

# A psychoanalytic inquiry into the protomental roots of the sudden increase of tuberculosis in Japan: A bionic interpretation

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## ABSTRACT

In the present study the author attempted to discuss the cause of the sudden reemergence of tuberculosis in Japan from a group psychoanalytical perspective, especially Bion (1961)'s "protomental system (PMS) hypothesis". The author postulated that this return of the deadly disease was due to the predominance, in Japanese society, of a social (or large group) mentality characterized by a rigid coexistence of the basic assumption group of fight/flight (baF) and the work group (WG). Owing to this rigidity, the dependency basic assumption group (baD) and its inherent needs for dependency are thus suppressed and frustrated by the large group (nation). It is with this suppressed baD and its characteristic needs that the increase of tuberculosis is affiliated. In other words, it was postulated that the increase in tuberculosis was caused (*cause*) by the dominance of baF supported by a pseudo-work group activity, and is affiliated (*affiliation*) or associated with frustrated dependency needs. Moreover, it was argued that tuberculosis is a somatic attempt by the individual patient to express and satisfy dependency needs for him/herself and the whole large group. For although the large group as a whole suppresses the baD needs, they constitute an indispensable aspect of the large group and its members. Therefore this individual attempt to satisfy these needs through the disease is encouraged and supported by the large group. Owing to a lack of an objective measurement tool or a scale which can be used to determine the dominant basic assumption group in a given large group at a given time, the author resorts to a socioanalytic approach, providing data from a large number of sources (laws, policies, proposal, historical events, attitudes and beliefs) to illustrate the present hypothesis. The author discusses also the implications the adoption of Bion's PMS-based etiology has on the role of the group psychoanalyst (including clinical psychologist) in understanding, dealing with, preventing and planning for group related diseases.

## **Tuberculosis as a Social Representation In Japan: A Brief History**

In July 26, 1993 the Minister of Health, Labour and Welfare declared a state of emergency related to a sudden increase in the number of tuberculosis patients ([http://www1.mhlw.go.jp/houdou/1107/h0726-2\\_11.html](http://www1.mhlw.go.jp/houdou/1107/h0726-2_11.html)). According to the statement, forty three years ago, tuberculosis was referred to in Japan as the "national disease", however, thanks to

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the improvement in living standards, medical and pharmaceutical development, and the efforts made by the local governments and individuals, the number of tuberculars decreased to its lowest level, to a point that people (including general public and medical community) has nearly forgotten its existence.

Tracing the cultural history of tuberculosis in modern Japan, Fukuda (2003) reported that this disease was known before the 1868 Meiji Restoration under the Japanese name of *Rogai* (劳咳), or consuming and coughing. According to Fukuda, tuberculosis was considered as a disease peculiar to upper class women and young intellectual men.

Meiji Restoration not only led to Japan's modernization, industrialization and urbanization, but also to a considerable increase in tuberculosis called then by a new name, namely *Haibyō* (肺病), or lung disease. The first years following the Restoration, were characterized by two famous policies and slogans, namely *Shokusan-kogyō* (殖産興業) and *Fukoku-kyōhei* (富国強兵). These two slogans called respectively for the "increase of the production, and promotion industry", and "enrichment of the country and strengthening of the Army". For Japan was eager to catch up with the European industrialized countries. Discussing the relationship between this socio-economical climate on tuberculosis, Fukuda (2003) writes that

In the course of this process bad working conditions (typically seen among female mill hands), long working hours, polluted, unsanitary conditions, unnutritious diet, and so forth were particularly prevalent. Therefore, high morbidity and mortality resulted. The main cause of death was tuberculosis (p.1).

These female patients, which were often expelled after they felt sick, were depicted by Osamu Ishihara (1800-1900) in 1915 in his controversial book titled *Joko to kekkaku* (Female Mill Hands and Tuberculosis).

According to Fukuda, the data concerning tuberculosis, reported in the official data book in 1883, showed a gradual increase in this disease, and a relative high mortality rate as a result of the tense and stressful social and work atmosphere characterizing the Meiji period, and a lack of knowledge about and effective medical remedy for this disease.

Meanwhile a phenomenon which Fukuda (2003) calls "romanticization of tuberculosis" began to emerge. A number of novels with tuberculars as principal heroes were published. There was also a tendency to attribute aesthetic qualities to those patients, which led to a belief that women were especially attracted to male tuberculars. This led even to the beautification of the tubercular's allure, as demonstrated by the works of a number of famous contemporary novelists and poets.

One of the works reflecting this beautification tendency is Ryosen Tsunashima's

(1800-1900) famous and widely read novel, *Zangiku*, or the "Remaining Chrysanthemum". The novel relates the story of a dying young tubercular woman who was miraculously cured when her beloved husband came back from a long study trip in the United States.

The novel *Hototogisu* (Nightgale) written by Roka Tokutomi (1800-1900) in 1898 is another example of this beautification tendency. The story related in this novel is about a gentle, innocent and affectionate woman who is afflicted with tuberculosis which is depicted as a deadly and daemonic disease.

