



## Fast and Slow Thinking in Narrative Recovery: Pluralistic Trauma Processing during Covid-19

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### Abstract

How can writing about the collective cultural trauma of the Covid-19 pandemic help in an autobiographical illness narrative about coming to terms with pre-existing Dissociative Identity Disorder? This disorder is characterised by inner plurality, autobiographical amnesia, and difficulties in discerning past from present times. Thinking about how to recall let alone organise such a life story might appear, at first, to be an impossible challenge. Might slow-thinking (coined by Kahneman 2011) through critical reading of comparisons between personal experiences and collective cultural experiences of trauma be a resolution? This lived experience account shares how the pandemic triggered fast-thinking dissociative symptoms but in so doing, gave me the story pieces to start forming a narrative about my earlier childhood trauma. Through slow, comparative readings of this personal experience with classic literary and collective cultural experiences of historical traumas, a co-produced narrative emerges. As a result, instead of the therapeutic creative writing modes that are gaining much traction in third sector mental health programmes and wellbeing forums (such as therapy journals, expressive writing or drama role play, see for instance Sampson 2007), the focus here is on how auto-ethnographic self-therapy can also provide new directions for narrative recovery in pluralistic trauma processing.

*Keywords:* fast-thinking, slow-thinking, trauma, dissociation, Covid, plague, Northern Irish Troubles

## Introduction

My story is one of blanks, disjointed images, nightmares, chilly fathoms of numbness, complete nothingness and occasional emotions sensed but never felt. Laurence Sterne's eighteenth-century novel, *Tristram Shandy*, with its blank page seems very appealing (vol. VI, 147). With Dissociative Identity Disorder (DID) revealing what has happened to me is not a straightforward form of life writing. The fact that I do not remember anything before the age of nine and only have patchy, chronologically mixed-up memories between the ages of nine and eighteen lurking in a dense brain fog, makes revealing my early life story impossible. This is why my timeline focus is on the recent history of the pandemic. On top of that, I feel nothing as I record this. I am on autopilot, typing the words without any emotional resonance (depersonalisation). For some of my life experiences I do remember being there, not in my body but watching from above. All this begs the question am I really qualified to do a life writing as a DID person? I may be a dissociative 'Expert by Experience' but I have questionable proficiency. I am a bewildered amateur in my own living and being. Perhaps that state of depersonalisation, though, is one of the motivations for this writing style: recording life experiences by stepping back and looking at it from a wider, theorised perspective suits me not only as I am a professional literary critic, but also because I depersonalise. I get to detach and become critical. That I am constantly in that detached mode explains the structure of this writing: using abstraction and association with wider comparisons to discover and integrate personal biography.

For those who are aware of DID the very concept of DID life writing, where amnesia and plurality reign supreme is, no doubt, an oxymoron. With our DID fractured identity, turning to books for a definition does not help that much, for there is no common agreement in terms of clinical definition. Though dissociation has existed in both psychiatric manuals worldwide (DSM IV and V, 1994 and 2013) and its acceptance is improving (estimates of global population diagnosed range from 2 to 7%), it is still widely misunderstood. A primitive childhood survival condition allowing infant minds to separate their conscious thoughts from chronic traumatic experiences, DID has long been ignored in general psychology training courses or misdiagnosed within Mental Health Services. Misdiagnosis is, in part, due to the polysymptomatic profile that DID presents, with diverse symptoms in addition to core diagnostic features. Also, an agreed definition is still in flux, despite dissociation attracting psychiatric interest since the nineteenth century. DID has only been classified as a separate condition from Post-Traumatic Stress Disorder since 1980, in the DSM-III, but not detailed with a diagnostic description until DSM-V in 2013 (a

mere ten years ago). In DSM-V, DID is defined as a psychological state where there is a disruption of identity characterised by two or more distinct identities that coincide, with fluctuating consciousness and changing access to autobiographical memory:

accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual ... [There are] recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting.' (DSM V, Code 300.14)

Experience of inner plurality can be as an emotional sense, behavioural or a physiological reality. For me, it is all three. Some of these elements of self are blended with my main identity that is seen by the public, some are co-conscious of the various identities, while some exist as separate selves amnesic of one another. In this narrative I bring into dialogue literary and psychological accounts with my lived experience of inner plurality, with a focus on the experience of a new trauma, the Covid-19 pandemic.

### **Dissociative Symptoms and the Covid-19 Story**

The value of presenting lived experience of DID through the Covid-19 lens is that it transforms a symptom list into story pieces. The philosopher Tvetan Todorov's theory of narrative springs to mind here: a list of characters and events does not make a narrative, instead a progression from one state of equilibrium through to another is achieved by transformation (Todorov 1990). A story requires change, be that disruption, degradation, restoration or reversal, for instance. My life story gives a voice to how living with the condition that is DID (which I have had for three decades) was disrupted during Covid-19, with regressions but also awakenings, through the reflective power of this exercise of writing about writing. Todorov also states that a narrative must progress, unfold, point towards resolution, and have an implied future, which is why the second half of the essay will lead to resolutions by slowly reframing the fast-thinking impulses in this life narrative. (This idea of fast-thinking, coined by Kahneman 2011, is when the survival-based reacting 'back brain' dominates, while the slow-thinking 'front brain', which aids reflection and learning, is muted.)

