The Suffering of People Living with Schizophrenia and Their Ways of Life in Contemporary Society: A Case Study of *Tojisha Kenkyu* at Urakawa Bethel Home, and Mental Health Services in Urakawa-machi, Hokkaido

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This essay aims to clarify the relationship between the mind and body, self and other, suffering and local environment in contemporary Japan through considering the experiences of people suffering from schizophrenia and the way they live.

It has become the mainstream in socio-cultural sciences today to go beyond mind-body dualism and discover mind-body correlation. Psychiatrists generally rely on DSM-IV-TR or ICD-10 codes to diagnose schizophrenia. Schizophrenia is said to result from a brain dysfunction that is expressed in the form of a split in the personality (or the self), with conventional treatments aiming to unify the personality through use of drugs. This drug model aims to control the brain dysfunction with drugs, in effect controlling the body to control the confused mind. Under the logic of the drug model, the mind and the body can be easily connected and unified.

In this essay I use the case of *tojisha kenkyu* (self observation) as practiced at the Urakawa Bethel Home, and mental health care programs in Urakawa-machi, a town in Hokkaido, to explore how the gap between the mind-body dualism and the unified theory can be bridged from the perspective of practices for coping with suffering from schizophrenia in daily life, and social relationships in the local environment.

Users of Urakawa Bethel Home participate in a great variety of activities with the support of Dr. Toshiaki Kawamura, a psychiatrist at Urakawa Red Cross Hospital who prescribes no more than the absolute minimum of drugs required to enable them to lead normal lives within society. His thinking is that the disease is important as a safety valve for human beings in social life, and should neither be excluded from the body, nor interpreted within the framework of psychiatric medicine. Since 2001, Urakawa Bethel Home has been implementing tojisha kenkyu, which means self-observation by users of their suffering that results in schizophrenia, and the ways they can cope with it. They personify their auditory hallucinations by calling them *Gencho-san* (= “Mr./Ms Auditory Hallucination”), interpreting them as a person to be communicated with in reality. By personalizing their inner voices as an invisible being, they are able to externalize the causes of their schizophrenia. This project has been enabled not only through mutual support between users looking out for each other in everyday life, but also with the support of doctors, nurses, social workers, public health nurses and other specialists in Urakawa.
A network of experts has been established and various meetings are held to help people in Urakawa with mental conditions to lead normal lives.

This paper seeks to find a way by which the gap between mind-body dualism and its opposite, mind-body correlation can be filled. This should be done from a social perspective grounded on the actual practice of the Bethel users, as they cope with the suffering that gives rise to their illness, and the context of their locality. It should be done through the *tojisha kenkyu* carried out at Urakawa Bethel and the activities of the mental health services in Urakawa-machi.

Keywords: DSM-IV-TR, externalization of illness, techniques of body and place, the multiple self, otherness of body