The famous novelist Ogai Mori (1800-1900), who was himself a tubercular, contributed also to this aesthetic social representation (Moscovici, 1976; Farr & Moscovici, 1984) of tuberculosis. In 1921, he translated in Japanese Arthur Schnitzler's *Der Sterben* (The death) as *Miren* (Bound or Attachment). This novel depicts the tragedy of a tubercular leading a life of pleasure and luxury. According to Fukuda (2003), this novel has a great influence on many novelists and poets. Among these figures, there were Tatsuo Hori (1800-1900), a central figure in what is called the "sanatorium literature", and the poet-novelist, and artist Yumeji Takehisa (1800-1900) who exerted considerable influence from the Meiji to Showa eras.

In parallel with this romantization and beautification of tuberculosis, the rate of patients continued to increase, to a point where, as mentioned previously, this disease was referred to as a "national disease". However, thanks to the introduction of western medicine, amelioration of the standards of living, pharmaceutical advances, tuberculosis in Japan entered a period of latence, and fall into oblivion until a decade ago (Ishikawa, 2000).

However, as mentioned in the beginning, Japan is, according to the Ministry of Health, Labour and Welfare, experiencing now a return of the deadly disease. Here is how the Minister summarizes the actual situation facing the country ([http://www1.mhlw.go.jp/houdou/1107/h0726-2\\_11.html](http://www1.mhlw.go.jp/houdou/1107/h0726-2_11.html)).

Tuberculosis is by no means a disease of the past...In Japan, approximately 42,000 new cases were reported in 1997 alone. In the same year, some 2,700 people lost their lives because of this disease, making tuberculosis Japan's deadliest contagious disease. Moreover, in recent years, Japan has come to face a wide range of serious problems pertaining to tuberculosis and calling for immediate action. These include the emergence of strains resistant to multiple drugs, the increasing frequency of group infections in schools, medical facilities, and facilities for the elderly, the growing incidence of tuberculosis among the elderly, and the presence of tubercular patients among foreign residents of Japan. It has now become apparent that, after many years of steady decline, the number of new cases reported in 1997 marked the first increase in 38 years, while the morbidity rate increased for the first time in 43 years. There is a clear danger that

these figures will continue to move upward in the years ahead...We must not allow ourselves to be lulled into believing that tuberculosis is a disease of the past rather, we must fight it, in the knowledge that it poses a serious threat to the health of the entire country. Failure to do so will certainly sow the seeds of future disaster...Japan must not return to the age when tuberculosis was the "national disease." ...All the forces of the nation must be united, based on this awareness, in the fight against tuberculosis (July 26, 1999).

### **Similarities Between the Previous and Actual Increase in Tuberculosis**

The question that may the reader ask him/herself is why this sudden increase in tuberculosis. Unlike four to five decades ago, the answer does not reside in the hygienic level, low standards of living, or deplorable work conditions. For since the period where tuberculosis was a "national disease", Japan has developed to a point that she has caught up with the world most developed nations in many aspects. Therefore, I believe that the answer, should be, thus, looked for not in the infra-structure or socio-economical conditions of the country, but rather in another area, namely in the nation's "mentality".

The hypothesis which will be developed here is that there is a similarity, in terms of the prevailing national mentality, between the period starting from the Meiji restoration to the first quarter of Showa era and the present time. That is, Japan is actually displaying the same kind of mentality than in the first period, and it is this very mentality that is at the roots of 1) the spread of the Tuberculosis in the first period, and 2) the sudden increase of this disease recorded recently.

Determining precisely the mentality prevailing in a nation or a large group is a difficult task, because of the lack of a precise definition of "mentality", and a lack of an objective measurement tool for it. Therefore, at this point, I will use the term in a loose manner, and try to discuss the principal characteristics of this pathogenic mentality before attempting any definition of the term.

What characterizes this mentality is emphasizing principally the nation, society, community, and large group to the detriment of the individual. The latter is urged to do sacrifice for the profit of the former. Individual freedom and revendications are repressed because they are considered as byproducts of egoism or ego-centrism, *amae* (Doi, 1973), and were thus perceived as harmful to the nation. This mentality is also characterized by the presence of an opponent or an enemy to fight or compete with. The leadership is authoritarian, paranoid, and provocative. This leads to a social climate characterized by tension, stress, fighting and competition spirit. This spirit is highly evaluated as the sole means for the nation's survival and development, and is therefore strongly encouraged. All these characteristics can be found reflected in the two famous policies of *Shokusan-kogyo* and *Fukoku-kyohei* adopted by the Meiji regime, and continued to exert influence

even until a few decades ago. As discussed previously, both policies and the slogans derived from them called respectively for self-sacrifice for the nation, increase of the national production, and promotion industry, enrichment of the country and strengthening of the Army, in order to catch up with developed western countries.

