

as delay, reflection, looking at all sides, are vices in politics, or if they can have something useful to contribute to how we do politics (pp. 195–6). Two uses that he suggests are that they can be added to the bank of ideas politicians and journalists draw on in making critiques, and that by ‘repositioning’ the citizen as a therapist of society they can change our attitudes to our own capacity as individuals to get involved. He reprises some of the main themes of ‘transformative politics’ – politics as self-expression and a resacralization of culture, political energy as the capacity of citizens to concentrate imaginatively on a designated problem, good-enough leadership where the acceptance of failure is normal, and ambivalence that allows love and hate to co-exist in social attitudes – and pushes the boat out with some more or less serious suggestions for structures that might take some of these ideas into national debate: a National Failure Enquiry, a National Institute for Reconciliation, a National Diversity Commission, a National Emotional Audit, and an Emotional and Spiritual Justice Commission (this last would look at how policy decisions affect people’s self-esteem). Echoing Winnicott’s concept of the facilitating environment for infants, he finally offers a nice encapsulation of ‘the facilitating environment for transformative politics’ as one that values ‘respect for others, ambivalently coupled with self-respect and self-assertion, together with compassion in the face of failure’ (p. 205).

As I said at the start, this is a difficult book to review – indeed I’d say it’s the most difficult book of the 20 or so I must have reviewed over the years. On the one hand Samuels is undoubtedly a visionary, almost bursting at the seams with new ways of looking at things, going back and forth between psychotherapeutic and political

‘takes’ on the world. On the other hand he is (a) repetitive and longwinded, seemingly always getting there but never arriving, like Escher’s famous staircase, and (b) almost wildly optimistic in his proposals with very little to say about how to get from A to B, although he can perhaps be forgiven for not having anticipated the impact on would-be co-operators of 9/11. I doubt I’d have read the entire book if not reviewing it, but I’m glad I did because I suspect that, much as Samuels might have wished, the ideas have begun percolating through. In a way, Samuels can be seen in the tradition of political missionaries in the early days of socialism, of the type satirized by George Bernard Shaw in plays like *Man and Superman*, and *Candida*. It is easy to scoff at such enthusiasm, but in a world obsessed with competencies, technology, and getting things done, there is also an important place for radical speculation.

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## **DISSOCIATION AND THINKING TOGETHER**

*Attachment, Trauma and Multiplicity: Working with Dissociative Identity Disorder*. Edited by Valerie Sinason. London: Brunner-Routledge, 2002; 280pp. £18.99 pb.

Valerie Sinason is well known for her dedication in bringing to the fore certain issues that are uncomfortable to address, particularly relating to those people whom society has neglected or excluded. Her earlier work in disability issues was groundbreaking; later, she helped us to understand satanic

abuse and how to help its survivors; and now, in this book, Sinason has brought together the collected wisdom of twenty people who are able, in their own distinct ways, to offer valuable insights into the condition of dissociative identity disorder (DID).

She describes the condition as ‘the Mad Cow Disease of the mind’, which is 10 to 20 years too early to be picked up and dealt with well. Even the terminology seems to be in flux, with such terms as ‘multiple personality disorder’, ‘borderline personality disorder’, ‘post-traumatic stress disorder’, ‘dissociation in personality disorder’, and others all appearing in this book. Although it is not always clear how each term relates to DID, individual authors in this book seem to have found their own working definitions. Perhaps this slight confusion for the reader highlights an early stage in the process of developing a comprehensive and common understanding of the condition, so essential for its diagnosis and treatment.

Sinason presents the reader with a five-part collection of work-in-progress. Each part concentrates on a particular theme, introduced by poems and other contributions from ‘brave women who have survived ritual abuse by means of DID’. By structuring the book in this way, she seems to be prioritizing a need to listen to and learn from the people who live with a condition, which ‘is about one way of surviving. It is about a brilliant piece of creative resilience which comes at a terrible price’ (p. 4).

Part 1 includes an insightful developmental perspective by Arnon Bentovim. He suggests that ‘the development of an “alternative self” as a way of coping may well be an understandable response to reinforce the process of avoidance of thinking – the self without memory’ (p. 26). He sees dissociative identities as ‘modes of survival, of

dealing with emotional states which could not be dealt with, finding a way of living with powerful and dangerous identifications’ (p. 36).

