

A DISORDER OF *Ki*
***ALTERNATIVE TREATMENTS FOR NEURASTHENIA IN
JAPAN, 1890-1945***

Yu-Chuan Wu

University College London

PhD

I, Yuehuan Wu, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Abstract

This thesis studies some of the most popular alternative treatments for neurasthenia in Japan in the period of 1890 to 1945, including breathing exercise, quiet-sitting, hypnotism-derived mental therapy and Morita therapy. Neurasthenia, with its supposed relation to modern civilization, was a widely used and preferred disease label in Japan. As the official Western medicine failed to provide satisfactory solutions to this obstinate and debilitating disease, a variety of alternative treatments were invented or reinvented and some of them became very popular.

Concerning the popularity and effectiveness of these treatments, this thesis argues that they provided contemporary Japanese, who had been experiencing rapid and dramatic change to lifestyle, culture and society, with models by which they could perceive, conceive and strengthen their neurological, circulatory and psychological systems by their analogy to *ki*. Known as a nervous disorder, neurasthenia was also perceived and understood as a disorder of *ki*, with insufficiency, stagnation, obstruction and turbulence still thought to be the major faults. Through undergoing and practicing these treatments, Japanese neurasthenic patients could control and invigorate the flow of nervous currents, blood and ideas as they previously cultivated *ki*.

This thesis also investigates these treatments in the context of Japanese nationalism. Their advocates often claimed that they were embedded in traditional Japanese culture and hence particularly effective for Japanese patients. Returning to traditional lifestyle and culture was regarded by them as a cure for neurasthenia, which they thought was a disease of 'de-Japanization'. Furthermore, they founded a large number of groups and organizations for the practice and promotion of these treatments, which were in many ways like traditional extended families and provided patients with a much-needed sense of security and belonging. These treatments were endowed with social and cultural significance, which was also crucial to their therapeutic effectiveness for neurasthenia.

Contents

Introduction

The Effectiveness of Psychotherapy	7
Neurasthenia: A Nervous Disorder	10
Neurasthenia: A Psychological Disorder	20
Neurasthenia in Japan	26

1. The Abdominal Heart

Neurasthenia and its Recovery	38
Neurasthenia: a Disease of Top-heaviness	46
Modern Lifestyle: A Lifestyle of Top-heaviness	56
Abdominal Heart: Futaki's 'Abdominal Breathing'	65
Fujita's 'Belly-centred Medicine' and Okadaian Quiet-Sitting	74
'Modernization' of Breathing exercise and Quiet-sitting	83

2. A Civilization of the Belly

Two Different Kinds of Bodies	86
Breathing Exercise, Ki and Yōjō Medicine	88
Modern Forms of Ki	93
Nostalgia, De-Japanization and the 'Japanese' Belly	101
'Teacher!'	114
Modern Forms of Breathing Exercise	120
'Modern' or 'Traditional'?	125

3. Mental Therapy

Mental Therapy and Mental Therapists	128
Hypnotism in Japan: 1880 – 1913	133
No Idea, No Thought, No Self and No Mind	140
Neurasthenia: the Stagnant flow of Ideas and Obsessions	150
Body and Mind: the Flow of Ki and the Flow of Attention	158
College, Family and Nation	171
Body, Mind and Spirit	183

4. Morita Therapy

Morita Therapy: A Modern Form of Psychotherapy?	187
What is Morita Therapy?	191
Shinkeishitsu	198
Renunciation of the Ego	205
The Flow of the Mind and Attention	211
A Family of Shinkeishitsu	221
A Nation of Shinkeishitsu	233

Epilogue

Is the Ki still Flowing?	244
--------------------------	-----

Bibliography

References to works in Japanese	249
References to works in English	292

A note on translations: All translations, including book titles, from the Japanese are by the author, except where otherwise indicated.

Introduction

The Effectiveness of Psychotherapy

What underlies the effectiveness of psychotherapy? This question lies at the foundation of clinical psychology. Although the psychotherapeutic profession insists that modern psychotherapy is soundly based on psychological knowledge, it has often been the case that the development of a form of psychotherapy comes well before that of the theory upon which it is allegedly based. From hypnotism and moral persuasion to catharsis and free association, the effectiveness or ineffectiveness of treatments has been the key subject of speculation and research for psychiatrists and clinical psychologists. The efforts made to solve the puzzle have resulted in a host of theories about the mind and its disorders, which not only constitute the theoretical basis of this discipline but also profoundly influence how people understand themselves.

However, the effectiveness of psychotherapy has been precarious and elusive. Often, a form of therapy effective in a particular historical, social and cultural context loses its healing effect when carried out in other environments. Even in a particular time and place, the effectiveness can vary widely among individual clients who come from various walks of life and have different life stories. In the history of psychological medicine, there have been several forms of psychotherapy, such as hypnotism, whose acknowledged efficacy varied across era, society and culture and whose popularity rose and fell again and again. To explain the effectiveness, psychiatrists and psychologists continually invent new psychological or somatic theories, which are sometimes consistent with, sometimes parallel to, or, not infrequently, completely contradictory to one another. Nonetheless, they form the theoretical foundation of modern psychotherapeutics. Psychiatrists, psychologists and psychotherapists seem to have agreed on the varying effectiveness of psychotherapy and the diversity and inconsistency of its theories. An eclectic approach seems inevitable for a discipline and profession that has been built upon something as precarious as the effectiveness of psychotherapy; the technology and knowledge of psychological medicine have hence often been subjected to doubt and criticism,

as well as modification.

But the contingency and elusiveness of the effectiveness of psychotherapy should not be surprising, since psychotherapy is meant to treat mental diseases, particularly non-psychotic mental diseases, that have been equally, if not more, changeable and elusive. Take a look at the diseases that gave rise to the birth of modern psychotherapy in the late nineteenth and early twentieth centuries. Modern psychotherapy came into being to treat diseases from hysteria and neurasthenia to fugue and multiple personality, and their supposed underlying psychopathological mechanisms were assumed to be the targets of psychotherapy. These diseases, once prevalent in particular places and with particular people, have all but vanished into history and are rarely seen by today's psychiatrists and psychotherapists. Only the various forms of psychotherapy originally invented to treat them continue to exist and develop to deal with new mental diseases that have taken their place. The objects of psychotherapy have changed remarkably over time, so it is understandable that there is no sound or durable explanation of its efficacy in the past or today

Perhaps the effectiveness of psychotherapy needs to be explored from a different perspective, just as those diseases that once were its primary objects do. Although no longer a concern for today's psychiatrists and psychotherapists, these diseases, central to the foundation of modern psychiatry and clinical psychology, have become interesting to historians of psychiatry and psychology. With hindsight, historians are able to focus their study on the historical nature of these elusive diseases, as well as that of the various theories invented to explain them. By investigating these diseases and theories in a wider context, historical studies have made it clear that not only did contemporary intellectual, social, cultural and political situations, such as intellectual traditions and trends, gender and class issues and ongoing social and political conflicts, greatly influence how doctors, patients and the public viewed, understood and responded to these diseases, but their occurrence, presentation, distribution and disappearance can also be better understood in context than by any somatic, psychological or social causes alone.¹ Holding different views on their biological and

¹ Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses* (London, 1998); Mark S. Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton, N.J.,

psychological reality, historians explored these diseases as historical realities to see how they evolved in history. They have provided valuable insights into a wide range of questions related to these diseases, including those that had always been the focus of psychiatric and psychological study, such as why they were epidemic and presented with certain symptoms in certain times and places, and why certain genders, classes and groups of people were overrepresented in the patient populations. Whether or not they have biological or psychological basis, the features presented by these diseases are, to a great extent, historical ones and have to be understood in history. A wide range of factors, not just psychological ones, gave rise to, sustained and eventually led to the disappearance of these diseases. Mental illness, after all, is human mental suffering, which is complex and irreducible, and presentations and representations are contingent on context. So is the relief of it.

Hence, the effectiveness of psychotherapy needs to be explored and understood from new perspectives—not just those from which psychiatry and psychology have approached the question. Instead of searching for a general psychological or physiological mechanism of the effectiveness of psychotherapy, it is more relevant to place psychotherapy in a wider context to examine how it has worked or failed to work in particular times and places and with particular patients. The mental diseases that psychotherapy was meant to treat were complex historical phenomena that evolved in response to their times. Thus psychotherapy, to be effective, must also respond to the intellectual, social, cultural and political situations that gave rise to and sustained the diseases. A historical approach is therefore vital. By focusing on psychotherapy's historicity and contextuality, historical researchers can provide valuable insights into the efficacy of psychotherapy for which psychiatry and psychology have failed to provide a coherent explanation. Despite an asserted scientificity and universality, psychotherapy has always been a creation of its times. Not only its theory but also its procedures, skills and setting, and the therapist-client relationship carried the characteristics of and had particular resonance in its times. It is only by considering all aspects of a particular form of psychotherapy that we can understand its far-reaching influence on how clients saw themselves and their

world and on how they lived their life, facing challenges and difficulties other than the supposed psychopathology.

But as psychological knowledge and psychotherapy have been integral to how we understand ourselves and how we deal with mental suffering, the historicity and contextuality of psychotherapy often escape our attention. We can fail to look outside of the mind to understand why psychotherapy can serve as a means for people seeking consolation, self-understanding and self-growth. Thus, this thesis takes up this question by looking at the therapeutic effectiveness of several popular alternative treatments for neurasthenia in Japan in the period from 1890 to 1945. These treatments were either reinventions of traditional remedy or modifications of Western psychotherapy. But they all approached neurasthenia from perspectives unique and relevant to their time and context and achieved therapeutic effects by meeting a variety of needs. Their effectiveness, as well as the ineffectiveness of Western psychotherapy, made clear that we need a more comprehensive framework to examine and explain the effectiveness of psychotherapy. Our presuppositions about the ‘psychological’ mind become problematic when there were two or more fundamentally different views on the human psyche competing with each other. The historicity and contextuality of psychotherapy also become clearer if the forms of psychotherapy in question were transplanted from another time or place and flourished and evolved in the new environment, especially when the disease that they were mainly used to deal with was regarded as a disease of its times and central to the transformation of the understandings of mental malady.

Neurasthenia: A Nervous Disorder

From about 1890 onwards, after decades of state-led modernization and westernization, Japan saw a remarkable increase in the number of patients diagnosed or self-diagnosed with neurasthenia. Neurasthenia was a disease concept imported from the West, where G. M. Beard believed modern civilization was the ultimate cause. In Japan it rapidly became a common disease label for a variety of otherwise unexplained somatic and mental symptoms, such as heart pounding and depression. Like their counterparts in the

West, patients with neurasthenia in Japan blamed the strains of modern life for their suffering. In the meantime, physicians and psychiatrists continued to introduce the latest Western medicine theories and treatments.

But there was much in the history of neurasthenia in Japan that distinguished it from that in Western countries. The period from 1890 to 1945 in Japan saw the emergence and prevalence of a variety of treatments that claimed to be radical cures for neurasthenia. These treatments, although outside or on the periphery of Western medicine, achieved considerable success treating neurasthenia and were far more popular among certain groups of people than conventional remedies. Among them were reinventions of traditional medical and folk remedies and body techniques, such as breathing exercises and quiet-sitting, and also adaptations of Western medical and psychiatric treatments introduced into Japan around this period, such as hypnotism and various forms of psychotherapy. The treatments originated from different times and traditions, but they shared many common characteristics. Although the medical profession considered them to be unfounded remedies and outside the medical mainstream, their advocates were adamant that they were no less, and perhaps even more, scientific and empirical than the orthodox medical treatments. Many of their exponents strove to construct their own theories about neurasthenia and the therapeutic mechanisms by incorporating the most recent medical or psychological knowledge with traditional medical ideas. They claimed their therapies and theories to be ‘Japanese’ or ‘Oriental’ as well as scientific. These theories shared common assumptions about the constitution, functioning and malfunctioning of the body and the mind, based on which they explained in a similar way how the modern and Western culture that had been overwhelming Japan brought about the epidemic of neurasthenia. These treatments also shared some therapeutic methods and skills, most of which were modifications of traditional body or mental techniques. Moreover, for the practice and promotion of these therapies, their exponents and advocates founded a large number of groups and organizations (both formal and informal) across Japan. Most of them were organized and operated on a similar principle, with similar relationships formed between therapists and clients and between clients themselves.

As will be discussed below, these characteristics reflected and responded to

the contemporary intellectual, cultural, social and political situations and crises in Japan and were central to the therapeutic effects of these therapies on neurasthenia. Briefly, the therapies provided neurasthenic patients with a sensible and meaningful understanding of their body and mind and the methods to nurture and cultivate them. They taught them how to live their lives in a turbulent time by holding particular cultural, social and political views. They also gave patients a sense of belonging and identity by building family-like communities. But to understand these various elements, it is necessary first to know the disease that they were intended to treat. The neurasthenia imported into Japan was a complex and evolving disease concept. It had broad social implications and repercussions, which was why it became the primary focus of these therapies. Historical studies have provided valuable insights over the past few decades on the history of neurasthenia in Western countries, some of which can help understand its variation in Japan.

In the long history of Western neurosis, neurasthenia and hysteria were crucial to the paradigm shift from the neurological understanding of neurosis as brain and nerve dysfunction to a psychological paradigm that attributed it to psychological rather than physical causes. On one hand, while the original concept of neurasthenia proposed by G. M. Beard enjoyed great success on both sides of the Atlantic in the late nineteenth century, the medical tradition that it stood for was in decline. On the other, neurasthenia played an important role in the birth of modern psychological medicine. Throughout its short history, neurasthenia was a lively focus of theoretical debate and controversy.

Neurasthenia, according to Beard, was caused by the exhaustion of the electric energy of the nervous system, which in turn was caused by the rapid pace of life and great demand for intellectual effort in modern civilization. Through reflex mechanisms, the exhaustion of nervous energy gave rise to a variety of symptoms across the body. American elites, he claimed, were the only victims of the disease, since they were endowed with the most evolved and refined nerves and had created the most advanced civilization in the world. He hence dubbed it the ‘American nervousness’.² Beard’s explanation of

² Charles E. Rosenberg, ‘The Place of George M. Beard in Nineteenth-century Psychiatry’, *Bulletin of the History of Medicine*, 36(3): 245-59 (1962); M. B. Macmillan, ‘Beard’s Concept

neurasthenia, except the claim that it was unique to American elites, was widely accepted by doctors and the public in the United States and several European countries. From about 1880 onwards, neurasthenia became a very common diagnosis in the United States and Western Europe.

But although Beard declared neurasthenia a new disease, there were several similar disease concepts in the history of nervous disorders. Laying out the intellectual history of neurosis, J. M. López Piñero divides the theoretical development of neurosis from Thomas Willis's innovation to the demise of neurological models into three nonlinear stages: German romantic medicine, anatomoclinical medicine and physiopathological views. Holding that nerve reflexes are the major pathophysiological mechanism, the theories belonging to the last stage could be further divided into those focused on local aetiology and the reflexes of peripheral origin and those focused on the reflexes of central origin. Placed in this context, Beard's concept of neurasthenia was no more than a combination of the extension of the reflex mechanism from the periphery to the central nervous systems and Brownism's subdivision of irritation into 'esthesia' and 'asthenia' forms.³ Moreover, neurasthenia was a unitary category subsuming a number of 'intermediate' neuroses. Considered different from the major neurosis, that is, hysteria, these 'intermediate' neuroses emerged from the break-up of hypochondriasis between 1850 and 1880 and caused chaos in the classification of neurosis. Neurasthenia integrated the chaos and thus, along with hysteria, 'survived into the twentieth century' and 'posed the central problem of the so-called psychological period'.⁴

Charles E. Rosenberg summarizes Beard's theory into three themes: the pathophysiology of nervous system, the theories of evolution, degeneration and heredity and the idea of civilization as a social aetiology. He traces them to the 'fashionable and controlling ideas' of Beard's times. Beard's construct, in his view, is a 'mosaic' work, whose pieces came from Emil Du Bois-Reymond's proof of the electric nature of nervous system, Hermann von Helmholtz's

of Neurasthenia and Freud's Concept of the Actual Neuroses', *Journal of the History of the Behavioral Science*, 12(4): 376-90 (1976); George Frederick Drinka, *The Birth of Neurosis: Myth, Malady, and the Victorians* (New York, 1984), pp. 184-97.

³ José María López-Piñero, *Historical Origins of the Concept of Neurosis*, translated by D. Berrios (Cambridge, 1983), pp. 72-73.

⁴ *Ibid.*, pp. 73-74.

thermodynamic laws, Marshall Hall's concept of reflex mechanisms and Herbert Spencer's reflection on civilization and degeneration, among others.⁵ He therefore holds that Beard's conceptions gained wide acceptance not because they were intellectually original but because they were familiar.⁶

But apart from the familiarity, there were other reasons behind the popularity of the concept of neurasthenia and the wide repercussions that it had created. One such was the recognition of neurosis as a legitimate disease. From this perspective, Rosenberg highlighted the break of Beard's purely somatic model of neurasthenia from the traditional holistic view. He points out that, up until the mid-nineteenth century, medicine was necessarily 'psychosomatic' and conceived in a scheme that emphasized the body's continuous transaction with its environment. Every clinician had to be something of a psychiatrist and family therapist.⁷ However, the legitimacy of disease still ultimately came from the somatic mechanism. The distinction between real illness and self-indulgence easily blurred, especially in the case of nervous ills. As a result, patients with nervous disorders were subject to doubts about the authenticity of their illness until Beard advanced a 'reductionist and materialist' model to offer a purely somatic basis for nervous illnesses. It guaranteed the status of neurasthenia as a genuine disease and exempted patients from responsibility for their emotional ills.⁸

Endowed with legitimacy, neurasthenia was a preferred disease label over hysteria and hypochondria for patients with nervous illness. Some historians hold that the early conceptions of neurasthenia were conceived and developed within competitive medical markets and relatively equal doctor-patient relationships, in which the patient-consumer's feelings and expectations were taken seriously by physicians earning their living from private practice. Neurasthenia was a product that could further the confluence of producers' and consumers' needs and 'brought them together in an intricately collaborative

⁵ Charles E. Rosenberg, 'The Place of George M. Beard in Nineteenth-century Psychiatry', p. 250.

⁶ *Ibid.*, p. 245.

⁷ Charles E. Rosenberg, 'Body and Mind in Nineteenth-century Medicine: Some Clinical Origins of the Neurosis Construct', *Bulletin of the History of Medicine*, 63: 185-97 (1989), pp. 187-88.

⁸ *Ibid.*, pp. 191-95.

effort.’⁹ The neurophysiological theory of neurasthenia is a result of negotiation between physicians and their middle-class clients. For doctors, neurasthenia was a convenience term that bestowed an air of precision on an indeterminate affliction. For patients, it reaffirmed the somatic basis of nervous breakdown and cleared them of the suspicion of feigning illness. Compared with the psychological theories, the neurological model offered somatic explanation and legitimized patients’ suffering. It also equipped doctors with treatments and suggestions serviceable to patients, which freed both of them from the pessimism and helplessness inherent in the degeneration theory.¹⁰

Furthermore, neurasthenia played a role in the development of neurology and psychiatry into modern disciplines, which coincided roughly with the heyday of neurasthenia. In this period, neurology gradually separated from internal medicine (of which it had been a subspecialty), and psychiatrists strove to extend their business beyond the walls of the asylums to which their alienist predecessors were confined. This development provided the institutional basis for the acceptance of the concept of neurasthenia. It made possible the encounter between psychiatrists and neurologists and sane neurasthenic patients. Moreover, the enormous number of neurasthenic patients made it profitable for doctors to specialize in the treatment of nervous disorders. The ostensibly scientific theory of neurasthenia also helped legitimize neurology and psychiatry as new branches of scientific medicine.¹¹

The social and scientific legitimacy that the nerve could confer on a disease and a discipline reveals its significance. As Oppenheim points out, ‘nerve’ existed both ‘physiologically’ and ‘metaphorically’ in the eighteenth and nineteenth centuries. It and its disorders had manifold meanings and connotations. They not only pervaded the physical body, but also permeated the

⁹ Janet Oppenheim, *‘Shattered Nerves’: Doctors, Patients, and Depression in Victorian England* (New York, 1991).

¹⁰ *Ibid.*; Mathew Thomson, ‘Neurasthenia in Britain: An Overview’, in Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam, New York, 2001); B. Sicherman, ‘The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia’, *Journal of the History of Medicine & Allied Sciences*, 32(1): 33-54 (1977); F. G. Gosling, J. M. Ray, ‘The Right to be Sick: American Physicians and Nervous Patients, 1885-1910’, *Journal of Social History*, 20(2): 251-267 (1986); Charles E. Rosenberg, ‘Body and Mind in Nineteenth-century Medicine: Some Clinical Origins of the Neurosis Construct’.

¹¹ Volker Roelcke, ‘Electrified nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880-1914’, in *Cultures of Neurasthenia from Beard to the First World War*, pp. 178-80.

images with which people evoked society.¹² This is partly why Beard's theory that modern civilization was the ultimate cause of neurasthenia was well received among laypersons as well as doctors. It is also why neurasthenia was often central to the ideas and debates about social and cultural reform.

Concern over civilization's detrimental effect on health had existed for a long time, with different diseases representing this concern in different historical periods.¹³ Neurasthenia, according to Rosenberg, reflected the anxiety and insecurity of people living in the 'urbanized, technologically based, communication-oriented and unsettlingly mobile society' of the second half of the nineteenth- and the early twentieth centuries.¹⁴ Beard's theory that modern bourgeois life was nervous-energy-consuming was easily understood by and caused concern among people who had been subject to excessive intellectual labour and an extraordinarily rapid pace of life. Also seeing the nerve as a metaphor for modern civilization, Andreas Killen describes how people could make sense of the electric nature of the nervous system by their life and work experiences in Berlin, an 'electropolis' whose 'physiognomy' was being massively transformed by electrification; and vice versa. The technological advances in transportation, communication, mechanics and lighting profoundly changed everyday experiences in Berlin. Of these changes, those associated with electrification, such as the illuminated city landscape, the telephone and the rapid movements and electric shocks suffered while working with electric machines, were among the most dramatic and remarkable. The electrified urban life, the electric nature of the nervous system and the electrotherapeutic devices for the treatment of nervous disorders intertwined to form a coherent picture of the world, the life and the body.¹⁵ Oppenheim highlights the use of economic metaphors, such as nervous prostration, exhaustion, breakdown and bankruptcy, in discourses on nervous disorders in Victorian and early Edwardian England. He holds that these terms made sense in the world's leading capital country and

¹² Janet Oppenheim, *'Shattered Nerves': Doctors, Patients, and Depression in Victorian England*, p. 3.

¹³ Charles E. Rosenberg, 'Pathologies of Progress: The Idea of Civilization as Risk', *Bulletin of the History of Medicine*, 72: 714-30 (1998); Roy Porter, 'Nervousness, Eighteenth and Nineteenth Century Style: From Luxury to Labour', in *Cultures of Neurasthenia from Beard to the First World War*.

¹⁴ Charles E. Rosenberg, 'Pathologies of Progress: The Idea of Civilization as Risk', p. 721.

¹⁵ Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity* (Berkeley, 2006), pp. 15-26, 48-71.

were inextricably intertwined with the bourgeois ideas about wealth, power, success and failure.¹⁶

Thus, with modern life characterized as energy-consuming, neurasthenia became both a symbol and an explanation of social and personal failure and was often implicated in the social reform initiatives of middle-class men. In this regard, Tom Lutz emphasizes the use of medical discourses on neurasthenia as ‘a rhetoric device for personalizing polemics of a civilization under siege.’ He holds that neurasthenic discourses were expressly economic. They were based on a calculation of the conservation and consumption of energy, which reflected the concern about how personal and social life should be reformed to cope with the energy-consuming civilization.¹⁷ Volker Roelcke also points out that the acceptance of the neurophysiological theories and the burgeoning of medical ‘enterprises’ for the treatment of neurasthenia reflected the confidence of a whole generation in civilization and social progress in Germany. It was optimistically assumed that the social problems caused by urbanization and industrialization would be solved in the spirit of pragmatic social reform and paternalistic humanitarianism.¹⁸

More broadly, Anson Rabinbach explores the intellectual and social history of the metaphor of the working body as ‘human motor’ in the nineteenth century. He points out that the metaphor, in which the body was understood from the perspective of work and energy, was widely used in physics, biology, medicine, psychology, economics and politics. It also captured the public imagination. Through the metaphor, scientific discovery was translated into a new version of social modernity. The image of labour was transformed into the concept of ‘labour power’, which was calculated according to the conservation and consumption of energy. Transcendental materialism provided a framework in which human labour and social activity could be considered in quasi-natural rather than moral terms. Accordingly, body fatigue was thought to be the ultimate cause of resistance to work and attracted the attention of both scientists

¹⁶ Janet Oppenheim, *‘Shattered Nerves’: Doctors, Patients, and Depression in Victorian England*.

¹⁷ Tom Lutz, *American Nervousness, 1903: An Anecdotal History* (Ithaca, 1991).

¹⁸ Volker Roelcke, ‘Electrified nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880-1914’, p. 185.

and social reformers.¹⁹

Furthermore, neurasthenia also played a role in the understanding, development and reform of individuals. It was often implicated in the construction of self-identity, with an 'identity of nerve' built as a result. As several historians point out, medical discourses and public views on neurasthenia were imbued with contemporary gender and class prejudices, of which Beard's idea that middle-class men were the only privileged victims of the disease is a clear example. Besides, Showalter and several other historians show that women's nerves were generally thought to be fragile, delicate and inferior to men's. Doctors often explained the occurrence of neurasthenia in women as a result of them violating their natural domestic role to enter professional and social life or attributed it to 'female troubles', that is, disorders of female reproductive organs. The treatment of neurasthenia was gendered as well. While advising their male neurasthenic patients to take exercise for the recuperation of nerve force, doctors often had their female patients undergo local treatment, surgery or rest therapy and warned them against physical and intellectual activities. Showalter holds that these treatments were meant to suppress women's autonomy. Rest therapy, for instance, subjected female patients to immobilization and passive feeding and thus 'infantized' them. Because of the loss of autonomy, female patients became dependent on their physicians and susceptible to their advice on female roles.²⁰

But despite these prejudices, the significance of being neurasthenic was nonetheless 'personalized' in various ways by patients across genders and classes. Being neurasthenic provided them with an opportunity to know, communicate and develop themselves. Beard's theories of neurasthenia and inebriety, for instance, could be seen as a self-portrait of the American middle-class male. He was endowed with the most evolved and refined nerve, with which he also suffered. He subjected himself to an overflow of stimuli and

¹⁹ Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (Berkeley, 1992), pp. 4-8.

²⁰ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York, 1985); George Frederick Drinka, *The Birth of Neurosis: Myth, Malady, and the Victorians*, pp. 33-34; F. G. Gosling, J. M. Ray, 'The Right to be Sick: American Physicians and Nervous Patients, 1885-1910'; Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and their Treatment in Nineteenth-century America', *Journal of Interdisciplinary History*, 4(1): 25-52 (1973).

excessive intellectual work and consequently had a strong need for stimulants. The self-image reflected both the self-congratulation and complacency and the insecurity about the middle-class male's privileged status in American society.²¹ In France, although fatigue, emotionality, susceptibility and a loss of willpower and personal boundary were generally considered effeminate, the relation of neurasthenia to brain labour validated the masculinity of exhausted intellectuals and businessmen. Although a threat to manhood, neurasthenia was also a symbol of superior masculinity.²²

Several historical studies show how women used their neurasthenia, which gave them the right to be sick, to cope with difficult situations. The suppressive regimen of rest therapy, for example, gave exhausted women much-needed time and space to rest and recuperate. It met multiple needs. It satisfied their desire for reassurance and close relationships. It allowed them to escape onerous duties and conflicts. To some patients, moreover, it offered the physical and psychological care that they could not obtain elsewhere.²³

Like male neurasthenic patients, female patients also developed new identities through being neurasthenic. Andreas Killen demonstrates how German women telephone operators redefined femininity in the language of nerve. These emblematic 'new women', although seen by medical authorities and cultural commentators as a symbol of the feminized mass urban culture of decadence, regarded themselves as members of the vanguard of Germany industry. They maintained that the delicate female nerve was particularly suitable for the job, which was vital to the operation of modern business. The 'shocked nerve' was a badge of honour.²⁴ In his case study of Amelia Gere Mason and Sarah Butler Wister, neurasthenics who underwent S. Weir Mitchell's rest therapy, David G. Schuster describes how they solved their

²¹ Michele Rotunda, 'Savages to the Left of Me, Neurasthenics to the Right, Stuck in the Middle with You: Inebriety and Human Nature in American Society, 1855-1900', *Canadian Bulletin of Medical History/Bulletin Canadien d'Histoire de la Medecine*, 24(1): 49-65 (2007), pp. 56-57; Tom Lutz, *American Nervousness, 1903: An Anecdotal History*.

²² C. E. Forth, 'Neurasthenia and Manhood in Fin-de-siècle France', in *Cultures of Neurasthenia from Beard to the First World War*.

²³ F. G. Gosling, J. M. Ray, 'The Right to be Sick: American Physicians and Nervous Patients, 1885-1910', pp. 258-63; B. Sicherman, 'The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia', pp. 51-53; Hilary Marland, "'Uterine Mischief': W.S. Playfair and His Neurasthenic Patients', in *Cultures of Neurasthenia from Beard to the First World War*, pp. 132-34.

²⁴ Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity*, pp. 204-10.

difficulties on their own, without submitting to Mitchell's belief in the ideal female role. Mason developed ideas about femininity and modernity and maintained that women's aesthetic and intellectual talent could come to the rescue of the masculine money-grubbing society. Wister, who was formerly an obsessive housewife, learned from her illness to allow herself to spend more time in leisure activities. In both cases, the gender meaning of neurasthenia had been invented by patients themselves.²⁵ Hence, as Tom Lutz says, neurasthenia provided a medium for men and women to reflect on and communicate with themselves. With gender positions changing in a broader sphere, it constituted a space in which both femininity and masculinity had been redefined and acted out in numerous ways.²⁶

Without doubt, medical theories provided a rational framework within which patients thought about themselves. But the wealth and diversity of the meanings of nerve and neurasthenia reveal the active role that patients played in the understanding and treatment of their own diseases. It also reveals the rich interplay between nerve and inner self. Nerve had never been merely the nerve defined by medical science, but had a variety of social, cultural and psychological meanings. It made it necessary for doctors to maintain holistic approaches in practice. Gosling traces the origin of American psychotherapy to pre-Freud neurologists and general practitioners. He finds that, to a large extent, they continued the traditional approach of nineteenth-century American medicine and paid attention to patients' social as well as medical backgrounds.²⁷ The psychological approaches prepared the ground for the coming psychological era, but there were other social, economic and political factors that contributed to the rise and dominance of modern psychological medicine.

Neurasthenia: A Psychological Disorder

Even in its heyday, neurasthenia was controversial. As a diagnostic

²⁵ David G. Schuster, 'Personalizing Illness and Modernity: S. Weir Mitchell, Literary Women, and Neurasthenia, 1870-1914', *Bulletin of the History of Medicine*, 79(4): 695-722 (2005).

²⁶ Tom Lutz, 'Varieties of Medical Experience: Doctors and Patients, Psyche and Soma in America', in *Cultures of Neurasthenia from Beard to the First World War*, p. 57.

²⁷ F. G. Gosling, *Before Freud: Neurasthenia and the American Medical Community, 1870-1910* (Urbana, 1987), p. 174.

category, neurasthenia was often criticized as non-specific and over-inclusive. Moreover, there was no neuropathological evidence to substantiate the concept. From around the turn of the century, several alternative theories, all of which regarded neurasthenia to some extent as a psychological disease with psychological causes, gradually gained the edge over neurological ones. The unitary category of neurasthenia at last broke up and was replaced by a number of new psychological diseases. Although still preserved in the classification systems of mental diseases, 'neurasthenia' since then has been a specific diagnostic category for a rare condition and almost a remnant of the past.

Of the alternative theories, Freud's psychoanalysis was perhaps the most influential. Freud divided neurosis into psychoneurosis and actual neurosis, the latter comprising three diseases: neurasthenia, anxiety neurosis and hypochondriasis. Neurasthenia, according to him, was a disease characteristically presenting with mental or physical fatigue and caused by masturbation or spontaneous emission.²⁸ He reclassified most conditions formerly diagnosed as neurasthenia as a variety of other neuroses, particularly psychoneuroses. Concerning the 'psychological incarnation' of neurasthenia, Ruth E. Taylor's study of the change of diagnostic patterns in a British neurological hospital in the 1930s clearly shows the replacement of neurasthenia by these new or reinvented disease labels.²⁹ With the success of psychoanalysis, neurasthenia, once a blanket category, became simply a disease of fatigue as it is known today.

But there were agents other than psychoanalysis that contributed to the psychologization of neurasthenia. As said above, nerve and neurasthenia had a multitude of meanings other than the strictly anatomophysiological one. Both doctors and patients implicitly or explicitly continued the traditional holistic approach even when the neurological model seemed to have prevailed. Since

²⁸ M. B. Macmillan, 'Beard's Concept of Neurasthenia and Freud's Concept of the Actual Neuroses'; Kenneth Levin, *Freud's Early Psychology of the Neuroses: A Historical Perspective* (Hassocks, 1978); Peter Hartocollis, 'Actual Neurosis and Psychosomatic Medicine: The Vicissitudes of an Enigmatic Concept', *International Journal of Psychoanalysis*, 83: 1361-73 (2002); K. J. Zucker, 'Freud's Early Views on Masturbation and the Actual Neuroses', *Journal of the American Academy of Psychoanalysis*, 7(1): 15-32 (1979).

²⁹ Ruth E. Taylor, 'Death of Neurasthenia and its Psychological Reincarnation: A Study of Neurasthenia at the National Hospital for the Relief and Cure of the Paralysed and Epileptic, Queen Square, London, 1870-1932', *British Journal of Psychiatry*, 179: 550-7 (2001), pp. 552-53.

the early days of its history, neurasthenia had been a disease related to the mind, the soul and the will and was treated with not only electrotherapy and rest therapy but also hypnosis, suggestion, work therapy and moral re-education. The traditional approaches to nervous ills of moral education and rational persuasion, as several historians point out, prepared the ground for the advent of the psychological era.³⁰ Furthermore, apart from psychoanalysis, there were a few other psychological theories and treatments being proposed around this time. They also played a significant part in the breaking up of neurasthenia and the emergence of modern psychological medicine. Among them was Pierre Janet's psychological theory and moral treatment for psychasthenia. Janet reclassified a great part of neurasthenia as psychasthenia, which comprised simple neurasthenia, depression, phobias and obsessions. Psychasthenia, according to him, was a disease caused by the disturbance of psychological factors acting in uniform, universal and lawlike manners and should be treated with psychology-based moral therapy rather than somatic treatment.³¹ Paul Dubois and Joseph Jules Dejerine continued and reinvented the French tradition of moral therapy to develop the psychotherapeutic method of rational persuasion, which, according to Edward Shorter, played an important role in the development of psychological medicine until it was 'hijacked' by psychoanalysis.³²

There was still another trend in psychiatry that contributed to the break-up of neurasthenia. In Germany, Emil Kraepelin worked to establish psychiatry as a branch of scientific medicine that was based on empirical research, strict categorization and biological principles. Mental diseases, he held, should be classified according to their biological causes, rather than their superficial and changeable symptoms. Like a physical disease, a mental disease should originate from a particular pathology and have a predictable course and prognosis. Neurasthenia, as a disease category, was too all-inclusive and vague

³⁰ F. G. Gosling, *Before Freud: Neurasthenia and the American Medical Community, 1870-1910*; Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, N.J., 1994); Eric Caplan, *Mind Games: American Culture and the Birth of Psychotherapy* (Berkeley, London, 1998).

³¹ Sonu Shamdasani, 'Claire, Lise, Jean, Nadia, and Gisèle: Preliminary Notes towards a Characterisation of Pierre Janet's Psychasthenia', in *Cultures of Neurasthenia from Beard to the First World War*.

³² Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York, 1992), pp. 245-53.

for him. He hence discarded the category of neurasthenia and recast it as the subtype of two newly constructed disease categories: 'disorder of exhaustion' and 'psychosis of degeneration'. As the former was a rare condition, neurasthenia was in effect redefined by him as a disease of the will caused by degeneration and heredity.³³

As will be discussed below, Kraepelin's approach to mental disease was congruent with the rise of scientific medicine. His classification system of mental disorders was influential and widely adopted. On one hand, as neurasthenia was a subtype of the psychosis of degeneration, hereditary determinism took the place of all the environmental and social theories.³⁴ On the other hand, as Andreas Killen points out, Kraepelin's highlighting of weak will among the symptoms of neurasthenia was part of a broader trend in which the concepts of will and soul were recuperated in psychiatry to counter the materialism in human science.³⁵ This is probably why, despite the biological and hereditary determinism, Edward Shorter still counts Kraepelin among the proponents of the psychological paradigm.³⁶

However, the shift of paradigm and the demise of neurasthenia must be understood in a wider context than merely an intellectual one. Generally speaking, patients preferred neurological and social theories to psychological and degenerate ones. The former recognized their nervous ills as a somatic and hence legitimate disease and regarded them as the victims of the progress of civilization, which was beyond their control. With the psychologization of neurasthenia, however, individuals rather than society were held responsible for the disease. Moreover, the optimism about social reform and progress was replaced by the deterministic pessimism of the degeneration theory. Hence, if the psychological theories prevailed, there would be shifts in both the balance of power between doctors and patients and the feelings and attitudes toward civilization.

³³ Volker Roelcke, 'Biologizing Social Facts: An Early 20th Century Debate on Kraepelin's Concepts of Culture, Neurasthenia, and Degeneration', *Culture, Medicine & Psychiatry*, 21: 383-403 (1997).

³⁴ *Ibid.*, pp. 388-90.

³⁵ Andreas Killen, 'From Shock to Schreck: Psychiatrists, Telephone Operators and Traumatic Neurosis in Germany, 1900-26', *Journal of Contemporary History*, 38: 201-220 (2003), p. 214.

³⁶ Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, pp. 242-45.

For instance, in Germany, as Roelcke points out, the bourgeois hope that the social problems caused by urbanization and industrialization would be solved in the spirit of pragmatic social reform faltered from the 1890s onward. Besieged by oligarchy and the labour movement, the bourgeois themselves grew disillusioned with political participation. Increasingly, they thought of military service as a remedy for nervous disorders, and the neurological theories to which they formerly resorted to support plans for social reform they now used to explain the health hazard of political participation. When German society suffered a severe crisis in the late Weimar period, Kraepelin's quasi-biological theory, in which social causes were completely set aside and degeneration and the decadence of the collective culture and 'folk body' were regarded as the ultimate causes of nervous and social disorders, won widespread acceptance. The hope that modern civilization would cure its own disorders by technological advancement and social reform finally shattered.³⁷

Moreover, the intervention of the state and other third parties transformed the relatively balanced relationship between private doctors and medical consumers, of whose negotiation the neurophysiological theory of neurasthenia was a product. With doctors forming a stronger alliance with the government and insurance companies, the balance of power shifted in their favour and the doctor-patient relationship became ridden with conflict of interest. This allowed the explicit acceptance by doctors of the psychological theories that were disfavoured by and unfavourable for their patients.³⁸

In the meantime, the autonomy and authority of the medical profession grew rapidly in Western countries. With the growing status of science in society, doctors were more willing to sacrifice income for scientific reputation. Gosling points out that this was why American neurologists devolved their neurasthenic patients to psychiatrists.³⁹ It also explained why Kraepelin defined and classified mental disorders according to the principles of experimental psychology and bacteriology, rather than on empirical research. The explicit motivation was to establish psychiatry as a true medical discipline, since 'the

³⁷ Volker Roelcke, 'Electrified nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880-1914', pp. 185-90.

³⁸ Mathew Thomson, 'Neurasthenia in Britain: An Overview', pp. 85-88.

³⁹ F. G. Gosling, *Before Freud: Neurasthenia and the American Medical Community, 1870-1910*, pp. 164-66.

established medical disciplines based on laboratory science were experiencing an enormous growth both in material resources and public support in accordance with German imperial politics.’⁴⁰

However, even though the growing pessimism and disillusionment in society and the growing power of doctors over patients made possible the wide acceptance of exclusively psychological understandings of neurasthenia, patients’ participation was nonetheless crucial to the production of psychological knowledge. Although patients were often resistant to purely psychological explanations and insisted on the physicality of their nervous ills, psychological theories could not be constructed without the active cooperation of self-conscious and reflexive patients who were interested in self-analysis and self-knowledge. As said above, the somaticism of the late nineteenth-century was paralleled by insistence on the power of the mind over the body and the soul over the mind. Psychological approaches that stressed the importance of willpower, morality, self-reflection and self-control had existed and been accepted by patients well before the inception of the psychological era. Although there was desire to separate the soma from the psyche in the wake of the emergence of modern psychological medicine, whether neurasthenia was a somatic or psychological disease was much less a problem for patients. The more patients were involved, the less the dichotomy stood. Patients not only continued a physical culture in the psychological era but also actively participated in the production of psychological knowledge. In this sense, neurasthenia was indeed, as Michael Neve put it, a ‘people’s disease’.⁴¹ Its history, as Lutz argues, is ‘a paradigmatic site for re-examining the very relation between culture and physiology in ways that do not recreate the rift that divides psychiatry.’⁴²

⁴⁰ Volker Roelcke, ‘Biologizing Social Facts: An Early 20th Century Debate on Kraepelin’s Concepts of Culture, Neurasthenia, and Degeneration’, p. 387.

⁴¹ Michael Neve, ‘Public Views of Neurasthenia: Britain, 1880-1930’, in *Cultures of Neurasthenia from Beard to the First World War*, p. 157.

⁴² Tom Lutz, ‘Varieties of Medical Experience: Doctors and Patients, Psyche and Soma in America’, p. 52.

Neurasthenia in Japan

From the above review, we learn that neurasthenia was indeed a disease of its times. It might not have much significance in the intellectual history of neurosis. After all, the neurophysiological theory of neurasthenia was not a groundbreaking invention but a mosaic work pieced together by an intellectual tradition in a final effort to clear up the chaos and save itself from impending failure; the psychological theories directly resulted in its disintegration. But neurasthenia was an important medium of its time through which people understood, communicated and developed themselves; discourses on neurasthenia were often also critiques of contemporary social and cultural disorders. As we have seen, neurasthenia was implicated in the construction of various identities. People from different backgrounds conceived and proposed plans and ideals for social and cultural reform in its name. The shift of paradigm was brought about for a wide range of reasons, not just intellectual ones. Furthermore, neurasthenia was a people's disease. Patients often found themselves, implicitly or explicitly, at odds with their doctors in terms of the explanation and treatment of neurasthenia. They believed in the importance of willpower and morality while the neurological theory ruled and insisted upon the physicality of neurasthenia once the psychological explanation prevailed. They made use of and benefited from the treatments for neurasthenia in ways unexpected and even unnoticed by their self-congratulatory and profession-minded doctors. Neurasthenia seems to have been a different kind of mystery for patients than it was for doctors, which patients solved in different ways and on different levels than those proposed by the medical profession.

One of the reasons why neurasthenia had such broad significance was people's familiarity with the nerve. Since the inception of the concept of neurosis, a person's intellect, emotions, willpower and morality had been increasingly described and explained both by himself and by others in terms of his nerve and nervous disorders. The nerve was not only an anatomo-physiological organ but also a conventional metaphor. It was embedded in everyday language and culture and had a multitude of connotations. This made the conception of neurasthenia readily understandable and meaningful to the general public and allowed people to make their own

sense of the disease and endow it with a variety of meanings, rather than just physical ones.

Besides, in a time of rapid change in both material and moral culture, the idea of neurasthenia, with its theoretical formulation of the interrelation between the nerve and society and culture, provided people with a much-needed framework in which they could understand themselves within society, and vice versa. This was also crucial to its popularity and broad significance. Through the mediation of the nerve, people could link personal ills to social and cultural crises and grasp both of them with a coherent theory. As said above, medical discourses on neurasthenia were often also social and cultural critiques. To some extent, they were therapeutic, as they provided patients with insights into themselves and the world around them. Moreover, many of the treatments for neurasthenia, such moral admonitions and lifestyle advice, were in fact about how people could and should live their lives in a fast-changing society, and social and cultural reform often constituted part of the proposed solutions.

Given the supposed relation of neurasthenia to social and cultural change, it is clear why the concept of neurasthenia was widely accepted in Japan and that the scale of the neurasthenia epidemic there was comparable to Western countries. However, there are still a couple of key questions that need to be explored with regard to contemporary Japanese understanding of the nerve. Following the Restoration in 1867, under the slogan of ‘Enrich the country, strengthen the army’, the oligarchic Japanese state began to promote and carry out modernization in many sectors of society and government and in various aspects of social and personal life. Within a relatively short period of time, Japan was subjected to a change that was unparalleled in terms of pace and scope to those taking place in the West. As well as the urbanization, industrialization and informationalization also seen in the West, a whole range of aspects of life, from food, clothing, housing, education, recreation and medical care to family and social life, underwent radical change. Western lifestyle and culture rapidly became the fashionable mainstream. Traditional family and social systems came under serious threat, with the roles of traditional institutions generally weakened. Moreover, Western medicine and philosophy, as well as social and political ideas introduced by the fast-growing number of

Western-style intellectuals, challenged the views, knowledge, beliefs and values that the Japanese had held about themselves and the world for hundreds of years. Faced with the threat of the expansion of Western imperial powers in East Asia and aspiring to compete with them, Japan underwent profound and dramatic changes in domestic society, which were largely made in the name and spirit of modernization and westernization.

It was a time of insecurity and uncertainty, in which the ‘evolutionary struggle for survival’ was the catchphrase. Relentless competition in the newly established Western-style educational system and in business, precarious job security, the hectic pace of urban life, the overflowing of new knowledge and ideas, a dizzying change in lifestyle and the alleged fierce international competition caused a widespread sense of insecurity, which was aggravated by the weakening of the protective function of traditional institutions. It provided a fertile soil for the idea of neurasthenia to take root and grow. Introduced as a disease of modern civilization and modern life, neurasthenia was a useful disease label and concept for contemporary Japanese to describe and comprehend the pain and anxiety caused by the fast and profound changes in their personal and social lives. The conceptions of neurasthenia were the epitome of their experiences with modern life. In Japan, neurasthenia was commonly thought to be caused not only by the hustle and bustle of urban life but also by the new fierce competition. It was a disease of the ‘struggle for survival’, a concept that Japanese then often resorted to in order to comprehend the rapidly changing domestic and international society. Most importantly, neurasthenia was a novel and ‘Western’ disease and the understanding of its underlying mechanism was made possible only by the latest advances in Western science and medicine. It was a new disease of a new era caused by new lifestyle. It was a Western disease of Western culture. As a borrowed disease concept, it fit well with the general perception and understanding of the ongoing social and cultural changes as ‘westernization’.

But the nerve was a novel and strange organ in Japan. Although it had appeared in a few texts of traditional medicine as a result of the slow infiltration of Western medicine, the nerve hardly existed in ordinary Japanese’s perception and conception of their bodies and minds until the popularization of modern

medical knowledge after the Restoration. It was not present in everyday language and had no metaphorical meaning. Hence, the Japanese did not have the intellectual and cultural familiarity with the nerve that had been crucial to the wide acceptance of the concept of neurasthenia in the West. For Japanese patients, the nerve did not have the rich cultural meanings that had allowed their Western counterparts to describe and understand themselves through neurasthenia and endow it with personal significance. There was no long-established connection between a person's nerve and psychological attributes in Japan, either. This connection had been the rationale of the holistic approaches to neurasthenia in its early days in the West and also prepared the ground for the acceptance of the later psychological explanations.

So the medical concept of neurasthenia was introduced into Japan along with the social and cultural discourses about the disease. Even in Japan though, the nerve was never merely a physical organ, but always had a variety of psychological, social and cultural meanings. With the prevalence of neurasthenia, the Japanese also quickly came to describe and understand themselves and their world from the perspectives of nerve and nervous disorders. They also built an 'identity of nerve'. But like the concept of neurasthenia, the identity was a borrowed one. It did not exist in the past and was a modern and westernized way for Japanese to know and express themselves. The more a person's life and thinking had been modernized and westernized, the more he knew and communicated in this way. Hence, the 'identity of nerve' reflected the change and break in society and culture. It was itself part of the culture that gave rise to the anxiety and insecurity and provided little relief for them.

Moreover, people's sense of strangeness and unfamiliarity about the nerve and neurasthenia would not be relieved by their doctors. Generally speaking, doctors of official Western medicine enjoyed high authority and privilege in Japanese society. It was generally thought that only those with exceptional talent and resolve could prevail in the competitive educational system and survive the demanding course of study to become a doctor. Whether serving in universities or as general practitioners, doctors were an emblem of modern civilization and occupied a higher position to enlighten, educate and take care of

other people. Even though there was a medical market, it was never as fiercely competitive as those in Western countries. Members of the medical profession were generally more concerned with keeping pace with their Western counterparts than with negotiating with patients. This was particularly true in psychiatry, which then was still a nascent, and university- and state hospital-based, profession. The imbalance of power between doctors and patients prevented them from negotiating with each other, which, as several historians point out, had been crucial to the construction of the conceptions of neurasthenia in the West. As a result, patients continued to feel estranged from and powerless about the nerve and neurasthenia. It might be partly why neurasthenia was increasingly regarded as a chronic and incurable incapacitating disease in Japan at the turn of the twentieth century.

What saved patients from the pessimism was not the advances in Western medicine (whose views on neurasthenia also became increasingly pessimistic) but a variety of alternative treatments that emerged and developed at a rapid rate from around 1890 onwards. As mentioned above, among these treatments were reinventions of traditional therapeutics and body techniques and modifications of Western psychotherapies. Their exponents claimed them to be not only radical cures for neurasthenia and other common chronic diseases but also effective and practical methods for cultivating a strong body and will. Although considered ‘unorthodox’ and even quackery by official medicine, some of them were extremely successful and popular. In the period from 1890 to 1945, many, including a few doctors, regarded them as the most effective treatments for neurasthenia. Proponents set up societies and organizations large and small across the country for the practice, study and promotion of these methods. Many ex-neurasthenic patients, along with those who aspired to strengthen their bodies and minds, grouped together to practice them as methods of self-cultivation on a regular basis. Some of the large number of publications on them became bestsellers. The success and popularity of these treatments can be partly explained by the ineffectiveness of standard Western medical treatments and the limited availability and authoritative approach of the medical, particularly psychiatric, service. But there were other more intrinsic reasons underlying their therapeutic effectiveness for neurasthenia, which are what this

study intends to explore.

These treatments shared a few common elements. Their exponents almost all managed to construct their own theories on neurasthenia in which they tried to incorporate, with varying degrees of elaborateness, first the Western neurophysiological theories and then the psychological ones with traditional Japanese medicine. On one hand, they sought to rationalize traditional medicine and were adamant that their theories were empirical and scientific, which they thought was essential to wide acceptance in the new era. On the other, they tried to understand and explain the nerve and the 'psychological mind' in contexts that were familiar to Japanese patients. Thus, the illness experience became one that was intelligible and meaningful to patients and one through which they could reflect on, understand and transform themselves. The theories were often also social, cultural and political critiques and put forward ideas and visions for social and cultural reform. To a great extent, most exponents of these treatments held similar views on a wide range of contemporary social, cultural and political issues. Generally speaking, they were critical of the Western ideas and culture that had been overwhelming Japanese society, which, in their view, were materialistic and individualistic and should be remedied by restoring Japanese values, morality and aestheticism. They were passionate and enthusiastic advocates of cultural nationalism and proponents of the Emperor's autocratic rule. Their large number of patients and followers echoed these views that helped them make sense of the ever-changing world. They were also strong advocates of the traditional family system and its values and morals and often implemented them in their therapies. The therapist-client relationship strongly resembled a family or, more precisely, paternal relationship. With their followers, they organized and ran the facilities and organizations set up for the practice and promotion of these treatments like an extended family. They often stressed that their treatments should not merely be carried out in therapeutic sessions, but should be implemented by patients themselves in everyday life. Through undergoing these treatments, patients were often inspired to change their lifestyle and attitude and convert or 'return' to the so-called Japanese way of life.

As we will see, these common elements were culturally and socially

embedded. They were crucial not only to the effectiveness of these treatments but, in a sense, to that of all psychotherapies. The effectiveness of psychotherapy cannot be explained by universal psychological mechanisms, or even by the ‘mind’ alone. Historicity and contextuality must also be considered. Psychotherapy exerts therapeutic effects by providing clients with a coherent understanding of themselves and their world, with instructions on how to live their lives in the world, and with relationships and institutions that can shield them from difficulties within and without. By investigating the history of some of the most popular and successful treatments, this study will show how they achieved effectiveness by implementing these therapeutic factors in a particular historical context.

Furthermore, this study also hopes to add to and deepen the historical understanding of neurasthenia in Japan and, more broadly, bring new perspectives to the understanding of the lingering prevalence of neurasthenia in East Asia that has intrigued many cultural anthropologists and cultural psychiatrists. Toward the history of neurasthenia in Japan, historians hitherto have adopted two different kinds of approaches, both of which have been greatly influenced by the general interpretations of the Western history of neurasthenia. Adopting an approach that could be described as psychohistorical, some historians explore the distress reflected by neurasthenia of some prominent figures, among whom the most famous, and most researched, was the neurasthenic novelist, Sōseki Natsume. Others adopting similar approaches explore the disquiet and suffering of the nation and society as a whole behind the epidemic of neurasthenia. In line with the general assumption that neurasthenia was a disease of modern civilization, those historians emphasize that the changes brought about by modernization and westernization were the major sources of distress for Japanese neurasthenic patients at the time, particularly for those mentally disturbed intellectuals. Those changes, in turn, were understood within a framework of the contrasts and oppositions between the modern and the traditional, and the West and the East. They explore neurasthenia as a medium by which people then understood and expressed their

suffering of living in a time of cultural and social change and confusion.⁴³

The other approach often adopted is in line with the thesis that the rise and fall of neurasthenia marked the paradigm shift from neurological to psychological explanations of neurosis. From this perspective, historians, on the one hand, explore the history of neurasthenia within the context of the introduction, implementation and popularization of modern Western medicine in Japan, which, in turn, was part of a broader process of westernization and modernization starting around the Restoration in 1867. More specifically, they regard the prevalence of neurasthenia as evidence that Japanese had then, to a considerable extent, accepted and adopted a new language of ‘nerve’ to describe and understand their bodies and minds. Junko Kitanaka, for example, holds that the prevalence of neurasthenia indicates the ‘epidemiological break’ occurring around this period in Japan, which, she argues, might explain why contemporary psychiatrists have overlooked the similarities between the past *ki-utsu* (*ki*-stagnation) and present depression. On the other hand, historians also highlight the much slower pace at which the paradigm shift from the neurological to the psychological ones had taken place in Japan than in the West.⁴⁴ The same can be said about many other East Asian countries, such as China, Hong Kong and Taiwan. The delayed acceptance of, or even resistance to, the psychological paradigm in East Asia has attracted attention from not only historians, but also psychiatrists. Psychiatrists in those countries found that their patients preferred the neurological and somatic model of neurasthenia over the psychological one of neuroses, which they often attributed to the stigma attached to mental diseases in local cultures. But neither this nor the above approach has paid enough attention to the localization of neurasthenia in East Asia. It is highly problematic to assume that Beard’s original neurological model had formed the common understanding of neurasthenia in East Asia and explain the popularity of the disease concept by that. Indeed, several

⁴³ Yochin Watarai, *A Different Perspective on the Meiji Spirit: Mental Derangement, Neurasthenia and Spirit Possession* (Tokyo, 2003); Tomio Hirai, *Neurotic Sōseki Natsume* (Tokyo, 1990); Humio Gotō, *A Study on Sōseki’s and Shiki’s Illnesses* (Maebashi, 2007); Kunimitsu Kawamura, ‘Sōseki and Neurasthenia: From *Kōjin* and other Works of the Same Period’, *Sōseki Kenkyū*, 15: 76-88 (2002).

⁴⁴ Takaaki Chikamori, ‘The Two Maladies of the Era : “Shinkeisuijaku (neurasthenia)” and “Noiroze (neuroses)”’, *Kyoto Journal of Sociology*, 7: 193-208 (1999); Junko Kitanaka, ‘The Rise and Fall of “Neurasthenia”: How was a “Disease of Overwork” Stigmatized as a “Disease of Personality”’, *Eureka*, 36(5): 150-167 (2004).

anthropological studies on East Asian neurasthenia have shed light on how this disease has been localized and become distinct from its original Western forms. Whether to explore the social and psychological distress revealed by it or to explain its lingering prevalence, first and foremost, it is necessary to understand the localized forms of neurasthenia in East Asia.

In this regard, with his study on the neurasthenia in Communist China, Arthur Kleinman draws our attention to the culture of somatization formed around neurasthenia there and contrasts it with the culture of psychologization in the West. Kleinman found that most neurasthenic patients he interviewed recognized that social and psychological factors had contributed to their illness. Instead of conceiving neurasthenia as a purely somatic or neurological disease, most patients, doctors and other involved persons saw and understood the somatic symptoms of neurasthenia as psychological as well as physical pain, which, moreover, was thought to have been caused by psychological, social as well as physical factors. Accordingly, he argues that the Chinese neurasthenia is not a type of somatization disorder, characterized by patients' resistance to admitting the psychological and social nature of their illness, as often suggested by Western psychiatrists. Instead, he identifies and describes a particular culture of somatization, in which social as well as psychological stress is described, understood and managed in terms of its influence on and interaction with the body. Apart from the social and political situations in China, he also highlights the role of the traditional holistic views of mind and body in the formation of this culture.⁴⁵ Sing Lee, a transcultural psychiatrist, reaches a similar conclusion in his study on the neurasthenia in Honk Kong. He argues that the localization of neurasthenia, in which neurasthenia has been transformed into a disease concept compatible with traditional medical thinking, is vital to its prevalence and popularity among East Asian people.⁴⁶ From an anthropological point of view, moreover, Kleinman argues that both the cultures of somatization and psychologization should be subjects of anthropological study.

⁴⁵ Arthur Kleinman, *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China* (New Haven, 1986).

⁴⁶ Sing Lee, 'Rethinking Neurasthenia: the Illness Concept of Shenjing Shuairuo among Chinese Undergraduates in Hong Kong', *Culture, Medicine and Psychiatry*, 19: 91-111 (1995); Sing Lee, 'Estranged Body, Simulated Harmony and Mismatched Cultures: Neurasthenia in Contemporary Chinese Society', *Psychosomatic Medicine*, 60: 448-457 (1998).

But Kleinman's approach to the two different kinds of cultures has not been perfectly symmetrical. The local cultures of neurasthenia in East Asia could only be described as 'somatization' when they are contrasted with the Western 'psychologization'. Not only was there no lack of elaborate psychological and psychosomatic theories in traditional East Asian medicine, but the Western psychological theories of neurasthenia, which led to its demise there, had also been introduced into Japan at the turn of the twentieth century and formed part of the whole construct of neurasthenia to be localized. There were not only local biologies, but also local psychologies, of the localized neurasthenia. Neurasthenia was understood as anything but a purely somatic disease in East Asia. Moreover, as a historical process taking place over decades, the intellectual, social, cultural and political localization of neurasthenia is far more complex than that shown by those anthropological studies. An anthropologically-informed historical study, therefore, has much to contribute to a more comprehensive understanding of East Asian neurasthenia. In this regard, as a historical background to her anthropological study on the localization of depression in Japan over the past few decades, Junko Kitanaka takes a brief look at the history of neurasthenia in Japan before the end of the World War II and points out that there were a couple of local personality and psychological theories being developed to 'psychologize' neurasthenia.⁴⁷ On the basis of all those anthropological insights, this thesis attempts to understand the complex intellectual, social, cultural and political construction of neurasthenia in Japan in the historical context. It will explore not only the localization of neurasthenia as a neurological disease, but also that of it as a psychological disease and, above all, of psychotherapy.

The first two chapters of this thesis are about modern reinventions of two long-existing body techniques to cultivate *ki*: breathing exercise and quiet-sitting. Often in combination, breathing exercise and quiet-sitting had been widely practiced in Japan for hundreds of years. They were not only methods of nurturing and strengthening the body but also of cultivating wisdom, willpower, morality and artistry. It is not surprising that, suffering from

⁴⁷ Junko Kitanaka, *Depression in Japan: Psychiatric Cures for a Society in Distress* (Princeton, N.J., 2011), pp. 54-66.

mentally and physically incapacitating neurasthenia, the Japanese resorted to the two methods that had been integral to their everyday life and culture not long ago. But to be effective on the modern body and practical in modern life, the theories and practices needed to be modernized. On one hand, modernized breathing exercise and quiet-sitting assimilated the modern body, particularly the nerve, into traditional body culture and made it familiar and meaningful to Japanese neurasthenic patients. On the other, with the nerve as a modern reincarnation of *ki*, the revival of breathing exercise and quiet-sitting was accompanied by a revival of the lifestyle and cultural practices associated with *ki* in the past, which relieved patients' anxiety over the fast and dramatic cultural changes. Moreover, despite efforts to make them applicable in modern institutions, breathing exercise and quiet-sitting were still largely taught in a tutorial style, with the therapist-client relationship resembling the traditional master-disciple one. This relationship, as well as the family-like groups and organizations set up for their practice and promotion, eased the insecurity of living in a society that had seen its most important institution, the family, threatened with disintegration.

In a similar framework, the following two chapters will explore two other popular forms of therapy—hypnotism-derived mental therapy and Morita therapy—in which the problems posed by the psychological explanations of neurasthenia and modern Western psychology were the focus. Resembling folk religious practices, the various forms of mental therapy were conceived by self-professed mental therapists under the inspiration of Western hypnotism. Shōma Morita's therapy was a combination of modifications of popular forms of Western psychotherapy. Both mental therapists and Morita emphatically explained and treated neurasthenia from a psychological perspective. But instead of borrowing Western psychological theories and psychotherapies simply as they were, they resorted to traditional, particularly Buddhist, ideas about the human psyche and created what they called 'Japanese' or 'Oriental' psychology and psychotherapy. Although assuming formal characteristics of modern psychology and psychotherapy, 'Japanese' psychology was imbued with traditional ideas and the various forms of psychotherapy made heavy use of traditional body and mental techniques. Moreover, while reflecting on

themselves, clients undergoing these therapies also benefited from their therapists' cultural, social and political views and from the family-like therapist-client relationships and settings.

Lastly, it is necessary to briefly explain the inclusion of breathing exercise and quiet-sitting as psychotherapy in the thesis. Undoubtedly, they are increasingly regarded as psychotherapy in post-modern times. But it is not anachronistic to count them as psychotherapy in the early days of modern Japan. The 'modern' form of psychotherapy, which is a historical construct formed and prevailing in a particular historical context, still, to a great extent, defines our conception of psychotherapy. By the conventional definition, even Morita therapy and mental therapy do not qualify as proper forms of psychotherapy, though they were claimed and widely regarded as such in a time and place in which the concept of psychotherapy was still being formed. Breathing exercise and quiet-sitting were anything but somatic treatments. They had always been holistic therapies employing mental techniques and having mental effects. They were among the most important therapeutic techniques of both mental therapy and Morita therapy. With the popularization of the concept of psychotherapy in Japan, they were regarded as psychotherapy at the time. Hence, it is relevant to treat and explore breathing exercise and quiet-sitting as forms of psychotherapy in this research. Moreover, their inclusion should draw our attention to the historicity and narrowness of the modern concept of psychotherapy.

I The Abdominal Heart

Neurasthenia and its Recovery

In 1909, Hanzan Ishikawa (1872-1925), a well-known former newspaper chief editor, published *Neurasthenia and its Recovery*, a memoir that recounted his experience with the disease and the treatments that he had received in his painful journey to recovery. His ordeal began in 1907 and it took him more than a year of desperately trying dozens of remedies to fully recover. Having gained some insights into the ‘disease of civilization of the twentieth century’,¹ Ishikawa, by publishing this memoir, wanted to share them with his compatriots and recommend treatments that he considered helpful.

To many of his contemporaries, it should have been no surprise that a person like Ishikawa fell ill with neurasthenia. Most Western-medical doctors in Japan still held that neurasthenia was a disease of exhaustion resulting from modern civilization making excessive demands on the brain or nervous energy. Popular medical books published in this period make clear that G. M. Beard’s theory, with some modifications, remained the most accepted explanation of neurasthenia. The prevalence of the disease in Japan was regarded as inevitable because of the rapid modernization that began with the Restoration (1868). The taxing and demanding nature of modern civilization, moreover, was usually understood in the context of the ‘evolutionary struggle for survival’, a concept often used by the Japanese to make sense of the challenges they faced in both domestic and international societies.² Other theories, such as hereditary, degenerative and psychopathological ones, had been introduced by some elite psychiatrists and neurologists,³ but they filtered down very slowly in the

¹ Hanzan Ishikawa, *Neurasthenia and its Recovery* (Tokyo, 1909), p. 1.

² Shōgo Gotō, *Neurasthenia* (Tokyo, 1907), pp. 3-6, 60-63, 72-81; Kenji Hihara, *The Latest Self-Treatment Methods for Neurasthenia* (Tokyo, 1912), pp. 4-5, 13-16; Kengo Kanō, *Preventive Methods of Neurasthenia* (Tokyo, 1906), pp. 1-4; Kengo Kanō, *Self-Treatment Methods of Neurasthenia* (Tokyo, 1909), pp. 1-2; Kōtarō Shiosaka, *Psychotherapies for Neurasthenia* (Tokyo, 1907), pp. 2-5.

³ Shyūzō Kure (eds. and trans.), *An Outline of Psychiatry* (Tokyo, 1897), pp. 304-16; Kōichi Miyake, *A Compilation of Psychiatry* (Tokyo, 1912), pp. 1-4; Teikichi Ishikawa, *Neurasthenia and Its Cures* (Tokyo, 1912), pp. 1-62.

medical community and had barely reached the general public. Generally speaking, neurasthenic patients were thought to have been exhausted by the wearing modern civilization and ruthless evolutionary struggle. They were the defeated and, in a sense, the sacrifices to the advancement of Japan on the ladder of civilization. This might have been how Ishikawa himself and those who knew him initially understood his illness.

Ishikawa was perfectly susceptible to neurasthenia—not only because of his job as a journalist, which was both ‘modern’ and mentally taxing, but also because he had hitherto frantically participated in a variety of social and political activities. Ishikawa came to this realization soon after he was struck down by the disease. At the beginning of his memoir, Ishikawa ironically said that he ‘got the glory of being afflicted with the disease of civilization of the twentieth century’ and attributed his breakdown to the hectic lifestyle that he had lived for the past two decades.⁴ He related how he had managed to revive a failing newspaper of which he was then in charge. With sadness, but also with pride, he enumerated journalists who had suffered from or even died of the disease and condemned his beloved journalism, to which he had devoted himself for decades, as ‘deadly’, particularly when facing the fierce competition in Tokyo.⁵ He went on to reflect on his involvement in fields outside his already demanding job. Ishikawa, like many other intellectuals at the time, had taken part in a wide range of social and political activities. As rare university graduates, they were allowed and expected to have opinions on virtually all public issues. Ishikawa estimated that he had joined more than one hundred governmental and social organizations and made more than one thousand public speeches across the country over the past two decades.⁶ He claimed that he took part in these activities in order to enlighten and educate ordinary people, particularly those who lived in provincial and rural areas. He thought it was vital to the reform of society and politics, but also truly tiring and exhausting.⁷ He played a role in the first campaign against industrial pollution in Japan and

⁴ Hanzan Ishikawa, *Neurasthenia and its Recovery*, pp. 1-28.

⁵ *Ibid.*, pp. 7-14.

⁶ *Ibid.*, pp. 14-21.

⁷ *Ibid.*, pp. 20-21.

was once invited to run for parliament.⁸ Among his friends were several prominent and powerful figures in the Meiji oligarchic government as well as pioneering social activists⁹. He grumbled that socializing with these ‘heroes’ was the most consuming task in the world.¹⁰ In retrospect, he realized that, after years of hard work, he had mentally as well physically exhausted himself and neurasthenia was simply an inevitable consequence.

Reading the first few sections, one might think of the memoir as yet another cliché in which alleged ambivalence and regret about modern civilization and self-pity were simply disguises for vain self-importance and self-gratification. Ishikawa, while complaining of the heavy workload, appeared to be proud of having rescued the newspaper from failure and felt aggrieved that his contribution was not properly recognized.¹¹ He also seemed to have enjoyed his social and political participation and was proud of his contribution to the modernization of Japan. When, however, he started to relate the long journey to recovery and reflected on his life and childhood memories, it soon becomes clear that Ishikawa had genuinely become sceptical about the personal and social progress that he had strived to make over the past decades.

Ishikawa’s family and life stories were not unusual. He was born into the family of a middle-ranked samurai in 1872, four years after the establishment of the Meiji regime. Resentful of the new regime, his father refused to serve the oligarchic government then dominated by his former enemies. Nor was he willing to do any other job, even though he had lost his status and salary after the abolition of the feudal system.¹² Ishikawa received a traditional education in his hometown until he went to Tokyo for Western-style higher education in his late teens. As a child, he was fascinated by Japanese folktales and legends and once followed the example of a legendary swordsman and went to practice Kendo on a nearby hill with the hope that the celestial master would pop up and teach him miraculous sword skills.¹³ He was also interested in Buddhism and

⁸ *Ibid.*, pp. 95-96,

⁹ Such as Hirobumi Itō, Shigenobu Ōkuma and Shōzō Tanaka. *Ibid.*, pp. 3-7, 23-24.

¹⁰ *Ibid.*, p. 24.

¹¹ *Ibid.*, pp. 12-14.

¹² *Ibid.*, p. 59.

¹³ It is a legend about the Tengu teaching Yoshitsune Minamoto swordsmanship skills. *Ibid.*, pp. 81-83.

the ‘*Dō* [literally, Way] of becoming the Immortal’, in which meat was often considered harmful to spiritual cultivation, so strongly preferred vegetarian food.¹⁴

However, Ishikawa turned to embrace Western civilization in his twenties. The change, he explained, was in part due to family financial burden, as his father had long been out of work and Ishikawa felt obliged to take care of the members of his extended family.¹⁵ But more importantly, he was concerned by the fate of Japanese nation in the international ‘evolutionary struggle for survival’. To triumph in the struggle, he then believed, it was necessary to embrace Western civilization.¹⁶ For a couple of decades, he lived the same lifestyle as other modern intellectuals of Meiji Japan. He wore Western-style clothes, upheld Western political and social thoughts and, contradicting his childhood belief, passionately advocated meat in order to build up the Japanese physique.¹⁷ However, he seemed to have had some doubts about the conversion at the time. In Japan today, Ishikawa is best known for coining the word ‘*haikara*’ (literally, high-collar) to deride those social elites who were vain, arrogant and blindly pursuing Western lifestyle.¹⁸ To some degree, he himself was among those whom he ridiculed. The ambivalence probably influenced his choice of treatment. After falling ill, he soon turned to alternative medicines and started a journey of reflection on his own life.

Ishikawa began to suffer from neurasthenia in the autumn of 1907, six months after he suffered the deaths of his father and daughter within a week.¹⁹ On his way to work one day, he felt discomfort in his head and then was suddenly seized with an intense fear of impending death. These fits recurred again and again leaving him bed-ridden and convinced of his own imminent death.²⁰ He was soon diagnosed with neurasthenia. Like many neurasthenic patients, Ishikawa became extremely concerned and insecure about his health. He constantly checked himself for the symptoms of neurasthenia and carefully

¹⁴ *Ibid.*, pp. 71-72, 85-86.

¹⁵ *Ibid.*, pp. 25-26, 59.

¹⁶ *Ibid.*, pp. 74, 110-11, 113-14.

¹⁷ *Ibid.*, pp. 73-74.

¹⁸ Kendō Ishī, *The Origins of Meiji Things* (Tokyo, 1908), pp. 67-69.

¹⁹ Hanzan Ishikawa, *Neurasthenia and its Recovery*, pp. 24-25.

