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People, community, and memories of madness in the Amami Islands, Japan

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Legal home custody of mental patients

The control of mental patients in modern Japan was regulated by the Mental Patients' Custody Act of 1900. This system depended greatly on Japan's patriarchal family system: To make the responsibility for control clear, one person, usually a family member, was assigned to be a *Kangogimusha* to take care of the patient.[1] The *Kangogimusha* had to file an application with the government office in order to put the patient in an institution.[2] At the time, however, the number of mental hospitals was so restricted that the law allowed the confinement of patients at home under the surveillance of the police.[3] Before that time, and going back to the feudal Edo period (1603-1868), home custody as a form of confinement of mental patients had most likely been seen all over the country,[4] but after the enactment of the Mental Patients' Custody Act, people recognized as mental patients had to be firmly controlled by the central and local governments.

Such authorized home custody may be described as public power coming bureaucratically into a private area and controlling in detail the care of mental patients at home. In other words, in modern Japan until the mid-20th century, when the institutionalization of mental patients had not advanced and the construction of mental hospitals was not expected for the time, "institutionalization at home" was the most feasible solution.

Indeed, home custody was the most prevalent method of care for mental patients in the first half of the 20th century in Japan. According to statistics of the Ministry of Health and Welfare, at least until the 1920s the number of patients who were cared for in home custody was probably larger than that in mental hospitals. Patients in home custody continued to increase and in 1937 reached their peak number of about 7,200.[5] This official number, however, is probably underestimated. Many more patients may have been confined at home, evading the law.[6]

From the beginning, leading psychiatrists, for whom the modernization of psychiatry in Japan meant matching the European standard, criticized home custody as an unsatisfactory and inhumane form of care, which should be replaced by care in mental hospitals. Of this group, Shuzo Kure, psychiatrist and professor of the University of Tokyo, was the most influential figure. After returning from study in Austria and Germany between 1897 and 1901, he consistently asserted that home custody should be abolished.[7] Under his guidance, his twelve assistants at the university inspected a total of 364 custody rooms all over Japan between 1910 and 1916. In 1918 their final report was published in a medical journal, with 105 cases of home custody depicted using a number of photographs and illustrations.[8] Based on the abundant description of cases and statistical observations, Kure concluded in the report that "we have come to know that the state of home custody in Japan is extremely unsatisfactory and that the control by governmental offices is imperfect."[9] It was natural for him to criticize home custody and the Mental Patients' Custody Act, but at the same time he recognized that the central issue rather lay in the shortage of psychiatric institutions: "We have an almost complete lack of national and public (prefectural) mental hospitals. The capacity of private mental hospitals is also very low." [10]

The construction of mental hospitals, however, was slow in general. Just before the outbreak of the Pacific War in 1941, only 7 public (prefectural) mental hospitals, with a total of fewer than 3,000 beds, existed in all of Japan under the Mental Hospital Act enacted in 1919, which stipulated the establishment of public mental hospitals.[11] On the other hand, private mental hospitals were steadily increasing. In 1940 there were 154 private mental hospitals. Although they had about 20,000 beds altogether,[12] the total number of psychiatric beds in Japan, including those of public mental hospitals and university hospitals, was still not enough for the patients who needed to be hospitalized. In this context, home custody continued to be realistic, especially in rural areas, and the Mental Patients' Custody Act remained in effect until 1950, when the new Mental Hygiene Act was adopted. Home custody was prohibited by this law, but it was allowed to continue for another year until 1951.[13] During this period of time, people released patients from home cages and sent them to mental hospitals.[14]

Home custody in the Amami Islands and psychiatrist Kansei Sato

In the Amami Islands, which consists of several small islands and is one of the southernmost parts of Japan, people seem to have had to depend on much more miserable home custody conditions for a longer time than in the mainland because of special conditions.

After the end of the Second World War, in February 1946, the Amami Islands were separated from Kagoshima Prefecture (a local government entity in the southern part of Japan) and were ruled by the US military government (SCAP, Supreme Commander for the Allied Powers). After that time it became impossible for the inhabitants to travel to Japan proper.[15] While the new Mental Hygiene Act in 1950 was applied also in the

Amami Islands,[16] people still had to depend on home custody because neither mental hospitals and nor psychiatrists existed there. When the islands were returned to Japan in December 1953, the Japanese government issued some cabinet orders including temporary measures for the returned Amami Islands. In reference to mental health administration, it said that, regardless of the regulations in the Mental Hygiene Act, home custody of mental patients in the Amami Islands should be allowed for a year after the enforcement of the cabinet order.[17] With this order, home custody in the south islands remained legal until 1954, three years longer than in the Japanese main islands.

