

BOOK REVIEW:
THE DIAGNOSIS AND
TREATMENT OF
MPD

By
Frank W. Putnam, M.D.

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Diagnosis and Treatment of Multiple Personality Disorder, by Frank W. Putnam, M.D., Guilford Press: New York, 1989.

The arrival of Putnam's text on the diagnosis and treatment of multiple personality disorder is not only a boon for any clinician involved in the treatment of patients with dissociative disorders; it also marks a moment of historical importance for the growth of our field as a whole. The long and complex history of the diagnosis and treatment of patients with multiple personality disorder has been most characteristically the tale of solitary travelers who have come upon the disorder unexpectedly and struggled to synthesize and organize what they were seeing in as coherent a fashion as their vision and the prevailing scientific models of the day allowed. There has been a remarkable consistency in their clinical descriptions over time. Until recently, however, the literature on the dissociative disorders was predominantly confined to description and case report. Putnam's text marks a shift in focus, a developmental step in the study of dissociation, as it adds to the descriptive, phenomenological, diagnostic literature an organized consideration of treatment.

The Diagnosis and Treatment of Multiple Personality Disorder is a comprehensive and lucid text which approaches work with dissociative disorder patients from a clinician's point of view. Each section in the book synthesizes and reviews the available information on a selected clinical topic. After a brief historical review, Dr. Putnam discusses diagnostic criteria; etiology, epidemiology and phenomenology; diagnosis; the alter personalities; beginning treatment; issues in psychotherapy; psychotherapeutic techniques; hypnosis; and adjunctive therapies. Each section interweaves the most current scientific information with the less rigorously tested but clinically invaluable teachings and techniques of the leading authorities in the field. When scientifically tested therapeutics leave off, Putnam calls on clinical lore. In an impartial way, he presents an array of approaches with the clear statement that no one approach will work with every patient or at all times with a given patient.

For example, in the two largest sections of the book, "Beginning Treatment" and "Issues of Psychotherapy," an overall "ideal" therapeutic course for patients with multiple personality disorder is defined. Eight stages of treatment are described, including making the diagnosis, initial interventions, initial stabilizations, acceptance of the diagnosis, development of communication and cooperation, metabolism of trauma, resolution and integration, and post resolution coping skills. Within this framework, Putnam provides

many technical suggestions useful in keeping the work towards these longer therapeutic goals on course. One of the best examples of this is a common sense approach to behavioral contracts with patients aimed at protecting the patient and the treatment frame as well as conveying a sense of predictability and of cause and effect.

In a section devoted to "Issues in Psychotherapy," Putnam shifts his focus to those particular themes which regularly play a central role in the treatment of traumatized patients. Included in this chapter are one lengthy discussions of boundary management, control, secrecy, recapitulation of abuse, and shame, just to name a few. He also devotes attention to important transference and countertransference concerns, including some of the implications for treatment which arise from the capacity of separate alters to develop characteristic transferences to the therapist and therapists' tendency to develop distinct countertransferences to each alter.

Putnam's book is the first major work in our field to lead us beyond an oral tradition in the area of therapeutics. While many have found colleagues, study groups, or consultants to provide insight and support for this arduous and at times dizzying work, Putnam as the consummate consultant has written a text which organizes this body of informal information. An expert guide, he helps identify likely problems, points out treacherous terrain, and offers advice on how to get out of trouble spots. No view is neglected or overlooked. What is refreshing about this particular text is that Putnam shows a genuine respect and humility for the terrain he has chosen to travel. The sights are described simply and clearly. This is not a tour of the unusual or exotic; Putnam demystifies and simplifies the complex signs and symptoms of the dissociative disorders.

Yet there are remarkably few absolutes in this book beyond the pervasive message to respect the patient and her or his illness and cultivate a therapeutic relationship which will allow the individual to teach the clinician about their experience. Dr. Putnam provides us with a broad view from the leading authorities in the field of dissociation and then directs us back to the patients to learn about their experiences and to rediscover how to provide the best treatment.