²⁰ *Ibid.*, pp. 28-32.

observed the progress of each of them. Among a host of symptoms, he highlighted tension over the shoulders (*katakori*), the reverse upward flushing of blood (*gyakuzō*), and extreme coldness of the feet as the most persistent and distressing.²¹

Ishikawa was eager to recover. Initially, he followed the instructions of a Western-medical doctor to take complete rest and he strictly adhered to the regimen as prescribed.²² Although he experienced full-blown attacks less frequently after a couple of months, the above-mentioned symptoms, as well as feelings of flotation and weakness, persisted and left him frail, incapacitated, depressed and resentful.²³ Ishikawa made up his mind to seek help outside Western medicine. As soon as he started looking for alternative treatments, he was surprised by their variety and easy availability in Tokyo. Many were touted as specific remedies for neurasthenia and Ishikawa at once set out to try one after another.²⁴ The treatments included: water moxibustion (*mizukyū*); a warm mustard foot bath; barefoot gardening; whole-body cold water scrubbing; Mr. Morōka's injection (of some unknown agent); Mr. Ishizuka's diet regime, which claimed to be a traditional Japanese diet and consisted mainly of grains and pickled vegetables;²⁵ a form of 'mental therapy' (*seishin-ryōhō*), which was said to be similar to hypnotism;²⁶ sitting-Zen (*zazen*) coupled with meditation or praying; and a variety of exercises intended to strengthen the lower belly and the legs, such as breathing exercises.²⁷ Not all of them worked well for him. The injection, for example, caused him excruciating pain and had to be terminated prematurely.²⁸ Nonetheless Ishikawa thought that he had benefited from every remedy, particularly Mr. Ishizuka's diet regimen and breathing exercises.²⁹ Thanks to them, he not only fully recovered from neurasthenia, but also came to experience his body and mind in a way that he had not for quite a long time.

²¹ *Ibid.*, pp. 46, 101.

²² *Ibid.*, pp. 45-46.

²³ *Ibid.*, pp. 45-48, 58-60.

²⁴ *Ibid.*, pp. 65-66.

²⁵ *Ibid.*, pp. 68-81.

²⁶ *Ibid.*, p. 41.

²⁷ *Ibid.*, pp. 99-105.

²⁸ *Ibid.*, pp. 65-68.

²⁹ *Ibid.*, pp. 68-81, 100-01.

While undergoing his treatments, Ishikawa was struck by childhood memories again and again. Reliving these memories seems to have eased his anxiety and made him realize that he had treated his body and mind in deplorable ways for too long. The vegetarian diet, for example, conjured up the memory of his passionate pursuit of ‘becoming the Immortal’ in youth. He remembered that he had been fascinated by the story of a man who, after years of training, could subsist on only a tree leaf for a whole year, and that he had firmly believed a vegetarian diet was good for his health.³⁰ But he had changed his mind after hearing an American blame diet for the poor physique and productivity of his Japanese farm workers. From then on, Ishikawa began to eat a large amount of meat every day and passionately promoted this diet regimen among his countrymen. A meat diet, he believed, could help build up the physique of Japanese people and enable them to compete with sturdy and muscular Westerners. Interestingly, after years of eating large amounts of meat, he noticed that his appearance changed. His complexion became white tinged with red, his moustache turned red and his hair stiffened. He looked, he said, more and more like a white man and was even mistaken for one several times when he visited the United States. All these memories came back to him with deep regret after Mr. Ishizuka reproached him for looking like a ‘beast’.³¹ While undergoing the ‘mental therapy’, he remembered many mistakes and wrongdoings that he had committed and felt purified of all sins and faults by an electric current flowing around his body.³² Zen-sitting brought back the memory of practicing Kendo and reminded him of his childhood fascination with religion and spirituality.³³ He also remembered that he had experienced the miraculous healing power of Zen-sitting in his early twenties. Furthermore, when he did barefoot cleaning and gardening, he realized that his youthful and pristine body had had an intimate and harmonious relationship with its natural surroundings. But he had destroyed that body with his negligence and blind pursuit of Western civilization.³⁴

At the end of his journey to recovery, Ishikawa blamed himself for having

³⁰ *Ibid.*, pp. 71-72.

³¹ *Ibid.*, pp. 68-81.

³² *Ibid.*, p. 41.

³³ *Ibid.*, pp. 81-83, 88-90.

³⁴ *Ibid.*, pp. 51-57.

done so much harm to his health. He felt guilty about the negligence of the past two decades when he was caught up in the hustle and bustle of life. He repented of his fanatical pursuit of Western civilization, which he now thought very superficial. He advised readers to pay more attention to their health and put into practice the methods that he described in the memoir, particularly the vegetarian diet and Zen-sitting. By these methods, he believed, they would become immune to or recover from the epidemic fatigue and would survive the fiercely competitive society of the twentieth century.³⁵ Furthermore, in the preface, Ishikawa recommended two more techniques he had tried. One was the recital of traditional dramas and folk songs, which Ishikawa argued could not only tranquilize the mind but also strengthen the lower belly.³⁶ The other was wearing a particular kind of Japanese underpants: *tafusagi*.³⁷ Ishikawa quoted a Navy captain: 'To be a man, you, first and foremost, have to wear *tafusagi*. Since *sarumata* and *fundoshi* became popular in Japan, the will power of Japanese men has considerably declined...The *tafusagi* can constantly locate the mind in the *danden*. The knot tied over the principal part of the spine can repress the upward flushing of blood...That I could remain so calm in the terrible battlefield of the Russo-Japanese war was all because of wearing the *tafusagi*.'³⁸ Ishikawa wholeheartedly agreed with the captain. He strongly recommended wearing the *tafusagi* and believed that neurasthenia would never occur to those who, by doing so, always kept their mind in the *danden* and hence maintained their composure.³⁹

To modern readers, it may be surprising that Ishikawa, a Western-style educated intellectual who had actively participated in the modernization of Japan, proposed *tafusagi* as the ultimate solution to the 'disease of civilization of the twentieth century'. Similarly, after decades of effective implementation of modern medicine, it is surprising that there were still so many alternative treatments available. But Ishikawa was not alone in preferring alternative cures

³⁵ *Ibid.*, pp. 109-14.

³⁶ *Ibid.*, p. i.

³⁷ *Tafusagi* is a style of traditional Japanese string loincloth.

³⁸ Hanzan Ishikawa, *Neurasthenia and its Recovery*, p. ii. *Sarumata* is a style of Japanese underpants that is a modification of Western underpants. It became popular after mid-Meiji period. *Fundoshi* is a style of Japanese string loincloth that is lighter and more comfortable than *tafusagi*. It became popular after mid-Meiji period. *Danden* is the region two inches below the umbilicus.

³⁹ *Ibid.*, p. iii.

to modern ones and believing that strengthening the lower belly, for which the *tafusagi* was intended, was vital to the treatment and prevention of neurasthenia. There were memoirs relating similar experiences and reaching almost the same conclusions.⁴⁰ The popularity of alternative cures for neurasthenia that Ishikawa saw in the late Meiji period continued and even grew until the end of the Second World War. It was a time when a considerable number of Japanese people seriously believed that they could cure neurasthenia by breathing slowly and deeply, sitting quietly, feeding on grain and pickles, reciting dramas, wearing *tafusagi*, and so on. Ishikawa's experience was not unusual at all. In fact, he had tried merely a fraction of the treatments available at the time. Most of these treatments put emphasis on the health and strength of the lower belly. Among them, breathing exercise and quiet-sitting were probably the most popular and acknowledged. From around 1900 onwards, there were a variety of forms of breathing exercise and quiet-sitting being invented or reinvented, some of which achieved great success and publicity. Many believed these treatments could save them from the health consequences of modern civilization, particularly neurasthenia, and saw them as a uniquely Japanese health method for the modern era.

The following two chapters will explore the history of breathing exercise and quiet-sitting in modern Japan before 1945. The key question will be: why was strengthening the lower belly thought to be curative for neurasthenia, the exhaustion of the nervous system? It might be argued that the lower belly here was merely a symbol. Just like Ishikawa seemed to have been relieved by the precious memories conjured up by the treatments, the cultivation of the lower belly represented a traditional way of life, a return to which was a radical cure for the exhaustion caused by a modern lifestyle. However, it was only one side of the story. For most people who benefited from breathing exercise and quiet-sitting, the lower belly was not only a symbol for traditional lifestyle, but also a concrete anatomical part that could be measured and trained. To understand how the cultivation of the lower belly cured neurasthenia, we first have to know how the Japanese perceived and conceived of the disease, as well

⁴⁰ Masayoshi Sakamoto, *The Secrets of Treating Neurasthenia at Home Learned from Eighteen-year Experience* (Tokyo, 1932); Harutaka Nishikawa, *How Have I Radically Cured My Neurasthenia?* (Toyonaka, 1941).

as the brain and the nervous system. Overall, the ordinary conception of neurasthenia in Japan was much different from the original Western one. Nonetheless, it was seen as a disease of modern civilization. But rather than a disease of the nervous system, it was understood more as one of the brain, with the modern civilization regarded as a civilization of the ‘brain’ or the ‘head’.

Neurasthenia: a Disease of Top-heaviness

Neurasthenia was notorious for its large number of non-specific symptoms and Ishikawa in his memoir recorded a variety ranging from general fatigue of the body to the fear of impending death. Facing such an elusive disease, he, like many medical professionals and patients alike, had tried hard to make sense of the confusing symptoms in order to grasp the essence of the disease and from there understand, monitor and manage his own condition. Among all the symptoms he highlighted three as the characteristic symptoms of neurasthenia. They were: reverse upward flushing of blood (*gyakuzō*); tension over the shoulders (*katakori*); and extreme coldness of the feet.⁴¹ He regularly checked them to monitor the progress of his disease. All the treatments he considered effective alleviated these symptoms in one way or another. Although ostensibly they were three separate pathological sensations, Ishikawa described them as a set of symptoms that improved and worsened at the same time, and seemed to have thought that they reflected the fundamental pathology of neurasthenia. While the *gyakuzō* and *katakori* were feelings of congestion and tension in the upper body, the remaining one was a sense of weakness and emptiness in the lower body. Taken as a whole, it was literally a feeling of top-heaviness.

Ishikawa was not the first one to perceive and describe this top-heaviness. His experience was very similar to that of Hakuin Ekaku (1685-1768), although there is no way to know if he had been directly influenced by Hakuin’s writings. Hakuin was an eminent Zen monk in the Edo period and had long been honoured in Japan for resurrecting one of the three major sects in Zen Buddhism, *Rinzaishū*.⁴² In the first half of the twentieth century, however, Hakuin was respected and much quoted not only because of his contribution to

⁴¹ *Ibid.*, p. 101.

⁴² Shyōsai Nagai, *Monk Hakuin* (Kyoto, 1935).

Zen Buddhism, but also because of his ‘neurasthenia’ and the miraculous cure that he invented.

By the time of Ishikawa’s memoir, writings about neurasthenia, whether by medical professionals or laymen, often cited the accounts of illness of some famous ancient Japanese and retrospectively diagnosed them with neurasthenia to testify to the omnipresence of the disease. Among them, Hakuin’s ‘neurasthenia’ was the most often-quoted case. Many ordinary Japanese came to learn about the disease through his allegedly quintessential ‘neurasthenia’, with his cure said to have inspired the invention of a host of alternative cures.⁴³ Although the wording was different, Hakuin’s description of his ‘neurasthenia’ was similarly focused on the sense of top-heaviness.

In his *Yasenkanwa* (literally, *Casual Talk in Boat at Night*), Hakuin related how he had fallen ill and how he managed to recover. When he started learning Zen, he wrote, he was determined to persevere and endure whatever hardship it entailed until he grasped the true Zen. After two years of assiduous cultivation, he felt he had made much progress and been near the *Dō* (Way). Encouraged and delighted, he became even more devoted and strived for progress day and night. In less than a month, however, he began noticing certain strange sensations in his body. He described them in a few lines that later were quoted again and again: ‘I felt the reverse upward flushing of the fire of the heat (*shin ka gyakuzō*) and the scorched dryness of the metal of the arms (*kaina kin shōko*). My feet felt like being immersed in ice water.’⁴⁴ From then on, he was constantly troubled by distractions, delusions, doubts and fears and could no longer concentrate on the practice of Zen. He became weak and emaciated and was on the brink of dying from exhaustion. Despite having sought treatment and advice from a number of Zen masters and renowned doctors, he could not recover until he learned from a sacred recluse a cultivation method that fundamentally corrected his morbid top-heaviness. By this method, he not only

⁴³ Sōzaburō Otabe, *Deep Breathing Method* (Tokyo, 1912), pp. 12-13; Kenji Hihara, *The Latest Self-Treatment Methods for Neurasthenia*, pp. 89-90; Kenzō Futaki, *Abdominal Breathing* (Tokyo, 1911), p. 17; Ei Hiyama, *Mental Breathing Method for Reforming the Mind and Body* (Tokyo, 1912), pp. 58-60; Saburō Nakayama (eds.), *Experimental Abdominal Breathing Methods of Ancient Sages* (Tokyo, 1911), pp. 45-118; Hatsujiō Takanashi (eds.), *Breathing Health Methods of Ancient Sages* (Tokyo, 1912), pp. 1-62; Saisei Shinoda, *Health Methods of Breathing and Quiet-sitting* (Osaka, 1912), pp. 121-30.

⁴⁴ Ekaku Hakuin, *Casual Talk in Boat at Night* (Osaka, 1909), pp. 2-3.

completely recovered, but even became, both mentally and physically, healthier than before.⁴⁵

Despite being written more than one hundred years ago, many modern Japanese held that Hakuin's description captured the essence of neurasthenia and, like Ishikawa, saw the *gyakuzō*, *katakori*, and coldness of the feet as the characteristic symptoms of the disease. The sense of top-heaviness, however, could be and had been described in a completely different way. Dr. Kengo Kanō, for example, related it to fatigue of the brain—an organ that Hakuin did not mention at all. Well-known as an expert on sexual neurasthenia, Dr. Kanō claimed that he had seen more than one thousand neurasthenic patients during his career.⁴⁶ He published two books on neurasthenia, *Self-help Treatments for Neurasthenia* and *Preventive Methods of Neurasthenia*, both of which had good sales and were frequently cited. In the latter book, Dr. Kanō taught readers how to perceive and observe fatigue of the brain. In good condition, Kanō held, the brain should be virtually imperceptible. After a certain amount of mental labour, however, metabolic waste would accumulate and induce local congestion and inflammation. We would then begin to sense the brain as something peculiarly hot and heavy within the head. Just as we could not sense the existence of the stomach unless it was excessively full or empty, only when there was something wrong with the brain could we perceive its existence. Kanō advised readers to take the strange sensation of heat and heaviness within the head seriously and use it as a reminder that they had been mentally overwrought and should take a rest.⁴⁷ Moreover, although the exact measurement of brain fatigue required special instruments that were inaccessible to laypersons, Dr. Kanō nonetheless outlined some physical signs that people could easily observe on their own to measure their degree of brain fatigue. He divided brain fatigue into three degrees: at the first, a sufferer would rub his head with palms, tap the forehead with fingers or massage the temporal regions; at the second, he would shake or squeeze his head or press the temporal regions hard with his fingers; at the third, he would begin to knock his head with fists. All these physical signs, Dr. Kanō

⁴⁵ *Ibid.*, pp. 3-50.

⁴⁶ Kengo Kanō, *Preventive Methods of Neurasthenia* (Tokyo, 1906), pp. 155-56; Kengo Kanō, *Self-help Treatments for Neurasthenia* (Tokyo, 1909), p. 232.

⁴⁷ Kengo Kanō, *Preventive Methods of Neurasthenia*, pp. 17-21.

explained, involved moving the hands toward the head and were similar to the reflexes of decerebrated frogs seen in physiological experiments. They were all reflex actions to remove foreign objects sensed on the surface of or within the body, in this case the peculiarly hot and heavy brain.⁴⁸

Strange sensations in the head were not limited to Japanese neurasthenic patients. Jean-Martin Charcot, for example, regarded tension headache as one of the typical symptoms of neurasthenia.⁴⁹ Characterized by a sense of tension and heaviness in the head, it was similar to the *gyakuzō*. Moreover, several other morbid head sensations, such as dizziness, giddiness and hot flushing, had also been counted among the common symptoms of neurasthenia in Western medicine. It seems that this cluster of sensations has been common to all neurasthenic patients across time, culture and country.

But despite the similarities, the direct focus on the brain by the modern Japanese, such as Ishikawa and Kanō, differentiates their theories from those of Hakuin and those of Charcot and other Western doctors. Hakuin did not mention the brain or even the head at all. Briefly speaking, he based his theory on the traditional ‘five-phase’ (*gogyō*) medicine, in which the body was conceived to consist of five fundamental elements (water, fire, wood, metal and earth) with its health dependent on the equilibrium between them.⁵⁰ Thus, Hakuin perceived an upward flush of ‘the fire of the heart’ and a dryness of ‘the metal of the arms’, which, in plain words, meant a sense of burning heat extending from the chest upwards. On the other end of the body, the coldness of the feet was a result of ‘the water of the kidneys’ flowing downwards rather than converging as they should have with the ‘fire’ in the mid-body to balance each other.⁵¹ These sensations, therefore, were not a perception of the head, brain, or any other particular body part, but disequilibrium of the body as a whole. In contrast, Ishikawa’s description not only involved neither the ‘fire’ nor the ‘metal’, but also was far more localized to the head and the blood rush to it. Even more localized was Dr. Kanō’s very specific perception of the local

⁴⁸ *Ibid.*, pp. 21-24.

⁴⁹ C. G. Goetz, ‘Poor Beard!! Charcot’s Internationalization of Neurasthenia, the “American Disease.”’, *Neurology* 57(3):510-4, 2001 Aug..

⁵⁰ Yukio Nemoto et al., *The Theory of Yin-Yan and Gogyō: Its Birth and Development* (Tokyo, 1991).

⁵¹ Ekaku Hakuin, *Casual Talk in Boat at Night*, pp. 11-30.

congestion and inflammation of the brain.

The head symptoms described by modern Western medicine were also in nature different from the Japanese *gyakuzō* and *katakori*. The tension headache, dizziness, giddiness and hot flushing, after all, were merely subjective symptoms, which were considered insignificant, vague and unreliable, if not deceptive, by modern medicine. It was untenable from this perspective to argue that the *gyakuzō* was indicative of specific underlying pathologies, such as Ishikawa's upward flushing of blood or Kanō's local inflammation. Ostensibly, Kanō's instructions, which taught how to perceive and even measure the fatigue of the brain, were very plausible. A person should be able to sense the soreness and swelling of his stretched brain just as he would feel his legs lead-laden after a long walk. It, however, was not as self-evident as it might seem. In fact, it was even a little strange that Dr. Kanō, an expert in modern anatomy and physiology, gave such instructions. After all, sensations in the head were rarely regarded as direct evidence of the organ inside, let alone as definite signs of pathological changes. According to modern medicine, the perceptions that Dr. Kanō elaborated were very vague and insubstantial, if not illusory.

Therefore, these modern Japanese seemed to have been endowed with a unique capacity to directly perceive the brain and its pathological changes. Again, some might argue that these perceptions and the alleged 'upward flushing' and 'local congestion and inflammation' were simply metaphors, rather than actual body sensations and changes. But in most cases, they were indeed perceived by these Japanese as real sensations and pathologies. For instance, Sakon Ito, a physician and prolific writer, co-authored a novel titled '*The Hot Blood and the Cool Head*'. It, he boasted, was a novel different from all others in that it was beneficial for, rather than detrimental to, health, particularly mental health.⁵² In the novel, Ito narrated a story of how a husband suffering from neurasthenia and a wife suffering from hysteria struggled to regain their health and become a happy couple again. He claimed that the 'cool head', along with the 'hot blood', was the ideal state of the body. Metaphorically, they meant the calmness of the mind and the vigorousness of the body respectively. Ito, however, did not regard them as mere metaphors, but

⁵² Sakon Ito, Shyōu Hasegawa, *Warm Blood and Cool Head* (Tokyo, 1915), p. i.

indeed recommended methods to actually warm up the blood and cool down the head.

As a physician, Ito said that he was very concerned about the prevalence of neurasthenia in Japan after hearing so many miserable stories from his neurasthenic patients. He dubbed neurasthenia the ‘disease of hindrance to hero’ (*gōketsu bōgai byō*) and the ‘disease of hindrance from success’ (*seikō bōgai byō*)⁵³ and devoted an entire chapter in some of his popular medical books to the disease.⁵⁴ Regarding the pathological mechanism of neurasthenia, he put considerable emphasis on the influence of blood circulation on mental function, particularly attention and concentration. He recommended patients immerse their lower bodies in warm water and at the same time pour cold water on their upper bodies to relieve ‘the congestion of the brains’, which, in his view, was a common cause of neurasthenia.⁵⁵ The ‘hot blood’ and ‘cool head’ that he put forward as the ideal state of the body therefore have to be understood not only figuratively, but also literally. In fact, the perceived correspondence between the hotness of the head and the congestion and inflammation of the brain, as well as that between the coldness of the feet and poor general circulation, underlay most alternative cures for neurasthenia at the time, not least the most popular breathing exercise and quiet-sitting (see below).

Why, then, were these Japanese so concerned about the circulation of the brain? How did they develop the extraordinary capacity to directly perceive it and its pathological changes? How could they sense the neurasthenic, that is, the congested brain so specifically as a ‘hot and heavy brain within the head’? The perception might seem intuitive to them, but was, in fact, a complex one that could only be formed in a particular context—a context not possible for us today.

Firstly, traditional perceptions and theories of the body, particularly *ki* medicine in which the body was seen to consist of streams of *ki*, were important. In *ki* medicine, local congestion had long been regarded as one of the major

⁵³ By the two names, Ito stressed that neurasthenia often caused severe disruption to people who might otherwise achieve great success or become heroes. Sakon Ito, *Lectures on Household Hygiene, the second volume* (Tokyo, 1907), pp. 171-88; Sakon Ito, *Health Methods of Mental Cultivation* (Tokyo, 1914), pp. 469-70.

⁵⁴ Sakon Ito, *Health Methods of Mental Cultivation*, pp. 469-520.

⁵⁵ *Ibid.*, p. 515.

pathologies, and the two key elements of the perception, the *gyakuzō* and the *katakori*, were also both common symptoms. Moreover, the *gyakuzō* was mainly a sense of heat (*netsu*) and heaviness (*jū*) in the head and the *katakori* a sense of stiffness (*kyō*) and tension (*kin*) in the shoulders, so they were composed of some fundamental sensations in traditional perceptions of the body, since *netsu*, *jū*, *kyō* and *kin* indicated disorders of the flow of *ki* in traditional medicine. The perception, therefore, was a traditional one—not only because it could and had been described in the terminology of traditional medicine, but also because certain traditional perceptions of the body were embedded in it. That Ishikawa perceived the *gyakuzō* and *katakori* and termed them as such was not only because he preferred these traditional terms, but also because he did sense and perceive the *netsu*, *jū*, *kyō* and *kin* and described them as he felt them. As will be seen in the following sections, the traditional perceptions and theories of the body were also important to the invention and efficacy of some alternative cures for neurasthenia. Despite the dissemination of Western medicine, they were still influencing how people perceived and understood their neurasthenic bodies in the modern time.

Secondarily, what distinguished Ishikawa's perception from both the ancient Japanese's and the contemporary Westerners' was the prominence of the brain. Ishikawa and his contemporary compatriots seemed to have been peculiarly attentive and sensitive to the brain and hence able to perceive it in a particularly intuitive way. Their attentiveness and sensitivity might have been fostered by a particular perception of the body in which the brain was the most prominent organ that, both intellectually and perceptually, caught people's attention.

Intellectually, without doubt, that the brain could attract so much attention was contingent on the dissemination of modern anatomical and physiological knowledge, which highlighted it as the very organ of mental function. It was based on the new knowledge of the body that Ishikawa and his contemporaries soon noticed changes in their brains after they became mentally ill. But traditional medicine did not give the brain such importance, which is why Hakuin, although distracted, fearful and restless, did not perceive any change to his brain, but rather to the 'fire of the heart' and the 'metal of the arms'.

However, as some historians point out, the construction of modern body was central to the modernization of Japan.⁵⁶ The government was concerned about the health of the population and had, along with setting up medical facilities, conducted health surveys of various scales and keenly compared the results with those of Western countries. At the same time, the general public was also increasingly concerned with health and hygiene. This period saw the publication of a vast number of popular medical books and the launch of a variety of movements, many aimed at younger generations, to raise the awareness of the importance of health and hygiene and disseminate medical and hygienic knowledge.⁵⁷ The implementation of modern medicine and the promotion of hygienic knowledge and practices had led to a rapid and radical transformation of the perceptions and knowledge of the body in Meiji Japan. As a result of this transformation, people came to recognize the importance of the brain as the organ of mental function and focus their attention on it.

The brain was regarded as the organ that had created and was most heavily used in modern civilization. This was not an idea peculiar to Japan but one introduced from the West where the brain and the nervous system had long been associated with the progress of civilization. In the nineteenth and early twentieth centuries, social and political issues, such as gender, class and race, were often understood in terms of the brain's evolution, development, measurement, function and dysfunction in Western countries. In modern Japan, similarly, the brain was implicated in so many issues concerning modern civilization that some characterized modern civilization as a 'civilization of brain' or a 'civilization of head', and the moderns as 'men of brain' or 'men of head'.⁵⁸ The 'health or ill-health of brain power', as Fujita noted, became a

⁵⁶ Yoshirō Ono, *The Hygiene Modernity: From the 'Songs of Hygiene' to the 'Anti-bacteria Goods'* (Tokyo, 1997); Rie Ōgetsu, *The Development and Acceptance of Hygiene in Modern Japan* (Tokyo, 2010).

⁵⁷ For example, there were many songs of hygiene being composed and circulated to teach school pupils hygiene concepts and promote hygiene practices. Michiyon Mishima, *The Songs of Hygiene* (Tokyo, 1900); Sakon Ito, *The Songs of Hygiene* (Tokyo, 1908); Akio Kusayama, *The Songs of Hygiene* (Toyama, 1902).

⁵⁸ Reisai Fujita, *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports* (Tokyo, 1929), pp. (2)11-13; Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I (Tokyo, 1941), pp. 57-62; Yōichi Ueno, *Physiological and Psychological Studies on Sitting* (Tokyo, 1938).

common phrase and the deepest concern of the time.⁵⁹

The brain was right at the heart of a wide range of social and cultural as well as health concerns brought about by modern civilization. The status of the brain and the degree of brain power became seen as defining attributes of individuals, societies and nations. Along with the evolutionary ‘struggle for survival’, they became important concepts by which many Japanese made sense of and thought about how to survive the changes, challenges and threats facing them in the domestic and international societies. International conflicts were often understood in the context of the relentless evolutionary struggle with the fate of the nation at stake. So too was the increasing social competition at home, except here it was personal survival. To survive the struggle, the health of the brain and the abundance of brain power were regarded as of primary importance. They were vital not only to personal success in an increasingly competitive society, but also to the success of the Japanese nation in the international arena.⁶⁰

Moreover, one of the major concerns about modern cultures and lifestyle was the excessive demands they made on the brain. In Japan, modern cultures were thought to be brain power-consuming not only because they were complicated and required much intellectual labour, but also because they were trivial, disconnected and disorganized.⁶¹ It was widely believed that the more modern a man’s job and lifestyle, the more he had to exercise his brain, which put him at greater risk of exhausting his brain power and becoming neurasthenic. Among the moderns were students in the new Western-style education system. Their academic performances were thought to be entirely dependent on their amounts of brain power.⁶² The disease characteristic of them was ‘student headache’, which was seen as a subtype of neurasthenia resulting from the heavy intellectual task of learning and memorizing a large amount of

⁵⁹ Reisai Fujita, *The Secret of Strengthening the Mind and Body* (Tokyo, 1908), p. 27.

⁶⁰ Shōgo Gotō, *Neurasthenia* (Tokyo, 1907), pp. 1-6; Kenji Hihara, *The Latest Self-Treatment Methods for Neurasthenia* (Tokyo, 1912), pp. 4-5; Kōtarō Shiosaka, *Psychotherapies for Neurasthenia*, pp. 3-5; Hanzan Ishikawa, *Neurasthenia and its Recovery*, pp. 113-14.

⁶¹ Shyunichi Ema, *Ema’s Training Method for the Mind and Body* (Tokyo, 2002), pp. 1-13, 110-11; Tatsugorō Murakami, *Psychological Experiments for Mental Unification* (Tokyo, 1929), p. 7.

⁶² Sōji Hotta, *One Hundred Talks on How to Improve the Brain* (Tokyo, 1911), pp. i-iv.

knowledge.⁶³ Apart from students, brain power was thought to be particularly important to those who were engaged in intellectual work, such as government officials, entrepreneurs, engineers, teachers and scholars. It was held that these new social elites could climb to higher rungs on the ladder of civilization because they had superior and more enduring brains. However, they also suffered most from the exhausting modern life since their brains were subjected to heavy use.⁶⁴ To maintain the health of the brain, there were a host of ‘methods of strengthening the brain’ (*kennō jutsu*) being invented and marketed at the time. Most of them consisted of cognitive training exercises, such as ‘mnemonics’ (*kioku jutsu*), and advices on living a healthy and moral lifestyle, such as taking regular rest and exercise and refraining from indulging in literature and recreations.⁶⁵ Furthermore, the corruptions of modern life, such as pursuing sensual pleasures in literature and entertainment, were understood as a result of the already fatigued brain wrongly seeking stimulation to refresh itself, which simply worsened the condition.⁶⁶

The brain, then, bore not only physiological, but also a great deal of cultural, social and political significance. With its association with modern civilization and evolution, the Japanese ‘brain’ was, to some extent, similar to the ‘nerve’ of the Americans of G. M. Beard’s generation.⁶⁷ It is not surprising therefore that the Japanese were attracted and developed extraordinary sensitivity to it. However, they did not feel the brain ‘hot and heavy’ solely because of the knowledge that it was the seat of mental function and susceptible to fatigue in the modern time, in which case the perception would have been

⁶³ *Ibid.*, pp. 41-4; Shūji Kotama, *Methods of Strengthening the Brain* (Tokyo, 1910), pp. 7-10; Shōgo Gotō, *Neurasthenia*, pp. 61-64.

⁶⁴ Shūji Kotama, *Methods of Strengthening the Brain*, pp. 9-10; Shōgo Gotō, *Neurasthenia*, pp. 76-81.

⁶⁵ Matashirō Urushiyama, *Methods of Cultivating the Brainpower* (Tokyo, 1908); Tesseki Huruya, *Health Methods for the Brain and Nerve and Mnemonics* (Tokyo, 1910); Gentarō Makamaki, *Methods of Strengthening the Brain and Mnemonics* (Tokyo, 1911); Naokata Itō, *Methods of Enhancing Brainpower and Mnemonics that Are Practicable for Everyone* (Tokyo, 1917).

⁶⁶ Mizuho Fukatani, *Training Methods for Strengthening the Brain* (Tokyo, 1936), pp. vi-vii.

⁶⁷ Tom Lutz, ‘Neurasthenia and Fatigue syndromes, Social Section’, in German E. Berrios & Roy Porter ed., *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (London, 1995); Charles E. Rosenberg, ‘The Place of George M. Beard in Nineteenth-century Psychiatry’, *Bulletin of the History of Medicine*, 36(3): 245-59, 1962 May-Jun.; Michele Rotunda, ‘Savages to the Left of Me, Neurasthenics to the Right, Stuck in the Middle with You: Inebriety and Human Nature in American Society, 1855-1900’, *Canadian Bulletin of Medical History/Bulletin Canadien d'Histoire de la Medecine*, 24(1):49-65, 2007.

simply a hallucination. They also perceived it when their bodies were in a particular state, just like, as Dr. Kanō put it, they felt their stomachs when they were full or hungry. The brain, not only intellectually, but also perceptually, caught their attention. What, then, were the body experiences that led to this particular perception? Since neurasthenia was a disease of modern civilization, they were experiences peculiar to modern life. The afflicted felt the hot and heavy brain, as well as the cold and weak feet, while living in the modern world. But interestingly, instead of excessive mental exertion as often suggested, in their views, it was a particular body position characteristic of modern lifestyle that had led to neurasthenia and the perception of top-heaviness. The body, as they said, was often placed in a top-heavy position in modern life. Neurasthenic body was the top-heavy body and perceived as such.

Modern Lifestyle: A Lifestyle of Top-heaviness

With drastic changes in social, cultural and everyday lives, there had been growing concern since the late nineteenth century in Japan over the negative impact of modern civilization on physical and mental health. Many of these concerns were similar to those emerging in Western countries. Some of them, however, were unique to Japan, including a concern about the effect of modern lifestyle on body position.

Distortion of body position was seen by many people, including a considerable number of Western-medical doctors, as a major health hazard. For example, Shozaburō Otabe (1886--), a Western-medical doctor specializing in microbiology and the inventor of one of the most popular forms of breathing exercise, blamed poor health in general and the prevalence of tuberculosis in particular on the imbalance of the body. He explained that he himself was extremely worried about contracting tuberculosis in adolescence. Out of this fear, he had concentrated on breathing problems and came to realize the negative impact of modern lifestyle on body position.⁶⁸ In modern life, he noticed, people often posed their bodies in an unhealthy top-heavy position. The prevalence of this body position, in his opinion, was in part due to an increasing

⁶⁸ Sōzaburō Otabe, *Deep Breathing Method* (Tokyo, 1912), pp. 19-54.

number of Japanese abandoning traditional clothes and wearing tight, chest-restricting Western-style shirts. Unable to fully expand their chests, they often unwittingly stretched their shoulders to help breathe in fresh air, which resulted in excessive strain on their upper bodies.⁶⁹ The top-heavy imbalance was aggravated by the modern style of sitting in chairs and at desks, which had become increasingly common in Japan and gradually replaced the traditional style of sitting on tatami and at short-leg tea tables. While sitting at desks, people had to bend their spines and stretch their shoulders, necks and heads. They unwittingly protruded their shoulders and at the same time contracted their bellies, which, over time, led to excessive tension in the upper body and weakness of the belly.⁷⁰ The top-heavy body position, Otabe argued, forced people into shoulder or chest breathing, rather than wholesome deep abdominal breathing, and therefore contributed to a wide range of diseases, including neurasthenia.⁷¹

Otabe was not the only one expressing such concerns. Sōsuke Shimano, for example, used the term, ‘office-worker posture’ (*koshibenshi*), to describe the sitting-at-a-desk posture and considered it unhealthy as well as humble and undignified.⁷² Kenzō Futaki (1873-1966) and Naokata Itō, both of whom were physicians, blamed Western-style corsets, which were becoming fashionable among upper-class women, for causing weakness of the belly by restricting its movement. They also condemned several other sitting manners that they thought were becoming increasingly common in modern times, including women’s bending-belly sitting position (*oriharasuori*), the relaxed sitting position of idle men indulging in modern entertainments, and the sitting manner of bending the belly, protruding the shoulders and drooping the head of people engaged in thinking. All these manners were thought to be characteristic of modern lifestyle and to have led to the top-heaviness of the body and the prevalence of neurasthenia among modern Japanese.⁷³

⁶⁹ *Ibid.*, pp. 2-3.

⁷⁰ *Ibid.*, pp. 2-3.

⁷¹ *Ibid.*, pp. 42-54, 88-102, 176-214.

⁷² Sōsuke Shimano, *Methods of Breathing and Quiet-sitting* (Hokkaidō, 1912), pp. 62-63.

⁷³ Naokata Itō, *The Cultivation of Brainpower and the Self-help Treatments for Neurasthenia* (Tokyo, 1915), pp. 109-10; Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, in Takagi Itsuma ed., *A Collection of Dr. Futaki’s Papers* (Tokyo, 1933), p. 99.

