

EDITORIAL:
REFLECTIONS ON THE
TREATMENT OF MULTIPLE
PERSONALITY DISORDER:
TERMINABLE OR
INTERMINABLE?

Richard P. Kluft, M.D.

As the health professions attempt to grapple with the increasing prominence of managed care, health maintenance organization, preferred provider organizations, and the proliferation of an "alphabet soup" of alternatives to the traditional models of health care delivery, caution, misgiving, anxiety, distrust, and overt hostility are not infrequent responses. Not only do health care providers have grave reservations about the trends already under way. It is uncertain at this point in time what form of health care reform will be proposed by the incoming Clinton administration, and even more uncertain what sort of compromise will emerge when that proposal undergoes the give and take of the legislative process. It is even more uncertain still as to whether the mental health aspects of the anticipated Clinton proposal will be robust, at a parity with general health care allocations, or whether it will be sacrificed to other priorities and alternate agendas.

At an exponentially greater degree of uncertainty is the fate of support for the treatment of patients suffering multiple personality disorder (MPD). Despite the increased acceptance of the MPD diagnosis and the recognition that it can be treated effectively, it remains a controversial entity. There is no lack of skeptical voices continuing to maintain that MPD is an iatrogenic creation in whole or in part, and no shortage of clinicians and scientific investigators prepared to argue that the intense and lengthy treatment that such patients appear to require is unnecessary and wasteful. Within the dissociative disorders field there is less than total accord. For example, sufficiently intense disagreement exists about how to understand and respond to allegations of satanic ritual abuse that recognized authorities have engaged in combative mutual criticism rather than a productive inquiry into the nature and implications of this phenomenon.

A labile and potentially dangerous situation exists. It is within the realm of possibility that individuals in decision-making capacities who are motivated to reduce costs, but who have little familiarity with the accumulating data in the dissociative disorders field, could be swayed by the arguments of those whose skeptical stances might appear to legitimize substantial potential savings by withholding treatment for MPD patients from future mental health care delivery systems.

This concern underlines the necessity for the dissociative disorders field to move rapidly and aggressively to document the effectiveness of the treatment of MPD and the other dissociative disorders; furthermore, it must be demonstrated that this treatment is cost-effective over a period of time. Clearly treatment is expensive compared to non-treatment,

but there is reason to believe that the motivated patient whose MPD receives vigorous specific treatment will ultimately leave the mental health care delivery system. Conversely, the MPD patient who is not afforded such care will retain any mental health related disabilities (at least intermittently), will continue to utilize mental health care services at a high rate for a protracted period of time, will make substantial use of general medical services in connection with somatic manifestations of the MPD condition, and will ultimately prove far more expensive to maintain in a state of illness (Kluft, 1985).

My 1985 study of the natural history of multiple personality disorder demonstrated that MPD patients who did not receive therapy had no chance of a spontaneous remission apart from the normal fluctuations of the MPD condition. It also demonstrated that MPD patients rarely improved in therapy that did not address their MPD directly. However, these findings remain to be replicated, and must be done in a more rigorous and systematic fashion to convince the skeptical or the overtly hostile observer. Furthermore, the available outcome studies (Coons, 1986; Kluft, 1982, 1984, 1986) do not provide sufficient guidance for the field. The Coons study followed the work of 20 therapists, many of whom were trainees, and 19 of whom were treating their first MPD patient. The Kluft studies depict the work of an experienced therapist with his most motivated and cooperative patients. There is no data that allows one to estimate the fate of the modal MPD patient in treatment with the modal therapist trained to work with MPD. Nor is there data that would allow one to determine which MPD patients are likely to improve with treatment, and which are either unready for treatment or unlikely to benefit.

Until treatment outcome data become available from which generalizations can be drawn, the dissociative disorders field will struggle to demonstrate the credibility of its efforts. Furthermore, some of the findings in published outcome results may prove confusing to therapists who begin to work with or study MPD patients, and discover that their efforts and the treatments to which they are exposed fail to duplicate what is demonstrated in these articles. Such therapists may have a hard time accepting those results as credible as they struggle to assist deeply troubled MPD patients whose difficulties, crises, and treatments may appear interminable. Their doubt and pessimism may mirror the mood of Sigmund Freud (1964) when he, advanced in age, drained by debilitating and painful illness, and faced with the spectre of a world going mad as Germany increasingly embraced the rise and ideas of Adolph Hitler, questioned the merit and lasting value of the psychoanalytic treatment he pio-

neered in the disillusioned and disillusioning treatise, *Analysis, Terminable and Interminable?*

Recent unpublished work (Kluft, 1992) suggests that it is possible to monitor the treatment progress of MPD patients over time and determine whether a given MPD patient will have a high (rapid), medium (moderate and/or irregular) or low (slow and balky) treatment trajectory. Preliminary findings indicate that high trajectory patients resemble those in Kluft's (1982, 1984, 1986) outcome series, while medium and low trajectory patients resemble the findings in Coons' (1986) study. It is essential for many investigators to study the treatment outcome of MPD patients both independently and in multicenter/multitherapist projects. Retrospective studies, for all their shortcomings, would be easy to undertake within a questionnaire format. Standard measures and instruments from other areas of psychotherapy research could be applied to MPD cohorts anterospectively. In addition there is an urgent need to develop novel scales and measurements that address those aspects of the psychopathology and psychotherapy of MPD patients that are not studied adequately by existing instruments.

This type of research must become a paramount priority in the dissociative disorders field. This is essential to safeguard the opportunity for MPD patients to receive optimal treatment and be afforded the best possible chance to make a full and lasting recovery.

Richard P. Kluft, M.D.

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