The idea of transformation and change, however, seems counter-intuitive at first in a fast-thinking system. Living with DID begins where denial and avoidance (of trauma) are the first encounters, and actively work towards entrenching stasis in terms of symptom presentation and understanding. But daily life itself was so dramatically interrupted and changed during the pandemic, that everyone was thrown into a limbo period. For most, daily life in 2020 was consumed with the ‘new normal’ of Covid-19 masks, social distancing, and lockdowns. It was the stuff of fiction: for a century devastatingly infectious and brutally deadly pandemics had only arrived in fiction or film, such as Margaret Atwood’s *MaddAddam* trilogy, Dan Brown’s *Inferno*, Louise Welsh’s *Plague Times* trilogy, Terry Hayes’s thriller *I am Pilgrim*, or as allegory in many works to denote cruel and unjust hardship inflicted on humanity. Yet the Covid-19 trauma was not fiction, it was living reality, you could say anti-mimesis was in play. The Hellenist Greek scholar Aristophanes of Byzantium comes to mind, when he questions the comedies written by Meander with ‘O Meander and Life! Which of you took the other as your model?’ (Halliwell 2020, 287-88). But herein lies the tension of this story, as for those of us with DID the reversal was happening. When I heard in the media how life is no longer normal for billions of people, yet to me it has become more akin to my norm, detachment from the experience of the majority was reinforced.

What do I mean by more akin to the DID norm? By learning to navigate trauma narratives of my past and present traumas co-mingling, I became acutely aware of a shared lexicon between DID and Covid-19. As Laurel Richardson articulates, writing goes beyond recording to become a method of inquiry (2000, 923). Ostaszewska (2022) observes, ‘it is simultaneously ontological and epistemological; we ‘word the world’ into being at the same time as we come to know the world (2022, 3). By using my DID familiarities, I put into words the pandemic experience and found that the shared lexicon is one of resistance, denial, anxiety, hypervigilance, fathoms of numbness and a wasteland. In early 2020, there was much global resistance and delay across the world in accepting the pandemic’s arrival, many countries lost valuable weeks in failing to prepare for the dangerous pathogen. Likewise, when I dissociate, I am resisting acknowledging (I am trying to escape) my historical childhood trauma and have become stuck in that state. In terms of the pandemic though, I recognised early on in 2020 this resistance in others to the contemporary situation. I started to talk about my growing anxieties about Covid with my DID psychologist about a month before the United Kingdom went into lock down. In having studied modern models of epidemiology six years earlier for a research project on the medieval bubonic plague, I reckoned my anxiety about a looming pandemic was not disproportionate (or

anachronistic). This validated one of my internal states: a lifetime of hypervigilance enables you to be particularly adept at picking up early danger signs, a saving grace of sorts for living in a perpetually hyper alert mode.

Within this reluctance to acknowledge, confusion and disbelief were part of the 2020-21 global discourse. Media interviews on the BBC World Service throughout 2020 showed politicians, health care workers, and the general public floundering at how to craft articulations of their experiences, evidencing the Freudian idea that a traumatic experience challenges the limits of language. The 1990s literary and social research that propagated the concept of trauma as an unrepresentable event, due to inherent detachment and association within language and experience sprang to my mind in witnessing these media interviews. (For such research see Caruth 1996 and 2014, Felman and Laub 1995, and Hartman 1992.)

Yet returning to our narrative, for me, again, I sensed not a mere repetition of my DID detachment symptoms in these media Covid interviewees. Rather, I sensed that I may have an edge in being able to deal with the unspeakable trauma: the pandemic spoke directly to my daily lived experience of maladaptive dissociation yet also to my professional job as a literary critic. In literature, I found the words to articulate this sense:

Speak to me. Why do you never speak? Speak.  
What are you thinking of? What thinking? What?  
I never know what you are thinking. Think.  
...  
You know nothing? Do you see nothing? Do you remember  
Nothing?  
  
I remember  
Those are pearls that were his eyes.  
Are you alive, or not? Is there nothing in your head? (Eliot 1922)

Looking at the external landscape of the world during the ravages of the Covid-19 pandemic, I was reminded of the confused, numb, fragmented post-World War 1 wasteland that the 20<sup>th</sup> century war poet T.S. Eliot maps. Recalling the hollowness of Eliot's allegorical wasteland while witnessing the global media streams of contemporary empty cities, sent shocks of awareness through my internal landscape. What I highlight next in describing Eliot's poem is also what it was like to live for everyone during the Covid-19 pandemic (the words are not only my own felt

