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Special Article

Globalization and the Meaning of Psychiatry

Masahisa Nishizono

Abstract. *It is said that the people of the 20th century have left two assets to the people of the next century: respect for human rights and the benefits brought about by progress in science and technology. With these ideas as the background, globalization has been advancing rapidly on a global scale. There are two sides to everything, one bright and the other, dark.*
At home, globalization is bringing about not only changes in the environment such as changes in industrial structures and urbanization, but also changes in people's sets of values, such as what form families and married couples should take. In terms of external relationships, globalization has resulted in encounters between different cultures.
These rapid changes are believed to have triggered the frequent incidence of numerous types of mental health disorders. Today's psychiatry can cope with globalization only if it has universality common to the entire world—in other words, so-called evidence-based psychiatry, as seen in DSM-III or IV, or in ICD-10—as well as cultural uniqueness, or, in other words, narrative-based psychiatry. For these reasons, I believe the development and spread of cultural psychiatry to be essential.

Keywords: globalization, modernization, Japanese Society of Transcultural Psychiatry (JSTP), spiritual healing, yuta, religious origin of psychotherapy

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MODERNIZATION AND ITS PARADOXES At the plenary session of the Japanese Society of Psychiatry and Neurology held in 2007, I gave a lecture entitled, "Psychiatry and Mankind's Fear of Destruction — The Development of Psychotherapy, and Its Backgrounds in Terms of the Times and Culture." In response, a young colleague in the audience asked me if I was a pessimist. I am not really a pessimist. However, in a book which Professor Jared Diamond of UCLA wrote in 2005, entitled "Collapse: How Societies Choose to Fail or Succeed," he wrote that some of the great civilizations of the past really did collapse, and cited five factors that led to their ruin. First was environmental destruction; second, climate change; third, hostile neighbors; fourth, a lack of trading partners; and fifth, the social responses to environmental issues. If these hypotheses were correct, some of these factors would definitely be applied to our contemporary society as well.
As Table 1 shows, the chief characteristic of our contemporary society may be described in one word: "modernization." This phenomenon began in Western Europe and spread to various

Corrispondence to: Masahisa Nishizono, M.D.
Institute for Psychosocial Psychiatry & Psychoanalysis.
Yufu Building 6F3-16-13-1
Hakataekimae Hakata-ku Fukuoka-city 812-0012, Japan

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countries in Asia, including Japan today. Modernization in Europe originally implied "the death of God," as F. Nietzsche had perceived. In other words, it is a society that seeks self-assertion or human self-love. Let me explain this in specific terms. The industrial revolution occurred 200 years ago and the political revolution, 100 years ago. Later, a variety of changes took place in people's sets of values that may be described as a "cultural revolution." Globalization is taking place as an extension or evolution of these changes. During the course of these social changes, there are things that people gain, and things that people lose. Through the industrial revolution, people in that era sought material happiness, or, in other words, richness in daily living. This was the realization of anthropocentrism. On the other hand, it also entailed a paradox: the destruction of nature. The political revolution that ensued was a battle to gain social freedom through abolishing racial and other forms of discrimination, and through dismantling of oppressive systems and nations. At the same time, it induced a collapse in social order and morals. This cultural revolution valued rationalism and eliminated dominance by customs, mythologies and superstitions. On the other hand, it led to the weakening of the family community and a retrogression of caring or affect in interpersonal relationships.

Table 1 Modernization and its paradoxes: The death of God and human self-love

Industrial revolution
Material happiness; richness of life
Anthropocentrism -Destruction of nature
Political revolution
Abolishing social discrimination
Dismantling oppressive systems and nations; freedom
- Collapse of order and morals
Cultural revolution (rationalism)
Changes of people's sense of value
- Weakening of the family community - Retrogression of caring and affect
Globalization
Freedom of movement; orientation toward economic activity
- Intensification of competition; conflicts; wars
- Intergenerational division of people's sense of values

Globalization came about on top of these moves toward modernization in society. The orientation here is freedom of movement of people on a global scale, and freedom in, and prioritization of, economic activities. Competition inevitably heats up, inducing friction between countries or between ethnic groups. These invite conflicts and even war. Changes in people's sense of values, in particular the division between generations, are brought about. Pursuit of economic efficiency, meanwhile, aims at gaining maximum profit at minimum cost. Commercialism and an emphasis on being trendy and fashionable have created a new and extensive counterfeit vocabulary that validates their actions. As a result, language and words are steadily losing their credibility and authenticity.