In 1954, after the Amami Islands had already returned to Japan and home custody there was still legal, Kansei Sato, psychiatrist and professor of Kagoshima University, visited five islands in Amami to examine 61 home custody patients. According to his 1955 article, most patients were manic-depressive or schizophrenic males. The period of confinement at home varied from “under 6 months” to “over 30 years”. As the houses in Amami were themselves very small in general, the rooms for patients were also small: Most of the confinement rooms, built in the house or as a separate hut outside the house, had an area not exceeding 1 *tsubo* (ca. 3.3 square meters) and a height not exceeding 6 *shaku* (ca. 1.8 meters). To his surprise, Sato saw 6 patients who could barely move because they were shackled. For example, “Case 16: The patient is restricted by fetters of two pine logs, which are fixed to each other with three strong pegs. He has to hold these heavy fetters to move little by little.” In the last part of his article he harshly criticized the present state of mental patient care in the islands: “The human rights of many patients in the Amami Islands are violated. Some are confined in dark, offensive, unsanitary and small rooms, whose conditions are worse than those of cattle sheds. Some are restrained and treated with much more brutality than fierce animals in the

zoo." Sato reported the conditions in the islands to Kagoshima Prefecture and suggested that they establish a mental hospital there soon.[18]

Testimony about home custody in Amami Oshima Island

As a part of our research entitled "A study on confined patients and their communities under the Mental Patients' Custody Act (1900-1950) in Japan", supported by a grant from the Toyota Foundation, we visited Amami Oshima Island, the largest of the Amami Islands, in March 2006, after about a half century after Sato's survey on home custody. This subtropical island, which is 460 kilometers around and 712 square kilometers in area, is so mountainous that people used to take boats even to go to the next village until the roads were developed in the late 1950s.

Our main purpose in this visit was to gather testimony about the "most recent" home custody in Japan from the island's inhabitants and to search for the "ruins" of home custody. Through the introduction of the only mental hospital, Amami Byoin, and one of the village offices in the island, we were able to visit four male inhabitants who agreed to be interviewed. Each interview took about an hour and was conducted in the house of the interviewee or at the village office. Following are outlines of their stories, which deal with the lives and treatment of confined patients at home in the 1940s and 1950s.

Interviewee A, the head of the health and welfare division at a village office on the western coast of the island, gave us general information about home custody in Amami. He himself knew no patient confined at home because he was too young to witness home custody personally: "A room for patients' confinement was called a *Kak*. I hear about patients confined at home from older people, but I've never seen them. I think, as

people used to say, ‘That man was confined in *Kak* before’. The patients were released when they were in good health.”

Interviewee B, the former headman of the same village office as Interviewee A’s, recalls some episodes from around war time: “I think that all the *Kak* were destroyed and nothing is left now. When I was a child, it was frightening for me to come close to a *Kak*. There were two types of *Kak*. One was a cage inside the house; the other was a small hut with a thatched roof built in a field or on a hill. As a standard house at that time in Amami was too small to build a room for confinement inside, and the families wanted to place their patients somewhere inconspicuous, some patients were confined in those huts far away from villages. As patients’ families came all the way to the huts to give patients every meal, it can be said that the patients were looked after well in general. At that time we lived mainly on sweet potatoes and it was hard work to dig and bring them to the patients many times a day. I’ve never heard of shackled patients as professor Sato reported.” Interviewee B also related some episodes of patients he knew: “In spring some patients got out of condition. A naked patient who once had been confined at home used to disturb farmers who were planting rice. I remember another patient who was so strong that he often broke his *Kak* and escaped from it. One day during the war time a policeman was on the way to the *Kak* in which the patient was supposed to be confined. He would normally inspect the *Kak* and confirm that the patient was locked up there. But on the bridge, under which we were playing in the river, the policeman came across the patient who had just escaped from his cage. They wrestled with each other and the strong patient took a sword away from the poor slender policeman, broke it, and threw it into the river. There were several witnesses, but they didn’t try to help the policeman because they were afraid that later the patient would

shout the names of persons who took the policeman's side from the *Kak*."