Concerned with this problem, Yōichi Ueno (1883-1957), an expert in industrial psychology and scientific management,⁷⁴ carried out a comparative study between the Western-style and the traditional Japanese sitting positions and published a book titled '*A Physiological and Psychological Study on Sitting*'. He first compared the different Japanese terms for the two different manners of sitting. He pointed out that 'to sit' in English was translated into Japanese as '*koshiwokakeru*' (literally, to hang the waist), which depicted the posture of leaning the waist against the chair back. The term for traditional sitting was '*suwari*', which was also a metaphor for 'stability' (*antei*). 'The sitting is good' (*suwari ga yoi*) meant 'being stable' and 'the sitting is bad' (*suwari ga warui*) meant 'being unstable'.⁷⁵ The *suwari*, Ueno argued, was in nature a position of stability and quietness, in which people felt themselves firmly rooted in and steadily based on the earth. The Western style *koshiwokakeri*, in contrast, was a position for moving and reacting, in which people were ready to stand up all the time. The latter, therefore, was a position suitable for praying to the God in heaven, while the former was for worshipping the earth.⁷⁶ Moreover, *koshiwokakeri* was a position fit for the work of the central nervous system. But with the feet leaving the ground, it led to the pathological state of 'hot head and cold feet', which Ueno thought had caused the widespread disquiet, agitation and unhappiness seen in modern Japanese people.⁷⁷

As well as sitting position, Ueno paid attention to the impact of modern exercises, particularly Western-style gymnastics, on body position. He held that the Western-style gymnastics, which was introduced into Japan in 1870s and had become routine in schools, merely consisted of exercises of the skeletal muscles. Ueno suggested that Western people who often 'hung the waist to sit', perhaps saw it as the only type of exercise that could be counted as proper physical exercise. But gymnastics constantly pulled the blood away from the centre of the body by 'centrifugal force' and, like the Western-style sitting, left

⁷⁴ Ueno was a pioneering scholar of scientific management and respected as the 'father of scientific management' in Japan. See the introduction about him on the website of the Sanno Institute of Management, which he founded in 1942.
[Http://www.sanno.ac.jp/founder/index.html](http://www.sanno.ac.jp/founder/index.html).

⁷⁵ Ueno, Yōichi, *A Physiological and Psychological Study on Sitting* (Tokyo, 1938), pp. 15-16.

⁷⁶ *Ibid.*, pp. 16-17.

⁷⁷ *Ibid.*, pp. 17-19, 75-76.

the body in an unsteady top-heavy state.⁷⁸ Dr. Dōsaku Kinoshita (1878-1952), a well-known sports physiologist, and Dēzi Ichihara, a primary school teacher who graduated from the College of Gymnastics of the Japanese Organization for Physical Education, agreed. Dr. Kinoshita blamed the blind introduction of Western gymnastics in early Meiji period for the poor physique of the generation of Japanese now aged around fifty.⁷⁹ Dēzi became disillusioned with his own specialty and turned to quiet-sitting for correcting body position.⁸⁰

Furthermore, some blamed the top-heaviness of the body on the ‘posture of attention’ (*hodō no shisei*; literally, the posture of being still). This posture, according to Reisai Fujita (1868-1957), became fundamental in military training in Japan in the early Meiji period when the army, which was then undergoing modernization, adopted a French military training model. Every *Draft of Infantry Manual* since then and the *Infantry Manual* finalized in 1928 all emphasized this posture and explained it in great detail.⁸¹ However, Fujita criticised, it was essentially a ‘chest-centred’ (*kyō honi*) posture that required the chest to be unnaturally expanded, the shoulders stretched, the belly as tightly contracted as possible and the feet drawn together. As a whole, it was an unstable ‘top-heavy’ (*uezitsushिताutsu*; literally, strong in the upper side and weak in the lower side) posture. Fujita said that he would not have criticized the posture if it practiced by the army alone as part of their military skills. But he worried it had become the normative posture in civilian physical training and education with students at all levels asked to keep it constantly while in school. It had also been widely adopted in modern sports, particularly in athletics.⁸² Fujita warned it was a serious mistake to confuse the proper posture for soldiers, whose task was simply to win battles, with that for students and other civilians, for whom improving health was the exclusive goal of physical training and education.⁸³ Such training would lead to the prevalence of the top-heavy posture among Japanese civilians, particularly athletes. Their bodies, with over-expanded chests and over-contracted bellies, would become like a ‘dog’s

⁷⁸ *Ibid.*, p. 24.

⁷⁹ Naokata Itō ed., *Dictionary of Health Methods* (Tokyo, 1917), p. 353.

⁸⁰ Teiji Ichihara, *The Mystery of Quiet-sitting* (Kobe, 1929), pp. 44-46.

⁸¹ Reisai Fujita, *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports* (Tokyo, 1929), pp. (1) 12-13.

⁸² *Ibid.*, pp. (1) 14-15.

⁸³ *Ibid.*, p. (1) 17.

body'.⁸⁴ Consequently, physical education and exercise not only failed to fulfil the purpose of improving health, constitution and morality, but also, pointed out Fujita, caused serious harm to health, of which the frequent premature deaths of athletes was the clearest evidence.⁸⁵

Apart from the manifest change of body position, Fujita also attributed the upward shifting of the centre of gravity of the body to some invisible change of the blood distribution within the body. He blamed Western civilization for putting too much emphasis on the intellectual work of 'analysis', which, he said, was a function of the brain. Fujita held that the heavy workload did not lead to the exhaustion of brain power or nervous energy as suggested by Western medicine, but instead caused congestion in the brain and hence the top-heaviness of the body.⁸⁶ This was also Dr. Sanzaburō Kobayashi's concern. Kobayashi, a Doctor of Medicine and famous expert on neurasthenia, found 'top-heavy' imbalance in many neurasthenic patients' bodies. He believed this was due to excessive use of the brain, which, in turn, was a result of the introduction of Western civilization.⁸⁷

Overall, these above postures, including the sitting-at-a-desk posture (*koshibenshi*), the bending-belly posture (*oriharasuori*), the sitting-in-a-chair-or-sofa posture (*koshiwokakeri*), gymnastic postures and the posture of attention (*hodō no shisei*), were more often seen in people who lived a modern lifestyle, including middle-class men who wore tight shirts and sat at desks for most of time, students who studied hard and often took gymnastics at schools and modern women who blindly followed Western fashions. The more modern the lifestyle, the more top-heavy and unsteady the body became, and the more 'neurasthenic' it was. However, the top-heavy body was not unique to these relatively privileged people. The lower classes suffered the same imbalance of the body as well.

Factory workers had grown rapidly in number in the burgeoning capitalist economy and their terrible working conditions were considered the cause of

⁸⁴ *Ibid.*, p. (1) 12.

⁸⁵ *Ibid.*, pp. (1) 17-25.

⁸⁶ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I (Tokyo, 1941), pp. 57-62.

⁸⁷ Kobayashi, Sanzaburō, *Nature as a Famed Doctor: Quiet-sitting Applied in Medicine* (Tokyo, 1924), p. 20.

their body imbalance. Otabe, for instance, was concerned that air pollution inside overcrowded and poorly ventilated factories often forced workers to abandon deep abdominal breathing and take shallow shoulder breaths instead. Factory workers and others subject to poor air quality, such as inner-city residents,⁸⁸ had to stretch their shoulders unnaturally to breathe. Their bodies became distorted with their shoulders severely strained and their bellies flabby. Otabe saw this as a great health threat facing modern Japanese labour.⁸⁹ The labouring body was placed in the same top-heavy position as the sedentary body in modern times and Naoe Kinoshita (1869-1937), a famous socialist and writer, was shocked to find out the severity and consequence.

One of the first generation of socialists in Japan, Kinoshita said that he had risked his own safety under the authoritarian regime fighting for the proletariat before falling ill with neurasthenia. He became disillusioned with political action and felt depressed and despondent.⁹⁰ Despite having received various treatments, he could not really recover until he started practicing a form of quiet-sitting under the mentoring of its inventor. Through the practice, he said, he grasped the significance and amazing subtlety of body position and woke up to the severe distortion that the Japanese body had suffered in the modern time. He regretted paying far too much attention to political and economical issues and overlooking the relentless destruction to the working-class body and mind, which, he came to realize, was a far more urgent and important problem and one that affected not only the proletariat but also aristocrats and capitalists. He abandoned socialism and turned to the quiet-sitting for remedying the imbalance of Japanese body.⁹¹

It was in everyday life, which had been under drastic change since the Restoration, that the Japanese felt their bodies top-heavy and neurasthenic. More specifically, it was Western cultures and lifestyle that were thought to have inverted the Japanese body and rendered it weak and unstable. Some authors more comprehensively compared the body positions in traditional

⁸⁸ Chinkichi Tōyama, *Deep Breathing* (Tokyo, 1912), pp. 28-29.

⁸⁹ Sōzaburō Otabe, *Deep Breathing Method*, pp. 98-100.

⁹⁰ Naoe Kinoshita, 'A Great Change in My Thought and the Experiment with Quiet-sitting', in Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting* (Tokyo, 1912), supp. pp. 27-31.

⁹¹ *Ibid.*, pp. 31-38.

Japanese and Western cultures and elaborated the complex relationship between culture, body position and health. Among them was Gensai Murai (1863-1927), a famous novelist and passionate advocate of traditional health methods. In Murai's opinion, the main difference between Japanese and Western cultures lay in the ways in which the body was posed and cultivated. In Japanese culture, every effort was made to strengthen the lower belly and maintain it as the centre of the body. Sitting on tatami, for example, enabled Japanese people to exercise their legs and lower bellies whenever they were sitting down or standing up. Living on tatami, Murai held, constantly trained the lower body. So did wearing geta.⁹² But beyond this, Murai posited that the technical and aesthetic essence of traditional Japanese arts also helped to place and maintain the body's centre of gravity in the lower belly. It was the fundamental skill and spirit of all traditional Japanese arts and martial arts, including judo, kendo, dance, painting, playing koto and samisen, chanting Noh and *gidayu*, reciting Buddhist texts, tea ceremony and ikebana. Artists and fighters, first and foremost, needed to concentrate their attention on the lower belly when they were practicing, performing, creating or fighting. They had to do their best to maintain its tension and avoid rashly moving it. The ultimate skill was to have the dynamic tension of the lower belly drive other parts of the body to move in a natural, free and relaxed manner. Stagnation and artificiality were the worst foes, in terms of both aestheticism and health, and should be avoided as far as possible. The same principle was also applied to thinking, with 'thinking by the belly' regarded as the only way to learn true wisdom.⁹³

Murai held that, in contrast, Western arts and sports paid most attention to the individual body parts that were actually in use, mostly the hands and the wrists. They seldom considered or cultivated the body as an integral whole. The lower belly was therefore mostly neglected and poorly developed. He compared Western fencing with Japanese kendo and pointed out that the former mainly consisted of horizontal movements and the latter of vertical movements. Western fencing, therefore, required strength and swiftness of the hands and wrists, while kendo emphasized the lower belly acting as a pivot point around

⁹² Gensai Murai, *Household Hygiene, Vol. I* (Tokyo, 1915), pp. 230-37.

⁹³ *Ibid.*, pp. 216-66.

which the body could smoothly move.⁹⁴ Murai wrote that Western-style thinking was ‘thinking by the brain’ or ‘thinking by the head’, which solely employed the brain and was very different from the Japanese ‘thinking by the belly’.⁹⁵ Based on these comparisons, Murai argued that Japanese and Western cultures were fundamentally different in their approaches to the body, particularly the lower belly. With the growing hegemony of Western culture in Japan, he was concerned that an increasing number of Japanese people had neglected the care of the lower belly and been exposed to the risk of congestion and stagnation because of the unbalanced emphasis on individual body parts. This, he felt, was why neurasthenia, the congestion of the brain, became so prevalent in Japan.⁹⁶

Finally, Murai concluded that Japanese body was both ‘constitutionally’ and ‘psychologically’ different from Western body.⁹⁷ It was based on the different bodies that different cultures and lifestyles were developed, which then cultivated and shaped the Japanese and Western bodies into even more different ones. It was detrimental in terms of both health and aestheticism that the Japanese body, with the infiltration of Western culture, was being transformed into a Western one, since the Western-style body was neither constitutionally nor culturally fit for Japanese people. He hence advocated the revival of traditional culture and lifestyle and the restoration of traditional body position and regarded them as the ultimate health methods.⁹⁸

It seems then that the feeling of being top-heavy was merely a representation of anxiety over cultural and national identity and that top-heaviness would be better understood figuratively, rather than literally. Indeed, as we will see below, discourses of cultural nationalism and patriotism often developed from the perception of top-heaviness (another example of which was Ishikawa using a Russo-Japanese naval war hero to extol the importance of *tafusagi* to the fate of Japanese nation). In many instances, however, the perception was not simply a metaphor, but had come from actual everyday experiences. It came from wearing a shirt buttoned over the chest,

⁹⁴ *Ibid.*, pp. 313-16.

⁹⁵ *Ibid.*, pp. 374-79.

⁹⁶ *Ibid.*, pp. 374-79.

⁹⁷ *Ibid.*, pp. 316-18.

⁹⁸ *Ibid.*, pp. 316-18.

reading or writing at a desk with the spine curved and the shoulders, neck and head stretched, working in a crowded factory with the breath held, taking the posture of attention with the chest expanded and the lower belly retracted or taking Western-style gymnastics with the lower belly left untrained. On one hand, the bodily experience of top-heaviness and neurasthenia came from the cultural experiences of the drastic social and cultural changes. On the other hand, the bodily and cultural experiences of modern life were inseparable. These Japanese people might feel their bodies 'top-heavy' because they were unaccustomed to the strange new culture; but vice versa, the new culture felt strange because their bodies felt top-heavy and neurasthenic. Indeed, the perception of top-heaviness came about in the context of the encounter between two cultures, as well as the conflicts between Japan and some Western countries. It was symptomatic of the personal insecurity and social unrest caused by the clash. But most of those already mentioned were not intellectually or culturally stuck in the past or disadvantaged in the new world. Most received Western-style higher education, and some of them even held doctoral degrees in modern medicine. They occupied high positions in the new social hierarchy. In a strict sense, none of them could be said to be expert in any traditional art or medicine. Therefore, rather than inventing the top-heaviness to express their frustration or distaste, they were more likely to have actually sensed it in their bodies. After all, the change of body position from sitting on tatami to sitting at a desk would be perceived as the body becoming top-heavy.

The *gyakuzō* and *katakori*, the two major neurasthenic symptoms, were therefore consequences of the transformation of body position in modern life. It was by correcting the distorted body position that breathing exercise and quiet-sitting were claimed to be able to cure neurasthenia. As a traditional health method, breathing exercise and quiet-sitting had long been considered particularly effective for relieving *gyakuzō* and *katakori*. It might be why the cure was so quickly rediscovered and reinvented to treat their modern forms. However, since the *gyakuzō* and *katakori* had been 'modernized' and become focused on the brain, the cure had also to be 'modernized' to deal with the 'modern' bodily and cultural experiences.

Abdominal Heart: Futaki's 'Abdominal Breathing'

Breathing, in modern medicine, is regarded as a vital but simply instinctual function and normally does not need special care unless it has been compromised. In the *yōjō* (literally, nurturing life) medicine of Edo Japan (1603-1867), however, it was thought to be the most complex function connecting the atmosphere and the *ki* flowing within the body and a host of sophisticated methods had been developed for its regulation and optimization. For a period after the Restoration, with Western medicine gaining ascendancy, the focus on breathing seems to have waned along with the decline of *yōjō* medicine. However, the period from around 1900-1945 saw the revival of the concern as well as a variety of old and new breathing exercises, often coupled with quiet-sitting. Closely related to the renewed interest in breathing exercise was the widespread anxiety and sense of powerlessness about certain chronic diseases then considered incurable by Western medicine, among which was neurasthenia. Such was the interest in so many different forms of breathing exercise available at the time that several anthologies were published to help readers who might have been confused by the variety of options.⁹⁹ Among them was Hatsujirō Takanashi's *Contemporary Popular Methods of Breathing exercise and Quiet-sitting*, in which he singled out four as the most representative and best. They were: Kenzō Futaki's 'abdominal breathing' (*harashikikokyūhō*), Fujita Reisai's 'method of harmonizing the breath and the mind' (*ikishin chyōwa hō*), Torajirō Okada's 'Okadaian quiet-sitting' (*Okadashikiseiza*) and Sōzaburō Otabe's 'deep breathing' (*shinkokyūhō*). These methods all came into being in the late Meiji period and, except Otabe's 'deep breathing', remained popular as preventive methods and treatments for neurasthenia throughout the Taishō and Shōwa periods before 1945.

This and following sections will explore Futaki, Fujita and Okada's methods of breathing exercise, with special attention paid to how they cured neurasthenia. Before that, it is worth mentioning a couple of characteristics common to most contemporary breathing exercises. As Takanashi

⁹⁹ Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting* (Tokyo, 1912); Gendai Kenkōhō Kenkyukai ed., *Contemporary Ten Major Health Methods: Bring the Dying Back to Life* (Tokyo, 1938); Sakai Matsuo ed., *A Comparative Study on the Seven Major Health Methods* (Tokyo, 1914); Shyunichi Ōno ed., *Ten Major Health Methods in Modern Japan* (Tokyo, 1939).

acknowledged, apart from the four methods, there were still many other well-known methods of breathing exercise. They included that of Shibasaburō Kitasato (1853-1931), a worldwide well-known bacteriologist remembered as the co-discoverer of the infectious agent of bubonic plague, who recommended the ‘deep-breathing method’, which was based on modern physiology to train and strengthen the lung.¹⁰⁰ On the other hand, Shintoist Kiyomaru Kawai (1848-1917), based his ‘*tonazyutsu*’ (literally, breathing skill) on traditional *ki* medicine and religious and spiritual significance.¹⁰¹ Such extremes, however, were rare. Most breathing exercises combined modern and traditional medicines. They were reinventions of traditional health methods but at the same time modern treatments with a scientific explanation. Most emphasized the cultivation and strengthening of the lower belly as their ultimate goal and benefit since it was generally held that the top-heaviness of neurasthenic body could be reversed by achieving fullness of the lower belly. As the lower belly had long been regarded as a vital body part in *yōjō* medicine, it is easy to suppose that there was a direct continuity between the *yōjō* medicine and modern breathing exercises. However, modern breathing exercises were distinct and unique in that the lower belly had been reconceptualized in a number of different ways to serve as the mediator between the *ki* and the brain and nerves, and between the pursuit of science and the preservation of traditional culture. Among them, Futaki’s ‘abdominal breathing’ was arguably the most distinguished and influential.

Kenzō Futaki (1873-1966), like Kitasato, was a famous and influential physician and bacteriologist. He was educated at the prestigious Tokyo Imperial University and then went to Germany to study natural immunity in the Institute for Hygiene in Munich under Max von Gruber from 1905 to 1908. After returning to Japan, he obtained a doctoral degree and was later promoted to professor at Tokyo Imperial University. Futaki’s career in the field of bacteriology and infectious diseases was distinguished by outstanding achievement and involvement. He founded and was a longtime president of the Japanese Association for Infectious Diseases. He joined and served as acting

¹⁰⁰ Shibasaburō Kitasato, *Deep Breathing Method for Strengthening the Lung* (Tokyo, 1911).

¹⁰¹ Kiyomaru Kawai, *Breathing Method of the Ocean of Ki and the Danden* (Tokyo, 1912).

Director of the faculty of the National Institute of Infectious. In 1955, he received the prestigious Order of Culture (*bunka kunshō*) from the Emperor for his academic contributions, which included identifying by serological method a subtype of *Shigella*, the infectious agent of dysentery; identifying spirillum minus, the infectious agent of rat-bite fever (*sodoku*); and taking the lead in distinguishing Japanese encephalitis from encephalitis lethargica.¹⁰² But in Japan before 1945, Futaki was a household name not because of his academic achievement but because of the abdominal breathing that he put forward for the prevention and treatment of neurasthenia.

Futaki claimed to learn the therapeutic effect of breathing exercise from his own experience. Born to the family of a *han* doctor (*han i*),¹⁰³ he was born with such a feeble constitution that he was not expected to survive the first year of life.¹⁰⁴ He suffered from a variety of diseases in early childhood, including severe dermatitis, nephritis, insomnia, headache, constipation and diarrhoea. He was emaciated, pale and weak and hence often left behind by his siblings and playmates. Jealous of their health and vigour, he was prone to anger and became egocentric and vengeful.¹⁰⁵ He vowed to strengthen his body, but could not find an effective way until one day he picked up a couple of eighteenth-century books on the shelf of a student, the son of a Shinto priest, who then lived with his family. From Atsutane Hirata's *Izu No Iwaya* and Ekaku Hakuin's *En Ra Ten Fu*, Futaki learned and immediately put into practice a health method. To his surprise, his health improved dramatically and before long he was able to physically compete with other children.¹⁰⁶ Futaki later drew from Hakuin's *Casual Talk in Boat at Night*, Kaibara Ekiken's *Teaching on Yōjō* and Juise Hirano's *The Secret of the Cultivation of Character* to refine his breathing method.¹⁰⁷ He claimed that his abdominal breathing was no more than a

¹⁰² Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki* (Tokyo, 1969), pp. 91-93; Unknown, 'A Biographic Note of Dr. Futaki', in Kenzō Futaki, *A Collection of Dr. Futaki's Lectures* (Tokyo, 1939), p. 1; Unknown, 'An Introduction to the Author', in Kenzō Futaki, *The Way to Health: The Medicine of Perfect Proper Diet* (Tokyo, 1942).

¹⁰³ A *han* was a district in feudal Japan. *Han i* was a doctor who served in *han* government.

¹⁰⁴ Kenzō Futaki, *The Way to Health: The Medicine of Perfect Proper Diet*, p. 10.

¹⁰⁵ *Ibid.*, pp. 10-11; Kenzō Futaki, *Abdominal Breathing* (Tokyo, 1911), pp. 15-16.

¹⁰⁶ Kenzō Futaki, *Abdominal Breathing*, pp. 15-17; Kenzō Futaki, 'On Abdominal Breathing', in Saburō Nakayama ed., *Experimental Abdominal Breathing Methods of Ancient Sages* (Tokyo, 1911), supp. pp. 2-20.

¹⁰⁷ Saburō Nakayama ed., *Experimental Abdominal Breathing Methods of Ancient Sages*, pp. i-iv.

reinvention of those ancient methods that had helped him in childhood.

Futaki's interest in the ancient wisdom lapsed when he entered the new Western-style education system. It was not rekindled until he fell ill with retrospectively self-diagnosed neurasthenia in his first year of senior high school. He remembered how he was overwhelmed by heavy academic load and fierce competition after transferring from a rural junior high school to an urban senior high school. He felt insecure, unconfident, anxious and fearful. He became forgetful and sleepless and found it hard to concentrate on studying. Despite having studied late into the night, he couldn't recall during examinations the information he had painstakingly memorized. As a result, he failed most of his subjects. In despair, he remembered his childhood experience and started practicing breathing exercise again. In a short time, he was not only cured of neurasthenia, but also more composed and lucid than ever before¹⁰⁸ and able to go on to study medicine at Tokyo Imperial University and overseas. On his return from Germany, Futaki found that in Japan, as in the West, there were an increasing number of people suffering from neurasthenia. He therefore decided to share his experience and started to study and promote breathing exercise.¹⁰⁹

Futaki's approach to breathing exercise was new and groundbreaking. Breathing exercise was a long-standing health method in the East. Across cultures and countries, there were a variety of breathing methods, known under a number of different names, including '*susoku kan*' (literally, counting-breath introspection), '*naikan hō*' (literally, method of introspection), '*kikaitanden shyūki hō*' (literally, method of collecting air in the ocean of *ki* and the *danden*), '*nentan hō*' (literally, method of making pills) and '*hurōhushi hō*' (literally, method of being immortal). They were employed in a wide range of fields, including medicine, moral cultivation, religious practice and the training of various arts and martial arts.¹¹⁰ In the new era, however, Futaki did not think that his testimony and endorsement alone could attract people to breathing exercise. He said, 'It is an era when people won't believe in anything unless it

¹⁰⁸ Kenzō Futaki, *Abdominal Breathing*, pp. 17-8; Kenzō Futaki, 'On Abdominal Breathing', pp. 25-26.

¹⁰⁹ Kenzō Futaki, 'On Abdominal Breathing', pp. 26-27.

¹¹⁰ Kenzō Futaki, 'On Abdominal Breathing and the Enhancement of Abdominal Pressure', p. 87.

has been proved by science.’¹¹¹ He was determined therefore to prove and explain the efficacy of breathing exercise by science. The first step that he took was to rename it as the ‘method of abdominal breathing’ and the ‘method of enhancing abdominal pressure’ (*haraatsu zōshin hō*).¹¹²

Speaking at the annual conference of the National Association of Physicians, Futaki argued that the two new names better characterized the ancient health method. He reported that he had invented a device called an ‘abdominal pressure meter’ and applied it to compare the abdominal pressures of neurasthenia patients and healthy subjects. The result showed that there was significant reduction of abdominal pressure in neurasthenic patients.¹¹³ Futaki held this was because modern lifestyle restricted the movement of abdominal wall and modern people often unwittingly abandoned abdominal breathing. They got used to anxious shallow breathing while living in a stressful modern life. The abandonment of abdominal breathing led to wasting of the diaphragm and the abdominal wall, which caused the reduction in abdominal pressure. Futaki differentiated two groups of neurasthenic patients by observing their breathing. One group of patients, whose bellies caved in during inhalation, suffered from ‘floppy diaphragm’, and the other, whose bellies bulged during exhalation, suffered from ‘flabby abdominal muscles’.¹¹⁴

Futaki held that the reduction of abdominal pressure was the fundamental cause of neurasthenia through a number of mechanisms, the most important of which was that it compromised circulation. Good circulation, Futaki explained, depended not only on the work of the heart, but also on sufficient venous return. Sufficient venous return, in turn, relied on maintenance of venous pressure, which was determined by a number of factors, including the functioning of the venous valves, the tone of the vessels and the squeezing forces on veins applied by the surrounding tissues. As the first two factors were involuntary functions, Futaki argued, it was only through enhancing the squeezing forces that people could increase venous return for better circulation. Since the abdominal cavity contained a large number of veins and was the largest reservoir of venous blood

¹¹¹ Kenzō Futaki, ‘On Abdominal Breathing’, p. 27.

¹¹² Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, p. 87.

¹¹³ *Ibid.*, pp. 87-88.

¹¹⁴ *Ibid.*, pp. 92-93.

within the body, abdominal pressure had a decisive effect on the amount of venous return. He compared the abdomen to a massive venous valve that was crucial in the abdominal organs and lower extremities to blood overcoming the resistance of the portal venous system and returning to the heart. The abdomen, Futaki argued, was in effect the 'venous heart' or the 'abdominal heart'¹¹⁵ and no less important than the heart proper to good circulation. Should the abdominal pressure be reduced to a degree not sufficient for pumping blood back into the heart, the blood would stagnate and accumulate. Reduced abdominal pressure led to uneven distribution of blood flow and thus 'functional anaemia' from which the brain, the most delicate and sensitive organ, would suffer most. The anaemia also caused palpitations, which then induced the anxiety typical of neurasthenia. Moreover, functional anaemia could affect virtually all other organs, which would become either congested or anaemic, and consequently cause the diverse symptoms of neurasthenia.¹¹⁶

Apart from its effect on blood circulation, Futaki succinctly explained some other mechanical mechanisms by which abdominal pressure could affect the nervous system and hence mental function. Firstly, should the tension of the diaphragm be reduced, it would be shaken whenever the body was moving. The heart, sitting on the diaphragm, would in turn be rocked as if on a swing and become prone to palpitation.¹¹⁷ Secondly, a weak diaphragm and abdominal wall were hypersensitive to stimuli. When something frightening occurred, a flabby diaphragm would relax and rise upwards, and a weak abdominal wall would contract and retract, to a larger degree than under normal tension. In other words, the 'frightened reaction' of the body would become more violent than it normally should be. This was one of the causes of the emotional symptoms of neurasthenia, Futaki argued. He agreed with the theory that the mental component of emotion was secondary to the physical component. It was not that the former induced the latter, but that the former was merely the mental representation of the latter. In a fearful situation, for example, it was the withdrawal reflex that first took place. People would first bend their bodies, which pushed up the diaphragms to press the heart and induce palpitation and

¹¹⁵ *Ibid.*, pp. 88-91.

¹¹⁶ *Ibid.*, pp. 93-96.

¹¹⁷ *Ibid.*, pp. 95-96.

cold sweating. Only when they perceived these physical changes would they realize the emotion of fear. Futaki argued that if people could maintain tension in the diaphragm and abdominal wall and inhibit the withdrawal reflex in the first place, they would be fearless and able to keep composure in any situation. Neurasthenic patients were anxious and fearful all the time because their flabby musculature led to instability of the body.¹¹⁸ Lastly, Futaki held that adequate abdominal pressure could activate the whole nervous system by ‘massaging’ the nerves within the abdominal cavity, including the vagus, visceral and sympathetic nerves. If pressure was low, the nervous system would be left in an inactive and sluggish, that is, neurasthenic state.¹¹⁹

After elucidating the physiological and pathological significance of abdominal pressure, Futaki went on to explain the actual method of the abdominal breathing that he had been benefiting from since childhood. He insisted that he learned the method from ancient books and was not its inventor but simply a scientific researcher.¹²⁰ He stressed that abdominal breathing was a specific exercise for strengthening the muscles of the diaphragm and the abdominal wall and therefore could restore lowered abdominal pressure back to normal.

Overall, Futaki’s version of abdominal breathing was simple and practical. One first had to sit properly on tatami or, if too weak to sit on tatami, in a chair, with belly protruded and shoulders back. Chest and shoulders should be completely relaxed with abdominal and waist muscles tense and ready for action. The head, neck and trunk should be upright and one should be as calm and quiet as possible.¹²¹ As to actual methods of breathing, Futaki differentiated three types: shoulder breathing, chest breathing and abdominal breathing. Among them, shoulder breathing was the worst in terms of health and most

¹¹⁸ Kenzō Futaki, ‘On Abdominal Breathing’, pp. 41-43. The James-Lange theory of emotion was very popular among the advocates of breathing exercise and quiet-sitting in Japan, as it was compatible with their views that proper body position was the key to courage, calmness and the peace of mind. See also Sōji Hotta, *One Hundred Talks on How to Improve the Brain*, pp. 101-03; Saisei Shinoda, *Health Methods of Breathing and Quiet-sitting* (Osaka, 1912), pp. 50-53; Shūji Kotama, *Methods of Strengthening the Brain* (Tokyo, 1910), pp. 123-24.

¹¹⁹ Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, pp. 91-92; Kenzō Futaki, ‘On Abdominal Breathing’, pp. 44-45.

¹²⁰ Saburō Nakayama ed., *Experimental Abdominal Breathing Methods of Ancient Sages*, pp. i-ii.

¹²¹ Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, p. 97; Kenzō Futaki, *Abdominal Breathing*, pp. 2-5.

often seen in women and invalids who breathed solely by moving their shoulders. Abdominal breathing was the healthiest.¹²² The essence of abdominal breathing lay in that the chest cavity had to be expanded and contracted through the up-and-down movement of the diaphragm, which, in turn, was driven by the to-and-fro movement of the abdominal wall. When inhaling, Futaki taught, one should forcefully bulge the abdominal wall, which would drag down the diaphragm and thus expand the chest cavity. Conversely, when exhaling, one should retract the abdominal wall to push up the diaphragm.¹²³ Futaki emphasized that the breathing must be slow, deep and quiet—he advised a rate of four to six breaths per minute.¹²⁴ Most importantly, the tension of the abdominal wall must be kept constant while it was bulging and retracting. It should not be rushed forward or backward. Sometimes, one could even apply resistance to its movement by pressing the belly during inhalation or contracting the diaphragm during exhalation to train the abdominal wall.¹²⁵ For neurasthenic patients who suffered severe asthenia of the diaphragm or the abdominal wall, Futaki devised two special training methods: the ‘bellyband method’ (*haraobi hō*) and the ‘bellyband and sitting-salute method’ (*haraobi suwarirei hō*), both of which were designed to rehabilitate the severely weakened diaphragm or abdominal muscles by increasing resistance to expiration.¹²⁶

Futaki advised patients to have two or three sessions of abdominal breathing daily, with each session lasting fifteen to thirty minutes.¹²⁷ He also devised the ‘method of maintaining abdominal pressure’ (*haraatsu kotei hō*), which could (and should) be carried out anytime and anywhere. The gist of the method was that people should constantly pay attention to their bellies. No matter whether they were lying, sitting, standing, walking, running, playing kendo or doing intellectual work, they should always tense their abdominal

¹²² Kenzō Futaki, *Abdominal Breathing*, pp. 13-14, 22-23.

¹²³ *Ibid.*, p. 24; Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, pp. 97-98.

¹²⁴ Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, p. 97.

¹²⁵ *Ibid.*, p. 97; Kenzō Futaki, ‘On Abdominal Breathing’, pp. 47-53.

¹²⁶ *Ibid.*, pp. 98-99.

¹²⁷ Kenzō Futaki, ‘On Abdominal Breathing and the Enhancement of Abdominal Pressure’, p. 97.

muscles and hold their bellies like a fully drawn bow.¹²⁸ By these methods, Futaki held, one should be able to strengthen the belly to a degree that it felt like a solid and hard plate. It would then function as a powerful ‘venous heart’ or ‘abdominal heart’ to invigorate the circulatory system, from which the brain would benefit most as it was the organ most sensitive to anaemia and congestion. The mind, which should be focused or, as Futaki put it, ‘placed’ on the belly during the exercise, would therefore become amazingly sharp and lucid. Futaki compared the tightened belly and the lucid mind to ‘a polished mirror’, ‘a jade plate’ and ‘a pond of still water’ that could reflect every detail with amazing clarity.¹²⁹

Futaki also applied his scientific approach to the promotion of abdominal breathing. He made two glass models of the respiratory and circulatory systems and demonstrated them at the annual conference of physicians to illustrate the physiological mechanisms that he proposed.¹³⁰ He employed them in his public campaign as well. He joined *Shyūyōdan* (literally, the Association for Cultivation)¹³¹ and went on a lecture tour around the country to promote abdominal breathing. To the lay audience, he presented the two models to illustrate the mechanical effect of abdominal pressure on circulation and how abdominal breathing could maintain or enhance the pressure. This was said to have impressed and convinced most of the audience.¹³² He published a series of articles on abdominal breathing in the official journal of *Shyūyōdan*, in which he reiterated that he, as a scientist-physician, had studied and proved its benefits. The ‘abdominal breathing’ or ‘Futaki’s breathing method’ quickly became well-known and popular in Japan. His book, *Abdominal Breathing*, was a best seller and was reprinted and republished several times before 1945. Many

¹²⁸ *Ibid.*, p. 98.

¹²⁹ Kenzō Futaki, ‘On Abdominal Breathing’, pp. 56-57.

¹³⁰ Kenzō Futaki, ‘A Further Study on Abdominal Breathing and Abdominal Pressure’, in Takagi Isuma ed., *A Collection of Dr. Futaki’s Papers* (Tokyo, 1933).

¹³¹ *Shyūyōdan* is a right-wing organization founded in 1906 by Monzō Hasunuma for social education and the promotion of moral and spiritual cultivation, particularly in youth. It promoted patriotism and nationalism and had close association with the government in the militarist period. Futaki joined *Shyūyōdan* in late Meiji period and was an active member. He succeeded Kichirō Hiranuma, who was a former prime minister and convicted as war criminal after WWII, as the president of *Shyūyōdan* in 1946. Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, pp. 271-74; Kichirō Hiranuma, *The Spirits of Establishing the Nation and the Missions of Shyūyōdan* (Tokyo, 1925); *Shyūyōdan* ed., *The Eighty-Year History of Shyūyōdan Movement: The Origin of Social Education in Our Country* (Tokyo, 1985).

