

EDITORIAL:

THE EXPLORATION OF CONTROVERSY

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Ours is a field fraught with controversy and contention, both within our own ranks and in our discussions and disputes with those who question the legitimacy and correctness of our conceptualizations and our endeavors. A number of areas over which many clinicians, scholars, and students of the field have voiced considerable disagreement are addressed in this issue of *DISSOCIATION*. We do not have here the resolution of these disagreements, but we do have some thoughtful approaches to approaching and understanding them.

Abreaction has been considered essential in the treatment of severe dissociative disorder patients, especially those who develop multiple personality disorder (MPD) and closely allied forms of dissociative disorder not otherwise specified (DDNOS). Clinicians' major concerns have focused on preparing the patient to do abreactive work, and on how the work can best be done with minimal chance of regression or retraumatization. There has been a revolution in the actual abreactive process, with a transition from full and exhaustive abreaction in extended sessions toward the uses of fractionated abreactions undertaken in sessions of conventional duration. There also has been interest in the problem of a minority of MPD/DDNOS patients who are said to become "addicted" to the abreactive process. Van der Hart and Brown, however, ask us to reexamine this stance, and to consider the role of emotional expression in the treatment of traumatic memories. Their study is thought-provoking, and sure to generate considerable discussion in our field.

The psychiatric world has been in turmoil in recent months over the ethical implications of Martin T. Orne, M.D.'s release of his tapes of therapy sessions with the poet Anne Sexton to D.W. Middlebrook, the author of the acclaimed *Anne Sexton: A Biography*. Questions have been raised as to whether Orne behaved inappropriately, and violated the confidentiality of the deceased poet. Orne's defenders have argued that Sexton clearly would have approved of total openness, and/or that the study of genius claims a higher priority than mundane medical ethics. These contentions have been explored in innumerable psychiatric articles and newsletter columns. Ross' study addresses another series of concerns that has already created considerable discussion in the dissociative disorders field: What was Anne Sexton's diagnosis, and did she receive the optimal care that could be rendered? He asks whether Dr. Orne failed to diagnose MPD in the late poet; furthermore, he also wonders whether Orne also created and reinforced an iatrogenic alter. These are thought-provoking ideas indeed, and Ross offers evidence for his point of view from the words of the biography itself. His ideas

deserve our careful attention.

Crabtree, a noted scholar of the history of hypnosis and dissociation, offers a fascinating perspective on the relationship of dissociation and memory. He studies the way these phenomena were studied, understood, and handled across a number of paradigms and schools of thought. He points to evidence that societal, cultural, and conceptual models and beliefs can blind us from acknowledging many varieties of human experience as fit subjects for scientific understanding and scrutiny.

In their study of the victimization of the therapist, Comstock, and Vickery courageously explore a volatile subject that had yet to receive extensive scholarly study, the increasingly prevalent subject of "therapist bashing." As victims, the traumatized have been schooled in the infliction of hurt and pain. By identification with the aggressor they (often unwittingly) make these behaviors their own, and are prone to reenact the traumatization process within the therapy. They experience themselves (transference-ally) as being victimized by their therapists, and may truly believe that they are being treated in a wrongful manner. Some make strong accusations against their therapists, both inside the treatment and in conversations with concerned others. Not infrequently, these attacks are both vitriolic and sustained. The depreciation of the therapist, often from a stance of righteous indignation, may come to dominate, and even destroy, the treatment. This phenomenon is becoming an increasing subject of attention in workshop settings, and, in the highly litigious atmosphere of the United States today, is likely to become important to every clinician working with dissociative disorder patients. Comstock and Vickery attempt to explore the dynamics of these situations, and offer observations that will be useful to practitioners.

Sanders' article contributes to the exploration of the etiology of MPD. She links imaginary companionship and the formation of alter personalities, and offers some hypotheses about their relationship. Ross and Clark document that psychiatric emergency ward personnel are unlikely to inquire about childhood trauma and its long-term sequelae, even in teaching hospitals in which these subjects are under study, and the subject of presentations and academic interests. This dissociation within a department of psychiatry is both intriguing and disturbing. It is all too apparent to those in the child abuse and dissociative disorders fields that many of our colleagues ignore or discount the findings and phenomena we consider important, and even quintessential.

From time to time I receive a submission that raises issues of profound importance, but does so from a point of view

that reflects opinion more than established or demonstrated fact. Perhaps the most provocative and frequently-discussed topic in the treatment of MPD is the nature of the therapist-patient relationship. Kinsler develops his belief that the treatment of MPD and other survivors of severe abuse ideally involves "special relationships," and raises a number of provocative observations and ideas. I invited responses from a number of therapists experienced with MPD and other groups of traumatized patients, and their commentaries reflected a spectrum of beliefs and affects. On the whole, however, they took strong issue with his stance. Kinsler's remarks on the commentaries are also published in this issue.

With the exception of Sanders' paper, every one of these contributions addresses an area of ongoing controversy. The editorial staff of *DISSOCIATION* believes that it is important to encourage responsible communication and dialog between and among those with conflicting points of view. We will not avoid such issues, and we will not suppress their open discussion. However, we will not publish communications on controversial issues that do not meet criteria for inclusion in a scientific publication. Our field is too new for anyone to be sure he or she has "all of the answers." It will not grow in a credible manner if we abandon editorial responsibility by presenting our readership with (and thereby appearing to endorse) materials that cannot stand up to close scrutiny.

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