On Two Major Trends in Modern Psychiatry
— The Social and Existential Approaches in Europe, America and Japan —

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1. The Problems for the History of Psychiatry

To those of us who have been watching with interest the recent trends in the history of psychiatry, there are two conspicuous phenomena that seem to deserve special attention because of their basic significance. One is the rapid development of socio-cultural psychiatry that has been especially fertile in the United States and England during the last decade; the other is the growing importance of the existential approach that had developed almost exclusively among the countries of Continental Europe during pre-war years until it was introduced to other parts of the world mainly after the war.

At the Fourth International Congress of Psychotherapy, which was held at Barcelona in 1958, the main theme was “Psychotherapy and Existential Analysis”. Among the speakers were such well-known “existential” psychiatrists as M. Boss, F. V. Gebsattel, J. H. Schultz and J. Zutt of Germany, V. E. Frankl of Austria, E. Minkowski of France, E. Straus, formerly of Germany and now in the United States, and the American psychiatrist R. May. On the other hand, four out of the sixteen smaller divisions of this Congress were devoted to topics related to social or cultural psychiatry: “Psychotherapy and Cultural Anthropology”, “The Influence of Oriental Psychology on Modern Psychotherapy”, Group Psychotherapy” and “Psychodrama”. The speakers at the division on “Psychotherapy and Cultural Anthropology” included E. D. Wittkower of Canada, M. K. Opler and H. Ellenberger of U.S.A., and J. C. Carothers of England.
M. Katō, a Japanese psychiatrist who spoke at the Congress, writes in his report (1) that what he felt most strongly throughout the session were two major orientations: one toward existential and Oriental thought, and the other toward social or cultural psychiatry. Since this is exactly what we gather from contemporary foreign writings in the field, we must not be mistaken in viewing the two trends of social and existential approaches as among the most representative of present-day psychiatry.

What strikes us as rather puzzling is the fact that these two schools of psychiatry seem on the whole to follow lines of development so divergent and so independent of each other. In fact, workers in one field seem to ignore the achievements of the other field; in some cases there seems to be even a certain antagonism between the two. Since social psychiatry in the modern sense is predominantly Anglo-Saxon in origin and existential psychiatry primarily European, the reason for this cleavage may lie in the difference between the cultural backgrounds of the Anglo-Saxon countries and Europe. Or is it due to the language barrier? What can we expect and what not from each of these two approaches? What is, if any, their basic relation to each other? What are their meanings or roles in the history of psychiatry?

These are some of the questions that come to our minds as we study the psychiatric literature that pours in on us from both Europe and America, which we cannot naively group together in our minds under the one label of "the West". It may be that here in Japan, where the very consciousness of our geographical, historical, and cultural isolation makes us all the more eager to grasp and learn from whatever fruits of progress that may be found abroad, we are at a vantage point to observe the two historical trends somewhat in perspective and clarify to a certain extent what these two developments mean not only for our psychiatric discipline but also for our thinking of man in general.
We shall therefore briefly outline in the following the main aspects of the two approaches and consider the above problems with special emphasis on Japanese developments.

2. What Social Psychiatry Means

First let us make clear what is meant by social psychiatry. The French psychiatrist Henri Baruk, in his book entitled “La Psychiatrie Sociale”, writes as follows (2): “In recent years a new area was born to psychiatry. It is that of social psychiatry. Its objects, however, are still exceedingly vague. For instance, at the First International Congress of Psychiatry that took place in Paris in 1950, the division of social psychiatry dealt with such problems as eugenics or genetics on one hand and the relation between war and mental disorders on the other.” Dr. Baruk feels, however, that these are not problems to be covered by social psychiatry. In his opinion, social psychiatry means above all the psychiatric approach to social pathology, and that is actually what is most emphasized in his book.

When we observe, however, the recent developments of so-called social psychiatry in England and America, we find that the really new are what have been opened are the sociological approach to psychotherapy and the ecological study of mental disorders. Thus we may say that there are altogether three main definitions or aspects of social psychiatry as presented below.

