EDITORIAL:

CORNELIA B. WILBUR, M.D.

Richard P. Kluft, M.D.

Cornelia B. Wilbur, M. D., died on April 10, 1992, after a long illness. By dint of her clinical skill, her caring, her teaching, her generous support of colleagues and students, her courage, and her charisma, she, more than any other single person, was largely responsible for the current high level of interest in multiple personality disorder (MPD).

Unable to get her work published in the scientific literature, she became known through her depiction in Flora Rheta Schreiber's book, *Sybil*, and in the television movie that was based upon it. To a generation of clinicians now involved in the treatment and scientific investigation of MPD, she was a role model and an inspiration. She has played a vital, if covert, role in the recovery of every contemporary MPD patient who has benefited from psychotherapy, because it is impossible for a clinician to approach the treatment of MPD without in some way being influenced by Connie and the trails that she blazed.

Connie combined the ideal qualities of the psychiatrist, psychoanalyst, and old-fashioned country general practitioner. She was ferociously dedicated to the well-being of her patients. I had occasion to see Connie's expertise and compassion in action when a patient I had evaluated and seen for a few sessions relocated and transferred to her care a few years before her retirement from active practice. Slowly, and with infinite patience, she brought about remarkable gains in a woman for whom I had never thought such a positive outcome was possible. When I expressed my astonishment at her clinical wizardry, she would hear nothing of my praise. She rapidly interrupted and emphatically declared that the only reason that she had had better success was that the patient had developed a rapid erotic transference toward me that she was unable to admit and approach, but which proved no problem with an older female psychiatrist. She insisted that the patient's relocation was a flight from the transference, and expressed confidence that had the patient taken the risk of being open about her concerns, I would have been able to help her easily. It was a matter of gender, not genius, Connie declared. It remains my professional opinion, however, that it was genius, perhaps with some help from gender, and that Connie, as always, was eager to avoid bruising the sensitivities and narcissism of the mental health professionals with whom she spoke, myself included.

Connie was a hero and refuge for upset MPD patients and their loved ones. On may occasions I came to learn of how distressed individuals had called her, and of her kindness and generosity to them. In the latter years of her clinical practice, she dedicated many hours to helping persons who believed they had MPD to find suitable therapists, and for therapists to find appropriate consultation. She was a source of infinite encouragement to therapists who struggled in isolation, and sometimes in the face of collegial hostility, to assist their MPD patients.

Connie's insights and innovations are difficult to catalog. Many of her ideas and approaches were passed along to others in workshops and consultations, and became essential principles in work with MPD. Often Connie's wisdom never went into print under her name, but found its way into the literature in the writings of those who had been influenced by her. Connie was the first to focus on the centrality of child abuse in the etiology of most cases of MPD. She was the first to discuss the personalities' multiple transferences and the countertransferences that they inspired. She was the first to appreciate the MPD patient's dependency as a phase to be worked through to complete interrupted developmental pathways, and to advise against seeing it as the seeking of secondary gain. Connie pointed out that it was her experience that accepting the dependency and helping the patient to work it through was empowering to the patient, while that treating it as a bad or dangerous thing would lead to further dependency, driven by desperation, or false rather than true efforts to achieve autonomy. She championed the view of the MPD patient as a battered but heroic survivor, rather than as a weak and evasive but fascinating hysteric.

Connie was the epitome of the bridge-builder. She held fast to the notion that every school of therapy had something important to offer, and steadfastly opposed efforts to minimize the importance of psychoanalytic insights, concepts, and techniques in work with MPD patients. Likewise, she came to use hypnosis adjunctively as she appreciated its use with MPD patients, and supported the synergy of the psychodynamic and the hypnotherapeutic. She was the advocate of the psychoanalyst to the hypnotherapist, and the advocate of the hypnotherapist to the psychoanalyst. She was excited by the hope that a psychopharmacologic approach to the symptoms of MPD might evolve. Connie was certainly not a prisoner to any school of thought, and modeled a praise-worthy openmindedness.

Connie attributed her intellectual prowess to being the only child of two mature and intelligent parents. She spent much of her childhood on a ranch in Montana, and was familiar with general ranch and farm work and with riding

and shooting. She followed the path of her chemist father in college and graduate school, but came to appreciate that her path would involve people rather than laboratory science.

She transferred to medical school at the University of Michigan, and began psychiatric training there. Encountering a new chairman who believed that women did not belong in medicine, she completed her training elsewhere. During World War II she occupied a position in Nebraska that had been held by a man serving with the military. On his return, she moved to New York where she established a training program within the Veterans' Administration system and took psychoanalytic training. When funding shifts made it impossible to continue to provide a high-quality program within the Veterans' Administration, she entered private practice.

While in Nebraska she had begun the treatment of a young teacher who hoped to take graduate training at Columbia. When this young woman, known as "Sybil," relocated and resumed her treatment, Connie rapidly discovered the presence of multiple personalities. Connie's efforts to present and publish her findings, and the rebuffs that she encountered and endured, are an embarrassing commentary on the mental health professions' capacity to dissociate dissociative disorders. Suffice it to say, after years of rejection of her efforts to communicate what she had learned, she began to discuss a lay publication with a journalist whose integrity and honesty she had admired, Flora Rheta Schreiber. This project became a reality only after "Sybil's" integration.

Eleven years after the publication of *Sybil* (1973), Connie's first psychiatric paper on MPD, "Treatment of Multiple Personality" was published in *Psychiatric Annals*. Others followed, but the majority of her writings and presentations remain unpublished and unavailable. Hopefully they will become available in the future.

Although Connie's work with MPD was not given appropriate recognition until near the end of her life, she told me that she always was consoled and gratified simply by knowing that she was doing the right thing, and helping her patients. She was able to enjoy and relish the modern rise of interest in MPD and dissociative phenomena, and followed the field with interest. She was especially excited by the psychophysiologic studies that were emerging, and took great pleasure that there were growing numbers of clinicians able to work with MPD patients.

However, we in the dissociative disorders field are cognizent of the difficulties Connie encountered in connection with her work with MPD, it is important for us to be aware that Connie was always appreciated and acknowledged by her peers for her clinical prowess with all types of patients, for her many contributions to the American Psychiatric Association and its district branches, for her attainments as an academic psychiatrist and teacher, and increasingly, for the superlative role model she provided for the growing number of women in psychiatry and the other mental health professions. Connie was a beloved and almost legendary professor.

To draw from the language of the Star Wars trilogy, the force was strong in Connie. She is with us as we endeavor to be worthy of being her successors.

Richard P. Kluft, M.D. Editor

REFERENCES

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