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Jungians and the Rise of Psychotherapy in Japan: A Brief Historical Note

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Abstract Scholars of transcultural psychiatry have long wondered why psychoanalysis has remained marginal in Japan, despite its early introduction there. Psychotherapy, however, has been steadily growing in popularity, and Jungians have played no small part in this development. This article provides a brief historical sketch of psychotherapy in Japan by focusing on how Jungians have cultivated a following through imaginative cultural critiques and therapeutic practices such as sandplay therapy. The article also touches upon the particularly Jungian themes that have appealed to popular audiences, as well as the dilemmas psychotherapists have encountered in their attempts to institutionalize psychotherapy as a form of clinical practice in Japan.

Key words clinical psychology • Japan • Jung • psychotherapy

One of the puzzling questions that has been asked frequently in transcultural psychiatry is: why have Japanese largely been unreceptive to psychoanalysis (e.g. Doi, 1990)? Psychiatry has been institutionally established in Japan since the nineteenth century, and psychiatrists have embraced many of the Western notions about mind and body. However, many psychiatrists have remained indifferent to, if not dismissive of, the ideas of psychoanalysis. The situation has been changing, however, if not so much within psychiatry (which remains largely biologically oriented), then certainly in terms of the increasing number of clinical psychologists

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and the growing interest in things psychological in Japanese society as a whole. Jungians have played no small part in these developments.

In particular, Hayao Kawai, the first Japanese to receive an analytical license from the C. G. Jung Institute in Zurich, has been greatly influential in shaping the current field of clinical psychology in Japan. He has over 230 books to his name, has frequently appeared on TV, and has held published discussions with many well-known Japanese intellectual figures from a variety of fields. Professor Emeritus at Kyoto University, he has served on many important committees and institutions, has been designated a 'Person of Cultural Merit' by the Japanese government, and has been appointed director of the Agency for Cultural Affairs. In this article, I provide a brief history of psychoanalysis in Japan before I turn more specifically to Kawai's work, to explore how Jungian ideas have developed in Japan, and the context in which they have gained a wide audience.¹

The Marginal Position of Psychoanalysis in Japanese Psychiatry

The introduction of psychoanalysis to Japan began in the 1910s. A number of articles and books on psychoanalysis were published around this time (Sato & Mizoguchi, 1997). K. Marui (1886–1953) of Tohoku University, who spent three years at Johns Hopkins under A. Meyer from 1916, was the first to bring psychoanalysis to Japanese psychiatry, which was overwhelmingly biological in its orientation. His disciple, H. Kosawa (1897–1968) became the first Japanese to go through didactic analysis in Vienna, and opened his own clinic in Tokyo in the 1930s.

Although there have certainly been renowned psychoanalytically oriented psychotherapists such as T. Doi (1920–) and K. Okonogi (1930–), academic psychiatry in Japan has, since the early 1900s, been steeped in the German tradition of Kraepelinian, biological psychiatry. Freudian psychoanalysis was seriously challenged in Japan not only by biological psychiatrists, but also by M. Morita (1874–1938), founder of Morita therapy. Even with the avalanche of American psychodynamic influence in the post-World War II period, most academic psychiatrists continued to fend off psychoanalysis by drawing upon, for example, Jaspers' epistemological criticism on Freud (see Uchimura, 1954). Therapeutic approaches have become more diverse since the 1960s, and some respected psychotherapists have become professors of psychiatric departments in universities. However, for cultural, economic and institutional reasons, psychoanalysis has continued to be marginalized in Japanese psychiatry.

Psychoanalysis in Popular Culture

Psychoanalysis first found a more receptive audience among writers, literary scholars and other intellectuals. The Jungian notion of types was introduced in the 1920s, and terms such as 'introvert,' 'extravert,' and 'complex' became part of Japanese lexicon (Higuchi, 1990). K. Nakamura, the editor of a popular journal called *Hentai Shinri* (*Abnormal Psychology*), translated Jung's *On Psychic Energy* (*Seimeiryoku no Hatten*) in 1931 (Sato & Mizoguchi, 1997). There was another surge of interest in psychoanalysis in the post-World War II period; the first of 17 volumes of selected works of Freud came out in Japanese in 1952, followed by the selected works of Rogers (7 volumes) in 1955. Also in 1955, Jung's selected works (5 volumes) began to be translated by scholars of German literature, but these were mainly read by literary scholars. This situation changed with the emergence of the field of clinical psychology in the post-war era.