The process of modernization took 200 to 300 years in countries in Western Europe. This is in sharp contrast to Japan and South Korea, which tried to modernize themselves in only 150 years and 40 years, respectively. Some people say that the rush to change in such a short period may itself have caused the cultural confusion seen in these two countries.

TASKS AND CHALLENGES OF PSYCHIATRY
As seen from the activities of the Japanese Society of Transcultural Psychiatry (JSTP)

Exactly fifteen years ago, in 1992, we organized the Japanese Society of Transcultural Psychiatry (JSTP). This was based on our belief that the psychiatric needs induced by the modernization of Japanese society, that began after the Meiji Restoration of 1868 — in particular, the globalization that began after the Second World War and which continues to today — could not be dealt with appropriately without transcultural understandings and techniques. The various problems that we encountered at the time may be regarded as the epitome of all the difficult-to-solve issues that exist today in the world. I therefore would like to discuss the world's transcultural psychiatric tasks as seen in terms of our organization's activities.

There were several activities that instilled a strong awareness of identity among the members who participate in the JSTP, to commit themselves to transcultural psychiatry.

Non-Japanese brides

Some of the marked characteristics seen amid the social changes that took place in Japan after WWII included a shift from an industrialized society to a de-industrialized and information-based economy; urbanization; the trend towards higher education; increased numbers of nuclear families; and a rise in single households. Changes took place in the industrial structure and in the people's sense of values. These, in other words, led to a weakening of awareness of family or house, which until that time had been supported by the succession of land ownership. As a result, farming and other villages throughout Japan were faced with a severe shortage of young women, who were willing to marry into the system. To counteract this shortage, municipalities such as towns and villages formed sister relationships with towns and villages in other countries, and arranged to have the latter send would-be wives to Japan. These government-led programs were gradually taken over by private-sector companies that were quicker to mediate these marriages. The program was first introduced in Tohoku region and Niigata Prefecture, in northeastern Japan, then spread to the rest of the country. Initially, most women came from the Philippines; later, they came from other countries such as South Korea and China. Introduction of non-Japanese brides rapidly spread throughout Japan, mostly in agricultural villages, partly because those areas suffered from a shortage of young women, but more because these non-Japanese brides worked hard and devoted themselves to their husbands. Although the data are somewhat outdated, Table 2 is an an example of this tendency.

Table 2 Cases of non-Japanese brides in the Yamagata Prefecture

	Cases
November 1993	666
June 1994	765
December 1994	820

As you can see, the numbers grew at a tremendously fast pace. Of course, these brides who came from other countries to marry Japanese farmers had to cope with their cross-cultural shocks and new experiences, and establish a new identity for themselves. Faced with such tremendous stress, some suffered mental health problems. Dr. Yoshio Igarashi and Dr. Norihiko Kuwayama organized a support group with volunteers to provide assistance. According to their reports, the following characteristics were noted: (1) The brides experienced communication gaps with their husbands and harbored a sense of distrust; (2) Even after they married, the mother-in-law usually remained the household's real power, and, what was more, the husband was subservient to her; (3) Many women

became pregnant soon after marriage, while they were still unaccustomed to living in Japan, and this put them under even more psychological strain; (4) They were often criticized for their childrearing methods; (5) Religious differences: Philippine women are Catholics and looked forward to attending church mass on Sundays, but had to give up this practice; (6) In areas where numerous children of non-Japanese brides attend school, the local communities were slow to provide support to elementary schools; (7) In spite of this, Philippine brides tended to become independent and formed close solidarity with fellow brides, but South Korean wives tended to become isolated and suffered from pent-up frustration.

