定常型社会におけるケアとそのシステム

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Dialogue in Husserl’s phenomenology and psychiatry
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1 Dialogue in Husserl’s phenomenology

Husserl’s phenomenology is often regarded as egological and solipsistic, so that his phenomenology of the Other is criticized as failed. But this view is in my opinion superficial. Certainly he emphasized “solus ipse” (I, 121) and “a unique philosophical solitude” (VI, 187). Also in the first logical investigation of Logical Investigation at his phenomenological beginning he seemed to reduce his discussion about “Expression and Meaning” to the stage of “monologue” and never come back to discuss the stage of “dialogue” positively. Incidentally to add, Spiegelberg who had a personal contact with Husserl reported as follows: “His (Husserl’s) thinking was fundamentally characterized as monologue even if he communicated only with intimate persons. … He ordered his personal assistant Eugen Fink to play the roll of opponent. Even in trial of ‘symphilosophizing’ he talked with himself” (Phenomenological Movement).

On the other side, representative phenomenologists who followed Husserl’s phenomenology were engaged with issues such as the other, communication, intersubjectivity and co-existence which they found as constitutive, transcendental and existential elements for subjectivity. Then also dialogue is expected not to be

¹ This paper was read on 16 September 2015 at an interdisciplinary workshop “Dialogue and Intersubjectivity” at the House of Science and Letters of University of Helsinki, Finland, organized by Prof. Sara Heinämäa, to whom I am deeply grateful. After her colleague of University of Jyväskylä, Prof. Jaakko Seikkula gave his key note speech, “Psychotherapy as embodied activity“, I read this paper as the second key note speech. Prof. Seikkula is now very famous in Japan as the leading of “Open Dialogue“ from Finland.
rejected simply by Husserl’s phenomenology. Husserl, saying that “a transcendental solipsism is only a philosophical elementary step”(I, 69), wrote as follows: “The reduction to the transcendental ego have only an appearance of staying solipsistic studies, whereas it’s consequent carrying-out leads to a phenomenology of transcendental intersubjectivity” (ibid.). Then it is anticipated that dialogue becomes important in the second step.

I would like to pay attention that Martin Buber who as the founder of philosophy of dialogue began to develop his philosophy of dialogue as a philosophical anthropology wrote in Problems of Human Being (1948) as follows: “The school and the method which generated the contemporary and most powerful trial to build a philosophical anthropology had its founder a German Jew, Edmund Husserl”. Buber, quoting sentences from Husserl’s The Crisis of European Sciences and Transcendental Phenomenology “Human being is essentially people in a generative and socially connected humanity”(VI, 13), wrote as follows: “In this sentence Husserl thinks that the essence of human being cannot be found in isolated individuum, because the connection between humanity, generation and society is essential for human being”. We can say that Buber named Husserl as a source of philosophy of dialogue.

I would like to add one more point, although it seems to be secondary, but we should not overlook his scientific correspondence, because it is expected that he had in them opportunities of dialogue with scholars of different fields. Through Göttingen and Freiburg period, by joining of Munich group, a lot of scholars and researchers such as psychologists, mathematicians, linguists, aesthetes, and so on gathered around Husserl. We can get a glimpse in the Yearbook for Philosophy and Phenomenological Researches, which he began to edit with Max Scheler, even if many collaborators left step by step and Husserl was isolated. When the continuation of publishing of this Yearbook after 11 volumes for 17 years became difficult because of political situation by Nazism and the dream with which Husserl trusted to this publication was going away, he wrote: “Philosophy is not a private matter, but according to its original meaning can be realized only within the
working society of philosophers” (VI, 439). Even in his solitude after leaving of many collaborators and disappointment, he did not forget the dream of dialogue.

Lots of his correspondence with such scholars were published in ten volumes of Husserliana Document “Correspondence” in 1994. We are astonished how widely he had correspondence. The editor, Karl Schuhmann, by quoting Husserl’s words “Letters are a kind of visit”, wrote as follows: “Writing letters for Husserl was the second best means to exchange thoughts with his fellows. Letters were for him to understand each other with absent persons, in this sense an unsatisfied substitute for direct dialogue of true visit”. We can say that these correspondences were an important part of his dialogue. The seed of dialogue which Husserl sowed with his corroborations and correspondence with scholars from other fields made a tradition of following phenomenological movement.

