

EDITORIAL
THOUGHTS ON
CHILDHOOD
MPD

Richard P. Kluff, M.D.

A few weeks ago a rather unique visitor dropped into my office to say hello. He looked sharp and fit in uniform, and we threw one another friendly and mildly mocking salutes. His was far crisper than mine. He was doing well. His world was expanding and growing more exciting day by day. He had plans and dreams, and felt that he had an excellent chance to realize them. There was so much to say that we barely had time to perform what is an obligatory ritual when we meet, the administration of a recheck protocol to assess his state of integration. In 1978 "Tommy," as he is known in the literature, then a sad and confused although bright and delightful eight-year-old, became the index case of childhood multiple personality disorder (MPD) in the twentieth century, the first reported since Antoine Despine described his work with the eleven-year-old girl he called "Estelle." Tommy has now been integrated for twelve years. He has held his gains and built further upon them.

Although I thought the identification and successful treatment of Tommy was a significant event, the scientific program committees and journal reviewers to whom I submitted abstracts and articles did not share my opinion. Although I was able to mention Tommy in passing in a 1979 presentation on another topic, six years passed before my work on childhood multiple personality disorder appeared in print, shortly after the publication of "Incipient Multiple Personality in Children: Four Cases," the classic paper by Joen Fagan and Polly Paul McMahon (1984). Since then there have been a handful of other reports, but the study of childhood MPD and childhood dissociative disorders has failed to develop significant momentum, and has remained an area of peripheral interest in the field.

This is an unacceptable situation. MPD and allied dissociative disorders in adults are the result of the failure to identify and treat these conditions in children. The natural history of MPD is now understood (Kluft, 1985). Thanks to Tommy and many other youngsters and adolescents whom it has been possible to study, we appreciate that MPD does not begin as a full-blown phenomenon in the adults afflicted with this condition. It develops early in life, and while in some children it may emerge in classic form rather early, in others it undergoes a lengthy process of development and gradually evolves through several precursor stages before it assumes the familiar adult form.

It appears that children with MPD and allied dissociative disorders can be treated far more rapidly than adults with these conditions. This is the general consensus of the published literature. Unfortunately the untimely death of David Caul, M.D., deprived the field of an additional article that he

had planned to write, detailing his experience in treating approximately fifteen youngsters with MPD. He also found that such children responded quite rapidly to psychotherapy.

When we consider the arduous and painful lives that most adults with MPD have endured, the extensive treatment that many MPD patients require to achieve recovery, and the many years of ineffective treatment that most of them have received before they were diagnosed correctly, the socioeconomic and public health consequences of failing to detect and treat MPD and allied dissociative disorders in children become painfully apparent. Tommy integrated in under a dozen sessions, and many other clinicians have succeeded in achieving similar results with their young patients. Excluding the most simple cases, the recovery of adults with MPD rarely is accomplished in less than several hundred hours of treatment. Few adults with MPD have not suffered major life disruptions due to their disorders, some of which have inflicted serious and longstanding adverse consequences upon them.

The study of childhood dissociative disorders should be one of the highest priorities of the dissociative disorders field. It represents an important opportunity for the application of preventive psychiatry. The relatively low profile of this area of concern deserves our attention, and must be corrected. The modern study of MPD has largely been the province of clinicians and scientific investigators whose primary expertise is with adults. Perhaps this explains in part why the field has yet to turn its full attention to the plight of youngsters with this and allied conditions. We must encourage our colleagues in child psychiatry and child psychology to apply their clinical and investigative skills toward children with dissociative disorders, and support with vigor research and publication on childhood MPD and all varieties of children's dissociative responses to trauma. It would be nice to see classic adult MPD become in fact the rarity that it long was thought to be.

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