It is clear that the conventional psychiatric therapy limited to treatment inside the examination room cannot solve these problems. It is only through approaches to promote and increase the understanding of the community, assistance by the municipal government, Japanese language education, and the launch of brides' self-help organizations that some accomplishments can be expected to be made. Activity reports by Drs. Igarashi, Kuwayama and others provide numerous suggestions as to what form transcultural psychiatry should take. At the same time, they have provided us with hope and courage. The issue of non-Japanese brides who come to our country through mediation services is not restricted to Japan. It is reportedly seen in Taiwan as well.

Non-Japanese workers

Even businessmen, university researchers, and foreign language teachers whose status and income are relatively stable experience stress in adapting themselves to living in a foreign country and to foreign culture. In addition to these people, there are non-Japanese workers. Many of them are engaged in menial or dangerous work that Japanese people now avoid. They come from Southeast Asia, the Middle East, and China; there are also South Americans of Japanese ancestry, mostly those from Brazil. Some are so-called illegal workers. Each year, the JSTP holds one scientific meeting and one workshop featuring dialogues for its members. A workshop was once held in Yokohama, one of Japan's largest cities, under the theme of the mental health of non-Japanese workers. Volunteers who support these workers as well as the workers themselves made the following comments.

In the case of urban workers engaged in menial or manual labor, (1) their legal conditions and contracts are insecure, so they feel that, at any moment, they might lose their jobs and have to return to their home countries; (2) Work-related stress: Work which Japanese people dislike and avoid is also hard on non-Japanese workers. They suffer from long working hours, communication problems at the workplace, and discrimination from Japanese workers; (3) They have no friends or colleagues in whom they can find solace and receive support; (4) Differences in modes of life, customs and culture; (5) A sense of loneliness and guilt associated with being separated from their family; (6) Differences in the climate.

These mental health issues of non-Japanese workers are also seen in other countries. In Asia, they are seen in South Korea and Taiwan; in Europe, they are seen in Germany, France and the UK, among other countries. The JSTP once held a workshop in Utsunomiya under the theme of support for South American nationals of Japanese ancestry who were in Japan to work. One Japanese-Brazilian woman who was taking part in such support activities made the following critical remarks. She said, "(1) 50% of all foreigners living in Japan are illegal immigrants. What transpires from this fact is a fear of being pursued, which, in turn, becomes a delusion or an obsession; (2) These people suffer a disease that affects them both physically and mentally: ulcer. Besides this, they develop headache, stomach pain, nausea, tremors, and muscle pain. Even if they visit a Japanese physician, they rarely receive clear-cut diagnoses, simply because no special abnormalities are detected in their bodies. Therefore, they conclude that Japanese doctors are useless and therefore have no choice but to return to their home country; (3) These people suffer from hypochondriasis that is manifested in a variety of symptoms. This is caused by the fact that they are living away from their family and are unable to receive their family's love and support. Hypochondriasis is a disease that makes a patient concoct a nonexistent disease to seek the attention of his family and the people around him; (4) I myself suffered depression. I came to understand the meaning of suffering and emptiness. To

emerge out of this condition, I had to encounter people who would provide me with energy and power, and who would help me".
With these comments, the female volunteer sharply questioned and criticized the Japanese physicians' understanding of disease. What she pointed out was the two sides' differences in how they viewed it. Whereas Japanese physicians or psychiatrists examine their patients based on the so-called medical model, people from South America perceive disease as a human, not a medical, experience. This may be referred to as a humanistic model. I believe that such understanding of a disease that may be described as "psychodynamic" has been nurtured by culture and education.