2 Dialogue between Husserl’s phenomenology and psychology

Among other fields or disciplines with which Husserl made dialogue, we can say the most prominent one is of course psychology. He learned a lot of concepts from his contemporary psychology. It is famous that Husserl learned the central concept for his phenomenology “intentionality” from his teacher Franz Brentano’s work Psychology from a Empirical Standpoint. He learned the concept “fringe”, the important concept for his idea of horizon, from an American psychologist and later philosopher of pragmatism William James who studied with Stumpf in Halle, Husserl’s senior colleague of Brentano’s school. From Stumpf’s idea of “origin of space representation” he learned the idea of “genetic” investigation. He learned the concept “Gestalt quality” from Ehrenfels which was one of sources of Gestalt psychology. From Thedor Lipps he learned the concept “empathy” as the most important one for experience of the other (Fremderfahrung). From Sigmund Freud he learned concepts as “unconsciousness”, “impulse (Trieb)” and “suppression”, from psychology of those days the concept of “Kinästhesen (kinesis+aesthesis)”, and from Karl Bühler the concept of “crisis”. He adapted lots of concepts and
ideas from psychology, however he used those not in their original meaning, but in his phenomenological framework.

Although Husserl called phenomenology a descriptive psychology at first, when he learned it from Brentano, he ceased to use it on the way and began to distinguish between phenomenology and psychology. He thought that psychology can solely give an access to phenomenology. He characterized his idea of phenomenological reduction which he described in Ideas I as “the Cartesian way”, whereas he tried to open different ways in the lecture The First Philosophy in 1923. One of them was “a way beyond psychology” which we can find in the lecture Phenomenological Psychology in 1925 and the Britannica article. We can find the same “way beyond psychology” in Merleau-Ponty’s work Phenomenology of Perception. On this way Husserl thought there are two steps of reduction, namely the first step to “phenomenological (or pure) psychology, then the second step to “transcendental phenomenology”, which we can find also in The Crisis. On the “way beyond psychology” we must travel around sufficiently in phenomenological psychology and need a dialogue with psychology indispensably. But it is only the first step which would lead us to transcendental phenomenology. As other ways to phenomenology he thought of “a way beyond ontology (regional ontology)” in Ideas II, of “a way beyond logics (or formal ontology)” in Formal and Transcendental Logic, of “a way beyond life-world (or ontology of life-world)” in The Crisis. In each ways he was thinking about dialogues with different sciences.

3 Dialogue between Husserl’s phenomenology and psychiatry

In the history of psychiatry or psychopathology there is a tendency which was influenced by phenomenology of Husserl or Daseinsanalyse (analysis of human being) of Heidegger and called phenomenological or anthropological psychiatry. Today I cannot follow the train thought from Jaspers, Binswanger, Minkowski, von Gebsattel, Strauss, Telenbach, Medart Boss, Frankl, Blankenburg and so on. As influence by Husserl we can find describing purely, intuition of essence, inten-
tionality, transcendentality and life-world, whereas by influence by Heidegger we can find Daseinsanalyse or existential analysis, all of which we can characterize as application of phenomenological philosophy. Spiegelberg wrote as follows: “Phenomenology as philosophy made a strong influence on fields of psychology and psychiatry”. But it was one-way influence.

Although Husserl read lots of books and periodicals in psychiatry, as far as we can research in Husserl Archive of Leuven, it seems that he didn’t come to introduce any dialogue with psychiatry into his phenomenology. He paid attention to Jaspers’ General Psychopathology published in the same year of Ideas I and to his article “Phenomenological research tendency in psychopathology” published in the previous year. Husserl evaluated both works of Jaspers, however Jaspers was interested in Husserl’s assistant, namely Martin Heidegger, but not in Husserl himself. Husserl lost his communication with Jaspers. In 1922 Ludwig Binswanger, a Swiss psychiatrist, read a paper titled “On phenomenology” and in the next year visited Husserl to discuss. It is not clear how far the discussion influenced Husserl. We can suppose that from Binswanger who was originally interested in Freud’s psychoanalysis and then changed his interest to Husserl’s phenomenology Husserl heard about psychoanalysis, because we can find some terms from psychoanalysis in his Analysis of passive synthesis written in 1930s. In the same book there is a passage which we suppose was written by imaging the world of a patient with schizophrenia. However it is what we can call only a trace, further we can not find any dialogue between phenomenology and psychiatry.

