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1

Dependency in Development: 'Where id was, there ego shall be'

One powerful image of contemporary psychoanalysis is that it is primarily concerned with strengthening the ego, and in the English-speaking world it is now often commonly viewed as a therapy designed to boost self-esteem and reinforce a sense of identity. This popular image of psychoanalysis corresponded very well with the competitive individualism of US American culture after the Second World War, and it also served as a moral lesson to America's erstwhile enemy during the occupation of Japan. Psychoanalytic suspicion of the irrational unconscious driving forces that were assumed to underpin mass psychology chimed with political anxieties about the supposed collective nature of the Japanese. The development of psychoanalysis in Japan therefore had to tackle the way one might or might not be obedient to what one took human nature to be, and so as a clinical practice to some limited extent it set itself against ostensibly traditional psychiatric treatments. As part of this process a distinctive analysis of dependency and autonomy emerged in Japan, an analysis which adapted and transformed theories of the ego and its relation to others. Japanese psychoanalysis thus turned apparent weakness, its subordinate relationship to a culturally-specific system of psychology introduced from outside the country, into its strength.

I

Freud did not often refer to Japan. When he did, he treated it as an exotic site of pre-religious tribal relics and pre-scientific feudal traditions. In his 1913 work *Totem and Taboo* he briefly discussed the prohibition against touching the Mikado as an example of the 'taboo upon rulers',¹ and offered some examples of animism, magic and

dramatic representation of intercourse to guarantee the fertility of the earth among the Ainu people.² These people, confined to the northernmost island of Hokkaidō (one of the four main islands), also figure later on in Freud's mention of totemic bear feasts.³ Japan is therefore, in this account, a place that serves to exemplify the pre-history of psychoanalysis, but it is not a place in which we might expect psychoanalysis as such to thrive. However, even as Freud was writing this work, papers on psychoanalysis by various Japanese authors were starting to appear; 'The psychology of forgetfulness' and 'How to detect the secrets of the mind and to discover repression', for example, were published in 1912.⁴

Rival collections of Freud's writings appeared in Japan from 1929 to 1933, and the different editions of his books and papers reflected a struggle between certain individuals vying for Freud's attention and between groups interested in interpreting psychoanalysis as a literary or clinical form of knowledge. (We will look in more detail at these conflicts in Chapter 2.) An advertisement for one of the editions gives a flavour of the popular expectations of psychoanalysis at the time; 'God or devil? New, brave theory! What is psychoanalysis?'⁵ The different editions of Freud's works also served as ammunition in the struggle between distinct disciplinary traditions.⁶ We can see this aspect played out most clearly in the two separate translations of *Beyond the Pleasure Principle* that appeared in 1930.⁷ One version was translated from the 1920 German edition (*Jenseits des Lustprinzips*) and this rendered 'geistes' as *shinteki*, for which one literal rendition might be 'of the heart-mind'.⁸ The other version, translated from the 1922 English translation of Freud's text, took the supposed equivalent term 'mental' and translated it into Japanese as *seishin* (or 'spirit'). Yet another Japanese translation ten years later rendered 'mental' as *shinri*, but this term, chosen by the leading 'lay analyst' and translator Ohtsuki Kenji,⁹ has since been used to designate 'psychology' rather than psychoanalysis.¹⁰ So, 'psychology' is nowadays referred to in Japan as *shinrigaku*, while *seishin* signifies a range of practices, from the spiritual (*seishin-teki*) to the medical (as in *seishin-byōin* for 'mental hospital' and *seishin-igaku* for 'psychiatry').¹¹

This tangle of competing medical, psychological and spiritually-oriented translations conceals an even more complex contested terrain, and we cannot make sense of that terrain merely by consulting a multilingual dictionary. Instead, we first need to briefly trace how psychoanalysis developed in the US before the Second World War. Freud himself engaged in public disputes with his colleagues there who wanted to

restrict psychoanalytic training to candidates who were medically qualified, and he even threatened to break completely from them over the rights of 'lay analysts' to practice.¹² The medics effectively won this battle though, and so when psychoanalysts fled fascism in continental Europe for the States in the 1930s they had to undergo medical training, in some cases to retrain if they were already doctors because their qualifications were not recognized in their new adoptive home country.¹³ It could be argued that it was, at least partly, the precarious existence of the new émigré analysts that gave rise to an emphasis in American psychoanalysis on adaptation. Instead of psychoanalysis operating as a subversive questioning and unravelling of how someone had come to be who they were, it was turned into a treatment that confirmed the individual's identity and their ability to compete with others to survive.

One of the most prominent expressions of this shift in psychoanalysis was that of 'ego psychology', a focus on the core of the self as a 'conflict-free' sphere of the ego that defended itself against irrational forces. This most simplistic snapshot – of US American psychoanalysis as a form of psychology administered mainly by medically-trained psychiatrists – will help us for now to appreciate which particular psychoanalytic ideas were to become influential in Japan after the Second World War. However, as we shall see, the picture is a good deal more complicated than this, and Japanese analysts disentangled the deeper complexities of ego psychology as they applied it and made it something of their own.

In Japan the word 'psychoanalysis' is now conventionally rendered as *seishin-bunseki*, and so at the same time as there is a sharper terminological differentiation of psychoanalysis from psychology (*shinrigaku*) than in English, the *seishin* part of the term evokes something spiritual as well as allying itself with psychiatry. However, this is a psychiatric practice that also has embedded in it a specific theory of psychological development and a focus on the psychological health of the ego. The 'lay analysts' were marginalized during the formation of the Japan Psychoanalytic Society in 1955, and psychoanalysis as a clinical practice now often tends to be treated as a sub-discipline of psychiatry.¹⁴ Just as in the US, then, there is a powerful strand of psychoanalysis that survives as a form of medical psychology.

