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Special Feature Article

How DSM Changed Depression Research in Japan: Focusing on the Japanese Psychopathology

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Abstract

What changes did the DSM-III, which was termed 'a revolution', bring about in Japanese psychiatry and clinical practice? We performed a literature review focusing on reports on depression from 1981 to 2000s, and discussed the effects on Japanese psychopathology. After the introduction of the DSM-III into Japanese practice, the disease type and clinical course of depression changed, probably due to the socio-economic background, but the conventional depression theory based on melancholic-type theory (by Tellenbach) was no longer able to keep up with the changes and new theories were awaited. At that time, DSM-III was likened to the invasion of Kurofune, but Kurofune may have been long-awaited, which is thought to have led to its acceptance in Japanese psychiatry. Psychopathology, which considers a small number of cases psychologically and sociologically, also tried to adopt a`scientific method', such as collecting a large number of cases and statistically analyzing them, but it was difficult to keep up with the trends of the times. However, psychopathology as a clinical discipline should remain significant.

Keywords：DSM, depression, psychopathology, history of psychiatry, Japan

Introduction

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) is widely used in all areas of psychiatry and medicine in Japan today. However, DSM was never as well-accepted from its first edition as it is today, and it was not until the third edition (DSM-III) 2) published in 1980 that DSM began to have a powerful influence on psychiatry in Japan and around the world, even being called a revolution 14). DSM-III introduced key features of the current DSM, such as a "reliable" diagnostic system based on operational criteria and the abandonment of theories such as etiology, etc. Such innovations of DSM-III generated "mixed reactions" in the Japanese psychiatric community at the time 6). Looking at the record of discussions, some welcomed DSM-III as a common language for biological research, others were neutral in their acceptance of it as a "springboard," and still others called it a touchstone for the future development of Japan's own diagnostic criteria 6). On the other hand, from the standpoint of psychopathology in particular, there were concerns and criticisms that DSM's concept of disease "risks spreading out of context," for example, "if one has major depression, it is scary that major depression is taken to mean that such a disease exists as an entity" 3).

Now, more than 40 years later, concerns and criticisms of DSM and the desire for Japan's own diagnostic criteria seem to have become less prominent. How has this acceptance of DSM been achieved? It is necessary to examine the merits and demerits of this acceptance of DSM.

The following is a review of the literature, focusing on papers on depression in Psychiatria et Neurologia Japonica from 1981 to the 2000s, as part of the history of the acceptance of DSM in Japan. The reason for focusing on depression is that DSM introduced the concept of major depression as described above and, along with it, abolished the etiological classification of endogenous/psychogenic, which was dominant in Japanese psychiatry at the time, and is considered to have had a particularly large impact on clinical practice and research on depression. In particular, the author would like to focus on the influence on the discipline of psychopathology, which has theoretically developed the difficult-to-demonstrate concept of endogenous/psychogenic, the refined theory of endogenous unipolar depression, and, as mentioned above, the strong concerns expressed about the concept of major depression.

I. 1981-1982: On the Eve of DSM

First, we review papers published in

Psychiatria et Neurologia Japonica from 1981 to 1982. We refer to the papers from this period as written on "the eve of DSM" because they are considered to have been published just before publication of the Japanese version of DSM-III in 1982. The eight original articles on depression published in Psychiatria et Neurologia Japonica during these two years consisted of four papers on psychopathology, two on psychophysiology, and one each on psychopharmacology and pharmacotherapy. The psychopathology papers are presented below:

1. Kazumi Kiyota, "Manic Depression Chronicity and Mixed States: A Case Study of Collection Theft of Art" (1981) 12)

The first paper is a psychopathological case study, which was not uncommon at that time. The patient's life history and circumstances at the time of a crime were analyzed in detail to explain the onset and course of the disease. Then Kiyota states as follows: "Contrary to the rapid improvement of symptoms due to the use of antidepressants, residual symptoms have been observed even after the disappearance of the depressive phase, and the tendency to become chronic... and prolongation have become new problems recently. In addition, a new classification apart from the traditional etiological classification has been attempted because of the recent trend toward milder cases of manic depression" 12).

