

EDITORIAL

EXCERPTS FROM THE EDITOR'S NOTEBOOK

Richard P. Kluft, M.D.

It is difficult to avoid becoming pensive and philosophical as this issue goes to press. In many ways it represents a quiet but significant watershed in the brief history of DISSOCIATION, and an undramatic but noteworthy moment in the history of the study of dissociation and the dissociative disorders. Six of the eight articles are written by first-time contributors to the literature of the dissociative disorders; a seventh brings to the attention of English-language readers a pioneer in the Spanish-language literature of this subject. The remaining article places in print the first generally-available structured interview for the diagnosis of MPD.

That our young field has attracted an increasing number of clinicians and scientific investigators speaks to its growth and its vigor. That they have begun to share their thoughts, observations, and findings, enriching the literature and stimulating still further contributions from still more colleagues, is a cause for celebration. That instruments are under development that will facilitate the accurate identification of dissociative disorder patients is exceedingly important.

The late David Caul and I shared a number of long-standing private jokes together. One of them was a particular favorite. We used to chuckle over the thought that one clear indication that the field had achieved significant growth and maturity would be when we could not recognize the names of most of the authors and presenters. We realized that we were trail-blazers in a largely uncharted expanse — our concern was with regard to whether others would consider those trails worth following, and that terrain worth exploring, inhabiting, and cultivating. Our jest was not in any way a disparagement of new contributors. Instead, it acknowledged our awareness that when we no longer knew everyone in the field personally, it would signify that the study of the dissociative disorders was no longer the province of a small group of individuals, and had taken still another crucial step into the mainstream of the mental health professions. This is occurring, slowly but surely. We now can anticipate a growing number of studies from an increasingly large group of contributors who are working in an expanding variety of settings and stimulating the interest of still further colleagues.

I would like to share some personal reflections that occurred to me in the course of preparing this issue. Two of the articles, those by Graves and Taboas-Martinez, speak to the thorny problem of the epidemiology of MPD. This has become a crucial concern as both DSM-IV and ICD-10 are in the process of development, and increasing numbers of colleagues are trying to explore and explain the growing

recognition of this condition. It is essential to document repeatedly and convincingly that the dissociative disorders and dissociative symptoms are sufficiently widespread that they deserve to be included in the differential diagnosis of the vast majority of patients who present with psychiatric complaints. How many more patients afflicted with these conditions will remain undiagnosed and inappropriately treated because clinicians do not have an adequate index of suspicion for the conditions that they suffer? Dr. Graves' article speaks eloquently to this concern.

I would like to offer a further reflection on the article by Graves. My first major scientific presentation on MPD, in 1978, concerned the recognition and treatment of MPD in a community mental health center setting. My attempts to do a similar type of study in the 1970s, both in a community mental health center and in a general hospital psychiatric unit, encountered such formidable obstacles and such impassioned opposition that they had to be abandoned. Therefore I view the publication of this article with particular pleasure.

Furthermore, it is necessary to explore and establish the actual distribution of the dissociative disorders across geographical boundaries and diverse cultures. The contemporary upsurge in interest in MPD has been, in the main, a largely North American phenomenon. I know from discussions and correspondence with colleagues from many different lands that MPD has been identified in a number of Caribbean, Central American, South American, European, African, and Asian nations, as well as in Australia and New Zealand. However, for a wide variety of reasons, these cases have not yet been published. This perpetuates the erroneous assumption that MPD is virtually a North American "culture bound syndrome", an assumption that is deleterious both to its scientific study and its recognition in international nomenclatures of disease.

Ms. Adams' exploration and discussion of the elusive inner Self Helper concept is, to the best of my recollection, the first published attempt to initiate the objective study of a particular personality type. Although, as she observes, it is no more than a beginning, it is a very good beginning. She has adroitly called to our attention how little study has yet been done with regard to the issue of particular personality types, which certainly confronts the therapist in every session with an MPD patient.

Finally, I would like to comment on the publication by Dr. Ross and his collaborators (Heber, Norton, D. Anderson, G. Anderson, and Barchet) of their structured interview instrument. A number of such instruments are being devel-

oped and undergoing field-testing. All will require extensive assessment and use by independent scientific investigators and clinicians before their ultimate merits can be determined. That the field is entering a phase in which this is on the verge of occurring is auspicious indeed. It still remains the case that the standard mental status examination is a frail vessel at best for the diagnosis of the dissociative disorders. Ross and his fellow investigators deserve our hearty congratulations and our earnest gratitude.

In the mid-1970s, when I was evaluating large numbers of patients on a regular basis, I began to augment my assessment procedures with a simple three question module that inquired about certain manifestations of dissociative phenomena. I interviewed every patient who endorsed one or more of these items with a protocol for the identification of MPD. This simple screening measure allowed me to discover 25 MPD patients during the first year of its use.

That type of experience, repeated many times over, leads me to have a very positive regard for the type of effort that is represented in the work of Ross and his colleagues, and in the efforts of other groups of investigators whose work will become available in the near future. These instruments not only will enhance the research study of the dissociative disorders — they will have a substantial and salubrious impact on patient care.

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