(a) The Psychiatric Approach to Social Pathology

The name of social psychiatry has often been given, especially in our country, to that area of psychiatric research where attempts are made to elucidate problems of social pathology such as delinquency and crime, prostitution and sexual crimes, alcohol and drug addiction, suicide, destitution, superstition, problems of the aged, divorce, etc. Though these are primarily sociological problems, they obviously require also the psychiatric approach since
more often than not the individuals involved are mentally unhealthy. Since the beginning of this century generations of psychiatrists in Europe and America have given attention to such subjects and their writings have induced Japanese psychiatrists to conduct similar studies before, during and after the war. For instance, works on juvenile delinquency by W. Healy (3) and by the Gluecks (4) have been translated into Japanese and are being widely used by workers in the related fields.

Among Japanese psychiatric studies on socio-pathological phenomena should be mentioned first of all the leading part played by Yoshimatsu, S. (5, 6, 7, 8) through his numerous researches in the line of "criminal biology" since pre-war years. Higuchi's studies on juvenile delinquency (9,10), Nakada's on the incendiary (11,12), Arai's on Japanese post-war convicts (13), Sugamata's on swindlers (14), Ishii's on sexual criminals (15) and Konjiki, Hirose and Take-mura's on criminal women (16,17,18) are the main achievements belonging to the same orientation. Recently studies on aged criminals (19) and alcoholic criminals (20) were added to the list.

The high rate of suicide in our country has naturally led several of our psychiatrists to investigate the matter from various viewpoints. Among them may be mentioned the work of Katō, M. (21) during the years immediately following the last war and the more recent intensive investigations conducted by Ohara, K. (22-25).

Alcohol and drug addiction has been the object of many researches in post-war days. Among them may be mentioned those on a special Japanese social phenomenon of addiction to Philopon, a drug chemically akin to Benzedrine, which produced a great many cases of mental disorders and even crimes during the post-war period. Because the symptomatology of these disorders often presented striking similarities to that of schizophrenia, it incited our psychiatrists to conduct studies not only from the clinical point of view, but also from the more basic
viewpoints of biochemistry and psychopathology (26-30).

The problems of the aged have been studied by various authors mainly since the fifties. Shinfuku, N., in his report on "The Psychopathology of the Aged", delivered at the 51st Meeting of Japan Neuropsychiatric Association in 1954, summed up the data obtained on the aged through the cooperation of various medical schools and psychiatric hospitals all over Japan (31). Further studies on the aged have been conducted by Kaneko, Z. (32-34), Ito, M. (35), Mizuno, K. (36) and several others.

(b) The Sociological Approach to Psychotherapy

To certain authors like Jones, M (37), social psychiatry means the group method of psychotherapy. Growing recognition of the importance of interpersonal relationship and group influences on the human personality, together with increasing demand for psychotherapeutic help since the last war, has led to the rapid development of group psychotherapy in England as well as in America. Didactic groups, therapeutic social clubs, play therapy, psychodrama, free-interaction groups are the main types that have been worked out in America following the lead given by the well-known works of Moreno, J. L. and Slavson, S. R. It is interesting to note that Jones' so-called community method, which considers the whole hospital as a therapeutic community, was developed in England independently of the American endeavors at least in its initial stage. But when the Institute of Social Psychiatry, established in England in 1946, began by setting up a Therapeutic Club in London, they adopted also the American methods of play therapy and psychodrama. All these orientations entailed the application of sociological theories of group dynamics and communication to psychotherapy.

Though the idea of "Active Occupational Therapy" that was developed in Germany after World War I and subsequently adopted in Switzerland, Holland, France and Scandinavia had
been known to our country before the recent war (38), it is only in the post-war period and through the Anglo-Saxon developments that new group techniques of psychotherapy were actively put to use in Japanese child guidance clinics, mental health clinics and psychiatric hospitals. Among the reports on Japanese experiences we find papers on finger painting (39), doll play (40, 41), play therapy (42, 43), psychodrama (44), group therapy (45) and occupational therapy (46-47). Rehabilitation of the chronic patients in the mental hospitals is being studied from the standpoint of group dynamics (48) as well as from more practical viewpoints (49). The idea of the therapeutic community is seen in recent studies by Kato, M. et al. (50) and Gamo et al. (51) where interpersonal relationships are investigated by sociometric methods and questionnaires. Among the foreign papers in this line, Caudill's writings (52) are of special interest to us Japanese psychiatrists as they contain interesting observations made by the author during his stay at Japanese psychiatric hospitals in 1954-1955.