As mentioned previously, this socio-economical mentality is not limited to Meiji regime. There is a striking similarity between this mentality and the one prevailing in the actual Japanese society. Although the two mentalities may bear different names, they are characterized by similar features bearing different appellations. The mentality prevailing in actual Japan will be discussed in details later.

As can be guessed here, the main idea the author wants to convey here is that tuberculosis is a disease that strikes the individual, but it is, in the last analysis, a group disease: that is, a disease related to the large group (nation)'s mentality and behavior described above. Of course, this idea is far from being new. Many researchers and thinkers have sensed the relationship between tuberculosis and the society or the group. For instance, in his statement of emergency, the Minister of Health, Welfare and Labour attributes the sudden increase of the disease to 1) the emergence of strains resistant to multiple drugs, 2) the increasing frequency of group infections in schools, medical facilities, and facilities for the elderly, 3) the growing incidence of tuberculosis among the elderly, and 4) the presence of tuberculars among foreign residents of Japan. As can be seen here, with the exception of 1), all the factors to which the increase of tuberculosis is attributed are group-related factors. Which suggests thus that the cause of tuberculosis is to be sought in the large group and the mentality by which it is dominated. This hypothesis was first discussed by Wilfred Bion (1961) in his *Experiences in Groups*. Before developing further this hypothesis, it is necessary to first briefly introduce Bion's main ideas on group, and then develop this hypothesis and apply it to shed light on the cause of the recent increase in tuberculosis in Japan.

## **Bion's Theoretical Contribution**

### **1. The Two-Fold Nature of the Group Work Activity**

According to Bion (1961), the group's mental activity comprises two opposite aspects: one aspect conscious, rational, and based on and oriented towards reality, and the other unconscious, emotional, and based on illusion and phantasy. He referred to the former as "work group" (WG), and the latter as "basic assumption group" (baG), remarking that the term "group" as used here "embraces only mental activity of a particular kind, not the people who indulge in it" (p.144).

A group is said to be displaying characteristics proper to the WG activity if the members constituting it 1) cooperate to perform their "basic task", or the task they met for;

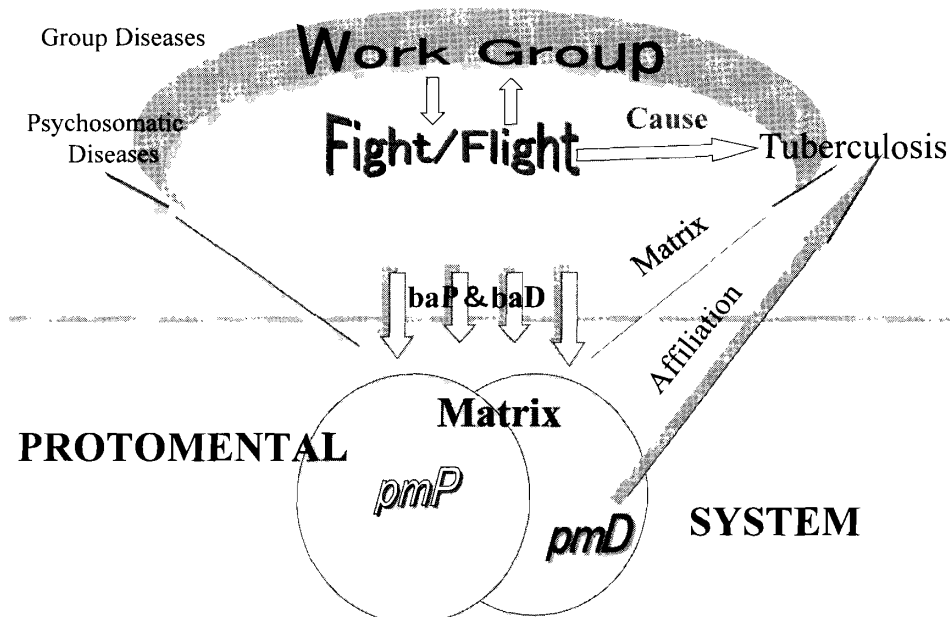
and 2) are trained for the task; 3) have a capacity for experience and learning from experience, 4) uses rational, and scientific methods even if rudimentary; and 5) are conscious of and value development and time.

This mental group activity always coexists with another group activity, or baG, which depending on the relationship prevailing, obstructs, diverts or, on occasion, assists it. The baG is constituted by different "mental activities that have in common the attribute of powerful emotional drives" (Bion, 1961; p. 146). Bion called these emotionally-loaded mental activities, "basic assumptions", and adumbrated three different ones, namely the "basic assumption of dependency" (baD), the "basic assumption of fight/flight" (baF), and the "basic assumption of pairing" (baP). Discussing these basic assumptions in details goes far beyond the scope of the present study; therefore I refer the reader to Bion's "Experiences in Groups" and the author's works discussing this topic (see for instance, Hafsi, 1999).