The next memory belongs to Interviewee C, the former head of a residents' association in a community in the northern part of the island: "When I was a child, we said, 'there is a *Furimon* (madman) in that house.' As children, we were so scared of confined patients at home that we looked at them from a distance of more than ten meters. I knew two male patients who were confined at home in this community. One was confined in the house next-door to my parents. It was said that he became mad because, during his absence from home due to military service, his wife had an affair with another man. The patient committed suicide by hanging himself in the mountains in the end. His family moved and the house was torn down. Now there is only an empty lot. The other patient, who had worked as a policeman in Taiwan, became mentally ill supposedly because of unrequited love, and was confined at home. He often shouted so loudly that people could hear his voice 100 meters away. After ten years' confinement he freely walked through the village, smoking." After we finished talking in his house, Interviewee C guided us to the spots where the two patients were once confined. As he said in the interview, the spot where the first patient was confined was just a lot with no buildings. As for the other patient, he hesitantly pointed from a distance to a renovated house in which the patient had been confined several decades ago. Interviewee C was very concerned about the privacy of the patient's descendants living there, so we did not press this issue any further and left the spot.

Interviewee D, a member of a town council at the eastern coast of the island, also remembers some patients confined at home or in a thatched hut on the hill: "Patients in a *Kak* were so frightening for me. I never looked in. Around 1945 a soldier who had become mad on the battlefield and came back to Amami was confined in a hut halfway

up the hill, far from the village. He always shouted commands. His voice reached even my house over the river. His mother took care of him very well and brought every meal all the way to him on the hill." After the interview, we went from Interviewee D's house along the street, crossed the river, and climbed the hill where he said the hut for confinement once stood. However, there was no trace of the former hut. The surrounding area was covered with trees and plants. We were able to see how far away the spot was located and isolated from the village.

Hospitalizing patients

After exploring the oral histories in Amami, we cannot help admitting the gap between professor Sato's descriptions and the testimonies from Amami inhabitants. On the one hand Sato underscored the brutality of home custody and the misery of confined patients, stating that they were treated "in the worst form of psychiatric care ever seen."[19] It is true that he himself explained that the excessively restricted patients were only those on Okinoerabu Island where "a public official of sadistic character seems to control the patients very strictly"[20], but in his article Sato effectively inserted photographs of fettered patients on that island to underline the miserable state in the Amami Islands as a whole, and demanded the early establishment of a mental hospital. Sato's view reflects the prevailing psychiatry policy in post-war Japan. Not only for Sato himself, but for psychiatrists all over the country, hospitalization of mental patients, which was still incompletely realized in the 1950s, was an urgent task at the time. To emphasize the miserable situation of mental patients and their families was a strategy for hospitalization. On the other hand, our interviewees testified that although the patients were not always accepted very well either at home or in the community, they

were not treated as badly as Sato described in his 1955 article and were rather looked after properly as a member of their family under the limitations of the contemporary psychiatry system. Although home custody was never the best way, it was an inevitable and realistic compromise to control the mentally ill in islands where no psychiatric institution existed.

In the late 1950s, however, the interests of doctors and people coincided. People who used to confine mentally ill family members at home welcomed the establishment of the first mental hospital in the Amami Islands, Amami Byoin, with 38 beds in 1959. Before the establishment of this mental hospital, patients to be hospitalized had to be sent by ship to Kagoshima on the Japanese mainland. The transportation of the patients took a long time and cost a lot. In addition, as they had to occupy the ship with ordinary passengers, a variety of troubles occurred time and again on board.[21] As the records of this private hospital in Amami shows, the number of psychiatric beds increased dramatically after its opening.[22] In 1960 a psychiatric ward with 50 beds was also established in the public general hospital, Oshima Byoin.[23] Since 1959 the history of psychiatry in the Amami Islands has always been associated with mental hospitals.[24] In other words, through the hospitalization of mental patients, people's memories and experiences of madness have shifted from patients at home and in the community to those in psychiatric institutions, where even their families were not able to easily find out how they were treated.

Notes

[1] The Mental Patients' Custody Act, Article 1.
[2] ibid. Article 3 (and its enforcement regulation, Article 3).
[3] ibid. Article 9.
[4] For instance, Hiruta, Genshiro. 'Hayari-yamai to kitsune-tsuki [epidemics and fox-possession]', Misuzu-shobo, Tokyo, 1985, 56-126.

