

EDITORIAL

UBI SUMUS? QUO VADEMUS?

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A scant decade ago the contemporary study of the dissociative disorders was in its infancy, but poised on the brink of an explosive expansion that few could foresee. The first American Psychiatric Association course on MPD had just occurred, under the direction of Ralph Allison, M.D., Cornelia B. Wilbur, M.D., and the late David Caul, M.D., were among the instructors. Many mental health professionals who had been working with MPD in relative solitude came to this course, both as faculty and as students, and began to communicate and to network. Many of the clinicians who are now considered experienced consultants were beginning to struggle with their first cases of MPD; many of the scientific investigators in the field who have formed long term collaborations had not yet met one another. Some of today's most promising researchers were still in medical schools, graduate schools, residencies, and fellowships. World-wide, the number of true experts was small indeed—many would estimate that there were under a dozen.

The publication of DSM-III, which gave independent standing to the dissociative disorders, and the first flowering of landmark studies, both in 1980, were still two years in the future. The era of the four exceptional special journal issues on MPD and the 1984 First International Conference on Multiple Personality/Dissociative States would not occur for another six years. Already it was clear that those with a special interest in MPD had an urgent need to share and learn from one another, yet they were few in number and had little prospect of publishing their findings in mainstream mental health journals. Ralph Allison, M.D., attempted to fill this void with the short-lived newsletter, *Memos on Multiplicity*.

Professional isolation was the rule rather than the exception. The first study groups had yet to form, and many felt obliged to keep their interest in MPD clandestine, out of concern for their professional reputations. One usually learned by trial and error. Although interest was beginning to rise and occasional lectures and workshops were held, these were a mere "drop in the bucket." A clinician confronted with a patient with MPD could not count on finding adequate information or consultation to assist his or her efforts. The "oral wisdom" that would flourish in the American Psychiatric Association workshops, be spread by its faculty and students alike, and finally make its way into the scientific literature in the mid-1980s, had yet to be fully established. Cornelia B. Wilbur, M.D., was keeping an informal tabulation of the reports made to her of clinicians' encounters with MPD patients. By 1978 it had climbed to above 200, a startling figure for the day since it equaled the sum of all cases thus far reported in the world's literature, but quite modest in com-

parison to the 267 previously unreported cases that I tabulated from the seventy students at a single workshop at the First International Conference on Multiple Personality/Dissociative States in 1984.

In contrast, 1988 finds us on the verge of the Fifth International Conference on Multiple Personality/Dissociative States. Hundreds of mental health professionals have made scientific presentations at these conferences, and approximately a thousand have received instruction in the treatment of MPD at the workshops of these conferences alone. Regional and local scientific and educational opportunities are expanding; several professional societies have had symposia on MPD for the last few years. In many parts of the United States and Canada active study groups have brought an end to the isolation that once characterized work in this field. The International Society for the Study of Multiple Personality & Dissociation is growing steadily, with over 950 members. Scientific articles about the dissociative disorders are appearing in numerous mainstream mental health journals as well as in *DISSOCIATION*.

Nonetheless, much remains to be achieved. Interest in and legitimization of work that concerns the dissociative disorders is far from uniform. It seems that when such interest spreads into a new geographic area, many of the old familiar battles with skepticism and disdain must be fought anew. Looking beyond North America, the study of the dissociative disorders is progressing, but slowly. In some quarters there has been considerable sentiment to the effect that the recent rise in interest in MPD is a peculiarly North American phenomenon, and may more reflect a situation unique to American and Canadian cultures than a scientific advance. However, cases are in treatment in Europe, Asia, and Australia, and several cross-cultural research projects are being developed that hold promise for the resolution of such concerns.

Three other considerations appear to be important. First, work in the dissociative disorders is plagued by a consistent failure to obtain adequate funding for relevant basic and clinical research. With few exceptions, the major contributions to the field have been made at the initiative of those who supported their own endeavors. As praiseworthy as these efforts have been, and despite the advances that they represent, as a rule they cannot compare in their methodologic sophistication with studies in many other comparable areas of inquiry. Hence we have not yet generated many studies that are able to convince either the curious academician, who is accustomed to reach conclusions on the basis of studies conducted with more rigor than the resources of those working in this field have allowed them to employ, or to the open skeptic, who will be persuaded, if at all, only by the most carefully

controlled and compelling data.