Further data on group therapy in Japan are presented by Inoue, M. in a recent report (58) on the activities of the Association of Hospital Psychiatry, which was set up in 1956. The bibliography attached to the report shows that not only psychiatrists, but also nurses, case workers and clinical psychologists participate actively in this new orientation.

(c) The Ecological Approach to Mental Disorders

To many sociologists and anthropologists in the United States, social psychiatry is above all "concerned about the impact of varying cultural and social environments upon human psychology and the development of personality", as Opler, M. K. says (54). This approach, which places social psychiatry as a part of sociology and cultural anthropology, has developed very recently but rapidly in the United States. We can trace its origins in the writings of such sociologists as Mead, G., Groves, E., Young, K., and such
psychiatrists as Sullivan, H. S. and Horney, K., who thus gave a new orientation to psychoanalytic theory.

The main lines of research in this field have been directed towards the ecological factors on mental disorders such as cultural and racial conflicts, social isolation, psychiatric aspects of social mobility, the influence of civilization and more recently of social stratification on mental disorders. Of special interest to us who belong to a culture different from the Western, are the developments along the line of cultural anthropology. It is easy to see that the pioneering work of Ruth Benedict, Margaret Mead and Edward Sapir gave the lead in showing the importance of cultural pattern for the development of the personality and its abnormalities. Linton, R., Kluckhohn, C., Opler, M. E., Hallowell, A. I., Erickson E. and Kardiner, A. are some of the names associated with this line of development. One important area of research has been to find out the relationship between schizophrenia and culture. Robert Faris, Cooper, Devereaux and Seligman, among others, maintain that this psychosis is rare or nonexistent in homogeneous nonliterate societies which have had minimal contact with Western cultures. On the other hand, there are investigators like M. Mead who show evidences to the contrary, giving support to the view emphasizing the constitutional variations of those who may break down into psychosis. In view of these divergent facts, Weinberg, S. K. concludes hypothetically that “it appears that schizophrenia is less frequent in cultures which are homogeneous and have intimate contacts than in cultures which are heterogeneous and have impersonal and hostile contacts” (55).

One of the most recent and wide-scaled attempts in this line is the “transcultural” investigation conducted by Wittkower, E.D., and Fried, J. of McGill University (56). They sent letters and a brief questionnaire to psychiatrists and social scientists in thirty-five countries all over the world including Japan concerning the frequency and nature of mental illness in their respective countries.
The data obtained suggest that cultures differ significantly in incidence and symptomatology of mental illness; that they differ in the amount of aggression, guilt, and anxiety involved in the life situations faced and in the techniques used by the members of these cultures in dealing with them. They conclude that although the data require further elaboration, such sociocultural variables as family and community organization, rapid sociocultural changes, migration, population pressure, and political events are undoubtedly related to the etiology of mental illness.

Thus it may be said that the sociological approach to psychiatry developed into social psychiatry, cultural psychiatry and transcultural psychiatry. According to Wittkower (56) social psychiatry means the contribution of sociology to psychiatry in the study of normal and abnormal human behavior and social therapy; cultural psychiatry means the contribution of anthropology to psychiatry in the study of the relationship between the value system and traditional existence and the dynamics among the members of a culture; and transcultural psychiatry means the contribution of sociology and anthropology to psychiatry in studying by interdisciplinary team integrating data on the similarities and differences among different countries and cultures.

We know, however, that long before the name of social psychiatry was used in America, attention had been paid to the sociological background of mental disorders throughout the history of psychiatry in Europe. Already Birnbaum divided the etiological factors of mental illness into "pathogenetic" and "pathoplastic" elements, the latter being, in his opinion, the cultural and environmental factors building up the particular symptomatology of mental illness in a given culture. Bleuler in his "Dementia Praecox" (1917) pointed at the fact that even within the same Swiss people, differences are to be observed in the form of reactions between the inhabitants of Bern and Zürich.