experience but also my monitoring of frequently used adjectives from UK newspapers, the broadsheets *The Guardian*, *The Times* and tabloid *The Daily Mail*, from 23/03/20 to 30/07/20. These words are marked in italics). In 2020 the world was again *at war*, but this time with an invisible enemy, a virus. All was *stagnated, desolated by isolation*, just like Eliot's *forsaken* land. *Words cannot be found, no-one seems to know, our thoughts are scrambled*. We were in the first phase of the poem – 'The Burial of the Dead' (lines 1-76) – with a spine chilling parallel, where in the poem April is *cruel* because life cannot now emerge from the *ruined* soil, expectations are *upside down*, *fear* predominates as bodies mount in the (*unreal*) London. In the United Kingdom April 2020 was cruel in being the month where the first spike of the viral curve took place, everything felt *stifled*, all we could do was witness life being snatched away. Spring's renewal was swamped by fear, as bodies mounted in the make-shift hospitals across Europe, in emergency tents in New York, and the mass make-shift burial sites in countries like Brazil and India. The hospitals were a *no-man's land* between life and death. In our community lock-downs, as we home isolated, everything was in *suspension*, and our *grasp on time* has changed. We were *afraid to connect, distanced* through house windows or square boxes on video conferencing platforms. We were *full of apprehension* and *overwhelmed* as to whether we were living in an *action thriller movie* (like the prophetic *Contagion*, 2011) or real life. Suddenly, the far away was *encroaching right down on us* with every *shallow breath* we took. To repeatedly see images of army convoys carrying *dead* bodies, of people *stranded* in slums or refugee camps, of the *discarded* elderly, the *forgotten* disabled, or the homeless in *desperation*, and all being *fearful* to breathe outside, is traumatic. Perhaps someone now, one hundred years on from Eliot's verse, is penning the next *Waste Land*.

I invite you to pause and to re-read just the italicised text in the above paragraph, in order to understand the daily life that I have experienced with DID for decades. Understanding how my personal DID experiences intersects with and connects to other people's experiences co-produces a narrative. Co-constructed narratives are a common trope in autoethnographies, where relationships are jointly-authored, incomplete, and historically situated affairs (see Bochner and Eliis 1995; Toyosaki and Pensoneau 2005; and Vande Berg and Trujillo 2008). On my own I could not create this DID lexicon, but through comparative reading of the vocabularies used by those who have experienced the trauma of the World War or the Covid pandemic, I recover a way to communicate. This is important. It invites readers to enter my world and to use what they learn there to reflect on how to understand a DID subject. With the pandemic, sadly, the rest of the world walked for a time in our lifelong DID footsteps.

In a pandemic the ‘new normal’ is what if today is the day you catch the virus? With Covid-19 suddenly limiting social and family interaction, limiting rhythms of life, causing confusion as to how to feel and operate, people began to question how to live their identity. This situation is best defined as the suffering trajectory, which is a process of change caused by a sudden sequence of events that are impossible to control and avoid without feeling chaos, anxiety or disintegration. (For details on the trajectory model see Riemann and Schütze 1991; Glaser and Strauss 1970 and for an effective application of how the trajectory model can be used in writing about writing as a form of self-care, see Ostaszewska 2022). The global Covid-19 narrative trajectory was one of suffering, evoking identity challenges, setting new directions for the course of biography.

However, with DID living with uncertainty and in the wasteland is not sudden, rather it is the ‘old normal’. There is no sudden transformation, and in Todorov’s terms, this means that the DID story cannot progress. The pandemic prompting comparison of my past DID and present Covid experiences in comparison to Eliot’s poem may enable me to ‘word’ my symptoms, but those italicised words are still a lexicon list, or symptom list, rather than a story. Ambiguity and stasis are the hallmarks of maladaptive dissociation: you only have awareness of confused, divided fragments of your life story, which has an absent narrative arc. This is the lifetime trajectory of living with DID but is also, crucially, its story.

A first-person plural who dissociates doubts if they could ever be a protagonist in a story. Is there such a thing as ‘me’? Am ‘I’ an ‘I’? That a sense of self and agency are simultaneously fragmented, alienated and absent is our story. I may suddenly become ‘a depersonalised observer to my ‘own’ speech and actions, which makes me ‘feel powerless to stop’. My feelings, speech and actions are often ‘not mine’, disowned. (This time I am co-producing my narrative with the DID clinical definition in DSM-V 2013, 293). The most searing parallel with the pandemic’s survival uncertainties lies in the fact that with DID a high-risk factor also exists in our every day, but not as a predatory virus, my predator(s) derive from within. Every day holds the menace that it could be the one when a non-co-conscious dissociative part decides to do some harm. Never knowing if you are safe, sensing everyone and everywhere around you are unsafe, assuming there is some part inside you that might harm you, not sure who to believe, a series of emotional bombings internally and externally looming as threatening: living with DID you are in the same landscape as living during a pandemic. The amygdala is constantly on an emergency footing which overwhelms us and places us in a cloud of unknowing detachment. Acknowledging this swamping, of being overcome with fast-thinking is the first stage in the trajectory of

the suffering narrative, according to Riemann and Schütze (1991), which is a state of being overwhelmed by unexpected and uncontrolled events. The next stage in the trajectory process leads to destabilization, separation and isolation. The final stage is one of rationalization and reconciliation with trajectory (1991, 334).