The issue of war and refugees

Dr. Masaharu Uemoto and his group gave a report on the support activities provided to Vietnamese refugees at a Kobe camp. Their report undoubtedly played a major role in launching the JSTP. Dr. Norihiko Kuwayama, who took the initiative in a program to assist non-Japanese brides, underwent a training course in Norway, then actively participated in programs to help the victims of a civil war in the former Yugoslavia, and the victims of civil warfare in Cambodia. He provided us with detailed accounts of these activities. From his reports, I learned that many of these victims suffer from Post-Traumatic Stress Disorder (PTSD) and other mental health problems, and that their children are manifesting different types of developmental disorders. These reports have made us aware of the need to expand our scope of interest to worldwide events, rather than restricting our attention to our own countries. It is said that there are currently 4 million refugees in the Middle East. Moreover, South Korea is said to be sheltering 10,000 people who have fled North Korea. These so-called North Korean defectors are of the same ethnic origin as the people of South Korea. However, because they have experienced a different political system and living environment, they have acquired a sense of values and life skills that make their adaptation to living in South Korea extremely difficult. Professor S.K. Min and Professor W.T. Jeong from Yonsei University (2005), have formulated a re-adaptation training program for North Korean defectors, based on a meticulous assessment of their sense of values and personalities. I believe that this program is highly significant and valuable.

Others

These programs which I have just described are JSTP activities that address distinctly new issues that have emerged recently. Other subjects have also been discussed at the JSTP. These include a study carried out by Dr. Mitsuru Suzuki and others on the mental health of Japanese nationals who are either staying or traveling in other countries; a study carried out by Dr. Mamoru Ohnishi and his group on the mental health of expatriate businessmen whose number continues to increase; and support activities carried out by Dr. Keisuke Ebata and his group targeting Japanese nationals left behind in China after the confusion of WWII, who were orphaned due to separation from their parents, raised by Chinese parents, and later returned to Japan. The natural outcome of all this is that the quality of people who are responsible for the concept and practice of transcultural psychiatry is called into question. I believe this is an area that Dr. Fumitaka Noda, Dr. Shigeyuki Eguchi and other leaders are working the hardest on.

CURE & HEALING: THE TWO ASPECTS OF PSYCHIATRY

Healthcare-seeking behavior

Earlier, I stated in connection with the criticism of Japanese psychiatrists made by a Japanese-Brazilian woman at a JSTP workshop, that there were two treatment models: namely, the medical model and the humanistic model. Psychiatry in advanced countries today assumes universality, that is common to all countries, in other words, the evidence-based, or biological, psychiatric

orientations as seen in DSM-III or IV, or ICD-10. However, the WHO study carried out in 1995 by Professor Rhi Bou-yong and his group, which made an international comparison of the healthcare-seeking behaviors seen in actual schizophrenic patients in countries in the Western Pacific region, showed that psychiatrists are by no means the first choice of patients. As shown in Table 3, even if mental symptoms develop, fewer than 50% of subjects in countries other than Japan initially go to a psychiatrist for examination and treatment. This may be because of the small number of psychiatrists in practice, or the insufficient psychiatric setup that is in place. These facts are also believed to represent the degree of understanding as well as attitudes held by the people of those countries toward mental disorders. Of course, some patients visit doctors other than psychiatrists, such as internists or primary physicians. More than that, the study revealed that many patients opted for so-called traditional treatments, such as Oriental medicine practitioners and faith healers. The findings of this survey compel us to admit that, in a substantial number of countries in Asia, psychiatrists are still a minority when it comes to treating mental problems. We must all acknowledge that, besides having their mental symptoms "cured," these patients seek "salvation of the soul" or "healing." This, however, is a problem that cannot be dismissed by saying that the system for delivering psychiatric services is still inadequate in a number of countries in Asia. I would like to discuss this next by using Okinawa as an example.

