Several years ago, some months before DISASSOCIATION became a reality, I gave some lectures in a noted center of academic psychiatry. Afterwards, over luncheon, I became involved in a long, intriguing, wide-ranging, and thought-provoking conversation with a number of renowned researchers and interested residents. The level of the discourse was erudite in the extreme, and the questions were sharp and probing. At several points I found myself challenged to come up with novel and sagacious-sounding synonyms for "I don't know" and "I hadn't been aware of that" and "What classic studies by whom?" Although I learned a great deal that day (especially about how much I did not know), what I remember best was a particular exchange in which I argued with a particularly prominent, wise, and open-minded scholar.

The scholar said that he had listened to my lectures with strong skepticism and mild intellectual curiosity about multiple personality disorder (MPD), and had come away convinced that the disorder was "as real as any other" and deserved not entirely the result of choices made by those within it. I tried to point out the isolation of the MPD field was not entirely the result of choices made by those within it. I demonstrated that many of the observations and models that were most important in the MPD field were perceived as incompatible or inconsistent with those valued by scholars and clinicians in "mainstream psychiatry," and therefore often were either rejected, ridiculed, or disregarded by them. I outlined the difficulties that students of the dissociative disorders had encountered in obtaining funding for much-needed research, the rejections and rebuffs that many had experienced in trying to publish their findings, and the outright hostility to which they and their patients often were exposed. I described the vicissitudes of my attempts to establish a journal that would provide a forum for the exchange of ideas in the dissociative disorders field.

My replies did not satisfy him. He admitted that he might be somewhat of an unrealistic "ivory tower" idealist, and had a hard time imagining the intensity of the opposition the field encountered, but he remained steadfast in his view that the dissociative disorders field had credibility, and would only enhance its acceptance if it built more bridges between its data, areas of interest, ongoing research, and scholarship, and the concerns of mainstream psychiatry.

I voiced some skepticism, citing several instances in which attempts to do this resulted in publications that forced MPD into the Procrustean bed of a paradigm that only had partial applicability to the dissociative disorders field, and ignored concerns that I found relevant. I expressed concern that unless the MPD field developed its own tradition of inquiry, it and the important issues it had raised would become submerged or at least side-tracked, to the detriment of both patient care and scientific progress. He countered with cogent insights into the risks of intellectual and scientific insularity. After we each had made several attempts to convince one another, we agreed to disagree. We savored the irony that we had found it easier to agree about MPD, which was far more controversial than it is today, than to reach accord about how the MPD field could best go about the process of gaining acceptability.

I often reflected on that conversation, because I emerged from it with the uneasy feeling that the other fellow might have been right. A year or two later I met the same man at a scientific meeting. He had followed the progress in the dissociative disorders field, appreciated the growth of interest in the subject, and congratulated me on the publication of DISSOCIATION. He referred to our earlier difference of opinion, and acknowledged that he had wondered who was right after all.

In retrospect, the proper reference to settle our debate may have been Biblical rather than scientific. Perhaps we should have made our text Ecclesiastes, Chapter 3, verse 1: "To everything there is a season, and a time to every purpose under heaven." There are moments in the history of the study of a subject that only a relative freedom from the constraints of what has been thought before and considered elsewhere can create the intellectual climate that fosters the emergence of the unfettered and novel insights that are necessary to define new problems and initiate the search for new solutions. Conversely, there are points at which only an effort to relate what is novel to what has gone before and what has been discovered by others can achieve the type of fruitful syntheses that other forms of progress inevitably require.

In the dissociative disorders field, as in any other, at any moment there are some areas of inquiry that must go their own way in order to grow, and other areas that can advance only by being integrated with knowledge from additional areas of study. Why, he asked, did we not make more energetic efforts to build bridges between our work and the work of others?

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sources. Many of the papers in this issue of *Dissociation* have some connection with this theme. We have spent years defining what is unique in the treatment of MPD, and now, knowing this, have a wonderful opportunity to build bridges to the insights gained by therapists working with other patient populations. Barach has studied attachment aspects of MPD psychopathology, using Bowlby's concepts to explicate some of the behaviors of MPD patients that are most likely to provoke strong countertransference reactions in their therapists. Intriguingly, his paper offers a cogent commentary on one of Cornelia B. Wilbur's clinical axioms, an advice with which many have taken issue. Connie often emphasized how important it was to tolerate the dependency behaviors of the MPD patient, so that the patient could grow beyond them. Barach offers a meaningful explanation for Wilbur's clinical observations.

The paper by Coons and his colleagues, which demonstrates the widespread cross-cultural occurrence of MPD psychopathology, is balanced by Martinez-Taboas' exploration of a social constructivist view of MPD. In studying the cultural determinants of MPD, Martinez-Taboas uses the insights of other fields of study to argue that MPD may not be worldwide in its distribution. The first paper demonstrates the ongoing efforts of the field to define itself from within, and the second emerges from the interaction of the MPD field with other areas of scholarship. We are at a transition point here. The study of the incidence and prevalence of MPD needs both types of contribution, and both are enhanced by the type of study undertaken by Ross and his colleagues, which screens populations for their experience of dissociative phenomena, and suggests that non-clinical populations have a high incidence of such symptoms.

Hacking's philosophical and historical exploration of the origins of the use of the term personality in the study of the dissociative disorders offers an intriguing insight into the relationship of the models of perception and thought that are prevalent in a given era with the directions taken by scientific inquiry as it is informed by those models. Peterson's paper attempts to synthesize the observations of many who worked in isolation into a new way of describing dissociative symptoms in children. His paper could not have been written prior to the contributions of those who first marked out the terrain. Comstock attempts both innovation and synthesis in her approach to the intriguing but controversial ISH concept. She places the search for inner guidance in a historical and conceptual context, and then proceeds to offer a review of how those clinicians who value the ISH concept employ it in their approaches to treatment. Our field contains many times and many seasons. We are fortunate that we have among us those capable of responding to the many needs and demands that these pose.

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