

## EDITORIAL

### DAVID CAUL, M.D.: AN APPRECIATION AND FAREWELL

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The sudden death of David Caul, M.D., on March 14, 1988, leaves a gap in our field, our Society, and in our hearts. At the time of his death David was among the world's preeminent experts in the diagnosis and treatment of multiple personality disorder. His influence was felt more through his teaching in workshop settings than his publications, although his articles were valued and his manuscripts were widely circulated. He was generous and skillful in sharing the wisdom he had gained from his extensive clinical experience, and managed to express his insights with a simplicity and clarity that made them easy to recall, and with a wit and warmth that made them impossible to forget.

He also was a major factor in the increasing growth and success of the International Society for the Study of Multiple Personality & Dissociation. At the time of his death, he was President of the ISSMP&D, an office he enjoyed and carried out with vigor. His presidency followed upon an energetic year as President-Elect, during which he initiated a forceful campaign to recognize the established and emerging local and state study groups and societies as formal components of the ISSMP&D, and upon his previous efforts, which, while Chair of the Services Committee, initiated the Speakers' Bureau and many other efforts to educate the lay and professional communities about the dissociative disorders and the problems of those who suffer from them.

He also gave the ISSMP&D a less tangible but perhaps more important contribution — the presence of his unflinching good will and his determination to effect pragmatic and useful solutions in a manner that appealed to the reason of those with the most widely divided points of view. It would not be inappropriate to note that in an organization the majority of whose Executive Council is rather young, his experience, equanimity under pressure, and toleration of differences of opinion were valuable assets.

The school of thought that says "no man is irreplaceable" is correct only in the most superficial sense. Others can take David's place in workshops and in the ISSMP&D — Philip Coons, M.D., has stepped into the Presidency and will do an outstanding job, and many of us have taken on some of David's teaching tasks and scheduled scientific presentations, and will do them well. But no one can pretend to take the place in the hearts and minds of those who knew David, who was without doubt the single most beloved man in our field. I remember jesting with someone who had lost an election to David, and telling him he would have had a better chance running against Santa Claus.

David, whose deep love of Appalachia and its people was readily apparent, was born November 14, 1921 in New York City. His family relocated to Mississippi, where David graduated from Columbia High School and went on to graduate from Mississippi College in 1941. He served in the Army Air Corps, flying in the air crew of B-29 bombers. After World War II, he pursued medical studies at Tulane Medical School, graduating in 1949. David did his internship at Charity Hospital in New Orleans, and later took psychiatric training at the Menninger Clinic in Topeka, Kansas, and the University of Buffalo, in New York. During much of his career he was associated with the Athens Mental Health Center, Athens, Ohio, where he served as Medical Director for many years. At the time of his death he

was actively involved in community mental health work.

To the lay reader or the mental health professional unfamiliar with David's stature within the field, he was best known for his efforts to treat the notorious Billy Milligan, a challenging endeavor encumbered and frustrated by public controversy and the political overtones of the situation. Few who knew his work thought of him primarily in that connection. During the 1970s, David be-

came one of the pioneers who initiated the modern study of multiple personality disorder, and was probably the first to explore and advocate a team treatment approach. This, his creative use of videotape techniques, and his development of internal group therapy mark him as a major innovator. However, his characteristic modesty and self-deprecatory humor led many to fail to appreciate the breadth and depth of his contributions. One of his major joys was the encouragement of those new to the field. He was an indefatigable supporter, cheerleader, and, when necessary, gadfly. For example, it is no secret that I proposed what became the 1984 special issue on MPD of *PSYCHIATRIC ANNALS* as a direct consequence of a conversation with David.

David was an enthusiastic team player, and an incredibly cooperative partner in any endeavor. When asked for help, his response was immediate. He was a part of virtually every major workshop's faculty, and frequently pinch hit for other faculty members who had to withdraw on short notice. It was inconceivable to plan a major project in the field without anticipating his support and/or participation.

In more recent years, David spoke out most often about his concerns for the well-being of the MPD patient. This focus influenced his teaching, his work for the ISSMP&D, and his private conversations with many of us. He was troubled by the discrepancy between our growing knowledge of how to treat MPD and the inadequate resources, both clinical and financial, available to bring such treatment to deserving and often needy patients. He was concerned about the wastage of resources caused by clinicians' unwillingness to confront, and if necessary, interrupt the treatment of patients unmotivated to work in therapy, and by clinicians' inadvertent contributions to the perpetuation rather than the amelioration of their patients' conditions. He worried about the plight of patients whose therapy became interrupted by logistic and financial problems, and also by the death of the therapist. He urged clinicians to have emergency plans available in case of their death or incapacitation.

Those of us who knew David were all enriched by our contacts with him, and will cherish him in our memories. Generations of clinicians and generations of patients to come, many of whom may never have met David, and, in time, many of whom may no longer know or recognize his name, will be the beneficiaries of his life, his example, and his work.

Although the remarks above have focused on David's professional career, his love for his family and his enjoyment of their company was one of his strongest qualities. He made it clear that his family was the bedrock of his joy and his strength. The Editorial Staff and the Editorial Board of *DISSOCIATION* join in expressing our condolences to David's wife, Lois, his daughter Carol, and his sons Michael, Robert, and Stephen.

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