Notes from the Editor-In-Chief

This issue features the clinical diagnosis and treatment of dissociative disorders, children affected by urban violence, clients with depression and self-esteem problems, post-traumatic flashbacks in sexual abuse victims, and of issues pertaining to the evolution of the infant's capacity for integrated thinking and understanding of other people's minds.

While post-traumatic stress disorder (PTSD) has dominated the debate in the field of traumatic stress studies for slightly over past 15 years, dissociative disorders and their prevalence, etiology, and treatment are fast becoming the central and popular issues in traumadiagnosis and traumatotherapy. A new focus on dissociative disorders has rekindled interest in multiple personality disorder (MPD), and, along with this interest, the well documented skepticism associated with this condition. Some ask, "Does MPD exist?" Others say that it does, that it is a clinical entity which is recognizable and diagnosable. The enthusiasts and the skeptics represent two camps with powerfully opposing points of view, bearing on clinical, ethical, moral, and legal questions.

The decision of editors of the DSM-IV to change MPD in favor of DID ("dissociative identity disorder") has contributed immensely to recent trends in the study of dissociative disorders in general and of DID in particular. Contemporary clinical studies seek to better understand the nature of these disorders, their course, diagnosis, and treatment.

STEPHEN A. APPELBAUM, Ph.D., in his article, "Multiple Personality Disorder and the Choice of Self: Change Factors in a Brief Therapy Case," sets out to contribute to diagnostic and therapeutic understanding in a clinical study of the fragmented self. Dr. Appelbaum articulates his own points of view, those of others in the field of psychology, psychiatry, and psychoanalysis, providing the reader with a wealth of ideas and alternate ways of viewing the clinical data. He takes the reader step by step, through the maze of intrapsychic conflicts, the social and political conundrums associated with MPD, and truly succeeds in making a contribution to clinical practice in general and to the diagnosis and treatment of DID patients in particular. The use of psychological tests offers interesting and
important insights into the conscious and unconscious conflicts and splits in the self that were to become the focus of this brief therapeutic venture. The author masterfully highlights the major issues that keep this area of clinical and scientific inquiry both alive with excitement and promise, and as well as with puzzlement, confusion, and continued skepticism.

The plight of inner city children plagued by daily violence is the subject of the second article in this series, "Child Traumatherapy: Its Role in Managing the Effects of Trauma, Loss, Damaged Attachment, and Dissociation in Children Exposed to Lethal Urban Community Violence" by ERWIN RANDOLPH PARSON, Ph.D. In this article the author offers a model of care which incorporates multiple systems working together for children and their families. Child traumatherapy espouses the view that single systems may not suffice in the meaningful care of child victims whose internal and social disturbances originate and are maintained in violent socioecologies. The model begins with a unisystem focus (that is, on finding out what the child's specific trauma responses are), but then progresses to multisystems, and later to an intersystemic structure of coordinated programs. The article also discusses treatment issues in the context of ethnicity and race, urban violence traumatic stress syndrome, family structure, extended family system, and the roles of community and social-political systems in helping to find answers to community violence, while providing meaningful care for child victims and their families. The model also integrates play, cognitive, behavioral, social, and psychodynamic therapies, and highlights the indispensability of using transference and countertransference responses to help the child manage terror, internalized visual horror, and disturbed attachment and related anxieties.

JAMES C. OVERHOLSER, Ph.D. continues with Part V in a series of articles on the treatment of depression. In "Cognitive-Behavioral Treatment of Depression, Part V: Enhancing Self-Esteem" he offers the reader yet another practical set of procedures to help their clients suffering from depression and associated cognitive and behavioral problems. The author advances a system of effective problem-solving techniques to help the client maintain healthy self-esteem. He states that adaptive change for clients may be structured around four general techniques: expanding the client's understanding of his or her responses to psychosocial events; increasing frequency of self-reinforcement; maximizing the likelihood of future successful performance, and continually revising the standards used by the client to evaluate his or her success. Along with the author's previous contributions to this Journal, the current article adds to a broad spectrum of treatment planning options in problem-solving, and in monitoring the severity of depression, improving social functioning, and reducing cognitive biases.