## 2. The Protomental System Hypothesis

The relationship between WG and those basic assumptions is such that the former always coexists with only one basic assumption at one time. Three types of relationship between the two mental activities can be observed (Hafsi, 2003). As mentioned above, the prevailing basic assumption, or baG, will 1) obstruct, and dominate the WG (obstructive relationship); 2) the WG will make use of the spirit of the baG operating with it for further development (transformation relationship), and to use Bion's terminology, 3) the WG and the operating baG will conspire (rigid conspiracy relationship) to keep at bay, or suppress the other two baG. Then what will happen to these the suppressed and non-operative basic assumptions ?

To answer this question Bion (1961), developed the "protomental system (PMS) hypothesis", a hypothesis which "transcends experience" (p.101). Bion postulates that the two inoperative basic assumption groups will be confined, as indicated in Figure 1, to the PMS where they will remain in an undifferentiated form, that is in a form which is neither physical nor psychological. They will remain there until they become differentiated, recognizable, and until the group will resort to one of them as a substitute for the baG prevailing (dominant) with the WG. This is the case when the WG and the basic assumption which coexists with it have an obstructive or transformation relationship. However, as indicated in Figure 1, when WG and the dominant baG have a rigid conspiracy relationship, the two other baG (baD and baP in the case of tuberculosis) will be strongly suppressed in the protomental system so that they don't manifest themselves, and come to disrupt the precarious, but tenacious relationship of the WG and the dominant baG. The thus suppressed baG will form, argues Bion, a *matrix* from which spring group diseases (see Figure 1).



**Figure 1. Etiology of Tuberculosis**

Figure 1. Graphic Representation of the Etiology of Tuberculosis

### 3. Tuberculosis as a Protomental Phenomenon

Hence, it is a rigid relationship that is at the roots of a number of psychosomatic diseases or group diseases, and tuberculosis is one of them. That is, Bion (1961) postulated that tuberculosis is a group disease even if it manifests itself in the individual. As indicated in Figure 1, it has for *cause* a rigid relationship between the work group (WG) and the fight/flight (baF) basic assumption group; its *matrix* is constituted by the prototype of the other two basic assumptions, namely dependency (pmD) and pairing (pmP), and its *affiliation* is with dependency or pmD.

To put it differently, tuberculosis is the result of a rigid coexistence of baF and WG. Owing to this rigidity, the group-as-a-whole is forced to repress any manifestation of dependency (baD) and pairing (baP), although these are essential aspects of the whole group and the individuals constituting it. As discussed above, under the pretext that this will improve the group or the nation's socio-economic conditions, this coexistence of the baF and WG will encourage individual sacrifice, value cohesiveness, nationalism, and any act reflecting these pseudo-values and norms. On the contrary, individual demands, requests, or any behavior or intervention that are felt to reflect individual needs (dependency) more than the group can tolerate are not taken into consideration, or strongly countered, and criticized, because they may put the group into jeopardy, and destroy its fragile

cohesiveness.

Furthermore, tuberculosis is an individual reaction to this group climate or mentality, which is stirred by the whole group as an attempt to remedy to the situation. The term "mentality" is used here to describe all the characteristic aspects of the group's behavior as reflected in its structure, organization, planning, policies, thoughts, and so on. The group mentality is determined by the dominant baG which is then reflected in it. In the case of tuberculosis the dominant baG is the baF.

To summary, tuberculosis is the result of the group's (tubercular patients) attempt to satisfy, indirectly through individual disease, its protomental needs for dependency. For tuberculosis puts the patient in condition of complete dependency; and the treatment of this disease requires isolating the patient (baF), and completely taking him/her in charge. By taking care or nurturing the patient, the nation or group will, through identification with him/her, satisfy its protomental needs for dependency. It is also this identification that is partially at the roots of the special treatment, in terms of medical and material care, and beautification, discussed previously, enjoyed by the tubercular even in economically difficult times, during and after the war for example.

The patient's isolation, in a sanatorium for instance, has two purposes. This will allow the the group to protect itself from the disease which constitutes a real threat and danger, and also from the unconscious and phantastic fear that the baD might pervade the whole group. Hence, thanks to the disease, the group can not only give indirect satisfaction to the individual and the whole group's pmD, but can also consequently manage to keep the *status quo*, that is continuing to functioning under a rigid combination of WG and baF.

The reader may have been already struck by the fact that what has been said about the role played by tuberculosis for the whole group bears a striking resemblance with the psychoanalytic conception of symptom. In psychoanalysis, a symptom is conceived of as the result of repression, and as a substitutive attempt to satisfy the repressed affect or desire. This definition may be applied also to tuberculosis. We can say thus that tuberculosis is a group symptom resulting from the suppression of dependency needs and desires; its function is to provide a substitutive satisfaction of the nation's repressed dependency needs.