The first thing that can be understood here is the rapid improvement and chronicity of depression after treatment with antidepressants, and the tendency for manic depression to become milder, indicating that clinical practice for depression at that time was changing. In other words, the previous theory of depression showed that depression was once cured and manic depression was generally perceived as severe. Second, against the backdrop of these changes, a "new classification that is not based on etiology" was attempted. It should be noted that this "new classification" was not DSM (English version) published in the U.S. the previous year, but the Kasahara-Kimura classification of depression published in Japan in 1975 7). In Japan in the 1970s and 1980s, there was a widespread theory that equated depression with endogenous unipolar depression 28) that develops on the basis of a premorbid personality called the melancholic-type 25). However, even under such circumstances, Kasahara et al. must have been aware of the changes in clinical depression and need for a new theory to explain them. Third, as already mentioned, at that time, a case study involving the presentation and

analysis of a psychopathologically detailed patient was published as an original article in Psychiatria et Neurologia Japonica.

In 1981, the same year, Takuya Kojima, Ken-ichi Omori, and Sumiko Mochizuki published an original article: "Two Clinical Types of Prolonged Depression" 13), in Psychiatria et Neurologia Japonica. This paper also points out that the prolongation of manic depression and depression was an important issue at the time. As for premorbid personality, it was reported that in addition to groups with many conventional types of immodithymia, there were also groups with immature personality tendencies, and a new typology was attempted. In other words, like Kiyota, Kojima et al.'s study proposes a new typology corresponding to the new clinical picture of depression.

Psychiatria et Neurologia Japonica in 1981 contained another original article 1) that discussed the increase in chronic depression and "neuroticism" of its pathophysiology. This strongly suggests that the concepts used at that time could no longer fully explain the changes in clinical practice for depression.

2. Chihiro Yuzawa, "Depression with Mentality of Midlife Crisis" (1982) 30)

The main subject of this paper is: "the midlife crisis that has been brought into question by mass media in recent years," and it echoes the social concerns such as quoting the novels of popular writers. According to Yuzawa, a "midlife crisis" is "an internal conflict involving a confusion of internal self-image or a crisis of identity that occurs around the age of 40…. A concrete example is as follows. 'What am I? Who am I that I am anything other than a wife to my husband and a mother to my children? An endless question to the self. There was always no answer. I grieved and grieved' (Yoko Mori, "The Melancholy of a 35-Year-Old")" 30). This kind of midlife crisis is experienced by 80% of middle-class men in the United States. All five cases presented were housewives, the chief complaints were irritability, anxiety, and insomnia, and all described regretting their marriage.

In the description of Yuzawa's paper, the housewives in the cases fail to identify with the domestic role: "being a wife to her husband and a mother to her children". This is in contrast to the melancholic-type theory, which must have been the dominant theory of depression in Japan at the time. The melancholic-type theory, mentioned earlier, was characterized as "existence for others" by the German psychopathologist Tellenbach, H. 28). In a study conducted at the University of Heidelberg, housewives were the most common patients, and they identified

excessively with "being a wife to their husbands and a mother to their children" 28). Also, as mentioned earlier, midlife crisis is "experienced by 80% of middle-class American men". The fact that such a crisis "has been a problem in the mass media in recent years" in Japan suggests that the middle class may have been expanding in Japan as well. In fact, according to the "Public Opinion Survey on the Life of the People" conducted by the Cabinet Office, more than 90% of people in Japan described their living conditions as "middle class" from 1973 onward 19), and the population was called "100 million total middle class" 15). During this period from the post-World War II reconstruction period to bubble economy, the socioeconomic structure of Japan was changing, at least in terms of public awareness. It can be inferred that this led to a change or blurring of the ideal image of individual self-realization.

II. 1982 - Early Reactions to DSM -

1. "Symposium on Psychiatry and Diagnosis" (1982) 6)

In 1982, when the Japanese edition of DSM-III was published, a symposium was held at the annual meeting of the Japanese Society of Psychiatry and Neurology to discuss how diagnoses should be made in psychiatric treatment in Japan. Although this is not an original article, 69 pages are devoted to it, so let us examine it carefully.

1) Introduction

The moderator, Takuro Noguchi, opened the symposium as follows: "Traditionally, the diagnosis of mental disorders in Japan is based on the evidence and criteria that overlap those imported from abroad and those unique to Japan. This limits the value of diagnostic names when considering treatment strategies, prognosis, and etiology. Furthermore, the reliability of diagnosis is low…". Although the then Ministry of Health and Welfare had adopted ICD since 1979, "We started using it for pre- and post-graduation education as well. Then, in 1980, the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), edited by the American Psychiatric Association, appeared. DSM-III has clear and operational diagnostic criteria, and one of its goals is to achieve a high degree of reliability. As you know, a multiaxial diagnostic system has also been adopted. The category of neurosis is not found anywhere. Unique concepts and terminology have been adopted. These are some of the outstanding characteristics that have given rise to a variety of reactions in our society. We decided to take this opportunity to hold a symposium to exchange opinions on the theme of 'Psychiatry and Diagnosis' and to seek the direction we should take" 6).

