EDITORIAL:

REMEMBERING AMSTERDAM

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Amsterdam tends to bring out the best in the ISSD. The Amsterdam meetings have been wonderfully organized, and their programs have been thoughtfully planned. They are always full of pleasant surprises in their scientific content and their social arrangements. The Dutch are always congenial hosts, and those in charge of the 1995 conference, Onno van der Hart, Ph.D., Suzette Boon, Ph.D., and Nel Draijer, Ph.D., command tremendous personal and professional respect for their own contributions and their energetic efforts to encourage and support the work of others. Holding the conference in the facilities of the Vrije University instead of a hotel seems to generate a more academic atmosphere, and tends to keep the participants at the conference site throughout the day, which builds up a more focused intense energy and a more easy and sustained type of interaction. And, of course, Amsterdam is one of the great cities of the world, infinitely enjoyable, and particularly accessible to the dedicated walker.

I want to remind everyone who went to the Amsterdam meetings to remember them clearly, and to continue to savor their unique atmosphere and their special flavor. Even more so, I want to remind everyone who did not attend that they missed something very impressive. They would have learned that scientific meeting can be so exciting that as jaded a conference-goer as your Editor can recall with singular pleasure particular presentations and ideas, can recollect his delight in meeting scholars whose work was new to him (or who were just breaking into the field), can continue to savor his impressions of how invigorating and creative our field can be, and remember the cafes and restaurants in which the conference continued long into the night. The spirit of the Amsterdam meetings is a striking example of what we can achieve, and what we should strive to achieve, in every one of our meetings. This is especially important when our field is embattled, and prone to draw in defensively rather than reach for what it can be.

This issue completes our formal celebration of the 1995 Amsterdam meetings, presenting contributions from the Netherlands, the United States, Israel, and France. I am sure that I am not alone in looking forward to another Amsterdam meeting, and the wonderful effects these meetings have on the dissociative disorders field. Thanks again to Onno, Suzette, Nel, and their many colleagues. I hope that the ISSD will be enjoying your hospitality and your high standards again in the near future.

In this issue, we present a wide range of articles. Five are from the 1995 Spring Meeting of the ISSD in Amsterdam. As noted above, they conclude the 1995 Amsterdam Papers. The three remaining articles are drawn from general submissions. The first two papers come from an Amsterdam symposium on the treatment of traumatic memories. Boon and Kluft each address the issues that the clinician must consider in making a decision as to whether it is appropriate to move from a phase of safety and symptom reduction to a phase of work on traumatic memories. It is fascinating that each, working in isolation from the other, and in very different settings, came to such similar conclusions. A psychologist in a community mental health center, working primarily with complex DID patients who have many poor prognostic features, and a psychiatrist in private practice, who treats the full range of DID patients, but who has many high-functioning DID patients in his practice, find themselves in complete agreement. This is reminiscent of Bennett G. Braun, M.D.'s classic observation (see Kluft, 1984), that when confronted with the realities of DID, competent clinicians of different backgrounds, working from different theoretical perspectives, nonetheless make similar decisions and similar interventions. In essence, both Boon and Kluft conclude that clinicians must defer moving into trauma work until patients have completed the goals of the first phases of trauma therapy, but occasionally encounter circumstances in which attention must be given to trauma work in order to stabilize a patient before achieving those goals.

Next, van der Hart and Steele review Janet's work on disturbances in the perception of time, and apply his insights and his hierarchy of time distortions to the psychopathology of DID, and to the psychotherapy of DID. They argue that from one perspective, therapeutic change is, in essence, the reorganization of the experience of reality and time. The fourth paper, by Faure, Kersten, Koopman, and van der Hart, revisits the classic case of Louis Vivet, using the recently discovered actual charts from one of his most important hospital stays. With this data, they argue against the critique that this case was iatrogenic, demonstrate that such arguments have been made without a full consideration of all available data, and conclude that Vivet manifested at least three personality states.

Somer and Yishai then discuss a study of the handwrit-

ings of the alters of a DID patient. They demonstrate that the different handwritings shared a common authorship, but that they could not have been the result of conscious disguise. They conclude that the different handwritings in DID are an authentic phenomenon. Braun, Schwartz, Kravitz, and Waxman present their work with a large group of dissociative patients who had routine electroencephalographic (EEG) evaluation as part of their work-ups. They found that only 7.5% had abnormal EEGs, and only 1.25% had findings consistent with temporal lobe epilepsy (TLE). They conclude that despite some speculations that a link exists between DID and TLE, this does not appear to be the case.

Brown and Katcher present their study of dissociation and absorption in connection with attachment to pets and attachment to nature. They found that people attached to pets tended to have high levels of dissociation and lower levels of absorption, while those attached to nature tended to have high levels of absorption and lesser levels of dissociation. They speculate on the meanings of these findings.

Finally, Okano, a psychiatrist who has practiced both in Japan and in the United States, describes "dissociogenic stress," which he describes as due to covert and apparently non-traumatic stressors built into social structures and culture that promote dissociation. Hypothesizing, he considers factors in Japanese society and social structures that may promote such dissociogenic stress.

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