Clinical Psychology's Coming of Age in Japan

Clinical psychology, including test batteries such as Rorschach, began to be extensively introduced from the US in the 1950s. There emerged a sudden need for psychologists at institutions such as child guidance centers, mental hospitals, and juvenile classification offices, which were hurriedly established under the guidance of the American occupying army (Murase, 1995). On the therapeutic front, the field soon came to be predominantly Rogerian. Hatase (1982) notes that, in the years after the defeat in World War II and the general atmosphere of 'yearning for democracy,' the Rogerian stance – that is, the importance of nondirective support for people's self-actualization – provided hope and an inspiring direction for psychologists. In 1964, the Japanese Association of Clinical Psychology (*Nihon rinsho shinri gakkai*) was established. However, this temporary unification of psychologists soon collapsed in 1969 amid debate over the association's attempt to establish a national licensing system. The resulting chaos, fueled in part by the antipsychiatry movement that swept through Japan during the 1970s, provided a context in which Japanese Jungians began to cultivate their own perspectives.

Both Higuchi (1990) and Ujihara (1999) agree that it was the publication of Kawai's *Introduction to Jungian Psychology* in 1967 that marked the beginning of Jungian psychology in Japan. It seems that there are three dimensions to how Kawai and his colleagues tried to rebuild the field: theoretical, practical, and institutional. First, Kawai's early publications included both psychotherapy and cultural critique with titles like *The Phenomenology of Shadows*, *The Maternal Society*, *The Pathology of Japanese Society*, and the award-winning *Fairy Tales and the Psyche of Japan*

(Kawai, 1988). Second, Kawai's group promoted in-depth case studies for training therapists and popularized Dora Kalff's sandplay therapy (Kalff, 1980). Third, and arguably the most important, Kawai and his colleagues cultivated new institutional contexts for clinical psychologists to gather and exchange ideas. In place of the then-chaotic Japanese Association of Clinical Psychology, this group became pivotal in founding in 1982 the Association of Japanese Clinical Psychology (*Nihon shinri rinsho gakkai*), which has come to have tremendous influence in the field over the years.

Jungian Psychoanalysis as a Form of Cultural Critique

Most of Jung's major works have been translated into Japanese. As well, through numerous publications, Kawai and other Jungians have widely popularized Jungian readings of the Japanese self.² The best example is Kawai's comparative work on Western and Japanese folktales, in which he discovers intriguing structural differences (Kawai, 1988, 1995). According to his reading, in Western folktales there are explicit themes of identity-formation via the overcoming of hardship and, in the end, of a happy unification of man and woman through marriage. In comparison, Japanese folktales, he argues, often leave one with an ambiguous ending in which the important thing seems to be that 'nothing happened.' What is 'lacking' is the kind of self-actualization idealized in the West: i.e. overcoming contradictions by directly confronting the paternal. Behind the lack of direct confrontation thus lies a different idea of moral development, which, he suggests, provides a key for understanding Japanese psychology. Perhaps it is because of these unique ideas and works such as *Buddhism and the Art of Psychotherapy* (Kawai, 1996) that A. Guggenbuhl-Craig has called Kawai's approach a 'Buddhist school of Jungian psychology' (cited in Ujihara, 1999).