Noguchi pointed out the unreliability of conventional diagnostic methods in Japan and expressed hope for the high-level reliability of DSM-III: "clear and operational diagnostic criteria." While pointing out the novelty of DSM such as multi-axis diagnosis and abolishment of neurotic concepts, he said: "We want to seek the direction we should take."

2) Presentations

The symposium had three presentations, the first being Kazuhiko Hitomi's psychopathological comparative examination of the theory of schizophrenia (the name used at that time; the same applies below) by the Bleuler School (Zurich School).

The second presentation was an empirical study on the diagnosis of mild depression by Hiroo Kasahara, Atsuyoshi Mori, et al. Factor analysis of clinical symptoms, the relationship between severity and prognosis, and relationship between diagnosis results using various diagnostic criteria and severity were reported. The criteria used were ICD-9, Kasahara-Kimura classification, DSM-III, and RDC-3. Kasahara et al. concluded that: "In contrast to objective evaluations of symptoms, which are independent of subjectivity, which obtain high concordance rates with proficiency, classifications with psychopathological criteria result in subjective differences of opinion." and evaluated RDC and DSM 6).

The third presentation, by Koichi Hanada, Saburo Takahashi, et al., compared the diagnoses of schizophrenia and manic-depression using DSM-III and traditional diagnoses. Seven university departments of psychiatry participated in this research, including Noguchi, the moderator of the meeting. As is well-known, Hanada and Takahashi published the Japanese edition of DSM-III in the same year.

"We had thought that unification of disease classification and establishment of diagnostic criteria were necessary in Japan, but if a system such as DSM-III was useful and reliable in Japan, we thought that using it would help to sort out the confusion in psychiatric diagnosis in Japan today and contribute to clinical, educational and research, which in turn would be useful in creating our own classification and diagnostic criteria" 6).

The method was that in the psychiatry department of 7 university hospitals, including Shiga University, the University of Tokyo, and Saitama Medical College, which the moderator belonged to, "Two psychiatrists examined patients in pairs, and without discussing, independently made both a diagnosis based on DSM-III diagnostic criteria and a diagnosis based on the system previously used by the

institution or psychiatrist (traditional diagnosis), and wrote them down on a report form" 6).

Their awareness of the problem is clear, as they considered the low reliability of psychiatric diagnoses in Japan at that time to be a problem, and they looked to DSM for help. They also suggest a desire to construct Japan's own classification and diagnostic criteria. This may represent the spirit of Japanese medical researchers before globalization. However, given their orientation toward biological research, it is unclear whether unique Japanese classification and diagnostic criteria would be useful for research and publication, and in fact, such a construction has never been done.

The results and discussion can be summarized by the following two main points: (1) "The traditional diagnosis on depression was made 175 times, with 38 different names for the diagnosis". "Even in ICD-9, depressive states are classified into six different categories: manic depression, other nonorganic psychoses, neurosis, personality abnormalities, maladaptive reactions, and depressive states not elsewhere classified…. The DSM-III is characterized by its lumping together of all of these depressive states". (2) Delusional and indistinguishable types are common in DSM-III diagnosis of schizophrenia, being consistent with post-war statistics in the United States, although it differs from traditional reports of more hebephrenic and less delusional types. "It is of interest whether these results are due to differences in diagnostic criteria or to the trend of the times" 6).

From the above, it can be seen that the diagnosis of depressive states varied widely in Japanese psychiatric care at that time. In addition, researchers were attracted to DSM, which "lumps and handles all depressive states into one". The seven-university collaborative study included not only depression but also schizophrenia. The results of the study suggest that Japanese schizophrenia diagnoses at the time were unexpectedly dominated by the delusional type, and that the Americanization, so to speak, may have been due to the changes of the times.

3) Discussion

DSM-III was the main topic of discussion at the symposium, and the operational problems, such as the inability to ensure reliability when DSM is used at multiple institutions and in multiple regions, were discussed, as well as the significance of training by video*2. While there were criticisms of DSM, there was no opposition to the introduction of DSM itself, and Kuninao Minakawa made a statement. Minakawa is a psychoanalyst with training and clinical experience gained

in the psychiatry departments of two American universities.