Freud's own summary of the end-point of psychoanalytic treatment in lectures given in 1933 warranted the argument that psychoanalysis should aim to increase the domain of the ego over unruly forces:

...certain mystical practices may succeed in upsetting the normal relations between the different regions of the mind, so that, for

instance, perception may be able to grasp happenings in the depths of the ego and in the id which were otherwise inaccessible to it. It may be doubted, however, whether this road will lead us to the ultimate truths from which salvation is to be expected. Nevertheless it may be admitted that the therapeutic efforts of psycho-analysis have chosen a similar line of approach. Its intention is, indeed, to strengthen the ego, to make it more independent of the super-ego, to widen its field of perception and enlarge its organization, so that it can appropriate fresh portions of the id. Where id was, there ego shall be. It is the work of culture – not unlike the draining of the Zuider Zee.¹⁵

This characterization of psychoanalysis raises a number of issues about what the culture of the ego must be like, and what the benefits of civilization built upon self-sufficient individuals would be. Here Freud acknowledges that ‘mystical practices’ might enable the same kind of insight that is aimed for in psychoanalysis, but he nuances his account so that his therapy is aligned with a scientific worldview rather than a religious one claiming ultimate truth or salvation. However, there is another aspect to this moral tale in Freud’s writing on the ego and the super-ego that is also relevant here; an element of violence might also itself be necessary to subdue unconscious forces, and the path to civilized behaviour entailed the installation of the super-ego. A few years earlier Freud argued that civilization is able to gain mastery over ‘the desire for aggression’ in the individual ‘by setting up an agency within him to watch over it, like a garrison in a conquered city’.¹⁶

We can start to see a logic unfolding here in which an occupying force enables one necessary step toward civilization to be taken so that the next step might then allow a civilized autonomous power to emerge that will be more independent of that facilitating super-ego.¹⁷ This psychoanalytic logic also anticipates and echoes the cultural logic of the United States as it triumphed over Japan and installed an occupation regime that lasted from the end of the Second World War until 1953.¹⁸

Occupation

Emperor Hirohito, forced to renounce his claim to be a living god in the ‘Declaration on Humanity’ (*Ningen Sengen*) drafted by General MacArthur as Supreme Allied Commander of the Allied Powers (‘SCAP’), apparently attributed Japan’s defeat to underestimation of America and Britain, and to over-reliance, as he put it, ‘on spirit as opposed to

science'.¹⁹ Scientific superiority of some sort was demonstrated by the 6 August 1945 atomic bomb which killed 90,000 people at Hiroshima and then 50,000 more at Nagasaki three days later (when the Japanese government did not move fast enough to comply with Allied demands). Such technical mastery was also apparent in the nature of the new administration as US rationalist conceptions of the mind and treatment for distress came to structure the mental health system in Japan over the next eight years.

Japan had earlier closed itself to the outside world shortly into the 'Edo period' (1600–1868), and this time of 'national seclusion' (*sakoku*) not only restricted entry of foreigners but also forbade Japanese to travel or trade with them. The US navy (under Commodore Perry) forced open this blockade in 1853, and the next 'Meiji period' (1868–1912) was marked by openness to the West and by rapid industrialization.²⁰ Many cultural movements were explicitly modelled on western European culture; individuals and fashion trends affected the dress and manners of their favoured role models in a way that anticipates many more recent borrowings from cultures outside Japan.²¹ The well-known Meiji writer Sōseki Natsume commented that this pressure of competition with the West was itself creating a shallow self-centred mentality among the Japanese.²²

If this was an individualization of experience accompanying the development of capitalist society in Japan, a process bemoaned by some Japanese, it certainly did not go nearly far enough for some outsiders keen to contrast their own individualist culture with what they saw as Japanese collectivism. The most influential account of that kind was produced by the anthropologist Ruth Benedict in *The Chrysanthemum and the Sword* which was published in the US in 1946.²³ Benedict was assigned by the Office of War Information to understand 'the most alien enemy the United States had ever fought in an all-out struggle',²⁴ and her work is one of the most powerful sources of an opposition sometimes drawn between Western cultures based on 'guilt' and those (like Japan) organized around 'shame'.²⁵ Hers really is an 'outsider' account, dependent on Japanese informants in the US who, it seems, either had reason to distance themselves from their own culture (and tell tall tales to the researcher about the enemy) or to identify all the more closely with it (and protectively romanticize it with the hope of making friendly ties with the researcher's culture); and she wrote the book without ever setting foot in Japan.

Benedict concluded her examination of Japanese 'enemy' culture with praise for her own side and the administration of the country under

MacArthur since VJ-Day, and some warnings that 'Japan's motivations' in the surrender and agreement to strive for peace were 'situational'. Even so, she argued that '[t]he Japanese have taken the first great step toward social change by identifying aggressive warfare as an "error" and a lost cause'.²⁶ Her discussion of the motif of the 'mirror' in Japanese childhood is designed to explain to a western reader the pattern of restraints that results from indulgence of boys by the mother and then separation; this leads the boys to yearn for a return to childhood. It 'leaves in their consciousness', she argues, 'the deep imprint of a time when they were like little gods in their little world, when they were free to gratify even their aggressions, and when all satisfactions seemed possible.'²⁷ There then follows a remarkable catalogue of psychological characterizations that moves very quickly from the domain of an anthropology driven by the imperative to understand and control alien populations to something more quasi-psychoanalytic:

Because of this deeply implanted dualism, they can swing as adults from excesses of romantic love to utter submission to the family... They can prove themselves remarkably submissive in hierarchical situations and yet not be easily amenable to control from above... They are afraid of their own aggressiveness which they damn up in their souls and cover with a bland surface behavior. They often keep their thoughts busy with trivial minutiae in order to stave off awareness of their real feelings.²⁸

What is most remarkable, however, is that Benedict's book has for many years been a best-seller in Japan, and her account of Japanese culture is perhaps the most powerful influence on the popular strand of *nihonjinron* writing in the country (that is, writing that revolves around theories of what the Japanese are). Her views are 'reflected in most *nihonjinron* writings by Japanese, whether they endorse or refute her claims'.²⁹ This will be apparent when we turn to Japanese psychoanalytic theories of child development later on. Benedict was also working within a tradition of anthropological research that drew upon psychoanalytic ideas, and so her characterization of Japanese mentality included certain assumptions about human nature which were then also transmitted to US and then Japanese readers who took her work seriously.

