## Dissociative Symptoms in Japan

To the Editor: The literature (1) has suggested that multiple personality disorder does not exist in Japan because of the low reported incidence of child abuse there. We report a Japanese patient (2) with multiple personality disorder symptoms given structured testing for dissociation.

Ms. A, a 19-year-old Japanese woman, suddenly developed amnesia, alternate distinct personalities, occasional auditory hallucinations of an alternate personality (she was aware the voices were not real), and fugue after breaking up with her boyfriend. She had no past medical, psychiatric, drug/alcohol, or significant family history. However, she witnessed her mother die suddenly from subarachnoid bleeding when she was 13 years old.

Inpatient treatment included individual, milieu, and recreation therapies and medication (sulpiride, 300 mg/day p.o., for anxiety and lormetazepam, 1 mg p.o., as needed for sleep). Blood tests, neurological exam, computerized tomography, and EEG results were negative. Overall IQ was 102. There were no symptoms of mood disorder and no thought disorder. Personality alternation and hallucinations ceased after admission, and sulpiride was discontinued after 6 weeks. After 4 months Ms. A was discharged without medication.

Ten months later we administered the Dissociative Disorders Interview Schedule (3) and the Dissociative Experiences Scale (4) in Japanese (the first use of these scales in Japan of which we are aware). The Dissociative Disorders Interview Schedule was modified into a self-report questionnaire because Japanese may not respond directly about sensitive issues in interviews. Informed consent was obtained.

Scores on the Dissociative Disorders Interview Schedule subscales tested were compared to the means of 102 American patients with multiple personality disorder (3). The scores for Ms. A versus the published means, respectively, were as follows: Schneiderian symptoms: 3 versus 6.4; secondary features of multiple personality disorder: 8 versus 10.2; borderline criteria: 0 versus 5.2; and extrasensory perception (includes supernatural experiences, experiences of extrasensory perception, and cult involvement): 3 versus 5.6. Over five secondary features of multiple personality disorder may be pathognomonic for multiple personality disorder (3). Ms. A also reported amnesia, trances, fugue, and depersonalization but no abuse, whereas 95.1% of American patients with multiple personality disorder reported abuse (3). On the Dissociative Experiences Scale she scored 41.7, compared with a mean of 41.4 for 82 American patients with multiple personality disorder (3). Scores above 30 are correlated with a high likelihood of multiple personality disorder or posttraumatic stress disorder (4).

The dissociative symptoms in this patient were accurately reflected by Western instruments. Witnessing her mother's death may have been psychologically similar to an abusive experience. Although we are attempting to study dissociation and abuse here, abuse groups in Japan are secretive (possibly biasing official statistics) and reluctant to participate in research. We hope studies of this type will help break the ice.

### REFERENCES


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