." Additionally, the client participants revealed that, through the process of reflecting on and giving voice to their subjective experiences of self and healing, they developed greater self-awareness and experienced feelings of accomplishment. For example, 'Reace revealed how

the initial interview offered her "the gift of metaphor" in that it "opened [her] eyes" to how much she uses metaphor for healing. She also expressed how, at this stage in her healing journey, she can look in the mirror and say: "I like you. I care about you." During the second part of the interview, participants described how the collaborative dialogue between client and therapist facilitated the sharing of meaningful information regarding therapy process. For instance, Julia noted that the I/We poem was both moving and therapeutic. For her, it was "so empowering for the client to hear the therapist's account" of their shared experience in therapy. Overall, the member checks provided participants with the opportunity to share valuable feedback that both enriched the findings and clarified questions that emerged during the analysis. This feedback was incorporated into the final results of this thesis.

Consequential validity. The primary goal of transformative research is to increase "consciousness about issues of power and oppression" and bring about social transformation (Morrow, 2005, p.253). A truly transformative researcher positions herself "side by side with the less powerful," giving voice to those who have been traditionally silenced (Mertens, 2010, p. 21). As previously noted, the voices of individuals with DID have been repeatedly silenced not only by the traumas they have experienced but also by the controversy regarding the disorder. In giving voice to client participants' experiences of trauma and dissociation, this thesis speaks out about the realities of child abuse and neglect, maltreatment within the mental health field, and alienation from society. Within the narratives of both women are descriptions of severe childhood trauma, such as the sexual abuse 'Reace suffered at the hands of her father, as well as experiences of being disregarded, feared, and invalidated by individuals within the clinical community and those outside of it. Voicing these truths is essential to creating change on several fronts: from facilitating healing for the survivor, to further legitimizing the diagnosis within the

profession, to calling us to take a stand against the abuse of children in our society. This transformative position is echoed by Barringer (2003):

> The abuses suffered as children by most DID clients are beyond many people's understanding; much of the abuse is so severe that we cannot seem to wrap our minds around it. We perpetuate an abusive environment and continue to effectively silence the victim when we deny its existence, enabling the perpetrator. For the survivor to heal we must provide an accepting, benevolent environment in which the survivor is free to speak his/her truth. When shared, we must not shrink in horror at the survivors' experience, no matter how horrifying it may be. To do so also serves to silence the survivor. (p. 30)

Encouragingly, the present study also calls attention to the internal resources for healing and growth that exist within individuals with DID. The purpose of this research was to give voice to participants' lived experiences of dissociation and healing. In listening to their expressions of experience, it is apparent that metaphor lies at the heart of how they understand themselves and experience the world. For Hope and 'Reace, metaphors are a natural source of self-understanding and healing that originate from an inner place of creativity. When therapists can uncover the metaphors of their clients, they access a "powerful tool for encouraging health and promoting healing and a sense of integrated identity" (Waters & Silberg, 1998a, p. 136). Listening for and engaging with clients' own metaphors of dissociation privileges their experiences, mobilizes agency, and activates internal resources for healing and growth. This knowledge, which emerged from participants' first-person narratives, has the potential to enhance the quality of care of individuals with DID, improving therapy process and outcome. Through the dissemination of this research, it is my intention to represent the voices of those living with the disorder in the discourse on metaphor and DID.

Ethical Considerations

The purpose of this research was to explore the experiences of individuals with DID, a particularly vulnerable population with a history of interpersonal trauma (ISSTD, 2011). Knowing this, the interviews were designed to explore participants' current experiences with metaphor in the context of psychotherapy. They were not intended to surface traumatic material from the past. Questions that did touch on the subject of trauma (e.g., what images/metaphors/symbols best represent trauma or the processing of traumatic material?) did not require participants to reexperience traumatic events. Instead, they asked participants to reflect on salient metaphors used in therapy to address the trauma. Before proceeding with questioning, aspects of informed consent were reviewed. In particular, participants were reassured that they had the freedom to choose to respond, or not to respond, to any of the questions presented to them throughout the interview.

In order to facilitate safety during the interview process, the client participants were given the option of having their primary therapist accompany them. Hope chose to have her therapist sit in on her interview, which seemed to enhance well-being and encourage the open expression of experience. Throughout the interviews, I used my clinical skills to provide emotional support and assist with grounding when client participants felt emotionally activated. The following excerpt, taken from 'Reace's interview, is one example of how I supported participants emotionally during moments of distress:

'Reace: I'm 61 years old and haven't found somewhere to fit (crying).

. . .

Interviewer: Do you want to give it some time?

'Reace: No, I'm okay (teary voice).

Interviewer: You're okay?

'Reace: Yeah. I can move on.

Interviewer: Yeah. We don't have to, though. Right?

'Reace: Yeah (deep, shaky breath).

Interviewer: Because what you're experiencing, even right here in this room, matters. And your tears matter. I'm not just here to do research, right?

'Reace: Mhm.

Interviewer: Part of the reason why I wanted to do this research is because I care about people. And I do care about you, even though we've just met.

'Reace: Thank you.

Interviewer: You're welcome.

'Reace: (takes another deep breath, appears calmer)

As an additional safeguard, both the researcher and the client's primary therapist were available immediately following the interview to debrief the experience and offer emotional support.

The clients provided no indication that the research was harmful. They did, however, report that the experience was both personally meaningful and empowering. For Hope, the experience of feeling heard and understood through this research was deeply impactful. She revealed this felt experience during her member check interview when we were reviewing her I/We poem:

> You took the lead in the poetry and said I got it. I'll walk you out of this trauma. Take my hand and I'll take you into the light, the joy, the good people. Because you understand, I can face tomorrow.

At the end of the interview, she also shared the following: “Someone reaching the point of pain causes me to gasp out loud, knowing that someone understands. I want to rest in the knowing that you will carry the knowing.”

As previously noted, participants also described how their involvement in the research contributed to greater self-awareness and feelings of accomplishment. Examples of these benefits were provided in an earlier section of this chapter. Finally, participants expressed how, through the sharing of their personal narratives, they felt empowered to contribute to improvements in the treatment of trauma and dissociation. ‘Reace, for example, noted how the opportunity to help “teach healers” how to “reach people with major trauma” was both a motivating force for participation and the most rewarding aspect of the research experience. Similarly, for Hope, participating in this research was an opportunity to help survivors of childhood trauma:

> My deep desire is to help those, including myself, who have experienced child abuse and neglect to be free, to find some peace in present life circumstances, and to bring awareness to child abuse in order that child abuse and neglect may be eradicated forever.

Chapter 4: Composing an Analysis

Participants' willingness to share their heartfelt stories of dissociation and healing, together with their insightful descriptions of the therapy process, offers an in-depth understanding of how metaphor can serve as a meaningful, effective tool in the treatment of DID. In this chapter, I present an analysis of the many voices, metaphors, and themes that emerged from the interviews of the five individuals – two clients and three therapists – who participated in this study. The Listening Guide method provides a basic frame for presenting the findings. First, a brief plot summary of each participant's narrative is provided. The individual voices embedded in participants' expressed experiences are then examined. Returning to the research questions, what has been learned about metaphor in the treatment of DID is discussed. Consistent with the Listening Guide practice of examining different voices in relation to one another in order to illuminate the complex nature of human experience, the relationships between the various voices expressed in this study, both within individual narratives and across interviews, are documented throughout this chapter.

Plot Summaries

Hope. When I read Hope's narrative, I feel like I am on a journey of self-discovery and healing. It reveals the creative mind of a woman who learned to escape from the pain of a traumatic childhood by creating an inner hiding place where she could keep herself safe (i.e., bumblebee hive). There seemed to be some level of awareness, at least on an unconscious level, that she might have this "certain thing" called dissociation. This is captured in the artwork she created, long before she entered therapy (e.g., painting herself into walls). However, you can feel her struggle to come to terms with the fact that she started to dissociate in order to cope with a traumatic past. Feelings of self-loathing leap off the page, as she repeatedly blames herself for

her disorder and even refers to herself as a "leper" at one point. The road to self-acceptance has been a long one, paved with the constant support and care of her therapists who have shown her what real love is. In fact, there is a theme of being ignored and unloved by society due to her traumatic past and method of coping. Over the course of therapy, she begins to internalize the therapist's strength, concern, and empathy and direct it towards herself, which helps her relate to the other parts within her internal system. At this point in her journey, there is an incredible sense of hope for a "full life" – wanting to be an adult/mother/grandmother and enjoy the simple pleasures of her current age, while also continuing to be sensitive to the needs and desires of the younger parts inside. She seems committed to continuing her "group therapy," as the parts develop greater communication and cooperation skills. By the end of her interview, I see a transformed woman. She is now able to celebrate her creative gifts (artwork, poetry, metaphors) and use them as a vehicle to express her subjective experience of healing and growth.

Penelope. In listening for the plot, I hear Penelope describing her client's increasing ability to direct her own healing as she moves towards integration. She speaks positively about the gains that Hope has made in therapy over the past three years, taking every opportunity to highlight how she is "doing a lot of the work by herself" (e.g., facilitating "group therapy" internally among her parts to increase dialogue, conflict resolution, and integration). In describing the therapy process, it is evident that she endeavours to work collaboratively with her client. From adopting the client's "honeycomb" metaphor of dissociation to using her love of nature as a "calming piece" to drawing a "picture of a feather" to build on one of her metaphors, Penelope consistently demonstrates a commitment to honouring Hope's experiences and supporting her goals in therapy. In her view, individuals with DID are "so creative that they're like metaphor mountains." Capitalizing on this creativity, she talks about using metaphors with

Hope to review progress, normalize experiences, increase understanding, and promote healing. It is apparent that she takes a fluid, flexible approach to using metaphors, depending on the presenting issue and the goal of therapy. In an effort to "unite the parts," for example, she describes working with Hope to "get the kid parts to have slumber parties internally." At the same time, she warns about the potential of metaphors to distract from the "deep work." She also expresses doubt regarding the lasting impact of some of their metaphors (e.g., "none significant . . . we share it and then it's gone").

Rob. Within Rob's spoken experience is the story of an open therapist who is willing to be shaped and impacted by his client, so genuinely that it transforms his work with other clients. He describes how, over the course of therapy, Hope developed "brilliant" metaphors for both DID ("honeycomb") and trauma processing (adult parts going back to "rescue the child part"). Inspired by her ideas, he began using these metaphors in his work with other clients. He talks about how important it was that "she came up with them." Because her metaphors originated from "such a real experience" on the inside, he found that "they immediately resonated" with other people with DID: "It was like they just couldn't find the words or the picture and then it gave them a gift." Woven throughout his narrative are examples of connection within the therapeutic relationship, including a "really deep moment in therapy" when Hope realized she had the ability to "calm herself." His response to her revelation captures both his attunement to her experience and his unconditional support: "I was just reinforcing that. That's amazing. That's a huge monumental shift in her whole inner world." The theme of generativity is also apparent in Rob's narrative when he provides suggestions to other therapists working with this population. For example, he states that "clients with DID naturally have the ability to do imagery and metaphor . . . so just asking for that image as you work with them." Tuning into his

words, I hear a message of hope ("we can still work with it") and resolve ("okay, let's try something else . . . let's try a different approach"). This message is reflective of his dedication to helping those living with the effects of trauma and dissociation.

'Reace. Speaking in an active voice, "Reace describes her efforts to make "movement" in her healing journey. She talks about how, after years of "living deep, deep inside" an inner world of dissociation ("a great, big mansion'), she has "come outside" and is attempting to connect with the world around her – to "find somewhere to fit." This process is ongoing, as 'Reace continues to struggle with feelings of nonexistence and despair. She describes how body therapy has been the greatest healing influence in her journey. Before she began doing "body work," she experienced trauma as a "wound," which manifested itself in the body without any "conscious awareness." Through body therapy, her "body began to open" and she started to "get in touch with feeling" and "have recall." As "feelings began to arrive," she was able to access her imagination – "that deepest, brightest place where I am" – to create healing from within. 'Reace reveals how she experiences considerable healing through imagery, noting that many images "come to [her]" through her dreams. In one dream, for example, she recalls walking through a cave full of lions. In her mind, this dream represented the experience of processing trauma. Her use of imagery to promote healing speaks to her resourceful and determined nature. In her story, there are many examples of self-directed healing, from "going up into the attic to play and have friends" to "building bridges" from both sides to facilitate internal connection. 'Reace indicates that these images were not discussed in therapy or, if they were, she does not remember. Saddened by this "missed opportunity," she notes that she is now more intentional about using imagery in therapy. In doing so, she is able to experience "the best of both worlds" – inner creativity and relational support.

Julia. Julia's narrative describes her practice of attunement in the therapeutic relationship. She explains how she "gets a sense" of what 'Reace is experiencing, based on her facial expression and body language, and then she "feels that feeling . . . in [her] own body." The language of attunement is prominent in her spoken experience, including such examples as: "I'm trying so hard to be present with her . . . [to] help her to be seen" and "once I start saying, 'I see it,' whatever little spark in there that says, 'I know I'm here,' gets validated." In listening to her words, I hear a profound desire to both connect to and validate 'Reace's experience. Using the metaphor of dancing, Julia demonstrates her ability to be attuned in the moment to moment process of therapy: "When I see her in a little girl place, I'll relate to her more like that . . . I'm following her movements." The theme of privileging the client's experience is present throughout Julia's story. This theme is especially apparent when she talks about using 'Reace's language ("she's calling it unvalidated, so I'm calling it unvalidated") and embracing her metaphors ("because she treats it as physical, I treat it as physical") in their work together. Additionally, speaking in a tentative manner about some of her insights, Julia reveals how she values 'Reace's wisdom regarding her own experience. As a developing therapist, she demonstrates a keen desire to better help individuals with complex trauma and dissociation by engaging in self-reflection and seeking out learning opportunities.

A Multiplicity of Voices

Given the complex nature of the phenomena under investigation – dissociation and healing – and the fact that participants were asked to describe their experiences holistically, it is not surprising that their words often reflected multiple voices at once. Because the Listening Guide considers the multiplicity of voices in a person's expressed experience, it "allows for the possibility that one statement may contain multiple meanings, and therefore may be underlined

multiple times" (Gilligan et al., 2003, p. 165). I endeavoured to capture all of their voices and accurately reflect the complexity of their experiences. Many factors influenced how participants, especially clients, spoke about their experiences. Examples of these factors include: the part(s) of the self that was speaking, the degree of insight surrounding a particular issue, and the amount of healing that had taken place in relation to the experience in question.

The voices that emerged from the four listenings primarily reflect different aspects of dissociation and healing. Expressions of trauma were also apparent in participants' experiences. Listening to the stories being told, I perceived relationships among the various voices of dissociation. I also detected relationships between the voices of dissociation and those of trauma and healing. These relationships, which are highlighted throughout this chapter, reveal natural links between participants' metaphors of trauma, dissociation, and healing.

As I listened to participants' descriptions, I heard examples of both implicit and explicit metaphors. Interestingly, a number of metaphors were embedded in participants' language. The Listening Guide method allowed me to hear both types of metaphors, including the embedded ones, and explore how participants used them to facilitate healing. It also became apparent that participants employed both *core metaphors*, which spoke to clients' subjective experiences and were applied over the course of therapy, and *practical metaphors*, which were utilized in the moment to capture certain experiences or accomplish specific tasks. Examples of core metaphors include the beehive metaphor and the mansion metaphor. In contrast, the broken tree metaphor and the weeping willow metaphor represent practical metaphors.

As discussed in Chapter 3, participants' narratives included descriptions of how metaphor facilitated understanding and healing not only within the context of therapy but also *outside* of it. These descriptions are evident in 'Reace's interview, for example, when she describes using

metaphor to create healing from within. For the client participants, in particular, metaphor seems to lies at the heart of how they understand themselves and experience the world. For this reason, descriptions of metaphors that were used in a healing capacity, or to better understand the self or an experience, were included in the results of this thesis. Engaging with the client's own metaphors opens possibilities for promoting healing and integrated identity within therapy (Waters & Silberg, 1998a).

Listening to participants' descriptions of their experiences of using metaphor in the treatment of DID, I identified eight voices. These voices are organized into two overarching categories: 1) voices of trauma and dissociation, and 2) voices of healing and integration. Each voice has a counterpoint or an opposing voice. For example, participants describe experiences of both trauma and healing in their stories. These contrapuntal voices reflect the continuum of dissociation and the clients' movement along it. Within the narratives of both clients and therapists, I heard descriptions of how the clients have progressed from severe dissociation to more integrated functioning.