In our country, Uchimura, Y. conducted already in pre-war
days psychiatric investigations on a form of hysteria called Imu among the Ainus of Hokkaido (57). Tamura, Y. who had been conducting research on shamanism in Manchuria during the war years, published the results in 1949 (58). Among the post-war studies in ecological psychiatry may be mentioned Imura's comparative study of neurosis in the urban and rural districts (59), Yasui's research on neuroses in metropolitan areas (60), Kato's paper on the social background of neurosis (61) and Nakagawa's on the changes in the content of neurotic conflicts during the ten years following World War II (62). Suwa, N, and others gave a paper on the significance of social and psychological factors in the symptom formation of the neurotic state following head injuries (63). Psychopathic condition associated with Japanese folk-lore and superstitions were studied by Shinfuku, N. (64), Tosaka, H. (65) and Rhee, H. (66).

The most comprehensive project of research in social psychiatry in Japan is under way at Nagoya University Medical School, where Muramatsu, T., psychiatrist, has been engaged in a socio-cultural investigation of five urban and rural districts since ten years ago with a team of psychiatrists, psychologists and sociologists using various psychological tests and sociological methods of research. Parts of the results, which were communicated in the 58th Annual Meeting of Japan Neuropsychiatric Society in 1961 (67), indicate that city people are most free from the old authoritarian mentality whereas people living in rural districts are still rigidly bound by the old Japanese family codes of honor and obligation. What bearing this fact has on the incidence and symptomatology of mental disorders has not been made clear yet.

We can conclude that, though the main aspects of social psychiatry had been in existence in Europe and Japan before the war, several new orientations were developed under the name of social psychiatry in post-war England and America, and subsequently in other parts of the world: the active part taken by
sociologists and anthropologists in socio-psychiatric investigations, the adoption of sociological principles and techniques in psychiatric research and group therapy. As these have been most actively developed in the United States and England, we must be on the whole right in calling them Anglo-Saxon developments.

3. The Existential Approach

Now let us turn to the existential approach and see what it means. Though we cannot give here a complete outline of the difficult and often obscure ramifications of this school of psychiatry, we shall try to give a rough sketch of its implications as a form of basic research and as a quest for methods of psychotherapy. As in the case of social psychiatry, our emphasis will be on giving an adequate picture of Japanese developments along this line.

(a) The Existential Approach As a Form of Basic Research

What strikes us as the most contrasting point in the existential approach when set against the social one, is the fact that it has above all the character of pure rather than applied science. As Binswanger, L. says (68), "it is concerned not at all primarily with mentally ill man, but with man as such." Therefore even when it handles the mentally ill, it seeks to understand through him the fundamental structure of man's existence. In that sense it might be called a revival of a similar philosophical movement in the history of thought which occurred in the first half of the nineteen century when Romantic writers and philosophers such as Carus, Schelling and Schlegel tried to elucidate the 'nature' of animals or of the universe itself by means of philosophical discussions. The great difference, however, is that, in spite of its strong philosophical leanings, the existential approach in psychiatry is not a product of metaphysical thought but the outcome of life-long clinical practice by such serious psychiatrists as Bins-
wanger, L., von Gebsattel, V., and Straus, E. W.

It is a noteworthy fact that this approach was not founded as a school by any one leader, but appeared contemporaneously and spontaneously as a body of phenomena springing up among different psychiatrists and psychologists in various parts of Europe among different schools since the first decade of this century—a fact which would suggest that it came as an answer to certain essential needs of the times. As is well known, the first stage of this development was the phenomenological approach, which was most systematically worked out by Jaspers, K. in his "General Psychopathology" (69). Other representatives of this stage are Minkowski, E. in Paris, Straus, E. in Germany and now in the United States and von Gebsattel, V. E. in Germany. The existential phase, which developed since the thirties on the basis of the phenomenological stage, is represented by such outstanding psychiatrists as Binswanger, L., Storch, A., Boss, M., Kuhn, R. in Switzerland, Buystendjik, F. G. and Van Den Berg in Holland.

All of these men were dissatisfied with the theory of man in contemporary psychiatry and psychology and especially with Freudian psychoanalysis, although many of them had been psychoanalysts themselves. Rejecting the "Cartesian prejudice" of the doctrine of subject-object cleavage of the world, they took their stand on the phenomenology of Husserl, which is a method of observing and describing phenomena without any preformed concepts or theoretical presuppositions or judgment of value, as is seen most perfectly in the works of Jaspers, K.