¹³² Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, p. 272.

neurasthenic patients claimed to have benefited from the method. Most advocates of breathing exercise in the period respected him as a pioneer and master and his circulatory theory was widely adopted to explain the benefits of breathing exercise. Most of all, a considerable number of Western-medical doctors also agreed with his views and recommended abdominal breathing as one of the most effective treatments for neurasthenia.¹³³

Fujita's 'Belly-centred Medicine' and Okadaian Quiet-Sitting

Futaki's scientific and, to some degree, 'materialistic' approach to breathing exercise was popular with many Japanese who recognized the authority of modern medicine but at the same time were interested in traditional medicine. For a traditional health method, the endorsement of an eminent modern medical professional like Futaki must have increased its credibility and perhaps attracted those who otherwise would not be interested in an old-fashioned practice. This might be why other advocates of breathing exercise often referred to his support, as if that were strong proof of the method's value and efficacy.¹³⁴ However, the approach reflected wider intellectual, social and cultural contexts and was not unique to Futaki. Not everyone taking a similar approach was influenced by him, directly or indirectly. Futaki's method was not the first, although it was the most visible and sophisticated. But throughout the period, many people from different backgrounds had made similar attempts to adapt traditional remedies to modern bodies. Among them was Reisai Fujita.

Reisai Fujita (1868-1957) was a Buddhist monk of the *Shingon* (literally, true words) sect. Given the enormous influence that Buddhism had in personal and public life in Edo Japan, it was not surprising that, although Buddhism had lost its official status since the Restoration, Buddhists still figured prominently in a wide range of spheres, including philosophy, literature, arts and alternative medicines. Several well-known masters in alternative medicine were monks or

¹³³ Kenji Hihara, *The Latest Self-Treatment Methods for Neurasthenia*, pp. 211-21; Kengo Kanō, *Self-help Treatments for Neurasthenia*, pp. 38-9; Shūji Kotama, *Methods of Strengthening the Brain* (Tokyo, 1910), pp. 111-14; Sakon Ito, *Health Methods of Mental Cultivation*, pp. 54-61.

¹³⁴ Sōzaburō Otake, *Deep Breathing Method*, pp. 19-20; Chinkichi Tōyama, *Deep Breathing* (Tokyo, 1912), p. 19; Sōji Hotta, *One Hundred Talks on How to Improve the Brain*, pp. 126-27.

had close association with Buddhism.¹³⁵ Fujita was one of them and had devoted most of his life to the innovation and promotion of breathing exercise. The ‘method of harmonizing the breath and the mind’ (*ikishin chyōwa hō*) that he invented in late Meiji period was counted among the most popular and important breathing exercises at the time.¹³⁶ Later in life, he invented a new kind of medicine called the ‘medicine of harmony’ (*chyōwa igaku*) or the ‘belly-centred medicine’ (*haradō igaku*). He founded a half-religious and half-health organization called ‘*Chyōwa Dō*’ (literally, The Way of Harmony) and attracted a considerable number of disciples, including a few Western-medical doctors. Today, the *Chyōwa Dō* still exists in Japan promoting Fujita’s unique breathing method.¹³⁷

Fujita, like Futaki, suffered from severe neurasthenia and had also tried Ekaku Hakuin’s ‘counting-breath introspection (*susoku kan*)’ and ‘method of introspection (*naikan hō*)’, from which, however, he benefited far less than Fujita. He eventually cured himself with a self-invented remedy—the ‘method of harmonizing the breath and the mind’.¹³⁸ In 1908, a couple of years before Futaki’s ‘abdominal breathing’ became widely known, Fujita published ‘*The Secret to a Strong and Healthy Body and Mind*’ to publicize his cure. He deplored that, despite medical progress and improved hygiene, Japanese people had become physically more unhealthy and susceptible to an increasing numbers of diseases; mentally, with the growing popularity of religions and various cultivation methods, they had become more anxious and distressed and had less will power than ever before.¹³⁹ He condemned existing cultivation and health methods, whether they were traditional or modern-Western, as ineffective and even damaging. They had failed the Japanese, who were in desperate need of practical and effective methods to maintain physical and mental health in the modern time. To answer ‘the demand of the era’, he decided to abandon the traditional style of ‘secret teaching’ (*hidden*) and teach and promote his secret

¹³⁵ Reikai Kakusei Dōshikai eds., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII (Tokyo, 2004).

¹³⁶ Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting*, pp. 71-118.

¹³⁷ See the website of *Chyōwa Dō*: <http://www8.ocn.ne.jp/~kokyuhou>.

¹³⁸ Reisai Fujita, *The Secret of Strengthening the Mind and Body* (Tokyo, 1908), pp. 108-14.

¹³⁹ Reisai Fujita, *The Secret of Strengthening the Mind and Body*, pp. i-iii.

cure in a more open and public way.¹⁴⁰

Just like Futaki, Fujita also felt the need to take a more scientific and modern approach to breathing exercise. Although he acknowledged that he had learned a lot from Hakuin's 'method of introspection' and 'counting-breath introspection', he criticized that the former was too abstract to grasp for modern people and the latter was imperfect as it was simply a 'physical' method.¹⁴¹ To overcome these flaws, the scientific discipline that he turned to was hypnotism. As the history of hypnotism in Japan will be discussed in the third chapter, here it is enough to know that Fujita used the psychology of hypnosis to rationalize the effect of the mind on the body and replaced the intangible introspection with autosuggestion. His 'method of harmonizing the breath and the mind' consisted of three sub-methods: 'the method of adjusting the body', 'the method of adjusting the breath' and 'the method of adjusting the mind'. The latter two further comprised three sub-methods that should be learned in a progressive order.¹⁴² Although the essence similarly consisted of using the belly to drive breathing, Fujita's 'method of adjusting the breath', compared with the mechanical 'abdominal breathing', was less concrete and corporeal with the highest 'body breathing' (*taikokyū*) asked to be so quiet that it felt as if the air was being ventilated through skin pores rather than the nostrils¹⁴³. Coupled with the 'method of adjusting the breath' was the 'method of adjusting the mind', which consisted of silently repeating certain wishes in an affirmative tone, such as 'I will recover' or 'I will become strong', as autosuggestions. Most importantly, to become reality, these wishes had to be read 'in' or 'by' the belly.¹⁴⁴

At this stage, Fujita mainly employed breathing exercise as a means by which the mind could be cleared of distractions and delusions and realize its full potential. The belly was described in a somewhat abstract and metaphysical way and seemed to have a more psychological and spiritual significance than a physiological one. His approach, however, changed considerably with the 'belly-centred medicine' that he invented in the 1920s to replace his earlier

¹⁴⁰ *Ibid.*, pp. 1-15.

¹⁴¹ *Ibid.*, pp. 109-11.

¹⁴² *Ibid.*, pp. 122-55.

¹⁴³ *Ibid.*, p. 138.

¹⁴⁴ *Ibid.*, pp. 142-55.

‘method of harmonizing the breath and the mind’. Now, Fujita not only approached the belly from a more physical and physiological perspective but he also actually examined and treated it. He worried that most people simply regarded the belly as a metaphor, rather than a corporeal organ. He pointed out that the belly had long been a rich metaphor in Japanese. ‘Large belly (*harabuto*)’, for instance, meant ‘bravery’ and ‘generosity’ and ‘black-belly (*haragurui*)’ meant ‘evil-minded’. In the modern time, the head replaced the belly for a period as the favourite metaphor, but the belly recently had regained its popularity and increasingly been used to describe psychological and moral attributes again. Fujita was gratified that more people had come to realize the importance of the belly, but its psychological or spiritual rather than corporeal importance had led to the neglect of the actual care and training of this vital organ.¹⁴⁵

Fujita emphasised the corporeal belly’s physiological effects on the circulatory system and hence mental function.¹⁴⁶ This was a widely-held view following Futaki’s theory in the late Meiji period. What was novel in Fujita’s theory was that he detailed pathological shapes and changes of the belly that he had identified through empirical research. The research started in 1917 when he was asked by the head of the Department of Prisons to compile a book, ‘*Cultivation Methods for Prisoners*’, and visit prisons across the country to teach his cultivation method. He took the opportunity to inspect and palpate the abdomens of thousands of prisoners and found several common forms of pathology.¹⁴⁷ He differentiated three types of abdomen: the dog’s abdomen (*inuhara*), the Western-cask abdomen (*yōsonhara*) and the gourd abdomen (*hisagohara*). Outwardly, the dog’s abdomen was a contracted abdomen, the Western-cask abdomen protruded right from the epigastrium to pubis, and the gourd abdomen had a bulging lower belly and sunk epigastrium.¹⁴⁸ Fujita found that prisoners with the dog’s abdomen generally were cranky, impatient and quarrelsome and often suffered from neurasthenia and chronic gastrointestinal diseases; those with the Western-cask abdomen were dull, lethargic and sluggish

¹⁴⁵ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I (Tokyo, 1941), pp. 15-16.

¹⁴⁶ *Ibid.*, pp. 76-77, 158-59, 221-29

¹⁴⁷ *Ibid.*, pp. 72-73.

¹⁴⁸ *Ibid.*, pp. 64-69.

and susceptible to hypertension, stroke and cardiac arrest. In contrast only physically and mentally healthy subjects exhibited the gourd abdomen so Fujita held this was the healthiest abdominal shape.¹⁴⁹ Furthermore, Fujita found another form of pathology on the dog's and Western-cask abdomens, which he called the 'sclerosis' (*kōketsu*). He differentiated three types of sclerosis according to shape: the cord sclerosis, the lump sclerosis and the plate sclerosis. These scleroses were visible and palpable. The extent of their distribution, he found, coincided with the severity of a prisoner's mental or physical disease. He held that these scleroses were congested and hardened visceral muscles. They became congested due to poor circulation, which, in turn, resulted from the ill-shaped pathological bellies.¹⁵⁰

Apart from the circulatory system, Fujita held that a healthy belly was also important to the functioning of the nervous system. He argued that the autonomic nervous system, rather than the central nervous system, was the more important in terms of both mental and physical health. Although the central nervous system was responsible for 'analytic' intellectual activity, the autonomic nervous system, he held, determined not only most vital functions, such as respiration, circulation and nutrition, but also major 'synthetic' personality attributes, including emotions and will.¹⁵¹ Within the autonomic nervous system, Futaki went on to argue, the most important organ was the celiac or, as he preferred to call it, solar plexus. He described the solar plexus as resembling the sun in both shape and colour and as the most complex and well-connected nervous plexus within the body. It affected many vital mental and physical functions. Fujita therefore called it the 'abdominal brain' and deemed it even more important than the brain proper.¹⁵² As the plexus was inside the abdominal cavity, Fujita argued that, on one hand, the morbid shapes and the consequent instability of the belly might cause disturbance to its functioning and on the other, it was possible to activate the solar plexus and hence the whole autonomic nervous system by training and cultivating the

¹⁴⁹ *Ibid.*, pp. 64-69.

¹⁵⁰ *Ibid.*, pp. 74-76.

¹⁵¹ *Ibid.*, pp. 55-62.

¹⁵² *Ibid.*, pp. 17, 55-62, 130-33, 202.

belly.¹⁵³

Consistent with his ‘physiological’ turn in theory, Futaki invented a series of treatments and cultivation methods that were very different from the autosuggestion-based ‘method of harmonizing the breath and the mind’. These methods, although still involving certain mental techniques, were more operational and comprised more physical exercises than his previous method. They mainly consisted of breathing exercises and exercises and manual treatments specifically designed to soften the head, neck, shoulders, chest and epigastrium and strengthen and expand the lower belly. One exercise, for example, involved bending the body at the epigastrium with the help of the hands whilst taking deep breaths. To a degree, they resembled Western gymnastics and Fujita named them ‘belly-centred gymnastics’ in the hope that they would replace modern gymnastics. He also invented manual treatments to soften and dissolve the abdominal ‘scleroses’.¹⁵⁴ As to breathing, Fujita’s ‘perfect breath’—his highest level breathing exercise—was a thirteen- to fourteen-second inspiration and a twenty-two or twenty-three second expiration, between which, moreover, there should be ten seconds of holding breath.¹⁵⁵ By doing these exercises, Fujita claimed, one would be able to build the healthy ‘gourd abdomen’ and ‘top-empty-and-bottom-full’ (*uekyō shitazitsu*) body and have perfect mental as well as physical health.¹⁵⁶

Compared with Fujita and Futaki, who respectively came from religious and academic backgrounds, another eminent master in this field came from a far more modest background. Torajirō Okada (1872-1920), who was at least as famous and influential as these two, barely finished junior high school and had been a peasant and, for a period, a local agricultural official. He then left his hometown for the United States, where he allegedly lived among Japanese immigrant workers, learned English and read a lot on his own for about four years (1901-1905).¹⁵⁷ Although he had been known to be thoughtful and

¹⁵³ *Ibid.*, pp. 56-57, 62.

¹⁵⁴ *Ibid.*, pp. 250-66, 402-15; Reisai Fujita, *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports* (Tokyo, 1929), pp. (3) 8-11, 12-27.

¹⁵⁵ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. I*, p. 250.

¹⁵⁶ *Ibid.*, pp. 210-29.

¹⁵⁷ Seizō Nakanishi, *A Great Man is Here: The Life of Torajirō Okada* (Tokyo, 1972), pp. 19-57; Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times* (Osaka, 2000), pp. 1-85.

sometimes argumentative since he was young, when Okada moved from his rural hometown to Tokyo in the late Meiji period and started to promote his method of breathing exercise and quiet-sitting, intellectuals should have held he was not qualified at all to talk about, let alone teach, the foremost question of the health of body and mind.

However, Okada achieved enormous success initially in Tokyo and then across the country. He won over a lot of Western-style educated elites, among whom, apart from the socialist Kinoshita, were Shyōzō Tanaka,¹⁵⁸ Kokkō Sōma,¹⁵⁹ Nobuta Kishimoto¹⁶⁰ and several other renowned Waseda University professors of law, philosophy and other human sciences.¹⁶¹ Okada's group practice held at a Buddhist temple allegedly attracted hundreds of people early every morning. The majority were students from the prestigious First High School and Tokyo Imperial University, where students also formed clubs for practicing Okadaian quiet-sitting.¹⁶² Okada was invited to instruct and supervise such a large number of self-organized quiet-sitting groups that he allegedly had to work for more than fifteen hours every day.¹⁶³ Among these groups included one for the royal family, one for the members of staff of Waseda University and their families and several groups for military officers and school teachers.¹⁶⁴ Across the country, moreover, there were numerous quiet-sitting groups being organized and run on their own, some of which sometimes managed to invite Okada to instruct them in person.¹⁶⁵ Although the popularity of Okadaian quiet-sitting declined sharply after his premature death at the age of forty-eight, a number of groups and individuals still continued the practice up until 1945 and even today.

Given the unsophisticated theory and practice of Okadaian quiet-sitting, it is puzzling as to why it attracted so many intellectuals. It was said that Okada

¹⁵⁸ A famous politician and social activist. He launched the first campaign against industrial pollution.

¹⁵⁹ A woman entrepreneur and social activist

¹⁶⁰ A famous religious and philosophical scholar.

¹⁶¹ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies, Vol. II* (Tokyo, 2004), pp. 130-57, 253-63, 274-86,

¹⁶² *Ibid.*, pp. 336-406.

¹⁶³ *Ibid.*, pp. 27-29.

¹⁶⁴ Seizō Nakanishi, *A Great Man is Here: The Life of Torajirō Okada*, pp. 142-49; Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, pp. 192-93.

¹⁶⁵ Seizō Nakanishi, *A Great Man is Here: The Life of Torajirō Okada*, p. 149.

merely instructed newcomers to take the proper sitting position and keep as quiet as possible and then left them to practice quiet-sitting on their own. The proper body position consisted of protruding the lower belly, relaxing the upper body and sinking the epigastrium—that is, being top-empty and bottom-full. The students were told not to intentionally pursue anything, even serenity of mind, which would and could only come naturally after a period of cultivation.¹⁶⁶ In early years, Okada taught that quiet-sitting would induce various forms of automatic body movement, which were the evidence of its effect. The collective automatisms taking place during group sessions were said to have been spectacular and stunning. But he later abandoned and prohibited such movements allegedly out of considerations of decency.¹⁶⁷ Besides, Okada devised a form of breathing exercise that, contrary to Futaki's 'abdominal breathing', required contracting the belly during inhalation and protruding it during exhalation and was therefore also known as 'reverse abdominal breathing'. Okada did not explain why it was beneficial except to say that it was the most natural breathing style of newborn babies.¹⁶⁸ Although several books written by his disciples became best sellers, Okada himself never wrote any book or article on quiet-sitting. He talked to his core disciples on a wide range of issues and they edited and published his sayings posthumously, most of which are vague comments on some general theme such as 'love', 'zero' or 'liberty'. The meaning of the 'centre of gravity' on which he put great emphasis is equally obscure. It was no surprise therefore that Kinoshita's old socialist comrades were dismayed at his new beliefs and thought that he had fallen prey to fraud.¹⁶⁹ Even some advocates of breathing exercise condemned Okada as insubstantial, pretentious and mystical.¹⁷⁰

However, Okada's large number of followers held him in great reverence,

¹⁶⁶ Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting*, pp. 14-15.

¹⁶⁷ Gingetsu Itō, *Okadaian Method of Breathing and Quiet-Sitting and its Experiments* (Tokyo, 1912), pp. 21-24; Seizō Nakanishi, *A Great Man is Here: The Life of Torajirō Okada*, pp. 108-09.

¹⁶⁸ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, pp. 43-50; Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting* (Tokyo, 1916), pp. 92-106.

¹⁶⁹ Keiji Yamagiwa, *Naoe Kinoshita: The Struggle and Anguish of a Pioneer* (Tokyo, 1955), p. 237.

¹⁷⁰ Sakai Matsuo ed., *A Comparative Study on the Severn Major Health Methods* (Tokyo, 1914), pp. 63-66.

at least when he was alive. Some of them wrote down their experiences, many of which were stories about how they had recovered from neurasthenia by practicing Okadaian quiet-sitting.¹⁷¹ They described how they had been impressed by Okada's calm attitude, dignified manner and implicit teaching. Most importantly, they were convinced by Okada's magnificent and beautiful physique, particularly his grand and resilient lower belly, which was said to be able to spring anyone attacking it back a few yards.¹⁷² As will be discussed in the next chapter, the aesthetic feeling and the quasi-religious reverence for Okada by his disciples was vital to the success of Okadaian quiet-sitting. Nonetheless, some of them tried to take more naturalistic approaches. Kishimoto, for example, explained the benefit of Okadaian quiet-sitting using Futaki's circulation theory. He also argued that the seemingly mystical automatic movement during quiet-sitting was in fact a result of the body, which became ultrasensitive in the quiet-sitting position, being shaken by the pulsating circulatory system.¹⁷³ Yōichi Ueno, the previously-mentioned founder of scientific management in Japan, who was also Okada's disciple, argued that, according to physical principles, the pyramidal top-empty-bottom-full body that Okadaian quiet-sitting aimed to build was far more stable than that the Western-style reverse-pyramidal top-heavy-bottom-empty body.¹⁷⁴ Quiet-sitting, moreover, could build a strong lower belly that could not only invigorate blood circulation, but also activate the autonomic nervous system to nurture the body and alleviate the disquiet, anxiety and vexation caused by the agitated central nervous system.¹⁷⁵

Dr. Sanzaburō Kobayashi, the head of a charity hospital in Kyoto, approached the subject from yet another perspective. Dr. Kobayashi himself once suffered from neurasthenia and only recovered by taking Okadaian quiet-sitting. Neurasthenic patients, he argued, suffered from the formation of certain fixed ideas or, as he put it, 'phobias' (*hobia*) in subcortical white matter. These 'phobias', most of which were hypochondriac ideas, were originally conscious fears in cortical grey matter but, somehow, descended into the white

¹⁷¹ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, pp. 130-410.

¹⁷² *Ibid.*, pp. 14-20.

¹⁷³ Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, pp. 61-181.

¹⁷⁴ Yōichi Ueno, *A Physiological and Psychological Study on Sitting*, pp. 21-22.

¹⁷⁵ *Ibid.*, pp. 64, 67, 75-76.

matter and became unconscious ideas. Since they were unconscious and subcortical, it was impossible to eliminate them by persuasion, education or any other method that only affected the consciousness and cortex. Instead, they could only be eliminated by cultivating the belly.¹⁷⁶ Kobayashi blamed the formation of 'phobia' on weakness and emptiness of the lower belly. He insisted that a thorough medical examination should include an evaluation of the patient's personality, the investigation of the circumstances of the onset of the disease and, most importantly, an inspection of the abdomen and body position.¹⁷⁷ As to how cultivating the belly eliminated 'phobias', Kobayashi explained it by the activation of natural healing power (*shizenryōnō*), the benefits for the circulatory and nervous systems and the concentration of attention during quiet-sitting.¹⁷⁸

'Modernization' of Breathing exercise and Quiet-sitting

From Futaki and Fujita to Okada disciples, and despite some differences between their views, a common approach to the reinvention of breathing exercise developed. It was a rational and naturalistic approach that explained the traditional health method from the perspectives of modern anatomy, physiology and psychology. Despite coming from a wide range of backgrounds, these men appear to have agreed on the need to 'modernize' the cure. Perhaps it was because, as Futaki said, without modernization, it would not be able to attract modern people in the first place. Moreover, it was doubtful whether breathing exercise, in its traditional forms, could have any effect on the modern body.

By this approach, the belly was 'modernized'. It became a major organ of circulation, that is, the 'abdominal heart'. It is worth noting that the 'heart' here was not the 'heart' of traditional medicine, but that of modern anatomy and physiology, which acted according to mechanical principles as the pump of the circulatory system. The belly also became an organ of emotions and will. It not only affected the brain proper remotely by regulating the circulation, but also

¹⁷⁶ Sanzaburō Kobayashi, *The Mystery of Life*, pp. 12-13, 29-47, 56-58, 72-73, 88-90, 119-20.

¹⁷⁷ *Ibid.*, pp. 17-19, 31.

¹⁷⁸ *Ibid.*, pp. 103-07, 143, 187, 285-87.

constituted the mechanical framework that could obliterate or reinforce the body's responses to stimuli. Furthermore, it became a major organ of the nervous system. It contained the solar plexus, the 'abdominal brain', and decisively influenced its functioning. Given the novelty of the 'brain' and the 'nerve' in Japan in this period, the belly undoubtedly was a 'modern' belly.

Breathing exercise and the belly were 'modernized' in yet another sense. The research, reformulation and promotion of breathing exercise involved a new way of producing and demonstrating knowledge. Its success, moreover, was partly based on the social power enjoyed by the new modern knowledge-producing institutions and personnel. In this respect, Futaki arguably made the greatest contribution. He invented the 'abdominal pressure meter' and actually measured and compared the abdominal pressure of neurasthenic and healthy subjects. He built glass models to demonstrate to the audience how the belly functioned as a blood pump. It was a modern 'sight' of the belly, which was completely different from the traditional imagination and speculation. For the audience, the models were too transparent and tangible to be disputed and they learned to perceive and conceive their bodies in a new way. Even Fujita, the Buddhist monk, stressed the empirical basis of his theory and the tangibility and measurability of the so-called 'scleroses'.

Moreover, because Futaki held a doctoral degree in modern medicine and a post at the highest-ranked university, he appeared to have the power to convince people of his theory. In contrast, Fujita belonged to the group that had been losing its authority and privilege. It was no surprise that Futaki's works were far more often quoted than Fujita's, at least in 1910s and 1920s. What was stressed by those authors who quoted Futaki, however, was often not the credibility and originality of his work, but his experiences of studying abroad, his doctoral degree and academic status. They seemed to have thought that the endorsement of a man like him alone was enough to prove the efficacy and significance of breathing exercise. The approval of other medical professionals and scientists, such as Ueno, had also been highlighted in a similar way.¹⁷⁹

The breathing exercise, therefore, was modernized in a number of different

¹⁷⁹ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, pp. 57-62.

aspects and this was partly why it could achieve such success in the modern Japan. Instead of an obsolete and mysterious ancient health method, it was a treatment as transparent and intelligible as any other modern one. It seemed self-evident that the breathing exercise, by building a top-empty-bottom-full body, could cure the top-heavy neurasthenic body.

But it might not be as intuitive and simple as that. The perception of top-heaviness was often not clear until the theories had explained how body position could cause neurasthenia. Those who described the perception seemed to have not perceived the position of their bodies intuitively, but through perceiving changes in 'breathing pattern', 'congestion' in the head and sluggish 'circulation'. Whilst these theories seemed to have been invented to explain the top-heaviness, they were also the intellectual components and basis of the perception. Moreover, as said above, the perception of top-heaviness was not simply a perception of the physical body, but involved personal history, family stories, social, cultural and lifestyle changes and even international situations. A wide range of factors had contributed to this perception. As an effective treatment to correct the distortion of body position, the breathing exercise just needed to be curative in as many aspects.

II A Civilization of the Belly

Two Different Kinds of Bodies

Neurasthenia, said Ishikawa, was the ‘disease of civilization of the twentieth century’. In his view, and that of many of his contemporary countrymen, it related to the changes that they had been facing in virtually every aspect of life. The new culture was reshaping their bodies, and top-heaviness, both objectively observed and subjectively perceived, was the core pathology of the consequent neurasthenic body. Breathing exercise and quiet-sitting were a remedy for the distorted body. With both their theories and practices modernized, they were rational and intelligible cures for the morbid top-heaviness.

But the tendency toward rationalization was merely part of the historical context in which the cure was reinvented and reconceptualized. However plausible the theories about the mechanical effects of breathing exercise, it was not specifically designed to correct distortion of the body. It was not just that its mechanical and physiological effects cured people of neurasthenia. It was effective, more importantly, because it responded to the challenges of modern society. The Japanese felt top-heaviness not only physically but also socially and culturally. Breathing exercise therefore had to treat not only the physical and corporeal body but also the unhealthy culture and society, and it was this latter effect that was the intention of many of its new advocates.

As to the efficacy of breathing exercise, educationalist Sōji Hotta made an interesting observation. In 1911, he published a book titled *‘One Hundred Talks on How to Improve the Brain’*, which, he said, was for young students who desperately hoped for better ‘brainpower’. Among the one hundred methods that he recommended was Futaki’s new and already popular ‘abdominal breathing’. Although Hotta praised it as an effective method of strengthening the brain and encouraged students to take it, particularly right before examinations, he found that young students often felt the procedures too abstract to follow and it was often difficult for them to understand and actually feel its benefits. Many students, Hotta noted, were eager to enhance their

brainpower and willing to try every possible method but found abdominal breathing insubstantial, incomprehensible and hardly helpful.¹

In contrast to this apathy and resistance to the remedy was the enthusiasm of Futaki and many others for the education and cultivation of the younger generation. Futaki, for example, was passionate about teaching his abdominal breathing in the ‘*meitamashī kengen kōshyūkai*’ (literally, Short Course for the Emergence of Bright Soul) held by *Shyūyōdan* across the country to educate and reform Japanese youth.² Fujita was delighted with the opportunity to help rehabilitate juvenile delinquents through his unique breathing exercise.³ Okada was keen to promote his quiet-sitting among teachers because they were responsible for the education of younger generations.⁴ Some of his disciples were educationists and applied quiet-sitting in their theories and practices of education. Among them was Enosuke Ashita, the founder of a movement for new and liberal education in Japan. He had recovered from neurasthenia using Okadaian quiet-sitting and had since then strongly argued for its role in education.⁵ Overall, it was to the generations who were most resistant to breathing exercise that advocates were most keen to apply the remedy.

This paradox indicated that not only were breathing exercise and quiet-sitting intended to treat the ailing culture but also their efficacy was socially and culturally determined. On one hand, breathing exercise’s effectiveness seems to have depended on certain non-physiological factors that differed generationally and it was not as universal and self-evident as scientific theories suggested. On the other, the urgency advocates in the older generation felt to educate the younger illustrates their own social and cultural anxiety. They intended not only to improve the health of younger generations through breathing exercise but also to pass on their experiences and beliefs and help cure this ‘disease of modernity’

This chapter will investigate the social, cultural and political contexts and

¹ Sōji Hotta, *One Hundred Talks on How to Improve the Brain*, pp. 125-26.

² Futaki Kenzō Sensei Kinenkai, *Kenzō Futaki*, p. 272.

³ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, pp. 72-73.

⁴ Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, pp. 154-55.

⁵ Enosuke Ashita, *Quiet-sitting and Education* (Tokyo, 1937); Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada* (Matsumoto, 1974), p. 26.

implications of the treatment as well as the disease. The focus, however, is still on the body. It was through the body that the social and cultural changes were experienced and represented. It was by the cultivation and disciplining of the body that the remedy produced its effects beyond the physical. From this perspective, as suggested by the generational difference in response to breathing exercise, it is hard not to notice that there seems to have been two different kinds of bodies shaped by and embodying two different cultures. In a sense, modern breathing exercise was intended to integrate the two different bodies and cultures. To further explore this break and discontinuity, we first have to take a brief look at the history of breathing exercise in traditional Japanese medicine. After all, as most modern masters in breathing exercise acknowledged, it was an ancient health method that had long worked well on the Japanese body and was rich with social and cultural meanings. What they did was simply adapt it to modern contexts.

Breathing Exercise, Ki and Yōjō Medicine

Futaki learned his abdominal breathing from ancient medical books. All the authors that he mentioned belonged to a tradition of medicine that was popular in Japan from the middle of Edo period to 1868 when the implementation of modern medicine was started. It was *yōjō* (literally, nurturing life) medicine.

Yōjō medicine, as some scholars point out, became popular partly thanks to advances in printing technology and improvement in literacy in the early eighteenth century. Since then, many so-called ‘*yōjō* books’ had been published and widely read in Japan. Compared with the relatively professional Han (Chinese) medicine and then-nascent Western, mainly Dutch, medicine (*ranbō igaku*), *yōjō* medicine was much more accessible to ordinary people. Theoretically, *yōjō* medicine was based on *ki* medicine, which held that the body was made up of continuous flowing streams of *ki* and also served as the stage that the *ki* flowed on.⁶ The streams had to be kept as vigorous, smooth and orderly as possible to maintain health. *Yōjō* (nurturing life) became a daily

⁶ *Ibid.*, p. 3.

concern for people from every walk of life.⁷ ‘Methods of *yōjō*’ involved managing and optimizing a wide range of activities, such as diet, clothing, housing, exercise, daily schedule and sexual life, to improve health and achieve longevity. Breathing exercise and other ways to strengthen the lower belly were part of the regime.

The Japanese *ki* medicine had its origin in the traditional Chinese theory of *qi*, which could be traced back to the 5th century BC and was systematized in *Huangdi Neijing* (*The Yellow Emperor's Classic of Medicine*, circa 2nd century BC). The introduction of Chinese Medicine into Japan began as early as the 8th century and continued over the whole medieval period (1185-1600). From the 15th century on, *Han* (Chinese) medicine rapidly developed in Japan. During the premodern Edo period (1600-1868), a large number of Chinese medical books were translated into Japanese and published and widely circulated in Japan. Japanese *Han* medical doctors also developed their own theories and skills, such as *fukushin* (abdominal examination) as a diagnostic method, some of which were transferred back to China. Like the idea of *qi* did in Chinese medicine and philosophy, that of *ki* also had a vital and fundamental role in Japanese *han* medicine and martial arts. In the popularized *yōjō* medicine, hence, the cultivation of *ki* was considered all important to the cultivation of health, and there were frequent references to *Huangdi Neijing* in those *yōjō* self-help books.

In *yōjō* medicine, breathing and the lower belly were vital to health. Breathing was the vital function that maintained and regulated communication between *ki* within and without the body. It supplied the body with fresh and proper *ki* from the universe and cleared it of evil and harmful *ki*. It was also the gateway into the body for outside influence. The lower belly, known as *danden* or *kikai* (literally, the ocean of *ki*) *danden*, was the reservoir and fountainhead of *ki* flowing within the body. It needed to be replete with *ki* to prevent exhaustion. As the fountainhead, it had also to be strong to keep the flow of *ki* smooth and

⁷ Keiko Daidoji, ‘What the Sick Should Know: Image and Expression of the Body in a Health Manual of the Early Nineteenth Century Japan’, presented at the *First Meeting of the Asian Society for the History of Medicine: Symposium on the History of Medicine in Asia: Past Achievements, Current Research and Future Directions* (2003), p. 1.

brisk.⁸ To perfect breathing and strengthen the lower belly, a variety of methods had been invented to guide inhaled *ki* toward the lower belly and prevent its stagnation and disorder. All the authors that Futaki drew on had invented their own methods, from which he drew inspiration for his own abdominal breathing. Atsutane Hirata, for example, taught that while lying in a supine position before sleep, one should take slow, deep breaths, count them, and at the same time forcefully plantar flex the ankles to stretch the belly tight. He thought this would direct the inhaled *ki* downwards to the lower belly.⁹ For the same purpose, Jusei Hirano recommended wrapping a strip of cloth around the body right beneath the lower end of the rib cage to force the inhaled air downwards.¹⁰ Ekaku Hakuin claimed to have learned his method from a reclusive immortal, whose essence was to train the lower belly by breathing exercise to be as solid and hard as untanned cow leather.¹¹ Ekaku invented a second method called ‘*nanso hō*’ (literally, the soft-cream method), which consisted of imaging fragrant cream flowing from the top of the head to the lower belly.¹² All these methods, despite the differences in technique, were devised to strengthen the lower belly and keep the flow of *ki* smooth and energetic, which was the key to health and vigour in *yōjō* medicine.

Ki, moreover, underlay not only conceptions of the body but also those of morality, spirituality and beauty. Recent studies have shown that the sense of *ki* played an important role in Japanese body culture in a broad sense. It appeared in many of the ideas about self, society, universe, beauty and morals. The cultivation of *ki* was in effect the cultivation of the self. Apart from maintaining health, the springy flow of inexhaustible *ki* was considered essential to achieving moral, spiritual and aesthetical goodness.¹³ In fact, a number of people from the early twentieth century onwards have noted and emphasized the traditional connection between the cultivation of *ki* and that of artistry and moral virtues and aspired to restore it in modern times.

⁸ See the texts collected in Saburō Nakayama ed., *Experimental Abdominal Breathing Methods of Ancient Sages*; Hatsujirō Takanashi ed., *Breathing Health Methods of Ancient Sages*.

⁹ Saburō Nakayama ed., *Experimental Abdominal Breathing Methods of Ancient Sages*, pp. 1-16.

¹⁰ *Ibid.*, pp. 17-34.

¹¹ Ekaku Hakuin, *Casual Talk in Boat at Night* (Osaka, 1909), p. xi.

¹² *Ibid.*, pp. 37-42.

¹³ Yukio Akatsuka, *On the Culture of Ki* (Tokyo, 1990); Chavalin Svetanant, *Cultural Conception of ‘Ki’ and ‘Kokoro’* (Kyoto, 2007).

Dr. Tsubakichi Tōyama, for example, argued in his book, *Deep Breathing*, that breathing lay at the heart of Japanese aestheticism. The term ‘breathing’ (*kokyū*) in Japanese, he pointed out, had been used to refer to both individual artistic features and styles and beauty in general.¹⁴ All the masters in traditional Japanese arts, in his view, were great only because they could perfect their breathing while creating their works. He gave examples in a variety of arts, including calligraphy, Japanese painting, Japanese dance, recital of drama and poetry, tea ceremony and drumming, of how important the control of breath and *ki* was to the mastery of arts. Traditionally, he said, it was held that one would never create great art unless one had mastered the techniques of breathing and cultivating *ki*.¹⁵ In modern times, he held that people could conversely enjoy the health benefits of deep breathing by engaging themselves in traditional arts, in which the essence of deep breathing had been embedded, rather than by taking the boring and monotonous modern breathing exercise.¹⁶ He gave the example of a group of lawyers who regularly recited drama together to enhance their performance in court, which he thought was a far better way to improve mental and physical health than his breathing exercise.¹⁷ Several other advocates of breathing exercise, such as Murai and Otabe, held similar views and underscored the importance of *ki*, breathing and the lower belly in traditional arts.¹⁸

Apart from fine arts, the cultivation of *ki* was considered essential in various traditional martial arts, such as judo, kendo, sumo, *aikidō* and archery. It was important not only because it improved general health, strength and physique, but also because the mastery of *ki* was essential to mastery of martial skills. Briefly speaking, a contest between fighters was conceived as a struggle between their *ki*. They had to observe the flow and the fullness or emptiness of their opponent’s *ki* and detect and take advantage of its every momentary weakness while keeping their own *ki* full, vigilant and ready for attack at all times. These strategies and skills were called the ‘*kiaizyutsu*’ (literally, the skill

¹⁴ Chinkichi Tōyama, *Deep Breathing*, pp. 33-34.

¹⁵ *Ibid.*, pp. 15-25, 33-40.