Psychoanalysts in Japan who had trained after the Second World War did not at any point in discussion with us refer directly to the US military occupation, which is perhaps a telling absence that indicates how powerfully this traumatic period affected the development of psycho-

analysis. There are critical assessments of the impact of the occupation on academic developments by some psychologists however,³⁰ and an attempt to show how US-American conceptions of 'intelligence', for example, cannot be translated directly into the Japanese context,³¹ and even mainstream histories of psychology in Japan typically include an account of the way Western ideas were imported after the Second World War.³² The impact of the atomic bombs and the occupation is also clearly evident in popular culture, and the history of the *Godzilla* series of films is testimony to anxieties about the repetition of such traumatic events, particularly the US firestorms over many Japanese cities in which civilians were terrorized in a prelude to the Hiroshima and Nagasaki attacks. Even so, there is even then an attempt in the films to downplay the existence of the US troops in the country at the time.³³ Later, some leading figures in psychoanalysis were (as we shall see in the next chapter) actively involved in the anti-war movement during the 1960s and 1970s.³⁴

1950, five years into the occupation, saw what the Japanese Prime Minister of the time referred to as a 'gift of the gods'; during the Korean war the US Army made 'special procurements' (*tokuju*) of billions of dollars over the next three years amounting to around a third of foreign income. Some industries that were dependent on raw materials were then able to double production. In addition, Japanese forces were rearmed to maintain security in Korea in a force that was to become the 'Self-Defence Forces' (*Jietai*) in 1954, and Japan was still able to keep its own defence spending to around a miniscule 1% of gross national product (that is, roughly a sixth of the proportion of that spent during peacetime by other nations).³⁵ The reorganization of the educational and state mental health systems during this time was, as a consequence, heavily influenced by US military requirements, and many young psychiatrists learnt their craft with the US administration in Japan. These included key figures who went on to study psychoanalysis in the United States and then return to Japan to build a Japanese Psychoanalytic Society that looked to Chicago (by then the home of the International Psychoanalytical Association, the IPA) for recognition of their right to practice as psychoanalysts.

The US administration was not only worried about what it saw as a revival of Japanese nationalist mass psychology, but also acted fast to stop the activities of the socialist and communist movements. The Japanese Communist Party, at that time guided by Moscow, did actually endorse the occupation, but the favour was not returned by the SCAP-led regime;³⁶ in 1948 labour legislation outlawed strikes in

the public sector, and from 1949 to 1950 during the 'Red Purge' about 12,000 communists were sacked. Against Western images of the Japanese workforce being compliant and company-oriented, there was much active challenge and the Communist Party had about 5% of the seats in the Diet (the Japanese parliament) from 1949 until very recently.³⁷ This kind of organized Japanese opposition to free-enterprise capitalism not only threatened economic links with the 'free world', but raised the spectre of alien collectivist forces hostile to individuality as such. It is just too glib to say that communist organization in Japan is 'heir to the same habits of Japanese political thought and behaviour as the mainstream components of the System',³⁸ and this kind of account smothers over the internal differentiation of Japanese society and of the opposition movements, repeating older US suspicions that Japanese communism might be worse than the civilized modern capitalism they aimed to develop during the occupation.

Groupism

Many of the recent popular representations in the West of the Japanese – as being more defined by groups they belong to than by individual personal qualities – are actually a function of labour management practices that were introduced from the US in the 1950s and imposed and enforced in the 1960s. The reshaping of the workforce through 'quality control' measures applied to small groups in industry and the expectation that workers would show life-long loyalty to their own 'company world' met bitter resistance. The concept of 'quality control' itself was introduced into Japan from the United States at the end of the 1950s by the Japan Productivity Centre. The feigned admiration for the group spirit of Japanese employees among US American entrepreneurs is mingled with resentment that their own workers would not buckle under in the same kind of way.³⁹ Far from continuing an ancient tradition of collectivism in Japanese culture, the company world required the atomization of radical working-class organizations so that each individual would then be intimidated by 'real and objective systems enmeshing all aspects of the worker's life'.⁴⁰

There has been a significant shift in the last 50 years in the relationship between the 'group' and the 'individual' that also produces an objective grounding for the anxieties about individual purpose and social relationships. These are the kinds of relationships that psychotherapy typically addresses. And there is, of course, a class dimension in this shift whereby middle-class professionals more directly attuned

to therapeutic notions of the self in the West could advertise those notions to working-class clients, and then find confirmation that therapy will be more likely to work for those who have become more genteel, more 'civilized'. An individualist ethos among entrepreneurs, professionals and academics, together with new forms of alienation among the working class that accompanied industrialization, meant that the 'collectivism' of the Japanese now operates more as a nostalgic and ideological cultural practice than as the reality of lived experience.⁴¹

This does not mean that such collectivism was not then also materially effective as an explanatory resource or an ideal (both for those who admired and feared it). The supposed 'groupism' used to explain the Japanese character thus serves to cover over and obscure some of the most interesting distinctive patterns of subjectivity that underpin the practice of psychotherapy in general and psychoanalysis in particular.⁴²