First, Minakawa criticized the fact that only I and II of the five DSM-III axes were examined in the seven-university joint study, and expressed concern that DSM would be imported to Japan without an understanding of the American psychiatric philosophy that led to the multiaxial diagnosis and its history. "Another thing is that if we are going to do really descriptive and accurate research in the future, I don't think we will be able to do it unless we change the basic mental health care system in Japan. I don't think the word descriptive means that the DSM-III refers to symptoms that can be seen in 5 or 10 minutes. When an American general psychiatrist diagnoses a patient, he or she meets with the patient for at least 45 minutes. They meet with the patient two or three times before making a diagnosis and understanding the symptoms. That's not just that, but the social worker spends the same amount of time providing various information to the family, and these factors are combined to be 'descriptive'. Without understanding these aspects, I think that no matter what we do in this busy Japanese psychiatric outpatient clinic or inpatient treatment with a large number of patients, we will not be able to achieve the same results as in the United States. I felt a sense of hopelessness that even if we followed the U.S. in the same way, we Japanese psychiatrists would always end up following first Germany and then the U.S." 6).

Moderator Noguchi's response was as follows: "Away from the role of the moderator, as one of the seven universities conducting research, I would like to answer some of Mr. Minakawa's criticisms. I am not trying to follow the US in any way, but I think it would be very useful as a material for comparison and examination. However, I am sure that there are various problems, such as the loss of coordination if we make poor modifications, but I am rather hoping that we will be able to learn something about standardization as criteria as we work in our own way, and we want to do as much as we can in our own environment. We are well aware that our environment is not exactly the same as that of the U.S." 6).

Minakawa, who is well-versed in psychiatry in Japan and the U.S., pointed out the disparity in the environment and structure of medical care in the two countries, and expressed pessimism about the significance of introducing DSM into Japanese medical care. Almost a statement of concern, it touches on the fundamental difficulties of importing foreign cultures and customs, and it would be difficult to

argue against it. In fact, Noguchi has failed to refute it, and on the contrary, he is trying to promote it in the manner that Minakawa criticized.

The symposium article ends with Noguchi saying: "I thank you for your thought-provoking talk".

This article was a record of the symposium held in 1982 in light of the publication of the Japanese version of DSM-III.

Then, how many original articles examining DSM were written? From 1982 to 1984, there were three original articles on examination of DSM in Psychiatria et Neurologia Japonica. From 1985 onward, DSM seems to have been accepted, as empirical studies were published on DSM-based diagnoses.

III. 1976-1987 - Psychopathology and DSM -

1. Psychopathology of manic depression

Let us take a more chronological view of the response on the psychopathology of depression to DSM-III. During the 12 years from 1976 to 1987, just before and after the publication of DSM-III, a five-volume series on workshops, entitled: "The Psychopathology of Manic Depression", was published by a private publisher. The editor of each volume is responsible for the preface to this series. The preface is not a paper, of course, but it vividly describes the trend of psychopathology at the time, and is introduced below.

In 1976, the year after he published the Kasahara-Kimura classification of depression, Yomishi Kasahara wrote the following in the preface to the first volume of "Psychopathology of Manic Depression":

"Compared with schizophrenia, manic depression seems to be a somewhat modest subject. However, manic depression is considered by specialists to be one of the most modern subjects, both because of the theoretical and therapeutic advances that have been made over the past decade that surpass those of schizophrenia research, and because of the dramatic increase in the number of depressed people in Japan and other countries in recent years. In fact, several books of this kind have been published in other countries in the past few years. … It is not a very good metaphor, but we can say that the continent of manic depression has been discovered, and the biological and psychopathological expeditions have landed from opposite directions, having already traversed a certain distance" 8).

He derides manic-depressive research as "modest" compared with schizophrenic research, which was the focus of much attention in the field of psychopathology at the time, but points to the increased activity of manic-depressive research in other countries.

In his continental metaphor, he positively asserts the equality of biological and psychopathological research, and his quiet confidence is evident.

In 1981, when the fourth volume was well underway, Bin Kimura wrote the preface: "The fourth volume of 'The Psychopathology of Manic Depression' has finally been published. Since the first volume was published in January 1976, the pace has been one book every year and a half. … I think it is fair to say that this is a satisfactory achievement to some extent. … (The features of this volume are as follows: Author's note) The first feature is the focus on young patients. … The second feature of this volume is the unexpected inclusion of two papers, including the editor's own, that discuss the relationship between manic states and festivals. Festival theory is a favorite topic of contemporary ethnography and cultural anthropology. If psychopathology were only to pander to the fads of the day, this would be very trivial, but if the statements were backed by experience from a unique psychiatric and clinical standpoint, they would not only enrich psychiatry itself, but might also have the effect of throwing a wrench in festal theories in popular thought" 11).