One question remains to be answered. Who is this master of self-sacrifice who will be willing to get sick for the sake of the whole group's dependency ? Bion (1961) provided us with a possible answer by proposing the concept of "valency". According to Bion, valency corresponds to "the individual's readiness to enter into combination with the group in making and acting on the basic assumptions..., events in the PMS" (pp. 116-117). Each basic assumption or protomental events (repressed basic assumptions) has its



corresponding valency. That is, a valency can be of dependency type (dependency valency), fight/flight type (fight/flight), and pairing type (pairing valency). Each person will tend to express and act on the basic assumption corresponding to his/her valency type. For instance, a person with a dependency valency will tend to contribute to, express, and act on baD and pmD. Hence, the answer to question is thus: A group member with the right valency. That is, a person who will express the group's pmD through becoming sick should have a dependency valency. We can postulate, in other words, that the valency of a tubercular is of dependency type. The author is now conducting an empirical study to test this hypothesis. Let us now see whether this hypothesis applies also to the sudden increase of tuberculosis in Japan.

### **An attempt to illustrate the Hypothesis**

The author believes that this hypothesis can be applied to shed light on the increase in the rate of tuberculosis observed in Japan. That is, he argues that this increase is a result of a group mentality characterized by a rigid combination or coexistence of baF and WG. To be able to demonstrate the validity of this hypothesis, it is indispensable to provide data showing that 1) Japanese society is really under the dominance of this mentality, and 2) that dependency needs are not given free expression, and, consequently, are frustrated. Unfortunately, this is a difficult task. Because no empirical data are available, and there is no objective method to measure the basic assumption prevailing in a nation (Japan) at a particular time.

Given this difficulty, I will thus adopt a clinical, especially a psychosocioanalytical approach to provide data supporting his hypothesis. That is, I will proceed like a psychosocioanalyst when observing a client-organizational group, collecting clinical data during consultation, and analyzing them. The client here is Japanese society, and what correspond to the clinical material is any social, political, and economical phenomenon (policy, opinion, belief, etc.). It is from these phenomena that will be inferred the data used to illustrate the hypothesis developed in the present study.

Before commencing to demonstrate the fact that Japanese society is functioning under the dominance of baF, it is necessary first to describe the main characteristics of this type of basic assumption group. What principally characterizes baF is 1) a group climate characterized by suspicion, feeling of tension, aggressivity and hostility towards in-group deviants, (in-group and) out-group scapegoats, and real or fictive enemies; 2) group centrality or high emphasis of the group, and consequently underevaluation or sacrifice of the individual to the detriment of the whole group; and 3) A paranoid leadership. Let us now see how these characteristics are reflected in the actual Japanese society.

### 1. Tense, Hostile and Aggressive Social Climate

There are numerous indicators and factors betraying this social climate; discussing them all goes far beyond the present study. Consequently, I will confine myself to the generally most salient and recognized ones.

Until a decade ago, Japan was considered by Japanese people and non-Japanese residents as a country where security is taken for granted. However, we are recently witnessing considerable changes. According to a newspaper, near to 80 percent of the Japanese people feel that they may be involved in a crime as a victim. This feeling is justified when we refer to the statistics published by the Japanese national police about the increase of crime. According to the figures published in the white paper of by the Japanese national police the number of crimes committed in 2001 (3256109 cases) (<http://www.pdc.npa.go.jp/hakusyo/h12/h12index01.html>) has increased of more than 9 times compared with the previous year (352058 cases). This has led the National Police Agency to take emergency measures including boosting the number of police officers to "improve the nation's public safety" (The Daily Yomiuri, August 27, 2003). Similarly the Tokyo District Public Prosecutors Office displayed the same tendency by doubling the number of officials in the public safety department (The Daily Yomiuri, August 22, 2003).

The same feeling of insecurity characterizes the international relations. There is a general atmosphere of suspicion, and paranoid fear and feeling that national security is threatened by foreign residents and immigrants. A large part of the increase in crime is attributed by the media to the foreign community. The other more serious threat is felt to come from Japan neighbour and enemy, North Korea. Although it is partly reality-based, this thread is extremely exaggerated. The medias spend a large part of their broadcasting time "feeding" their viewers, listeners and readers with news about North Korea, and its leader Kim Il Jong. Every statement, behavior from him or any political delegation is seen as a proof and a support for the general paranoid feeling that North Korea will launch its missiles to destroy Japan at any moment.

The following statement of the Defense Agency Director illustrates this feeling.

There will be no diplomatic solution unless we at least show that we won't succumb to threats. They (ballistic missiles) could reach Nagoya in eight minutes, and we currently have no means of intercepting them. Should they carry chemical and biological weapons, tens of thousands or people would die (The Daily Yomiuri, September 9, 2003).

This has led the government to consider implementing a law that will give the Prime Minister *carte blanche*, allowing him thus to "issue a defense mobilization order using his

own judgment to allow the Self-Defense Forces to intercept incoming ballistic missiles without having to obtain prior approval from the Security Council of Japan or the Cabinet" (The Daily Yomiuri, August 26, 2003).