Examples of the eight voices heard within participants' expressed experiences are provided below. The voices of trauma and dissociation are presented first, followed by the voices of healing and integration. This organization is intended to capture participants' movement from dissociation to integration.

Voices of trauma and dissociation. These voices reflect various aspects of dissociation, as well as trauma and other damaging experiences.

Disconnection, division. This voice represents internal division between parts of the self, as well as disconnection from people and things outside of the self. Identifying markers of internal division include having multiple parts or facets of the self and creating inner walls or

barriers, as well as a lack of communication and cooperation between parts. Disconnection in external relationships is apparent when participants speak about therapeutic ruptures, harmful or rejecting interpersonal experiences, and alienation from society.

Internal division. The majority of participants used the language of internal walls or barriers in their descriptions of dissociation. In Hope's interview, for example, she describes her experience of dissociation as having "walls" between parts of the self. Using the metaphor of a beehive, she talks about how these walls interfered with awareness of other parts within the system, as well as communication between them:

> There was a time when [in] the honeycomb each part didn't know each other part so they all had their own walls. . . . They all had their own section of the hive because everyone had a different feeling . . . . It was very enclosed . . . . There were years where we did not communicate with each other (laughs sheepishly).

When invited to discuss their perspectives on DID, Hope's therapists not only explained dissociation in terms of internal walls but also made specific reference to her beehive metaphor. In her interview, Penelope defines DID as "different sections of someone's personality that are sometimes walled off from others." The following excerpt from Rob's narrative builds on this definition, providing a more detailed description of internal division:

> I think it's a sealed-up portion of life that's occurring in a developmental spectrum. So, I think that someone experiences overwhelming events and, in order to not be continually overwhelmed, they have to package it somewhere. They have to seal it up and that includes what they were thinking, feeling, sensing in their body um, the relational sort of dynamics and everything were all like captured and then put away somewhere or walled off. . . . It's kind of like a room – a building or structure of some kind with some rooms.

In listening to Penelope's interview, it is evident that she has adopted a collaborative, client-centred approach to working with Hope's beehive metaphor of dissociation. The following quotation embodies the spirit of this approach: "My client uses the honeycomb so I kind of think of it as that." Rob also acknowledges Hope's personal metaphor of DID in his interview, describing the "honeycomb metaphor [as] just brilliant." A more detailed discussion of how the beehive metaphor was used collaboratively in therapy to promote healing and integration can be found in the connection, relatedness section of this document.

Similar to Hope's description of the beehive with its "various sections," 'Reace talks about living in a mansion that was divided into two sides. Each side of the mansion was further divided into separate living spaces, such as attics and meeting rooms. These spaces held different parts of the self. This metaphor is summarized in the following passage:

> There used to be this great big mansion and I lived in one half of the mansion. And I had this great bog dog and . . . he was a protector. . . . There were children upstairs in bunk beds. . . and we could play. And then, on the other side, there were all these grownups and it was time to do grownup lessons. . . . It was headache city. It's just too much information. And that was where the memories would um start to seep through. And over on the other half of the house I didn't have any memories. Total dissociation.

Listening to 'Reace's interview, it is apparent that she also experiences dissociation as disconnection between mind and body: two aspects of the self. She provides an example of this type of disconnection when she speaks about the physical manifestation of the trauma she experienced as a child: "My body had this violent reaction, but my brain didn't remember." This particular experience of disconnection is further illustrated in 'Reace's description of how it felt when "some adult said it was time to go to the other side" of the mansion:

> I physically felt the pressure and like there was an opening and I was moving into more of my own body. And I could feel that internally. But the sense I got up here in my head, disconnected from my body, was that I was moving to the other half of the mansion.

Taken together, her words give the impression that her mind and body were divided between the two sides of the mansion; her mind resided on the side where she experienced "total dissociation," while her body dwelled on the other side with the trauma "memories." Crossing over to the other side of the mansion meant "moving into" more of her body.

When asked about her understanding of DID, Julia was the only participant in the present study who did not discuss the concept of internal walls. Instead, she conceptualizes dissociation in terms of multiple parts or facets of the self: "I think of facets of a person . . . . It's sort of like a faceted crystal, like in the Latin sense of the word "faces." So, it's like one whole, but there are different faces. So when the light is coming in this way, they're expressing out of this part of them (uses hands to demonstrate how light can shine down and illuminate one facet of a prism).

Elaborating on this description, she explains how she can see 'Reace dissociating in therapy:

> She'll say, "It's like you're in a different world." How I get it is that she's seeing me from a different part, so I think of it as different parts. And when I see her seeing me, I can see different facial expressions and reactions . . . for example, when I go over to this side I often think I'm looking at a very young part.

The above quotation illustrates the process of therapeutic attunement, as Julia tracks and responds to her client's shifting internal state. The "very young part" that Julia sees emerging in therapy is reminiscent of the "little person inside" that 'Reace mentions in her interview.

Although she does not make specific reference to inner walls in her narrative, Julia uses the language of internal division to describe dissociation when she reflects on her client's subjective experience of DID: "She talks about having pillows – like she built pillows in her brain to protect herself. So, she sees the dissociation – like the division between awarenesses – like pillows."

Disconnection in external relationships. All of the participants spoke to the experience of disconnection in the therapeutic relationship. This voice is evident in Hope's interview when she talks about "pushing [her therapist] away" due to fears that he was "a harmer." At that time, she viewed her therapist as broken, likening him to a tree that was damaged by lightning:

> I thought my therapist was a harmer (scoffs). I have (sighs) such guilt around that. . . . It seemed like he was broken at one point. And I used to look at this tree as I drove down the road. And he was this strong tree. And then, one time, lightning hit that tree and the tree broke. And I thought that was like him. And I said, "You're like that tree."

Hope describes her therapist's response to her metaphor:

> He described his own tree (laughs), but not right away. I think he just let me say my say and then later showed me what his tree was. It was like a weeping willow and it did two things: it wept with people and it comforted people. People could sleep under it, and it was cool shade and stuff.

Describing her own experience of disconnection within the therapeutic relationship, 'Reace recalls a harmful encounter with a therapist who "invalidated" her experiences. She uses the language of "being plateaued" to convey the disconnection she experienced in this relationship:

> I went to see um a woman in Vancouver. . . . I started to get in touch with my feelings and that seemed to annoy her. She brought it back to head talk. . . . She said don't get me to testify for you. I've got nothing nice to say about you (harsh tone). I didn't speak it, but I had the thought: lady, you're the last person on the planet I would ask (angry tone). And I never went back. . . . But you see she's the doctor so she knows. I'm just this lowly person, which I have enough trouble with.

The therapists in the present study also had an opportunity to share their views on therapeutic ruptures. In Julia's experience, ruptures occur when there is misattunement within the therapeutic relationship: "I'm just not connecting. I'm not getting there. I'm not finding a way . . . to be on their side." Listen as she reflects on a moment of misattunement in her work with 'Reace:

> I have to watch myself to not talk too much . . . I think I can tell when it's too much because she'll start to be like, "Wow. Oh, wow." And she'll try to be all respectful. And I can tell that I've just gone off and she's sort of trailing . . . or she's going, "How does this relate to what I was dealing with?" – which was total overwhelm – and, "Why are you talking?"

For Penelope, misunderstandings within the therapeutic relationship can occur without warning, especially when certain memories are triggered or different parts emerge. Using the metaphor of a bomb, she describes the experience of "getting blasted" during therapy with Hope:

> [It's] like an explosion with a long, long fuse. Because sometimes we'll be doing therapy, and it's like the smallest thing, and one part will just pick up on it and it will just light the fuse. And you'll have no clue. And you'll just be sitting there and, all of a

> sudden, she'll be like yelling at you and like really mad or you'll get these emails . . . so it's kind of like a bomb going off because you don't see it coming.

According to Rob, therapeutic ruptures involve a mutual wounding. He acknowledges the damaging, and sometimes lasting, effects that these experiences can have on both client and therapist:

> There's a connection like a rope. . . . Where the cord frays and there's sort of like two hanging on. . . . And even though you read articles about how you have to have some kind of shattering or separation in order to mend it, and it's the mending that makes the relationship stronger, it's still hurtful and I'm aware of that. It's hurtful on both parts. . . . I don't know if you can always totally recover from that.

Beyond the therapeutic relationship, both Hope and 'Reace provided examples of disconnection in their intimate relationships, particularly with family. For instance, after looking into the therapist's "kind eyes" and experiencing feelings of "amazing love" and "wonderful acceptance," Hope realizes that she was never able to share these positive emotions with her family of origin or her husband:

> We never said those things in our heart before to our dad or our mom or our sisters or brothers or anybody. Or even . . . we tried with our husband but he always said he didn't want to look in our eyes.

In 'Reace's interview, she discusses how disconnection has characterized her relationship with her mother. Reflecting on her childhood, she recalls that "my mom would be mad at me and I never understood what I did wrong." At one point in her healing journey, 'Reace attempts to work through the unresolved feelings she has concerning her mother. She describes that experience here:

> It was time for me to let go of my mother because she wasn't really ever there for me (exhales loudly and begins to cry). It was a dream. . . . There was a mother bird and she was flying so hard (words broken with tears). She was trying so desperately to keep up. And then, all of a sudden, she fell and it was like she let go. She died. . . . I felt like there was this huge loss in here (points to her chest).

Sadly, both of the client participants in the present study also identified experiencing alienation from society. Hope, for example, uses negative, self-blaming language to describe how different she felt from other people because of her experiences of trauma and dissociation. The following quotation exemplifies these feelings of differentness and self-loathing:

> What happened to make us choose to create holes that would take us to safety when all around us we saw other people living other ways of living? And we felt despicable, as if we should not . . . we felt like a leper (disgusted tone) and as if we had some kind of disease.

In 'Reace's interview, she reveals her struggle to "fit in somewhere" – to find her place in this world, to experience a sense of belonging. Feelings of disconnection from society are apparent in the following passage from her I/We poem:

> I want to be included
>
> I notice
>
> I stand on the side
>
> I'm invisible
>
> I'm tired
>
> I'm just fed up
>
> I'm really sick of it

I want to be seen

This theme is also present in her description of a recent encounter she had at the pool: There's no room for me. I'm looking at this mother and daughter and they're taking up this entire bench. And out of my mouth comes, "Boy, do you ever need a lot of room." And the mom looked at me and started moving things over. And she looked a bit embarrassed. . . . I sat down my bag and said to them, "I'm just trying to fit in somewhere" (serious tone). And I've been saying that a lot lately. . . . I'm 61 years old and haven't found somewhere to fit (crying).

Hiding/escaping, going away, nonexistence. This voice captures experiences of going inside and escaping from reality, as well as feelings of nonexistence. In describing the honeycomb metaphor, Hope makes several references to going inside and hiding in "holes," as illustrated by the following examples:

> We had this very much fear about things called holes because the holes were a place to hide, and in the hive of the honeycomb they hid. So, it usually felt frightening when we had to go in there for some reason. To let the other part out, I guess. . . . What I sense is the expression of that honeycomb being (sighs) a safe place, but also a frightening place because we didn't understand why that part had to go in. And so holes, ever since we were very little, became a very frightening thing.

> Interviewer: I can understand why that would have been confusing, though, to have a part almost just disappear or go away and not really understand what was happening.
>
> Hope: Um, yeah. Essentially stop exist-, stop living. And, in that context, didn't experience time. Time stood still.

Hope also discloses real life experiences in which she hid in holes, suggesting that her honeycomb metaphor of dissociation originated from these experiences. Listen as she describes her earliest memory of the honeycomb metaphor:

Interviewer: Thinking back to the when you first imagined the honeycomb . . . where did that image come from? When do you first remember thinking about it and using it?

Hope: Huh! I wasn't going to tell you that (laughing).

Interviewer: You don't have to if you don't want to.

Hope: Well no, but . . . I remember I was about two or three going into my dad's store. And he sold gardening things for farmers on the prairie. And he had this cone-shaped honeycomb in there. And something bad happened so I went inside. We went inside. She went inside.

Her I/We poem for this excerpt is particularly striking, capturing the voices of multiple parts of the self:

I remember

I went inside

We went inside

She went inside

Descriptions of escaping from reality are also evident in Hope's story. The following examples demonstrate how she expressed her internal experience of dissociation through her art, long before she entered therapy and learned she "might have this certain thing."

I can remember writing a poem about being in a roller-skating place and the lights are twirling. I'm twirling and the lights are moving around and . . . I felt like I can escape. I

> actually consciously remember escaping to that place . . . an inner life of creativity that would release me from the pain of the present.

> There was no identity. I think that was what I needed to say all of this time. I need to say there was no identity in my person experience . . . I would just go into this wall. I even found myself painting myself into walls.

The following description, which mirrors Hope's experience of feeling trapped and unable to live her life, reveals another aspect of this voice:

> Some kids brought this beautiful . . . dragonfly to me and it was dead. It was about six inches across, the wing span, and had beautiful florescent wings. And I felt like that had been me before, just trying to live my life with my husband and stuff. And the dragonfly kept crashing against the walls and finally died. And they brought it to me and I thought (exhales) I totally feel like the dragonfly.

This metaphor serves as a powerful illustration of the loss of self that she experienced in her relationship with her husband.

In describing her experience of dissociation, 'Reace makes several references to going inside and hiding in the mansion: "I stay in seclusion, hiding." She also talks about experiences of nonexistence, which are characterized by feelings of nothingness, powerlessness, and detachment from reality. These feelings are captured in the following quote: "I was empty. There was nothing . . . I was completely, entirely amnesic and totally dissociative out here with the world . . . I lived deep, deep inside of me." Similarly, Julia explains how 'Reace "talks a lot about not having been here" in therapy.

‘Reace makes a particularly potent allusion to powerlessness, as she gives voice to her experience of living inside the mansion:

Interviewer: And when things started to feel overwhelming and it started to physically hurt, do you remember if you would go back to the other side of the house? Were you able to go back when you wanted?

‘Reace: Hmm, no.

Interviewer: It wasn’t up to you?

‘Reace: It wasn’t up to me. It would just happen.

The following excerpts from her I/We poem further reveal the nature of ‘Reace’s dissociative experiences:

I lose it

I just completely go “poof”

. . .

I went blind

I didn’t want to see

. . .

I dissociated

I, I dissociated

. . .

I went blank

Her words reveal that disconnection from reality is central to her subjective experience of dissociation.

The therapist participants can be heard using this voice in their narratives when they describe their clients' experiences of dissociation. The following passage, taken from Rob's interview, captures Hope's experience of feeling trapped, helpless, and cut off from the world:

> I don't know whether it's a metaphor or a real event, but she talked about drowning and being underwater and then breaking out through the ice and, you know, being present. And like being terrified of that and seeing other bodies under the water, under the ice. . . . If it was a real thing, it was also metaphorical in the sense that she realized she had broken out of that – broken through the ice and come up and was alive.

In her interview, Julia recalls a particularly powerful metaphor that 'Reace used to depict her dissociative response to overwhelming terror:

> Julia: I remember one image that she used that really resonated for me and I think of now when someone gets completely overwhelmed. She said, "My head snapped off." That was it. She lost her head, right? And it was gone. That was how traumatic it was. And when she said that, I really got it. I was like, yeah, completely overwhelmed. You can't even be here anymore. You're gone, right?
>
> Interviewer: Can you recall when that came up in therapy?
>
> Julia: When she was talking about it, we were doing a session around early childhood trauma and she was processing it. It was being buried alive in a coffin. "The dirt, the dirt," she was saying.
>
> Interviewer: And do you remember how you responded to that metaphor?
>
> Julia: I think my mirror neurons went off, you know? It was like, "Yes, that was absolute terror and nothing could have kept you here."

Not knowing, darkness, silence. For the client participants, this voice reflects the confusion and the lack of awareness surrounding their experiences of trauma and dissociation. In Hope's interview, this voice includes references to living in darkness or the beehive being very dark. Before entering therapy, for example, she recalls: "We were still in the dark. . . . The honeycomb really was dark. . . . It was dark. It was so, so, so dark." Listen as Hope explains what life was like at that time:

> There was no knowledge of the parts then. . . . I wasn't aware that different parts would come out at different times . . . Each part didn't know each other part . . . . There [was] lots of darkness and confusion. . . . We didn't know what [the honeycombs] were . . . [and] we didn't understand why that part had to go in. . . . It was a frightening place.

