

EDITORIAL:

A NEW KID ON THE BLOCK AND MISCELLANEOUS REFLECTIONS

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A few years ago I witnessed a curious series of events. David H. Gleaves, Ph.D., a young psychologist doing post-graduate work at The Institute of Pennsylvania Hospital, became curious about Eye Movement Desensitization and Reprocessing (EMDR), Francine Shapiro, Ph.D.'s novel approach to the treatment of post-traumatic symptoms. He began to apply these techniques to several dissociative disorder patients he was seeing under the supervision of Catherine G. Fine, Ph.D. Dr. Fine became interested in the technique and sought out instruction in EMDR.

Soon I was surrounded by dissociative disorder patients who had experienced these interventions. I tried in vain to seek some understanding of both the technique itself and its use with dissociative patients. Nothing that I was told about the technique and the rationale for it made the slightest bit of sense to me, but increasing numbers of clinicians whom I respected told me that EMDR was quite a powerful technique. Although several speculated that EMDR was a form of hypnosis, many of them maintained that there was something unique about EMDR. Most tantalizing were reports from expert clinicians that several of their previously inaccessible patients had "opened up" with EMDR.

I had seen enough new therapies come and go to be very skeptical of these reports. Any student of psychology is familiar with the factors that may cause any new approach to appear to be very powerful. Such effects are not limited to the verbal psychotherapies. There is an old joke among psychopharmacologists about prescribing newly-introduced medications: "Hurry! Use it while it works."

My skepticism was enhanced when I began to hear two types of unsettling reports about and from therapists who were not expert in the treatment of the dissociative disorders. From the first type of report I learned that considerable numbers of dissociative patients had decompensated when treated with EMDR. From the second I learned that many previously undiagnosed dissociative disorder patients had been identified when they switched or began to have a powerful abreaction when the condition that they were thought to have was approached with EMDR. It appeared that EMDR had some power to access dissociated material, and that this power in the hands of therapists unprepared to deal with what they encountered could be problematic.

I was encouraged to learn that Dr. Shapiro was aware of

these problems, had received input from dissociative disorder experts, had convened a panel of experts (including Dr. Fine, among others) to study the issues, and was building precautions recommended by this panel into her teaching programs. Screening for dissociative disorder patients began to be taught in her beginning workshops, and EMDR approaches to dissociative disorder patients was added to the curriculum of her advanced courses. Students were cautioned against using EMDR with dissociative patients until they had taken the advanced training.

I could not catch up with EMDR training until 1994, when I took both the basic and advanced training. I had the opportunity to meet Dr. Shapiro and many of her colleagues. I was pleased with their emphasis on precautions and their warnings against therapeutic enthusiasm with vulnerable patients. Although I continue to find the theories proposed to explain EMDR and its actions more metaphoric than scientific, and have not abandoned my basic skepticism about the apparent effectiveness of new techniques, it is clear that there indeed is a new kid on the block, the kid has some novel toys, and both the kid and the toys deserve our most thoughtful attention and study. We need all the help we can get to treat dissociative disorder patients. The patients in the Dissociative Disorders Program at The Institute of Pennsylvania Hospital have indicated their grudging appreciation for the effectiveness of the EMDR technique in helping them reach and process distressing material by nicknaming the pencil or illuminated stick often used to encourage the eye movements "the wand from hell."

When I came to appreciate that increasing numbers of clinicians who treat dissociative disorders were learning EMDR, and that more and more EMDR-oriented clinicians were encountering dissociative disorder patients, I became aware of a particular concern. Although I could easily direct the EMDR group to an appropriate literature, I had no resources to offer to the dissociative disorder specialists. Although Dr. Shapiro's (1995) forthcoming book will include comments on the treatment of dissociative disorders, I have been led to understand that it will not address such topics in detail. Therefore I encouraged several clinicians I knew to have both EMDR and dissociative disorders expertise to write about the use of EMDR with dissociative patients, and to do so immediately. Most of those I approached did not seem very inter-

ested in writing.

Last fall I came to learn that many EMDR specialists who spoke about this topic in EMDR workshops were using an outline written by Sandra Paulsen, Ph.D., as an outline, a resource, or quoted liberally from it, often without acknowledging the source. Dr. Paulsen's unpublished outline and notes apparently had become well-known documents in the EMDR community, but that community is not well-integrated with other groups of therapists. Dr. Paulsen's materials were virtually unknown among therapists who work with dissociative disorder patients. I tried to persuade Dr. Paulsen to publish her ideas in short order, and was delighted to receive her manuscript shortly after our conversation. I chose to prioritize the publication of her contribution in order to fill an important gap in the literature on the treatment of dissociative disorder patients. Now it will be possible to begin to size up this "new kid on the block" and begin the process of determining the appropriate role of this modality in the arsenal of treatments available to dissociative disorder patients.

The reader is cautioned that Dr. Paulsen's article is not a complete treatise on EMDR, and should not be used as a substitute for acquiring appropriate mastery of the EMDR modality through workshops and reading. It is, however, a very useful bridge between EMDR and the study of the dissociative disorders. It makes the use of EMDR with this group of patients more rational and comprehensible to the clinician unfamiliar with the EMDR modality.

This issue of *DISSOCIATION* begins with two remarkable contributions from a group of Turkish investigators. Drs. Vedat Sar, Hamdi Tutkun, and L. Ilhan Yargic, all from the University of Istanbul and Istanbul Medical School, are pioneering the study of dissociative disorders in Turkey. Their papers demonstrate that when dissociative identity disorder (DID) is approached as a serious topic of study in an academic setting it is possible to find large numbers of previously undiagnosed DID patients in short order, even in a nation which has no previous tradition of identifying and working with such patients, and had not experienced the media's celebration and popularization of the condition. They are to be congratulated on the high quality of their explorations.

In his article, Alfonso Martínez-Taboas, M.A. continues his study of dissociative phenomena in Puerto Rico, expanding from his work on DID to an attempt to characterize DES data in a Hispanic population. Although his major works, in Spanish, are largely unknown to North American readers, he has established himself among the preeminent international authorities on DID.

David Gleaves, Ph.D., and his colleagues contribute a comparison of the Dissociative Experiences Scale (DES) with the less widely-known Questionnaire of Experiences of Dissociation (QED). Their study furthers our appreciation of the characteristics of both instruments. Rebecca Tendler,

Ph.D., has crafted a useful bridge between psychoanalytic self-psychology and a major clinical dilemma in the treatment of dissociative disorders, narcissistic injury. She has found a way to apply the self-psychology paradigm to DID quite instructively. Hopefully her article will stimulate further consideration of potential psychoanalytic contributions with the dissociative disorders field.

Janice G. Goldman, Ph.D., has described the application of Richard Gardner, M.D.'s mutual story-telling technique to work with dissociative disorder patients. This expands the number of techniques from child and adult psychotherapy that have been adapted for use with DID, and is a welcome contribution. In her theoretical study, Deirdre Barrett, Ph.D., argues that the dream character may be a prototype for the alters in DID. Her thesis is that dream models may prove more useful than conscious fantasy models for understanding several central DID phenomena. Finally, in an intriguing Letter to the Editor, Gregory J. Nicosia, Ph.D., argues that it is possible to distinguish EMDR from hypnosis. Because of the potential importance of the issues raised by his brief report, he has been encouraged to submit a more formal study and exploration of his hypothesis.

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