Table 3 Percentage of schizophrenic patients in the West Pacific region who visited a psychiatrist from the beginning (%)

Country	%
Japan	75%
Korea	40%
China	32.5% and 25.8%
Philippines	26.8%
Malaysia	9.4%

Source: Rhi, 1995

Okinawa's "*yuta*"

Geographically, Okinawa is situated between Japan and China. Historically, it was a small island country that was politically influenced by both countries and, within this environment, possessed a unique culture. It was integrated into Japan more than 120 years ago, but during WWII, a final and fierce battle took place in Okinawa between US and Japanese forces. For the 27 years, until it was returned to Japan in 1972, Okinawa was under American occupation. Even today, the US has a military presence there. On the other hand, Okinawa is an extremely popular tourist destination, boasting one of the most beautiful oceans in the world. There is an episode in Okinawa that is interesting from a transcultural perspective. When Professor Tseng held a touring workshop in Beijing, Nanjing and Shanghai as part of WPA's Section of Transcultural Psychiatry in 1985, Professor Lebra of Hawaii University who took part in the workshop posed the following question: "We conducted several studies on the rate of mental disorders and crimes that occurred in Okinawa under US military occupation. The results showed that both incidence rates were low, suggesting that Okinawa was one of the most peaceful places in the world. We then did a similar survey several years after Okinawa was returned to Japan, and found that things had worsened considerably. How can we explain this? Were there some problems with our previous survey"? (Lebra, 1985). I was the workshop's designated panelist, and stated my view that, although people were unaffected by American culture, which was as different from Okinawan culture as are oil and water, once a totally Americanized Japanese culture cut in, it had a much more serious effect on Okinawa. Amid the progress of globalization, I felt that this fact provided valuable insights when considering the impact of contact with foreign cultures.

Even today, shaman-like individuals called "*yuta*" play a role in Okinawa. If a family member becomes sick, or if people experience misfortunes or disasters, they usually consult a *yuta* and follow her instructions. This is a common practice. Medical and psychiatric systems have of course been established in today's Okinawa, comparable to those seen in other parts of Japan. However, a belief in *yuta* remains among the people of Okinawa. The *yuta*, for their part, are said to be working alongside conventional psychiatric practice, rather than denouncing or ignoring it. When Dr. A. Nakamata gave a report at a scientific meeting of JSTP held in 1996 on patients who had undergone treatment by a *yuta*, I was the designated panelist. The two patients who were described in the report were schizophrenics whose symptoms did not improve sufficiently with psychiatric treatment using medications and by dealing with them in a supportive manner. They reportedly saw their symptoms improve after visiting a *yuta*. I personally (1998) commented that communicating with the ancestors through their *yuta* experience helped to restore the familial identity in the patients, released them of the debts which they had been experiencing up till then, and that it led to their improvement. I believe that psychiatry has much to learn from these "spiritual healings".

The achievements of Teruo Miyanishi

After touching on "spiritual healing," I would like to discuss Dr. Teruo Miyanishi's observations (1981, 2000) of the surviving Mayans who currently live in Mexico and Guatemala, as well as the support activities provided to them. Dr. Miyanishi has continued to focus his attention on the people of Central America who were not only left behind in the wave of modernization but who also became involved in a civil war and had the experience of their brothers and neighbors being polarized into friends and enemies. He has carried out on-site surveys and studies over the more than thirty-five years that have elapsed since 1971. Today, he conducts research exchanges with local universities. According to Dr. Miyanishi's report, it is the shaman who heals illness among the Mayan people. There are four types of shamans. The one ranked the highest is said to be in charge of healing diseases that come from disharmony among nature, society and people: for example, diseases of the mind. The type of shaman who uses medicinal herbs and acupuncture is said to be one rank lower. Dr. Miyanishi watched actual treatment being carried out by a shaman, and recorded his experience as follows: "Traditional treatment methods seen in Central America are mediated by rituals, and give animal offerings and prayers, as well as elimination of the object of the curse, for example. Through the course of these activities, a condition of trance is generated, in which the shaman visualizes a world which we are unable to see, and then provides treatment. The therapist does not explain things verbally at length. He holds hands with the patient, eats together with the patient the plant that was offered to the God, enters the world where the Gods reside, touches the power of the lord of the Earth, and wages a battle with the evil presence. He then reconstructs the solidarity among th Individual-Family-Community that had collapsed, and brings about an important change in the patient's fate."