¹⁶ *Ibid.*, pp. 15-19, 23-24.

¹⁷ *Ibid.*, p. 20.

¹⁸ Sōzaburō Otabe, *Deep Breathing Method*, pp. 4-5, 144-47; Gensai Murai, *Household Hygiene*, Vol. I, pp. 216-66.

of converging *ki*).¹⁹ It was held that a truly great fighter must master *ki*, which might be why Futaki chose to illustrate the benefits of breathing exercise with, alongside the glass models, the famous story of a swordsman (Munefuyu Yagyū) refining his sword skills and enhancing his sensitivity to an incredible level by cultivating *ki* and breathing techniques.²⁰

Moreover, the state of *ki* was often related to those of personality, morality, spirituality, society and politics, with health and longevity becoming symbols of moral, spiritual and intellectual superiority and sometimes sources of authority. Masters of *yōjō* medicine often came from backgrounds other than medicine. Ekaku Hakuin, for instance, was a famous Zen monk. Kaibara Ekiken was an eminent Confucian (*Jugaku*) scholar and Atsutane Hirata was a renowned scholar of Shinto and ancient Japanese thought and culture (*Kokugaku*). Their wide-ranging achievements, on the one hand, reflected their erudition and the intellectual features and social roles of medicine in the Edo period. On the other, they revealed the extent to which *ki* and its cultivation were embedded in ideas about a wide range of issues far beyond the physical body.

In short, the sense of *ki* on which *yōjō* medicine was based grounded Edo Japanese notions of themselves and their surrounding world. Intellectual, moral and aesthetic cultivation further enhanced and refined the sense of *ki* and passed it down to following generations. Breathing exercise was vital to the Edo body and became a means of cultivation for a wide range of purposes. However, with the popularization of modern medicine, the perceptions and conceptions of the body in Japan changed radically. *Ki* was no longer perceptible and the methods of cultivating it became regarded by some as unscientific, even superstitious. In terms of personality, morality and even spirituality, it was the ‘brain’, ‘nerve’, ‘brainpower’ and ‘neurasthenia’, instead of *ki*, that dominated most people’s perceptions and conceptions. At the same time, *ki*-embedded traditional cultures were considered obsolete and were replaced by fashionable Western ideas and cultures. Overall, the *ki* had, as it were, ‘evaporated’, and so had the related cultures and society. For ancient health methods to be revived, a sense of *ki* first had to be revived in the already modernized body, and this could only be

¹⁹ Hikotarō Kumashiro, *The Skill of Kiai: To Kill and Save One’s Life at Will* (Tokyo, 1911); Tesseki Huruya, *Self-study of the Skill of Kiai* (Tokyo, 1910).

²⁰ Kenzō Futaki, ‘On Abdominal Breathing’, pp. 59-64.

achieved by simultaneously reviving the traditional cultures.

From this perspective, we can try to understand how Futaki invented his circulatory theory of abdominal breathing and how it took effect in the modern body. Futaki always stressed that he was not the inventor but a scientific researcher of breathing exercise. He maintained that he did nothing other than provide a scientific account of an ancient health method. In a sense, he was right to decline the honour, since not only the method but also the scientific account that he put forward was not new.

Modern Forms of Ki

Practicing quiet breathing, you first have to tense your belly and then just breathe naturally while keeping the tension...you should seem to be breathing without any effort with the breaths in and out hardly distinguishable. During the quiet breathing, the belly will become like a bright mirror or a pond of still water, which is capable of discerning the touch of even a tiny hair. It, however, is quiet but not dead still. The belly has to be like a fully-drawn bow about to be released.²¹

Reading Futaki's works on breathing exercise, it is hard not to notice that he often combined two different kinds of rhetoric in his writing. On one hand, as seen in the previous chapter, Futaki used modern anatomical and physiological language to explain the method's therapeutic mechanisms. On the other hand, he used a lot of traditional similes, such as 'bright mirror', 'still water', 'jade plate' and 'fully-drawn bow', to describe the wonderful experience of taking abdominal breaths. To illustrate how the body should be posed, Futaki referred to the postures of two Buddhist gods, *Fudōmyōō* and *Niō*, who allegedly could expel evil spirits and whose sculptures could be seen in temples across the country, to impress readers and at the same time confirm the importance of proper body position.²² Many authors on breathing exercise in this period adopted this rhetorical style. To varying degrees, they combined traditional imagery with scientific terminology to explain and illustrate

²¹ Kenzō Futaki, *Abdominal Breathing*, pp. 8-9.

²² Kenzō Futaki, *Abdominal Breathing and Health* (Tokyo, 1936), pp. 88-89.

breathing exercise and its effects.²³

It might be argued that this writing style was simply meant to add traditional and mystical appeal to a method that had been thoroughly modernized. Furthermore, since Futaki and other advocates often said that they wanted to shed light on the mysteries of traditional medicine and religions, it might reflect their attempts to clarify these obscure descriptions and imageries by science. However, reflected in the writing style might also be the extent to which the science and effectiveness of breathing exercise depended on the long-standing theories and perceptions of *ki*. The so-called ‘scientific’ theory might be nothing more than another version of traditional *ki* theory. In other words, instead of explaining breathing exercise by modern medicine, they might have tried to make sense of modern body by the traditional *ki*.

A closer examination reveals the similarities between the circulatory, neurological and mechanical models of the effects of breathing exercise and the theory of *ki*, with the effectiveness of the remedy predicated on the presence or not of this particular sense. First of all, the circulating blood in the most influential Futaki model is hardly distinguishable from the circulating *ki*. Inhaled air was now confined to the lung, unlike the traditional *ki* that went on to flow around the body.²⁴ The flow of *ki*, however, was continued with blood, which in Futaki’s model was a modern version of *ki*. Blood flow, just like the flow of *ki*, was susceptible to stagnation. Local congestion and anaemia, which were the major pathologies of the circulatory system, also had parallel pathologies in *ki* medicine. Moreover, the lower belly had a similar function in both the old and new models. According to the new theory, the lower belly was the voluntary and trainable ‘abdominal’ or ‘venous’ heart and functioned as both a pump and a reservoir of blood. It had almost the same functions as the main storage and fountainhead of *ki* in *ki* medicine. In *ki* medicine, the health of the body depended on the sufficient amount and the energetic and smooth flow of *ki*. In Futaki’s theory, it depended on blood. Although Futaki made no direct reference to the theory of *ki*, he seemed to have conceived his theory based on it

²³ For example, see Sōzaburō Otabe, *Deep Breathing Method*, pp. 5-9, 179-82; Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, pp. 18, 155; Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. I*, pp. 219-20.

²⁴ Initially, some advocates still insisted that the breathed-in air would travel around the body. Ei Hiyama, *Mental Breathing Method for Reforming the Mind and Body* (Tokyo, 1912).

and simply substituted *ki* with blood.

Secondarily, regarding the nervous system, Fujita's and others' theories, which emphasised the importance of the solar plexus and dubbed it the 'abdominal brain', also coincided in many ways with traditional views of the body. Indeed, these theories, which attributed part of the effect of abdominal breathing to massaging of the solar plexus and the subsequent activation of the whole nervous system, seemed similar to that underlying Western electrotherapy for neurasthenia. But they accorded the solar plexus and the autonomic nervous system some extraordinary roles that modern medicine could not address. Unlike Western neurology that emphasised the brain as the organ of mental function, they not only put much more emphasis on the nervous system functioning as an interconnected and integral whole but also attributed 'synthetic' mental function to the autonomic nervous system, particularly the solar plexus, and regarded the brain as merely an organ of 'analytic' mental functions. 'Synthetic' function included both the building-up of the body and 'synthetic' mental activities, which included the formation of comprehensive and integrated views and judgments, the emergence of emotions, and the growth and development of personality and self. The autonomic nervous system, which Fujita and other contemporary proponents of breathing exercise often deliberately chose to call the 'vegetative nervous system', thus controlled most mental functions.²⁵ The vegetative nervous system regulated involuntary vital functions, such as breathing, nutrition, circulation and metabolism. But in their view, it was also responsible for the 'synthetic' mental functions. By analogy, they compared the development and working of mental functions to the growth of plants. Mental function, according to the model, was not determined by a solitary organ (the brain), but by extensive, interconnected nervous circuits that stemmed from one root, the solar plexus. An active solar plexus was vital to mental as well physical health. The brain was peripheral in terms of both location and function within the circuits. Most importantly, although the autonomic nervous system was involuntary, people nonetheless could cultivate it much like they cultivated plants. The effect of breathing exercise on the solar

²⁵ Ei Hiyama, *For the Weak and Ill* (Tokyo, 1916), pp. 9-11; Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, pp. 130-33.

plexus was nurturing, much like nurturing plant roots, rather than mechanically stimulating.²⁶ This conception clearly had its origin in traditional medicine. Kuriyama points out that traditional Chinese or Han medicine frequently used botanical metaphors to understand the body and self.²⁷ More specifically, there was unmistakable similarity between the roots and circuits of the nervous system and those of *ki*. The ‘synthetic’ autonomic nervous system was in many ways similar to the constitutive *ki* system.

Lastly, breathing exercise’s mechanical effect of placing the body’s centre of gravity in the lower belly, as well as the pathological consequences of it shifting away, could only be understood by likening body mass to *ki*. Yōichi Ueno had tried to explain it by physics, arguing that shifting the centre of gravity upwards would leave the body like an unsteady inverted triangle and therefore cause anxiety and restlessness.²⁸ Sometimes, it was simply a metaphor. But all the explanations relied on the notion of body mass as something not static but in motion and this could only be understood by a medicine in which the body was conceived as consisting of *ki* and its centre of gravity reflecting *ki*’s distribution. The shifting of body mass was equivalent to the flowing of *ki*. The shifting away of the centre of gravity meant the deficiency and exhaustion of *ki* in the fountainhead, that is, the lower belly, and the congestion or solidification of *ki* elsewhere.

Therefore, despite claiming to be scientific, the circulatory, neurological and physical theories of breathing exercise fundamentally agreed with the traditional theory of *ki*. They all argued that there was some kind of constitutive element either literally or figuratively flowing around the body. They all emphasised the interconnectedness of the body. Through the connecting flow of blood, nervous (electric) current or body mass, separate organs and body parts were working in coordination rather than independently. All the elements originated from and converged at the lower belly. The lower belly, whether it was the pumping abdominal cavity, the solar plexus or the abdominal body mass, was the origin and roots of the flow and had to be strong to keep it

²⁶ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, pp. 26, 200-11; Ei Hiyama, *For the Weak and Ill*, pp. 9-11.

²⁷ Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York, 2006), pp. 185-92.

²⁸ Yōichi Ueno, *A Physiological and Psychological Study on Sitting*, pp. 21-22, 75-76.

smooth and vigorous. Reduction of abdominal pressure, that is, the failure of the ‘abdominal heart’ seemed comparable to but was fundamentally different from actual heart failure. Similarly, dysfunction of the solar plexus involved more than excess or lack of nervous agitation. Reduction of abdominal body mass caused more than physical instability. These pathologies could only be understood by comparing the blood, nerve and body mass to *ki*. Too, by comparing *ki* to these elements, people would be able once more to conceive of the modern body as an integral and interconnected whole through which *ki* flowed.

A physiologist (Kunihiko Hashida) once said that he opposed Futaki’s circulatory theory but could attest to the effectiveness of abdominal breathing by his own experience.²⁹ His attitude contrasted starkly with that of those young students who might not be able to dispute Futaki’s theory but could not benefit from it at all. It seemed that whether the therapy was effective or not was determined not by its scientific credibility, but by the presence or not of a kind of sensibility that Hotta thought those young students lacked.³⁰ Those who advocated breathing exercise and quiet-sitting seemed to be able to feel the flow of blood, electric current and body mass. Kishimoto, for instance, could sense the pulsating flow of blood so much during quiet-sitting that it even led to involuntary movements of his body.³¹ Some of his peers felt their body mass so concentrated at the lower belly that they felt themselves deeply rooted and stemming from there.³² Ishikawa sensed the flushing, stagnation and congestion of blood and once felt the flow of electric current.³³ All these unusual sensations seem to have been direct and immediate, rather than inferred, and confirmed the benefits of breathing exercise and quiet-sitting. Why did they have the extraordinary sensibility?

The answer may lie in the similarities between *ki* and these conceptually new body elements. In other words, what those benefitting from breathing exercise felt flowing around their bodies was *ki* or, more accurately, the blood,

²⁹ Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, p. 46.

³⁰ Sōji Hotta, *One Hundred Talks on How to Improve the Brain*, pp. 125-26.

³¹ Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, pp.155-81.

³² Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, pp. 86-92; Teiji Ichihara, *The Mystery of Quiet-sitting* (Kobe, 1929), pp. 176-77.

³³ Hanzan Ishikawa, *Neurasthenia and its Recovery*, pp. 41-42, 48-50, 55-58, 99-101.

nerve and body mass behaving like *ki*. The singular body experiences of people taking breathing exercise can be understood by recognizing what they described as blood, nerve current and body mass as *ki*, which provides insight into not only the mystery of the extraordinary senses but also the generational difference in the response to breathing exercise.

Early masters and supporters of breathing exercise belonged roughly to the same generation. They were born around the Restoration in 1868 and were in their thirties or forties when modern versions of breathing exercise rapidly gained popularity in the early twentieth century. Most of them received traditional education in childhood and grew up immersed in traditional literature, folklore, religions, medicines and philosophies. Futaki, for example, was brought up in a Han-medical family and as a student stayed in the home of a Chinese-classics scholar.³⁴ He was deeply interested in traditional medicine, legends, Buddhism and Chinese classics in these early years. Many others, such as Ishikawa and Kōtō Taiki, had similar childhood intellectual and cultural experiences.³⁵ To them, the *ki* that was extensively embedded in traditional cultures was by no means a strange body element. In childhood, Futaki could sense *ki* when he practiced and benefited from those ancient health methods. So could Ishikawa when he followed the steps of the legendary swordsman to practice kendo in mountains. They were endowed with a sense of *ki* and it flowed around their childhood bodies and beyond. The flow seems to have come to a halt after they started pursuing Western-style higher education. As modern medicine replaced that of *ki* as the accepted form, Futaki and others began to accept that blood and nerves rather than *ki* made up their body system. But *ki*, however, might still have been flowing in their forgotten or suppressed memories of the body. As a result, the body was, as it were, split, which caused pain and anxiety to Ishikawa and some of Okada's high-profile disciples. They felt powerless against the dominant modern body. They felt estranged and alienated from it, as well as from its associated cultures and medicine. After falling ill with neurasthenia, they regretted that they did not take good care of their bodies, but blamed this and the disease itself on their sense of alienation.

³⁴ Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, pp. 3-5.

³⁵ Hanzan Ishikawa, *Neurasthenia and its Recovery*, pp. 81-83; Taiki Kōtō, *Quiet-sitting and Laozi and Zhuangzi* (Tokyo, 1939), pp. 6-7.

Kishimoto recounted how he felt before coming to Okada for treatment:

My body then was like a wrecked ship. . . . I felt the mind and the body completely cut off from each other, as if they were two separate existences having no connection at all. It was a state much more severe than disharmony between body and mind. I was stuck in a painful state which should be described as split between the spirit and the flesh.³⁶

However, breathing exercise combined with the new theories reintegrated the split body. On one hand, whether in the form of blood, nervous current or body mass, the suppressed *ki* was allowed to return and flow around the body again. On the other hand, they were able to perceive, understand and even control the previously imperceptible blood, nerve and body mass by explaining them in terms of *ki*. Thus, they could make sense and take care of their modern body in familiar ways and relieve the painful feeling of alienation from their own body. Moreover, the ‘heavy top’, whether it was a congested head, an overused brain or upward shifted mass, became understandable and dissolvable when it was equivalent to the congestion of *ki*. By cultivating *ki* and reinvigorating its flow, one could easily relieve top-heaviness and cure neurasthenia.

This was exactly how Kishimoto felt Okadaian quiet-sitting had cured his illness. Through practicing Okadaian quiet-sitting, he felt the pain of splitting eased. As he was able to ‘evenly redistribute the blood aggregated in the upper body by practicing the strengthening-the-belly method’,³⁷ he regained control over his body and felt close to it again. He felt at one with his body, which he described as ‘I am the belly, and the belly is me.’³⁸

Some of Kishimoto’s fellow disciples’ descriptions of similar body experiences clearly articulated the comparability of blood, nerve and body mass with *ki* and their joy at perceiving, commanding and cultivating them.

³⁶ Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, p. 9.

³⁷ *Ibid.*, p. 19.

³⁸ *Ibid.*, p. 280.

Tensing the *danden* activated the motion of the heart and remarkably elevated blood pressure. The whole blood circulation became very vigorous without any vessel being even slightly dented. As a result, the stiffness of the neck and shoulders (*katakori*) was entirely relieved, like a ditch being thoroughly dredged by pulling the plug. All obstructions were removed.³⁹

When the (solar) plexus was pressed to a certain degree, some stimuli reached the spinal cord via sympathetic nerves. Out of reflex, the body suddenly began shaking violently.⁴⁰

(Plants) need firm and widely spreading roots. Roots are the foundation of the growth and development of plants. . . . The importance of quiet-sitting to human beings is exactly like that of roots to plants. Quiet-sitting is a natural way to secure and spread the roots. . . . The ‘roots’ mean the centre of gravity of the body. . . . To spread the roots of human beings for flourishing growth and development means to securely locate the centre of gravity.⁴¹

Most of the younger generation, however, could not feel the same sensations and joy. Without a built-in sense of *ki*, they could not perceive the blood, nerve and body mass in the same intuitive way, let alone command or cultivate them. Never having suffered splitting of the body as their fathers or grandfathers did, most of them thought of or experienced breathing exercise as nothing more than ‘mechanical expansion and contraction of the abdomen’.⁴² From the older generation’s point of view, the apathy and resistance reflected the cultural amnesia and confusion of body identity among the younger generation that they were keen to remedy. For the therapy to be effective, it needed to build a sense of *ki* into the younger generation’s bodies and then create the split, which could only be achieved by instilling ‘memories’ of traditional body cultures.

The task, therefore, involved reviving not only breathing exercise and quiet-sitting itself but also the associated traditional culture. *Ki* and breathing exercise played a significant role in many social and cultural ideas and practices

³⁹ Shigerō Takeshima, *Quiet-sitting and Life* (Tokyo, 1921), p. 83.

⁴⁰ *Ibid.*, p. 123.

⁴¹ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, pp. 83-86.

⁴² *Ibid.*, pp. 98-99.

through which the special body sense was further cultivated and passed on. Without it, the exercise was mechanical, lifeless and senseless. Reviving the traditional culture might have been the true intention of many advocates of breathing exercise. After all, what they thought fundamentally caused neurasthenia was not the breakdown of the brain, but the disorder and chaos of contemporary culture and society. They not only felt alienated from their bodies but also a profound social and cultural confusion and anxiety. In the name of health, what they truly fought for was the revival of traditional cultures and social values and systems and the construction or reconstruction of Japanese cultural and national identity.

Nostalgia, De-Japanization and the 'Japanese' Belly

The nation is in crisis, because such commands as 'Expand your chest and contract your belly....' are becoming the general guiding principles for its people.⁴³

So a Japanese friend told Kartfried Graf Dürckheim (1896-1988), a German diplomat who later became a psychotherapist and Zen-Master, shortly after he first arrived in Japan in 1938. Initially Dürckheim did not understand his friend's concern. But after years of living in Japan, he realized that the essence of Japanese culture lay in a characteristic body position in which the centre of gravity of the body was firmly located in the belly or, as he preferred to put it, the '*hara*'.⁴⁴ This traditional body position was gradually lost as Western culture became more influential.

We can know the degree of 'Westernization' of a Japanese from his manner of sitting on a chair or sofa. Putting feet together, bending forward from the waist and contracting the belly, that is, a forward leaning position with the force of holding the body upright withdrawn is not a genuine Japanese manner. While

⁴³ In Japanese, the word 'belly' could be read as '*to*' or '*hara*'. *Hara* is also the pronunciation of the word 'origin'.

⁴⁴ Karlfried Dürckheim, *Belly: The Centre of Gravity of Human Beings*, trans. by Ryōichi Ochiai, Yasuaki Okuno and Takashi Ishimura (Kashiwa, 2003), p. 34.

sitting, Japanese, whatever background they come from, naturally tend to 'straighten their backs'. Indeed, because of interaction with Western people, during which they have demonstrated their excellent flexibility and adaptability, the feature has now become less distinctive and common than it was before. It, however, only indicates the extent to which the traditional manner has been lost.⁴⁵

Interested in Oriental culture since a young age, Dürckheim actively engaged in a variety of traditional cultural activities and had extensive and close contact with their proponents during his eight years in Japan, which was crucial to the development of his existential psychology and psychotherapy.⁴⁶ His views were not unique—they were common among his social circle at the time and had emerged decades ago when people began to blame neurasthenia on the 'top-heavy' effect of Western culture on the Japanese body at the turn of the century. For them, neurasthenia was, above all, a disease of the Westernized culture and lifestyle. Although it seemed that they shared the same cultural anxiety, the arguments had considerably changed over time. Overall, the belly had become increasingly metaphysical and related less to substantial lifestyle than to abstract values. The revival of traditional culture, moreover, while it initially might reflect nostalgia for the past, had become a fierce cultural war waged against the West in the context of the Second World War.

Nostalgia was one of the motifs of Ishikawa's memoir. As described in the previous chapter, Ishikawa repeatedly recalled childhood memories while undergoing treatment and in doing so relieved his distress. He realized that many of his neurasthenia treatments were similar to his childhood activities and that by embracing Western culture, he had alienated himself from his childhood self. He regretted the superficiality and rootlessness of his adult life and felt that by making so many changes to his lifestyle he lost something really precious and important. He appeared to be suggesting that neurasthenia should be prevented and treated by reviving traditional culture and lifestyle when he proposed the recital of traditional dramas and wearing *tafusagi* as the ultimate solutions to the disease. Ishikawa's memoir, in a sense, was a confession and his

⁴⁵ *Ibid.*, pp. 42-43.

⁴⁶ *Ibid.*, pp. 19-24.

journey to recovery took him back into his past to reintegrate the suppressed and forgotten part of his self.

Many other neurasthenic patients took the same journey. As we have seen, they blamed neurasthenia on wearing Western-style shirts, sitting in chairs and at desks, working with machines at factories, doing Western sports and gymnastics, and learning Western science, ideas and arts—all of which they thought led to top-heaviness of the body. Western culture not only eliminated *ki* and transformed the way in which people perceived, conceived and took care of their bodies but also brought about changes to virtually every aspect of life, ranging from food, clothing, housing and transportation to entertainments, arts and intellectual activities. Top-heaviness was a symptom of the pervasive and profound cultural and lifestyle changes. It was a crisis of the body engendered by the crisis in culture and lifestyle.

However, perceptions of the crisis differed considerably among sufferers. For some, it was all about the actual changes happening in their everyday lives. These changes were substantial and extensive. They found themselves wearing shoes and Western shirts and suits rather than geta and kimono, sitting in chairs and at desks rather than on tatami, eating meat rather than vegetables, traveling by train or car rather than by foot or horse, playing tennis or baseball rather than sumo or kendo and studying mathematics, physics and foreign languages rather than the Chinese classics. At least one or two generations of modern Japanese shared these experiences. Even if they were very flexible and adaptable as noted by Dürckheim, the speed, scope and extent of change were nonetheless dizzying. Of course, they also suffered from the frantic pace and mental demand of modern life like Western neurasthenic patients did. Several of Okada's disciples, for example, worried about how to stand still on a moving train, how to prevent motion sickness when travelling by car and how to remain vigorous and clear-headed after long hours of work or study. They worshipped Okada because he was always energetic and, however much a train or bus was jolting and rocking, he always stood firm and balanced.⁴⁷ These concerns reflected their anxiety about the changes in quantity, that is, the changes in pace, distance,

⁴⁷ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, pp. 21-22, 27-30; Hatsujiro Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting*, pp. 17-18; Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, p. 18.

the length of time, and so on. But the changes that they had already gone through, such as from sitting on tatami to sitting in chairs, were far more radical and fundamental. Modern life not only taxed them mentally and physically but also alienated them from their own past. Returning to their old lifestyle, even in some seemingly trivial aspects, would provide some relief. This might be why, although Okada himself initially put more emphasis on meditation than sitting position and allegedly chose the manner of quiet-sitting simply because it was akin to traditional sitting manner and hence more easily accepted,⁴⁸ many of his disciples focused exclusively on the sitting position and emphasized it as an essential part of traditional lifestyle.⁴⁹ One even resolutely sold his chairs and cut the legs off the table in his Western-style study to transform it into a Japanese-style one after he felt the benefits of the sitting position.⁵⁰

For others, however, it was a more general cultural and social crisis. What concerned them was less the day-to-day impact on individuals than the loss of Japanese culture, which they thought was unique and in sharp contrast with Western culture. They understood these changes in the context of the clash between the two cultures rather than in individual life histories. Murai, for instance, argued that traditional Japanese culture was a ‘culture of belly’ and contrasted it with the Western culture of chest or head. Every difference in lifestyle, he held, came down to this fundamental difference. Therefore, even seemingly insignificant change, since it involved the fundamental difference, could threaten the integrity of Japanese culture and cause confusion to Japanese cultural identity.⁵¹ The concern over national cultural identity grew over time until 1945, as Dürckheim noted, and dominated Futaki’s late work.

Having been famous for his ‘scientific’ research on abdominal breathing, Futaki, while continuing his clinical practice and research on infectious diseases, devoted himself to the promotion of a brown rice diet and two-meal vegetarian diet after around 1920. He even rewrote his life story to blame his neurasthenia on the meat diet he switched to under the harmful influence of modern Western

⁴⁸ Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, pp. 143-44; Seizō Nakanishi, *A Great Man is Here: The Life of Torajirō Okada*, pp. 108-9.

⁴⁹ Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*; Yōichi Ueno, *A Physiological and Psychological Study on Sitting*.

⁵⁰ Shigerō Takeshima, *Quiet-sitting and Life*, pp. 57-58.

⁵¹ Gensai Murai, *Household Hygiene, Vol. I*, pp. 216-66.

medicine. What cured it, moreover, was no longer abdominal breathing, but a return to a brown rice and vegetarian diet.⁵² His approach to the brown rice diet, however, was rather different to that of abdominal breathing. He did not carry out any scientific research to show the therapeutic benefits of the diet as he had with abdominal breathing. He seems to have decided to convince others of its benefits by his own example. He allegedly adhered strictly to the regimen for decades and for a long period ate only one meal a day. Despite his seemingly inadequate intake, he was proud that he remained vigorous and healthy. He attributed this to his wholesome brown rice vegetarian diet and encouraged others to follow suit.⁵³ He claimed that this diet was specifically suitable and beneficial for Japanese body. Just like pine was different from bamboo, he said, the Japanese body was completely different from the Western body because it had been born and grown up in the unique latitude, climate, terrain, air and water of Japan.⁵⁴ For the unique Japanese body, he argued, native foods were the most wholesome. Among them, brown rice and certain vegetables were the most important and the most 'Japanese'. Futaki called the brown rice vegetarian diet the 'natural diet', the 'adaptive diet' and the 'perfect diet'.⁵⁵ It was the original Japanese diet, thanks to which, he claimed, Japan used to be a 'country without disease'. However, with the invasion of Western culture, more and more Japanese, ignorant of the uniqueness of their bodies, switched from the perfect diet to a meat diet as advised by Western-medical professionals. As a result, Futaki lamented, Japan had now become a 'country with tens of thousands of diseases'.⁵⁶

Futaki passionately promoted his diet to his students, colleagues and the general public and argued for the seemingly biological but actually cultural uniqueness of the Japanese body. Although he did attract a considerable number of lay followers, medical professionals were far more disapproving, skeptical and sarcastic than they had been toward abdominal breathing. Although the

⁵² Futaki Kenzō Sensei Kinenkai, *Kenzō Futaki*, pp. 3-4; Kenzō Futaki, *Food and Health* (Tokyo, 1921), pp. 74-75; Kenzō Futaki, *A Collection of Dr. Futaki's Lectures* (Tokyo, 1939), pp. 492-96, 596; Kenzō Futaki, *The Way to Health: The Medicine of Perfect Proper Diet*, pp. 219-20.

⁵³ Futaki Kenzō Sensei Kinenkai, *Kenzō Futaki*, pp. 50-51, 63, 77.

⁵⁴ Kenzō Futaki, *A Collection of Dr. Futaki's Lectures*, p. 210.

⁵⁵ Kenzō Futaki, *The Way to Health: The Medicine of Perfect Proper Diet*, pp. 41-44; Kenzō Futaki, *Food and Health*, pp. 19-29.

⁵⁶ Futaki Kenzō Sensei Kinenkai, *Kenzō Futaki*, pp. 3-4.

brown rice diet did receive considerable scientific and policy consideration during the Second World War, this had nothing to do with its cultural value, as we will see. In his department, Futaki and his diet became a joke.⁵⁷ Despite being ridiculed by his medical colleagues, Futaki continued to engage in the study of ancient Japanese myths and language, based on which he argued that Japan was a pure-blooded race and had a unique culture.⁵⁸ He also sought to revive *misogi*, a traditional Shinto ritual, and served as a board member of an organization dedicated to this purpose. He held that *misogi*, like the brown rice diet, was beneficial for both mental and physical health and should become common practice for all Japanese. But he did not provide any scientific explanation for its effects, neither did he approve it because it evoked memories or satisfied the longing for the past. Instead, he advocated *misogi* as a cultural practice that could cultivate the unique Japanese body and mind.⁵⁹ It was a remedy for the confusion of cultural and national identity in Japan, which, in his view, was the fundamental crisis and health problems merely the consequence.⁶⁰

Breathing exercise and quiet-sitting had cultural significance as a medical cure. They were a symbol of Japanese cultural identity and those who practiced them confirmed this identity, both explicitly and implicitly. Advocates were often also interested in traditional arts and martial arts and adopted a traditional lifestyle in terms of diet, clothing, interior decoration, arts and sports. The essence and health benefits of breathing exercise were embedded in traditional cultural practices and lifestyle. But the popularity of breathing exercise was not solely based on health considerations. Nor was it effective solely because it strengthened the belly.

Traditionally, breathing exercise and quiet-sitting had long been closely linked with these cultural practices. As a method of cultivating *ki*, it was considered vital to the mastering of artistic and martial skills, whose essence lay in regulating, perfecting and sometimes representing the flow of *ki*. Moreover, as these arts involved cultivating and controlling *ki*, they had physical benefits

⁵⁷ *Ibid.*, pp. 34-35, 63.

⁵⁸ Kenzō Futaki, *The True Explanation of the Mythological Volume of Kojiki* (Tokyo, 1938); Kenzō Futaki, *A New Theory on the Origin of the Japanese Race: The Characteristics of the Japanese Language* (Tokyo, 1939).

⁵⁹ Futaki Kenzō Sensei Kinenkai, *Kenzō Futaki*, pp. 295-96.

⁶⁰ Kenzō Futaki, *A Collection of Dr. Futaki's Lectures*, pp. 210-17.

as well as aesthetic and spiritual values, and, in a sense, were themselves health methods. These modern advocates, therefore, seemed to have simply followed the traditional approach to call for the revival of traditional culture alongside that of breathing exercise. They seemed to have taken a traditional holistic view of cultural and health practices. But the modern time's fundamental separation of cultural and health practices affected the perceptions and ideas of both traditional advocates and those whom they tried to convince. Cultural practices were no longer health methods and, like breathing exercise, they had to be adapted to the modern body. Their advocates had to modernize the belly into an 'abdominal heart' or 'abdominal brain' and convert *ki* to blood or nerve current to restore their health significance. The re-established link between health and culture, however, was not as natural and strong as the one existing in the body of *ki* and could be easily broken. The rapid fall of Okadaian quiet-sitting as a medical cure or even health method showed this. In the heyday of Okadaian quiet-sitting, Okada reportedly had more than twenty thousand followers in the capital alone.⁶¹ After he died of acute renal failure in 1920 at the age of forty-eight, however, the method was immediately condemned as harmful to health and before long, apart from a small number of core disciples, very few practiced it as a health method or medical cure.⁶²

In fact, for those who passionately practiced breathing exercise and quiet-sitting, what was attractive and fascinating about it often was not the health benefit, but the aesthetic, intellectual and spiritual experience. Okada warned his disciples not to practice quiet-sitting for the sake of curing illness or improving health. Instead, they 'should, like a sculptor, carve their own bodies by one breath after another' to 'accomplish the great artwork called "self"'.⁶³ Many of his disciples were ultimately concerned about cultural rather than health issues and had approached quiet-sitting from this perspective. Kishimoto, for instance, said that he had long been interested in religious, philosophical, psychological, literary and sociological issues and after practicing quiet-sitting, he found that all these were in fact issues of quiet-sitting and could be

⁶¹ Gingetsu Itō, *Okadaian Method of Breathing and Quiet-Sitting and its Experiments*, p. 24.

⁶² Gosaku Hashimoto, *The Power of Okadaian Quiet-sitting, Cont.* (Tokyo, 1922), pp. 52-55; Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, pp. 378-79, 402.

⁶³ Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, pp. 82-83.

fundamentally resolved by it.⁶⁴ Another disciple, Taiki Kōtō, claimed that he had grasped the true essence of Taoism through quiet-sitting.⁶⁵ Similarly, while recommending reciting traditional drama as a method for strengthening the lower belly, Ishikawa obviously really enjoyed it and felt ‘connected to the heaven’ when singing those songs.⁶⁶

As for those who advocated traditional cultures, they aimed to revive the practices rather than improve health. They stressed the health aspect only to give traditional culture modern legitimacy. By ‘modernizing’ or even ‘medicalizing’ the lower belly, they tried to give these practices a foothold in the modern body. Advocates argued that the traditional practices were relevant because of their therapeutic effect on the most typical modern disease, namely, neurasthenia.⁶⁷ Given the importance of modern medicine in the modernization of Japan this was a sensible and, to some degree, successful approach. But health benefits were never their major concern. For Futaki and many others, even breathing exercise was more a traditional cultural practice than a medical cure, and they advocated this and traditional and martial arts mainly for their cultural significance, rather than the sometimes insubstantial therapeutic effects.

This advocacy of traditional culture was part of a broader cultural nationalist movement to maintain, restore or, as some historians argue, invent the traditions of certain practices to construct or reconstruct Japanese national cultural identity.⁶⁸ These practices represented and fostered the genuine Japanese character and spirit. Among them were most of the cultural practices linked with breathing exercise, such as sumo, judo, kendo, tea ceremony, ikebana and drama. In a sense, breathing exercise itself was also one of them since, whatever its health benefits, it was both traditional and Japanese. In fact, as we will see in the next chapter, apart from the ‘physical’ abdomen, there were efforts to promote breathing exercise by arguing it was beneficial for the ‘psychological’ abdomen; that is, to explain its health benefits from the perspective of modern psychology rather than physiology. Overall, with the rise

⁶⁴ Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, p. 13.

⁶⁵ Taiki Kōtō, *Okadaian Quiet-sitting and Laozi and Zhuangzi*, p. 22.

⁶⁶ Hanzan Ishikawa, *Neurasthenia and its Recovery*, p. i.

⁶⁷ Chinkichi Tōyama, *Deep Breathing*, pp. 19-25, 34-47.

⁶⁸ Stephen Vlastos ed., *Mirror of Modernity: Invented Traditions of Modern Japan* (Berkeley, Los Angeles, London, 1998).

of nationalism, breathing exercise and quiet-sitting were more and more explicitly promoted as a method of fostering national identity, with the initially concrete and corporeal belly becoming increasingly abstract and metaphysical.

