

EDITORIAL:

PRESENT IMPERFECT

Richard P. Kluft, M.D.

In grammar, the word "imperfect," applied to an action or state, indicates that the action or state in question is incomplete or in continuance. The grammatical construct of the "present imperfect," a verb tense infrequently referred to in English, entered my thoughts recurrently as I prepared this issue of *DISSOCIATION* for publication. Every article presented here is an important but incomplete attempt to study an issue of substance. Each study has strengths and weaknesses. Each advances the field without fully resolving many of the major issues that it raises.

These reflections are far from unique, and could have been made in connection with any issue of this or any other scientific journal. Science advances step by step, with each imperfect study building upon the incomplete foundation prepared by its more or less flawed predecessors. It is important to appreciate that we may learn quite a lot without yet having learned enough to reach the firm conclusions and the major generalizations that would resolve major conflicts and uncertainties of interest. A scientific journal has the obligation to publish what is in the process of being learned, and the reader of a scientific journal is obligated to read aggressively and critically. It is particularly important for the thoughtful reader to steer a cautious course between the Scylla of confirmatory bias and the Charybdis of motivated skepticism. It is all too easy to focus upon those observations and findings that are consistent with those perspectives and points of view that we already favor or endorse. In our enthusiasm, we may fail to appreciate that the things with which we agree may have been demonstrated far less conclusively than our preexisting biases will allow us to acknowledge unless we make special efforts to keep our vision unobscured. Conversely, we may find ourselves relishing the experience of finding fault with a study, and taking a dismissive stance toward important findings that are not congenial to our points of view. Although both of these biases are practiced with a repulsive fervor in many current conflicts in the dissociative disorders field, neither is consistent with good science.

Every issue of *DISSOCIATION* challenges its readership to read its contents carefully. All of the studies in this issue are important contributions toward journeys of exploration that remain "works in progress." They offer tempting but as yet inconclusive insights. Consistent with the theme of these

remarks, they exemplify the present imperfect. Yet they have the potential to serve as crucial and substantial stepping stones toward a more definitive understanding.

In this issue, J.E. Morgan, M.D., Ph.D., describes her experiences as a participant observer while an inmate at a correctional institution. The poignant human dimensions of her circumstances are touching. In the midst of her ordeal, her accounts of dissociative phenomena in inmates and correctional personnel are both remarkable and thought-provoking. Not only do they offer some preliminary data on subjects of great pragmatic and theoretical interest, but they also bear witness to the emergence of dissociative phenomena under circumstances in which there were no therapeutic interventions antecedent to their observation, an important fact at a time when many critics maintain that dissociative behaviors are motivated role behaviors induced by therapist behaviors. Snow, Beckman, and Brack used the DES-II instrument to assess dissociative phenomena in a prison population. They found that the inmates had a high average score, and that a substantial cohort of prisoners had rather elevated scores. They wonder whether their findings indicate dissociative psychopathology in the inmate population, or whether this dissociation is an environmentally-induced defensive adaptation. While both of these studies have imperfections, and leave many questions unanswered, together they constitute important progress in the study of dissociative phenomena and disorders in offender populations.

Wills and Goodwin address the crucial issue of diagnosing and treating bipolar illness in dissociative identity disorder populations. They challenge us to rethink why some dissociative patients remain refractory despite our best psychotherapeutic efforts, and make a powerful argument for the systematic exploration of the possibility of previously undiagnosed bipolar disorder in these situations. Gleaves, May, and Eberenz, with their complex statistical analysis of measures of dissociative and borderline symptoms in an eating disorder population, challenge many commonly held beliefs about the convergence of dissociative and borderline phenomena, and raise questions about the appropriateness of including dissociative phenomena among the borderline diagnostic criteria in *DSM-IV* (American Psychiatric Association, 1994).

In their contribution, Amdur and Liberzon describe their

factor analysis of DES scores in a sample of male combat veterans. Using quantitative and conceptual criteria they found a four-factor solution best expressed their data, a conclusion that differs from those reached by many other groups of researchers. Smith and Carlson have begun to establish the reliability and validity of the new Adolescent Dissociative Experiences Scale (A-DES), an instrument that extends our ability to measure dissociation to include adolescents between 11 and 17 years of age. Their findings indicate that the A-DES has promise, but further studies in additional populations will be necessary before these preliminary observations about its validity and reliability can be generalized.

Beere, Pica, and Maurer explore the relationship between dissociativity and social desirability. Social desirability involves responding in what is perceived to be the appropriate or desired manner. They find that the former is not correlated with the latter, and argue that this suggests that the endorsement of dissociative experiences is unlikely to be the result of attempts to win approval or gain attention. They question the social psychological formulation of DID behaviors, which postulates that DID is an enacted role in response to therapist cues by patients responding to these implicit and explicit suggestions.

Finally, Lubin, Johnson, and Southwick explore the manner in which childhood trauma may create dissociative, post-traumatic, and borderline manifestations. They argue that these constitute hierarchical adaptation patterns in the case which they present. This is a perspective I have encouraged for many years. It is well-articulated in this single case study, which hopefully will encourage its being explored systematically in larger groups.

The present imperfect will be followed by the future imperfect. Although the current controversies in the mental health sciences have catapulted some among our colleagues into the position of media favorites, and some of these colleagues have responded by making declarations that overstate the implications of their data and/or have represented their opinions as if they were facts, we very much need to encourage an atmosphere of circumspection and humility as we go about our work which, inevitably, will be incomplete and/or in continuance.

In this issue we welcome David H. Gleaves, Ph.D., to our staff as an Assistant Editor. Dr. Gleaves is an Assistant Professor of Psychology at Texas A&M University. His recent publications have marked him as a gifted and prolific contributor to the dissociative disorders field.

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REFERENCES

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.