Dr. Miyanishi also wrote about schizophrenic patients whose health was restored by this treatment. These may be said to be prototypes of spiritual healing. Moreover, we cannot deny the similarity with Okinawa's *yuta*.

THE MEANING OF PSYCHIATRY IN THE CONTEXT OF GLOBALIZATION

Today's psychiatry, as a category of medicine, has developed within the Judeo-Christian culture, which is a monotheistic culture. As was perceived by Nietzsche, human beings who could no longer believe in "the power of God and the church" have instead pursued science; in other words, evidence-based medicine. This field has been making dramatic progress. Globalization, on the other hand, is triggering social changes by involving the world, centering on economic principles. These subjects have been already discussed.

Daisetsu Suzuki (1960), a Japanese Zen philosopher, held a conference on "Zen and Psychoanalysis" with the psychoanalyst Erich Fromm. Later, Suzuki compiled a record of this

meeting and published it in the form of a book. In this book, he introduces poems of the poets from the East and the West that are appropriate for understanding the differences between Eastern and Western cultures. First, he quotes a poem written by Basho (1644-1694) of Japan:

When I look carefully
I see the nazuna (Shepherd's Purse) blooming
By the hedge

He then quotes a poem by a British poet, Alfred Tennyson (1809-1892), for comparison.

Flower in the crannied wall,
I pluck you out of the crannies,
I hold you here, root and all, in my hand,
Little flower — but if I could understand
What you are, root and all, and all in all,
I should know what God and man is.

Suzuki compares the two poems written by poets in the East and the West, and states, "Tennyson pulls out a flower, holds it in his hands, looks at it carefully, most probably while being aware of it, and tells the flower that he is holding it, root and all. Basho, on the other hand, did not pluck the flower out. He merely looked at it carefully. Basho draws our attention to the flower and did not say another word, while Tennyson was more analytical and action-oriented, and approached the flower intellectually".

I quoted Daisetsu Suzuki's writing to show that the East and the West have their own unique cultures. If modernization and globalization are viewed as westernization and Americanization, it appears that the world will become dominated by monotheistic culture, opening the way to chaos and confusion. This is something we are all aware of.

Psychotherapy exists as a means of complementing the inadequacies of biological psychiatry. Each style of psychotherapy has a separate religious origin in my opinion (Nishizono, 2005) as shows in Table 4 below. It is believed that psychotherapy developed to eliminate those religious restrictions, becoming a universal method of soul-healing for all people.

Table 4 A separate religious origin of each kind of psychotherapy

Psychotherapy	Religious Origin
Psychoanalysis (Truth)	**Judeo - Christian** (God)
Morita therapy (Experience)	**Zen-Buddhism** (Experience)
Naikan therapy (Observation self)	**Jyodo Shinshu** (Religious observances)

As far as psychoanalysis is concerned, it is a well-known fact that Sigmund Freud denied the value of religion, saying that faith is obsessive-compulsive neurosis. He established the pursuit of freedom as the best desire a person can have, and created the technique of free association. It is said that Judaism emphasizes "Stating things honestly" the most. It may be said that, by replacing God with truth, people discovered a universal method of soul-healing common to all mankind.

It is a well-known fact among specialists that the Morita therapy, which began in Japan, has its origin in Zen Buddhism, and that Naikan therapy, which is drawing increasing interest in other countries as well, in Jyodo Shinshu's "religious observances." In the light of the fact that discussions are currently taking place on whether or not to add "spirituality" to WHO's definition of health, psychiatry should never forget the element of "healing," in addition to curing symptoms. In other

words, narrative-based psychiatry is being sought. As globalization progresses, I believe that transcultural psychiatry is expected to play an even greater role: that of identifying the need and appropriateness of applying biological psychiatry and an array of psychotherapies.

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