

EDITORIAL:  
RECOGNIZING  
OUR INTERNATIONAL  
COLLEAGUES

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The modern study of the dissociative disorders began as a North American phenomenon, leading to accusations that many dissociative disorders, especially Dissociative Identity Disorder (DID), were both culture-bound and iatrogenic. It now is quite clear that DID is far from culture-bound and occurs naturalistically in many countries, and that it (or closely allied forms of Dissociative Disorder Not Otherwise Specified [DDNOS]) is observed in most cultures that have moved toward secularization, a transition which often undermines the capacity of indigenous dissociative syndromes to survive as sanctioned expressions of personal distress.

As awareness of DID and allied forms of DDNOS has spread, clinicians in many nations have described their observations in the literature, and have begun to develop expertise in the treatment of these conditions. Although the observations of international scholars and clinicians have been widely published in the English language, their clinical work with dissociative patients has not. In some instances, colleagues have had as much difficulty in publishing their therapeutic work in their native countries as American pioneers experienced a generation ago.

Much as once it was critical for those outside of North America to turn to the North American literature for guidance, now it seems timely for North American scholars and clinicians to turn to their international colleagues to learn whether their methods have a transcultural validity, and to enrich themselves by learning of the approaches, techniques, and perspectives of colleagues who bring unique insights to bear on the dissociative disorders, and who draw upon different cultures and clinical and research traditions to inform their clinical work.

With this thought in mind, Catherine G. Fine, Ph.D., and I decided to invite our international colleagues to contribute to a special issue section of *DISSOCIATION* in order to give a voice to their clinical expertise. We rapidly discovered that many of those we invited were too busy to contribute to this project, or were too modest to do an article about their work. However, we remained committed to the idea, and are pleased to present this issue to our readership.

You, our readers, will quickly appreciate that many of these studies have much in common, while some may appear rather unfamiliar. I was impressed that most of the mainstream practices in the treatment of dissociative disorders travel well for patients who endorse the DID paradigm, what-

ever their national origin, while for some patients, unique and culturally-sensitive practices are most appropriate.

We begin our journey with work that is technically North American in terms of geography, but which is truly Hispanic rather than "American." Alfonso Martínez-Taboas of Puerto Rico has pioneered the study and treatment of dissociative disorders in Latin America. In this contribution, he and his co-author, José R. Rodríguez-Cay, describe their successful treatment of a patient suffering DID with a combination of cognitive, behavioral, and psychodynamic approaches. We then proceed to Turkey, and the work of Sar and Tutkun. Sar has spearheaded the exploration and treatment of dissociative disorders in Turkey, and Tutkun has collaborated with him in a number of studies. They have brought to integration a DID patient with methods very similar to those advocated in major North American texts, and done so in a rather short period of time despite a number of complications and obstacles to their efforts. Both their efforts and their patient's response to treatment are reminiscent of the case reports made by American pioneers in the early 1980s.

Onno van der Hart and Suzette Boon of the Netherlands are major contributors to the dissociative disorders field, but their clinical expertise is less evident in the literature than the other areas about which they have written. Their study compares the treatment of two patients, one of whom was a candidate for a definitive treatment that included work with traumatic material, and one of whom was not, and required a supportive approach. Their discussion of how they decided upon the treatment strategy in each case is most instructive. From Norway's Rogaland Psychiatric Hospital in Stavanger come two studies of treatments in progress. Ingunn Hove, Tone Sem Langfeldt, Tor Boe, Jan Halerud, and Françoise Stoereth are among those inaugurating the study of dissociative disorders in Norway, and their efforts describe clinicians' efforts to discover what will help their patients.

Eli Somer, of Israel, is a veteran contributor to the dissociative disorders literature and one of the few experts on dissociation in Israel. He was asked to demonstrate the type of dissociative disorders he encounters not among Israelis of North American or European origin, but among those of Middle-Eastern origin. His four case vignettes illustrate a man persecuted by a "ghost," dybbuk possession, the interface of dissociative psychopathology with psychosis, and a case of

“demonic” possession. They offer illuminating perspectives on dissociative syndromes which will be unfamiliar to most readers, and illustrate the challenges involved in providing culture-sensitive psychotherapy. Finally, Silvana Cagiada, Luigi Candio, and Ambrogio Pennati of Italy present their treatment of a young African boy who had a profound dissociative response to his experience of kidnapping and to the atrocities he witnessed. They devised and carried out a rather complex and creative therapy that had to span two cultures and several languages in order to bring their patient through to recovery.

The paper by Cagiada, Candido, and Pennati is unique in several respects. It is truly stirring, a remarkable human document. I rarely find myself moved to tears by a manuscript for a scientific journal, but this report evoked profound emotion in everyone with whom I shared it. Its drama may make it difficult to appreciate the skill and empathy with which this young man was approached. This case study is unique in yet another way. It was neither invited for this issue nor submitted to *DISSOCIATION*. Its inclusion is serendipitous. Apparently, when my office moved, this manuscript, which was submitted for a book I am editing, and had not yet been read, fell among and was repackaged with *DISSOCIATION* manuscripts. When I read it, I decided it was a natural contribution to this particular issue of *DISSOCIATION*. Only after I had copy-edited and prepared the final copy did I find the information that allowed me to discover the manuscript's origin. I contacted the authors, who were gracious enough to allow me to publish the manuscript here as well.

There is something of importance to learn from each of these studies. In addition, for North American clinicians, it is nice to know that “we are not alone.” When our colleagues see what we see, they find that it is useful to do many of the things that we do. When they discover something unfamiliar to us, they find themselves developing approaches that address the clinical realities with which they are contending. Also, perhaps it would be timely for the ISSD to invite major presentations and workshops from our international colleagues.

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