Hope's expression of fear and confusion in response to her early experiences of dissociation is echoed in her I/We poem:

> We didn't know
>
> We had this very much fear
>
> They hid
>
> We had to go in there
>
> To let the other part out, I guess
>
> I, I think that's how
>
> I don't
>
> I wasn't aware
>
> . . .
>
> We didn't understand

Reflecting on her healing journey, ‘Reace acknowledges that, despite having “glimpses and feelings and terror and memory trauma,” there are aspects of her abuse that remain outside of her conscious awareness. She wonders if these memories “perhaps [reside] in the other side of the mansion.” The following passage exemplifies her current struggle to “get strong enough to actually remember” the trauma she suffered as a child:

> ‘Reace: It just doesn’t seem real. I, I still sense my own terror of that man and um (sighs deeply) . . . and I don’t remember. I remember I was his mistress and my bedroom was next door to my mom and dad’s. And my mom would be mad at me and I never understood what I did wrong. And I don’t remember him coming into my bedroom at night. I just don’t remember.
>
> Interviewer: So, there is awareness of bits and pieces.
>
> ‘Reace: Yeah.
>
> Interviewer: Ok.
>
> ‘Reace: But I don’t have that collective opening and I know it’s for a reason.

Her words reveal the protective nature of her dissociation, as well as the need for both careful pacing and well-developed ego strength in her healing.

This voice is also apparent in ‘Reace’s narrative when she talks about experiencing things physically in her body without having any “conscious awareness.” For example:

> ‘Reace: The first time I had recollection of that – but not on a conscious level – was [when] I had to get my uterus removed . . . I had a violent reaction . . . and what I did was release that memory. But it didn’t come to conscious awareness. It came to a certain level of awareness where my body had this violent reaction, but my brain didn’t remember.

Interviewer: You didn't know why.

'Reace: No. I just had this – just like the MS – I had these reactions. And um like going blind and the tic douloureux and the walking disability . . . and my body did all that, but I didn't know why it was doing it.

The I/We poem for this passage captures how trauma is experienced in the body, separate from the mind, speaking to the core of her experience:

I had a violent reaction

I . . . release[d] that memory

I had these reactions

I didn't know why

The above descriptions illustrate how the voice of trauma co-occurs with the voice of not knowing in 'Reace's narrative.

Both women also revealed experiencing a lack of awareness of parts, and between parts, within their internal systems. The following quotations from Hope's interview are powerful examples of "not knowing" and the feelings of surprise and confusion she experiences in response to this lack of knowledge:

When you go back to that place . . . when, when we go back there, we get surprised that person doesn't know the other parts or what's been happening. They may have a sense of the busyness of the honeycomb (laughs), but they don't know what's going on.

Right now, we're dealing a lot with the adult parts who came because there was no knowledge of the parts then . . . there were adult parts that just kept making parts. So it's

> a confusing time right now with the older parts because the older parts should know in my mind. . . . That they are part of the whole.

Listen to the uncertainty in 'Reace's voice as she attempts to determine who in her internal system is responsible for developing a particular metaphor:

> Interviewer: And then the wave metaphor that captures what it feels like when you switch from one part to the next . . .
>
> 'Reace: I . . . that's kind of something out of my conscious control. I don't know who . . . I don't know (sighs). I'll take ownership. Which part of me developed that? I really don't . . . I don't know.

The experience of not having words or a voice to express themselves is also captured in this category. For Hope, the darkness and confusion of the beehive meant that she could not communicate about her inner experience of trauma and dissociation:

> The words, the words are hard to find because in the beginning there were no words . . . There were never any words that really could comprehend the . . . immensity of the pain . . . it was dark, it was so so so dark. . . . If you can't see in the dark, you can't get out and describe what's going on for you.

Hope's words echo Way's (2006) description of this experience: "Within the black hole of dissociation and trauma, language fails" (p.34).

The silencing impact of trauma is also clearly evident in the women's stories. 'Reace provides a particularly poignant example of how she internalized her abusers' message of "don't tell" in the following passage:

> There was . . . an aspect of me that would take . . . the part of me that my father had gotten his sperm all over . . . into the water and . . . let the stream clean her. And um we

> had this rule that she never told me what happened so I never saw what he did to her . . . and I think, you know, that's a very large responsibility for such a little person – to have to do all that and not to be allowed to tell. And I even told her that. Like that's what everyone else said to me. You're not allowed to tell. And I even told myself, "You're not allowed to tell."

In contrast to the clients' use of this voice, the therapist participants convey a sense of "not knowing" in a manner consistent with their role as helping professionals. In listening to their interviews, this voice is evident when they speak in a tentative manner about some of their insights, acknowledge the limitations of their knowledge, and leave room for alternative explanations. In the following description, Rob not only recognizes the limits of his understanding but also demonstrates how to engage in meaningful clinical work by focusing on the client's experience:

> And I don't usually do that. I don't usually say, "Where, when, who was there, what year was that." And if they question me and say, "Was that real? Did that happen?" then I say, "I don't know." And even if you were processing a nightmare image, we can still do some work because it still somehow represents your inner experience. And it's disturbing to you so we can still work with it.

This example demonstrates how, in privileging the client's subjective experience, the therapist honours the client's voice and opens possibilities for healing.

I also hear Julia speaking in a tentative manner, as she discusses her conceptualization of DID. Listen as she both takes into consideration her client's view of dissociation and acknowledges the challenges of tracking and responding to her client's shifting internal state:

> I don't think of it like she's divided and that she's got walls and can't see. It's more like it's a lack of awareness. Although she sees it more like that, so maybe it is. I don't know. Like she sees the pillows in between and all that. But I think of it more like: if I experience it with you and show you and share the experience and validate it, then you know it's there. But I need to actually go there with her and that can be hard to do because I don't always um . . . it's so hard to track, right? Like you don't always know what you're doing while you're doing it.

Trauma, brokenness. Trauma memories, impacts of trauma, and brokenness in response to trauma are all aspects of this category. In her interview, Hope does not share many details about her past or the traumas she has suffered. She makes reference to them using ambiguous phrases, such as "something bad happened," "the psychologist who hurt me," and "I knew something wasn't right in our family." Notably, Hope's decision to discuss her traumas indirectly may have prevented the memories and feelings from overwhelming her during the interview process, allowing her to reflect on the material without having to relive the experiences.

In addition to the ambiguous phrases, Hope also uses the language of "darkness" to describe her internal experience of trauma:

> The only parts that we really don't like to do is when it's dark still . . . parts, experiences, memories. And the parts that were really dark, like we had a mother in us and a father in us. We went one time and realized we had a mother and father in us that were our mother and father. And we went to our first therapist and we said, "We're going to die because we don't want them in us" (solemn tone). . . . The mother came last year and really yelled at our new therapist and broke her heart (exhales). She came when something scary was

> about to happen and she thought she would defend us. And our therapist said that was okay to do, but we still think she's not really allowed to do that. And she was about to kill us the night before, like drive into a wall (serious tone). And (sighs) so we think when we see the picture of her that we drew, we find that very scary still. That picture would say so much to us. That's still an unresolved part. I think you might know that when people are still in the middle of things there's still darkness, but . . . there's more support so that hard part that comes out can get some help.

In listening to Hope speak about trauma in terms of "darkness" and "dark parts," it is evident that her experience of trauma is closely related to the not knowing, darkness, silence category. That is, the parts that hold on to the trauma memories are "still in the dark," and the unprocessed memories in the honeycombs make it "dark" and "scary."

Although she keeps her discussion of it brief, Hope does mention a specific traumatic event involving "holes" in her narrative:

> There was a hole that I drove by and the abuser came, took us to the back of the school, and took h- her to the back of the school and made her do some things. And then he drove us past this manhole. So, holes were good and bad. We thought we would go in that hole and then no one would find us.

Rob provides a description of how the "ideas of holes" may relate to Hope's experiences of trauma:

> She kept alluding to this thing with holes. And she couldn't even grasp what that meant or why it was there and why the idea of holes was so important. And then she talked later about holes in the ground, in the basement, because she was taken to a basement and

> abused. And just something about holes . . . and I don't know whether they were like bodies in a grave . . . because she alluded to that, too.

These excerpts suggest that some of Hope's traumatic experiences took place in a hole. However, she also identifies how holes were "good" because she thought "we would go in that hole and not one would find us." This description is similar to her account of hiding inside the beehive in her father's store: "Something bad happened, so I went inside. We went inside. She went inside." The concept of holes being both "good and bad" is also reflected in her explanation of the beehive metaphor. She describes how it was a "safe place" because holes were a "place to hide" but also a "frightening place" because "the memories are in the honeycombs." Thus, it appears that, within Hope's subjective experience, holes are associated with both trauma and safety.

In contrast, 'Reace provides candid descriptions of the trauma she has endured throughout her life, from the sexual abuse she experienced at the hands of her father to the satanic ritual abuse she lived through as a child. Reflecting on the complexities of her "life trauma," including its physical manifestations and intergenerational nature, she tearfully discloses: "I can't believe I'm still so loaded after all these years." This revelation reflects the severity of the trauma she has experienced and the intensity of the therapy required to treat it; the healing process is ongoing.

In the following passage, Julia demonstrates how she works with the part of 'Reace that "holds all that" trauma. Listen as she portrays the abusers' actions as an attempt to "murder" 'Reace's soul:

> There's still a deeply traumatized, abused part that thinks that she's evil . . . the part that's been told she's evil . . . I see something come out in her eye where she's kind of distant,

kind of untrusting . . . like she starts to think I can see her and I'm evaluating the badness, right? So, I asked her today, "Is there any part of you that fears you might harm them or do something bad at the same time you're having all this happiness?" And right away she says, "Yes . . . it's like the little girl in me who had the hand holding the knife." So then, we worked through that again. And I said – talking to her grownup self in the here and now – "They were trying to murder you. Murder your soul, your spirit. They were abusing you too . . . they were trying to kill you."

In another example of therapy process, Julia uses the metaphor of a physical injury to validate the emotional wounding 'Reace experienced in her marriage:

Julia: She was apologizing for her divorce . . . for going through with the divorce of her husband who was extremely physically abusive to her and also sexually abusive to her kids. She went to him and apologized to him, while the person that he cheated on her with was there . . . I heard her out about it and then I said, "Betrayal in marriage is about one of the worst wounds a person can receive. If you can imagine being stabbed in the arm, would you apologize to him for that – for him stabbing you in the arm?"

. . .

Interviewer: And did that help shift things a little bit, did you find?

Julia: Yeah, it did. It got her back to sort of a more integrated mode.

Julia was not alone in her use of this type of metaphor. 'Reace, for example, likens trauma to the "open wounds" she suffered during "the [satanic] rituals."

Interviewer: What images, metaphors or symbols best represent trauma for you?

'Reace: Open wounds.

Interviewer: Okay. If it feels okay to, can you describe what that wound might look like? Would it be really deep? Would it be . . .

'Reace: Um they used to tie me on a table for the rituals and sometimes they couldn't get the bleeding to stop. So, they tied my feet and hung me upside down. And, and they stuffed me to get the bleeding to stop.

. . .

Interviewer: It sounds like, since a lot of the trauma from early on when you were young was physical in nature, now when you think of trauma in general you think of a wound.

'Reace: Yeah.

Throughout her narrative, 'Reace speaks of experiencing trauma in her body. Its physical impacts are apparent when she describes suffering numerous "reactions," including multiple sclerosis, blindness, and tic douloureux. These physical reactions occurred without any "conscious awareness" of the traumatic experiences, highlighting the relationship between 'Reace's voices of trauma and not knowing.

In her interview, Penelope explains how the metaphor of an "external injury" can be useful in educating clients about trauma:

I just think of like an external injury. That's what I use with a lot of my clients because it's visual and people can identify with it. So, like a bad injury. And sometimes injuries get kind of closed off and infected and you get a whole bunch of disease. And you have to go back in and it's extremely painful . . . but you've got to clean it out or it just leads to further issues.

Similar to Julia's description of trauma, Rob moves beyond the physical to discuss the spiritual impacts of trauma:

> I see trauma as a tearing . . . almost like a tear in the person or, even in some cases, the soul. And I think that it's something that is a wounding that, on one level, makes the person vulnerable. On the other level, it sort of pushes them into the presence of a higher power.

Voices of healing and integration. These voices reflect participants' experiences of healing and integration.

Connection, relatedness. This voice captures elements of internal connection among parts of the self, as well as connection to people and things outside of the self, such as therapists, loved ones, nature, God, and culture.

Internal connection. In Hope's story, there are many examples of communication and cooperation between her parts, especially as she continues to engage in "group therapy." She is clearly working diligently to "unite our self and bring us to wholeness," as evidenced by the following three examples:

> There've been a lot of parts to be found so that those parts could then say their trauma. And then, and then the parts could unite and say hello to each other and reacquaint themselves. . . . We call it group therapy (laughs), which is another metaphor.

> We have silent terrors of um . . . not so much anymore like we have sadness that comes over us quite a bit, but we're able to tell her, calm her (pats her chest as she speaks) . . . which we found doing this helps (pats her chest again).

> Today we talked about this one part and we came to her . . . and we try to figure out. And she was saying something and I didn't know (regretful tone) . . . and now I know. And I

> was able to say I'm sorry and she was able to say I'm sorry. And, and we were both able to connect. So, the metaphor of the honeycomb with the walls down and just the circle is really good for that. And we, we use that.

Notably, Hope's therapists touched on some of the same examples in their narratives. According to Penelope, the group therapy metaphor was developed collaboratively in an effort to encourage internal communication. Over time, Hope began to facilitate "dialogue" between the parts herself, fostering connection and, ultimately, integration:

> We came up with the notion of group therapy where all the different parts that are capable will sit around a table. . . . The basis of group therapy is to just encourage the client to take ownership over her own integration experience, and to increase dialogue between the different parts. So, it started out with Rob or myself verbally calling out different parts or asking, "Does anyone in the system have any thoughts on this, or would they like to talk about it?" Or, if a part had an issue with another part, we'd increase dialogue. And eventually, she kind of internalized it where her core personality took on the role of [facilitator]. So, that's the main thing we're doing right now – just encouraging the parts to talk. And they end up uniting.

Rob can clearly recall the "moment in therapy" when Hope revealed her ability to engage in self-calming, as evidenced by the following description:

> Another really deep moment in therapy was when she shared with me that she'd been in the grocery store and she started to be frantic and have a bit of an "I've got to get out of here." So, there she was in the grocery store starting to panic and her heart rate going and things like that and then she suddenly realized that she was going shhh, shhh, shhh and

> patting herself on her chest. And she realized that was herself calming herself. And . . . I was just reinforcing that. That's amazing!

Both therapists also describe how the beehive metaphor has changed over the course of treatment to reflect progress in internal communication and cooperation. In her interview, Penelope notes that, "As she progresses the walls disintegrate . . ., and then they're able to unite." Similarly, Rob shares, "Subsequently [within] that honeycomb . . . the walls dissolve as you move toward recovery. So, the parts start to communicate more and interact more and cooperate more."

Hope's therapists provide additional examples of internal connection metaphors in their narratives. In the following quotation, Penelope uses the metaphor of "a colony of ants" to describe the cooperation taking place among the parts within Hope's system:

> It's like a little colony of ants that are just working together, and all of her parts are working really, really hard . . . they're working really hard and they're helping the system to get integrating . . . to unite for a common purpose . . . like, we're getting the kid parts to have slumber parties internally and just really fun stuff like that. In the beginning, they had little identities. And now, uniting them through their roles. And maybe, uniting them as a system.

In his interview, Rob describes using images of various meeting places to facilitate communication and cooperation with Hope's internal system:

> We've used the boardroom table a lot . . . or in some cases there was a castle and they met in different rooms and in chairs up on the balcony looking out over the land. And we've had gazebo-type things in gardens. I like those a lot better than the idea of the hallway with the closed doors. It just seems too claustrophobic, and like you can't get

> out . . . and the idea of an open thing in nature where you're either on the beach or in a field or garden seems to feel a lot better . . . so that was always helpful to have a place to meet and have the parts there and meeting.

'Reace also discusses moments of inner connection and cooperation in her interview. Listen as she describes a particularly poignant example of internal connection involving the "little person inside" who holds all of the sexual abuse memories and an internal caretaker part:

> There was a part . . . of me that would take the part of me that my father had gotten his sperm all over . . . into the water . . . and let the stream clean her. . . . I would take care of her and wash her off and everything.

Although these parts established a "rule" that the abused part could never "tell" the caretaker part about the abuse, this example demonstrates how the two parts worked together to care for one another. One part physically cared for the little girl who was being abused by washing her in the stream, while the other part shielded her caretaker from the psychological damage of the abuse by "hold[ing] all that."