In the early 1950s, however, Japanese psychoanalysts faced a difficult task in persuading their colleagues in the US that they really took the 'individual' seriously enough. The theoretical stakes were immense, and there were serious practical consequences if the International to which they looked for recognition and accreditation would not accept that what they did counted as psychoanalysis. In 1953 *The International Journal of Psycho-Analysis*, the flag-ship journal of the IPA, published a broadside by James Moloney which argued against the very idea that there could be such a thing as 'Japanese psychoanalysis'. Moloney suspected that the MacArthur regime had only brought about the most superficial changes, and his article was designed to show that whatever the Japanese analysts said they were doing, it could not really be psychoanalysis aiming at individual freedom because they, the Japanese, insist upon 'insensible and unconscious submissive conformity to the existing culture'.⁴³

Moloney argued that while they claim to follow Freud in wanting to free the individual, they merely 'pay lip-service' to his ideas; in reality Japanese analysts are loyal to the authority of Japan as a 'national entity'.⁴⁴ The complaint that they must merely be pretending to be engaging in a practice that is antithetical to their culture is rounded off in a stinging accusation:

...the whole Japanese nation is, and should behave as, a single individual. National entity is analogous to the occidental concept of the individual. Thus it is reasonable, to the Japanese, that the idea of the Freudian id can be syncretized into the Japanese national entity principles. The amorphous id, like Japan, is timeless and without

boundaries, and hence fits the concept that the Japanese nation, having neither beginning nor end, is coeval with heaven, earth and the Mikado. It follows logically that the Japanese identify the super-ego with the unlimited power and person of the emperor.⁴⁵

One of the ironies of Moloney's paper is that he charges the Japanese analysts with being rather like Western psychiatrists in wanting not to free the individual but endeavouring to 'adjust him to his environment'.⁴⁶ This is at a time when US American psychoanalysis was dominated by psychiatry (against Freud's express wishes, a medical training had become a prerequisite for psychoanalytic training there) and when the main theoretical tradition was precisely concerned with the process by which individuals adapt themselves to society. The Japanese psychoanalysts were therefore being encouraged to adapt to an American practice, a practice that had itself departed from psychoanalysis in Europe around Freud. The relationship between Japanese and US conceptions of psychoanalytic training and treatment thus exemplify contradictions that have riddled every institution that has tried to define exactly what psychoanalysis is.

Psychiatric practice in the US after the Second World War was also starting to emphasize the role of group psychotherapy and 'therapeutic communities' as contexts for the individual to learn to relate to others. A generation of Japanese psychiatrists in the late 1940s and early 1950s, including those who later trained in psychoanalysis, were working in therapeutic communities based in psychiatric hospitals before they focused on individual work. This history then informed their own conceptions of the relation between the individual and the group in the wider culture. In this respect, paradoxically, the Japanese group psychotherapy and Group Analytic traditions that emerged more recently are actually more explicitly individualist than forms of psychoanalysis that work only with individuals.

For example, the main defining features of the 'developmental tasks' one of the leading US-trained group psychotherapists advocates (in an article devoted to counselling and psychotherapy with 'difficult adolescents') are focused on individually-oriented goals. The three developmental tasks are 'physical joyfulness of working', 'joyfulness of the phallic performance' and 'joyfulness of psychological working',⁴⁷ and while these tasks are referenced to the US-American psychoanalytic tradition, the overall thrust of the article is designed to connect with a person-centred approach that appears to sidestep psychoanalytic questions of the unconscious and transference in favour of a genuine, warm

and empathic relation to the client that will encourage them to find themselves.⁴⁸ This is not to say that psychoanalysis is wholly dissolved into humanistic group therapy; quite the opposite. Kotani Hideo, who first trained as a psychologist and then underwent group psychotherapy training in the US, has now made the Institute for Advanced Studies of Clinical Psychology at the International Christian University (ICU) in Tokyo the base for a 'Psychoanalytic Systems Theory' that reformulates aspects of ego psychology linked to General Systems Theory.

The context for the development of this approach is the 'flood of useless data' that besets people in the age of information technology and makes it difficult for them to engage in an open 'relational dialogue' with others, including with therapists at times of crisis and distress. In this approach the aim is to enable clients to make a free 'safe space' in their psyches and so also to make psychoanalytic practice more akin to Zen meditative space, and so the hope is that 'the psychological space is a subjective experience that can be reproduced in the inter-subjective field between therapist and patient'.⁴⁹ It is in this context, in therapeutic work in Kotani's Institute at the ICU, that 'phallic activeness' and an 'initiative ego' can also become the focus of psychoanalytic work with women working within a therapeutic 'safe space'.⁵⁰

There are a number of intriguing aspects of this work that we might view as symptomatic of the context in which they have developed, and which have some consequences for other forms of psychoanalysis in Japan to be addressed in later chapters. The first is the role of psychology as a disciplinary resource as an alternative to medical psychiatry, and this new tradition of work at ICU thus claims to bring the 'organism' back into the relationship between stimulus and response; in this way a version of ego psychology is being configured to address the concerns of humanistic practitioners who will also be mindful of resources from Zen Buddhism without wanting to buy into it as an archaic religious belief system. The second aspect is the motif of 'safe space' which resonates with the mission of ICU, founded by US Americans on the site of an old Japanese air force base; the ICU states in the publicity brochure '21st Century Center of Excellence Program: Research and Education for Peace, Security and Conviviality' that the University was 'established for the promotion of world peace'.⁵¹

A third aspect, which returns us to the question of the role of the individual and group psychology, is to notice how this group psychotherapy is the setting for individual enlightenment. In Kotani's view, the Japanese find individual therapy more comfortable than group therapy, and this can be an all too convenient for them to avoid some of the

more difficult aspects of interpersonal relationships that are addressed in a group setting. And it is precisely because of stereotypical images of the Japanese as group-oriented, and an attempt to circumvent these stereotypes, that the educational establishment has been reluctant to tackle the group dynamics that come into play in the bullying and suicide as individual responses to alienation that is endemic in Japanese schools. The argument that group psychotherapy is the most challenging and so most effective way of addressing the way individual identity is formed through relationship with others was also made by 'group analysts' in Tokyo. The British 'Group Analytic' tradition, which is ostensibly more social than US American varieties of group psychotherapy, is represented in Japan, though even here there have also been strong connections with the US American group analysts.⁵²