Nevertheless, if he would continue the point of contact with psychiatry or psychiatrists, we can expect that he would deepen a dialogue with psychiatry and learn much also from psychiatry and think about a way beyond psychiatry to transcendental phenomenology. It seems me that psychiatry could shed light from behind on the transcendental which Husserl’s phenomenology was seeking, what Blankenburg tried later.

Contemporary German psychiatrist or psychopathologist Blankenburg tried to connect “the phenomenological” and “the clinical” at the beginning of Loss of
Self-Evidence – Phenomenology of Schizophrenia (1971), and seeked a possibility “to promote studies of essence and studies of facts each other”. Also contemporary French psychiatrist or psychopathologist Tatotian wrote at the beginning of Phenomenology of Psychosis (1979) as follows: “Although psychiatrists often think that psychiatry is an application of results of phenomenological philosophy to psychiatry, both are inwardly intertwined with each other”, or in other words, following Husserl, “the transcendental appears in the empirical”, or following Heidegger, “the ontological appears in the ontic”. They are now looking at a possibility of dialogue between psychiatry and phenomenological philosophy. What we need is no relationship in which one teaches and another learns, but relationship in which each learns from each other. What lacks in the side of phenomenological philosophers it to listen to the voice of psychiatry and others. In order to find and discuss the transcendental and the ontological, we need to travel around the empirical and the ontic. Listening to others, from there an authentic dialogue should begin.

Also in Japan there was a influential stream of phenomenological psychiatry or psychopathology in the last half of 20th century. The representative psychiatrist was Bin Kimura, who studied phenomenological psychopathology in Germany, developed such tendency and built a big group of such tendency in Japan. However especially after world war II the influence from United State became very strong also in the field of psychiatry. This stream of psychiatry was of biological character and emphasized evidence-based research of brain imaging, chromosome, epidemiology and pharmaceutical treatment. At the end of 20th century this biological tendency won already the phenomenological tendency at least on the scientific community.

Both tendencies seem to be opposed by the following characterization: the biological evidence-based psychiatry explains the medical condition of patients from a diagnostic and statistic manual of mental disorders (DSM of APA: American Psychiatric Association), so to say, from the outside; the phenomenological psychiatry approaches to or understand the lived experience of patients with clues of
phenomenological concepts borrowed or applied from phenomenological philosophy such as Husserl or Heidegger, so to say. However it is questionable which of both can give a better therapy for patients. If we look at the present-day situation at least in Japan as follows, both seem to achieve no magnificent results in past decades.

4 Present-day situation of mental health care in Japan

The figure of beds in mental hospitals in Japan lies nowadays on the top of the world after it grew up since 1960s. It doesn’t mean that there are the most figure of people with mental illness who need to be hospitalized, but that even healed patients could not be discharged so easily and stayed there unnecessarily. It is a totally opposite tendency in comparison with European countries where the figure of beds in mental hospitals or institutions has been declined since 1970s.

Already since 2004 the Japanese Ministry of Health, Labor and Welfare launched a reform plan of mental health welfare “From hospital-centered care to regional-life-centered care”. But there are lots of patients with mental disorders who were hospitalized for long time and cannot leave hospitals, because they have neither house to be back, nor place to work and nobody to understand them. Even five years later, when the Ministry announced a further reform, it turned out that the reform had not a progress and that there are yet 70,000 of so-called “socially hospitalized patients” who could be discharged originally, and some of them stayed hospitalized for about more than 50 years. It is the present-day situation that so much patients with mental disorders, for instance schizophrenia, are discharged, so much patients with dementia are hospitalized.

There are some movements within hospitals to discharge patients with mental disorders and bring back to each regions, but they are only sporadic. We can find only a few hospitals which began such a movement since 1960s. Since 2008 the ACT (Assertive Community Treatment), a totally regional support program for persons with mental disorders, was imported from United States and began their
activities already in 19 centers all parts of the country. But there is also a reason
for why it is so difficult to decline the figure of beds of mental hospitals, namely
that most of them are not public, but private. This is also the reason why such ac-
tivity is not spread nationwide, but stays sporadic.