Julia recalls how this metaphor has been used in therapy to strengthen connection, as 'Reace works towards integration:

> She's got two little girls and I've often referred . . . to one part helping the other part. Just kind of following along with her narrative about it because one little girl was the part that didn't get abused and washed the little girl that did get abused. And I've talked to her about that. So how does this help you now? How does this translate now? Is there some part of you that's like the grownup little girl? So, we've kind of gone through that.

In the following example, 'Reace explains how she uses the metaphor of "building bridges" to foster connection between parts:

> Building bridges works. I've built bridges, lots of them. Actually, I've had dreams where the bridges stop in midstream. . . . What happened was I ended up on the other side and I started building a bridge to meet the other one.

This voice is also apparent in 'Reace's narrative when she describes facilitating communication within her internal system. This process is exemplified in her I/We poem:

> I, I have this . . . wave internally
>
> I feel a shift
>
> You . . . shake your head
>
> I'll actually self-talk
>
> Where are we going?
>
> What am I afraid of?
>
> Why does someone else need to be here?

In her interview, Julia explains how 'Reace uses the "pillow" metaphor to describe her experience of healing within the brain:

> We often use [the pillows] as targets for OEI. . . . I remember, one time, she said, "I felt pillows." And then she said, "Oh, I just felt something change here or something opened up here" (points to different parts of her head, as she talks). So, she's always referring to it [based on] her understanding of how the brain works. Like, it's opening up. And she'll add in things like chakras. So, for her it's like blocking and opening.

External connection. For Hope, there is a relationship between different layers of the connection voice: experiencing connection within the therapeutic relationship helped to facilitate inner connection among her parts. In her narrative, Hope describes how experiencing unconditional acceptance and genuine kindness within the therapeutic relationship taught her

what real love is. Over the course of therapy, she began to internalize these feelings and direct them towards herself, which helped her relate to the other parts in her internal system. For Hope, the therapist's "kind eyes" is a symbol of love and acceptance of her whole self:

> We were looking into his kind eyes and he never took his gaze off our eyes. . . . We were the sole focus of his kind eyes. . . . We went inside his eyes and his eyes came inside our eyes. And, and we were just sitting there like there was no scary (childlike voice). His eyes were saying kind things, like real things. . . . I didn't feel un-whole. . . . We felt um amazing love . . . like of wonderful acceptance. He wasn't going to break our heart or leave us.

In her story, 'Reace describes how her body therapist has been an enduring source of comfort and support throughout her healing journey. The metaphor of the "great white bird" is reflective of this connection. She explains how this image came to her through a dream:

> It was a dream . . . and there were three birds. There was one with great white wings, and there was a little bird, and then there was a mother bird. And she was flying so hard (crying). She was trying so desperately to keep up. And then all of a sudden, she fell and it was like she let go. She died (sobbing). And then the great big bird, which was the father bird – in my mind, it was Bob, who's been my therapist for 28 years – wrapped me in his great white wings and just held me. But I carried on, we continued in our flying.

'Reace continues to use the image of the "great white bird" to self-soothe when she is feeling emotionally activated:

> When I'm feeling (sharp breath in, begins to get upset) in a lot of pain, I imagine the wings holding me. . . . When I start having thoughts like (sobs), "I'm really done here. I just can't take it anymore," that's when I imagine those things.

Her use of this imagery to comfort herself in moments of intense pain and despair speaks to her resourceful nature. Listening to her story, it is evident that she consistently uses her creative powers to facilitate healing from within.

Hope also provided other examples of external connection in her interview. In the following passages, she talks about her connection to God and to nature, illuminating the healing influences of both:

> I drew this um feather and . . . it started to represent a spirit of, a spirit of God and Jesus and how He went through all that suffering. And that part of me that got raped went through all that suffering . . . and He understood. And we could be a whole, beautiful feather. . . . We could look to the feather as being a symbol of one God that knew our pain, knew our suffering.

> I felt like we were not special. We were special, but in a negative way and not in a way that anyone would love us. So, the hummingbird came in the door one day when a friend had bragged that she had hummingbirds and (sighs loudly) I didn't. And that was a metaphor for me not being loved, I guess. And I was on the phone with my therapist crying my eyes out and saying hummingbirds don't even come to my house . . . and this hummingbird peeked its nose in my door (voice rises in astonishment and excitement). And so that was this humungous spiritual thing.

Hope also uses the hummingbird metaphor to embody "being a mother bird" to her children and grandchildren, which is an example of connection to family:

> The hummingbird is like a mother to me now because she devotes herself to her life of being a mother bird and um it's very symbolic of me. And I look at her little round head

> and I just want to hug her like a mother or something (laughs). I don't know how to describe it, but um she takes care, she's devoted to her chicks, and she sees them through. And, you know, it's quite beautiful.

In terms of culture, Hope shares the following description of feeling connected to artists and their artwork:

> There were also like connections to artists [who] . . . started going into people's insides. . . . It gave me a clue, when I was looking at the artwork of say Picasso or somebody like that, how that could exist. . . . How what was happening inside of me was real and not made up.

Although 'Reace is still in the process of finding "somewhere to fit," she discusses the ways in which she is already connecting with the world around her. This connection is depicted in image of the "two earths" touching:

> I had this dream and um there was this earth and the earth I was standing on. And this other earth came down ever so gently and slowly. And it was so humungous in my mind. In the dream, it filled up my entire consciousness. And the two earths touched. . . . The world that I'd grown on, lived on since I was a baby and then there's a new world that came and joined [with] different people and different life experiences. . . . I want to be included. . . . Now I go for walks and I say hello to people.

Coming out, being present and alive, having a sense of agency. This voice contains examples of "coming out" of dissociation, remaining present, and becoming an active participant in life. It also captures expressions of personal agency. Reflecting on the current state of the beehive metaphor, Hope explains how the parts are now free to "come out" of the hive and participate in life:

Interviewer: What does it look or feel like on the inside to you?

Hope: It feels like a vast open space with all these people right now. I would call it a big cone-shaped hive, a bumblebee hive.

Interviewer: Where do the different people fit into the cone-shaped hive?

Hope: Well (exhales deeply), depending on who is needing to be out, there is a hole in the top of the cone-shaped hive and they come out. . . . When they come out, they don't feel unsafe anymore.

The language of "coming out" is also evident in Hope's narrative when she describes healing experiences. For example, she notes that "letting the parts out" is the first step in "accepting the parts." Additionally, in her discussion of the "group therapy" metaphor, she describes how "not everyone has to show up every time because, if they did, it would get a bit confusing . . . but they can come to therapy and they're there." This theme is echoed in Penelope's description of the "group therapy" process: "They're all present and no one goes away."

Another aspect of this voice, revealed in Hope's expressed experience, is an emerging sense of freedom and confidence to "go out and live." In the following passage, she explains how the dragonfly metaphor has changed, and taken on new meaning, over the course of her healing journey:

Hope: That dragonfly doesn't feel like that anymore (strong, confident tone). The dragonfly feels like a real mom and a real grandma. And is proud to be a dragonfly and eat all the mosquitoes so they won't bite her grandchildren.

Interviewer: What's the biggest difference about the dragonfly now compared to back then?

Hope: The dragonfly flies free. The dragonfly lives. Even though I know dragonflies only live one day, in the life of the dragonfly, she lives a full life.

In listening to her I/We poem, Hope's vitality is palpable:

The dragonfly flies

The dragonfly lives

She lives a full life

Hope reveals that these feelings first emerged as she began participating in trauma therapy. Using another nature-inspired metaphor, she describes how she felt like a "dancing lamb" after processing her trauma. The image of the lamb represents Hope's newfound freedom to live her life:

Hope: Every time I went there, it was like I came out like a dancing lamb . . . the parts were coming out . . . in my spirit, there was like this little lamb jumping around . . . dancing in the meadow (excited, childlike tone), coming out of therapy.

Interviewer: When you think about the little lamb dancing in the meadow, what feelings go along with that image?

Hope: Oh, just all the exuberance of things missed. Of years missed. Joyful like the hummingbird who flits around and is just happy to do her work and doesn't need (laughs) great momentous things to happen. It's like a freedom of expression to have confidence to go out . . . go out and live.

From Penelope's perspective, Hope is not only becoming an active participant in life but also in therapy. In the following excerpt, she draws attention to Hope's developing capacity to direct her own healing:

She's doing a lot of her work by herself and so she's kind of owning the experience. She's now doing the group therapy stuff internally. And so, we come and work on the trauma pieces and then she goes off . . .

In 'Reace's interview, she talks about her desire to "quit hiding" in the mansion and "come outside." This desire is clearly evident in her description of the "two worlds" metaphor:

Interviewer: And what was the new world all about?

'Reace: Different people, different life experiences. Not that there isn't pain left, but opportunities. I got to quit hiding because how am I going to meet these opportunities when I'm hiding.

Interviewer: It's so hard when you spend such a long period of your life hiding.

'Reace: Yeah. Not wanting to be seen. Wanting to be invisible. Now I want to be included. How does my brain feel? There's enough space on this planet for me.

She explains how the dream in which "the two earths touched" coincided with her emergence from the mansion: "[It was] about the same time when I came outside of the mansion . . . because I was hiding in the mansion." Emerging from an inner world of dissociation, she is now able to participate in the world around her, as evidenced by the following excerpt from her I/We poem:

I came outside

I come out

I actually say hello

I started walking

I go for walks

I see things

Within her spoken experience, there are numerous examples of ‘Reace’s active participation in life. Her words convey a strong sense of presence and personal agency: “I’m out here. I’m taking up space . . . I’m doing it out here now. It’s not all happening in magic internally. It used to be all magical.”

Julia can be heard using similar language in her interview. For example:

> One [metaphor] we’ve used is a stage. That’s something she came up with, where she felt like a curtain was dropping and a new person was coming out onto the stage . . . and I remember it was really positive. She liked it. She felt like it was a new act in her life . . . and what I remember feeling was that this person was a lot more engaged, a lot more an agent in her own life. Like she would say, “I’m here.”

‘Reace’s ability to take action – to make a difference in her life – is especially apparent when she describes her individual efforts to bring about healing. The following passage is perhaps the best example of ‘Reace’s capability to direct her own healing experiences:

> Interviewer: And can you think of any ways that the mansion image was helpful in any of your therapy?
>
> ‘Reace: I like going up into the attic because there’s all the little children. There’s not so many anymore.
>
> Interviewer: Okay, so it helped you access those parts?
>
> ‘Reace: Yeah. I’d just go up and play and have friends.
>
> ...
>
> Interviewer: And did you ever do that in therapy?
>
> ‘Reace: No.
>
> Interviewer: No. Just on your own?

> ‘Reace: Yeah.
>
> Interviewer: Okay. You did a lot of work on your own.
>
> ‘Reace: I think this is the first time I’ve ever talked about the mansion and the attic out loud. Wow, isn’t that interesting that I’m talking about it to you. It’s even coming out now – those parts of me.

While reflective of personal agency, these words also capture the experience of “coming out” of dissociation. During the interview, ‘Reace’s parts were able to come out and share their experiences of living in the mansion.

Given the self-directed nature of ‘Reace’s healing, it is not surprising that this voice often co-occurs with the voice of healing, wholeness in her narrative. This relationship is most evident when she discusses the ways in which her own dreams and images have contributed to her healing.

Becoming aware, knowing, voice. For the client participants, this voice represents a growing awareness of their experiences of trauma and dissociation. Listening to ‘Reace’s story, this voice is apparent when she speaks about her experience of “journeying” in her body and getting “in touch with feelings.”

> When I first met Bob, I was anorexic and my ex-husband had almost murdered me with his bare hands. I was hanging on for dear life, but I wasn’t aware of it. . . . After a couple years of doing body work, my body began to open. And it’s probably when I started to have recall . . . as feelings began to arrive.
>
> As I began to integrate, I began to remember what I had done to survive. . . . I can actually in my mind’s eye see my father and his penis . . . and I know I miscarried one of

> his babies because I got it out of the toilet and handed it to my mom. . . . I have those in here (points to head).

In these descriptions, 'Reace explains how "journeying" in her body created "openings" through which feelings and memories "began to arrive." Through this process, she "began to integrate." Using the mansion as a framework for understanding this experience, it seems that her body was the gateway through which she was able to enter the other half of the mansion and begin integrating the two sides. For 'Reace, processing the trauma held within her body resulted in both increased awareness (which she experienced as connection between mind and body – two parts of her experience that resided on separate sides of the mansion) and connection within her internal system (which she experienced as integrating the child parts and the adult parts from the two halves of the mansion).

In Hope's interview, she describes how acknowledging that she "might have this certain thing" called dissociation brought "light" into the beehive:

> And in that therapy . . . after there was an acceptance of a possibility of some kind of dissociation because of the abuse and neglect . . . that's when the light started to come into the honeycomb. And I can honestly say that each of those parts had to come out of each of those places in order to feel that . . . see that light and see that acceptance. . . .
>
> Now [with] the light shone on, when the [parts] come out they don't feel unsafe anymore.

This experience reveals how the psychoeducation and acceptance Hope received in therapy were essential to her healing. Together, they fostered feelings of safety, as well as hope: "[I] grasped the possibility that there was a change that could be made."

With "more light coming in," Hope was able to "look at the scariest memories" held within the honeycombs and make sense of the "busyness of the beehive."

> We have knowledge now that our abuser threatened us and then holes were where we would escape to and . . . therefore another part came out. We're gain- gaining words all the time (exhales) to describe what happened, and where we went, and why we were fearful . . . and connecting the parts to know who can take care of each other now.

Through the healing she experienced in therapy, Hope developed greater awareness and, with it, the capacity to access words and tell her story. This example reveals how Hope's "knowing" gave her a voice, empowering her to overcome the silencing impact of trauma.

This feeling of empowerment is amplified in Hope's I/We poem:

> We have knowledge
>
> We're gaining words
>
> [We're] connecting the parts

Additional examples of gaining a voice can be heard throughout the women's stories. 'Reace uses the language of "speaking my truth" to describe how, as part of her healing journey, she has begun to express her voice. This language features prominently in her I/We poem:

> I'm doing it
>
> I'm speaking out
>
> I can speak up
>
> . . .
>
> I'm speaking up
>
> I'm telling

Over the course of their healing journeys, both women describe an emergent awareness of their internal systems. The following passage from Hope's interview illustrates the "perception of knowing" that now exists amongst the parts within the beehive:

> Interviewer: And when the other parts are in [the honeycombs] can they hear and see what's happening for the rest?
>
> Hope: Now they can. For the most part, I would say. Yeah. They're getting more able to connect. Hearing is not always the way they perceive each other . . . except if I say something out loud. . . . It's mostly a perception of knowing . . . like today there was a metaphor of they're just lining the inside of the brain . . . sensing, observing . . ., being a present part.

This awareness was also apparent during the interviews when the women described experiencing a "shift taking place" or the emergence of different parts. In the following quotation, 'Reace identifies that she is struggling to remain present due to a shifting internal state:

> I think part of me lost you on that one. . . . I'm getting a little bit dizzy right now because I'm clearly doing something internally. Um and it's hard to stay anchored to a conscious place (laboured tone) when this happens (breathless, laughing).

In the therapist participants' narratives, this voice captures a sense of knowing, experience, and assurance regarding their clients' treatment and the therapy process in general. Reflecting on her work with Hope, Penelope explains the significance of using metaphors based on "aspects in nature."

> Interviewer: And when you mention that theme of picking metaphors that are related to nature do you know why? Does that really resonate with her?
>
> Penelope: Yeah . . . I think nature for her is calming. I know, when she's really upset, we go out to the field and just sit there and talk. So, I think that's why we choose more metaphors that are related to nature. It's also for making it more normal. Using it to

relate to nature – well the birds do this or that – to make it seem more natural, so that she can accept it and then move on with her healing journey.

The following passage from Rob's interview illustrates how he used psychoeducation to normalize a dissociative experience that Hope was experiencing in therapy:

> I remember that . . . when we were fairly early in trauma processing she was terrified when she realized that she had internalized all of the members of her family in herself . . . so that freaked her out because then she sort of thought to herself, "What if they're in me and they're watching me and they're still controlling me?" And I said, "Well no. What you did as a child was just go in and take what you observed. And you were a good observer of people and relationships and things. And in order to figure that out, right, you just created internal representations so you could figure out what was going on and anticipate what they would likely do or say." So, it was sort of a way of coping with or being able to analyze internally and predict behaviours because their behaviours were quite erratic and inconsistent. So the fact that she had a part inside that said, "I wonder what so and so would do here," she could predict what they would do before they did and then prepare for it. And I think she was sort of okay with that.