Kimura does not hide his pride in the steady pace of publication of "The Psychopathology of Manic Depression". He also expresses wishful thinking about the happy interdisciplinary relationship between psychopathology and the humanities and social sciences on the eve of DSM (then known as New Academism).

The tone of the fifth volume (1987), written by Kasahara, as in the first volume, however, is quite different:

"Since the fourth volume of 'Psychopathology of Manic Depression' was published in 1981, there was an interval of six years between the fourth volume and this fifth volume. During this time, the practice of referring to manic depression as an affective psychosis (or affective disorder) has spread to a considerable extent in Japan. This is a new trend brought about by the new American disease classification, DSM-III. Some people even prefer the term 'mood illness' or 'mood disorder'. However, despite the controversy surrounding the renaming, there has not been a great deal of psychopathological (psychological) discussion in the past six years. This may be the reason for the blank period. It is true that research on manic depression (affective psychosis) has recently been moving in a biological direction, while psychology has taken a brief pause. The interest of psychopathologists has been absorbed into schizophrenia and borderline personalities. However, it is time to

start looking at manic depression. What I wrote in the preface to the first volume is still relevant today. … I hope that this workshop, the first in a long time, will be meaningful" 9).

The pride and positivity of Volume 1 have all but disappeared. It is mentioned matter-of-factly that the publication, which had been released in 18-month intervals until then, became the first publication in six years with DSM-III publication in between from the previous volume, and the development of biological research after DSM-III led to a "blank" period in the psychopathology of manic depression. The blank that was referred to as a "pause" could have been stagnation. However, the fact that Kasahara calls the influence of DSM-III a "new breeze" is a reflection of his broad-minded attitude, as he himself published the new depression classification 7). "The Psychopathology of Manic Depression" series was discontinued after five volumes.

IV. The Rise of "Science" in Psychopathology

DSM was eventually accepted into Japanese psychiatry care without much controversy, at least as far as Psychiatria et Neurologia Japonica was concerned, and biological research developed. The psychopathology of depression seems to have stagnated. What, then, has been the impact on the small number of psychopathological studies of depression that have been published annually in Psychiatria et Neurologia Japonica since the 1970s? These studies disappeared for nine years after the publication of the Japanese version of DSM-III in 1982. Taking its place, Ken-ichi Omori's: "The Development of Depression in Early-old and Old-old Age: A Clinical Psychiatric and Psychopathological Study" 20), appeared in 1983. In this study, 134 depressed patients aged 50 years or older who participated in Omori's medical treatment and discussions were surveyed to determine the situational causes of their illness, and the relationship between age and sex, and the presence or absence and type of situational causes were analyzed. The diagnostic criteria for depression were defined as: "a symptom group whose main symptoms are depression of primary emotions, stagnation of general mental activity with anxiety as the core, and autonomic nervous system disorder," referring to Sarai (1974) 22). The paper is 22 pages long, but it is impressive for its elegant causal theory influenced by the German psychopathology of Tellenbach, von Baeyer, W. R., and others, as well as for its generally plain style and orderly organization.

This paper differed from previous

papers on psychopathology of depression published in Psychiatria et Neurologia Japonica. The diagnosis based on explicit criteria (if not DSM), the number of cases (over 100), and discussion based on statistical analysis are the very characteristics of "scientific" psychiatric papers in the sense of quantification that DSM has since brought about. The Omori paper is probably the earliest "scientific psychopathology paper".

The nine-year silence of conventional psychopathology research in Psychiatria et Neurologia Japonica since 1983 can be called the "DSM shock of psychopathology". The rise of "science" and quantification in psychopathology emerged in turn, and has increased since the 1990s.