This paranoid fear of external enemies is such as not only North Korea but even far away countries such as Afganistan, Iraq and their repective regimes became threatening and dangerous objects to fight with. The war in Afganistan and Iraq served as opportunities for the government to propose an amendement of the constitution, especially the famous article 9. The aim of the constitution amendement is to rewrite this article in order to make possible the dispatch of the Self Defense Forces abroad and allow them to participate in war activity outside Japan.

## 2. Group Emphasis Virsus Individual Devaluation

As mentioned above, another aspect of the fight/flight mentality is group's emphasis of the group-as-a-whole and devaluation of the importance of the individual. There are many examples illustrating this tendency. One of the most evident example is the escalating increase of nationalism or patriotism supported by an educational curriculum and program. The history and ethics textbooks selected, for use in schools, by the Japanese Ministry of Education, Sports, Science and Technology, were and continue to be criticized for the fact that they strongly reflect this nationalist or patriotic tendency. The opponents argue that these textbooks are not based on reality and provid the students and the reader with a false interpretation of history and convey a chauvinistic picture of Japan's colonial past.

Another example of this tendency is the imposition of the use of Japanese flague, and singing of the national anthem at schools to stir and nurture patriotic feelings and values in young children, who, according to the Ministery, are not patriotic enough. This lack of patriotism is considered as a danger which Japan will face in the future.

The *jukinetto* (住基ネット) (<http://www.soumu.go.jp/c-gyousei/daityo/>) which was put into practice in August 25, 2003, is also a policy illustrating the tendency which consists in evaluating the whole group (nation) more than the individuals composing it. As a policy, *jukinetto* aims at grouping the different towns and prefectures into 3 geographico-economically "strong" and competitive groups, namely *Hokkaido*, *Tohoku*, and *Kyushu*. As will be discussed below, besides grouping independent cities and prefectures, this policy has also another complementary aim, that is having a better control on regional (cities and prefectures) governments. This correspondends to the baF tendency to control and put pressure on the individual and subgroups in small groups.

Patriotism (nationalism) is a two-fold phenomenon: 1) It preaches love and support for the nation or the ethnic group as a whole, and 2) encourages self-sacrifice and impos-

es a relative restriction on individual freedom, needs, resorting eventually to physical control and (psychological) manipulation as a means. The above-mentioned phenomena illustrate only the former aspect of patriotism. The economical program referred to *ita-mikaikaku*, or "pain reform" which was proposed and put into practice by the actual Prime Minister Koizumi's Cabinet, is as an example of the other aspect of this phenomenon. For this program is based on the belief that no recovery is possible unless the people will be able to experience pain and endure it. Therefore, it urges people to be ready to do "self-sacrifice and share the pain". This slogan reflects a baF aspect, for it encourages self-sacrifice for the benefit of the group-as-a-whole.

The other component of baF mentality, namely, the tendency to control, put pressure on, and be strict, severe towards the individual member is reflected, for instance, in *kojin jouhou hogohoun*, or the "law about the protection of individual information (data)", (<http://www.mainichi.co.jp/digital/houan/01.html>) which was proposed in 1988 and put into practice in 2003. This law (No. 57) aims, in principle, at creating a database and a government organization which will, based on the law, control the use of the data in order to protect individual rights and freedom. However, this law was strongly and widely criticized by the medias and intellectuals (artists, journalists, writers) as an attempt by the government to control and limit the freedom of speech. The following statement, published by the Collective Appeal Association For Rejection of The Individual Information Protection Proposal (<http://www.interq.or.jp/japan/s9d/>) is an example:

There is a dangerous possibility that this government proposal will be used as a means for restraint and surveillance of citizens... We don't need to be very imaginative to understand that this proposal...will allow the State to gather information about citizens...That a system allowing the State to select the citizens it wants is being gradually developed is no more a fiction. The problem of violation of broadcasting freedom and media restraint is a concrete example of the danger inherent in this proposal (<http://www.interq.or.jp/japan/s9d/readme2nd.html>) (Author's translation).

As an example of the severity and lack of leniency towards the individual, we can cite also the increase of death penalty and the public's attitude towards it. In Japan, no execution was carried out between November 1989 and March 1993. This was partly due to the ratification by the United Nations of "The Second Optional Protocol to the International Covenant on Civil and Political Rights (ICCPR)". In the 8 years (from 1982 to 1989) before executions stopped, 13 persons were executed. However, the number of executions in the 8 years (from 1993 to 2000) since the death penalty was resumed reached 39 persons, that is, three times as many as before. According to recently pub-

lished statistics, as of December 31, 2000, 53 condemned were waiting for their execution ([http://www.jca.apc.org/stop-shikei/epamph/dpinjapan\\_e.html](http://www.jca.apc.org/stop-shikei/epamph/dpinjapan_e.html)).