Julia's application of attachment principles in her work with 'Reace is exemplified in her I/We poem:

> I see her in a little girl place
>
> I'll relate to her more like that
>
> I try
>
> I sort of was more gentle and careful
>
> I'm sort of dancing

. . .

I think . . . how can I reach that part?

I did that . . . with her little girl

I felt like her little girl was afraid

I felt my nurturing self saying

Healing, wholeness. This voice contains references to working through trauma, making progress in therapy, and coming to wholeness as a person. There is a natural link between this voice and the voice of connection, relatedness. Specifically, the healing, wholeness category, which reflects both the healing and integration processes, coincides with the connection, relatedness category when participants describe working together in therapy to facilitate healing (connection to people outside of the self) and when they talk about integration experiences (internal connection among parts of the self).

The majority of participants in the present study used metaphorical language to describe the experience of trauma processing. Penelope's metaphor, for example, is a logical extension of her description of trauma as an external injury:

> So, like a bad injury . . . you clean it out and you can stitch it up and make it better, but the scar will always be there. And then it will eventually fade, but it will always be kind of present. So that's kind of what I think of when I think of the healing part – we go back in and clean it out and disinfect it. And then we use caution and care and grounding to kind of bandage it up and make sure it's comfy . . . but you got to clean it out or it just leads to further issues.

Hope provides a parallel description of the healing process in her member check interview. Reflecting on her early experiences in trauma therapy, she likens Rob to a "doctor,

stitching layers of a deep wound, layer by layer." As she began working with her new therapist, she notes: "I still had a scar and it still hurt." Part of therapy, therefore, involved "Nurse Penelope" applying "cream" to the scar to soothe the pain. She explains how, over time, the "scar fades and you can look at your own face without cringing or being disgusted. . . . It becomes normal and you can take care of yourself."

Reflecting on his work with Hope, Rob discusses how she developed a "brilliant" metaphor to represent the process of working through traumatic material:

> In one session, she said, "I get it. We – our adult parts – are going back to get the child out of that place." She realized she had an adult part that had the ability to rescue . . . this nurturing part that had raised her two kids. And that part had the strength to go back and help her own child part.

He describes how he now uses Hope's metaphor in his work with other clients:

> And I said, "Wow, can I use that with other clients?" And she was fine with that. And I've used it ever since. I try to use it as an explanation because people have trouble wrapping their heads around . . . why should we go back there? Why do we need to do that? And then I say, "Because that part of you, who is still inside of you, still feels like he or she is in that moment – in the most intense, overwhelming moment."

For 'Reace, the experience of trauma processing is best captured by the following imagery:

> 'Reace: I've felt like I've done this many times throughout my life. There's this cave – I've actually done it, but in my dream, more than once – and I have a guide. And it's full of lions. And I walk into the cave. And I walk past all these lions and none of them swipes at me with their paws. They just notice me and I just walk right past them. And

they notice me . . . and I know I just have to walk still and don't jar or jerk or move fast or anything. And I just walk past them.

. . .

Interviewer: So, it sounds like there's a lot there and you have to be very careful that you don't stir up too much at once.

'Reace: Very loaded . . . it's pretty scary being in there.

Interviewer: Yeah. Does that image change after you're finished processing the trauma?

'Reace: Then I'm outside the cave again.

There seems to be similarities between Hope's metaphor of going into the basement and 'Reace's image of walking through the cave. Both involve entering a dangerous location, along with a supportive figure, to complete a task and then returning unharmed.

This voice is also apparent in participants' stories when they describe healing experiences and making progress in treatment. In 'Reace's narrative, for example, she speaks of the healing influence of body therapy. This influence is exemplified in the following excerpt from her I/We poem:

I began doing body work

I started to have recall

I still see him

I still go

I've worked

I discovered

I got in touch with

In her member check interview, ‘Reace explains that, since our initial meeting, she has been more intentional in her use of metaphor in body therapy. She provides a recent example of how she used the image of a baby bird with broken wings to represent the pain she was experiencing in her spine. In her mind, the wings needed to be “reconnected, mended, healed.” Subsequently, as she participated in therapy, she imagined “joining between the wings.” This imagery is reflective of ‘Reace’s metaphorical understanding of trauma as a “wound” and the corresponding metaphor of healing: mending.

Additional descriptions of ‘Reace’s healing experiences can be found in previous voice categories within this chapter.

In listening to Hope’s story, it is evident that she has experienced healing through both OEI and expressive modalities. She notes that, compared to other therapies, OEI was so “relieving.”

> At the beginning of the therapy session there would be a concern. And by the end of the session, with OEI, the concern was finished (exhales deeply). And it was if I could have incentive to go back again, even though it was really hurting to go there sometimes . . . and when the light started to come every time I went there (laughs in amazement), it was like, even if it was the scariest memory, there was more excitement about getting that to . . . be out in the light . . . and then find out I was joyous inside. . . . And the holes became less scary. They don’t scare me anymore.

In the above quotation, Hope makes several allusions to the beehive metaphor. She explains how using OEI to process her traumatic memories helped bring “light” into the “holes” of the beehive. This explanation of healing is consistent with her metaphor of trauma as “darkness.” The experience of working through the unprocessed memories in the honeycombs

transformed the darkness into light. It also brought the "dark parts" – the parts holding on to the trauma memories – "out in the light." Along with this transformation came a shift in the feelings associated with the beehive; the predominant feeling of fear was replaced by "light feelings" of safety, hope, and joy.

Hope also describes experiencing healing through her use of expressive modalities. In the following example, she mentions how the metaphor of art making allowed her to work through a traumatic event:

> My artwork has been a way to describe my metaphors, and lately I've had a metaphor of a feather. And I drew this feather, and then the feather started to represent freedom from a, a rape I had before I'd met my husband.

Expanding on this experience through a clinical lens, Penelope describes how Hope used art to process her feelings about the rape:

> It started out with just a normal feather. And then she ended up doing a lot of artwork where it was like an imprint. So, she carved it on a piece of wood and it progressed as we did therapy. As we got to the more sad parts, she would dip it in red and black and she'd get these disturbing pictures of a feather. And then she did a series of four or six, and near the end it was starting to get a lot clearer and a lot less intense . . . as it progressed, it got a lot more healing oriented and hopeful. So before with all the blacks and reds in it, it almost seemed heavy. And then, as she progressed, it got lighter like a real feather. . . . So, there've been lots of incidences like that where she'll go home and draw pictures. And gradually they'll show integration, using our metaphors.

Metaphorical descriptions of integration experiences, often referred to as fusion, are also captured in this category. For example, Hope discusses how participating in "group therapy," under the guidance of her therapist, facilitates integration:

> And the therapist comes into the group with me and understands the parts. She helps me see that it's okay to have an ending of a part. I'm going to use today's example, like the ending of a part where the part doesn't know that they are part of the whole . . . and the therapist shows that part that they can carry on. . . . When we try to talk to each other, there's an awkward moment. And the therapist says how we could do that, gives a clue how we can say, "There's a whole."

Penelope also speaks to this experience in her narrative, using the language of "uniting" to describe the integration process:

> The main thing we're doing right now is just encouraging the parts to talk. They end up uniting. Like we had one time where – it was like six months that we were doing a lot of work – she walked in and she said, "It's gone." I think the part didn't disappear, but just evaporated into another part.

'Reace's account of the integration process evokes the image of embracing:

> I talk out loud with that part of me. I grieve out loud with that part. Do some gestalt and um come to an agreeable understanding. And then um make amends and bring that part in (voice softens). And then I go home and be quiet with myself for a while. . . . To accept that part, that life experience.

In her interview, Julia uses the term "joining" to explain this process:

> I think what she was saying was that this is integration. . . . She was referring to it as a new part of her that was joining. She wasn't just becoming that part or anything like that. It was more like joining.

Participants' metaphors of uniting, embracing, and joining are similar to the fusion images used by Kluft (1982) in which all alternate identities are preserved by merging into one personality.

In this section, I have described the findings that emerged from the four listenings of participants' descriptions of their use of metaphor in the treatment of DID. Overall, the participants described using multiple metaphors, both collaboratively and individually, over the course of treatment to promote understanding and healing. In their descriptions of therapy process, the voices of clients and therapists seemed to be in harmony with one another, demonstrating the therapists' attunement to and respect for the clients' subjective experiences. Specifically, the therapists were open to hearing and engaging with clients' own metaphors, which opened possibilities for healing.

Additionally, in listening to the client participants' stories, I perceived relationships among the various voices of dissociation: division, disconnection; hiding/escaping, going away, nonexistence; and not knowing, darkness, silence. I also detected relationships between the voices of dissociation and those of trauma and healing. These relationships reveal natural links between clients' metaphors of trauma, dissociation, and healing. The clients' core metaphors of dissociation – Hope's beehive metaphor and 'Reace's metaphor – illustrate the complex relationships that exist among these three inner metaphorical constructs. These core metaphors are examined in detail in the following section of this chapter.

Listening for metaphor: key findings. In listening to their stories, it is evident that participants used multiple metaphors to accomplish various therapeutic tasks over the course of treatment. Although examples of practical metaphors were noted in participants' spoken experiences – such as Hope likening her therapist to a tree that was damaged by lightning to express her fear that he was a "harmer" – many of the metaphors were reflective of *core metaphors*. These metaphors spoke to participants' subjective experiences and were used over the course of therapy. Two core metaphors of dissociation that emerged from the narratives were: Hope's beehive metaphor and 'Reace's mansion metaphor. In this section, the origin, evolution, and therapeutic function of each of these metaphors is summarized, from the perspective of both client and therapist. Other metaphors pertinent to the mansion metaphor are also discussed. Finally, the usefulness of metaphor in the treatment of DID is considered.

Beehive. Hope reveals that, as a young child, she physically hid inside a "cone-shaped" beehive in her father's store when "something bad happened." Internalizing this experience, she created a "bumblebee hive" – an inner place of safety to which she could escape. This revelation suggests that Hope's internal metaphor of dissociation originated from a physical experience. In his interview, Rob shares his thoughts on the origin of the "honeycomb" metaphor:

> Rob: I think the idea of the honeycomb was that there were holes sitting on the surface but some of them were covered over. So, she had probably seen a honeycomb . . . seeing that some of the little paper-thin things are sealed over and other ones are open. And they're all sort of connected, but some of them are open and able to be fully connected and some of them are still fairy separate.
>
> Interviewer: It really fit her internal experience.
>
> Rob: It did.

Before she began treatment, Hope experienced the beehive as a “dark” and “scary” place. She describes how the “memories” were held within the honeycombs, and the parts had to “stay in their various sections” of the hive. At that time, “each part didn’t know each other part, so they all had their own walls.” For Hope, the beehive was “a safe place but also a frightening place” because “holes were where we would escape to” without knowing “why that part had to go in.” Once she entered therapy and learned about the “possibility of some kind of dissociation because of the abuse and neglect,” the “light started to come into the honeycomb.” With greater awareness and acceptance, the parts were able “come out and get some help.” As she engaged in OEI “to relieve us of the sad memories and hard things” and “group therapy” to “unite our selves and bring us to wholeness,” the image of the beehive began to shift. Hope now describes the beehive as “a vast open space with all these people.” The image of the “honeycomb with just circles and . . . no walls” is reflective of the progress she has made in her healing journey. The complex and evolving nature of the beehive metaphor is represented pictorially in Appendix F.

Hope’s therapists provide corresponding descriptions of how the beehive metaphor changed over the course of treatment. Rob, for example, explains how, “with the honeycomb, the walls dissolve as you move toward recovery, so the parts start to communicate more, and interact more, and cooperate more.” This explanation is echoed in Penelope’s narrative:

> My client uses the honeycomb, so I kind of think of it as that. Where it’s just different sections of someone’s personality that are . . . walled off from others . . . and it’s just helping to integrate them. They start off with thicker walls and, once you start to do the work, the walls kind of shrink and then they’re able to unite. . . . [Hope] has done various art projects showing the walls, and then, as she progresses, the walls disintegrate and it’s just like a little image.

In her interview, Hope identifies how the beehive metaphor served multiple therapeutic functions at different stages of treatment. She notes that the metaphor was initially introduced "in the first year" of therapy, during trauma processing. At that stage, it was "used for safety and for explaining how it all worked." Listen as Hope describes the metaphor's therapeutic utility and how her therapist responded to it:

> Hope: It was okay if they all had their own section, and we could describe it. There were words you could use to describe a honeycomb, where you couldn't maybe describe it if you had to describe a feeling because everyone had a different feeling. Also, because it was something we thought of like, I think, when we were really little, it felt as if it was mine . . . as if it wasn't something that somebody outside was making up. It was a real thing within our self.
>
> . . .
>
> Interviewer: When you brought it up and described it to your therapist, how did he respond and how did he help you use it?
>
> Hope: He was very happy there was some kind of (exhales) way . . . and so that encouraged us that we were on the right track. That the whole experience of having an explanation to describe where they resided was better than saying they didn't exist. . . . The therapist didn't deny any of the parts; he just said, "Welcome!"
>
> Rob offers a similar account of this experience in his narrative:
>
> I think we were quite a way into trauma processing. And she was recognizing which parts were still separate, and which ones had joined. And which ones she was aware of, and which ones she was sort of feeling on some level, but not really – they weren't really

> defined. And so, I think it was a way to say, "Okay. We know there are these parts, and some of them are more connected than others."

Hope's use of the beehive metaphor to conceptualize her internal system is also evident in her artwork:

> I put each one of my parts in a honeycomb and drew them. . . . And I have it on computer flash where if you click on one of the honeycombs, the part comes up. And it shows the picture of the drawn person first and then underneath describes when they came.

Rob provides a description of the beehive graphic, as well:

> She created that graphic representation where you can roll the mouse over and then each cell has a vision of what the alter looks like – if it's a tiny child or an infant or a teenager – and then some sort of connection to what the pet peeves, and needs, and perceptions, and relationships are, for that part.

Both of Hope's therapists discuss how the beehive metaphor has proven useful in reviewing the ongoing process of integration. Penelope notes, for example: "Using the honeycomb . . . we just look at the different parts and how some of them have integrated and kind of melded together." Rob describes this practice in greater depth in the following excerpt:

> The idea of going internal and recognizing what state the different honeycombs . . . are in. Which ones are connected? Which ones are still disconnected? Recognizing the strengthening that occurs when two or three of them are all connected. How they can now access creativity all of the time instead of just when you go into your child state or where you can now access your adult self-calm, nurturing parent state when you need it with your child.

Another therapeutic function of the beehive metaphor is revealed in Hope's narrative when she talks about using it in "group therapy" to promote integration:

> It's like a meeting. It's like meeting each other. We, we do introductions and we try to say names, if there are names and. . . . It's amazing because it's like group therapy where you get intimate really quickly (laughs). You don't have to talk about, you know, "I like your dress" or anything like that (laughs). Sometimes you do, if it's a child. So today we talked about this one part and we came to her . . . and we try to figure out. And she was saying something, and I didn't know (regretful tone). And now I know. And I was able to say, "I'm sorry," and she was able to say, "I'm sorry." And we were both able to connect. So the metaphor of the honeycomb with the walls down and just the circle is really good for that. And we use that.

Mansion. 'Reace explains how her metaphors, including the mansion, originate from her creativity: "They come from internally . . . they're from my feelings, my experiences." Before she started body therapy, she describes feeling "empty" on the inside: "There was nothing." As "feelings began to arrive," she was able to access her imagination – "that deepest, brightest place where I am" – and create healing from within. Interestingly, 'Reace reveals that her metaphors often arise from her dreams: "That's how I see things and things come to me."

At the beginning of treatment, 'Reace explains how she was "hiding" in the mansion: "I was completely, entirely amnesic and totally dissociative out here with the world . . . and I lived deep, deep inside of me . . . and that's where everything was." She experienced the mansion as very divided. She lived in one half of the mansion with her dog, Mandrake, the "protector" and her "little friends" with whom she played. On that side, she "didn't have any memories." It was "total dissociation." In the other half of the mansion, "there were all these grownups and it was

time to do grownup lessons." She recalls feeling overwhelmed by the amount of information, describing it as "headache city." It was on that side of the mansion that "the memories would start to seep through." As she participated in body therapy, "the openings began," and she "started to remember" what and she had "done to survive." Through this process of "journeying" in her body, 'Reace was able to emerge from an inner world of dissociation and reconnect with the world around her: "I came outside of the mansion. . . . I'm out here . . . I'm doing it out here now." A visual summary of 'Reace's mansion metaphor is presented in Appendix G.