What lies beneath these differences, many Jungians suggest, is the notion of the *maternal*. Indeed, this theme has appeared repeatedly in the writings of Japanese therapists from their initial encounters with psychoanalysis. It is well known that Kosawa, the first Japanese practicing psychoanalyst, formulated the notion of Ajase complex in a 1932 article through his critical rereading of Freudian theories (see Tatara, 1982). Drawing upon the Buddhist legend of Prince Ajase, Kosawa proposed this notion to Freud in order to call attention to the family dynamics that center around the mother-child relationship. Kawai, through his work on folklore and clinical practice, has also employed the Jungian notion of 'the Great Mother' and suggested that we examine the maternal principle deeply embedded in Japanese society (Kawai, 1988). Other Jungians as well have extensively used the notion of the Great Mother in arguing how it becomes

a developmental task for the child to find a way to be independent from the tremendous – and suffocating – love of the internalized mother. This notion has had much appeal for scholars discussing the problems of new Japanese families, where they see a father who is so tied to work that he is virtually absent from home, and a mother who is left with all the love and academic expectation she pours onto the child. Since the 1970s when childhood problems such as school refusal syndrome, social withdrawal and adolescent crime became widely discussed, these psychoanalytical readings have offered a new language with which to speak of ‘social pathology.’

A number of scholars have pointed out that psychotherapy offers a space in which stories of collective identity and morality are worked out and creatively remade (Cushman, 1995; Rieff, 1966). It is noteworthy that the 1970s saw a number of such attempts by psychotherapists, including T. Doi’s (1973, 1989) theory of *amae* or dependency, and B. Kimura’s (1972) notion of interrelated self. It is the ability of these psychotherapists to articulate unnamed anxieties that has promoted psychotherapy as a popular tool of self-reflection and social criticism in the media.

Jungian Clinical Practices

While Jungians have gained a foothold in the popular imagination through these provocative ideas since the 1970s, they have also worked, together with therapists of other orientations, to lay the ground for clinical practice. In terms of training, they have built up a training system using in-depth case studies, dream analysis, and sandplay therapy.

In particular, sandplay therapy has become a successful and widely adopted form of treatment. Kawai met D. Kalff, the creator of sandplay therapy, in 1962, and repeatedly invited her and other Jungian therapists to Japan to hold workshops. Kawai translated the term ‘sandplay therapy’ as *hakoniwa ryoho* (‘box garden therapy’), which Higuchi (1990) suggests was ingenious, as it helped evoke the images of a traditional Japanese garden and the making of its miniatures. The Society of Sandplay Therapy (*Nihon hakoniwa ryoho gakkai*) was established in 1987. Sandplay therapy is now being used in a broad range of settings including school counseling, pediatrics and psychiatry in university hospitals. Many therapists have pointed out that sandplay therapy has helped them overcome some of the difficulties in transporting psychotherapy to Japan. Therapists often comment that Japanese are hesitant to verbalize and articulate their feelings in therapeutic encounters. Sandplay therapy, they suggest, allows a kind of protective free space whereby therapeutic growth is obtained not so much through verbal ‘confrontation’ but through playful self-discovery (see the special issue on sandplay therapy of the *Japanese Journal of*

Psychotherapy, 2002). Some therapists I have talked to point out that this therapy helps them avoid creating the 'dependency' that they see as an issue in doing psychotherapy with Japanese clients. It is probably for these perceived benefits that sandplay therapy has become widely employed beyond the circle of Jungian therapists. In the aforementioned journal, Nakagawa (2002) describes new possibilities in this field, including virtual sandplay-like systems on the internet: Sapari (for fee: <http://vrml.sony.co.jp/sapari>) and Inter Pot (<http://interpot.nifty.com>).

Conclusion: Institutionalization, Diversification, and Licensing

Japanese Jungians established the Jungian Club in 1980, which now has about 800 members. The Jungian-oriented Sanno Training Institute was established by K. Ogawa and it now has about 100 staff and trainees. Numerous Jungian analysts have been invited from abroad to give lectures in Japan. International symposia have been held in Japan with themes such as 'East and West in Jungian Psychology,' and 'Masculinity and Femininity in Jungian Psychology.' Links have been made with transpersonal psychologists. There have also been active dialogs with Buddhist scholars (Young-Eisendrath & Muramoto, 2002). It seems certain that Jungians, who used to be called the 'Kyoto school,' have expanded their influence nationwide, and become firmly established as a wing of clinical psychology in Japan. However, it also seems certain that the field of clinical psychology is becoming quickly diversified, with not only Freudian and Jungian orientations, but also with neo-Freudian, Lacanian, and other new approaches that are constantly being introduced from abroad.