Otabe, for example, traced breathing exercise further back than its established beginnings in the Edo period and argued that it had been practiced by Japanese for thousands of years. He held that the ancient Japanese daily morning ritual of worshipping the sun goddess (*Amaterasu-ōmikami*), the legendary ancestor of the Japanese royal family and the highest-ranking Shinto deity, was actually a natural form of breathing exercise. Those ancient Japanese, he said, always got up very early in the morning. They would fast and take a cold bath before climbing a hill to chant praise to the sunrise and the sun goddess. Otabe explained that the cold water and the cool air of early morning would induce them to take deep breathing. The chanting and kneeling for worship were also natural forms of deep breathing and exercise for the lower belly. Echoing the nationalist discourse at the time, he asserted that worship and respect for the sun goddess had been passed down through generations and become the essence of the Japanese spirit and national identity; so, therefore, had deep breathing.⁶⁹ He also argued that deep breathing was the most important skill of most Japanese and martial arts. In Otabe's view, deep breathing, as the essence of the Japanese spirit, should be widely practiced in modern Japan to foster loyalty to the Emperor and the nation-state, as well as to improve national health.⁷⁰

The nationalist view of breathing exercise became even more radical over time, with more ethical and spiritual meanings attributed to the belly. As a Western-medical doctor, Otabe still stressed the need to explain the physical benefits of strengthening the belly in terms of modern medicine. But by the time Fujita, the Buddhist monk, promoted his breathing exercise in the Shōwa period, he emphasized the moral and spiritual properties of the belly and asked medical doctors to model themselves on religious figures to harmonize medicine with religion.⁷¹ While the political and military confrontation between Japan and the

⁶⁹ Sōzaburō Otabe, *Deep Breathing Method*, pp. 5-8.

⁷⁰ *Ibid.*, pp. 97-98.

⁷¹ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. II* (Tokyo, 1942), p. 163.

West was intensifying, Fujita echoed the spiralling Pan-Asianism to accuse the European powers of hampering the liberation of East Asian nations. To stand up to the bullying, he argued, the Japanese nation should strive to transform its mind and body, particularly its belly.⁷² The ‘belly’ (read as ‘*hara*’), he pointed out, had the same pronunciation as ‘origin’ in Japanese. It was not only the key to mental and physical health and the source of vitality but also the essence of Japanese religious beliefs. It was the origin and the shrine of the Great Japanese Spirit (*Yamato damashī*) and Bushido.⁷³ Fujita claimed that the belly had ‘five virtues’: being vast, containing, fertile, nurturing and purifying. A man of belly (*hara no hito*) was forgiving, brave, calm, cool-headed, active, sturdy, neither cowardly nor bullying, and had strong will power.⁷⁴ He named this total emphasis on the belly, ‘belly-ism’ (*hara shyuzi* or *haradō shyuzi*) and thought it unique to Japanese culture. The Japanese nation and civilization, he claimed, was a nation and civilization of the belly, which was completely different from Western ones of the head.⁷⁵ Neglect of the belly was the fundamental cause not only of the physical weakness but also the utterly wrong thoughts of ‘Westernized’ Japanese. It was because of their disregard of the belly that they even forgot their own origin and disputed the imperial polity of the nation without any respect for the Emperor.⁷⁶ To restore the national ‘belly virtues’, Fujita held that people should return to ‘belly-ism’ and learn how to take proper care of and build up their bellies. Most importantly, the revitalization of the belly would foster the two virtues that, in Fujita’s opinion, were vital to the success of Japan over Western nations: self-reflection and gratitude to family, society and, above all, the Emperor.⁷⁷

Most advocates of breathing exercise and quiet-sitting in the Shōwa period took this nationalist approach, to varying degrees, to the belly. The comparison

⁷² Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, pp. 3-6.

⁷³ Reisai Fujita, *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports*, p. (2)12.

⁷⁴ *Ibid.*, p. (2)12; Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, pp. 323-25.

⁷⁵ Reisai Fujita, *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports*, (2) 12-13.

⁷⁶ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind*, Vol. I, p. 3.

⁷⁷ *Ibid.*, pp. 313-16.

between the Japanese culture as a culture of the belly and the Western culture as one of the head had been made frequently. Dürckheim's view on the existential philosophical and spiritual meanings of the Japanese belly was one example. Ueno argued that the Japanese sitting position was a position of quiet and the Western position was one of motion. The Western position was suitable for worshipping the heavens and praying to God. In contrast, the Japanese position fostered the feeling of being close to and united with the earth.⁷⁸ Western thoughts, Ueno criticised, depreciated the earth, and by lifting their feet away from the earth while sitting, Westerners put themselves in a state of 'hot head and cold feet'. Contrarily, only when they were sitting or standing firmly on the earth and feeling at one with it could Japanese feel the true Japanese religious sentiment.⁷⁹ He claimed that the earth had three virtues: quiet, tolerance and assimilation, which were the quintessence of the Japanese spirit.⁸⁰ Quiet-sitting, above all, was a method for fostering these virtues and becoming united with the earth. Ueno condemned the democratism and communism that caused unrest in Japan as 'vicious egalitarianisms', which he thought were typical products of the 'heaven-minded', 'head-focused' and excessively analytical and rational Western culture.⁸¹ Only the 'earth-minded', 'belly-focused' and synthetic Japanese culture could offer genuinely non-discriminative thinking as the remedy for Japan's unhealthy society, he believed.⁸²

That Futaki, Fujita and others gave breathing exercise and the belly such cultural importance and saw them as unique to and characteristic of Japanese culture is not surprising. After all, breathing exercise and quiet-sitting was a long-standing and popular cultivation as well as health method in Japan, and the 'belly' had been a common metaphor for moral, aesthetic and spiritual states. Their longtime cultural meaning was partly why the cure and these discourses were so appealing. However, that they were characteristically Japanese and could serve to differentiate Japan from the West was a new idea, which came into being only after the nationalist movement articulated and promoted the dichotomy between Japan and the West. It was only in the context of the rise of

⁷⁸ Yōichi Ueno, *A Physiological and Psychological Study on Sitting*, pp. 16-17.

⁷⁹ *Ibid.*, 17-19.

⁸⁰ *Ibid.*, pp. 19-21.

⁸¹ *Ibid.*, p. 64.

⁸² *Ibid.*, pp. 65-66, 75-76.

nationalism that breathing exercise, sitting position and the belly were considered distinctively ‘Japanese’ and representative of so many so-called ‘Japanese values’. But historically they were not necessarily ‘Japanese’ or considered ‘Japanese’, and had not always been seen as such.

For instance, Okada, the master often bracketed alongside Futaki and Fujita, claimed that he had developed his quiet-sitting from a completely different cultural source. He said that, although not a Christian, he was influenced more by Quaker beliefs and practices that he learned in the United States than by Zen Buddhism and Zen-sitting and Okadaian quiet-sitting was, to a considerable degree, similar to Quaker mediation.⁸³ Okada was critical of the nationalist movement and had serious doubts about traditional Japanese culture. He was critical of traditional Japanese culture’s emphasis on inhibition, self-abnegation and collectivist values to the extent that it ignored and suppressed the development of individual personality.⁸⁴ ‘European civilization is based on love,’ he said, ‘while Japanese civilization is based on cruelty.’⁸⁵ He condemned the rising nationalism and allegedly refused to wear a badge of mourning during the national mourning period for the Meiji Emperor—an act that could have led to criminal prosecution.⁸⁶ He opposed the nationalist movement’s central objectives for school and military educations, that is, ‘loyalty to the Emperor and patriotism’. Nationalism, he argued, must be coupled with individualism. He worried that those who were promoting loyalty to the Emperor and patriotism were about to destroy the country.⁸⁷ But he criticised modern scientific civilization as well. He held that those who tried to rationalize breathing exercise and religious beliefs put too much emphasis on science and rationality, which had paradoxically led to the growth of superstition. Modern scientific civilization, in his view, was a civilization of the head, which bred top-heavy, unsteady and anxious men, and Japanese civilization was a civilization of the chest, which bred inhibited and powerless

⁸³ Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, pp. 77-85; Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, p. 277.

⁸⁴ Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, p. 172.

⁸⁵ *Ibid.*, p. 285.

⁸⁶ Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, p. 155.

⁸⁷ *Ibid.*, pp. 130, 151, 155-56, 159-60.

men. Neither could foster genuine individuality.⁸⁸ With regard to individual development, he laid as much emphasis on Jean-Jacques Rousseau's *Émile: ou De l'éducation* as on Daoism.⁸⁹ His ultimate goal was to liberate the Japanese nation from the restraint of traditional morals and lead them to a genuinely free world.⁹⁰

Although Okada's broader and more individualistic approach indeed revealed the contingency and constructiveness of the 'Japaneseness' of breathing exercise and quiet-sitting, his views were by no means dominant at the time. By and large, breathing exercise and quiet-sitting was regarded as a traditional 'Japanese' health method and cultural practice and increasingly so with the growth of nationalism. Even many of his disciples, such as Kishimoto and Ueno, emphasized the Japanese nature of Okadaian quiet-sitting and advocated it for the cultivation of national identity and so-called 'Japanese' values and virtues. Therefore, although some historians in the post-war period explained the appeal of Okadaian quiet-sitting by the individual aesthetical, psychological and spiritual experiences that it provided for those who had been dissatisfied with both traditional and foreign Western cultures,⁹¹ it seems that at the time it actually was understood and practiced more as a 'Japanese' cultural practice for the cultivation of national identity than as a method of developing and fostering individuality. The balance between nationalism and individualism that Okada preached had always tilted to the former. The futility of Okada's efforts was also evident in that following his death, almost all the regular quiet-sitting groups previously under his supervision soon closed with only very few disciples carrying on the practice. It seems that it was not the feeling of personal worth and accomplishment during the practice, but the master himself that had attracted the large number of followers. This gives a clue to another reason behind the popularity of breathing exercise and quiet-sitting at the time, through which we may be able to understand the prevalence of neurasthenia from yet another perspective.

⁸⁸ *Ibid.*, pp. 147-48; Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, pp. 261, 314.

⁸⁹ Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, pp. 99-107, 121-23.

⁹⁰ *Ibid.*, pp. 214-15.

⁹¹ Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, p. 26; Satoshi Tanaka, *Why Has a Bulging Belly Become Disagreeable?: The Iconography of Ki and Health Methods* (Tokyo, 1993).

‘Teacher!’

Since becoming close to Mr. Okada, I have realized that given the limited progress that I can make so far, I am still far from understanding the profound essence of his thought. This is a great gratification to me. For us who have grown up and been educated in the Meiji era, the worst misery is that we can no longer meet a person who can convince us to call him ‘Teacher’ with all the respect. I feel blessed that I can still meet such a great personality, who has the deserved authority to say ‘Believe me’, in this era.⁹²

This is how Naoe Kinoshita, the disillusioned socialist, described his reverence for his teacher. In the same article, he related how he was disappointed by the conflicts between his socialist comrades and became disillusioned by the socialist movement that he had followed devotedly for years. He fell into severe neurasthenia right after his mother’s death and felt guilty, desolate and worthless. Having tried a number of treatments, he finally turned to Okada for help. All his anguish, he remembered, vanished instantly when Okada looked at him—just like the morning sun melted the snow.⁹³ He abandoned his socialist ideals and became one of Okada’s most faithful and active disciples. He praised Okada’s work as the greatest event ever seen in Japanese history. Okada, he believed, would come to the rescue of the arrogant and corrosive modern civilization.⁹⁴

Many of Kinoshita’s fellow disciples shared his adoration. Shyōzo Tanaka (1841-1913), a famous politician and social activist, praised: ‘A sage arises in Japan’, after he first met Okada and started quiet-sitting.⁹⁵ Writing in his eighties, Tsuruzi Sahoda (1899-1986), a scholar of Indian Philosophy, remembered Okada, from whom he briefly received instruction in his youth, as ‘the most honourable man I have ever met in my life’.⁹⁶ Kokkō Sōma compared Okada and his core disciples overseeing numerous quiet-sitting sessions to

⁹² Naoe Kinoshita, ‘A Great Change in My Thought and the Experiment with Quiet-sitting’, in Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting* (Tokyo, 1912), supp. p. 37.

⁹³ *Ibid.*, pp. 32-33.

⁹⁴ *Ibid.*, p. 38.

⁹⁵ Kōzō Komatsu, *Torajirō Okada: His Thoughts and Times*, pp. 131-34.

⁹⁶ *Ibid.*, pp. 215-17.

Christ and his disciples preaching Christianity. Okada, though, looked rounder and more blessed and virtuous to her than the pale and nervous Christ.⁹⁷ Several other disciples argued that the essence of Okadaian quiet-sitting did not lie in any form or skill, but in Okada himself. The presence or not of Okada was most crucial to its efficacy. They believed that people could benefit most from quiet-sitting if they sat directly with Okada. One of them wrote:

I find that the feeling of sitting face to face with Mr. Okada is very different from that of sitting alone. His personality is so great that he seems to have enormous power. Sitting face to face with him, I feel that he is making the truth previously hidden in my mind emerge from the dark. . . . Sitting face to face with him, I feel that all the bad feelings are being eliminated by the sympathy (*kannō dōkō*). . . . I believe that 'sitting face to face with the teacher' is of profound significance.⁹⁸

They accordingly advised would-be followers to attend the group sessions supervised by Okada in person, or at least to practice quiet-sitting elsewhere exactly when the sessions were being held, in order to be touched by the 'sympathy'.⁹⁹

Why, then, was Okada so great in their eyes? Many disciples attributed it to the marvellous beauty of his body. They said with awe and amazement that Okada's body had the most handsome belly that they had ever seen. It was huge, firm, resilient and so bulging that the navel was turned upward to face the sky (*saiten*). Based on his solid belly, Okada's body always looked firm and steady. When he sat, it looked like a huge rock or a giant tree firmly rooted in the ground. While in motion, it was not only stable and calm but also amazingly swift and agile. They described Okada as always calm, unhurried and full of vigour and energy, which they believed was because his fully developed belly provided inexhaustible energy and a solid foundation. Okada's body combined the beauty of flesh and that of morality; it was the most healthy and free from

⁹⁷ Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, p. 379.

⁹⁸ Hatsujiō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting*, supp. pp. 26-27.

⁹⁹ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, p. 58; Gingetsu Itō, *Okadaian Method of Breathing and Quiet-Sitting and its Experiments*, p. 19; Taiki Kōtō, *Okadaian Quiet-sitting and Laozi and Zhuangzi*, pp. 80-81.

disease.¹⁰⁰

However, the instructions Okada gave them were scarce. To newcomers, Okada usually just said: 'Sit, please!', and then left them to practice on their own. From time to time he reminded them to be quiet and eliminate all thoughts and desire, including the desire to be quiet. Occasionally, he pointed out errors in body position. Other than that, he gave little concrete instruction. A session usually started with him requesting participants to sit and then he would take quiet-sitting with them for about forty minutes before announcing the end of the session.¹⁰¹ He once said that it would take three or more years for a newcomer to grasp the essence of quiet-sitting. But he never clearly explained how to progress on the journey of cultivation or where it would lead. His core disciples were eager to know what he thought of a wide range of issues—from life and death to contemporary culture and social and political situations. They grabbed every opportunity to question him, but his replies (which constituted the contents of posthumous publications) were mostly abstract and enigmatic. To a degree, Okada was anti-intellectual. It was not surprising that some Western-style intellectuals were very sceptical of his quiet-sitting and even some advocates of breathing exercise disapproved of his style of teaching.¹⁰²

Okada's teaching style was similar to that of Zen-sitting, which was also very popular and a neurasthenia remedy at the time.¹⁰³ In Zen-sitting, a learner would be asked to sit in a particular manner and presented with a paradoxical question for meditation (*kōan*) on which he would receive similarly sporadic, abstract and enigmatic instructions from the Zen-teacher. But advocates of each method highlighted the differences rather than the similarities. Okada's disciples, while acknowledging the values and effectiveness of Zen-sitting, criticized it as sticking to obsolete and over-intellectualized *kōans* and thus outmoded for

¹⁰⁰ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, pp. 14-26, 36, 39-41; Gingetsu Itō, *Okadaian Method of Breathing and Quiet-Sitting and its Experiments*, pp. 19-21.

¹⁰¹ Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting*, pp. 14-15, supp. pp. 6-7; Minoru Fujiyama ed., *Okadaian Method of Breathing and Quiet-Sitting* (Tokyo, 1912), pp. 21-22; Gingetsu Itō, *Okadaian Method of Breathing and Quiet-Sitting and its Experiments*, pp. 8-9.

¹⁰² Seizō Nakanishi, *A Great Man is Here: The Life of Torajirō Okada*, p. 105; Sakai Matsuo ed., *A Comparative Study on the Seven Major Health Methods*, pp. 63-66.

¹⁰³ Yoshimichi Katō, *Experimental and Comparative Comprehensive Book of Health Method* (Tokyo, 1917), pp. 180-260; Naokata Itō ed., *Dictionary of Health Methods* (Tokyo, 1917), pp. 323-29.

modern times.¹⁰⁴ On the other hand, advocates of Zen-sitting held that Okadaian quieting-sitting was unsophisticated and lacking in profound insights and elaborate theories. They criticised that Okada had been exalted by his disciples to the point of idolatry and superstition at the expense of cultivating genuine spirituality and gaining insight into life and the world.¹⁰⁵ Interestingly, in a sense, Okada's disciples agreed with them on this point. In their view, Okada was the direct incarnation of truth and beauty and it was of the utmost importance to be as close to him as possible.

Hence, the rapidly growing community of quiet-sitting learners was built around Okada as a figure of absolute authority, in whom the followers' belief was quasi-religious. A devout student disciple described his encounter with Okada as 'a lost lamb hearing the shepherd playing his pipe'.¹⁰⁶ Although Okada himself put much emphasis on the development of individuality, it was he whom his disciples saw as the true essence of quiet-sitting. As Shigerō Takeshima said, Okada was 'the incarnation of the *Dō*. . . . The quiet-sitting is the master and the master is the quiet-sitting.'¹⁰⁷ Moreover, along with the presence of the almighty Okada, there seems to have been a special emotional attachment between the disciples. Taiki Kōdō, for example, said that after joining the group practice of quiet-sitting he not only felt great affection for the master but also enjoyed love and kindness between the learners. In the community, he said, even those whom he had just met felt like very close friends he had known for decades. He felt not just friendship but kinship and fraternity for his fellow disciples and compared the quiet-sitting group to a family, in which Okada was the father and all the learners were siblings.¹⁰⁸ It was not a feeling peculiar to him. Many other disciples used the family metaphor to describe their feelings for and relationships with Okada and fellow disciples. They called themselves the 'sons' or 'grandsons' of quiet-sitting and saw the popularization of Okadaian quiet-sitting as the extension of the

¹⁰⁴ Gingetsu Itō, *Okadaian Method of Breathing and Quiet-Sitting and its Experiments*, pp. 2-3, 8-9; Shizuo Hattori, *Okadaian Method of Breathing and Quiet-Sitting* (Tokyo, 1912), pp. 9-10; Taiki Kōdō, *Okadaian Quiet-sitting and Laozi and Zhuangzi*, p. 24.

¹⁰⁵ Yoshimichi Katō, *Experimental and Comparative Comprehensive Book of Health Method*, pp. 200-05.

¹⁰⁶ Unknown, *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, p. 397.

¹⁰⁷ Shigerō Takeshima, *Quiet-sitting and Life*, p. 35.

¹⁰⁸ Taiki Kōdō, *Okadaian Quiet-sitting and Laozi and Zhuangzi*, p. 88.

quiet-sitting ‘family’, of which Okada was the revered patriarch.¹⁰⁹

However, since the development of Okadaian quiet-sitting depended so much on his unique personal authority, Okada’s sudden and premature death led rapidly to the collapse of the community and the demise of the practice. Although some disciples tried to rationalize his premature death, it not only damaged the reputation of Okadaian quiet-sitting as a health method but also destroyed the very foundation of the familial community. Since Okada failed to assign a successor, none of his disciples could have the same authority as he had to be the new patriarch. Almost all the quiet-sitting groups in Tokyo were soon closed.¹¹⁰ A few quiet-sitting groups remained outside the capital, but, although they enjoyed the family-like atmosphere and relationships, they did not compare in number of members or influence.¹¹¹

This family atmosphere and presence of an authority figure might be what had drawn Kinoshita to Okada and his cure. Traumatized by the fights with his egotistic socialist comrades, Kinoshita drew consolation from Okada’s patriarchal presence and the emotional attachment he engendered as well as the support of fellow disciples. It was the lack and then the presence of such a figure that he could unreservedly call ‘teacher’ in the traditional sense that had led to his neurasthenia in the first place and his recovery. Moreover, when Kishimoto compared the importance of a strong belly to the health of the body and mind to that of a strong and authoritative central government to the strength of a nation,¹¹² he might not have been speaking metaphorically. In a sense, the quiet-sitting ‘family’ embodied the suppression of individuality of Japanese culture that Okada was worried about.

Similar relationships could be found between the other two masters in breathing exercise, Futaki and Fujita (both of whom substantially outlived Okada), and their followers. From Futaki’s patients, we learn that they respected him as both a moral and academic authority and were deeply moved by his dignified and kind attitude, which comforted and reassured them and was

¹⁰⁹ Shigerō Takeshima, *Quiet-sitting and Life*, p. 191-93.

¹¹⁰ Sōkajin Sasamura ed., *Quiet-sitting: The Sayings and Life of Torajirō Okada*, pp. 378-79, 402.

¹¹¹ Gosaku Hashimoto, *The Power of Okadaian Quiet-sitting*; Gosaku Hashimoto, *The Power of Okadaian Quiet-sitting, Cont.*; Sanzaburō Kobayashi, *The Mystery of Life*.

¹¹² Nobuta Kishimoto, *The Three Years of Practicing Okadaian Quiet-sitting*, pp. 197-99.

crucial to their recovery.¹¹³ To promote brown-rice diet and moral cultivation, Futaki later founded and then regularly lectured for an organization called ‘Yōseikai’ (literally, ‘the Organization for the Cultivation of Rightness’).¹¹⁴ One of his students recalled that in the Yōseikai, Futaki was ‘less like a head of an organization than a founder and a saint of a religion. . . . Before him, the members prostrated themselves at the start of every meeting’.¹¹⁵ For some of his core followers, Futaki felt more like a father than merely a sage or an expert.¹¹⁶ Similarly, Fujita had absolute authority over the members of his *Chyōwadō*, which resembled a religious sect, with Fujita holding the title not of head or president but ‘*kyōso*’ (the founder of a religion). His disciples revered him for his perfect body and health, of which his longevity was seen as indisputable evidence.¹¹⁷ Futaki and Fujita, moreover, both passionately supported the building of a familial national state in which the relationship between the Emperor and his subjects was similar to that between them and their followers. They not only adapted cultural meanings of breathing exercise and quiet-sitting to suit cultural nationalism but also expected and urged their followers to respect the Emperor as the supreme patriarch and authority and set loyalty and fidelity to him as the ultimate goal of individual cultivation.¹¹⁸

As we will see in the next chapter, the patriarchal structure was even more distinct and institutionalized in the communities of another popular alternative treatment for neurasthenia—the hypnotism-derived mental therapy—and was crucial to its effectiveness. Perhaps the neurasthenia represented not only nostalgia for a past lifestyle but also for the traditional familial system that was being destroyed by the individualistic Western culture. Hence, it was not only the practice of breathing exercise itself but also the patriarchal and master-apprentice style of teaching that was curative for neurasthenia. This style, however, could not be applied in larger groups. To be an effective public health method and a practical means of fostering national identity as advocated,

¹¹³ Kenzō Futaki, *A Collection of Dr. Futaki's Lectures*, pp.91-5; Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, pp. 189, 196-98, 294-97, 239.

¹¹⁴ Kenzō Futaki, *A Collection of Dr. Futaki's Lectures*.

¹¹⁵ Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, pp. 64, 84.

¹¹⁶ *Ibid.*, pp. 189, 239.

¹¹⁷ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. I*, pp. 8-9, 11.

¹¹⁸ Kenzō Futaki, *A Collection of Dr. Futaki's Lectures*, pp. 209-17; Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. II*, pp. 94-104.

breathing exercise and quiet-sitting could not merely be taught and practiced on an individual or small group basis. Its essence could not be limited to a few intuitive persons who had gone through lengthy and tedious cultivation. Instead, it needed to be ‘modernized’ to enable it to be practiced in institutions and to be understood and carried out by all Japanese people.

Modern Forms of Breathing Exercise

To varying degrees, most modern inventors simplified the often elaborate traditional forms of breathing exercise and quiet-sitting to forms that were practicable in modern times. Traditionally, beginners were usually advised to practice breathing exercise in elaborate settings that reflected the method’s original religious, social and cultural meanings. To encourage spiritual cultivation, the setting was often designed to create a solemn and even mystical atmosphere. The best sites for practicing breathing exercise were secluded mountains or valleys. Hakuin, for example, allegedly learned and practiced his unique breathing exercise on a remote mountain where he encountered a self-secluded celestial.¹¹⁹ As breathing exercise in earlier periods was mostly practiced by the privileged classes (samurai and scholars of the Chinese classics) and associated with a variety of arts, martial arts and intellectual activities, elaborate rooms were often dedicated for practice. Even after the method was ‘democratized’ in *yōjō* medicine, there was nonetheless considerable attention paid to the setting. Although vague about actual methods, accounts were clear that the setting, particularly initially, should be quiet and secluded from outside disturbances and distractions.¹²⁰

In contrast, modern forms paid far less attention to settings, which were often more mundane and aesthetically unrefined than the traditional ones. The actual methods were explained in greater detail but were usually much simpler and plainer. Futaki, for example, did not specify any special sitting manner or setting but simply asked people to keep their heads, necks and trunks upright and their mind peaceful. If their posture was upright and their attention

¹¹⁹ Ekaku Hakuin, *Casual Talk in Boat at Night*, pp. 1-10.

¹²⁰ Saburō Nakayama ed., *Experimental Abdominal Breathing Methods of Ancient Sages* (Tokyo, 1911).

concentrated, people could take the exercise whether they were lying, sitting, standing or walking. Breathing exercise could and should be practiced at all times, no matter where you were or what you were doing.¹²¹ We have already seen that Futaki was very specific about the method and the rate of breathing, the duration of a course and the frequency of taking the exercise.¹²² Overall, Futaki's breathing exercise was more like a physical exercise than a cultivation method. He abandoned the sophisticated settings that were hard to set up in the hustle and bustle of modern life. He also removed the mystical appearances that might look out of date in modern time. He modernized not only the theory but also the exercise itself.

Most modern breathing exercises, to varying degrees, resembled and perhaps had been modelled on Western gymnastics, which was introduced into Japan in the early Meiji period and had become a daily routine exercise in schools and the army. Many breathing exercise advocates held that Western gymnastics built up a Western body and that only breathing exercise could carve out the genuine Japanese body. They compared the effects of the two and called for the replacement of Western gymnastics by breathing exercise.¹²³ To be implemented in modern institutions, however, breathing exercise had to be modified to be as simple and clear as Western gymnastics.

Some inventors, like Otabe, went even further than Futaki to transform breathing exercise into truly gymnastics-like exercise. Otabe specified the procedures of his deep breathing method in great detail. A deep breath, he explained, should last twenty seconds, which consisted of eight seconds of deeply and slowly inhaling, four seconds of holding breath and another eight seconds of slowly and smoothly exhaling. This cycle should be repeated sixty times in every practice.¹²⁴ He advised people to perform it every morning and before bedtime as a hygiene routine, just like they practiced other routines then promoted by the government, such as brushing their teeth and washing their

¹²¹ Kenzō Futaki, *Abdominal Breathing*, pp. 2, 12.

¹²² Kenzō Futaki, 'On Abdominal Breathing and the Enhancement of Abdominal Pressure', pp. 97-98.

¹²³ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. I*, pp. 7-14; Teiji Ichihara, *The Mystery of Quiet-sitting*, pp. 44-46; Yōichi Ueno, *A Physiological and Psychological Study on Sitting*, pp. 24.

¹²⁴ Sōzaburō Otabe, *Deep Breathing Method*, pp. 63-72.

face.¹²⁵ He explained how to take the exercise while sitting, lying, walking and standing. He put the greatest emphasis on standing, which he thought was the most common and important body position in modern life. He designed six different forms of standing breathing exercise: five for group practice and one for individuals.¹²⁶ The group forms of breathing exercise were, in many respects, similar to Western gymnastics and suitable for implementation in modern institutions.

In the first form, for example, participants were asked to follow leaders' commands to perform the three procedures: firstly, 'Take the "position of attention"'; secondly, 'Raise your arms to shoulder height and at the same time deeply breathe in air for five seconds'; and finally, 'Slowly return your arms to the "position of attention" and simultaneously fully breathe out air for five seconds'.¹²⁷ Unlike traditional forms of breathing exercise, this was simple and easy to practice. Virtually all groups could follow the orders to perform it uniformly and without difficulty. Otabe argued that his standing forms of breathing exercise should replace Western Gymnastics as a routine exercise in those institutions newly set up after the Restoration, including primary and high schools, large-scale factories, business companies and troops. It was not only an effective 'hygiene measure', he believed, but also a valuable and practical method of improving national morality and fostering loyalty to the Emperor and the nation-state.¹²⁸

Furthermore, not only the somewhat 'physical' breathing exercise but also the intangible quiet-sitting was transformed into practices suitable for use at schools. One such was Takeo Nakabayashi's '*tokushin hō*' (literally, method for full understanding). Nakabayashi was a primary school headteacher and learned Okadaian quiet-sitting from one of Okada's core disciples, Gosaku Hashimoto. Nakabayashi claimed that, after years of research, he invented the *tokushin hō* based on the essence of Okadaian quiet-sitting and had experimented with it as a means of moral education at his primary school.¹²⁹ *Tokushin hō* was part of the daily routine before the start of the first class. When Nakabayashi rang the

¹²⁵ *Ibid.*, pp. 88-98, 101-130.

¹²⁶ *Ibid.*, pp. 66-72.

¹²⁷ *Ibid.*, pp. 67-71.

¹²⁸ *Ibid.*, pp. 97-98.

¹²⁹ Gosaku Hashimoto, *The Power of Okadaian Quiet-sitting, Cont.*, pp. 374-79.

school bell in the morning, all the pupils immediately stopped all activity, closed their eyes, took the proper sitting or standing position, began slow and deep breathing and tried to clear the mind of all thoughts and emotions. This usually lasted for about two minutes until he rang the bell again. In addition, he periodically set off alarm bells during classes upon hearing which teachers stopped their class and practiced *tokushin hō* together with the students until the alarm rang again two minutes later.¹³⁰ He also asked teachers to employ *tokushin hō* to prepare themselves for classes, educate unintelligent pupils, discipline misbehaving ones, concentrate pupils' attention, enhance their understanding and improve their autonomy.¹³¹ After a period of experimentation, he claimed that *tokushin hō* was effective in improving his pupils' morality as well as their academic performance and called for it to be implemented in all schools nationwide.¹³²

Such efforts to modernize breathing exercise intensified over time and coincided with the government's and the public's growing concern over national mental and physical health and the increasing need for methods of cultivating loyal subjects in the Shōwa period. In 1927, Fujita argued that physical education must be reformed to fit the unique Japanese inheritance and founded an organization to petition the government to replace Western-style gymnastics and physical education with what he called 'belly-centred physical education' in schools and the army.¹³³ He invented 'belly-centred' ways of standing, sprinting, running, jumping and throwing and called for them to be applied in physical education and the training of athletes, which, he believed, would enable Japanese athletes to compete with their Western rivals at the Olympic Games.¹³⁴ The government, whom Fujita criticised as obsessed and 'intoxicated' with Western ideas, rejected his petition, even though it had aroused much interest in society at large.¹³⁵ Hence, when the government, worried by deteriorating national health, set up the Ministry of Health and launched the 'National

¹³⁰ *Ibid.*, p. 378.

¹³¹ *Ibid.*, pp. 378-79.

¹³² *Ibid.*, p. 374-77.

¹³³ Reisai Fujita, *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports*, pp. (1)1-25.

¹³⁴ *Ibid.*, pp. (2)1-19, (4)1-46.

¹³⁵ Reisai Fujita, *The Principles and Methods of Reforming the National Body and Mind, Vol. I*, pp. 11-14.

Movement for Strengthening the National Body and Mind' ten years later, Fujita lamented that the government should have taken his advice earlier and worried that it was repeating the same mistake. He criticised that the measures the government adopted, including the promotion of sports, 'radio gymnastics', hiking, swimming and mountaineering, the setting up of health-counselling centres, the propagation of hygienic concepts and the 'rationalization' of clothing, diet and housing designs, were still all Western health methods that had proved unsuitable for the Japanese body and mind.¹³⁶ Fujita invented 'belly-centred gymnastics' as a replacement. Starting with meditation, the routine consisted of exercises specifically designed to strengthen the lower belly and 'soften' the epigastrium, chest and shoulders.¹³⁷ Like Otabe's 'deep breathing', it was suitable for group practice. Each part of the routine, moreover, was symbolic of a moral virtue. The fifth part, for instance, which consisted of upward extension movements of the trunk and the limbs, symbolized awe and reverence for the heavens. Other virtues included 'destroying the evil', 'doing good deeds', 'sacrificing yourself for the Emperor' and, the last and ultimate virtue, 'reflection and gratitude'. While performing each part of the routine, people should contemplate the corresponding virtue to imprint it on their minds.¹³⁸ Fujita believed that with the popularization of the gymnastic routine, his compatriots would be able not only to achieve better health but also to recover the unique Japanese body and mind.

Despite the support and endorsement of many eminent figures, the government never adopted or gave serious consideration to any of these modern forms of breathing exercise or to any other alternative health method. One rare exception was Futaki's brown rice diet. Near the end of the Second World War, the government declared that brown rice would replace refined rice as the staple food in wartime. This had nothing to do with brown rice's cultural significance, though, since the government adopted the policy to address the shortage of food and made the decision based solely on the comparison between the nutritional quality of brown rice and other choices.¹³⁹ After all, modern Western medicine

¹³⁶ *Ibid.*, pp. 7-10.

¹³⁷ *Ibid.*, pp. 402-15.

¹³⁸ *Ibid.*, pp. 402-15.

¹³⁹ Futaki Kenzō Sensei Kinenkai ed., *Kenzō Futaki*, pp. 46-48, 134-36.

and methods of disciplining the body predominated, which was clearly evidenced by the efforts that Futaki and others made to modernize breathing exercise and quiet-sitting. They perceived and conceived the body in largely the same way as the officials whom they condemned as obsessed with Western ideas. Modern forms of breathing exercise and quiet-sitting resembled mechanical exercises and had, to a degree, lost their original cultural meanings. For individuals and small communities, traditional breathing exercise that retained its cultural meanings might be healing for the neurasthenic body and mind. But to reinvent it with modern disciplinary methods, however, was to put it in a context in which it not only had little scientific credibility but also lost its original appeal. In the Shōwa period, in fact, most advocates promoted and practiced breathing exercise more as a national cultural heritage rather than as a medical cure or health method. It was meant to heal the Japanese body and mind, but did so in a sense that was different from both the modern medical sense and the sense in which it healed individuals.

‘Modern’ or ‘Traditional’?

Japanese neurasthenia, however different it was from the original Western neurasthenia, was definitely a ‘modern’ and ‘Western’ disease and breathing exercise and quiet-sitting a ‘traditional’ and ‘Japanese’ remedy. The meanings of ‘modern’, ‘traditional’, ‘Western’ and ‘Japanese’ here, however, had changed over time. Although ‘modern’ and ‘traditional’ and ‘Western’ and ‘Japanese’ seem self-evidently antithetical, their meanings were forming and consolidating in the period of this study. Often it was their similarities and compatibility that were emphasized.

Neurasthenia, without doubt, was a disease of modern civilization in Japan as it was in the West. But neurasthenic Japanese viewed modern civilization differently from patients in the West. For the Japanese, modern civilization was not wearing and upsetting because the lifestyle was fast paced and mentally stressful, or because it was lavish, excessive and corrupt. Instead, it was mainly because it changed their lives extensively and substantially, particularly in terms of how they perceived, posited and took care of their bodies. Thus, at least one

or two generations of Japanese felt alienated from their own bodies and selves. Their suffering had little to do with commonly recognized features of modern life. Their neurasthenic bodies were not exhausted bodies that were created by the economic laws of energy saving and consumption. Neither were they degenerate bodies determined by the laws of heredity. They were ‘top-heavy’ bodies, both literally and figuratively.