Popular Western diagnoses of the group-oriented character of the Japanese thus reflect, and indeed make more visible, a potent Western fantasy about what an individual is, and that image of the individual underpins the image of what the group is in Japan. Moloney, for example, in his vicious attack on the possibility of there being such a thing as Japanese psychoanalysis, employs the motif of the 'occidental concept of the individual' to make sense of the way the 'national entity' operates: 'eighty million Japanese citizens are eighty million living cells which constitute the single body that is the person of Japan.'⁵³ It is little wonder, then, that Japanese analysts looking to the IPA would be very careful in asserting that there must be something distinctively Japanese about their practice.

Obedience

One way of making an alliance with psychoanalytic institutions outside the country has been facilitated by Japanese analysts explicitly distancing themselves from home-grown forms of therapy.⁵⁴ In contrast to the topic of the impact of the US occupation, which they avoided, Japanese psychoanalysts during our research visits took great delight in caricaturing and ridiculing Naikan therapy and Morita therapy. These therapies claim an essential affinity with traditional culture, and they have also been taken up in the West by those who idealize what they see as the Japanese access to unsullied nature and spiritual purity.⁵⁵ In both cases these therapies have also operated as therapeutic community options within the context of psychiatric treatment.⁵⁶

Naikan therapy consists of isolation (in which the patient will be instructed to meditate) and 'counselling' (in which the patient is encour-

aged to develop their own understanding of problems of living). The approach was developed by Yoshimoto Ishin in the 1950s, and draws on Buddhist ideas concerning the interdependence of self and others (*nai* means inner, and *kan* observation and introspection). Yoshimoto was a devout follower of the Jodo Shinshu Buddhist group, and there are clear and explicit connections between Naikan therapy and Buddhist conceptions of self. Observation needs to be focused on the inner world in such a way that it does not reinforce the symptom. During guided meditation the therapist will periodically open the folding screen around the patient's tatami mat, bow in formal greeting and ask what the patient is thinking about. The three key questions to be asked of the patient concern: first, what they have received from others; second, what they have given to them; and third, what troubles and difficulties they have caused them (and 60% of the time is specified for this question). These questions revolve around the interminable indebtedness one owes to others, evoked by the Japanese word *on*. The patient is expected to begin with expressing gratitude to their mother, a first key goal of the therapy, before moving on to think about what they owe to their father, family and community.⁵⁷

Morita Therapy was so-named after Morita Shōma, a doctor who developed an approach in 1919.⁵⁸ For a Moritist, it is the focus on undesirable traits that needs to be tackled rather than the 'symptom' itself. Inpatient Morita Therapy has four stages; absolute isolated bed rest, light work, intensive work, and preparation for daily living. The first stage of isolated bed rest is what Morita called the 'agony period' (and was the main focus of the amused scorn of analysts who described Morita therapy). The use of a mental hospital bed rather than traditional tatami-mat floor for patients is itself something that distinguishes this more psychiatrically-oriented practice from Naikan therapy (and Morita is also much more hostile to psychoanalysis, which is seen as deviating too far from psychiatry). Patients may become more anxious in this stage of the therapy because, apart from being able to use the toilet, washing the face once a day and brushing teeth after meals, no recreational activities are permitted (no television, reading, smoking, talking with friends and so on). Light work in the second stage might involve picking up dead leaves, and then heavier more intensive work follows which typically includes chopping wood. In the fourth stage the patient is permitted to leave the hospital on errands and then gradually return to their lives at home.

During the course of the treatment, '[t]herapists generally ignore patients' complaints about their symptoms', and in this way 'they help the patient redirect his attention from self-scrutiny towards the outside

world'.⁵⁹ The shift of focus away from the symptom, away from an obsessive worrying away at what is wrong toward an acceptance of the necessary flaws and discomforts of living, is compatible with Buddhist philosophy. This fundamental pain of living is something that was also emphasized by analysts who were more sympathetic to Buddhism (and we will turn to these accounts in more detail in Chapter 3). The giving up of selfish attachments and the questioning of one's self-centred life in both Naikan therapy and Morita therapy is a goal that psychoanalytically-oriented analysts anywhere would also be concerned with.

What is striking about Morita therapy (and this applies also to the more extreme and marginal Naikan therapy) is how careful its founder was to engage and debate with Western psychiatry and even with psychoanalysis.⁶⁰ For example, it claims to treat '*shinkeishitsu*', which, Morita says, is 'anxiety disorder with hypochondriasis',⁶¹ and the therapy comprises techniques designed to shift attention from physical pains to an experiential reengagement with reality. Here Morita departs from Zen meditation techniques to focus on the positive impact of activity in 'practical events'.⁶² This focus on practical tasks also, of course, makes Morita sceptical about the value of psychoanalysis as a talking cure (something that is to him rather too close to confession), though he does see some 'cathartic' release of emotion as useful. This, he claims, is where there is a similarity with psychoanalysis, but it is a version of psychoanalysis that Freud actually abandoned quite early on, for it supposes that repression is something that bears on 'emotion' rather than the ideas (representations that are the main focus of a psychoanalytic account of the relationship between conscious and unconscious).⁶³

In addition, Morita claims he can lead the patient from their faulty thinking – the 'contradiction by ideas' that he terms *akuchi* in order to evoke the 'misplaced knowledge' Zen Buddhism refers to – to 'obedience to nature'. Acceptance of nature and death thus allow him to extrapolate from *shinkeishitsu* as a specific, perhaps culturally-bound disorder, to broader questions of suffering that are also relevant to physical illnesses:

...since the client has an emotional preoccupation with her or his abnormal condition, any attempt to deny or remove this attachment contradicts the obedience to nature. It is only by means of providing the client with an appropriate ecological environment that destruction of her or his contradiction by ideas can be accomplished and the client can realize experientially the state of obedience to

nature. It is not until clients master this state that they can be liberated from pain and agony.⁶⁴

While this statement of the approach appears to resonate with Buddhist precepts, the medical psychiatric orientation of the approach is clear in the attempts to define 'diagnostic criteria' for *shinkeishitsu*. The 'treatment model' of Morita therapy has, according to some advocates, changed from a traditional behavioural one to a 'cognitive-emotional' technique in which there is now more attention to symptoms and what the client makes of them, an attention to the emotional experience of therapist and client, and attempts to bring about 'cognitive-emotional change'.⁶⁵

Naikan and Morita therapies show us what psychoanalysis in Japan is not, but they also reveal suppositions about the nature of suffering and enlightenment that some forms of psychoanalysis there have tried to take on board. The rigidly structured system of the treatments and overt moralizing were the main problems in the practice of such therapies for many of the mainstream psychoanalysts, and the links to Buddhism as a spiritual belief system were sometimes also seen as problematic. Recent attempts to elaborate Zen Buddhism as a therapeutic practice concerned with 'mindfulness' have tended to steer clear of the Naikan and Morita approaches and also avoid mainstream psychoanalytic debates (though we will see attempts to connect Lacanian and Jungian perspectives with Buddhist ideas in Chapters 3 and 4).⁶⁶ There are important questions raised in the practice of these therapies about the role of the 'ego' – whether it is an organizing centre of the self to be strengthened, or an obstacle to obedience to nature to be dissolved – and there are underlying theoretical motifs of passivity and dependence that Japanese psychoanalysts have articulated in their own theories of childhood development.⁶⁷

Amae

The most well-known Japanese psychoanalyst outside Japan is Doi Takeo, who trained first as a psychiatrist and studied with US military psychiatrists during the occupation, and then travelled to America to train at the Menninger Clinic in Kansas as an analyst. Doi's work has been concerned with elaborating the concept of *amae* as an emotion or feeling state of dependence on others specifically named as such in Japanese, but which also has application to other cultures. *Amae* plays a crucial role in all relationships, including, of course, in therapeutic relationships in which the patient will experience, and try to resist,

dependence on the analyst. His best-selling book *The Anatomy of Dependence* was first published in Japan in 1971,⁶⁸ and is one of the favourites in the *nihonjinron* tradition.⁶⁹ The 'surprised recognition' he remembers experiencing when he read Benedict's *Chrysanthemum and the Sword* together with the impact of Moloney's dismissal of the Japanese analysts have led Doi to champion a distinctive psychoanalytic view of child development. Whether it is distinctively 'Japanese', however, is another question.

Doi's book opens with an anecdote about a psychiatric scholarship visit to the US in 1950 that throws into relief not only Japanese expectations about relationships of dependency on others but also US American assumptions about the nature of the individual. Doi recounts how he was asked to a colleague's house and was then faced with a bewildering array of choices that required him as guest to make decisions; the etiquette designed to make him feel at home actually made him ill at ease, a problem summed up by the injunction that he should help himself. The message, so alien to him as guest, was that he was alone and responsible for his decisions at the very moment when he expected that others, his hosts, would look after him.⁷⁰

The sub-text of Doi's writing, in fact, is often a reflection on the form of the Western 'self' as disconnected and alienated, reduced to the ego, and this is perhaps because, for him, the West shows a direction that the Japanese will have to travel but also serves as a warning that they might travel too far. Psychoanalysis as a necessary individualizing practice is thus tempered with the sense that Western psychoanalysts also need to learn about other forms of selfhood (and here the universalizing impulse of psychoanalysis is matched by an equally universalizing message sent back to it from Japan):

The West as we see it today is caught in a morass of despair and nihilism. It is useful to remember here that the Japanese experience long ago taught the psychological impossibility of freedom. For the Japanese, freedom in practice existed only in death, which was why praise of death and incitements towards death could occur so often. This occurred, of course, because the Japanese were living according to the *amae* psychology, but it is equally true that all the attempts of modern Western man to deny or to sidestep *amae* have not been enough to transcend it, much less to conquer the lure of death.⁷¹

Most social-scientific research on *amae* does not acknowledge that Doi is a psychoanalyst or that his main interest is in how it plays out in the

clinical setting.⁷² Instead, *amae* is usually presented as a case example of the 'social construction' of emotion, as something that can only be evoked for inhabitants of other language systems by citing the way it is used in popular culture.⁷³ Sometimes it is re-conceptualized in communication studies with the aim that it may be understood by Japanese and European-American researchers alike as 'one of the primordial emotions for successful intercultural interactions between peoples from slightly dissimilar countries and cultures'.⁷⁴ The focus on *amae* as a motif in cross-cultural developmental psychology in the West has tended to reduce it to operating as a mere variable in child-rearing practices in which Japan functions as a 'limit case' in order to test what are presumed to be universally applicable theories of attachment.⁷⁵

There is a shift in Doi's writing from his first book *The Anatomy of Dependence* to the later *The Anatomy of Self*;⁷⁶ from seeing *amae* as a peculiarly Japanese emotion to claiming that it is a universal human emotion that other languages do not normally attend to. There does also seem to be a tactical shift of emphasis between these positions in different papers for different audiences.⁷⁷ Doi's first position – that *amae* is peculiar to the Japanese – provides a basis for thinking of psychotherapy in Japan as different from the West,⁷⁸ while his second line of argument aims for a rapprochement with Western traditions.⁷⁹ In a recent account of *amae*, for example, he takes great pains to point out that '*amae* by definition is something that takes place non-verbally',⁸⁰ and he then links it with work from within the British tradition of psychoanalysis as well as from US-American work.⁸¹