V. Globalization of Japanese Psychiatry and Position of Psychiatria et Neurologia Japonica

1. Shifting Position of Psychiatria et Neurologia Japonica (Japanese Journal)

With the increase in the number of scientific psychopathology papers, in 1992, Psychiatria et Neurologia Japonica separated original articles and case reports as submission genres. There is no particular notice in Psychiatria et Neurologia Japonica, but only an after-the-fact report in the "Editor's Letter" of the 1992 Vol. 94 No. 12, i.e., at the end of the year, stating simply: "The submission rules for this journal have been revised as of April 1992". The author checked the submission rules and found that until then, the submission rules stated: "research papers and case reports," and that research papers and case reports, which are considered to be original articles, were combined into one genre. However, starting with Vol. 94, No. 4, 1992, it stated: "following columns is the subjects for submissions. Original articles (academic papers of clinical or basic originality) and clinical reports (case reports, reports of knowledge, experience, and results obtained in clinical practice)" 23). In this case, psychopathological research on a small number of cases would be regarded as a case report, i.e., a clinical report, and it would be difficult to be accepted as an original article. Since original articles are academic papers, case reports and psychopathology papers that are similar in style to case reports would lose their academic value.

Seven years later, in 1999, the "Editor's Postscript" of the Psychiatria et Neurologia Japonica was not, of course, an original article, but it seems to me to be a description that makes us reconsider what an original article is.

"Psychiatria et Neurologia Japonica is an academic journal covering all aspects of psychiatry, and as such, the contents

of the papers it gathers are diverse. From my point of view as a researcher of organic brain diseases using biological methods, I think that many of the papers on psychopathology and other aspects of clinical psychiatry are excellent. … One of the reasons for this is that papers on biological psychiatry are often submitted to specialized journals, especially English-language journals in Europe and the United States. This is unavoidable because the impact factor has recently become more important even in the field of psychiatry, but it is an important issue for the editorial board to consider how this journal should respond to the trends of the times. Although it is unavoidable that papers in the field of biological psychiatry tend to be submitted to frequently cited Western journals, an editorial board member in the field of psychopathology complained that recent papers submitted for publication, even those with psychopathological content, are required to contain quantification such as statistical processing, and that this makes the content of the papers rather shallow. … I think the future direction of this journal is to publish papers that do not pander to the trends of the times, but that delve into the contributors' clinical experiences or research data and considerations derived from them to a satisfactory degree, and that are written in a way that is not self-righteous but understandable to readers 4).

The editorial board member, himself involved in biological research, stated that among the papers gathered in Psychiatria et Neurologia Japonica, "I think that many of the papers on psychopathology and other aspects of clinical psychiatry are excellent". What kind of a discipline is psychopathology, then, that has been praised as having "many excellent papers"? "An editorial board member in the field of psychopathology complained that recent papers submitted for publication, even those with psychopathological content, are required to quantification such as statistical processing, and that this makes the content of the papers rather shallow". At least one of the papers that pioneered "quantification such as statistical processing" was Omori's 1983 paper. Did Omori anticipate that academic papers after DSM would mean quantified empirical research? However, the depth of Omori's paper was not fully inherited in the original articles on psychopathology published in Psychiatria et Neurologia Japonica, and only quantification was inherited. Psychopathology became "shallow". It would be tragic if psychopathology became shallow because of the attempt to prolong its life through empirical science after the

DSM shock. On the other hand, academic papers which are written in English and quantified and not shallow, seem to be mostly in biological psychiatry, but they are submitted to "Western English-language journals" rather than Psychiatria et Neurologia Japonica. In other words, there is a segregation of journals according to the language used and academic fields. In fact, when looking through original articles on depression in Psychiatria et Neurologia Japonica from 1981 to 2000, for example, there are no papers on gene research and only two papers on imaging research. It is likely that such papers with a high scientific reputation were submitted to English-language journals. Psychiatria et Neurologia Japonica, which at the time was a Japanese-language journal only, was inevitably called into question as an academic journal. The editorial board member who wrote Editor's Postscript mentioned above used the term "the trend of times" twice. First, he questioned the position of Psychiatria et Neurologia Japonica, asking: "how this journal should respond to the trends of the times," and then, in response to this question, he suggested: "The future direction of this journal is to publish papers that do not pander to the trends of the times, but that delve into the contributors' clinical experiences or research data and the considerations derived from them to a satisfactory degree, and that are written in a way that is not self-righteous but understandable to readers. The strategy of publishing in-depth discussions of clinical experiences as academic papers in the Japanese-language journal, the Psychiatria et Neurologia Japonica is appropriate, considering that most clinical psychiatry in Japan is conducted in the Japanese language. However, the impact factor, which is said to be "highly valued," is not found in Japanese-language journals".