Second, the very phenomenon of dissociation itself requires more rigorous study. Its definition remains rather vague, and it is possible that it represents several processes rather than a single one. This type of problem, the difficulty in grappling with the basic concepts(s) underlying a field, is actually more often the rule than the exception in many areas of exploration. For example, we are still struggling to define more familiar terms, such as "schizophrenia" and "hypnosis." Nonetheless, we need to clarify and operationalize the concepts that are currently available, and explore their differential clinical and heuristic values.

Third, for many reasons, the study of the dissociative disorders has been a small, predominantly clinical, and fairly isolated field of endeavor. Two (among many) of these reasons are the difficulty we have had in convincing others of the importance of this work, and the genuine problems that we find in communicating with those who are not aware of and cannot fully appreciate the clinical realities with which we must contend. We need to build bridges toward scientific investigators in other fields to illuminate and cross-fertilize our own endeavors, and to avoid the unnecessary duplication of effort, and to be sure that in our own explorations of the phenomena that we encounter in connection with our study of the dissociative disorders we do not unwittingly err by failing to take into consideration the findings of other scholars and other branches of knowledge.

Our current issue implicitly speaks to the questions "Ubi Sumus?" and "Quovademos?"—"Where are we?" and "Where are we going?" Dr. Loewenstein and his colleagues offer the first published report of the clinical trial of a pharmacologic agent upon symptoms associated with MPD. As the authors acknowledge, the report is open and anecdotal, but, nonetheless, it inaugurates a new era in the literature of the treatment of MPD. Dr. Young's discussion of the role of fantasy in the formation of the structures of MPD takes a step toward a less defensive approach to the study of the position of fantasy in the genesis of the dissociative disorders. For several years, sensitized to the accusation that MPD patients' accounts of abuse were mere fantasy, the field has "bent over backwards" to insist on the reality of child abuse in the etiology of MPD. The very word "fantasy" became linked with the attacks of sceptics, and the fact that fantasy is a crucial aspect of mental functioning was neglected. Dr. Young's contribution reunites the study of the dissociative disorders with a valuable dimension of the study of the mind.

Dr. Ross and his colleagues, by studying the Dissociative Experiences Scale of Bernstein and Putnam in an independent population, have provided an important replication and validation of one of the most valuable measures in our field. Although we are more taken by the dramatic breakthroughs, the real proof of a contribution's worth is in its capacity to be repeated by others, its predictable redundancy. It is to the credit of Ross and his team that in the course of their original work they have built in means to retest and validate the work of others—they have also, in a prior issue of *DISSOCIATION*, repeated and reconfirmed my own findings in regard to the prevalence of first rank symptoms in MPD.

My own articles in this issue attempt to communicate a

perspective on the recent history of MPD, as seen from the vantage point of a consultant. It is indeed impressive to observe the changes that have occurred over a decade and a half. Dr. Bliss' contribution offers a look back over history to examine how the formation of a theory can not only illuminate a new area, it may inadvertently obscure an area as well. From my point of view as Editor-in-Chief, the main lesson to be learned is to beware lest the theories that we are generating in 1988 be constructed in such a manner as to restrict rather than expand our field of vision. Drs. Riley and Meade conclude the main body of the issue with their fascinating and well-documented case of MPD in a three-year-old girl. This study offers ample food for thought. One of the most difficult and murky areas in our understanding of MPD is that our patients' histories often include material that suggests that MPD had become established before the normative notions of development would lead us to believe that this is possible. There is genuine confusion about the relationship of these accounts and established developmental theory. This article will not resolve these issues, but it may well prove to be the first of a series of similar case studies that may offer us the material to move (ultimately) towards such a resolution.

Finally, this issue closes with a review of an excellent educational videotape, that holds the potential of spreading knowledge about MPD more widely and economically than has been possible in the past. Since this review was planned, I have learned of other similar tapes, and hope to comment upon them in subsequent issues of *DISSOCIATION*.

Where, then, are we? We are in the process of building a more stable foundation for the study and treatment of the dissociative disorders. Where are we going? While working within and with a full awareness of the limitations upon our basic research and clinical research endeavors, we are moving to bring the scientific study of the dissociative disorders to an increasingly higher level, without neglecting the need to share as much clinical wisdom as we can gather and pass along. ■