Whether they may call it "constructive-genetic anthropology" (von Gebsattel), "philosophical anthropology" (Kunz), "existential anthropology" (Binswanger) or "theoretical psychology" (Straus), the psychiatrists of this school, by means of minute and penetrating phenomenological analysis, try to understand the immediate, concrete, living individual person in his uniqueness, in his own "world." They try to put themselves within the world of the
patient by means of "Einfühlung" or empathy and to interpret his symptoms "from within" his world. Though some of their works are abstruse, esoteric and seem to be too far-fetched or verbalistic in some cases, they have on the whole filled many blind spots that have been left untouched by other schools of psychiatry. For instance they showed the importance of time dimensions in understanding an individual, especially that of future rather than the past—a point that is in radical contrast to the psychoanalytical view; the power that man has to make himself; the importance of will and decision, choice, responsibility, autonomy, self-identity; the meaning of an "encounter" between berson and person, between doctor and patient.

According to Binswanger, or more precisely, according to the philosophy of Heidegger which forms the basis of Binswanger's views, each person lives simultaneously in three worlds: First comes the biological world of instincts and other deterministic forces, which is called Umwelt. Secondly there is the Mitwelt, the world of one's fellow men, of interpersonal relationships. The third is the Eigenwelt, one's own world, which is the mode of self-consciousness unique to human beings. In Binswanger's opinion, Freud dealt almost exclusively with the Umwelt; psychoanalysis, at least that of Freud, had only a vague idea of the Mitwelt and no real understanding of the Eigenwelt, that is, that aspect of man in relation to himself.

Though there are certain grave doubts as to how far this approach will prove itself justified as a means of research, we owe to it several fine pieces of work which have given us new insights into man's Eigenwelt and also into the different modes of interpersonal relationships that form his Mitwelt. Well-known examples are von Gebsattel's paper on the world of the compulsive (70) or Binswanger's comprehensive case studies on schizophrenics (71).
(b) The Existential Approach to Psychotherapy

As to the therapeutic applications of the existential approach, it seems on the whole that the workers concerned are averse to work out precise techniques. They are rather critical of the emphasis on technique as seen among the psychoanalysts. They feel that the important thing for the therapist is to understand the patient as a human being whom he is to meet in an “existential encounter” where, as Binswanger says, “one existence communicates with another”. Therefore even when psychoanalytic technique is used, as with Boss, M. for example, the interpretation of the situation is quite different from the Freudian.

The greatest and most important point that distinguishes existential psychotherapy from other forms of psychotherapy lies in the image of the person it seeks to reach through the cure. It does not seek simply to get away with the symptoms, or to enable the patient just to adjust himself to his cultural and biological environment. The strong note of revolt against the biologism, psychologism and sociologism prevalent in the past theories of personality shows itself in the image of the authentic person who has the potentiality to “resist enculturation” (72), to transcend his culture just as he has the capacity to transcend immediate situations and to live in terms of the possible. The aim of psychotherapy is to enable the patient to find his own self and let him choose on his own responsibility the way of life that will truly fulfill his potentialities.

Among the existential psychiatrists, Frankl, V., of Wien, may be the one who is most strongly oriented toward psychotherapy (73). He holds that there are three values that are to be realized in life: (1) creative values; (2) experience values that are to be realized by experiencing active emotions such as love, sympathy and love of beauty for example; (3) attitude values which are to be realized by accepting courageously unavoidable suffering. Of the three he puts the last ones as the most important
in psychotherapy or in life in general. As techniques of his "logotherapy", which aims at making the patient realize his own freedom and responsibility, he uses such means as the "paradoxical intention" and "dereflexion" or elimination of introspection, which seek to change the patient's attitude toward his suffering (73). He holds that people repress not only sexual or other biological needs, but also spiritual needs. Frustration of spiritual needs, especially that of the "will to meaning", creates a fatalistic attitude to life, a false, day-to-day way of life, collective thinking or fanaticism. It is also the cause of many "noogenous neuroses", or "existential neuroses".