### **Destabilization and Isolation**

So, is the next stage in the coming to terms with DID during Covid-19 one of destabilization and isolation? Arguably, yes. For instance, one plot line of the mental shotgun reaction is how physical touch is the new enemy (touching infected surfaces and then the mouth as a form of infection spreading). But is it that new? Giovanni Boccaccio in the fourteenth century warned us of the dangers of infectious contact:

And the plague gathered strength as it was transmitted from the sick to the healthy through normal transmission, just as fire catches on to any dry or greasy object placed too close to it. Nor did it stop there: not only did the healthy incur the disease and with it the prevailing mortality by talking to or keeping company with the sick—they had only to touch the clothing or anything else that had come into contact with or been used by the sick and the plague evidently was passed to the one who handled those things. (*The Decameron*).

What I take from this comparative reading is that there is historical precedence, a reminder of the ever-constant need for hyper-alertness. In early 2020, comparable messages abounded everywhere, on the television, radio, in texts, via social media, and in letters, that touching was dangerous. Covid-19 can be transmitted if a contagious person touches a surface, and then you touch your face (this was the fast-thinking worldwide reaction before it was known the virus was transmitted through airborne aerosol). Shops in the first year of the pandemic brought in ‘no touch’ policies, paper menus in the reopened cafes and bars were discarded, cash payments as good as disappeared, soft play areas for the children indefinitely closed, all in an attempt to prevent the sweeping transmission of the virus. Everywhere was too dirty to touch, humans touching or hugging one another actually became illegal, deemed unhealthy and scary: we were all now lepers. This was not new for me but again was a process that destabilised my DID further. Prior to the pandemic, the idea of people touching me had always been a huge trigger. It felt like my quiet, fearful, unspoken story of the horrors of touch and dirt had a global blazing voice of its own now.



Furthermore, another problem is the combination of dissociative amnesia spells with fast-thinking, where one thing just keeps piling on top of another, another feature of this destabilising trajectory. It is beyond exhausting being in such a high intensity maze of unknowing. For example, I find evidence of house cleaning that I have no recollection of doing. Has the shielding instruction to meticulously wash every item that comes into the house, including all of the food packaging and post, made us fearful and compulsive? Then ‘Whataboutery’ fast-thinking triggers: what if I do not do the cleaning well enough when dissociated? What if I touch our face while cleaning? What if all the evidence I keep finding of washing having been done around the inside of door frames and windows is one of our dissociated identities trying to keep the virus out? If only I could let it know these lengths are not needed.

Paradoxically, I also keep finding the full soap dispenser in the bin. Does that mean another dissociated identity objects to the cleaning and wants us to catch the virus? Or does one of my parts have an aversion to soap? I do have a history of cleaning fluids triggering anaphylaxis, which is a life-threateningly scary experience. All the Covid-19 talk of respiratory failure and survivor’s accounts of being unable to breathe, drowning with no oxygen, is undoubtedly a trigger for these memories of anaphylactic life battles. But trying to piece together all the scraps of evidence concerning our dissociative behaviour and trying to work out what is going on is so confusing and exhausting. I have no cohesive sense of self. How do you make a jigsaw (or a narrative arc) when there are pieces missing, and those that are there appear blank as you do not know what the overall picture looks like? The disintegration stage of the suffering trajectory is in full swing.

Covid-19 also highlighted the DID habit of not knowing who or what is dangerous, never trusting, not knowing who to believe. On top of that, I was in the highest clinically vulnerable group to Covid (in the UK this was described as ‘shielding’) due to severe immunosuppressive health treatments for physical conditions, which just went to reinforce our pre-existing dissociative red flags. Nearly four million people in the UK who were shielding felt totally abandoned on 1 August 2020, as shielding was suspended by the government when the viral infection rate was still above where it was when lockdown started (and remember, the vaccines were not even a thing at this stage). We were abandoned with every single legal framework (particularly for work) being withdrawn. The message from authorities we received was so confused: we were told that it was safer out there than it had been, but it was not as safe as it was some months ago, so while not as dangerous it still was not safe to return to ‘normal’. We were told that although the risk had reduced in catching the virus, or, at least, the likely load of the virus due to the facemasks, the individual risk to us shielding if we

did catch it had not changed and was just as deadly. Although we were instructed not to open the door at all during the first phase, in its second wave we could go out to exercise, as long as we did not go to work, shops or the pharmacy, or mix with any people. How were we meant to de-programme with a message of 'outside less dangerous depending'? And therein lies the rotten DID echo underpinning all this confusion: is it not safer to be imprisoned than to exist externally?

The pre-existing siren that DID had installed in me went off: I am in danger, real danger, and no-one will help. (Those shielding were asked to accept Do Not Resuscitate orders.) This trajectory really made me question when is fast-thinking not appropriate and when is it the reality of how I need to keep ourselves safe? Total disintegration: are we in the past or present? How am I not to feel validated that the external world is always dangerous (as it was in our traumatic childhood). Being forgotten during trauma and suffering behind closed doors: this rips the scabs of my mental health scars and they bleed again. Further distance is the needed resolution, so we detach and turn to fiction. Fairy tales are what best ventriloquise my cloud of unknown feelings. Snow White is left alone, debased and punished, while Hansel and Gretel are exiled from their home into the lair of a wicked witch. But they are rescued. In foundational stories of abandonment (for example those of Moses, Oedipus, Romulus and Remus) the rejected child always returns home in some kind of triumph or success, which mitigates the original trauma. Life, though, does not have fairy-tale endings.

