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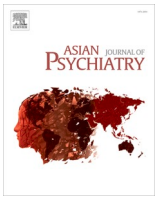

Introduction to the "Japanese and Western approaches to psychotrauma" symposium

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ABSTRACT

Understandings of psychotrauma have changed throughout medical history, shaped by cultural and social factors. Reviewing transcultural perspectives of psychotrauma helps understand its complexities and contextual impacts. This paper summarizes the Japan–Netherlands symposium on psychotrauma held on March 1, 2024. Despite experiencing psychological trauma from World War II and numerous natural disasters, Japan did not actively research post-traumatic stress disorder (PTSD) for nearly 50 years after the war. The Great Hanshin-Awaji Earthquake and the Tokyo subway Sarin gas attack (1995) popularized the term PTSD in Japan and triggered related research. The absence of psychotrauma research in Japan may reflect a form of state-level PTSD, characterized by avoidance. Japan's collectivist culture, stigma against seeking psychological help, view of patience as a virtue, survivor guilt, and moral injury were potential related factors. Additionally, sociocultural factors (e.g., insufficient collective grieving and focusing on post-war reconstruction) were discussed as potential hinderances to discussing war experiences. From a European perspective, we examined how "Konzentrationslager" (KZ) syndrome, a trauma-related disorder, evolved independently into diverse conceptual frameworks, ultimately contributing to the acceptance of PTSD following its introduction in 1980. Beyond state compensation for concentration camp survivors, advocacy by feminist movements and veterans' groups increased awareness of psychotrauma across Europe, fostering scholarly research and public discourse. Both PTSD and KZ syndromes are diagnostic categories shaped by specific historical and cultural contexts and should not be regarded as simple, universally applicable medical conditions. They reflect how trauma is interpreted and responded to differently depending on cultural, political, and historical factors.

1. Introduction

Understandings of psychotrauma have changed throughout modern medical history—from the late 19th century's "railway spine" or "traumatic neurosis" to the "shell shock" or "war neurosis" of World Wars I and II, and modern post-traumatic stress disorder (PTSD; Lamprecht and Sack, 2002). Psychotrauma was also perceived differently in different countries, suggesting that sociocultural factors influence its understanding (Jongedijk et al., 2023). Therefore, reviewing transcultural perspectives of psychotrauma is essential for exploring it in a global context. We therefore organized a bilateral symposium on psychotrauma between Japan and the Netherlands (location: Leiden University; date: March 1, 2024). This paper presents an overview of the four presentations at the symposium, which discussed future perspectives.

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2. Traumatic stress: perceptions among Japanese professionals and society (presented by Jun Shigemura)

The Japanese people experienced World War II, including atomic bomb attacks and frequent natural disasters. However, the term PTSD has been acknowledged in Japan only in recent decades. Some healthcare professionals realized the impact of psychotrauma by examining the Great Hanshin-Awaji Earthquake and Sarin subway attack (1995) survivors. Other turning points were the Great East Japan Earthquake (2011), the tsunami, and the Fukushima nuclear accident. This nuclear incident had a complex psychosocial impact owing to its invisible, unknown, and fearful characteristics (Hasegawa et al., 2015). Therefore, evacuees and nuclear power plant workers faced public stigma (Shigemura et al., 2012). Such phenomena also occurred during other chemical, biological, radiological, and nuclear (CBRN) events, most notably during the COVID-19 pandemic (Shigemura and Kurosawa, 2020). Japanese researchers are therefore exploring the individual and collective effects of World War II, various natural disasters, and CBRN events.

3. Psychotrauma in Japan: military psychiatry's perspectives on the silent period (presented by Masanori Nagamine)

Japan lost World War II, suffering tremendous war trauma, including two atomic bombs. Despite this, little research has explored post-war Japan's war trauma, and surviving soldiers and citizens rarely discussed war trauma for many years (Goto and Wilson, 2003). However, in 1995, after the Tokyo subway Sarin gas attack and the Great Hanshin-Awaji Earthquake, psychological trauma reactions to these incidents were widely reported as PTSD and became publicly known. Thus, the 1945 (the end of the war) to 1995 period presented a "silent period" of almost no psychotrauma research; this was arguably a nationwide symptom of trauma avoidance. Other factors (e.g., Japan's collectivist culture, stigma against psychological help, cultural view of patience as a virtue, survivor guilt, moral injuries from terrible wartime acts) also influenced the "silent period" (Lifton, 1967). Effective psychotherapies for treating PTSD often start with confronting avoided trauma, and Japan may not have yet fully addressed the war trauma.

4. Void of voices: the absence of war-related trauma and PTSD studies in Japan observed using oral history (presented by Tomoyo Nakao)

While visiting Japan after the Great Hanshin-Awaji Earthquake, van der Kolk, a well-known PTSD research psychiatrist, observed, "I was surprised that there was little understanding and knowledge of trauma. I have several relatives who were Japanese prisoners of war, and I grew up hearing about the predicaments they went through. So, I expected there would be greater concern about the psychotrauma experienced by Japanese soldiers, civilian victims, and their families who suffered through the horrific air raids at the end of World War II. However, the Japanese side was only interested in learning about the influence of the earthquake. When I tried to touch on issues like domestic violence or war, I felt as if the Japanese were covering their ears" (Van der Kolk, 2004). This may be because, (1) the Allied Occupation's national restrictions prevented the public from discussing the damage, preventing mourning; (2) the period of rapid economic growth focused on reconstruction, and the 1960s anti-Japan–US Security Treaty movement and pacifism discouraged people from talking about war experiences; (3) even psychiatric academia eschewed war trauma research as right-wing (Nakamura, 2018); and (4) traumatized veterans were reluctant to remember the war.

