

## EDITORIAL:

### THE IMPORTANCE OF FOUNDATIONS

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I often find it difficult to decide upon a topic for an editorial. Although I keep a file for my own ideas and the suggestions that I receive, only a small minority of them make the transition from my folder to the editorial page. Many ideas that seem promising have already been addressed. Some are of great interest to me or to a correspondent, but are too specialized or personal to be of general interest or relevance. Some might prove problematic for the ISSD. Some run the risk of being either depressing, preachy, or insulting. Others are more appropriately addressed in another type of communication. Smaller numbers might prove less than constructive to the field, are too speculative, or are too far ahead of the field to be productive.

This issue's topic, *The Importance of Foundations*, concerns a phenomenon I have observed recently in scientific presentations, internet discussion groups, journal submissions, consultations, and workshops. It may prove disquieting to some readers. I am encountering an increasing number of colleagues and authors who are not familiar with or do not feel connected to the major books, articles, and events in the modern dissociative disorders field, and who do not seem to be troubled about their dissociation from the recent history of dissociation. Often they struggle to articulate questions and attend to concerns that have already been discussed in depth in the 1980s.

In the last month I have "lurked" on an internet discussion group, experiencing an admixture of disbelief, despair, ironic amusement, and anger (among other affects) as a group of colleagues debated a subject without reaching any resolution, a subject addressed eloquently and rather completely by Putnam in 1989. No one in the discussion referred to Putnam, or to any other major contributor to the field, as they set about reinventing the wheel. I also reviewed a manuscript whose author seemed to think that the only necessary citation in the dissociative disorders field is the new edition of Colin Ross's text (1997), another whose author seemed oblivious to the fact that Catherine Fine had written an article directly relevant to his/her subject, and a third who cited no literature in the dissociative disorders field while discussing dissociative disorders from his/her preferred perspective. Several recent consultees have paid me a handsome fee for giving them information available much more economically on the pages of Putnam's classic text (1989).

I have come to the unwelcome conclusion that increasing numbers of clinicians and academicians are obtaining a rather distorted and incomplete education in the dissociative disorders field, and I cannot help but wonder if this is having an adverse impact on both patient care and scholarship. I am not sure that I understand completely why this is occurring, but it is regrettable in the extreme. The dissociative disorders field rapidly produced a wealth of useful material in the 1980s, but it has not produced a synthesis that allows the learner to turn to a single source in order to master the field. There remains no substitute for a thorough familiarity with the literature.

What have I observed in those who decline to absorb the literature of the field? One of the first phenomena I encountered was that there is a large group of colleagues who rarely read the literature. They learn from colleagues, from internet groups, or not at all. When they go to workshops, they find themselves overwhelmed by the cognitive load to which they are exposed, but they do not follow up their workshop experiences with any form of study. Another large group might be called the extrapolators. They have unassailable expertise in another field, and are confident that they can build from that expertise to the understanding and treatment of the dissociative disorders. The experience of the 1980s was that such attempts often failed to address the core issues in DID; to see this approach rising in strength once again is disheartening. As an illustration, a couple of years ago I was sent a reprint by a colleague who had published an article in which he used a particular psychoanalytic perspective to explain DID. This colleague asked for my comments. Among the observations I made were that the theory the colleague offered did not account for amnesia, switching, or the traumatic backgrounds of DID patients. Another colleague consulted me about an article that had similar shortcomings. After I offered feedback, the colleague submitted the article unchanged, and it was published in a journal that shared the author's theoretical orientation.

Another factor I have encountered is the influence of managed care. Many colleagues have presented me with the argument that it is useless to study a literature that suggests a type of care that they are not in a position to deliver. They state that they would be more interested in articles that offer them help in working within a managed care model. This is

a painful consideration in the contemporary delivery of mental health services.

In addition, there seems to be "generational" issue. I hear increasing numbers of colleagues refer to the major authors of the literature of the 1980s and early 90s as "the old guard," "the first generation," "the old pioneers," etc. While some of those who raise such considerations are in fact young, more often the colleagues making these remarks are within the age range of those they consider no longer relevant, which invites all manner of speculation.

Finally, it appears to me that for many the foundation literature of the dissociative disorders field has been tainted by the accusations made against the field in the context of the contemporary controversies over memory for traumatic events, especially for memory that has entered awareness after a period of amnesia. In fact, many prominent figures in our field have distanced themselves from this literature and from many of its prominent contributors, without having provided a newer literature in its place.

A single individual has no way of knowing whether his or her experience can serve as the basis for meaningful generalizations. Therefore, I can only use my observations in order to share a concern. It would be unfortunate in the extreme if the hard-won lessons of the 1980s and early 1990s were allowed to be forgotten. They continue to constitute a valuable foundation for the dissociative disorders field. They addressed the basic treatment issues that often are omitted from the more specialized and scientific contributions of the late 1990s. They imparted an optimism about treatment, which, even if it proved overstated, is sadly absent from more contemporary accounts.

In this issue of *DISSOCIATION*, Brand, Warner, and Alexander describe adult female incest survivors patterns of coping behavior. Their delineation of these strategies offer clinicians new ways to understand and reassure survivors about their ways of coping and to challenge their distorted beliefs about their behavior. Wickramasekera and Wickramasekera present an exciting case study in which psychophysiological measures are used to monitor the treatment of a traumatic memory the content of which was repressed, but which nonetheless left psychophysiological markers that could be identified and followed. They argue that applied psychophysiology may prove a royal road to the repressed in some conditions.

Koppenhaver, Kumar, and Pekala explore dissociativity and reality monitoring, and found that dissociativity, as measured by the Dissociative Experiences Scale, is unrelated to reality monitoring deficits. Hansen and Gold explore the relationships between two MMPI-2 screening instruments and the Dissociative Experiences Scale, and conclude that their correlations are not sufficient to allow these scale to be used as screens for dissociative symptomatology. Pica, Beere, and Maurer explore the similarities of dissociative and obsessive-compulsive symptoms and explain that certain shared char-

acteristics of those who suffer these groups of symptoms may explain many of their commonalities.

Cozolino studies the nature of early memories and perceptions, and speculates that the intrusion of early explicit memories of caretaking into adult consciousness may explain reports of unusual phenomena, such as the alien abduction experience. Schwartz, Rossini, Braun, and Stein examined the factor analytic structure of the WAIS-R with 133 dissociative disorder patients, and found that the same two and three factor solutions found in other populations are found among dissociative patients as well. Finally, Pearson demonstrates that subjects who have experienced both childhood and recent trauma are more likely to demonstrate dissociative and DID symptoms than the non-traumatized or those who have only suffered old or recent trauma.

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## REFERENCES

- Putnam, F.W. (1989). *Diagnosis and treatment of multiple personality disorder*. New York: Guilford.
- Ross, C.A. (1997). *Dissociative identity disorder: Diagnosis, clinical features, and treatment of multiple personality*. New York: Wiley.