2. Publication of PCN journals and the future of Japanese-language studies

Although biological research in English is highly evaluated academically, such papers are not submitted to Psychiatria et Neurologia Japonica, and papers on psychopathology in scientific garb are submitted to Japanese-language journals. In this situation, the first issue of the English-language journal of the Japanese Society of Psychiatry and Neurology was published in 2008 (as is well-known, the first issue of the English-language journal "Psychiatry and Clinical Neurosciences" itself was published in 1933). The fact that the English journal of the Japanese Society of Psychiatry and Neurology was launched in 2008 is very symbolic. It is fair to say that this book evoked a great

response, as it was mentioned successively in the reviews of major newspapers 5)21)27), featured in literary magazines 29), and was talked about at a press conference involving the largest association of journalists in Japan 18).

One of the main themes of the book was the warning that the world was entering the "English century," that the more important studies in Japan would be conducted in English, and that if Japan's best scholars conducted their studies in English, it would lead to a division of academic roles between English and Japanese, which would diminish the status of studies in the Japanese language and eventually impoverish the Japanese language itself 17). This seems to accurately describe the phenomenon in Japanese psychiatry of the rise in the status of biological psychiatry papers written in English and the decline in the status of psychopathology and case report papers written in Japanese. Then, as Mizumura suggests, will the next phenomenon be the poor clinical practice of psychiatry in an impoverished Japanese language?

As if going against the trend of the global era, psychopathologist Yomishi Kasahara said: "I want to do clinical research that is useful in the examination room, even if it is local to Japan and even if it is short-lived" 10). Paradoxically, he produced a number of clinical studies that have been widely and continuously read. This is probably one of the directions that psychopathology should aim for, but it is not an easy task for those of us who do not have the ability or tolerance of Kasahara in an age when the status of clinical research has declined further and further.

Conclusion

This paper focuses on the rise and fall of psychopathology before and after the importation of DSM-III, and looks at the impact of DSM on depression research and clinical practice in Japan. The author would like to conclude by reviewing the discussion in this paper.

The introduction of DSM-III was likened to the invasion of Kurofune at the time 26). However, as shown in this paper, Japanese papers on depression just prior to the introduction of DSM-III indicate that the clinical practice of depression in Japan was changing, probably due to the social and economic background from after World War II to just before the bubble period, that the conventional theories of depression were no longer able to cope with these changes, and that a new theory was long awaited. In Japan, in addition to the Kasahara-Kimura classification, various attempts at classification and categorization were being published in

Psychiatria et Neurologia Japonica. In other words, Kurofune may have been potentially long-awaited. Diagnostic criteria that could be expected to be highly reliable were also essential for biological research at universities and research institutes. Thus, throughout the world, DSM and DSM-based research enhanced each other's standing in psychiatry. Psychopathology also tried to collect a large number of cases and adopt statistical methods of analysis, but it was difficult to keep up with the trends of the times*2.

As long as psychiatry is also a medical science, not to mention the importance of clinical practice, and since the Japanese language is currently used in many aspects of clinical psychiatry in Japan, clinical psychopathology as a local Japanese language discipline should not lose its certain meaning, as Kasahara suggests. However, there is always the danger of precipitating in the currents of the times if we are not careful. Psychopathology, by its very nature of expressing psychic phenomena and clinical structures in words, often inevitably draws on philosophical knowledge and uses esoteric expressions. In this paper, the author introduced the "Editor's Postscript" of Psychiatria et Neurologia Japonica, which was written as a defense of psychopathology, but it casually included the sentence: "papers that are written in a way that is not self-righteous but understandable to readers". This would be a criticism of psychopathology. Psychopathology as an academic discipline is required to open up clinical experience to shareability while theoretically enhancing it.

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References

1) 阿部輝夫, 分島 徹, 飯田 真ほか: 単極性うつ病の神経症化-4 症例の症例分析から-. 精神経誌, 83 (6); 357-371, 1981
2) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 3rd ed (DSM-III). American Psychiatric Association, Washington, D.C., 1980 (高橋三郎, 花田耕一, 藤縄 昭訳: DSM-III 精神障害の分類と診断の手引き. 医学書院, 東京, 1982)
3) 土居健郎, 藤縄 昭編: 精神医学における診断の意味 東京大学出版会, 東京, 1983
4) E. I.: 編集後記. 精神経誌, 101 (6); 576, 1999
5) 池澤夏樹: 今週の本棚. 毎日新聞, 2008 年 11 月 23 日
6) 加藤正明, 野口拓郎, 人見一彦ほか: 精神医療と診断. 精神経誌, 84 (10); 734-

