

EDITORIAL:

COLLAGE WITH RED THREAD

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Several patients with multiple personality disorder (MPD) are seen in consultation over a brief period of time. In each case, there is no difficulty with the diagnosis. The referring clinician has been astute and circumspect. Nonetheless, in each case the referring clinician and the patient agree that treatment is stalemated. In the course of the evaluations, in each case it is found that the therapist, in the course of energetic, even heroic attempts to help a deeply troubled patient, has become involved in an intricate series of misadventures that result in the compromise of the therapeutic endeavor. In each case the therapist is aware that he or she has somehow gone off course. Yet as the situation is reviewed, the therapist seems to have felt trapped in what he or she perceived as a series of virtual inevitabilities, to have become embroiled in a counterproductive process from which he or she felt unable to extricate him/herself.

A series of communications from lawyers — an ever-increasing number of letters and telephone calls concerning therapies that are admitted to have gone astray or are alleged to have miscarried. In each case the issues relate to boundaries that have been crossed or violated or are alleged to have been crossed or violated. In each case a beleaguered therapist is attempting, with varying degrees of sophistication and distress, to explain how good intentions have gone astray. Each of these communications means at the least that a patient's journey toward recovery has failed to reach its destination, and that a professional career or a cherished and hard-won reputation is endangered.

A number of letters are received, reproaching the recipient for clinging to "older notions," "all that old Freudian stuff," and similar failings. The recipient is informed that he or she is neither modern nor enlightened, and cannot be considered a credible individual in the world of modern psychotherapy, where one must be nurturing, supportive, and empathetic, and bypass resistances rather than upset the patient by confronting them. There is a strong inclination toward the bashing of Sigmund Freud and what the writer of the letter considers outmoded traditional psychotherapy.

On a number of occasions, allegations of ritual abuse are described. The issues of concern are posed in terms of what is credible and what is not, or of what should be done and what should be avoided. It is very rare for such allegations to be described in the overall context of the therapies in the course of which they have been made. More commonly, such concerns are voiced with a focus on the manifest or surface material; less frequently is there evidence of a careful analysis of the dynamics of why such material is coming into the therapy at a particular point in time, and is expressed in

a particular way. Decontextualized, the material more readily becomes sensationalistic and overwhelming.

Is there a theme or a "red thread" in this collage of experiences, all quite familiar to the editor and dozens of experienced clinicians and scientific investigators in the field of the dissociative disorders? I think so. As our field has developed with leaps and bounds over the last few years, there has been a natural tendency to emphasize what issues and techniques are relatively novel and unique in the assessment and therapy of MPD patients. Yet the therapist whose endeavors are guided for the most part by what is relatively novel and unique is allowing the tail to wag the dog. As James A. Chu, M.D., recently observed, "Ninety percent of what we do is based on traditional principles; we cannot let the remaining 10 percent of specialized knowledge cancel that out" (1990, p.3).

We who study dissociation and the dissociative disorders are fond of pointing out how much valuable knowledge about this phenomenon and these conditions was put aside and neglected for generations. The monumental contributions of Pierre Janet were virtually forgotten for over eighty years. We should use our awareness of this tragic blunder to help ourselves, in the 1990s, to avoid making similar unfortunate errors.

The red thread that unites many (but not all) of the stalemates in psychotherapy, many (but not all) of the inquiries from attorneys, many (but not all) of the bashing of traditional authorities who neglected, discounted, or somehow minimized the importance of dissociation and/or the impact of severe trauma, and the paralysis of rational discourse that often (but not always) surrounds concerns with allegations of ritual abuse has in common a retreat from the foundations and principles of psychoanalytic theory and practice. Once widely taught and admired, it plays a diminishing role in the education of mental health professionals. It is not uncommon to encounter otherwise well-trained clinicians with only the most rudimentary notions of the importance and clinical relevance of psychoanalytic thinking.

Whatever its failings and shortcomings (and there are many), psychoanalysis remains that foundation discipline in the mental health professions that has most scrupulously examined the dynamics of what should occur and what can go wrong within the therapeutic dyad and in the examination of the material that the patient brings into the crucible of therapy. No school of thought has explored resistance, transference, countertransference, the therapeutic alliance, and their vicissitudes with a comparable depth and compre-

hensiveness. As we struggle with issues that concern the boundaries of therapy, the management of the therapist's own feelings, the approaches to be taken to acting out and entrenched resistances, the assessment of material that often appears fantastic and difficult to comprehend, we are within the realm of ideas and concepts that have been explored most intensely and insightfully, albeit imperfectly and incompletely, in the psychoanalytic literature. We abandon this rich heritage at our peril. It remains one of the most valuable of guides through the complexity of what takes place between the therapist and the patient.

To date, there have been relatively few efforts to build bridges between the worlds of psychoanalytic thinking and the community of scholars and clinicians with a deep interest in dissociation and the dissociative disorders. Such a rapprochement is desirable and overdue. Many of the difficulties that are commonplace in our field could be helped by the creation of a deeper appreciation of the psychoanalytic contributions that are relevant to those difficulties; and insights gleaned from the study of dissociation may well prove to have a role in advancing psychoanalytic thought and practice.

It is incumbent upon those of us who work with dissociation and the dissociative disorders to pay appropriate respect in our teaching and our practice to the importance of that 90 percent of our efforts that are based upon traditional principles, and to both appreciate and convey to others that those who focus overly much on the "10 percent of specialized knowledge" run a high risk of missing the woods for the trees, much to the detriment of both themselves and their patients.

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REFERENCES

- Chu, J.A., (1990). Dissociation treatment in the 1990s: Perspective on the future. *ISSMP&D News*, 8, 3.