

COMMENT ON "IS MPD REALLY RARE IN JAPAN?"

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Doctor Takahashi's paper (this issue) on the prevalence of multiple personality disorder (MPD) in Japan is an attempt to understand the prototypical manifestations of various types of psychopathology in different cultures. His observations suggest that the incidence of MPD is rare in Japan. This finding raises important questions about the universality of this disorder and the degree that cultural variables may play in moderating its appearance. However, several comments can be made about his data collection procedures, analyses, and interpretations which may qualify his overall conclusion.

First, Dr. Takahashi noted that "recent consensus among Japanese psychiatrists is that MPD is a very rare disorder, and in fact many of them are even skeptical of the validity of its existence" (Takahashi, this issue, pg. 57). Given this atmosphere of skepticism, the author does not provide any information about what he or his staff did to circumvent the potential problem of "confirmation bias" (i.e., "the tendency for judgments based on new data to be overly consistent with preliminary hypotheses" [Greenwald, Pratkanis, Leippe, & Baumgardner, 1986]). Furthermore, the author also noted that for patients whose diagnosis was difficult to determine, the department chairman made the final diagnosis. However, he does not indicate whether the department chairman is one of those Japanese psychiatrists who is skeptical about the validity of the existence of MPD. Unfortunately, we therefore do not know to what extent such a "confirmation bias" may have had on his data collection.

Second, Dr. Takahashi noted that the 489 inpatients in his study were all hospitalized "during a period of five years between October 11, 1983 and October 10, 1988." Since the DSM-III-R criteria (APA, 1987) did not appear until 1987, it is probable that the majority of patients were diagnosed according to DSM-III criteria (APA, 1980). Yet, Table 1 leaves the reader with the impression that all patients were diagnosed according to DSM-III-R criteria. Unfortunately, the author does not note that the diagnostic criteria for MPD specified in DSM-III were changed in DSM-III-R (Kluft, Steinberg, & Spitzer, 1988); nor does he indicate to what extent these changes may

have affected his findings.

Third, Dr. Takahashi noted that at least three psychiatrists involved in the patient's treatment were responsible for making a DSM-III or DSM-III-R diagnosis, and then attempted to reach an overall agreement about the final diagnosis. Therefore, it would have been interesting to report what the interrater reliability of these individual diagnoses was (using the chance corrected Kappa coefficient [Hubert, 1960]). Furthermore, examination of Table 1 indicated that criteria were used for broad diagnostic categories (e.g., schizophrenia, mood disorders, anxiety disorders). This type of grouping artificially improves estimates of interrater reliability over the use of more specific categories (e.g., disorganized schizophrenia, paranoid schizophrenia, bipolar disorder, dysthymic disorder, simple phobia, generalized anxiety disorder). Since MPD is a specific kind of dissociative disorder, one might expect lower estimates of interrater reliability for this specific diagnosis. In any event, if the author demonstrated good evidence of interrater reliability for diagnostic categories (and/or sub categories), then his argument would be strengthened. However, if the interrater reliability in his study was low, then his findings are questionable. Why was this reliability data not presented and compared with similar reliability data reported in American studies for DSM-III and DSM-III-R?

Fourth, the author argues that cultural differences may account for the low incidence of MPD in Japan. This argument would be strengthened if he presented evidence that the incidence of other psychiatric disorders (e.g., schizophrenia, mood disorder, anxiety disorder) are not significantly different from the incidences of these syndromes in the United States of America. Unfortunately, no such evidence or comparisons are provided. Furthermore, the incidences of other dissociative disorders in Japan (e.g., psychogenic fugue, psychogenic amnesia) seem higher than the incidences of these disorders in the United States. Perhaps Japanese cultural differences also affect the incidence/prevalence of other psychiatric disorders as well.

Fifth, Dr. Takahashi also noted the low rate of child abuse in Japan. Since American mental health professionals claim that child abuse is probably one of the most salient causes of MPD (e.g., Braun & Sachs, 1985; Coons & Milstein, 1986; Putnam, Guroff, Silberman, Barban, & Post, 1985), then the low incidence of MPD in Japan may be due this factor. Does the author know of any cases where child abuse was confirmed in Japan? What is the incidence of a dissociative disorder in these cases? What was the incidence of childhood abuse among the dissociative disorder cases in his sample? Furthermore, the type of childhood abuse associated with MPD in America is usually

bizarre, sadistic, and long standing. Is this type of child abuse likely to occur in Japan?

Finally, the author stated that the "need for an individual to develop a psychiatric disorder such as MPD might not be very strong" in Japan (Takahashi, this issue, p. 59). What type of need is he referring to? Is the author implying that the development of MPD is related to a conscious need on the part of a patient? Are specific "needs" necessary for the development of other psychiatric disorders? This ambiguous statement needs to be clarified.

Despite the above criticisms made about Dr. Takahashi's paper, we feel that his findings are interesting and worthy of serious consideration. Is the lack of an MPD diagnosis in his study due to: 1) a confirmation bias (which reinforces the skepticism about the validity of the existence of MPD); 2) a failure to see the features of this disorder when they actually were present?; 3) cultural differences between the United States of America and Japan; or 4) some other unknown factor. Whatever the answer to this question is, future attempts should be made to broaden our understanding about the universality of MPD and other types of psychiatric disorders across different cultures. ■

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