803, 1982
7) 笠原 嘉, 木村 敏: うつ状態の臨床的分類に関する研究. 精神経誌, 77 (10); 715-735, 1975
8) 笠原 嘉: まえがき. 躁うつ病の精神病理 1 (笠原 嘉編). 弘文堂, 東京, 1976
9) 笠原 嘉: まえがき. 躁うつ病の精神病理 5((笠原 嘉編). 弘文堂, 東京, 1987
10) 笠原 嘉: うつ病臨床のエッセンス新装版. みすず書房, 東京, 2015
11) 木村 敏: まえがき. 躁うつ病の精神病理 4 (木村 敏編). 弘文堂, 東京, 1981
12) 清田一民: 躁うつ病の慢性化と混合状態-美術品の収集的窃盗の 1 症例研究-. 精神経誌, 83 (2); 84-108, 1981
13) 小島卓也, 大森健一, 望月澄子: 遷延うつ病の臨床的 2 類型について. 精神経誌, 83 (4); 222-235, 1981
14) 黒木俊秀: DSM-III 創出背景史. 九州神経精神医学, 58 (2); 94-105, 2012
15) 松村 明 (監修), 池上秋彦, 金田 弘 ほか編: 一億総中流. デジタル大辞泉 小学館, 東京, 2021 (https://kotobank.jp/word/%E4%B8%80%E5%84%84%E7%B7%8F%E4%B8%AD%E6%B5%81-433213) (参照 2021-07-13)
16) 松尾 正: 分裂病者との間で治療者自身が"沈黙"するとき, そこにもたらされるもの-現象学的治療論の一試み—. 精神経誌, 88 (8); 509-538, 1986
17) 水村美苗: 日本語が亡びるとき-英語の世紀の中で-. 筑摩書房, 東京, 2008
18) 水村美苗: 著者と語る『日本語が亡びるとき』. 日本記者クラブ, 2009 (https://s3-us-west-2.amazonaws.com/jnpc-prd-public-oregon/files/opdf/415.pdf) (参照 2021-07-13)
19) 内閣府: 国民生活に関する世論調査. (https://survey.gov-online.go.jp/index-ko.html) (参照 2021-07-13)
20) 大森健一: 初老期・老年期うつ病の発病状況-その臨床精神医学的・精神病理学的研究-. 精神経誌, 85 (3); 156-178, 1983
21) 齋藤美奈子: 文壇時評. 朝日新聞, 2008 年 11 月 26 日
22) 更井啓介: 老年うつ病. 老年精神医学 (加藤正明, 長谷川和夫編). 医学書院, 東京, 1974
23) 精神神経学雑誌編集委員会: 投稿規定. 精神経誌, 94 (4); 1992
24) 精神神経学雑誌編集委員会: 編集だより. 精神経誌, 94 (12); 1992
25) 清水光恵: 本邦におけるメランコリー親和型をめぐる学説の変遷—日本文化論との結びつきから—. 精神医学史研究, 16 (1); 69-81, 2012
26) 高橋三郎, 大野 裕, 染矢俊幸: DSM と精神科臨床. 医学界新聞, 2014 (https://www.igaku-shoin.co.jp/paper/archive/y2014/PA03082_01) (参照 2021-07-13)
27) 武田将明: 平成時代名著 50. 読売新聞, 2018 年 7 月 28 日
28) Tellenbach, H.: Melancholie: Problemgeschichte Endogenität Typyologie Pathogenese Klinik, 4 Aufl. Springer, Berlin, 1983(初版 1961) (木村敏訳: メランコリー改訂増補版. みすず書房, 東京, 1985)
29) ユリイカ 2009 年 2 月号「日本語は亡びるのか？」. 青土社, 東京, 2009

30) 湯沢千尋: 中年危機的心性を伴ううつ病について. 精神経誌, 84 (6); 412-423, 1982

Notes

*1 At that time, SCID had not yet been developed and diagnosis by DSM was not based on a structured interview.

*2 This paper focused on the literature on depression. Several excellent case studies of the psychopathology of schizophrenia have been published as original articles in Psychiatria et Neurologia Japonica since 1983 (e.g., Tadashi Matsuo in 1986: "What happens when the therapist himself is 'silent' with a schizophrenic: An attempt of phenomenological treatment theory" 16)), and it can be said to have remained alive longer than the psychopathology of depression. This seems to indicate that depression was more strongly influenced by DSM and globalization than schizophrenia, but further verification is desirable.