The 1990s saw these war veterans being treated as the saviors of Japan and Asia; this increased their reluctance to discuss their experiences. War trauma often persists within families, affecting children and even grandchildren (A group for families who lived with Japanese soldiers returning from the war with PTSD to talk together, 2023). Since World War II, there has been limited dialog between Japan and the Netherlands on the psychological consequences of the war. Dutch civilian internees detained by the Japanese have contended that Japan failed to acknowledge their suffering. In contrast, the Japanese have not widely expressed dissatisfaction with the war's aftermath—including the treatment of surrendered Japanese soldiers who were detained and forced to work in the Dutch East Indies, or the prosecution of war criminals. This reticence can be partly attributed to a cultural tradition that regards patience and endurance as virtues. Although Japanese culture may be able to accept the current conditions by offsetting it as mutual dissatisfaction, this approach seems to be ineffective for resolving mutual trauma (Nakao, 2008).

5. From *Konzentrationslager* syndrome to PTSD (presented by Leo van Bergen)

In the 1960s, it became clear that concentration camp survivors presented psychological symptoms such as depressive reactions, anxiety states, and somatic complaints. They were diagnosed with "*Konzentrationslager*" (KZ) syndrome. Over time, this, despite being a cause-related diagnosis, encompassed more than solely the German camp survivors. The inclusion of the 1977 Moluccan hostages, survivors of Japanese internment camps, and children of Dutch nationals who had joined the National Socialist movement broadened the concept significantly, leading to a sharp rise in the number of diagnosed patients—from 2000 in 1965–200,000 in 1985—and contributing to a blurring of diagnostic boundaries. Typically, even war syndrome (issues of soldiers who were psychologically damaged because of the violence they themselves had inflicted) was mixed with KZ syndrome, and psychiatrists consequently embraced more symptom-related diagnoses, with PTSD being accepted in the 1980s. However, critics continued to argue that someone surviving Auschwitz or Dachau could not experience the same problems as someone who, for instance, had been on a hijacked train for a week.

Critics argued that PTSD was not just the result of thorough scientific research but also of lobbying groups, such as feminists and Vietnamese veterans. Although PTSD symptoms have existed since ancient times, its diagnosis resulted from its time and place.

6. Discussion

We introduced four abstracts reflecting Japanese and European perspectives on psychotrauma. By referencing specific phenomena based on their cultural and historical backgrounds, they are suggestive of its nature.

Unexpectedly, in Japan—the only country that was exposed to atomic bombs and suffered related psychotrauma during World War II—little psychotrauma research occurred for nearly 50 years after its culmination. In contrast, Western researchers explored war trauma continuously, progressing from shell shock and war neurosis to PTSD. The relative lack of research in Japan could be a type of state-level PTSD (avoidance) symptom, that provides a new perspective to explain this socio-cultural phenomenon.

Japan's collectivist culture, stigma against seeking psychological help, view of patience as a virtue, survivor guilt, and moral injury are also potential factors. Furthermore, related sociocultural factors are relevant and worthy of analysis (e.g., insufficient collective grieving, a focus on post-war reconstruction, the anti-US–Japan Security Treaty and pacifist movements, and an aversion to anything right-wing). These factors complicated potential conversations about war experiences, inhibiting the processing of war trauma. Therefore, further research is required.

In Europe, in contrast to Japan, psychotrauma studies continued continuously after the war, and this eventually developed into the concept of PTSD. Historical reflection on the Nazi concentration camps,

state-backed support for victims, and lobbying by the feminist movement and veterans' groups are thought to have contributed significantly to establishing medical diagnoses for victims of not only war but also domestic and sexual violence. In addition, the culture of European individualism, which differs from Japanese collectivism, likely played a role in treating the symptoms of psychotrauma as a medical issue.

"From KZ Syndrome to PTSD" discusses how the concept of KZ syndrome, as a disease proposed in the Netherlands, is ambiguous and involves social factors. This consideration aligns with medical anthropological considerations of PTSD, as Young argues in his book, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Young, 1995). The argument is that both PTSD and KZ syndrome are diagnostic categories constructed in specific historical and cultural contexts, distinct from simple, universal medical phenomena. Psychotrauma's characteristics should always be considered by those attempting to study and understand it.

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Kitano Masato: Writing – review & editing. **Shigemura Jun:** Writing – review & editing, Writing – original draft, Conceptualization. **van Bergen Leo:** Writing – review & editing, Writing – original draft. **van der Does Florentine H. S.:** Writing – review & editing, Project administration. **Saito Taku:** Writing – review & editing. **Vermetten Eric:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Conceptualization. **Nakao Tomoyo:** Writing – review & editing, Writing – original draft. **Nagamine Masanori:** Writing – review & editing, Writing – original draft, Project administration, Funding acquisition, Conceptualization. **van der Wee Nic J.:** Writing – review & editing. **Giltay Erik J.:** Writing – review & editing.

Declaration of Competing Interest

None reported.

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