EDITORIAL: SHADES OF GREY Richard P. Kluft, M.D.

Whenever I am asked to lecture on the subject of memory, I try to begin my remarks with a quotation from what I describe as the "Book of Joel." As the Biblical scholars in the audience conjure up images of devastation, repentance to avert impending destruction, and the stark terror of final judgement (and the memory scholars in the audience try to infer the targets of the presumed implicit message), I hasten to inform them that I am referring to a more recent source, the work of the modern song-writer, Billy Joel. In a song entitled "Shades of Grey" (Joel, 1993), Billy Joel offers a profound commentary on the perils of doctrinaire extremism. After observing that causes and their proponents often begin with clear and polar statements, and bellicose stances - "Some things were perfectly clear, seen with the vision of youth/ No doubts and nothing to fear, I claimed the corner on truth." He goes on to reflect on the honest confusion that comes with increasing awareness: "Shades of grey wherever I go/ The more I find out the less that I know/ Black and white is how it should be / But shades of grey are the colors I see." The verse that is perhaps the most profound, if not the most lyrical, reads:

Now with the wisdom of years, I try to reason things out
And the only people I fear are those who never have doubts
Save us from arrogant men, and all the causes they're for
I won't be righteous again
I'm not that sure any more (Joel, 1993)

I believe that this song is a most poignant and eloquent expression of the dilemmas posed by the excesses of the current debate over the legitimacy of memories of trauma, especially those memories that are recollected after periods of apparent amnesia. For the last several years polarized rather than moderate and circumspect approaches have garnered the lion's share of both media and professional attention in this area, to the detriment of the progress of science, clinical practice, and the well-being of patients. Neither a stance of extreme credulousness nor a posture of extreme skepticism with regard to the reality of so-called "recovered" memories can be sustained without discounting significant data

that speak to the contrary point of view.

This issue contains an article which documents that abuses alleged in therapy by dissociative identity disorder patients often can be corroborated. Furthermore it demonstrates that both the confirmation of once unavailable memories retrieved in therapy and the disconfirmation of allegations made in good faith are not uncommon clinical events. It confirms what virtually every experienced therapist of the traumatized has come to know - that when we work with the traumatized we may encounter a wide variety of reports, representing a wide diversity of accuracy and inaccuracy, the veracity of most of which will never be either proven or disproven, but which all play vital complex and often overdetermined roles and functions in the mind of that individual. We are far more prepared to heal our patients than we are adept at discerning the truth or falsehood of what they claim has befallen them. Many of the extreme and polarized statements about the believability or lack of believability of recovered memories of trauma being made today will be regarded as preposterous and unfortunate by future scholars and investigators.

In this issue of *DISSOCIATION*, Vanderlinden, Varga, Peuskens, and Pieters, an international team of Belgian and Hungarian scholars, present evidence that Hungarian populations mirror other studied groups in the prevalence of dissociative experiences, but that many have scores that are rather high, with some even as high as those found in dissociative identity disorder populations. Bauer and Power demonstrate the prevalence and pattern of dissociative experiences in a Scottish student population, and furthermore show a relationship between irrational cognitive processes and dissociation. Dierker, Davis, and Sanders characterize the relationship between dissociation and imaginary companionship; they also find that imaginative involvement is correlated with highly vivid imaginary companionship experiences.

Ross, Ellason, and Anderson extend earlier factor analytic studies of the Dissociative Experienced Scale (DES) (Bernstein & Putnam, 1986), and found that the DES factor structure for dissociative identity disorder patients parallels that found for a general population. Beere and Pica present further data supportive of Beere's theory that dissociation involves blocking out peripheral stimuli. Then, Pica and

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Beere share information on dissociation during positive situations, a long-standing aspect of the study of dissociation that has been left behind in the recent focus on dissociation as a response to trauma. They conclude that this information as well is supportive of the notion that dissociation is associated with the narrowing of perception to the extent of blocking out background considerations.

Arnold's contribution is the first to address the use of therapy dogs with dissociative patients. Arnold studied the use of trained therapy dogs in support groups, individual therapy with the patient's dog, individual therapy with the therapist's dog, and group dog obedience classes for dissociative patients and their animals. Many of the observations are thought-provoking. The final paper in this issue is Kluft's study on memories of trauma in dissociative identity disorder patients, both memories that were always recalled and those that were recovered for the first time in therapy. Kluft finds that the corroboration of abuse, the confirmation of recovered memories, and the disconfirmation of inaccurate memories are all clinical commonplaces.

The readership of *DISSOCIATION* should already be planning presentations for the 1996 ISSD meetings in San Francisco, November 7 - 10, 1996. *DISSOCIATION* is already looking forward to reviewing your 1996 manuscripts.

Richard P. Kluft, M.D.

REFERENCES

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