For Doi, *amae* (the noun form here designed to characterize dependence) is to be found first in the infant's relationship with the mother, and the awareness that the child has of its surroundings and its dependence on the mother leads it to *amaeru* (the verb form describing how someone seeks another to indulge them in their state of dependence). This clinging dependence – *amaeru*ing to others – lives on in a mentality that is at root 'the attempt to deny the fact of separation that is such an inseparable part of human existence and to obliterate the pain of separation'.⁸² This then also leads to a number of irrational attempts to be dependent on others in adult life – to *amaeru* to them – which may be intolerable to others, may even be viewed by them as 'egocentric'; Doi uses the notion to describe pathological cultural and political processes (and we will return to these in the next chapter). On the other hand, however, there is also a more positive potential in *amae*, and an interpretation that could be made that would bring it close to the Zen tradition of *satori* (enlightenment), which could be interpreted

either as 'filial piety' or a relation to the mother as one that receives her unconditional love.⁸³

Doi is a member of the Japan Psychoanalytic Society (JPS) – *Nippon Seishin-Bunseki Kyokai* – the officially recognized IPA group, but is now a rather marginal figure within that organization. We will say more about the JPS and its troubled history with the IPA in the next chapter – it is a history that itself exemplifies something of the tension between respect for Japanese particular circumstances on the one hand and adherence to Western 'standards' on the other – but for the moment suffice to say that there is a sharp differentiation between the JPS as the organization of accredited 'psychoanalysts' and the Japanese Psychoanalytic Association (JPA) which brings together a range of different practitioners who agree to call themselves 'psychotherapists'. However, as we have seen, some recent developments in psychoanalytic group psychotherapy that build upon the legacy of ego psychology have taken place outside the JPS, and those developments then constitute a new context in which the JPS analysts take forward their own debates.⁸⁴

Masochism

Nakakuki Masafumi would certainly be recognized as a psychoanalyst in most countries of the world, but his position in Japan is rather different. As someone who practices psychoanalytically as a member of the JPA but outside the JPS, his role is symptomatic of the particular historical dependence of Japanese psychoanalysis on the institutions that govern it in the English-speaking world. Nakakuki, who is now in his late 70s, did his psychoanalytic training in the US after working in Tokyo as a psychiatrist and, like Doi, brought ideas about therapeutic communities from the US into Japanese mental hospital wards. However, Nakakuki told us that he did not carry out the second supervised analytic case that is a requirement for training of psychoanalysts in the IPA training organizations based in the US. This meant that he could not then be eligible for membership of the officially-accredited IPA group in Japan, the JPS.

We have played out once again, in this difficult sensitive discussion about rights to membership of the JPS as an IPA-recognized psychoanalyst, a fraught history of the relationship between the US and Japan, and echoes of the years of occupation. This is a relationship between the barely-trusted Japanese psychiatrists and the Western bodies assuming authority to decide what really counts as psychoanalysis, and the history of decisions to submit to that external authority is still alive today. In some respects Nakakuki is one of the most dedicated adherents of

US-based ego psychology, more so than most other psychoanalysts in Japan who have borrowed from other traditions of work inside and outside the IPA. At the same time his marginal position has given him the freedom to develop theories of the development of the ego that are specifically rooted in Japanese child-rearing practices.

Now Nakakuki runs his own ego psychology psychoanalytic group in Tokyo, and is one of the leading figures in the mainly Westerner expatriate therapist group the IMHPJ (International Mental Health Professionals of Japan) – Kanto Chapter which has its own registration requirements and meets every month in the Aoyama district of Tokyo.⁸⁵ Nakakuki agrees with Doi that *amae* represents key characteristics of Japanese culture, but reformulates it as a personality formation that arises in 'narcissistic, oral, anal and genital' psychosexual development 'all of which have in common the individual's "sweet" behaviour'.⁸⁶ Aggressive and defensive strategies in therapy need to be conceptualized as involving psychic states that not wholly included in *amae*, and so although Nakakuki differentiates his account from a Kleinian description (in which 'the child's self is primarily invested with aggressive drives which are projected and split off', a description we will take up in the next chapter), he does provide a bridge between Doi and theories which attend to the violent underside of apparently compliant dependence on others.

Nakakuki takes a clinical perspective that works right at the borderline between an attention to 'transcultural psychiatry' which values difference and the attempt to define 'normal mental functioning' which appeals to commonality, and he elaborates this perspective with reference to 'traditional' Japanese culture and US-based 'psychoanalytic theories of development'.⁸⁷ In this model, the Japanese mother is accorded prime responsibility for the development of what Nakakuki terms 'normal masochism', a relationship that relies more on appeals to feelings than to explicit appeals to authority. Of course, although the focus is on the relationship between the dependent and masochistic son and his mother in these accounts, the development of girls into mothers is just as crucial to the reproduction of the meshwork of relationships in which both women and men are positioned as suffering. The poor mother who devotes herself to the care of her son is thus described in other accounts from within the JPS as a 'wounded caretaker' who is expected to indulge others and enjoy the martyrdom she subjects herself to.⁸⁸

There is a long tradition of psychoanalytic work on 'normal masochism' going back to Freud, who made a distinction between pathological

varieties and a necessary dependence of the infant on others.⁸⁹ The particularly intense relationship with the mother helps 'sensitize the child to the feelings of others and helps the child internalize maternal expectations effectively'.⁹⁰ There are explicit references here to one of the first Japanese challenges to Freud, to the suggestion that an 'Ajase complex' which emphasizes the relationship between mother and child may be at least as important in Japanese childhood development as the Oedipus complex. And there hangs a tale.

