

EDITORIAL:

THE DARKER SIDE OF DISSOCIATION

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*One Ring to rule them all, One Ring to find them,
One Ring to bring them all, and in the darkness bind them. . .*

Tolkien

In J.R.R. Tolkien's classic trilogy *The Lord of the Rings* (no date), the intrepid hobbit Frodo Baggins becomes in possession of and possessed by a magical ring of great power. Although the ring grants him many special abilities, he is cautioned against its use and comes to understand that he must destroy this awesome ring in order to restore tranquility to the world. Using the ring alters those who employ it, and draws them away from their true selves. One of the ring's powers is to render those who wear it invisible, which is life-saving when it is used in severe crises, but corrupting and prone to cause complications if used indiscriminately. There is a dark side to the exercise of such powers.

Perhaps the analogy I draw is strained, and due in large respect to my admiration for the superb achievement of Tolkien's epic imagination and the profound enjoyment I experience when I periodically reread the Ring Trilogy. But I see in the power of the ring, which can prove to be hurtful as well as helpful to those who use it, a fruitful implicit commentary upon the defense mechanism of dissociation. The patient who dissociates has a valuable talent, a capacity that may succeed in rescuing him or her from situations that might be otherwise unendurable. However, this capacity can be abused (Bliss, 1986). Along with the gains associated with the rapid management of stressful situations and conflicts, and whatever secondary gain may accrue to these patients, there are innumerable secondary losses, which are less frequently discussed by both the professional and the lay literature (Kluft, 1990).

The contents of this issue of *DISSOCIATION* touch upon advances in a wide variety of areas. The contribution of Drs. Fink and Golinkoff advance our ability to undertake the differential diagnosis of MPD. Dr. Braun's pioneering psychopharmacological communication offers stimulating new ideas for the use of medications in the relief of the distress of the dissociative disorder patient. Dr. Frischholz and his colleagues offer an elegant reconfirmation of the merits of the DES of Bernstein and Putnam (1986). However, the remaining five contributions, while each shares new and important information, have in common that they touch upon some of the problems that occur in connection with the use of dissociative defenses.

Drs. Loewenstein and Putnam describe the high degree of criminality and the distressing prevalence of violence

reported in the given history of MPD patients, male and female alike. It is my impression, from clinical experience shared by many colleagues, that a dissociated psyche often has great difficulties in mobilizing its overall energy and mounting a competent effort to control inappropriate impulses and urges, an observation that is consistent with the findings in this landmark paper.

Dr. Tinnen observes that the mind that dissociates will disregard important aspects of reality to preserve a personality's illusory sense of being in control, regardless of the consequences of such a pattern of mentation. Dr. Price points out that the mind of an individual overcome by terror often will take on the world view of the person or persons who victimize him/her, rendering itself quite compromised in sorting out difficulties surrounding guilt and moral responsibility, and often remaining mired in inappropriate guilt and self-recrimination. Dr. Garcia attempts to illuminate the dynamics of Robert Louis Stevenson's classic tale of the conflict of good and evil and the vicissitudes of human identity, *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886).

Finally, my own study of the relationship of dissociation to subsequent vulnerability demonstrates that the person who dissociates may well become severely compromised in his or her capacity to assess circumstances and relationships accurately, leading to the development of numerous cognitive errors and the impairment of judgement. A particular pattern of symptoms, dynamics, relationships, and cognitive compromises renders those afflicted with the resultant "sitting duck syndrome" very much at risk for repeated revictimization. In fact such persons, being unable to process information accurately, often become more rather than less at risk as they undergo additional life experiences.

It is important for clinicians, scientific investigators, and dissociative disorder patients alike to avoid minimizing the darker side of dissociation, and to insist upon a rational and circumspect exploration of this aspect of the more complex and chronic dissociative disorders. It is essential for all involved in both the study and the treatment of these conditions to make a conscientious effort to address the issues raised in these reports. We must call into question efforts to eulogize the virtues of remaining in an ongoing dissociative adaptation or to understate the complexity of the problems that must be addressed before a patient with a dissociative disorder, especially with multiple personality disorder and allied forms of dissociative disorder not otherwise specified, can be considered restored to health and well-being.

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