

## EDITORIAL:

### TRIUMPHS AND TRAGEDIES

Richard P. Kluft, M.D.

In gathering my thoughts for this issue's editorial, I find myself pulled alternately in two very different directions. The first direction is much more congenial than the second. It is very pleasant to lose myself in pleasant reminiscences of my recent trip to Amsterdam for the Fifth Annual Spring Conference of the International Society for the Study of Dissociation. Amsterdam was predictably wonderful, and our Dutch colleagues predictably eloquent, well-organized, warm and hospitable. This was one of the best conferences I have ever attended in terms of the quality of the presentations, workshops, and the networking and informal conversations with colleagues from Europe and the Middle East. The quality of the work being done by clinicians and scientific investigators was truly impressive (see van der Hart, Boon, & Draijer, 1995).

Dissociative disorders research in the Netherlands is renowned for good reason. Belgian colleagues' contributions are increasingly recognized. However, I was not prepared to encounter superb work from Germany, Norway, and Turkey as well, in addition to contributions from several other nations. I had been especially eager to meet the Istanbul researchers and clinicians whose first contributions had been published in the last issue of *DISSOCIATION* (Tutkun, Yargic, & Sar, 1995; Yargic, Tutkun, & Sar, 1995). I had been prepared to encounter pioneer clinical researchers, but I was "blown away" by their pragmatic and sophisticated clinical expertise. It is clear that the field has advanced to the point at which bright men and women can turn to the literature and learn how to diagnose and treat the dissociative disorders, and can adapt the contributions of others to the unique needs of their cultures and health care delivery systems.

I was especially pleased with the increasingly widespread recognition that Dissociative Identity Disorder is not a monolithic condition, and that different subgroups of these patients require somewhat different therapeutic approaches. Many papers addressed this topic; it will be a major theme of the special issues of *DISSOCIATION* that will publish the papers from this meeting. One paper presented in Amsterdam but written and submitted in advance of that meeting is published in this issue, and begins to address this theme (Groenendijk & van der Hart, 1995). The field desperately needs thoughtful explorations and discussions of the delivery of supportive treatment to those DID and DDNOS patients

for whom a therapy aiming toward integration is neither feasible nor appropriate.

It became clear to many of us that international cooperation and research is upon us, with the collaboration of Dutch and Norwegian researchers serving as a premier example. In a special meeting clinicians and investigators from many nations began to make plans to network and cooperate. I have offered to create a special section in *DISSOCIATION* to serve as a bulletin board and communication center for such enterprises.

As inspired as I am by my reflections on Amsterdam and my anticipation of major advances in both clinical approaches and research findings, to an equal degree I am disheartened by my other line of thought. In fact, I find myself rather inclined to avoid it. In 1992 I wrote an article on completed suicides in DID patients, and "sat on it." After its presentation and acceptance by *DISSOCIATION*, it magically disappeared to the periphery of my concerns. Although I was asked to talk about the subject at several conferences, and did so, I never got around to publishing it. Even when I had to hold up an issue while awaiting an overdue revision by an author, it never occurred to me to throw this article into the breach and make the deadline. Of course, this had no psychodynamic significance.

Late this winter, Phil Kinsler, Ph.D., submitted a paper on his reaction to the suicide of a DID patient, with the wry comment in an accompanying letter that he felt reasonably certain that his paper would be decreed "not ready for prime time." My initial reaction to the paper was that he was correct. It was not so much a scientific article as a cry from the heart. The reviewers felt the same. Somehow, I never got around to writing a tactful letter of rejection. Of course, this had no psychodynamic significance.

It is indeed amazing that the dissociative disorders field has written so little about the suicides of DID patients, even though as early as 1989, Ross, Norton, and Wozney had reported that 72% of the 236 DID patients that they studied had attempted suicide, and 2.1% had succeeded in killing themselves. Of course, this had no psychodynamic significance.

I found myself reflecting on this relative void a few hours after consoling a colleague this spring on the death by suicide of a DID patient he had worked heroically to preserve from her driven self-destructiveness. I decided to override

the original editorial decision on Dr. Kinsler's article (which was not based on quality, but on form and style) and to dust off my own manuscript, long accepted, but never placed in an issue. I am not sure that the articles in this issue of *DISSOCIATION* that relate to suicide (Kinsler, 1995; Kluft, 1995) are particularly strong. But I know they are important, if only to bring attention to the anguish that is so familiar to many DID patients and to those who dedicate themselves to helping them push back the night. I hope that they stimulate far more powerful and definitive studies of this topic, and together make a statement against our avoiding this topic in our literature.

The joy and exuberance that we feel when our field makes advances must be forever tempered with the sober realization that while these advances can be measured in terms of scientific articles and doctoral dissertations, the need for these advances to be made, and to be made promptly, can be measured more poignantly by the deaths of those who did not survive to profit from them. That is the darker side of our field, and deeper significance of the promise of Amsterdam.

*Richard P. Kluft, M.D.*

---

## REFERENCES

- Kinsler, P.J. (1995). A story for Marcie. *DISSOCIATION*, 8, 101-104.
- Kluft, R.P. (1995). Six completed suicides in dissociative identity disorder. *DISSOCIATION*, 8, 105-112.
- Ross, C.A., Norton, G.R., & Wozney, K. (1989). Multiple personality disorder: An analysis of 236 cases. *Canadian Journal of Psychiatry*, 34, 413-418.
- Tutkun, H., Yargic, L.I., & Sar, V. (1995). Dissociative Identity Disorder: A clinical investigation of 20 cases in Turkey. *DISSOCIATION*, 8(1), 3-9.
- van der Hart, O., Boon, S., & Draijer, N. (1995). *Proceedings of the Fifth Annual Spring Conference of the International Society for the Study of Dissociation*. Amsterdam: International Society for the Study of Dissociation.
- Yargic, L.I., Tutkun, H., & Sar, V. (1995). Reliance and validity of the Turkish version of Dissociative Experiences Scale. *DISSOCIATION*, 8(1), 10-14.