The note that strikes us in Frankl is not the pessimistic one that one senses in the existential analysis of Sartre, P. (47) or the neutral one in Binswanger. Frankl, one feels, has a strong conviction of the spiritual potentialities of man. In fact, his existential analysis has many points of contrasts with Binswanger's Daseinanalyse. The main object of analysis in Binswanger is the psychotic patient whereas in Frankl it is the neurotic. Binswanger's aim is to describe and understand the change in the mode of existence of the patient whereas Frankl's is to restore him to his real existence and to achieve his clinical cure. The method in Binswanger is more strictly phenomenological, objective, static, and neutral whereas in Frankl, it is non-phenomenological, more actively participating, dynamic, and theistic.

The Existential Approach in the United States

It seems that on the whole it took a long time for the existential approach to be introduced to the English-speaking world. It was only in 1958 that the first comprehensive introductory book on the subject appeared under the title of "Existence" (75) through the efforts of American psychiatrists and psychologist, Rollo May, Ernest Angel and Henri Ellenberger. The book went through seven printing in three years. Another introductory work entitled
“Existential Psychology” (76) was edited by R. May and published in 1961. Among the contributors are such well-known American psychologists and psychiatrists as Gordon Allport, Abraham Maslow, and Carl Rogers, whose own thoughts had had already something in common with the European approach. Rollo May has written another introductory chapter on “The Existential Approach” in the American Handbook of Psychiatry (77). Two publications have recently been started in the field: Review of Existential Psychology and Psychiatry, and The Journal of Existential Psychiatry.

Thus it might be said that, although the existential approach was introduced rather late in the United States, it is being rapidly developed recently, as witnessed for instance by Maslow’s recent book “Toward a Psychology of Being” published in 1962. How far it will strike its roots within the American soil, however, seems to be still very much of a problem owing to the difference in the cultural backgrounds and the academic traditions of Europe and America. For instance Gordon Allport, in his comparison of European and American theories of personality, points among others the following differences that may be of relevance here (78).

(1) The Lockean (empirical) tradition is dominant in England and in America......the Leibnitzian and Kantian (intellectual) on the (European) Continent.

(2) American approaches, more than the British, are marked by a tone of meliorism and optimism, whereas many Continental approaches are characterized by a note of fatalism and pessimism.

(3) Social interaction received greater importance in American than Continental theories.

(4) The ideal of rigorous positivism seems to prevail in Anglo-American psychology to a greater extent than it does on the Continent.
The "tone of meliorism and optimism" pointed out above is especially observable in that realm of social psychiatry concerned with therapy. All the new efforts about the therapeutic community, group psychotherapy, play therapy, etc. represent an outburst of optimistic good-will trying to put sociological wisdom to use in healing the sick. There is strong conviction in them—conviction about the view of man, about the methods used and the results to be obtained. Nothing comparable is to be seen in the existential approach except perhaps in the case of Frankl, whose optimistic and active attitude toward man and psychotherapy has something very much in common with certain American authors such as Fromm, Rogers or Moreno. The majority of the European existential psychiatrists and psychologists, on the other hand, are at the most neutral in their view of man, because their approach is above all one of quest and search. They put everything in question. Each man has to seek his way of life for himself. All that a therapist can do is to share that quest as a fellow seeker. As to the outcome of the quest, no one can tell; there is always the abyss of death and nothingness upon which one has to build up one's foothold by continued or repeated acts of self-creation and love. That kind of tragic pathos which one senses in the writings of many European writers, is something that seems to be alien to the Americans. That is why it is not surprising at all that the majority of American psychiatrists and psychologists seem to be still looking askance at the existential development.

The Existential Approach in Japan.

As to Japan, the situation seems to be quite different in respect to the existential approach. It was not introduced via America, but came straight from Europe, and apparently much earlier than it went to America. This can be explained both historically and culturally.
Although American psychiatry has been gaining strong influence in post-war Japan, there seems to persist a strong tendency in our psychiatry to lean heavily on European, and especially German psychiatry. This may be natural considering the fact that the earliest teacher of psychiatry at Tokyo University Medical School, the most influential medical center in Japan at least in the past was the German doctor Berz and that all the early successors to that chair went to Germany to study psychiatry. To this, day our psychiatrists as a whole are as open to European influences as they are to American ones. This may partly account for the fact that the Freudian theories never got wide acceptance in our country as they did in America; that the works of Jaspers, Binswanger, Frankl, etc. had a strong appeal to the Japanese psychiatrists because of their criticism against psychoanalysis for one thing.