In her narrative, 'Reace describes how she used internal imagery, such as the mansion, to facilitate her own healing. Initially, she developed the mansion metaphor to conceptualize her subjective experience of dissociation. She then utilized the metaphor to foster feelings of safety and connection internally. This resourcefulness is captured in the following quote: "I like going up into the attic because there's all the little children . . . I'd just go up and play and have friends." The image of 'Reace coming "outside of the mansion" also served as a marker of progress in her healing journey. Although she never "talked about the mansion out loud" with any of her therapists, it is apparent that she was employing it therapeutically.

In her member check interview, 'Reace revealed that she feels "sadness" when she thinks about not making use of the mansion metaphor in therapy, describing it as a "missed opportunity." She reports that, since our initial meeting, she has been intentional about using it in body therapy. For example, she describes how, in a recent session, she used the image of the mansion to promote integration. Specifically, she imagined the mansion with its two halves, as she "did a body split down the middle." As she engaged in body work, she was "working to integrate" the two halves.

The dream in which "the two earths touched" is closely related to the mansion metaphor. In the dream, a new world full of "opportunities" came and joined the world 'Reace had "grown on" since she was a child. For 'Reace, the new world represented "different people, different life experiences." She explains how this dream coincided with her emergence from the mansion: "[It was] about the same time . . . when I came outside of the mansion because I was hiding in the mansion and just um entertaining myself. And now I come out and I actually say hello." 'Reace describes how she has used the two worlds metaphor in therapy to explore ways in which she can connect with the world around her, such as going for walks, speaking to people, and "including" herself in activities. Through the dream, 'Reace was able to consider that "there is more to this world than meets the eye, a lot more."

In her interview, Julia describes using the metaphor of a stage in her work with 'Reace. It seems to relate to her experience of coming "outside of the mansion" and connecting with the "new world." Specifically, this metaphor conveys a strong sense of being present and in control, which mirrors 'Reace's own description of this transition: "I'm out here. I'm taking up space . . . I'm doing it out here now. It's not all happening in magic internally. It used to be all magical." Julia explains how the stage metaphor was used to both reflect and further promote an integrated sense of self:

> One [metaphor] we've used is a stage. That's something she came up with, where she felt like a curtain was dropping and a new person was coming out onto the stage. I think it was a really positive experience for her. I remember . . . I was doing OEI and she was standing on a balance board, and it was kind of conducive to being on a stage. I remember it was really positive. She liked it. She felt like it was a new act in her life . . .

> and what I remember feeling was that this person was a lot more engaged, a lot more an agent in her own life. Like she would say, "I'm here."

Usefulness of metaphor. In listening to participants' spoken experiences, it is evident that multiple metaphors were used, both within and across the three phases of treatment, to achieve various therapeutic goals. Examples of these goals include: expressing dissociative processes; conceptualizing the client's internal system; utilizing grounding and self-soothing skills; normalizing experiences; facilitating internal communication and cooperation; working through trauma; promoting integration; connecting with the world; and reviewing progress. This list of therapeutic functions is illustrative of the ways in which metaphors may prove useful in the treatment of DID. In addition to these specified functions, participants also provided feedback on the ways in which metaphors have been generally helpful, or unhelpful, in therapy. Participants' feedback, both positive and negative, is shared below.

For 'Reace, metaphors are "all gifts from heaven." She describes how she experiences the world through imagery and dreams. Consequently, metaphors are a natural source of healing that originate from her creative powers. In a similar way, Hope explains how her artwork has always "been a way to describe" her metaphors. Since entering therapy, however, her use of metaphor has become increasingly meaningful because "now it's creativity with knowing." Listen as she describes this change:

> The creativity allowed me to express in tons of metaphors . . . where the therapist could then bring it to, "See what you did with your art? How beautiful this is or how you interacted with yourself in this way?" And that was like, "Oh, you mean . . . it's me!" It's always been creativity, but now it's creativity with knowing.

In recognition of this creativity, Penelope states: “I find that a lot of DID people are so creative that they’re like metaphor mountains.” In her experience, metaphors not only “bring understanding and clarity” but also foster connection. She describes how using collaborative metaphors in therapy can help strengthen the therapeutic relationship:

> Work collaboratively with the client and try to figure out what they like in life . . . if they like nature, then use nature metaphors. It sounds basic, but I think finding ways to relate to them through the use of metaphors is so powerful because it increases the therapeutic alliance.

In his narrative, Rob reveals how Hope’s metaphors gave both her and other clients the “gift” of expression:

> It was always a helpful thing. And it was so important that she came up with them . . . and what was great was that she had such a real experience obviously from the inside that, when I shared her metaphors with other people with DID, they immediately resonated with them. It was like they just couldn’t find the words or the picture and then it gave them a gift of, “Wow, I can put that into words now.”

Some participants also identified ways in which metaphors may prove unhelpful in therapy. Penelope, for example, warns about the potential of metaphors to distract from the “deep work.”

> A few times we’ve used metaphors, we tend to go down the garden path and away from the issue because we get wrapped up in the metaphor. She gets excited about the birds or the hummingbirds and we end up talking about that for 10 or 15 minutes, but it’s a good break in therapy.

In listening to her words, it is evident that metaphors may also provide a necessary break during "intense moments."

In her interview, Hope talks about the experience of reflecting on metaphors from an earlier stage of therapy and being reminded of "sadness" and "pain" from the past. This experience highlights the need to modify metaphors and their meanings, as individuals continue to heal and grow throughout treatment.

> Hope: Even the art I have on my walls . . . I have two dragonflies on the wall and I'm thinking I don't need to stay in that place of the way the metaphor described me before . . . like I have twins in me. That is a metaphor. And those twins are my sister and me. And I had to separate myself from the twins. So, when I go back and look at the twins, I love them, but I don't need to live that life as an adult. . . . Now the twins don't represent a happy thing for me as much as freedom from being a twin, freedom from being the shadow of another person all the time.
>
> Interviewer: It sounds like, unless some of those metaphors were to stay fluid and change along side of you, sometimes they can remind you of the sadness or the badness from the past.
>
> Hope: Yeah.

Chapter 5: Discussion

The purpose of this study was to explore the therapeutic application of metaphor in the treatment of DID from the perspective of both client and therapist. The Listening Guide method was successful in illuminating the multiple ways in which participants used metaphor to facilitate understanding and healing both within the context of psychotherapy and outside of it. Specifically, the participants' narratives revealed that multiple metaphors – implicit and explicit – were used, both within and across different phases of treatment, to achieve the following therapeutic goals: expressing dissociative processes; conceptualizing the client's internal system; utilizing grounding and self-soothing skills; normalizing experiences; facilitating internal communication and cooperation; working through trauma; promoting integration; connecting with the world; and reviewing progress. These findings support existing case evidence on the therapeutic value of metaphor in the treatment of DID.

The primary goal of this research, however, was to extend what is known about the use of metaphor with this clinical population by: (a) listening to clients' first-person narratives; and (b) exploring therapy process. By listening to the clients' voices, together with the voices of their therapists, it became evident that clients' *core metaphors* served as shared frameworks for promoting healing and integration. These metaphors represented the individuals' subjective experiences of DID, revealing their inner constructs of dissociation (Lackoff & Johnson, 1980). In this study, two core metaphors emerged from the clients' narratives: Hope's beehive metaphor and 'Reace's mansion metaphor. Tuning into their spoken experiences, I heard the participants describing how these metaphors were used as the main organizers of the healing process across all three phases of treatment. Importantly, the therapists were open to "hearing" and engaging with the clients' own metaphors of dissociation. In doing so, they accessed a "powerful tool for

encouraging health and promoting healing and a sense of integrated identity" (Waters & Silberg, 1998a, p. 136).

In this chapter, the clinical and research implications of the above findings are discussed, along with the strengths and limitations of the study.

Strengths and Limitations

As a transformative researcher, I designed this thesis around the goal of empowering participants to give voice to their subjective experiences of trauma, dissociation, and healing. The women who took part in this study bravely spoke out about the realities of childhood abuse and neglect, maltreatment within the mental health field, and alienation from society. At the same time, woven throughout their narratives were expressions of hope, resiliency, and triumph. These expressions of experience were particularly evident when they described using metaphor to facilitate self-understanding, healing, and a sense of integrated identity. Participants' willingness to share their inner worlds – to reveal the heart of their experiences of dissociation and healing – offers an unparalleled understanding of the lived experience of DID. As co-researchers of this study, it is our shared hope that these findings contribute to improvements in the treatment of complex trauma and dissociation.

This thesis was also designed to be transformative in the lives of participants. Both women reported that their involvement in the project was positive and meaningful. For Hope, the experience of feeling heard and understood through the research was deeply moving, even therapeutic. In addition, the language of "voices" resonated with her subjective experience of dissociation, so much so that she applied the metaphor to her current understanding of the self. The process of reflecting on and giving voice to their experiences of dissociation and healing facilitated greater self-understanding and feelings of accomplishment among participants. For

example, ‘Reace revealed how the initial interview “opened [her] eyes” to how much she uses metaphor to promote healing from within. This awareness motivated her to be more intentional about bringing her personal metaphors into therapy, deepening shared understanding and opening possibilities for healing and growth. Moreover, in reflecting on her healing journey, ‘Reace was able to recognize and rejoice in the progress she has made. Finally, during their member check interviews, participants described how the collaborative dialogue between client and therapist fostered understanding and connection within the therapeutic relationship.

The present study also has several limitations, which need to be addressed. The first limitation reflects a characteristic of the chosen research design. Specifically, the Listening Guide methodology is designed to bring to life the experiences of specific individuals. For this reason, the findings that emerge from the four listenings cannot be used to make generalizable claims about populations. Knowing this, readers are cautioned against forming quantitative interpretations of the findings. The themes that emerged from the data may not reflect the experiences of all individuals with DID, especially those with dissimilar characteristics and treatment histories to the two clients who participated in this study – i.e., women in their sixties who had achieved some level of integration. At the same time, the present research does provide rich case descriptions of the therapeutic application of metaphor in the treatment of DID, which may transfer to many other individuals. It is my hope that these findings inform future research on this topic, inspiring more voices to contribute to the discourse on metaphor and DID.

Additionally, in the this thesis, I attempted to capture the shared experience of how metaphors were created and implemented over the course of therapy by interviewing both the client and therapist individually, and then comparing their expressed experiences during data analysis; however, a clearer picture of therapy process may have emerged from conducting a

joint interview with each client-therapist dyad, following the individual interviews. Although the member check interviews included a collaborative component during which both parties had an opportunity to reflect on shared themes that emerged from their interviews, therapy process was not discussed in detail. Another option for exploring how metaphors are developed and implemented in therapy involves recording and analyzing session material. This method may have proven useful in providing in-depth information on the interactive processes that occurred during therapy. It also offers a potential solution to the challenge of conducting research with this population. Namely, the video analysis of session material, which does not require participants' active involvement in the research process, could facilitate the exploration of shared experiences in therapy.

Key Findings and Clinical Implications

Considering the clinical focus of the research, it is not surprising that participants' descriptions of the therapeutic application of metaphor generated a number of potential clinical implications. The key findings and implications that emerged from the present study are described below, with a focus on how this research may inform current treatment guidelines for DID (ISSTD, 2011).

Metaphors were prominent in the expressed experiences of client participants, and seem to lie at the heart of how they understand themselves and experience the world. For Hope and 'Reace, metaphors are a natural source of self-understanding and healing that originate from an inner place of creativity. Their metaphors find expression, on both an implicit and explicit level, through artwork, dreams, internal imagery, and spoken language. They made use of multiple metaphors to represent their experiences of trauma, dissociation, and healing, and natural links exist between them. The clients' core metaphors of dissociation – Hope's beehive metaphor and

‘Reace’s metaphor – illustrate the complex relationships that exist among these three inner metaphorical constructs. These metaphors, which were described in detail in Chapter 4, have shown to be effective in treatment and may be implemented effectively in therapy with other clients.

Together, the above findings suggest that metaphor is the natural language of trauma and dissociation (Way, 2005). Consequently, it is important for therapists to tune into the metaphorical language that clients use to describe their own experiences of dissociation. By listening for and engaging with clients’ metaphors, therapists access a major resource for promoting healing and integrated identity (Silberg, 1998, Waters & Silberg, 1998a). In particular, the inner constructs held within clients’ metaphors of DID present opportunities for pursuing connected metaphors of healing and growth in therapy.

As noted above, the clients in the present study expressed their personal metaphorical constructs not only on an explicit level through spoken language but also on an implicit level through dreams and creative arts. For example, ‘Reace discussed how she naturally views the world through the lens of images, metaphors, and dreams. In her narrative, there were many examples of metaphors that originated from her dreams, including: two worlds, flying birds, and a cave of lions. Again, it behooves therapists to inquire about, and engage with, clients’ own metaphors of dissociation and healing. ‘Reace’s experience suggests that dreams, in particular, may warrant exploration in therapy. Similarly, artwork, and other forms of creative expression, may reflect elements of an individual’s internal experience, offering another avenue through which to explore dissociation metaphorically. In Hope’s story, she described how art facilitated the expression of her subjective experience of DID long before she had any awareness of, or words for, her dissociation. This finding parallels the ISSTD’s (2011) characterization of the

creative arts as an "alternative format through which individuals may safely communicate underlying thoughts and feelings . . . long before [they] can be vocalized" (p. 161).

Several interesting, and potentially valuable, observations regarding specific metaphors were made during the analysis process. For example, metaphors may originate from physical experiences. As a child, Hope physically hid in a "cone-shaped" beehive in her father's store. Internalizing this experience, she created an inner "bumblebee hive" to create safety within. Similarly, 'Reace's metaphor of trauma – open wounds – is rooted in her physical experience of abuse as a child. Such experiences warrant exploration in therapy, as they may reveal existing personal metaphors of dissociation or trauma.

During their interviews, participants all provided metaphorical descriptions of ruptures within the therapeutic relationship, as well as potential metaphorical avenues for repair. The ISSTD (2011) draws attention to the difficulties that individuals with DID have in forming and maintaining a therapeutic alliance. Considering these difficulties, treatment guidelines suggest that it is "helpful for the therapist to anticipate and openly discuss traumatic transference issues, particularly negative transferences" (p. 141). Metaphors may prove helpful in expressing and working through negative reactions and experiences within the therapeutic relationship.

'Reace's account of the "two worlds" metaphor illustrates how challenging it can be to navigate between an inner world of dissociation (mansion) and outer world of reality (new world of opportunities). She talked about her struggle to "find somewhere to fit," as she moves out of dissociation and into reality. For clients, this shift in focus to how they "relate to others and the outside world" is characteristic of the integration and rehabilitation phase of treatment (ISSTD, 2011, p. 144). 'Reace's experience teaches therapists to be mindful of this type of struggle.

Clients may need help finding their way in both worlds, internal and external, and metaphor may offer a way to navigate this experience.

Additionally, similarities between participants' metaphors were noted. In terms of dissociation metaphors, participants all shared images that were reflective of internal division: beehive, mansion, and faceted crystal. With the exception of Hope, who used the language of darkness, participants used the metaphor of a wound – either physical or spiritual – to represent the experience of trauma. The process of working through trauma was captured in one of two ways: mending wounds or entering a dangerous location, along with a supportive figure, to complete a task and then returning unharmed (such as the basement where the abuse took place or a cave full of lions). Several participants used the metaphorical language of joining, embracing, and uniting to describe integration experiences. These examples are illustrative of the types of metaphors that therapists can implement in therapy, in collaboration with their clients. Finding metaphors that resonate with clients' subjective experiences is key. Also, natural links exist between some of the above metaphors, providing professionals with a possible "roadmap" for pursuing healing. For example, the trauma processing metaphor of mending is a logical extension of the description of trauma as a wound.

Descriptions of communication and cooperation metaphors involving meetings places, such as a boardroom or castle, were also noted. Compared to these rather static images, Hope and her therapists applied the concept of group therapy – a dynamic and enduring metaphor that both reflects and promotes the ongoing process of internal connection. The ISSTD (2011) recommends a consistent approach of helping individuals with DID "to respect the adaptive role and validity of all identities, to find ways to take into account the wishes and needs of all identities in making decisions and pursuing life activities, and to enhance internal support

between identities" (p. 139). The metaphor of group therapy may be a useful framework for implementing this approach.

