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An Existential Approach to Psychiatry Modified, Extended, and Enriched by Cross-Cultural Experiences

Key Words

Existential approach
Cross-cultural psychiatry

INTRODUCTION

How swiftly go the years! How profound are the gifts and lessons learned from dear teachers and friends through the years. How lucky I have been. I count my relationships with my Taiwanese friends as miracles in my life, "yuan-shi" through the decades, across oceans and continents, across generations, sometimes 3 and 4 generations in a family.

I have thought of myself as an "existential psychiatrist". from the earliest days of training at the Menninger Foundation in Topeka, Kansas, starting in 1951, a half-century ago. In those years, we had neither anti-psychosis nor anti-depression drugs. Our long-term public psychiatric hospitals were tragic, and often, cruel places. In those years, our main therapeutic weapon was "hope".

While the dominant theoretical basis for understanding what "caused" the terrible sadness was Freudian Instinct Theory, my own point of view was derived from existential and philosophical sources. Mostly, an "existential psychiatrist" one who can not quite put out of mind the miracle of our being, of our being here, of our being here right now. My intel-

lectual mentors in the 1950s and early 1960s included the philosophers Martin Buber,¹ Paul Tillich,² Carl Rogers,³ Martin Heidegger,⁴ and Jean-Paul Sartre.⁵ I thought-about, and wrote about, psychiatric illness in the "light" of existential thinking. In particular, I viewed illness as a response to the terror of the shortness and unpredictability of life, looked at symptoms as serving the purpose of blocking from consciousness awareness of the miracle of life and the miracles of what life had to offer.⁶

I was surprised the other day when I was asked to review a newly published book *The Mark of Cain*⁷ which included an article I had written in the early 1960s. It was titled "Time and the Character Disorder".⁸ In that 40-year-old article, "I had written, speak of a very ahistoric man, one who is deprived of an understanding openness to the experience of the world by a way of living which obscures the meaningful relationship between the moment at hand and those which are past and future".

As I re-read what I had written, I felt a little uneasy. My "understanding" of the patient and illness was not very tender, not very generous, not anything the patient's family would want to hear someone say

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