There is also the problem of our cultural background. In spite of our rapid Westernization, there is no question that the world we live in has an atmosphere that is very different from the Western. The Buddhistic tradition has still a strong hold on the mind of the people at large. The sense of the transience of life, of the inevitability of suffering and death, which were fostered by past religious teachings, have been but heightened by the material and social difficulties of life that the Japanese people had to bear throughout its history. It is no wonder that the tone of pessimism and fatalism, of doubt and quest that one finds in some of the existential writings has a natural appeal to the Japanese mind. Already during the last war, some young psychiatrists were eagerly reading such psychiatric literature and meditating on future development along this line.

It was not long after the end of the last war that the translations of the main works in phenomenological and existential psychiatry began to appear. The strenuous work of translating Jaspers' monumental "General Psychopathology" was started by
a team of able psychiatrists in 1951 and completed in 1956 (69). It contributed more than any other book in instilling a sense of rigorous scientific methodology in the minds of Japanese workers in the field. Other authors whose works have been translated are Binswanger, L. (71), Boss, M. (79), Sartre, P. (74), Frankl, V.E. (73, 80-82) Minkowski, E. (83) and Foucault, M. (84).

Preview articles by Japanese psychiatrists on phenomenology and existential analysis have been repeatedly written mostly since 1954. Some give general pictures of the studies on psychopathology (85-89); some take a more basic theoretical viewpoint (90); some concentrate on the studies on schizophrenia (91), delusions (92), or hallucinations (93); others on those on manic-depressive psychosis (94), impulses (95), temporality (96), and psychotherapy (97).

Original papers by Japanese psychiatrists with these approaches are still not many. There are attempts at applying Sartre's theory of existential analysis to the interpretation of compulsive phenomena by Urashima, S. (98) and to that of daydreaming in children's schizophrenia by Saito, Y. (99). Phenomenological studies of certain symptoms in schizophrenia have been made by Shimazaki, T. (100), Inoue, H. (101), Miyamoto, T. (102), Ishikawa, K. (103) and Nakamura, S. (104). An interesting theory for the understanding of schizophrenic experiences has been suggested by Nishimaru, S. (105). Koshika, K. has been concentrating on time experiences and other psychopathological experiences from the phenomenological point of view (106). As papers taking the existential approach may be mentioned Kasahara, K.'s reports (107) on psychotherapy of schizophrenics and Kurihara, K.'s case studies of depression (110) where existential frustration in the area of self-realization is viewed as the basic etiological factor. But on the whole, we must say that truly original Japanese efforts in the existential orientation are yet to come.
4. Social Psychiatry versus Existential Psychiatry

To come back to the questions raised at the beginning of this paper, what can we expect from social psychiatry and so-called existential psychiatry? What are their scope and their limitations? What relation do they and may they have to each other?

We have seen that recent progress in social psychiatry has been achieved in two main directions: 1) elucidating the ecological factors in mental disorders and personality make-up; 2) developing the group methods of psychotherapy. Our expectations are that, if the first of these two orientations can be developed scientifically on a world-wide basis, it will be of great help in increasing our knowledge of the mentality of different peoples and in clarifying how much of what we take for granted is due to socio-cultural factors and how much to common human nature. In the field of practical applications, the second orientation will no doubt yield many more fruitful results in psychotherapy, social rehabilitation, education and group living in general.

What seems to us as rather doubtful at the present stage of research in sociocultural psychiatry is the problem of the criterion of psychiatric diagnosis. For one thing, there is often too naive and one-sided an adoption of psychoanalytical viewpoints on the part of many sociologists and cultural anthropologists to the neglect of other possible viewpoints. But more fundamentally, there is the sobering fact that our knowledge and understanding of psychiatric disorders are still too scanty to enable a universal criterion of diagnosis. Until that is obtained, we cannot safely rely on data gathered in transcultural investigations by researchers in different parts of the world, inasmuch as they must have quite different training and backgrounds.