In their descriptions of therapy process, the voices of clients and therapists seemed to be in harmony with each other. Specifically, I heard numerous examples of collaboration within the therapeutic relationship, as clients and therapists worked together, using metaphor, to achieve various therapeutic goals. Despite the abundance of shared experiences, participants also spoke of individual metaphors that were not explicitly discussed or implemented in therapy. These metaphors, although observed in all of the interviews, were especially apparent in 'Reace's narrative when she described using her own dreams and images to facilitate healing from within. This finding highlights the importance of checking in with clients regarding their experiences in therapy, with a specific focus on metaphor. Rob endorses this practice:

> Rob: Try and ask the client about an image . . . asking for that image and then using that image as you talk to them and work with them. Alluding to, how is that now? Where is the boy under the ice now? Who's in the cage? Is the cage open? That sort of thing.
>
> Interviewer: So, adapting it to whatever you're focusing on in therapy.
>
> Rob: Yeah. And checking in at the beginning or the end of sessions or after three or four sessions. How's that going now with x (whatever x is)?
>
> Interviewer: And if there have been shifts in that imagery that may reflect shifts within the client.
>
> Rob: Totally. If they get a new image, that's great too.

Reviewing session material not only increases collaboration within the therapeutic relationship but also helps facilitate recall of salient metaphors that were used. During her interview, 'Reace disclosed feeling uncertain about using certain metaphors in therapy: "I don't

know if we talked about it. If we did, I dissociated." Given the inherent difficulties that individuals with DID face when it comes to recalling experiences, it may be helpful to create a concrete record of metaphors (e.g., diagram, picture, written description) that can be reviewed in session. This suggestion is consistent with the ISSTD's (2011) recommendation for using "nonverbal process and products . . . as a visual or written record of the experiences of the internal system of alternate identities . . . [that] may be examined at any point in treatment" (p. 161).

It was my intention that the qualitative narratives that emerged from this investigation inform current treatment guidelines regarding the use of metaphor in the treatment of dissociation (ISSTD, 2011). The guidelines recognize the creative arts as an "integral . . . part of treatment for patients with DID" and delineate how such approaches can support a variety of treatment goals, across all three phases of trauma treatment: 1) safety and stabilization; 2) trauma processing; and 3) integration (p. 160). The findings of this thesis uphold this recommendation, illustrating how implicit metaphors were used to accomplish a range of therapeutic tasks, both within and across different phases of treatment. Hope's feather metaphor is perhaps the best example of how implicit metaphors, expressed through the creative arts, were deepened, shaped, and expanded over the three phases of treatment to encourage internal resourcing, the working through of traumatic experiences, and integration of the experience into the whole. The following sequence of quotations highlights this process:

1. "She had seen a feather . . . so I drew a feather . . . we'd talk about the feather and how resilient it was and able to float along."
2. "She carved it on a piece of wood . . . and as we got to the more sad parts she would dip it in the red and black . . . and get these disturbing pictures of a feather."

3. "As she progressed, it got a lot more healing oriented and hopeful . . . it got lighter, like a real feather."

Listening to participants' narratives, it is evident that explicit metaphors were also used extensively, throughout all phases of treatment, to promote healing and integrated identity. Currently, the guidelines for treating DID do not present information on explicit metaphors. The findings of this thesis suggest that the ISSTD consider expanding recommendations for using implicit metaphors, in the context of the creative arts, to include explicit metaphors.

Another key finding that has the potential to inform treatment guidelines is the concept of *core metaphors*. These metaphors represented the individuals' subjective experiences of DID, revealing their inner constructs of dissociation (Lackoff & Johnson, 1980). When therapists can uncover the core metaphors of their clients, they gain access to a major resource for facilitating healing and integration in therapy. In the present study, client's inner metaphorical constructs were used as the main organizers of the healing process across all three phases of treatment. Promisingly, the ISSTD (2011) advises professionals to tune into the metaphorical language that clients' use to characterize their subjective experiences of DID. Specifically, the guidelines state:

> Clinicians should attend to the unique, personal language with which DID patients characterize their alternate identities. Patients commonly refer to themselves as having parts, parts inside, aspects, facets, ways of being, voices, multiples, selves, ages of me, people, persons, individuals, spirits, demons, others, and so on. (p. 121)

This existing recommendation offers therapists an opening through which they can begin to engage with their clients' core metaphors of dissociation. These metaphors can then be used

as organizational frameworks for a phase-oriented treatment approach, promoting a range of therapeutic goals, both within and across each treatment phase.

In order to best represent their subjective experiences of trauma, dissociation, and healing – three highly complex and interrelated inner constructs – the clients in the present study made use of multiple metaphors of different varieties, including both implicit and explicit metaphors. In light of their experiences, incorporating the use of metaphor into the treatment of DID requires openness and flexibility on the part of therapists to assist clients in uncovering personal metaphors that can be used to promote healing and a sense of integrated identity. Listening for and working with clients' own metaphors privileges their experiences, mobilizes agency, and activates internal resources for healing and growth.

Implications for Future Research

The Listening Guide method is a "useful tool for discovery research; to uncover new questions to pursue through focusing in on and learning from individual experiences" (Gilligan et al., p. 169). In the present study, listening to the unique and complex voices of two women with dissociation, along with the voices of their therapists, provided rich case descriptions of the therapeutic application of metaphor in the treatment of DID. This research focused on the first-person narratives of two women in their early sixties who had been receiving trauma-informed therapy for at least 10 years. Future research is needed to both expand on and refine these findings. For example, it is recommended that similar studies be conducted with other participant groups, including: men with DID, younger individuals, clients in an earlier stage of treatment, and clients engaging in other forms of treatment. Conducting research of this nature would enhance our shared understanding and application of the results, giving voice to the lived experiences of other individuals with the disorder.

Additional studies can further explore how metaphors are developed and implemented in psychotherapy by recording and analyzing session material. This method has the potential to provide in-depth information on the collaborative processes that take place within the therapeutic relationship. Similarly, further research is necessary to explore the recommendation that clients' core metaphors of DID be used as organizational frameworks for treatment. Conducting a longitudinal investigation would be helpful in determining how these metaphors are implemented across all three phases of therapy.

In this investigation, the Listening Guide proved especially useful in capturing the multiplicity of voices through which participants expressed their experiences of trauma, dissociation, and healing. The relational nature of the method encouraged the open expression of experience, while the psychoanalytic underpinnings provided a way to attend to the multiple voices embedded in the experience. Moreover, participants expressed how the language of "voices" resonated with their subjective experiences of dissociation. Given its voice-centred, relational qualities, the Listening Guide is uniquely designed to explore the lived experiences of individuals with DID. Accordingly, this method may be an effective tool for conducting future research with this population. Considerations for future research, which emerged from the present study, include: the use of dream imagery in the treatment of DID (with a focus on how clients use these images to facilitate their own healing), the origins of clients' dissociation metaphors (exploring the idea that these metaphors may be rooted in physical or real-life experiences), and the therapeutic application of metaphor with survivors of satanic ritual abuse.

Concluding Thoughts

Through the use of the Listening Guide – a feminist, relational method that recognizes the layered nature of the psyche and the multiplicity of voices through which it is expressed – it

was my intention to privilege the voices of participants in the discourse on metaphor and DID. As we journeyed together as co-researchers of this thesis, I came to know – not just intellectually but also experientially – that "DID people are so creative . . . they are like metaphor mountains." This metaphor, shared by Penelope during her interview, serves as a framework for my experience as a researcher. The participants in this study invited me into their mountains, revealing an inner world of creativity from which healing flows. It is my hope that all therapists realize the internal resources for healing and growth that exist within individuals with DID. With this knowledge, they can find ways of approaching these mountains with their clients and *mining the riches within*.

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Appendix A: Agency Contact Letter: Project Overview

Dear agency coordinator,

This is to inform you of a joint research project that is being conducted by Chelsea Conron and Katelyn Fister at Trinity Western University under the supervision of Janelle Kwee, Psy.D., and Rick Bradshaw, Ph.D., to fulfill the thesis requirements of the MA in Counselling Psychology program. We are interested in further understanding the role of metaphor within the subjective experience and treatment of dissociative identity disorder (DID).

We are aware of the value of metaphor within the therapeutic context, and are interested in further understanding how metaphor is at work with DID clients. We believe that further unfolding the role of metaphor as a tool of communication in a research context may be very valuable in enriching the therapeutic work that can be done with these clients, and in broadening our understanding of this disorder.

Chelsea Conron and Katelyn Fister are each facilitating a different aspect of this research project. Chelsea Conron is interested in exploring the use of metaphor within the subjective experience of DID, while Katelyn Fister is focusing on the use of metaphor within the therapeutic dyad. We invite therapists in your agency to consider being a part of this project by allowing us to place recruitment material where eligible clients will see it, and acting as a support to those who are interested through the research process. We also invite therapists to become involved in data collection through participating in a qualitative interview. Enclosed you will find more detailed information on each part of the project. We hope your agency will become as excited as we are about the bigger picture and participate in both aspects of this project; however, we understand that this may not be possible, in which case we ask that you consider being involved in one or the other part. If you are unable to participate, but are aware of another organization or counsellor who may be interested, we encourage you to pass this on to them, and we leave you with our highest regard and best wishes for your consideration.

If your agency would like to be involved, the first step is to determine if you have clients who are good candidates for the research. The participants of this study should be individuals who have had a confirmed diagnosis of DID, and who are currently receiving some form of regular psychotherapy. If the therapist has already administered a formal assessment to confirm a client's diagnosis, we ask that this be provided; otherwise we will conduct the Structured Clinical Interview for Dissociative Disorders (SCID-D) with the client prior to involvement in the study. We will also provide a treatment history form and checklist derived from the DSM-IV-TR criteria, from which we can further determine eligibility for the study. The ideal participant must have at least one alter who is co-conscious and able to be self-reflective. We ask that participants have progressed beyond the initial stabilization phase, where immediate crisis and denial are often a major focus of therapy, and are working towards communication and cooperation within themselves. We do not wish to exclude those with suicidal or self-injurious alters as long as the client is not at acute risk for such behaviours during sessions based on your clinical judgment. For the best interest of the client we ask that the therapist be available to continue regular treatment and support during the research.

Enclosed you will find more detailed information on each component of the project. In order to avoid power dynamics between therapist and client during the recruitment phase, we intend to allow clients to be self-elected based on a poster that will be placed in a visible location in your office. The client will be directed to contact the research team if they are interested in being involved. After this point, they will be given a reciprocal release of information form for the therapist to sign in order to enable the researcher to contact the therapist with further details on determining eligibility and involvement.

If you would like to know more about this project, or wish to be involved in some way, read on, and please contact us via phone or email at your earliest convenience. We will also be following up with you by phone or email to further discuss your willingness for involvement.

Yours sincerely,

The Metaphor & Dissociation Research Team

Appendix B: Therapist Information Form (Dyadic Understanding)

The following is a brief explanation of Katelyn Fister and Rick Bradshaw's component of this project regarding the use of metaphor in the treatment of dissociative identity disorder (DID). It is my hope that this research will bring to life the subjective and shared experiences of individuals with the disorder and the professionals who treat it. This knowledge has the potential to enhance the quality of care of individuals with DID, improving therapy process and outcome. Access to the full literature review and project proposal may be obtained upon request.

I am interested in conducting up to eight qualitative interviews with participants. In order to capture the experiences of individuals with DID and the professionals who treat it, each member of the client-therapist dyads will be individually interviewed, using a semi-structured format. The interviews will focus on the use of metaphor in therapy. The main purpose of the interviews is to gain in-depth case descriptions of participants' subjective experiences and the therapy process. The interviews will last approximately one hour for each individual. All interviews will be recorded using audiotape. Following data analysis, individuals will also be invited to take part in member checks.

All written and recorded data collected during the study, including consent forms, assessments, and interviews, will be kept confidential and secure. Codes will be used to anonymize participant data, eliminating identifiers on the assessment forms. In addition, interview transcripts will be edited for any identifying information, such as names and locations. Further details about this process can be found on the informed consent forms.

Therapist's participation in this aspect of the larger project involves being available to discuss the possibility of participating for clients who express interest. Therapists must complete the treatment history form, which will be sent to them after reciprocal release of information form has been signed by the participant, therapist, and researcher. In order to verify the participant's diagnosis, we will administer the Structured Clinical Interview for DSM-IV Dissociative Disorders Revised (SCID-D). If therapists are interested in administering the SCID-D themselves, we are more than happy to have them involved in this way. However, this assessment will be completed by a member of the research team if therapists do not wish to do so. As previously mentioned, availability to continue treatment as usual after the interview is required.

In order not to exert undue influence on potential participants, we ask that therapists not speak to clients about this opportunity until they independently express interest. We also believe it is in the best interest of the client and the quality of the research to conduct the interview in the same place where they usually receive treatment. This allows the client to feel more comfortable without having to adjust to a new setting. It will act as a contextual cue for the alters that usually participate in therapy. It also minimizes the introduction of new stimuli that may be threatening or triggering. Timing is also important, and ideally we would like to conduct the interview shortly prior to the client's regular session. This helps to ensure that the therapist is available in case of an unforeseen emergency.

We do not foresee any major risks of participating in this study, as we do not intend to have clients focus and elaborate on particular traumatic incidents, but rather salient metaphors used in therapy. It is our hope that reflecting on such metaphors will enrich therapy with the client. For further information on risks and benefits please refer to the informed consent form.

Sincerely,

Katelyn Fister

Appendix C: Client Information Form (Dyadic Understanding)

Dear potential participant,

My name is Katelyn Fister and I am in the MA of Counselling Psychology program at Trinity Western University. I would like to invite you to participate in a thesis research project. My colleague Chelsea Conron and I are researching metaphor and dissociative identity disorder under the supervision of Rick Bradshaw, Ph.D and Janelle Kwee, Psy.D. There are two parts to this research and you have the option of participating in both parts, one part, or neither. For further information on Chelsea's research, please refer to Participant Information Form A.

I am interested in understanding how metaphor is used in the treatment of dissociative identity disorder (DID). It is my hope that this research will provide valuable information to professionals and other researchers on how to best help individuals with DID. By taking part in this study, you have the opportunity to contribute to improvements in the treatment of dissociation. Involvement in this research may also increase self-awareness and enrich your work with your therapist.

Participation involves the completion of a diagnostic assessment, the Structured Clinical Interview for Dissociative Disorders (SCID-D), which may take up to three hours, and a minimum of one face-to-face interview (up to one hour) which will take place where you usually meet with your therapist. The interview will begin with general introductions. Then I will ask you different questions about how you and your therapist use metaphors, images, and other symbols in therapy. I will also be meeting with your therapist in a separate interview to get his or her impressions about the use of metaphor in your therapy. This interview will include similar questions to the ones that I ask you.

After the interview your level of involvement in the research is up to you. There is the option of reviewing the accuracy of the conclusions that I draw from our time together. You may also wish to be involved in reviewing the thesis document before it is finalized. Be assured that all information regarding your identity and details about you will be anonymized so that you are unidentifiable in the final document. All other written and recorded information that contain your identity will be kept confidential and secure. Further details about this process will be discussed if you decide to proceed.

I ask that you take the time to consider this opportunity in order to allow each part to decide if this is something you want to participate in. If parts of you feel uncertain, I encourage you to discuss these feelings with your therapist. I also welcome the opportunity to personally answer any questions you may have at any point. Please know that there is no obligation to participate and you would be free to withdraw from the research at any time without consequence.

If you would like to know more about this project or wish to be involved, please inform your therapist and contact me via phone or email and we can arrange a phone or in-person consultation.

Sincerely,

Katelyn Fister

Appendix D: Diagnosis Confirmation Form

This form is to be completed by the therapist before commencement of the research interview.

Client Name: _____ Identifier (Research use only): _____

Therapist Name: _____ Organization (if applicable):_____

Date of first appointment with client: _____Length of treatment period: ___years___months
Number of sessions to date: _____

Please give a brief summary of your treatment history with this client (e.g. techniques & approaches used, client's progress, current treatment goals)
_____
_____
_____
_____
_____
_____
_____

Were you the clinician who made the initial diagnosis of dissociative identity disorder (DID)?
___ Yes. Please specify (approximately) when you decided on this diagnosis:
_____
___ No. Please indicate, to the best of your knowledge, how long the client has had the diagnosis: _____

If you have completed any diagnostic assessment(s) please indicate which one(s):_____
_____

Is the client's core personality aware of his/her diagnosis? ____Yes ____No
Of the personalities you are aware of, approximately what percentage of them is aware of the diagnosis? _____

Please briefly explain how you discuss the diagnosis with personalities that are not aware/ how you attempt to facilitate coconsciousness:
_____
_____
_____
_____
_____

Please provide the (estimated) number of alters within the client's system, at the present time: _____

Of these, please provide a description of the personalities with whom you have regular contact (e.g. name, age, function):_____
_____
_____
_____
_____
_____
_____
_____
_____

The following is based on the diagnostic criteria for DID as outlined in the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition Revised (DSM-IV-TR). By checking the spaces provided you are verifying that you have observed the following at some point during treatment. Feel free to provide clinical examples in the spaces provided:

____ The presence of two or more distinct identities or personality states, each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and the self.