This lack of leniency towards the individual does not characterize only the judicature; it is also supported by the general public. According to an opinion poll conducted by the government in 1999, 79.3% of the respondents ([http://www.jca.apc.org/stop-shikei/epamph/dpinjapan\\_e.html](http://www.jca.apc.org/stop-shikei/epamph/dpinjapan_e.html)) reported that they think that "the death penalty system is necessary through unavoidable circumstances".

### **3. Paranoid Leadership**

The presence of paranoid leader is also an indispensable feature of the baF mentality. A paranoid leadership includes 1) being highly aware of the existence of an enemy, an adversary or an opponent; 2) behaving in a competitive and often provocative manner towards the "enemy"; 3) and centering a large part of one's activity to deal with the latter (scapegoating tendency).

A reader familiar with Japanese politics and the actual Prime Minister Junichiro Koizumi's would agree that the latter's leadership style reflects all these paranoid features for which he has been criticized by his opponents and even by some members of his own party. For instance, Koizumi's hypersensitive awareness of North Korea's threat, his tendency to amplify it until it reached unreal proportions is an indicator which supports this assumption. In fact this partially paranoid awareness of North Korea is at the roots of the now widely accepted proposal to change the constitution, especially article 9. Moreover, the Prime Minister's statement that the increase in crime is partly due to the increase of foreign residents is an example of the tendency to scapegoating characterizing the paranoid leadership. As an example of the Prime Minister's provocative behavior, is his visit to Ise Shrine where most of the "war criminals" are also buried. In spite of the strong criticism by many Asian countries, especially former Japanese colonies, such as China and South and North Korea, he made an official visit to the Shrine. His provocative behavior went even further, when he set as one of his objectives changing the Liberal Democratic Party (LDP), a political party he represents, and challenged the party's most influential faction representatives.

It is noteworthy that, in spite of the criticism by a number of critics, Koizumi enjoyed and continues to enjoy a strong support from the people. A recent survey by the Yomiuri Shimbun newspaper showed that 66 percent of respondents supported the reelection of Koizumi as a Prime Minister, and 88 percent wished to see him at the head of the LDP again (The Daily Yomiuri, September 3, 2003). There are numerous examples demonstrating the prevalence of the baF mentality in Japan; the reader will certainly find others easily. Let us now discuss the consequence of the rigid coexistence and interaction of the

baF and WG, namely the repression and frustration of dependency needs.

#### 4. Dependency Frustration

Up to now I have given some examples showing that Japan is in fact operating under the dominance of the baF. However, as discussed previously, to interpret the increase of tuberculosis based on the PMS hypothesis, it is also necessary to demonstrate that the basic assumption of dependency, or baD, is being confined to a protomental existence or, to put it differently, unsufficiently satisfied. Here again, There is large a number of examples illustrating the frustration of the people's dependency needs, therefore I will discuss only the few most salient ones.

**Abolition of Life-Employment System:** According to a recent survey conducted by the government (The Daily Yomiuri, August 31, 2003), 7 in 10 worried about daily livelihood, are dissatisfied, and pessimistic about their future. According to the paper which published the results of the survey, a counselor of the Cabinet Secretariat explained that dissatisfaction has been increasing since the "economic burbble" of the early 1990s which followed the high increase of the stocks and property prices in 1980s.

According to a survey (<http://www.jpc-sed.or.jp/pri/gaiyou/gaiyou15.htm>), the end of the so-called "economic burbble" led most companies to rethink the life-employment system which is considered as a characteristic of Japanese society. This system which consists in providing the employee with the opportunity to work until retirement, is a nurturing system and consequently satisfies the employee's basic dependency needs. The findings of the survey showed that 89.3 percent of the employers supported the american-style merit-based system, and 70.1 percent evaluated it highly.

Since a decade, the tendency has been to replace the life-employment system with the american merit-based one. As can be guessed, this sytem change is one of the factors underlying the feeling of dissatisfaction, worry and uncertitude about one's actual and future work situation and welfare.

**Company Restructuration Tendency:** This system change is also at the roots of a general tendency which has led a large number of companies to reduce their labour force. As shown by a number of surveys, this resulted in various social phenomena. Among the most widely reported ones are a drastical increase in the unemployment rate (<http://www.stat.go.jp/info/guide/asu/2003/1213.htm>), and the rate of homeless people (<http://www.mhlw.go.jp/houdou/0112/h1205-1.html>). Useless to say that these social phenomena are interpreted here as direct results of a large group mentality which aims at discouraging and reducing individual and group dependency.

**Counter-Dependency Policies:** This "counter-dependency" mentality is also reflected in several laws, policies, and proposals by the government. The "nursing-care insurance

system" (kaigo-hoken-seido), which was introduced in April 200 (<http://www.niihama-med.or.jp/Oohashi-K/kaigo.html>), is a system which obliges the citizen to take in charge his or her own future, by paying a certain allowance whose amount depends on the subject's annual gains. It applies to citizens older than 65 years in need for nursing (senile patients, and people in need for domestic work), and any citizen older than 40 years.