Though many interesting data have been acquired by socio-
logical investigations on the ecology of mental illnesses, the
results after all merely indicate that sociocultural factors affect
the content and the nuances of the illnesses but not the forms;
so far no new illnesses have been found in any culture of the
world. It follows that, while we may know the sociological
conditions favoring the occurrence of psychosis, we do not know
yet the relative weight these factors have in the etiology of the
illnesses. The real basic causes of the psychoses still remain
unknown and it seems more likely that biological research, and
not sociological, will be able to enlighten us on it in the future.

That is to say, even in sociopsychiatric investigations, bio-
logical factors should not be disregarded as they seem to be in
many cases.

Another thing we cannot expect from social psychiatry is a
deep grasp of the individual person, sick or normal. What we
get from sociological investigations is the image of the average
or the majority, of man as one of the herd. Though of course
that knowledge is useful as a background for understanding any
individual, it cannot take the place of concrete and immediate
grasp of a given individual in his is uniqueness and in his as yet
hidden potentialities. The idea of an existential encounter between
doctor and patient, and between man and man in general, has
immensely deepened our understanding of what goes on in a
psychotherapeutical situation or in other human relationships.
This is one of the points where the existential approach comes
to fill in the gap left by social psychiatry.

Other points are such intangible and unmeasurable elements
in human existence as temporality, spatiality, "limit situation",
death, "will to meaning," freedom, choice, will and responsibility
—elements which seem abstract but are none the less momentous
in affecting our way of perceiving, thinking and living. Existential
researches have made it clear that many aspects of mental
disorders can only be understood by taking these elements
into consideration.

Since those elements are basic human conditions belonging to all human beings regardless of color or culture, we might say with Allport (110) that the existential approach “invites us to build up a psychology of mankind”. But could that be accomplished without taking into account the cultural differences, that is, the data that are to be obtained through socio-psychiatric investigations? For who knows if Binswanger is not simply describing “the Western-man-in-the-world”, as Mayer-Gross humourously puts it (111)? This is where the two approaches have to make up for each other.

Another way of verifying whether the findings of the existential studies hold true for “man as such”, is for psychiatrists of quite different cultural backgrounds, for instance the Japanese, to try to conduct research with the same approach on their own, that is, not by simply imitating or adapting what the European colleagues have done, but by trying to observe and understand the living mental phenomena around them with their own eyes and mind within and if possible beyond the new dimensions opened up by the European psychiatrists. By doing this, they will be able to contribute not only to the existential orientation, but also to the socio-cultural one, since surely no man can be a mere “man as such” nor a mere socio-cultural being. These are two different dimensions of human existence which are always closely interwoven in one and the same individual.

It is obvious therefore that all the developments of the “macro-scopic” approach in social psychiatry will never dispense us with “micro-scopic” analysis of the individual psyche, which alone could lead us near the roots of the mystery of human existence. In our opinion, the existential approach seems to be particularly promising in elucidating the world of the schizophrenics and the creative sources of the arts and religions. In taking it, however, we must guard against the
danger of falling into mere subjectivity, as has often been criticized. Only by being conscious of the methodological limitations of an approach can we make the most of it. If we want to keep the existential approach within the bounds of science, we must be careful not to try to explain everything beyond the limits allowed to it. Strictly speaking, it should always take its stand on exact phenomenological basis as defined by Jaspers, for otherwise it will tend to become mere philosophy.

Since the existential and social aspects are different dimensions of human existence, it is likely that the two recent approaches dealing with them will be developed side by side in modern history of psychiatry.

What Tiryakian recently wrote in connection with sociology may hold true in psychiatry as well namely, that “the contrasting perspectives of existentialism and sociologism may be viewed as complementary (113). Whether these two approaches will be somehow integrated in the future remains to be seen. There is at least no sense in introducing the cleavage between the European and Anglo-American developments in our country. Already efforts are being made toward integration in Japan, as was witnessed by discussions raised at the recent Congress of Japan Neuropsychiatric Society in May 1962. The important point about this integration is that it should not be a mere chaotic mixture: the difference in the dimensions handled and in the academic genealogy of the approaches used will always have to be kept in mind in order to keep it within the strict limits of science. By taking such precautions and by availing ourselves of these and other approaches, it is to be hoped that eventually a psychiatry of mankind will emerge through the cooperation of psychiatrists all over the world.
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* Written in Japanese.