____ At least two of these identities or personality states recurrently taking control of the person's behaviour.

____ The inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

____ By checking here you verify that the disturbance is not due to the direct physiological effects of a substance or general medical condition.

Please provide any additional information that you feel is important to the research: _____
_____
_____
_____
_____

Your signature below indicates that:

The above information is accurate to the best of your clinical judgment.

Based on your knowledge of the current research project, this client is capable of participating and is not at critical risk of suicide or self-harming behaviour as a result of reflecting upon their internal system.

You will be available to support your client with treatment as usual throughout the data collection period of this research.

_____ _____

Therapist Signature Date

Thank you very much for taking the time to complete this form. If you have any questions or concerns please do not hesitate to contact us.

Appendix E: Hope's Plot Listening

As I reviewed Hope's transcript, I felt like I was transported back to the interview. I could picture her kind face, which often took on a puzzled quality as she searched for words to express her feelings and experiences. Although there were many pauses, repeated words, and incomplete thoughts in her interview, I could sense that she was determined to be heard, to tell her story, to make a difference. I deeply admired her commitment, and felt a spirit of encouragement rise up inside of me – one that I tried to convey to her throughout our time together. Admittedly, I sometimes struggled to follow her story and felt overwhelmed by the volume of information and disjointed speech. I remember reminding myself to stay attentive and to listen for the meaning behind the words. I bet my face also took on a puzzled quality at times, as I furrowed my brow in concentration! There was a lot of empathy in my heart for her during those moments. I mean, if I was feeling overwhelmed listening to her words, how much more overwhelmed did she feel in her actual experience? Looking back now, I realize that within her interview, there is a surprisingly coherent and insightful narrative of her subjective experience of dissociation and the therapy process. This realization underscores the importance of listening to the voices of individuals with DID – learning from their lived experiences – when it comes to using metaphor in the treatment of dissociation.

I also remember feeling incredibly honoured as she shared some of her most vulnerable and heart-felt experiences with me. Her story was so honest and real that I felt like I was living it with her. I could feel myself standing there, in the shadows of her father's store, watching as that little girl slipped silently into the safety of the beehive, my heart pounding loudly in my chest. She not only shared memories and feelings with me but also the parts that held onto them. I remember feeling my heart ache for the little ones stuck in the badness of past memories; there

was so much fear inside of them. Yet, there were also many playful moments when the joy and silliness of the child parts shone through. Those moments still bring a smile to my face. And that, above all else, is what I took away from the interview – her joyful spirit. Despite all the trauma and challenges she has faced in her lifetime, she strives to live a full, rich life – one that focuses on simple pleasures and dear people. She found a way to internalize the unconditional love, acceptance, and compassion that she received from her therapists and is in the process of learning to cherish and care for herself. Her joyful, optimistic outlook on life is truly inspirational. I can't wait to share her story with others through this project.

When I read Hope's narrative, I feel like I am on a journey of self-discovery and healing. It reveals the creative mind of a woman who learned to escape from the pain of a traumatic childhood by creating an inner hiding place where she could keep herself safe (i.e., bumblebee hive). There seemed to be some level of awareness, at least on an unconscious level, that she might have this "certain thing" called dissociation. This is captured in the artwork she created, long before she entered therapy (e.g., painting herself into walls); however, you can feel her struggle to come to terms with the fact that she started to dissociate in order to cope with a traumatic past. Feelings of self-loathing leap off the page, as she repeatedly blames herself for her disorder and even refers to herself as a "leper" at one point. The road to self-acceptance has been a long one, paved with the constant support and care of her therapists who have shown her what real love is. In fact, there is a theme of being ignored and unloved by society due to her traumatic past and method of coping (in addition to never feeling loved or accepted by her family of origin or husband). Over the course of therapy, she begins to internalize the therapist's strength, concern, and empathy and direct it towards herself, which helps her relate to the other parts within her internal system. At this point in her journey, there is an incredible sense of hope

for a “full life” – wanting to be an adult/mother/grandmother and enjoy the simple pleasures of her current age, while also continuing to be sensitive to the needs and desires of the younger parts inside. She seems committed to continuing her “group therapy,” as the parts develop greater communication and cooperation skills. By the end of her interview, I see a transformed woman. She is now able to celebrate her creative gifts (artwork, poetry, metaphors) and use them as a vehicle to express her subjective experience of healing and growth.

At various points throughout Hope’s interview, she notes that there is a trade-off when it comes to dissociation: achieving a sense of safety through dissociation (e.g., hiding in the beehive or escaping into holes) resulted in feelings of disconnection, loss, and powerlessness. Thus, although it protected her from experiencing overwhelming stress and pain, it also robbed her of personal awareness, agency, and connectedness. The contradiction of dissociation being both protective and frightening is present in her personal narrative. When asked when she first developed and used the beehive metaphor, Hope discusses actively hiding from her father to avoid harm (“something bad happened so I went inside”) and notes the helpful aspects of dissociation (“if they want you to clean your room, you’ll clean your room...that will be the other part...the other bee part”). In fact, as a child, she experienced dissociation as a “positive thing” and never worried about “having to not be one person.” In contrast, as an adult, she describes herself as “despicable” and abnormal for creating parts and coping through dissociation. I wonder if this change reflects the progression of her dissociation from a protective response to overwhelming trauma to a maladaptive process that began to interfere with life functioning.

Notably absent from her interview is any direct reference to DID. In fact, she barely even uses the term dissociation to describe her experience, referring to it instead as “this certain thing” and “creating parts.” I cannot help but think that this choice in vocabulary reflects the deep

shame and guilt she carries for creating “holes that would take us to safety...when all around us we saw other people living other ways of living.” At other points in the interview she talks about not wanting to accept that something was wrong with her, which she refers to as denial. Not surprisingly, Hope does not offer much information about the various traumas she suffered. She makes reference to them using ambiguous phrases, such as “something bad happened,” “the psychologist who hurt me,” and “I knew something wasn’t right in our family.” Choosing to discuss her traumas using indirect terms may have prevented the memories and feelings from overwhelming her during the interview, allowing her to reflect on the material without having to relive the experiences.

Appendix F: Pictorial Representations of Hope's Beehive Metaphor

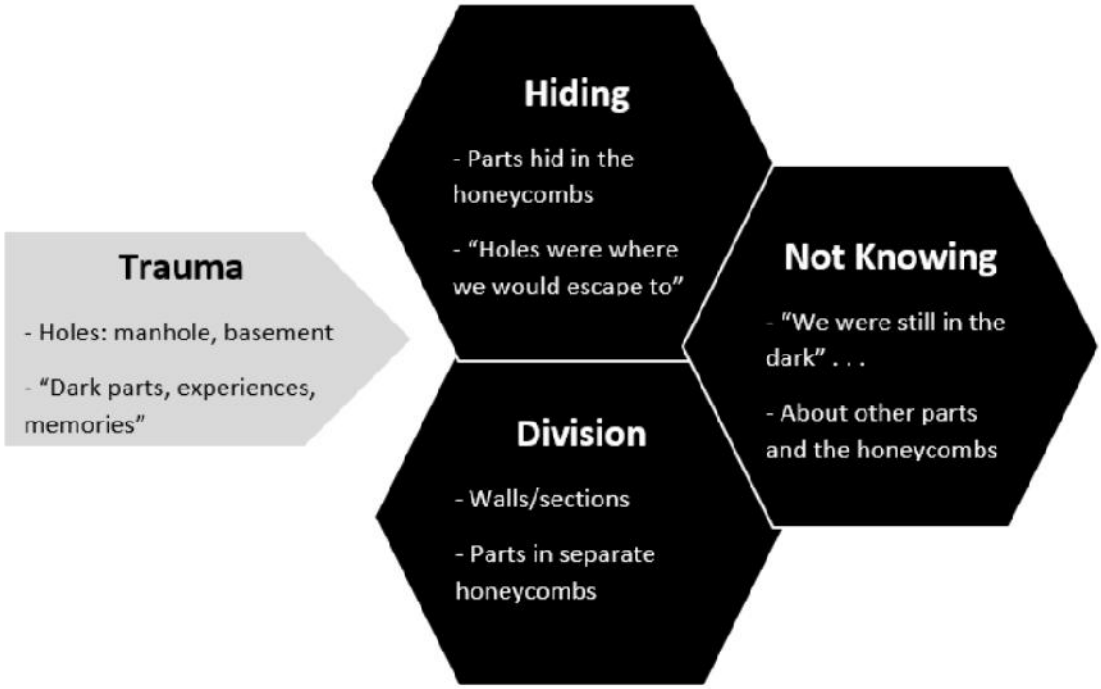

Figure 1. Hope's beehive metaphor, pre-treatment. Natural links exist between her metaphors of trauma and dissociation.

Figure 2. Healing influences of treatment reflected in Hope's core metaphor of dissociation. Healing metaphors are logical extensions of dissociation metaphors.

Appendix G: Pictorial Representations of ‘Reace’s Mansion Metaphor

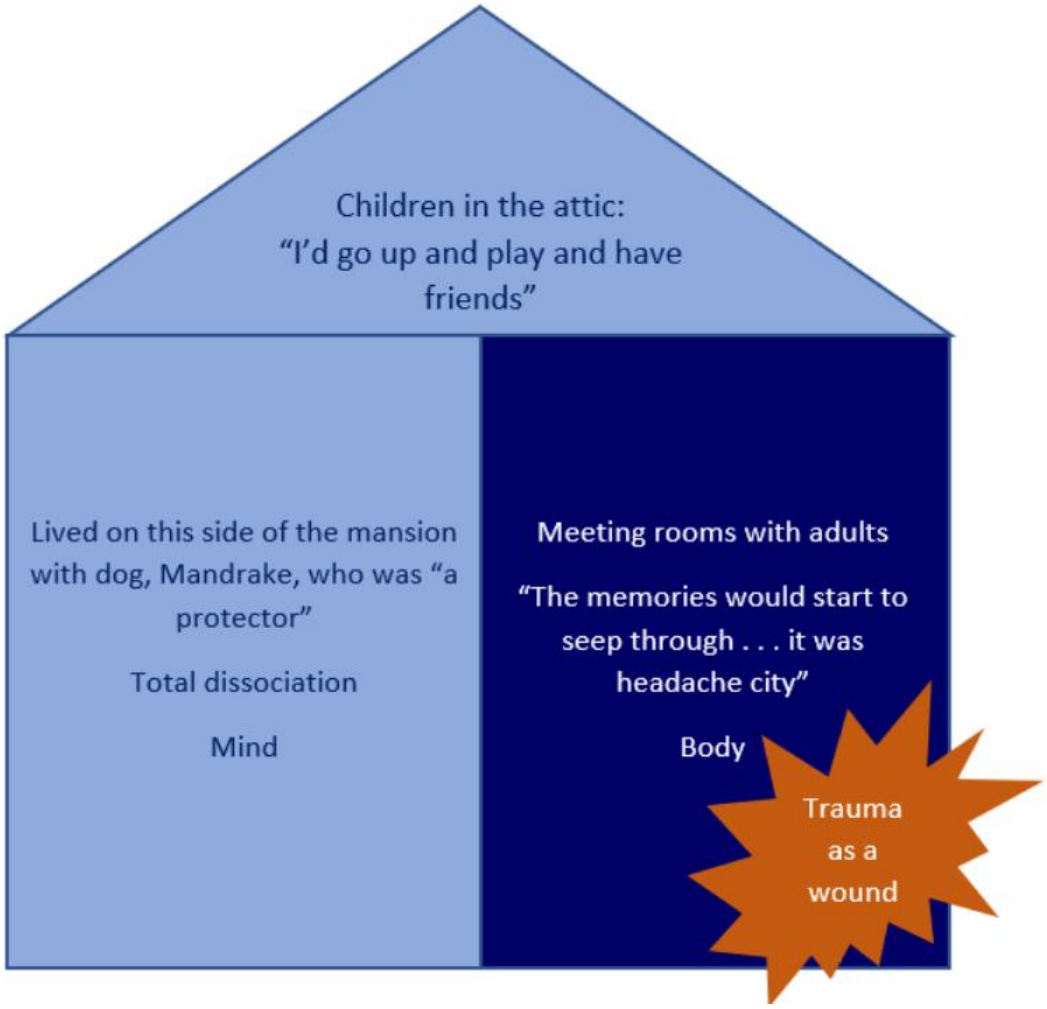

Figure 1. ‘Reace’s mansion metaphor, pre-treatment. Natural links exist between her metaphors of trauma and dissociation.

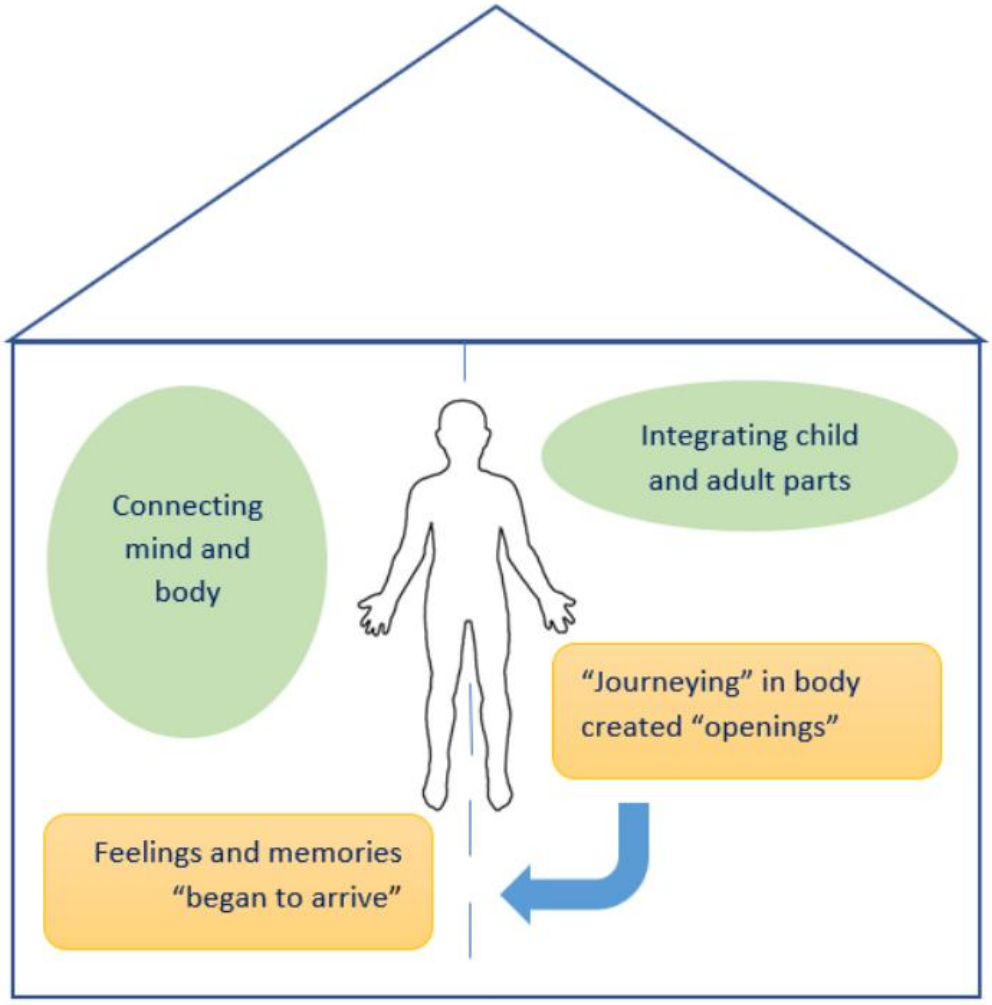

Figure 2. Healing influences of treatment reflected in 'Reace's core metaphor of dissociation. Healing metaphors are logical extensions of dissociation metaphors.