Now I would like to pay attention to a reflexion within psychiatry which is ex-
pected to change such a situation although it is only a small tendency.

5 Reflexion within Psychiatry

Already in 1960s Italia there began another tendency in psychiatry. A reform
of mental health began with Italian psychiatrist Franco Bazaglia (1924-1980). He
studied at first phenomenological psychopathology, he was interested in Husserl
and Heidegger, also attracted by Sartre’s existentialism. In his bookshelf there
were books of Jaspers, Minkowski, Binswanger, Bleuler and Merleau-Ponty. In
his idea of phenomenology there was a tendency to “go beyond subjective lived
experience and go to an interactive relationship generated from reciprocal stim-
ulation”, which was called “phenomenology of encounter”. According to him an
encounter is “a dimension of prereflective ‘we’ prior to ‘I’ and ‘You’”. Then he
learned a group mental therapy known as “treatment community” in Scotland,
began to raise a movement to shut down hospitals and institutions for people with
mental disorders in order that these people can live in normal house and normal
community by “deinstitutionalization”. Bazalia insisted that pharmaceutical treat-
ments should be reduced and people with mental disorders should have human
rights to decide about them by themselves. In order for them to live and work
together, Bazalia introduced “assemblia” (meeting) as a field of group discussion
into a mental hospital. From such a background he came to insist: it is just “insti-
tution” that “prevents doctor and patient from such an encounter”. It brought him
to grasp a prison and a mental hospital as a similar “institution” and to criticize it
by the thought of “deinstitutionalization”. Then he began to build a “gruppo fami-
glia” (group family) as regional mental health medicine.
In almost the same time, without any direct relationship, a similar movement began at Urakawa town in Hokkaido, northern island of Japan, namely "Bethel’s House". At the beginning some patients with mental disorders discharged from Urakawa Redcross Hospital began to live at a Urakawa Christian church. There came a social worker, Mukaiyachi, in order to help them live together. The group grew step by step bigger. And a psychiatrist, Dr. Kawamura, who came to the Urakara Redcross Hospital began to support them. The group became a treatment and living community. They have some leading ideas, one of which is: "A meeting is much more important than three times foods of everyday." It reminds us Bazaglia’s idea of "assenblea". The psychiatrist Kawamura and the social worker Mukaiyachi intended to reduce medicaments and also the authority of psychiatry. With their supports people with mental disorders began to name their illness with their own vocabularies and to research themselves by themselves. It made the living community at the same time a research community. Mukaiyachi remembers that he learned the starting motto of "Bethel’s House" from phenomenology, namely, "By myself and together!". Certainly this motto reflects the essence of phenomenology that we should begin with a first person perspective, but go further through exchange of each perspective, and built a phenomenological research community.

6 Closing words

At closing words I would like to mention a new movement of mental health from Finland which is introduced recently in Japan and which we can find a sympathizing idea of "assenblea". It is called "Open Dialogue" which you know well I suppose. This method is practically inherited as one method to treatment intervention for patients with schizophrenia, centered in family therapists of Keropudas Hospital in Tornio, west Lappland Finland since 1980s. A team of experts should visit clients in critical situation of acute stage within 24 hours after request and open a dialogue everyday among patients, family and relatives until the situation
would improve. This method doesn’t use any medicament, but heal only through conversations. They discuss with all together a method of treatment, a possible pharmaceutical treatment and the pros and cons of hospitalization. They must not decide anything without the person concerned: it is the rule. In an ambiguous situation just a dialogue gives us a hope and a clue to get out of labyrinth.

These cases of “assenblea” in Italia, “Bethel’s House” in Japan and “Open Dialogue” in Finland we can find that people practices even against the common knowledge of mental medicine in order that the person concerned can recover talking. In every case we can find a reconsideration of the role of dialogue in the mental health medicine. By criticizing the situation that only psychiatrists have authority to access to patients, not only against biological psychiatry which professes evident-based objectivity, but also against phenomenological psychiatry which professes originally the first-person perspective, there is now a tendency to reconsider a dialogue among related persons in psychiatry.