So far in this narrative recovery journey I have turned to literature as wide-ranging as Eliot's twentieth-century verse and Dante's fourteenth-century poem alongside children's fairy tales to help me articulate and rationalise. This kind of comparative reading is helpful as I am often dumb-founded as to how to gather my story pieces together. So, I find it is easier to use the voices of others (not a promotion of plagiarism, rather literary translation!) In an evocative metaphor, the cultural theorist Michel de Certeau presents reading as an act of 'poaching' to convey how readers liberate a text from a strong-box of meaning, appropriating it through tactics of pondering, improvising, creating an ephemeral dance across textual space (de Certeau 1984). Poaching implies quick grabbing of thoughts. This illicit, even secretive reinvention and resistance of the authority of the text is appealing to a dissociative mind stuck in a continual sense-making process by wondering, extemporising and continually creating snatches of patchwork identity offered by a plethora of other voices.

And comparative reading works as I need to feel that this unfolding story has been 'underwritten' by antecedents: that I am continuously accompanied by the presence, no matter how remote, of predecessors. That I am not, finally, alone. I find belonging

in the pages of books, not in this world. That abstract space, though, allows reflection. The inquiry into what words to use and then what plot lines to gather about dissociative living has led us to an organising narrative arc: shame at not belonging in anywhere other than an abstract space. While the UK government ended shielding in the summer of 2021, it was initially with the qualification as long as strict social distancing is maintained and face coverings worn, and later in the year with the vaccine rollout, on the condition that you use your own judgement. Yet with non-conscious dissociative identities, how could I guarantee this? How could I be sure I would not touch a surface and then my face, or take a face mask off, or move too closely to people when I am detached from time, place and identity? How could I guarantee I would not dissociate for hours and travel on public transport (buses being one of the most major viral transmission hotspots) and go to various indoor places unwittingly? As it turns out this is exactly what happened when I had no choice but to go to the hospital – I did not get back safely to our house. The dissociation and physical vulnerability are a deadly combination. The overarching narrative arc of all these comparisons of symptoms and plot lines between DID and Covid-19 finally emerges: I felt too unsafe to be part of the ‘new normal’. I never felt part of the ‘old normal’. I now faced another rejection from the ‘new normal’.

I am ashamed that I cannot be like everyone else. This comes from within but there is also an external agent, because of the commonplace endemic stigmatizing by society of those with a mental health condition. The incident recounted by Carolyn Springer of sharing her DID diagnosis is one too familiar to too many with any form of mental health condition:

if we do speak out, we risk rejection and ridicule. I had a best friend once, the kind that you go shopping with and watch films with, the kind you go on holiday with and rescue when her car breaks down on the A1. Shortly after my diagnosis, I told her I had DID. I haven't seen her since. The stench and rankness of a socially unacceptable mental health disorder seems to have driven her away. (Carolyn Springer 2020.)

This reminds me of Franz Kafka's fictional *Metamorphosis* (1915), in which the protagonist, Gregor Samsa, awakes one morning to inextricably find himself transformed into a giant cockroach. It is not the physical changes that affect him however, rather it is his family's changed interaction with him, treating him now as an insect, which leads to him modifying his own self-perception. Treated differently and isolated he becomes different. For someone with anxiety and shame, you expect

the public to stigmatise and isolate you, but fear amplifies when it is official government policy.

‘Isolation’ derives from the Latin word *insula*, meaning island. In the fourteenth century, when the first hospitals were built in Italy to protect the population from the bubonic-infected sick, they were built on an island, and hence the term *islanded* emerged. This sounds a very attractive option when there is a deadly pathogen invisibly swarming around, but simultaneously just as attractive to me as a dissociated subject, as the ideal defence mechanism from the everyday dangers that exist everywhere. This word ‘isolation’ crept into public discourse so much during the pandemic waves, compounding my deeply uncomfortable sense of depending upon other people. Even the rhetoric of the pandemic reiterates this: ‘community transmission’ is the arch enemy: community interaction is deadly.

A foreboding sense descends: anything beyond the front door is dangerous and life threatening, which is emotionally complicated as it reinforces a deep-rooted fear of isolation, of having only unreliable, confused selves to rely on against the world. As John Donne (1624) in *Devotions* is often quoted: ‘No man is an Iland, intire of itselife; every man / is a peece of the Continent, a part of the maine’ (*Meditation XV11, L.1-2*). The sense of isolation for us was newly reinforced by our care system dissolving during Covid in the wake of an under-resourced health care system: all our routine and frequent medical outpatient appointments were cancelled indefinitely (turned out to be for twenty months for some of our physical conditions). And then our therapist ended sessions permanently, to only deal with health care professionals developing PTSD during the pandemic. We really were abandoned, isolated with only our fears for company. These are well-trodden paths, as from an early age we have had no one but ourselves to rely on. A familiar soundtrack replays. No one will be there in our pain, again.