[5] Kosei-sho [The Ministry of Health and Welfare]. Isei-80nen-shi [80 year's history of the medical system], Tokyo, 1955, 802-803.
[6] For example, when psychiatrists inspected 23 home custody patients in Hiroshima Prefecture in 1950 and 1951, they found that 13 of them had been confined without the permission of the prefectural governor. It is certain that such "illegal" home custody patients were not counted in the statistics of the government. cf. Hiroshima-seishin'eisei-kyokai [The association of mental hygiene in Hiroshima] (ed.). 'Hiroshimaken-seishin'eisei-kantei-hokoku [Report on mental hygiene examinations in Hiroshima Prefecture]', Hiroshima, 1951.
[7] Seishin-iryoshi-kenkyukai (ed.). 'Kure Shuzo sensei sono gyoseki [Professor Shuzo Kure: His works]', Tokyo, 1974, 68.
[8] Kure, Shuzo and Kashida, Goro. 'Seishin-byosha-shitaku-kanchi no jikkyo oyobi sono tokeiteki-kansatsu [The present state and the statistical observation of mental patients under home custody]', Tokyo'igakukaizasshi, 32, 1918, 521-556, 609-649, 693-720, 762-806. This article was also published as an offprint by the Home Ministry in the same year. In the following, the author refers to the version of the Home Ministry (reprint: Sozo-shuppan, Tokyo, 1973).
[9] ibid. 138.
[10] ibid. 138.
[11] Okada, Yasuo. 'Nihon-seishinka-iryoshi [The history of psychiatry in Japan]', Igaku-shoin, Tokyo, 2002, 181.
[12] Kosei-sho [The Ministry of Health and Welfare]. 'Seishin-byosha-shuyo-shisetsu-shirabe [Investigation of psychiatric institutions]', Tokyo, 1940.
[13] The Mental Hygiene Act, Article 48.
[14] The transportation of confined patients from their homes to mental hospitals was carried out with difficulty. According to the new Mental Hygiene Act, psychiatrists who were appointed by the Ministry of Health and Welfare as mental hygiene judges, roamed the countryside to examine home custody patients and, in many cases, had to transport them to mental hospitals by force. cf. Hashimoto, Akira. 'Chiryo-no-ba wo meguru seishin-iryoshi [Place of treatment and history of psychiatry]', in Serizawa, Kazuya. 'Zidai ga tsukuru kyoki [Madness invented by the times]', Asahi Shimbunsha, Tokyo, 2007, 76-79.
[15] Fujiwara, Nampu. 'Shin-Amami-shi jokan [The new history of Amami, Volume 1]', Amamishunjusha, Naze, 1980, 675-677.
[16] According to the Memorandum Concerning Governmental and Administrative Separation of Certain Outlying Areas from Japan, issued by SCAP on January 29th, 1946, the laws in the Japanese main lands were applied in Amami except for those of military affairs. cf. Fujiwara, Nampu. op. cit.
[17] 'Seirei dai 410 go: Amami-gunto no fukki ni tomonau kosesho-kankei-horitsu no tekiyo no keikasochi ni kansuru seirei [Cabinet order No. 410: Temporary measure of laws related to the Ministry of Health and Welfare followed by the return of the Amami Islands]', December 24th 1953.
[18] Sato, Kansei. 'Amami-chiho-fukki-toji ni okeru seishinbyo-kanja no shogu-jokyo ni tsuite [The treatment of mental patients in the returned Amami Islands]', Kyushushinkeiseishin'igaku, 4(3-4), 1955, 140-149.
[19] Sato, Kansei. op. cit.
[20] Sato, Kansei. op. cit.
[21] For example Gen'ichiro Imamura, founder of Amami Byoin, wrote: "While a nurse was inattentive, a nymphomaniac suddenly hugged a male passenger. It drew a strict protest from other passengers and crew." or "A patient disappeared while a nurse was sleeping at night. The nurse, worrying that the patient could have leapt into the sea, looked for him with crew, making a big fuss. In the end they found him cling to the top of the mast." cf. Imamura, Gen'ichiro. 'Waga shima no moyuru ga gotoku ni [The autobiography of Dr. Gen'ichiro Imamura]', 1970, 206-211.
[22] The number of psychiatric beds increased from 38 in 1959 to 184 in 1962, 233 in1966, 330 in 1970, and 350 in 1986. The number of 350 has not changed until the present. http://www4.synapse.ne.jp/amamihp/
[23] The psychiatric ward in Oshima Byoin was closed in 1965 and changed to a general ward. cf. Kagoshima Kenritsu Oshima Byoin. 'Kagoshima Kenritsu Oshima Byoin kaisetsu-hyaku-shunen kinenshi [A commemorative publication of the 100th anniversary of Oshima Hospital]'.

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[24] Anno, Hidenori. 'Amami-gunto ni okeru chiiki-seishin-iryo zakkan [Some thoughts on community psychiatry in the Amami Islands]'. Handout for a meeting at Amami Byoin held on March 29th, 2006.

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