REFLECTIONS ON TAKAHASHI'S METHODOLOGY AND THE ROLE OF CULTURE ON MPD

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I read with great interest Takalashi's article not only because it is the first report that I have read of M PI) in Japan, but also because l too do my clinical work in a country where MPD is viewed as very rare, it not as non-existent (Martinez-Taboas, 1988, 1989, in press).

Nevertheless, I have several misgivings with some of the author's methods and conclusions. For example, Takahashi tells us that they evaluated 489 patients (how many females?) that were admitted to an adult psychiatric unit of 40 beds in a space of 5 years. But nowhere does he inform us the mean time of the hospitalizations. It is my impression that their psychiatric unit is mainly confined to patients in crisis and that their goals arc short term and symptomatic. If this is so, then, what are the chances ofuncoveringwhat Mull (1985) has called a condition characterized by "hiddenness"? I think that this point needs to be underscored because I am also working at a psvclriatric hospital which mainly admits patients in crisis or who are very symptomatic. Once they stay three to four months they are sent to receive outpatient treatment. In my experience, in this type of clinical unit the clinician 's main objective is not to do the type of uncovering clinical work that is useful in the identification of MPD. Their interventions are mainly directed at the alleviation of the patient 's symptoms, and we all know that MPD patients arc not short of them? So, I seriously question if the psychiatrists in Takahashi 's unit were in an optimal position to identifS•' a disorder that usually conies to light after some deep uncovering in a psychotherapeutic work.

Second, the author tells us that psychiatrists at Yarrtanashi Medical College "have a more than average knowledge of MPD in comparison with other Japanese psychiatrists." But nowhere do I find convincing evidence to sustain the point that they had some special skills in the recognition and diagnosis of MPD. All that the author can produce to maintain his point is that five psychiatrists took some general clinical training outside Japan. Also, he points out. that one of the psychiatrists attended a course on MPD. Unfortunately, that psychiatrist took the seminar only *a few months* before the dateline of the study (May 7-12, 1988). So, I am not much impressed with the clinical sophistication that those clinicians had of MPD. I think that at their best they compare with what a psychiatrist knows of MPD in Puerto Rico, which is mainly confined to the DSM-Ifl-R.

Third, the author tells us that their psychiatrists were "familiar" with the DSM-III and with MPD. But, what were their *attitudes* toward this clinical category? He repeatedly tells us that Japanese psychiatrists are "skeptical" of the existence of MPD. My question is: do the majority of Takahashi's psychiatrists share that. clinical skepticism? Do they endorse the clinical lore that "one never sees an MPD patient" except in a handbook of psychopathology? So, once again, the author has not provided some vital information that is fundamental to understand the context of his investigation.

Apart from these misgivings, I think that Takahashi is on the right track when he tries to assess the impact of culture on MPD. I agree with the author that this clinical disorder is one which is exquisitely susceptible to being molded by society and culture. As an example, let us take Braun's (1986) 3-P model of MPD (predisposing, precipitating, and perpetuating factors). In a culture where there is a low rate of child abuse, a construction of the self which is radically dillerent front the western one, andwhere one observes an interdependent style ofrelationships - that culture simply is not supplying the factors i.hat are necessary for the total configuration of an MPD. So, and following Braun's model, the person in japan is at lower risk of suffering "repeated exposure to an inconsistently' stressful environment" (predisposing); their chances arc minimized of encountering an "overwhelming traumatic episode" (precipitating); and also are at lower risk of "continuing unpredictable exposure to abusive situations" (perpetuating). So, if we take as our starting point the 3-P model, it is reasonable to suspect that MPD will be greatly modified by culture and that its incidence and prevalence will be dissimilar across countries.

In conclusion, I am inclined to think that Takahashi's negative findings are probably the results of the study 's methodology rather than absence or rarity of MPD in Japan, and that, also, they provide a striking illustration that the clinical incidence of MPD is going to be lower in those cultures where children, the self, and human relationships are socially constructed in a more harmonious way (see Shweder & Miller, 1985, on the social construction of the person). ■

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