### **Pluralistic Trauma Model: The Other Voices**

No-one would help our pain. But is there more than one pain? There certainly was collective pain, external to us. Covid-19 highlighted human greed and failure to think of others in those flaunting social isolation instructions, those not caring if the infections rise again as it ‘doesn’t really affect them’ in not being ‘vulnerable’, and the greed of those panic buying food. An angry splutter (and anger frightens me) stirs inside, at all the people today who also think they can outwit the virus, wilfully disregarding others’ lives. A little voice inside pipes up, ‘how can this level of pain be inflicted by another who is so much bigger and stronger?’ Are you talking about the

present or the past I ask this little voice? Of everyone's cultural experiences of vulnerability and pain or also your personal ones? The pandemic triggers my deep-seated anxiety and outrage when others are harmed. But helpfully, it also triggers my other, little voices, to emerge. Other narrative perspectives start to enter this story.

There is a part of us that rejects these fast-thinking fears of isolation, for kindness is something that I yearn for. Yet the very idea of interpersonal connections and dependency, let alone kindness, also frightens the life out of me: it is bound to be painful and hurt us. Apparently, I am not alone with this default totalizing thinking, as Springer states:

I thought everything was bad. Because fear and dread and anxiety dripped down the sides of every thought and intention I had ... it was bound to go wrong, it was bound to be dangerous, it was bound in some way to cause me an increase, not a relief, of suffering. (Springer, 06.01.2020)

I suspect this is the reptilian brain in play yet again: life is dangerous and fear signals are in full gear. The fear of kindness is springing from the mind's smoke signals, but it is based on our past life experience. Nevertheless, it is what I sense and feel in every bone in our body.

What a DID person might intuitively sense rather than being able to articulate, to know deeply without logical foundation, to 'know in their bones', is clinically described as the pathology of fast-thinking, and is only heightened with biographical amnesia. Covid-19 exposed how any of us, at any moment, could succumb to the indiscriminating strike of the virus and die. (At the time of writing this essay in June 2023, the World Health Organisation records 768,187,096 deaths confirmed with Covid-19 as the primary cause but acknowledge the real total is much higher). In the midst of that whirlpool surfaces the hidden voice, the heart of our real story, behind all our Covid-19 induced fast-thinking: I deserve to die, I might as well give up and let the pandemic infect us, as I am so ridden with filth as it is. I've always thought that. Why do I think like this? I do not know. I have no thoughts or words to process this thinking. In exposing the deep wellsprings of our fast-thinking during Covid-19, I am now getting to the crisis in the story where transformation needs to occur for the narrative to proceed, indeed for there to be a future life story. We need to move past the unspeakable trauma model.

Recent trauma scholarship by Cvetkovich (2012), Forter (2014), Hungerford (2003), and Mandel (2006), conceptualises an alternative pluralistic trauma model to Freud's unspeakable trauma. This is where it is understood that an event may silence us but

alters perception and identity, and in the wake of such disturbance new knowledge is formed about the self and external world. To what extent can knowledge about plural selves and internal landscapes also be in this trajectory? My desire to start to sketch out the specifics of my DID story, to get to know my selves, to go beyond the universal, essentialising trauma lexicon that comparative readings offer as we have done in this writing exercise, to go beyond the collective experience of the pandemic and work out my individual story strands, is starting our narrative transformation. That is the recovery value of acknowledging and not denying or dismissing fast-thinking: becoming more aware of my fast-thinking origins alters my perception of my co-mingling past and present worlds.

The new knowledge in this model for my personal narrative is that while I need to connect and give voice to the fears (for those parts were detached into silence for too long), I also need to allow my other voices to surface, if they will. Are there slow-thinking voices? Are there earlier trauma voices? DID narrative recovery, then, is not just about retrieving exiled memories; it is about learning how to alter perceptions to permit plural co-existing perspectives. It is about how to let plurality function well. Moving beyond the Freudian and Caruthian model, the pluralistic trauma model emphasises multiple perspectives, some unspeakable and stuck, some transforming and growing, some in tension, some just different, but definitely a mix of the cultural and personal. This kind of polyphonic discourse is neurodiversity, not pathology. What, then, if we look for other perspectives on some of my plot lines gathered so far?

For instance, when I think slowly and carefully about the times we live in, I can acknowledge that among the overwhelming media reports about suffering that there are many also about the benevolence of volunteers in this global village pandemic. Rather than kindness being something to fear, a way to reframe this thinking is to see the pandemic experience as a new chapter in our life story. The number of selfless volunteers and kindness of strangers has been a dominant narrative throughout the early waves of the pandemic (of volunteers helping those shielding, the key skill workers' sacrifices, fund-raising activities, creative thinking to enable social connections to transform safely, and so on). There is an ever-increasing large data set of numbers and a repeated discourse that we cannot dispute, indicating kindness. Perhaps the world is not such a cruel and dangerous place. In my childhood past I was hurt by those who should have cared, that is a narrative that cannot be denied. However, that does not mean that narrative continues in these new contexts. I need to acknowledge chapters end and there are new beginnings: recovery is in distinguishing dual awareness between past and present states.

