EDITORIAL:
THE EDITOR’S REFLECTIVE PLEASURES

Richard P. Kluft, M.D.

Some aspects of my work as Editor-in-Chief of DISSOCIATION are more pleasurable than others. I do not enjoy writing letters of rejection. Nor do I enjoy making requests for extensive revisions that I know will be perceived as painful or burdensome by the authors who receive them. I derive no happiness when an author is clearly so overwhelmed or upset with the necessary but clearly unwelcome feedback he or she has received that an article I believed could have been nourished into a valuable contribution is never revised, and precious ideas perish, stillborn and unshared. I am less than amused by the occasional (and thankfully infrequent) potential contributor whose narcissism is more noteworthy than his or her scientific potential. I do not look forward to complaints about administrative aspects of the journal and subscriptions that arrive with the grim certainty of death and taxes.

In exchange for enduring these vicissitudes and uproars, I am entitled, along with royalty, MPD patients, the affected, certain subcultures, and polite Koreans, to use the first-person plural (the editorial “we”) in my communications. Furthermore, I have unlimited access to the “bully pulpit” of the Editorial pages to express my thoughts and opinions on occasion. However, the most enduring pleasures of being an editor are not unlike those of the farmer who has the satisfaction of watching what has been sown germinate, blossom, mature, ripen, and be savored fresh at harvest. My grandfather taught me these pleasures in my youth. Together, as we worked what my family humorously referred to as his farm,” we followed the sure rhythms of the seasons, and he took great pains to acquaint me with their particular beauties and rewards. I have never lost touch with the joy of watching and savoring the process of growth.

Perhaps that is why the preparation of this issue of DISSOCIATION recurrently has raised associations in my mind with the plants I am growing, and the garden I am planning for the summer. The articles in this issue demonstrate the steady growth of the dissociative disorders field. In a sense they are second and third generation articles despite their originality. They all build nicely upon the pioneering contributions of the master clinicians and the first wave of researchers who attempted to bring objective measures to a field that has been dominated by impressionistic accounts. They illustrate a growing maturity and sophistication among our scientific and clinical colleagues.

In her contribution, Marlene Steinberg, M.D., offers a concise summary of her work with the SCID-D, providing the reader with a thoughtful introduction to this excellent instrument, which is in the process of publication as of this writing, and will be available this spring. It will join Colin Ross’ DDN “on the front lines.” I have been involved in research projects with the SCID-D, and believe it is a powerful instrument. It has been nice to watch it grow.

Eve Carlson, Ph.D., and Frank W. Putnam, M.D., summarize recent research and clinical applications of the DES, the most widely used and studied screening instrument in the dissociative disorders field. It is essential reading for anyone who uses the DES. Their article also includes a copy of their alternative version of the DES in a format suitable for xerography and putting into practice. The DES and the research that surrounds it have blazed an impressive trail, and continue to enlighten us.

Researching both the DES and the SCID-D, Nel Draijer, Ph.D., and Suzette Boon, Ph.D., have validated the DES against the SCID-D, using Receiver Operating Characteristics methodology. This impressive study inaugurates a new level of sophistication in the study of dissociative phenomenology and the instruments used to describe it.

Gary Dunn, Ph.D., and his collaborators have contributed an important clinical study of the Questionnaire of Experiences of Dissociation (QED), an instrument that has gone largely uninvestigated and has not been used very widely. By demonstrating its utility in screening for MPD patients, they have shown that we possess another valuable and often overlooked tool, especially important in an era when many “well-traveled” dissociative disorder patients have become overly familiar with the DES, and may enter the clinician’s office with a copy of their last DES as one of the many exhibits in their bulging files.

The article by Cameron Smyser, Ph.D., and David Baron, D.O., studies the characteristics of hypnotizability and absorption in relation to three subscales of the DES. This type of study helps us better appreciate the complex interactions among several classes of phenomena important for the better understanding of dissociation and the dissociative disorders, and for the more fruitful investigation of many constructs and paradigms that are too easily lumped together and confused rather than being appreciated in their full complexity.

Elizabeth Bowman, M.D., and William Amos, B.A., B.D., M.R.E., offer a study of the potential roles of the clergy in the treatment of multiple personality disorder. Their paper provides a useful orientation for the psychotherapist to the variety of roles that the clergy are prepared to play, and introduces the secular therapist to a number of useful and per-
haps unfamiliar considerations.

Robert Benjamin, M.D., and Lynn Benjamin, M.A., M.S., are in the process of publishing a series of papers that describe their long and rich experience in treating MPD patients and their families. Their article in this issue provides a thought-provoking clinical overview of interventions that may be possible in the family with a member who suffers a dissociative disorder, a constellation they have termed the "dissociative family."

In his study of the treatment of multiple personality disorder before "Eve," Adam Crabtree, Ph.D., continues his scholarly study of the older literature of dissociation and hypnosis in order to make available the lessons of the past available to us today. He also takes on the role of gadfly to challenge us to face the possibility that we have drawn our paradigmatic pictures of MPD prematurely, and embraced pictures that fail to acknowledge a substantial body of clinical observations that are not encompassed by more modern conceptualizations.

I hope that many readers of DISSOICATION will join me in savoring the pleasures of this issue, and in reflecting on the tremendous maturation and growth in our field to which these articles bear ample witness.

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