In clinical psychology more broadly, there is a mixture of excitement and uncertainty over the recent growth of the field. As with any expanding profession, clinical psychologists are now confronting problems of standardization, quality control and structural independence. The aforementioned Association of Japanese Clinical Psychology has 13,124 members and has become a major force in reorganizing clinical psychology. The association successfully installed a licensing system in 1988, and as of 2002 it has independently certified 8,799 clinical psychologists (including 318 MDs). Given the rising interest in psychology in recent years, universities across nation are either setting up or expanding clinical psychology departments. The Ministry of Education has created a national licensing system for school counselors and has dispatched counselors to schools all over the country since 1995, the year of the Hanshin Earthquake, when it seemed that everyone began to talk about the need for *kokoro no kea*, or 'care of the heart.'

However, the national, government-authorized licensing of clinical

psychologists has been a long and bitterly debated issue. Despite efforts by the different parties involved, including the Ministry of Health, Labor and Welfare, the issue has yet to be resolved. Because of these problems, the psychotherapy done by clinical psychologists is not properly compensated under the national health insurance system. Thus, mental hospitals and clinics that employ clinical psychologists do so despite the financial constraints it inevitably imposes, and this situation puts many psychologists in a financially vulnerable position.

Given this situation with licensing, it is difficult to foresee what will happen in the near future. It is thus all the more important to remember that Japanese encounters with psychotherapy – Jungians and otherwise – have not been characterized by straightforward reception and acceptance. They have instead been historically laden with tensions, struggles, and creative remakings of psychoanalytical theories. And it is through therapists' engagement in critical dialogue with fundamental assumptions within the Western psychoanalytical tradition *and* their own society that has given the field its vigor.

Notes

1. The following research note provides a brief historical sketch of Jungian influence in Japan by focusing on a small segment and limited number of actors. Recent years have seen increasing interest in the history of clinical psychology in Japan, and a number of books have been published on this topic (e.g. Sato & Mizoguchi 1997; Shinri kagaku kenkyukai rekishi kenkyubukai, 1998), including historical accounts written by Japanese Jungians (e.g. Higuchi 1990). The position from which the author speaks is that of a North American-trained medical anthropologist who has also studied psychology in Japan. Readers should thus be aware that this is a history and that there certainly are different stories to be told from the vantage points of those directly involved in these historical developments and engaged in psychotherapeutic practice.
2. I refer only to Kawai's works here but other Japanese Jungians have also published books and articles for both professional readers and popular audiences. Please see the reference for some of the works that may be of interest to the readers of *Transcultural Psychiatry*: Akiyama (1981), Akiyama (1984), Hayashi (1979), Higuchi (1978, 1986), Yamanaka (1986, 1987), and Yuasa (1987, 1989, 1993).