There are also other policies and reforms which, seen from the perspective of this study, reflected further this mentality. An analysis of the content and the motives behind the abolition of the "special spouse's deduction" (haigoshu-tokubetsukajo) (<http://www.kijpa.co.jp/zeimu/zeimu06.html>) and the revision of the Japan National Pension (kokumin-nenkin) may also uncover the essence of this mentality which aims at reducing and suppressing any direct manifestation of individual dependency on the government. Similarly, the proposal for the privatization of governmental organizations, such as postal services, national universities, highways, corresponds to measures aiming also at reducing organizational dependency. Of course, the author has only mentioned these counter-dependency measures, because discussing them in details goes far beyond the scope of the present study. Therefore, he invites the reader to examine further these policies and reforms and see whether they really reflect the hypothesis developed in the present study.

### **Conclusions and Implications**

According to the Ministry of Health and Labour, Japan is now experiencing a sudden return of that deadly disease, tuberculosis, after 38 years of a gradual decline. The Minister published an emergency statement in which he warns the people of the danger that the number of new patients has increased, and may continue to increase further leading Japan back to the age when tuberculosis was considered a "national disease."

In the present study the author, after a brief historical review of tuberculosis in Japan, attempted to discuss the cause of this sudden increase in the number of tuberculars from a group psychoanalytical perspective, especially Bion (1961)'s "protomental system hypothesis".

It was argued that the cause of this increase is to be sought not within individual patients, but within Japanese society as a large group. Based on Bion's group theory, the author postulated that this return of the deadly disease was due to the predominance, in Japanese society, of a social (or large group) mentality characterized by a rigid coexistence of the basic assumption group of fight/flight (baF) and the work group (WG). Owing to this rigidity, the dependency basic assumption group (baD) and its inherent needs for dependency are thus suppressed and frustrated by the large group (people). Furthermore, it is, among others, with this suppressed baD or protomental dependency

(pmD), and its characteristic needs that the increase of tuberculosis is affiliated.

In other words, it was postulated that this increase in tuberculosis has for cause the dominance of baF supported by a pseudo-work group activity, and is affiliated (*affiliation*) or associated with frustrated dependency needs. To put it concretely, tuberculosis was interpreted as a somatic attempt by the individual patient to express and satisfy these needs for him/herself and the whole large group (nation). For although the dependency needs are suppressed, they constitute indispensable aspects of the large group and its members. Therefore this individual attempt to satisfy these needs through the disease is encouraged and supported by the large group, as demonstrated by the beautification of the disease and the efforts spent to nurture the patients.

Testing statistically this hypothesis is difficult if not impossible, because of the lack of an objective measurement tool or a scale which can be used to determine the dominant basic assumption group in a given large group at a given time. Therefore, to discuss the present hypothesis, the author resorted to a psychosocioanalytic approach, providing data from a large number of sources, namely laws, policies, proposal, historical events, daily life attitudes and beliefs, to support his arguments. Using examples from these sources, he attempted to demonstrate that Japanese society is really operating under the dominance of social mentality characterized by a rigid baF-WG interaction, and a lack of a toleration of dependency or baD. Useless to say that the author does neither imply that the list of examples used to illustrate his hypothesis, is exhaustive, nor pretend that he method used is scientifically valid. He resorted to this method because there is no other one available which he can use to test objectively the present hypothesis. However, the lack of an adequate method did not prevent him from trying less adequate one applied in other fields.

The findings of the present study have a number of implications. First, they imply that although there is no doubt that tuberculosis is a disease which manifests itself in the individual, its social, or large group, origin is undeniable. In other words, the reasons leading to the spread of tuberculosis must be sought not only in the individual but also in the group, especially its dominant basic assumption and matrix as discussed above. Any therapeutical intervention which does not take into consideration this fact will have only a limited effect. Dealing therapeutically with tuberculosis as an individual phenomenon will certainly lead to a decrease in the number of tuberculars, but would not free definitively the large group from this morbid disease. For, it must be recalled, that the group is more than the sum of its members. Tuberculosis is not only a physical disease, but it is also an attempt by the group to express its dependency needs it has suppressed, and indirectly satisfy them. To put it differently, tuberculosis is at the same time an individual illness and a large group symptom; it indicates the existence of a group disease which may be called, to use Bion's metaphor, baF-Work "Conspiracy". And tuberculosis is only one single



symptom of this disease; there may be others bearing different medical names.

Another important implication of the present study concerns the role group psychoanalyst in and for the society. Not only group psychoanalyst, but the clinical psychologist in general has always been attributed a role confined to individual therapy and problem solving. However, by applying an etiology based on the protomental system hypothesis to understand and classify diseases, the group psychoanalyst would be able to play a role not only in curing, but also in preventing and planning for the development of counter-measures for the control of group diseases, contributing thus to the welfare of the society to which he/she belongs.

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