By reframing this life writing with slow thinking, another insight emerges as to how the Covid-19 experience opened opportunities of how to learn to live well with DID. While the insight may be new, the way of thinking seems familiar. The way I found I was intuitively slowing my thinking down from the emotional cascade of the Covid-19 news was by drawing comparative distinctions with past pandemics (see Furtado 2020, for a historical overview of pandemics). This is perhaps not a great surprise given my professional job as a literary historian; it is a safe and known way of thinking to me. Using comparative writing to make sense of experiences is well noted (Kiesinger 2002; Poulos 2008). A narrative strand of habitual slow-thinking already exists in my biographical identity. Can this translate to and integrate with my psychological retinue? How can I use my professional slow-thinking investigative brain into cultural experiences to also alter perceptions of how I understand my personal past and present relationships in my dissociative way of being?

The contemporary pandemic in comparison to past pandemics is a perfect training ground to engage slow-thinking as a pre-requisite for DID life-writing. For instance, the first bubonic plague tract has intriguing parallels to today. It first emerged in April 1348 from Catalonia in Italy. Covid-19 first hit northern Italy before the rest of Europe. A physician, Jacme d'Agramont, wrote a tract offering advice on preventative measures, just as today we hear daily advice (albeit informed by modern medicine) from the Chief Medical Officer and colleagues. On receiving the tract, the Italian council banned travel and social gatherings, just as today borders shut across the globe and the strict measures during lockdown of household isolation and during easing of lockdown the bubble numbers slowly being increased. D'Agramont warns the windows should be sealed, just as those shielding in 2020 were told to keep doors firmly shut. D'Argramont recommended the fire should be stoked with juniper and the floor sprinkled with vinegar, nowadays our homes have soap and disinfectant that fragrance the home and clean the floor. We are also told in the medieval tract that a little bloodletting could help, thankfully not a modern practice medicine today, but ECMO machines (Extra Corporeal Membrane Oxygenation) are being used to take blood from some Covid-19 patients (but then it re-enters the body with more oxygen). This 700-year-old plague tract pays attention to mental health: though then there was counsel to suppress a fearful imagination as it would only make the impact of the plague worse. Whereas nowadays, there is much media talk today about being open about mental health discussions. (See Winslow, 1948 for analysis of D'Argramont's work.)

What reflecting on these comparisons achieves is the realisation that humans got through a much more highly contagious virus when 'following the science' was not

an option ('got through' needs qualification, as estimates range between 30 to 50 million people died in the plague). Despite not having the 'science', we can see the intuitive human sense to implement measures that would have helped some reduction in transmission. Humans have a default setting to survive, whether dealing with a virus or, by extension, trauma. This comparative thinking reveals how the mind can work out how to endure, be that in the medieval period or today. The altered knowledge that provides for my unfolding DID narrative is the question, as well as intuitive fast-thinking, might my dissociative symptoms also be a default setting to survive?

### From Reacting to Reflecting

How does my personal story interrelate and co-exist with this cultural story of survival? This is where I return to Eliot's *Waste Land*. Earlier, with close reading I exposed a shared lexicon between war, DID and Covid traumatic fast-thinking experiences. Rather than just spotting semantic similarities, can critical, slow-thinking offer another survival story? Might narrative progression occur by moving away from collecting fast-thinking thoughts to slowly considering how the feelings of connection occur? A move from reacting to reflecting?

My first encounter with Eliot's poem was as an undergraduate student, over two decades ago. Not knowing what to anticipate when I opened the book (I had not read modernist literature before), I was thunderstruck: I felt like the poet had stripped and exposed my mind in depicting its modernist disjointedness. Only now, though, do I know why. The poem's incoherence, disrupted form, multiplicity of voices, tensions and stasis articulates my dissociated experience of this world. The poem's constant need for references and footnotes promotes the minor voices, relegated to the margins on the paper, into a superior access point for understanding (just as dissociative identities can). Numerous metatextual quotations in this poem constantly give the main narrative over to a multiplicity of other voices, often mythological and historical, which feels like my dissociative system clambering to be heard. The shifting scenarios are a lived reality with this dissociative disorder, as I can find myself in locations that I have no recall of travelling to. Mayhem, alienation, bleakness, no answers, only a hint of possible redemption. And Eliot has an editor, Ezra Pound, who is as much a co-author as an editor (rather like the co-authoring of my network of multiple dissociative identities). What emerges in this critical thinking are organising principles of my character traits – of mayhem, alienation, disjointedness – that shape my whole life-story, not just my lived experience from the Covid years.



Reaching this understanding about the organising principles of my whole life story is when Todorov's theory of change and resolution can happen. Now that the story (of mayhem, alienation and disjointedness) is known, how can it resolve? Unlike the Freudian and Caruthian school of thought about unspeakable trauma due to neurobiological functions, pluralistic trauma theory goes beyond this. Instead, it seeks to understand not only trauma's dissociative effects on self-consciousness, but also the cultural dimensions of trauma and the diversity of narrative expression (see, for example, Kirmayer 1996, 191). Comparative reflection, then, of multiple trauma perspectives can aid narrative resolution. Having engaged cultural narratives, of past plagues and the World War, only now, with the slow-thinking having calmed our parasympathetic nervous system, do I dare to move away from fictional or cultural traumas and instead bring my original personal childhood historical trauma into the narrative arc of our DID experiences of living during Covid-19. For now, with slow thinking (as part of a larger psychodynamic therapeutic endeavour), I discern that the earlier childhood trauma in our life has not ended and is being triggered again by the contemporary pandemic experience. The 1970s to 90s Northern Irish terrorism euphemistically called the 'Troubles' are again stuck in our present. The new awareness in my narrative is that there are multiple, unfinished and suspended stories co-existing in my dissociative symptoms. The Covid-19 lens, then, is no longer just exposing my dissociative fast thinking habits. In slowly reflecting on them through comparisons with collective social traumas, my awareness alters of the multiplicity in my own timeline.