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References

- Akiyama, S. (1981). *Haha to ko no shinso*. [The depth psychology of mother and child.] Tokyo: Seidosha.
- Akiyama, S. (1984). *Kaasan oyogi ni ittei*. [Mommy can I go swimming?] Tokyo: Seidosha.
- Cushman, P. (1995). *Constructing the self, constructing America: A cultural history of psychotherapy*. Reading, MA: Addison-Wesley.
- Doi, T. (1973). *The anatomy of dependence*. Tokyo: Kodansha International.
- Doi, T. (1989). The concept of *amae* and its psychoanalytic implications. *International Review of Psycho-Analysis*, 16, 349–354.
- Doi, T. (1990). The cultural assumptions of psychoanalysis. In J. Stigler, R. Shweder, & G. Herdt (Eds.), *Cultural psychology: Essays on comparative human development* (p. 452). Cambridge, MA: Cambridge University Press.
- Hatase, M. (1982). *Rogers-ha. Nihon no shinrigaku*. [Rogerian School. Psychology in Japan.] Nihon no shinrigaku' kanko iinkai [Committee for Publishing Psychology in Japan]. Tokyo: Nihon Bunka Kagakusha.
- Hayashi, M. (1979). *Tsuaratusutora no shinso*. [The depth psychology of Zarathustra.] Tokyo: Asahi Shuppansha.
- Higuchi, K. (1978). *Yungu shinrigaku no sekai*. [The world of Jungian psychology.] Tokyo: Sogensha.
- Higuchi, K. (1986). *Eien no shonen genkei/Megami no genkei*. [Forever boy archetype and goddess archetype.] Tokyo: Sanno Shuppan.
- Higuchi, K. (1990). *Nihon ni okeru yungu shinrigaku no doko. Jung shinrigaku shiryoshu. 'Jung shinrigaku shiryoshu' kanko iinkai*. [Trends in Jungian psychology in Japan. Research collection on Jungian psychology.] Tokyo: Sanno Shuppan.
- Kalff, D. M. (1980). *Sandplay: A psychotherapeutic approach to the psyche*. Santa Monica, CA: SIGO Press.
- Kawai, H. (1988). *The Japanese psyche: Major motifs in the fairy tales of Japan*. Dallas, TX: Spring.
- Kawai, H. (1995). *Dreams, myths and fairytales in Japan*. Einsiedeln, Switzerland: Daimon Verlag.
- Kawai, H. (1996). *Buddhism and the art of psychotherapy*. College Station: Texas A&M Press.
- Kimura, B. (1972). *Hito to hito no aida*. [In-between people.] Tokyo: Kobundo.
- Murase, T. (1995). *Rinsho shinrigaku no genten*. [The starting point of clinical psychology.] Tokyo: Seishin Shobo.
- Nakagawa, J. (2002). Hakoniwa ryoho no kanosei. [Potentials of sandplay therapy.] *Seishin ryoho*, 23(2).
- Rieff, P. (1966). *The triumph of the therapeutic: Uses of faith after Freud*. New York: Harper & Row.
- Sato, T., & Mizoguchi, G. (Eds.). (1997). *Tushi: Nihon no shinrigaku*. [Comprehensive history of psychology in Japan.] Kyoto: Kitaoji Shobo.
- Shinri kagaku kenkyukai rekishi kenkyubukai [Historical Division of the Psychology Research Group]. (1998). *Nihon shinrigakushi no kenkyu*. [Research on the history of psychology in Japan.] Kyoto: Hosei Shuppan.

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- Tatara, M. (1982). Psychoanalytic psychotherapy in Japan: The issue of dependency pattern and the resolution of psychopathology. *Journal of the American Academy of Psychoanalysis*, 10(2), 225–239.
- Uchimura, Y. (1954). Nihon seishin igaku no kako to shorai. [The past and the future of Japanese psychiatry.] *Seishin shinkeigaku zasshi*, 55(7), 705–716.
- Ujihara, H. (1999). *Jung o yomu*. [Reading Jung.] Kyoto: Minerva Shuppan.
- Yamanaka, Y. (1986). *Ehon to dowo no yungu shinrigaku*. [The Jungian psychology of children's books and folklore.] Osaka: Osaka Shoseki.
- Yamanaka, Y. (1987). *Zengabokugyuzu to seishinryoho katei: seishin ryoho ni okeru bukkuyoteki sukui*. [The Zen picture of cow farming and the process of psychotherapy: Buddhist salvation in psychotherapy.] Tokyo: Sanno Shuppan.
- Young-Eisendrath, P., & Muramoto, S. (Eds.). (2002). *Awakening and insight: Zen Buddhism and psychotherapy*. New York: Taylor & Francis.
- Yuasa, Y. (1987). *Shintai kara seishin eno kakehashi*. [The bridge from body to mind.] Tokyo: Seidosha.
- Yuasa, Y. (1989). *Yungu to toyo*. [Jung and the East.] Tokyo: Jinbun Shoin.
- Yuasa, Y. (1993). *The body, self-cultivation, and ki-energy* (S. Nagatomo & M. S. Hull, Trans.). Albany, NY: SUNY Press.

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