The second part of the book moves into more of a concentration on theory and research, particularly from an attachment theory perspective. Delivered as this is from three authoritative sources, it provides a containing, a grounding, and a familiarity as a preparation for what follows.

By this stage, the reader benefits from the input of clinical material. Sinason offers useful descriptions from psychoanalytically orientated clinical work, drawing out treatment issues for consideration. Fairy tales and mythology are used to good effect to illustrate and encapsulate dimensions of the condition. A later contrasting section (devoted to practical diagnostic, management and administrative issues) brings the wider thinking into the stark realities of the day. Concluding with three chapters on the theme ‘Other frames of reference’, Sinason invites the reader to consider links between the familiar and the less familiar aspects of this condition.

By the end of this book, the reader has been offered many insights and has been helped to appreciate the stages of dissociation that can lead to full-blown DID. The richness and diversity of ideas that are skilfully brought together in this book are truly impressive. The following may give a flavour of this.

Midgley’s chapter on child dissociation and its ‘roots’ in adulthood begins with the origin of the term ‘dissociation’ as a cutting off from association or society. In our society he points to research that estimates that on average, a child with a dissociative identity disorder has received between 2.7 and 3.6 previous (mis)diagnoses. He wonders what it is that makes dissociative

disorders in childhood so easy to miss, and whether, amongst other reasons, we have cultural preconceptions about recognizing such states in children. He also suggests that an interest in the childhood experience only originated through an interest in an etiological root of adult dissociative disorders, but that childhood experience can now be highlighted, in its own right, as a crucial period for effective clinical and social policy interventions.

Felicity de Zulueta, working in the Traumatic Stress Service of the Maudsley Hospital, recognizes the significant role for a vulnerable individual, of a supportive community that can act as an 'external protective buffer just as an internalized secure attachment can act as an internal protective buffer for the individual who would otherwise develop PTSD' (p. 65).

Peter Fonagy (p. 75) looks at Liotti's (1991) research, the findings of which are consistent with the assumption of a link between disorganized early attachment and dissociation. Fonagy writes that 'I think therefore I am' will not do as a psychodynamic model of the birth of the self: 'She thinks of me as thinking and therefore I exist as a thinker' is closer to a truth (p. 79) and that 'the social inheritance aspect of dissociation may be an important clue in our understanding of the disorder' (p. 79). Steele (p. 108) also points to the significance of 'caregiving factors not child temperament factors . . . as the primary determinants of early infant-caregiver patterns of attachment' (p. 108).

Turning to treatment, Heard and Lake (1986) advocate an attachment-based approach to dissociative conditions. 'Following even the severest trauma, an interested, supportive companionable stance can help individuals to meet the challenge of transforming and remodelling

traumatic internal memories of experiences in relationships' (p. 163). Mollon (p. 177) raises the complexity and dangers of the work for both patient and therapist.

Psychotherapy with a multiple personality system will destabilise that system through the very fact of its existence being disclosed – such systems are intended to be secret . . . My own stance is to tell the patient explicitly that the model I work with aims to facilitate the development of internal communication and democracy. I explicitly use this political metaphor, emphasising that it is not my role to impose a solution, or to take sides. (p. 190)

With its final pages devoted to a comprehensive information guide for DID sufferers, and professionals working with this client group, the book again explicitly places the care of the DID sufferer at the heart of its concern.

That this book captures in print a hitherto almost unmentionable aspect of current society is a credit to the author. A reading of the book is timely, as the BBC last year screened at peak viewing times, a provocative new drama about ritual abuse and its effect in creating victims with DID. Based on interviews with sufferers, *May 33rd* reflected the disjunction of the condition. The writer of the drama, Guy Hibbert, conveys an impression that sufferers (women in particular) are now coming forward in significant numbers with stories of misdiagnoses in a climate of strong reluctance from society and health professionals. Do we find that there is something so appalling at the root of the condition that we would rather not believe that it is happening? Already, the professionals are split. Brett Kahr, a senior in psychotherapy, and a consultant on *May 33rd*, feels that it will help to validate the experience of sufferers and make abusers examine the damage they are doing. But Tom Fahy, a psychiatrist at the Maudsley Hospital, has concerns,

arguing that many DID cases are the creation of misguided therapists.

*Attachment, Trauma and Multiplicity* is therefore a must for every practitioner who wants to be as well armed as possible in

entering a debate that is likely to be lively and informative.

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