The television reports of the countries around the world dealing with the pandemic were fixated on images of army convoys, and this conflated with my upbringing, where I stood on the roadside as the army trucks rumbled past. The Covid doctors adorned in full PPE made the images of forensic scientists I had seen as a child every week on the television, or sometimes in my home streets, recur. The daily Covid death count (though in shockingly larger numbers now) stirs an all too familiar repetitive soundtrack from childhood, as to how many had been killed or injured that day. All the war rhetoric to defeat the virus in conjunction with images of the army (at PPE distribution centres, driving the ambulances, at testing or vaccination centres) confuses my ability to distinguish the past from the present. It was drilled into us to be constantly alert, ready for danger and attack from terrorists, shootings and bombs, from early infancy, just as we were told to be hypervigilant about passing this infection on or catching it. The facemasks, especially the black ones, sent chills through me of the balaclavas worn by terrorists that haunted my childhood. Seeing images in the European countries of random check points where people were asked to produce

the documents to identify who they were and where they were going (during the lock downs) echoes my same experience during the Troubles, where I was regularly stopped by the army on the footpaths or in road patrols. The empty street scenes replayed the town curfews, with everything locked, barriers down, deserted by 5pm, to try and limit the possibility of bombs being planted. Countries, like Australia in the Victoria region imposing night curfews to mitigate against a second peak in July 2020, reignite this Northern Irish past. The sense that the politicians continue to have arguments among themselves while the general public have to take action – to cancel events, to start isolating and so on, feels akin to the trajectory of the political impasse during the Northern Irish Troubles while the public took action. While the sounds of bombs and shootings have been replaced with a silent infectious enemy, the sense that the terrorist is living among us remains. Perhaps another reason why the DID nightmares resurged to high crescendos during the pandemic.

The UK government's slogan in the first stage of the pandemic to 'stay home, protect the NHS and save lives' also caused problems of past and present mixings. The word 'protect' for me has negative connotations, as the Northern Irish terrorist organisations (on both political sides) waged huge protection rackets, with violent (body deforming and even deadly) repercussions for those who refused to pay. The idea that lives need to be saved reinscribes the narrative I have found throughout my life that there is serious threat (and this virus is deadly). The later English revision in May 2020 to 'stay alert, control the virus' was also unhelpful for me to repeatedly hear and see, for it sounds much more like an endorsement to be constantly hypervigilant and 'control' evokes connotations of dominance for me. The past and present interlace, but at least I am acknowledging that and it is no longer banished or exiled in pathological detachment.

The difficulty with patience is something the UK and other nations had to come to terms with in the 2020 Covid-19 pandemic, as there was no immediate, quick fix, and we had to go through (and many still are and will continue to have to go through) pain and suffering in order to get to the other side. To disentangle a ball of wool it takes time, unravelling of a knot one by one, sometimes paying close attention to just one little piece, sometimes taking a step back and looking at the overall picture. In part III of the *Hunger Games* science fiction thriller, the character Finnick Odair in the *Mockingjay* laments '[i]t takes ten times as long to put yourself back together as it does to fall apart' (Collins 2010, 14). Reflecting, comparative thoughts, and articulating the processes involved in narrative-making all helps to enable a stepping back, a deep breath in, to free the tight, curled up emotionally inarticulate woolly ball that is the dissociative mind.

In this therapeutic autoethnographic self-therapy writing exercise, I have observed, compared, and tried to shape what living with pre-existing DID has been like during the Covid-19 pandemic. The value of writing about my lived experience is that my mental experience has been shaped and developed through the process of narrative-making. The present reality and global discussion of much of our past experiences (whether that be fear, isolation, anxiety, resistance, denial, abandonment, disconnection, shame, confusion, ambiguity) is awakening not just fast-thinking habits held by my different identities, but a critical, slow-thinking curiosity in me as to how to understand them. Personal narrative writing helps me hold on to that curiosity: ‘when I write I am merely a sensibility’ suggests Virginia Woolf, she tells us the purpose in writing is that:

one must get out of life... one must become externalised; very, very concentrated, all at one point, not having to draw upon the scattered parts of one’s character, living in the brain... (D2, 193).

By moving away from fast-thinking about our dissociative symptoms through the Covid lived experience lens, which centralises pathological fragmentation symptoms, to abstract, or externalise narrative-making, in the form of thinking slowly to co-produce narratives with literary fiction, historical cultural experiences of war, and centuries old bubonic plague, multiple narrative perspectives emerge for my story. A story about dissociative symptoms, about collective cultural experiences of different traumas, but also a very specific personal childhood ‘T’rauma, emerges. In so doing, slow-thinking allows a pluralistic trauma model to be suggested as it uncovers new relationships between experience and language that leads to narrative recovery for this DID subject.

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