Standard accounts of the Oedipus complex require that there be three elements to the structure of childrearing; mother, child and father. While Freud was wary about specifying that a specific psychological complex would operate as a universal template, and agreed to use of the term 'complex' only in 1910 (under the influence of Jung), he did often refer to the story of Oedipus. That convoluted story, in which Oedipus actually tries to avoid the prophecy that he will murder his father and marry his mother, is then condensed into a formal structure which emphasizes that the first love relation between infant and carer must be broken by a third figure who represents the existence of other people and adult love relations. Psychoanalysts in the West often flesh out that formal structure with culturally-specific content (that the carer must be the mother, that the third figure must be the father, and so on), and the first psychoanalysts in Japan responded with another myth which filled out the content in a different way.⁹¹

The first most influential suggestion was made by Kosawa Heisaku who unsuccessfully tried to persuade Freud that the Hindu myth of the prince Ajase might be more relevant than the story of Oedipus to explain patterns of Japanese childhood:

Queen Idaike, feeling her beauty and husband's love fade, was anxious to have a child, and a soothsayer told her that a hermit living in the woods would be reincarnated in her womb in three years. She could not wait this long and killed the hermit, who imposed a curse as he died that he would, as her son, kill her husband. She feared her future son Ajase, and as she gave birth dropped the child from a high tower so that he fell, but he survived with a broken finger. The adolescent Ajase was told that his mother had tried to kill him by an enemy of the Buddha, and tried to kill her, but guilt overcame his rage and manifested itself in an illness that covered his body with sores. Queen Idaike confided in the Buddha and devoted herself to caring for her son, and so he recovered and became a good king.⁹²

Kosawa argues that 'The most archaic sadism is oral. To bite to pieces is the most primitive violence and the most awful sin, because it means to bite the "mother" to pieces, who is the origin of life itself', and here the Kleinian tenor of the account is quite evident; 'Ajase's violence was awful as awful can be, in that it meant to injure his mother.'⁹³ Three key themes were elaborated from this rendering of the story by Okonogi Keigo (a student of Kosawa who became one of the most important emissaries of Japanese psychoanalysis to the IPA): 'the mother's desires both to have the child and to kill her child', 'prenatal rancour and child's desire to kill the mother' and 'two types of guilt'.⁹⁴ We can notice here that the queen's husband (King Bimbashara) disappears from the story quite early on, and the emphasis is on the relationship between Idaike and Ajase, between mother and son.⁹⁵

Although Nakakuki draws on the argument that an 'Ajase complex' may be important, and this is evident in his account of the 'introjection and identification with the masochistic mother', he also retains key elements of the Oedipus complex and emphasizes the 'narcissistic power struggle between father and son'.⁹⁶ The narcissism that is provoked by the relationship between mother and child is then transcended, and '[a]s narcissism grows to a sound self-esteem and a healthy ambition with an idealized self, so does masochism grow to an objective self-criticism and a realistic self-discipline with a prohibitive self'.⁹⁷ The clinical implications of the treatment of this masochism are then framed in terms that would be recognizable to any US-American ego psychologist. So, when a masochistic patient provokes the therapist and risks repeating childhood experiences of being rejected or abused, the therapist is encouraged to give 'consistent care and concern and persistent attempts to understand the patient's problems in the context of therapeutic structure without the retaliation', and this response to the transference display of masochism is designed to provide a model of care which 'is gradually internalized into the patient's self-representation'.⁹⁸

Nakakuki, while drawing on US ego psychology, is nonetheless sometimes acutely critical of US-American culture, finding a positive value in the way that 'masochism is quite openly manifested in Japanese culture in normal and sublimated forms'.⁹⁹ The 'cultural narcissism' that has been diagnosed by US-American cultural critics is cited, for example, as functioning as a defence against 'cultural masochism'.¹⁰⁰ On the other hand, the actual therapeutic technique that is employed is dependent on US-American developments of theory and technique in psychoanalysis. What the Japanese psychoanalysts indebted to US American

ego psychology draw attention to is the psychic consequences of the child's relationship to the mother. There are, then, profound consequences of this early relationship for the fabric of culture as the relationship between men and women is transformed in Japan.

Psychoanalytic ideas implanted in Japan in the course of the US occupation therefore emphasize the value of individual agency, and it is the aim of clinical work to bring the analysand to the point where they will indeed be able to separate themselves from the chains of command that enmesh them in patterns of obedient behaviour. In this way psychoanalysis endorses a view of the development of Japan as proceeding from a 'pre-modern' state of unmediated power relations into a more differentiated, and hence civilized society. Political theorists in Japan had also been offering exactly this kind of diagnosis of the predicament of the Japanese after the Second World War, and the influential writer Maruyama Masao had argued that there was no sense of 'despotism' as a concept against which could be pitted a progressive alternative political movement.¹⁰¹ These arguments, to the effect that there was no sense of self in Japan that could enable a critical sense of responsibility or agency, and the implication that such critical ideas must be introduced from outside Japan, have been endorsed more recently by writers like Karatani Kōjin.¹⁰² We will be taking up these arguments in more detail in Chapter 4, but their particular relevance to the account in this chapter and the next pertains to the question of gender.

Japanese feminist writers have pointed out that the image of society that is perpetuated in such ostensibly critical accounts is of it as homogeneous, as if there were not existing differentiation between the position of men and the position of women.¹⁰³ In addition, such accounts privilege a stereotypically masculine ideal of autonomous individuality at the very same time as they rule women out of public space as active participants. As relations between men and women are transformed, then, it has been necessary to develop an analysis of the 'feminization' of Japanese culture which attends to the way women continue to be derogated at the very same time as their nurturing qualities are idealized, treated as essential unchanging aspects of their identity and nature. As we will see, debates in Japanese psychoanalysis in the next wave of work after the arrival of ego psychology are intimately bound up with these questions about the role of mothers and the nature of femininity.

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