

**"WE DON'T HAVE THAT  
PROBLEM HERE":  
MPD IN NEW ZEALAND**

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**ABSTRACT**

*In 1990, the opinion of several mental health professionals in three universities in New Zealand was that "We don't have multiple personality disorder (MPD) here." While in New Zealand for four months in 1992, the author contacted therapists who dealt with victims of abuse and was able to quickly locate a number of cases of MPD and to carry out some training. The "explosion" of awareness of MPD has evidently begun there.*

In February of 1990, while in New Zealand investigating locations for a sabbatical leave research project on self-pluralism (Altrocchi, McReynolds, & House, 1990), I talked to several prominent mental health professionals in three universities about multiple personality disorder (MPD). They all said, "We don't have that problem here." Thus New Zealand was another example (c.f., Takahashi, 1990) of a country in which many highly qualified mental health professionals believed MPD to be non-existent or extremely rare. New Zealand provided a puzzling example because: (1) evidence is increasing that MPD is not a totally culture-bound phenomenon (Coons, Bowman, Kluft, & Milstein, 1991); (2) New Zealand has exactly the kind of individualistic society in which the self is seen as separate and autonomous, and where child abuse is frequent but covert, and therefore where MPD would be expected to be frequent (Martínez-Taboas, 1991); and (3) there has been a report of a case resembling MPD in New Zealand (Chancellor & Fraser, 1982). Therefore, I decided to informally investigate the possible presence of MPD in New Zealand while there for four months in 1992 on sabbatical leave.

I followed Colin Ross's suggestion (in a conversation at the November 1990 meeting of the International Society for the Study of Multiple Personality and Dissociation, ISSMP&D), which was to seek out people helping victims of various kinds of abuse. In each of two major New Zealand cities where I resided for five to ten weeks, I made calls to crisis services for abuse victims. It was quickly apparent that people managing and serving in such services believed that MPD exists

in New Zealand because they had received occasional calls from people presenting different alters themselves, or reporting phenomena that sounded like switching in relatives. The managers put me in touch with therapists to whom they referred particularly distressed callers, and with one former caller who wanted to confer with me. This highly intelligent 24-year-old woman brought with her a copy of her hospital records from 1980, when she had been twelve years old. Her problems at that time fitted the criteria for MPD except that there had been no amnesia among the alters. She has recovered and is functioning very well and creatively.

The first therapist I called was eager to confer with me. She was first alerted to MPD by a crisis caller who presented different names and voices during different calls. This therapist began to wonder about MPD in an ongoing client of hers, and then went to the 1991 ISSMP&D meeting in Chicago at her own expense. She came back to New Zealand feeling supported and more knowledgeable and was able to diagnose her client's problems as MPD, which I was able to confirm in our three-hour conference. This therapist has now diagnosed MPD in two more of her clients, has helped two colleagues make the diagnosis in clients of theirs, and has presented a public program on MPD which was attended by almost 100 people despite atrocious weather. Several of the attendees had been wondering about MPD in patients of theirs; and several other attendees believed they were relatives of multiples.

In the second city, I followed the same simple steps and ended up giving programs on MPD to two groups of crisis-line volunteers (many of whom had encountered MPD-like phenomena), graduate students in clinical psychology, and to two different groups of six psychotherapists, in each of which one therapist said she was already seeing at least one MPD client. One of the therapists insisted that, "The MPD explosion that you have experienced for a decade in North America has already started here." I consulted for a total of six hours with three therapists who had a total of three clients in ongoing therapy (I am convinced that the diagnosis was correct in all three), and talked to a physician-psychologist professional who had been involved with prisons and who said, "Of course MPD is here, in spades, if you know where and how to look." In addition, my investigation of MPD in New Zealand was the subject of a feature article on MPD in the newspaper which resulted in a number of calls to the newspaper. It led to at least two ongoing clients reporting to their therapists that, "The problem described in that newspaper article is the problem I have." These self-diagnoses

were neither confirmed nor disconfirmed by the therapists during my stay.

Evidently, MPD does indeed occur in New Zealand, manifested by exactly the same kinds of symptoms, histories, and therapeutic processes that we are familiar with in the U.S. and Canada. The "explosion," composed of societal and professional awakening to the phenomenon, has already started. As expected, some of the most highly trained mental health professionals still believe, "It (almost) never happens here." Frequency and epidemiology of the disorder in New Zealand, of course, remain unknown. Fortunately, a few professionals have started some training in the hope that there can be enough trained therapists to handle the probable upsurge in numbers of patients seeking help for dissociative disorders.

For North American experts investigating the frequency of MPD in countries where it is believed to be rare, but where there is reason to believe that it may not be rare, I can suggest an elaboration of what Colin Ross said to me: Seek out crisis volunteers and therapists who work with various kinds of abuse victims, offer to give talks, interviews with media, and consultations, balancing your interest in MPD with the caution that we don't want to go overboard by overdiagnosing, and see what happens. It can be an exciting contribution to awareness in this field. ■

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