However, traditional Japanese breathing exercise corrected the top-heavy body and cured neurasthenia not by undoing but by accommodating these changes. On one hand, it provided a model by which people who felt alienated from their new body could familiarize themselves with the strange electric nervous currents, physical body mass and hydrodynamic blood flow by comparing them to the intimate *ki*. By practicing breathing exercise, moreover, they were able to control the otherwise autonomic blood flow, nerve currents and distribution of body mass. It enabled them to integrate their heterogeneous bodies into a coherent one and assimilate the body as part of the self. On the other hand, breathing exercise, along with the belly, allowed the nearly abandoned lifestyle, cultural practices and family and social systems to return and be integrated into the modern world. They became relevant again in the name of health; though what they actually satisfied might have been the longing for the past, the spiritual and the sense of belonging.

In any case, the traditional and the modern were not necessarily considered antithetical. Neither were the Japanese and the Western. They could be and had been accommodated to each other. The antitheses were constructed for certain purposes. At the individual and small-group level, masters seeking to grasp and master the changing world, and also to assert their identity and authority and exert influence and control in the community stressed the traditional, Japanese nature of breathing exercise. In the past, breathing exercise, despite having being democratized in *yōjō* medicine, was an art mastered only by the ruling classes, with health and longevity seen as symbols of morality and superiority. In the modern time, it was still a source of power and authority, but mainly because it was ‘traditional’ and ‘Japanese’. In the name of tradition, masters established themselves as patriarchal figures in family-like groups, often at the expense of individuality. At a broader level, moreover, the antitheses were part

of the nationalist domestic and international political discourses and strategies. The state government propagandised the uniqueness of Japanese culture and lifestyle to foster national identity and loyalty to the Emperor and the nation-state, about which many advocates of breathing exercise were also very passionate.

However, regarding neurasthenia, it was not only Western concepts of brain and nerve that needed to be learned and assimilated but also those of the psychological mind. Since the turn of the twentieth century, as many studies have shown, neurasthenia had increasingly been viewed as a psychological, rather than neurological, disease in the West, with a variety of psychological therapies becoming the standard treatments. These psychological theories and treatments had also been introduced into Japan and gradually become popular, at least among medical doctors, from the 1920s onwards. The psychological mind, with all the novel concepts about its composition and mechanisms, was no less difficult to grasp than the neurological brain and nerve. To understand it, many Japanese then turned not to a traditional health method but to a Western psychological cure—hypnotism. This paved the way in Japan for understanding and treating the mind from a modern psychological perspective as it did in the West. But the ensuing Japanese psychological theories and therapies were much different from Western ones.

III Mental Therapy

Mental Therapy¹ and Mental Therapists

In 1920, Kōryū Igarashi, who was well-known for publishing a series of articles on hypnotic automatism in a women's magazine,² published a book titled after his original cure—the 'automatic cure'. Igarashi claimed that his cure was particularly effective for neurasthenia and presented several cases to convince his readers. Among the examples was a university student who had suffered from severe neurasthenia for quite a long time. When he came to see Igarashi, the student was depressed, feeble and pessimistic with seriously impaired attention, concentration, memory and comprehension. Igarashi induced the student into 'a hypnotic state of *munen musō*' (literally, no idea and no thought)³ by having him sit in a proper position and alternate deep breathing and normal breathing in a specific rhythm. The student entered hypnosis and, after a short silence:

He raised his hands to rub his nose for a while and then forcefully rubbed his eyes by palms. Subsequently, he went on to rub forcefully all over his head, particular the region where the medulla was located. After the rubbing was finished, he began to spin his head, sometimes clockwise, sometimes counterclockwise, over and over again. And then he rubbed his body from chest down to abdomen, from trunk down to waist and from hips down to the tips of feet where he rubbed like being sweeping something unclean away from his body. He then took off his coat, put his purse and watch on table and stood up to take gymnastics. His movements were powerful with arms shaking to and fro or drawing circle and legs violently

¹ It is the English translation of '*seishin ryōhō*' in Japanese. '*Seishin ryōhō*' was also the common Japanese translation of 'psychotherapy' then and now. In this thesis, 'mental therapy' will be used to translate '*seishin ryōhō*' when it refers to a particular form of *seishin ryōhō* that is the main subject of investigation of this chapter. When it refers to other forms of *seishin ryōhō* that are or are akin to modern psychotherapies, it will be translated as 'psychotherapy'.

² *Fujyokai* (literally, women's realm), Tokyo: Fujyokai Shyuppanshya. Many of Igarashi's patients came to see him or wrote to him after reading his articles in this magazine. Kōryū Igarashi, *Automatic Cure* (Tokyo, 1920), pp. 56, 67-69.

³ Kōryū Igarashi, *Automatic Cure*, pp. 12-13.

flexing and extending alternatively.⁴

The student related he was fully aware of, but had no conscious control over, the movements of his body while undergoing the treatment. He had no idea why his body moved in this way but simply let it happen without trying to stop it. Igarashi described the movements as not at all chaotic, capricious or disorganized, but in very good order and so skilful that the patient would not be capable of them in an ordinary conscious state.⁵ The student, who until then had found it difficult to get up in the morning and frequently missed school, came to Igarashi for the automatic cure almost every morning before school. The pattern of his movement changed a little from session to session, which Igarashi thought corresponded to the progress of his disease. Before long, he had completely recovered from the neurasthenia and was actively and diligently engaged in his studies again.⁶

Igarashi's automatic cure was only one of numerous similar contemporary remedies that claimed to treat neurasthenia. It was not unusual for neurasthenic patients to undergo several forms of this type of therapy during the long journey to recovery. Ishikawa, for example, described in his memoir how he had benefited from a form of hypnotherapy, during which he felt an electric current flowing around his body that purified all his sins and faults.⁷ In Japan, the first three decades of the twentieth century saw a rapid development and increasing popularity of this kind of therapy. The development reached its peak in the late 1920s when Tomokichi Fukurai, a former associate professor in the department of Psychology at Tokyo Imperial University, cofounded 'The Great Japanese Society of *Seishin Ishi*' (literally, mental doctor)⁸ with several other prominent therapists and was elected its first president. Using the more modern 'mental therapy', rather than the equally popular but somewhat mysterious '*reizyutsu*' (literally, spiritual skill), as the generic name for their cures, the aim of the organization, according to Kōzi Imura, was to represent mental therapists across

⁴ *Ibid.*, pp. 22-23.

⁵ *Ibid.*, p. 23.

⁶ *Ibid.*, pp. 25-26.

⁷ Hanzan Ishikawa, *Neurasthenia and its Recovery*, pp. 41-44.

⁸ '*Seishin ishi*' was also the common Japanese translation of 'psychiatrist' then and today.

Japan (numbering more than thirty thousand) and press for legislation for the recognition and qualification of mental therapists that would grant them equal status with Western-medical doctors.⁹

This ambitious move, however, was entirely unsuccessful. Two years later, a decree was issued to clamp down on the practices of mental therapy that conflicted with Western medicine. The prohibition forced mental therapists, as Yoshinaga and Imura point out, to transform their work either into some form of physical therapy with far more modest claims about effectiveness, or into religious practices and join the so-called ‘new-religion movement’.¹⁰ In other words, these therapies were recast as something either purely ‘physical’ or purely ‘spiritual’. In either case, they have since been seen as outside the domain of proper medicine—particularly that of psychological medicine.

This exclusion likely influenced subsequent scholarship on the history of the mental therapy. A few studies have linked it with long-existing Japanese religious, spiritual and social mentalities and connected its development and popularity to traditional Japanese occultism and shamanism as well as to the contemporary spiritual desire for metaphysical experiences and worldviews and the psychological desire for paternalistic figures.¹¹ Some argue that these mentalities remain deep-seated in the Japanese soul today.¹² The inadequacies of modern medicine perhaps also contributed to mental therapy’s success.¹³ From this point of view therefore, mental therapy was considered as something traditional or stemming from uniquely Japanese characteristics. It stood in stark contrast to Japan’s post-Restoration modernization and was a reaction against or a remedy for it. However, other studies have emphasized the relationship between Japanese mental therapy and Western hypnotism and spiritualism, both

⁹ Kōji Imura, *Symposium of the Therapists of Spiritual Skill, a New Edition* (Tokyo, 1996), pp. 255-56.

¹⁰ Shinichi Yoshinaga, ‘The Era of Folk Psychic Therapies’, in Shinichi Yoshinaga, ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII (Tokyo, 2004), pp. 18-21; Kōji Imura, *Symposium of the Therapists of Spiritual Skill, a New Edition*, pp. 311-25.

¹¹ Kōji Imura, *Symposium of the Therapists of Spiritual Skill, a New Edition*; Shinichi Yoshinaga, ‘The Era of Folk Mental Therapies’; Satoshi Tanaka, *Why Has a Bulging Belly Become Disagreeable?: The Iconography of Ki and Health Methods* (Tokyo, 1993); Hirotaka Ichiyanagi, ‘Table-turning’ and ‘Clairvoyance’: *Modern Japan and Psychic Science* (Tokyo, 1994).

¹² Kōji Imura, *Symposium of the Therapists of Spiritual Skill, a New Edition*, p. 158.

¹³ *Ibid.*, pp. 300-01.

of which were imported as branches of modern mental science, and examined it in the context of modernity in pre-war Japan. These studies view mental therapy as antithetical to modernity and argue that its diverse theories and therapeutic skills came about as a result of the deviant development of hypnotism in Japan after it was denied legitimate scientific status in the late Meiji period.¹⁴

Such viewpoints, however, should not hide from us the fact that mental therapy had considerable appeal to the Japanese people and played a substantial role in the medical market. It was a very common and popular remedy, particularly for neurasthenia, and many neurasthenic patients stood by their therapists and confirmed their claim that it was an effective, and probably the only radical, cure for the disease. Even Western-medical doctors sometimes had to admit to its efficacy and reluctantly included it among the recommended treatments for neurasthenia as well as other mental diseases.¹⁵ Mental therapy undoubtedly significantly influenced the understanding and management of neurasthenia at the time and therefore should be counted and investigated as a proper subject in the history of medicine in Japan. Moreover, even though the theories and techniques of mental therapy tended towards the ‘physical’ or ‘spiritual’, we nonetheless should consider it in the context of the development of ‘psychological’ medicine and the construction of the new ‘psychological’ world and self in modern Japan. This was a time when ‘physical’, ‘spiritual’ and ‘psychological’ categories in the modern sense were still in the making. The multiple meanings and flexible and arbitrary use of certain terms, such as *seishin*, *shinri* and *rei*,¹⁶ clearly indicated the fluid boundaries between these categories. Mental therapists, for instance, called themselves ‘*seishin ishi*’, which was the Japanese translation of ‘psychiatrist’. They named their remedy ‘*seishin ryōhō*’, which was also the generic name for various psychological

¹⁴ Hirotaka Ichianagi, *Hypnotism and Modern Japan* (Tokyo, 2006); Hirotaka Ichianagi, ‘Table-turning’ and ‘Clairvoyance’: *Modern Japan and Psychic Science*.

¹⁵ While recognizing its efficacy in some neurasthenic patients, they often disputed the theories proposed by mental therapists and regarded it a form of ‘belief therapy’. Naokata Itō, ed., *Lectures on Neurasthenia* (Tokyo, 1917), pp. 130-55; Hidetoshi Kawakami, *Neurasthenia* (Tokyo, 1930), pp. 47-63; Inetarō Asaoka, *How to Cure Neurasthenia?* (Tokyo, 1934), pp. 38-39.

¹⁶ *Seishin* and *shinri* were then both newly coined terms. *Seishin* has wider meaning than *shinri* and can be translated as the ‘spirit’, the ‘psyche’ or the ‘mind’. *Shinri* is better translated as the ‘mind’ or the ‘psychology’. *Rei* is an old term and can be roughly translated as the ‘soul’ or the ‘spirit’.

treatments that were then being introduced from the West into Japan and becoming the standard treatment for neurasthenia. As to the so-called '*reizyutsu*', it did not solely consist of mystical spiritual skills as might be expected today, but explicitly incorporated many current psychotherapeutic theories and techniques.

Despite the diversity in theory and skill, the use of these terms provided one of the few common grounds upon which mental therapists could identify with one another. It also allows historians to approach them as a group, although the 'spiritual' side (that is, the use of '*reizyutsu*' as the generic name) is usually the focus. The adoption of such terms as '*seishin ishi*', '*seishin ryōhō*' and '*shinri ryōhō*', might point to mental therapists aspiring to the privileged status then enjoyed by Western-psychiatric and -psychological professionals. But it might also reflect an attempt to define their work within modern psychology. The field was still fluid enough that they could incorporate into it various bodily and spiritual elements and, at the same time, extend the influence of such elements within the field. This inclusivity was another common feature among mental therapists and proved appealing. Given the popularity of mental therapy and the limited availability and dissemination of Western psychological medicine, it significantly shaped contemporary public understanding of the 'psychological' mind and 'psychological' treatment. Furthermore, the therapists intended to create a specific 'psychology' of their own. They often called it 'Oriental psychology', which was different from, though not without debt to, both the traditional spiritual world of religion and the 'mind' defined by Western psychological medicine. The desire to carve out their own branch of psychology was another commonality between them and perhaps most clearly reflected in their insistence on the origin of their therapies in hypnotism.

This chapter, then, will investigate mental therapy as a particular type of medicine and discuss from these mental therapists' view how the normal mind was constituted and worked, what went wrong in the pathological (particularly the neurasthenic) mind and how it should be treated. But first we need to take a brief look at the history of hypnotism in Japan. The relationship between mental therapy and hypnotism is both interesting and problematic. Most therapists claimed that their cures, whether they were called '*seishin ryōhō*', '*shinri*

ryōhō’, ‘*reizyutsu*’ or something else, were a form of hypnotherapy, or at least derived from it. Some of them were known as hypnotists before rebranding themselves ‘*seishin ishi*’, ‘*seishin ryōhō ka*’ (literally, mental therapist), or similar. But in terms of theory and practice, many of these therapies, particularly those emerging in a later stage, bore very little resemblance to the hypnotism that was introduced into Japan in the late nineteenth century. In most cases, therapists simply borrowed terms and concepts from hypnotism and redefined and reformulated them for their own use. They insisted on the link mainly because hypnotism, in their view, was a discipline that should be a proper branch of modern psychological science but had been penalized because it viewed the human mind differently than mainstream academic psychology and psychiatry. This was exactly how they viewed themselves.

Hypnotism in Japan: 1880 - 1913

Hypnotism was introduced into Japan perhaps as early as the 1860s.¹⁷ Before the turn of the century, however, it sparked far less interest among academics and the public than it did in the West in the same period. In an era full of aspiration for Western civilization, hypnotism initially was introduced both as one of the many new and important subjects of modern medicine and science and also as a genre of Western magic staged in theatres in Tokyo.¹⁸ A few Japanese intellectuals saw the intelligible wonder of hypnosis as a way to enlighten superstitious Japanese people. One such was Enryō Inoue, a professor of Philosophy at Tokyo Imperial University, most famous for examining alleged supernatural events and explaining them by physical, physiological and psychological principles. This earned him the appellation ‘Doctor of Spectres’.¹⁹ He also pioneered the introduction of hypnotism and explained some of those ‘spectres’ by hypnotic psychology. He organized a society that studied philosophy and other humanities disciplines, held seminars on hypnotism and published a number of articles in the society’s journal.²⁰ The

¹⁷ Hirotaka Ichiiyanagi, *Hypnotism and Modern Japan*, pp. 16-20.

¹⁸ *Ibid.*, pp. 24-30.

¹⁹ Enryō Inoue, ‘On Spectres’, in Teggakukan ed., *Lectures in the Institute of Philosophy*, Vol. XIII, (Tokyo: 1888).

²⁰ Shinichi Yoshinaga, ‘The Dawn of Hypnotism, the introduction’, in Shinichi Yoshinaga ed.,

introduction to Western hypnotism, however, was not comprehensive, nor was there evidence of any systematic study or experiment by members of the society.

Evidence of interest in hypnotism among medical professionals was equally sparse and sporadic. In 1885, Dr. Suzuki Manjirō translated Mesmer's *Dōbutsu Denki Gairon* (literally, *An Introduction to the Animal Electricity*).²¹ Of the few medical professionals attracted to hypnotism at the time, Kenji Ōsawa, a professor of Physiology at Tokyo Imperial University, was the most famous and influential. He translated 'hypnosis' into Japanese as '*masui*' (literally, magic sleep) and published a book titled *Masui Zyutsu* (literally, skill or technique). In the book, he introduced a wide range of Western theories and techniques of hypnotism that included Mesmerism and most contemporary theories except the Nancy school. He gave special emphasis to Charcotism and described its stages of hypnosis in detail.²² Although Ōsawa did mention the role of wish in the induction of hypnosis,²³ he emphasized the neurophysiological and neuropathological nature of hypnosis rather than the psychological mechanism.²⁴ Outside academia, there were also a few disparate practitioners using hypnotism either as a cure or an entertainment, some of whom were clearly in favour of Mesmerism.²⁵ Overall, those interested in hypnotism at the time, whether they were academics or not, shared an interest in the scientific explanation of ancient magic, witchcraft and tricks. The consensus was that these ancient wonders were nothing but hypnotic phenomena that modern science could and should explain. But magic and witchcraft were controversial. So, too, was the seemingly supernatural power of hypnotism. Most academics denied the existence of any supernatural power or medium and held that magic tricks, as well as hypnotism, did nothing more than capitalize on an abnormal state of mind. But others, particularly those laypersons who were interested in Mesmerism, upheld the credibility of ancient witchcraft, which was as 'real' as

The Dawn of Hypnotism: The Birth of Modern Japanese Clinical Psychology, Vol. VII (Tokyo, 2006), pp. 4-5, 10-11.

²¹ Franz Mesmer, *On Animal Magnetism*, trans. by Suzuki Manjirō, reprint of the 1885 edition, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-1 (Tokyo, 2004).

²² Kenji Ōsawa, *Hypnotism* (Tokyo, 1887), pp. 17-23.

²³ *Ibid.*, pp. 15-16.

²⁴ *Ibid.*, pp. 17-45.

²⁵ Yoshizō Kondō, *Magic and Hypnotism: Psychological Applications* (Tokyo, 1892).

hypnotism, they argued, and deserved the same serious scientific investigation.²⁶

Although hypnotism had been a widely known term since the 1880s,²⁷ the general public did not seem interested until around 1903 when it began to hit the newspaper headlines. The first decade of the twentieth century saw the publication of a large number of books on hypnotism and the emergence of many hypnotists who boasted of its curative and corrective effects for various diseases and bad habits. Hypnosis was no longer a spectacle for special occasions but a day-to-day event for many Japanese people. The driving force behind its growing popularity came mainly from people who were neither modern academics nor medical professionals. These amateur enthusiasts were adamant about the reality and effectiveness of hypnotism, which they believed was one of the most advanced branches of modern science. In a non-systematic and sometimes inconsistent way, they studied and quoted a variety of Western theories and skills, ranging from Mesmerism, Braidism, Charcotism, the Nancy school and Binet's secondary consciousness to spiritualism.²⁸ At the same time, modern professionals, who constantly pursued the most current Western science and medicine, became increasingly disinterested in hypnotism—perhaps because interest in the West waned after the emergence of a host of new subjects and treatments in psychology. On top of that, two high-profile events eventually led academia to deny hypnotism as a proper scientific subject and valid medical cure. They were the dismissal of Fukurai from his post at Tokyo Imperial University and a petition by the medical profession for the prohibition of the practice of hypnotism except by Western-medical doctors.

Although Fukurai later became the figurehead of the unrecognized mental therapists, in his early career he had a bright future in the nascent discipline of scientific psychology. He was among the first few Japanese to obtain a doctoral degree in psychology and joined the academic staff of the department of Psychology at Tokyo Imperial University teaching Abnormal Psychology. He

²⁶ *Ibid.*, pp. 1-4.

²⁷ Hirotaka Ichiyanagi, *Hypnotism and Modern Japan*, p. 16.

²⁸ For example, see Desseki Huruya, *Self-study of Hypnotism: The Mystery of Hypnotism* (Tokyo, 1905); Fukuhei Ono, *Ono's Hypnotism* (Tokyo, 1909).

introduced William James's psychology into Japan.²⁹ His doctoral dissertation, which later was published as *The Psychology of Hypnosis*, has been hailed as a masterpiece.³⁰ In his thesis, Fukurai not only extensively surveyed the theories of important historical and contemporary figures of hypnosis, including Franz Anton Mesmer, James Braid, J. B. Charcot, Ambroise-Auguste Liébeault, Hippolyte Bernheim, Alfred Binet, Auguste-Henri Forel, Albert Moll, Oskar Vogt, L. Lowenfeld and Boris Sidis, but also criticised them based on his own experiments. Hypnosis, he argued, was a mental state that was in some respects similar to, but substantially different from, normal sleep. He held that hypnosis and normal sleep both reflected an anaemic brain, but the cerebral anaemia in the former was not induced by the 'substances of fatigue' as it was in the latter, which led to the difference between the mental and physical phenomena of the two states. Fukurai claimed this as his original discovery and the basis of his theory of hypnosis.³¹ He argued that the human mind consisted of numerous conscious and unconscious association networks of perceptions, ideas and motor movements, which might be inherited or formed through experiences. Mental activity consisted of these networks competing with each other for activation and fulfilment, which in turn was determined by the confluence and antagonism between them. He argued there were numerous streams of ideas in the mind that converged or diverged with one another and sought to represent themselves in the consciousness and ultimately by motor actions.³² He explained hypnosis as a mental state in which all spontaneous mental activity came to a halt—that is, all ideas stopped flowing. The mind, as a result, was in a completely receptive state in which suggestion was able to excite unimpeded activation and fulfilment of the relevant association networks. This was the underlying mechanism that explained the amazing mental and physical phenomena in hypnosis.³³ Up until this point, Fukurai's view on hypnosis remained firmly natural and psychological. He rejected spiritualistic and other Mesmerism-like explanations that a considerable numbers of hypnotists at the

²⁹ Tomokichi Fukurai, *James's Psychology* (Tokyo, 1900).

³⁰ Hirotaka Ichiyanagi, *'Table-turning' and 'Clairvoyance': Modern Japan and Psychic Science* (Tokyo, 1994), pp. 91-92.

³¹ Tomokichi Fukurai, *An Introduction to Hypnosis Psychology* (Tokyo, 1905), pp. 108-44.

³² *Ibid.*, pp. 1-54.

³³ *Ibid.*, pp. 55-64.

time embraced.³⁴ Despite that (or maybe thanks to his academic status), non-academic hypnotists, many of whom quoted his works in their own writings, respected him. His academic colleagues also recognized his contributions and promoted him to associate professor at Tokyo Imperial University in 1908.³⁵

Fukurai's promising academic career in psychology, however, came to an end just a few years later because of his insistence on the reality of certain supernatural capacities of the human mind, such as clairvoyance, 'seeing-through' and 'thoughtography'. He argued that these capacities were innate to some, if not all, people and would become manifest in a hypnotic state. He claimed to have proved this in a series of experiments. Fukurai was adamant about his 'discovery', which led to a bitter dispute with several staff members of the physics department at Tokyo Imperial University. The joint experiment carried out by Fukurai and the head professor of the physics department on 'seeing-through' and 'thoughtography' was a sensational event at the time and eventually led to Fukurai's dismissal.³⁶ Although some still hold that the issue remains unsolved and controversial,³⁷ scientific scholars then generally believed that Fukurai had fallen prey to fraudsters and damaged the entire university's reputation.³⁸ But, as we will see, Fukurai's adamance might also have been because he, like mental therapists, included bodily, spiritual and social elements in the psychological sphere. In any case, Fukurai's departure marks the point at which academic psychologists in Japan turned their backs on abnormal psychology and clinical psychology until 1945.³⁹

³⁴ Tomokichi Fukurai, 'Psychological Study on Hypnosis', in Kokka Igakukai (National Medical Association) ed., *Hypnotism and Suggestion* (Tokyo, 1904), pp. 27-29.

³⁵ Shingo Nakazawa, *The Life of Metapsychologist Tomokichi Fukurai* (Tokyo, 1986), p. 226.

³⁶ Concerning the so-called 'clairvoyance event', see Yasuo Nagayama, *The Clairvoyance Event: Science and the Occult Meiji Japan* (Tokyo, 2005); Shingo Nakazawa, *The Life of Metapsychologist Tomokichi Fukurai*; Hiroataka Ichiyonagi, 'Table-turning' and 'Clairvoyance': *Modern Japan and Psychic Science*.

³⁷ Ryū Terasawa, *Both Seeing-through and Thoughtography Were True: Tomokichi Fukurai and the Incident of Clairvoyance* (Tokyo, 2004); Kenzō Yamamoto, *The Truth of the Discovery of Thoughtography: The Life of Dr. Tomokichi Fukurai, a Pioneer in the Study of Supernatural Phenomena in the World* (Tokyo, 1981).

³⁸ Noriatsu Fuji, Sakuhei Fujiwara, *The Experiment on Clairvoyance* (Tokyo, 1911).

³⁹ Shinichi Yoshinaga, 'The Dawn of Hypnotism, the introduction', p. 9; Zyunko Anzai, 'The Introduction of Psychoanalysis and Kiyoyasu Marui and Toranosuke Oguma', in Tatsuya Satō et

Besides, the modern medical profession had already launched a relentless attack on self-styled hypnotists in the very early twentieth century, not long after the hypnotists began to increase rapidly in number and boldly claim to be able to cure all kinds of diseases by hypnotism. To eliminate these ‘quacks’, the official national medical organization pressed for legislation that would restrict the practice of hypnotism to Western-medical doctors.⁴⁰ A leading figure in the campaign was pioneering hypnotist-physician Kenzi Ōsaw, who argued that hypnotism, as it enabled hypnotists to control their clients, was dangerous and should only be allowed to be practiced by medical professionals, particularly when it was used for medical treatment.⁴¹ Several prominent hypnotists, including Fukurai, Sannosuke Yamaguchi⁴² and Fukuhei Ono, united to fight against the medical profession. They also criticised unscrupulous hypnotists for tarnishing the practice and called for legislation to regulate the training and qualification of hypnotists and prohibit even medical doctors from practicing without proper qualification.⁴³ Both sides lobbied hard and seem to have equalled each other in terms of political influence. The struggle ended with an ambiguous decree being issued in 1908 to ban the ‘inappropriate practice of hypnotism’.⁴⁴

Although hypnotists claimed victory,⁴⁵ the new regulation threatened them with banning their practices—often at the discretion of the local police. Yūdō Morishita, for example, decided to end his successful practice after being interrogated by the police.⁴⁶ Most importantly, the fierce criticism of non-physician hypnotists by medical professionals and the scathing, public

al. ed., *History of Clinical Psychology: Behavioral Therapy and the Attention on the History of Clinical Psychology in Japan* (Kyoto, 2007), p. 59.

⁴⁰ Fukuhei Ono, *Ono's Hypnotism* (Tokyo: 1911), pp. 54-59.

⁴¹ Kenji Ōsawa, ‘The Relationship between Hypnotism and National Medicine’, in Kokka Igakukai (National Medical Association) ed., *Hypnotism and Suggestion* (Tokyo, 1904), pp. 61-93; K. Ōsawa, ‘On the Distinction between Hypnotism and Medicine’, in Kokka Igakukai ed., *Hypnotism and Suggestion*, pp. 103-12.

⁴² Sannosuke Yamaguchi obtained a doctoral degree in philosophy in the United States and began to promote hypnotism after returning to Japan. He founded the Imperial Association of Hypnotism in 1902 and was counted as one of the most important hypnotists at the time. Sannosuke Yamaguchi, *The Application of Hypnotism in Education*, reprint of the 1903 edition, in Shinichi Yoshinaga ed., *The Dawn of Hypnotism: The Birth of Modern Japanese Clinical Psychology*, Vol. II (Tokyo, 2006); Fukuhei Ono, *Ono's Hypnotism*, pp. 32-33.

⁴³ Fukuhei Ono, *Ono's Hypnotism*, pp. 60-65.

⁴⁴ *Ibid.*, pp. 65-73.

⁴⁵ *Ibid.*, p. 73.

⁴⁶ Yūdō Morishita, *Applied Psychological Therapies that Are Certainly Effective for Brain Neurasthenia* (Tokyo, 1909), pp. i-vi.

attack on Fukurai by prominent physicists considerably damaged hypnotism's reputation and highlighted its dangers by associating it with tricks, frauds and even more serious crimes. As a result, most medical doctors and academic psychologists avoided practicing or studying the disgraceful hypnotism, and many hypnotists renamed their cures to appeal to the public and escape the attention of the police.⁴⁷ A variety of names were used, including some with modern appeal, such as 'seishin ryōhō', 'shinri ryōhō', and 'chyūizyutsu' (literally, concentration skill), and others that were more traditional, such as 'reizyutsu', 'seishin shyūyōhō' (literally, method for mental cultivation) and 'seishin tōitszyutsu' (literally, skill for mental unification). Despite the new labels, many therapists continued to regard hypnotism as the basis of their cures. In their view, hypnotism was a proper and perhaps the most advanced mental science, but it had been tarnished by a few unscrupulous hypnotists and overlooked and suppressed by the materialist Japanese academia.⁴⁸ But, having abandoned the name 'hypnotism', they also made considerable changes to their theories and skills. They saw no need to confine their 'psychology' to the framework set up by those scientists and doctors whom they regarded as 'materialistic'. They not only drew heavily on their self-observation and the 'experiments' that they conducted on their clients and disciples but also resorted to Buddhist doctrine and contemporary Western spiritualism. They argued that mental therapy was based on Oriental psychology and mental science, which could remedy materialist Western medicine and civilization.⁴⁹ This new 'psychology' was, to some extent, spiritualistic and mystic, but despite that, it focused on the understanding and manipulation of the working of the human mind. The core of the reformulation was the concept of the hypnotic state, which they saw not as abnormal but as the normal and natural state of the mind, in which all streams of ideas would cease flowing independently and converge.

⁴⁷ Shinichi Yoshinaga, 'The Dawn of Hypnotism, the introduction', p. 9.

⁴⁸ For example, see Tatsugorō Murakami, *Lectures on Murakami's Concentration Skill* (Tokyo, 1915), pp. i-ii; Reihō Miyoshi, *Miyoshi's Method of Mental Cultivation*, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-6 (Tokyo, 2004), pp. 50-52; Kōgetsu Matsubara, *Lectures on Spiritual Skill*, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-6, pp. 2-4; Reikai Kakusei Dōshikai, *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII, pp. i-v.

⁴⁹ Reikai Kakusei Dōshikai, *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, pp. ii-v.

No Idea, No Thought, No Self and No Mind

As soon as people are induced into hypnotic state by hypnotism, their mental activity will come to a complete halt. There will be neither self nor the outside world. When all the thoughts about life, death, hardship and happiness fall away, they will enjoy themselves in a world in which there is neither self nor thought. The serenity is like a peaceful lake, and the lucidity is not unlike a shiny mirror. This is the true feature of human mentality, namely, the secondary ego or the soul.⁵⁰

This is how Masuzō Yamazaki described hypnotic trance in his book *Hypnotism and Suggestion*, which was published in 1903 when hypnotism was on the cusp of flourishing in Japan. The same year also saw Doshirō Kuwabara publish his three-volume best-seller on hypnotism, *Seishin Reidō* (literally, *The Spiritual Movement of the Psyche*). Kuwabara argued that the essence of human mind consisted in the state of *munen* (no idea), *musō* (no thought), *muga* (no self) and *mushin* (no mind).⁵¹ However, the mind often became occupied by thoughts about self and objects and became a personality. Only when the personality disappeared could the mind return to its original state and ‘become like the spring ocean without any tiny wave, or a shiny mirror without any dust. Everything is clearly reflected on it, including what occurs to other’s minds and what happens elsewhere.’⁵² Hypnotism, Kuwabara believed, was an efficient and reliable method to return to the original state of mind. In his view, the hypnotic state was exactly a state of *munen*, *musō*, *muga* and *mushin*.

Kuwabara’s ideas clearly had their origin in Zen Buddhism’s state of *munen musō*: a sublime mental state, in which the true self would emerge. It could only be achieved by gaining insight into the transience and superficiality of all human thoughts, perceptions and desires and transcending them. This required the hard and often lengthy work of self-cultivation, that is, Zen-sitting or Zen-meditation. Comparing the hypnotic state to the religious ideal, Kuwabara criticized the banality and powerlessness of contemporary religious

⁵⁰ Masuzō Yamazaki, *Hypnotism and Suggestion* (Kakegawa, 1903), p. 115.

⁵¹ Toshiro Kuwabara, *Spiritual Movement of the Psyche*, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. IV, p. 44.

⁵² *Ibid.*, p. 45.

figures and strongly advocated the use of hypnotism as a modern substitute for Zen-sitting, as well as for other out-of-date religious practices.⁵³ He described the suggestion made to a hypnotee as ‘an idea of no idea, a thought of no thought and a self of no self’.⁵⁴ It could have enormous repercussions, like a stone being thrown into quiet water. With its tremendous power of suggestion, hypnotism, he believed, was able to bring about modern religious miracles and save religion from seemingly inevitable decline in the modern world.⁵⁵

Kuwabara’s view on hypnotism was very influential. His books sold widely,⁵⁶ and, as an instructor at a teacher training college, he published a number of articles in professional magazines and was frequently invited to give lectures on hypnotism. He gained fame among teachers, who then constituted a large number of the hypnotism enthusiasts in Japan.⁵⁷ However, some hypnotists, particularly those who still aspired to be recognized as proper modern scientists and professionals, did not share Kuwabara’s religious enthusiasm and refuted his spiritual explanation of hypnosis. They criticized his spiritual theory as religious, even superstitious, and unscientific and worried that it would jeopardize the development of hypnotism as a modern discipline.⁵⁸ They, too, described the hypnotic state as a state of *munen musō*, but in a descriptive sense to refer to a purely psychological state and rejecting or ignoring its primary religious and spiritual meanings. Fukurai, for example, described the hypnotic state as a state of *munen musō* simply in the sense that all spontaneous mental activity came to a halt, and there was not any thought in the mind. Fukurai was not ignorant of the Buddhist origin of the term and also compared hypnotism to Zen-sitting. But he differed from Kuwabara in that, instead of attaching religious significance to hypnotism, he understood the traditional Zen-sitting and the state of *munen musō* by his principally natural and mechanical psychology and psychophysiology. Psychologically, *munen musō* was defined as a state in which the mind was actually emptied of thought

⁵³ *Ibid.*, pp. ii, 327-28, 368-69.

⁵⁴ *Ibid.*, p. 262.

⁵⁵ *Ibid.*, pp. i-v, 327-28.

⁵⁶ In 1910, the first volume of ‘*Spiritual Movement of the Psyche*’ had been reprinted seventeen times, the second volume eight times and the third volume seven times.

⁵⁷ For example, see Nariyoshi Satō, *Experimental Psychotherapy: The Reality, Theory and Method of Mental Therapy* (Osaka, 1926), pp. 41-42, 53-54.

⁵⁸ Fukuhei Ono, *Ono’s Hypnotism*, pp. 33-34.

and had no spontaneous activity. Physiologically, he thought Zen-sitting led to the hypnotic state because during Zen-sitting, the brain would become anaemic as all the blood, with the attention focused on the lower abdomen, converged toward and accumulated in the *danden*.⁵⁹

Fukuhei Ono similarly explained Zen-sitting through the psychology and physiology of hypnosis. Although he, like Kuwabara, advocated substituting hypnotism for Zen-sitting, what he pursued was not the revival of religion, but a modern cure and moral education method that was entirely based on modern psychological science.⁶⁰ These ‘modern hypnotists’ used the Buddhist term ‘*munen musō*’ and compared hypnotism and Zen-sitting to make hypnotism look as familiar and innocuous as possible to the public and shed the light of science on the dark realm of traditional religious and moral cultivation. But from the late Meiji period onwards, and particularly as hypnotism became more disreputable, few hypnotists stuck with this approach. Most therapists, including Fukurai, focused their ‘psychological’ theories on concepts that they borrowed from Buddhism, such as *munen musō*, *muga mushin*, *sanmai*⁶¹ and *seishin tōitsu* (literally, mental unity), with or without reference to the hypnotic state. On one hand, they understood and reformulated these concepts at least partially based on the psychological models that they applied to explain hypnosis. On the other hand, they no longer rejected, and sometimes even put emphasis on, their religious, spiritual and mystical meanings. This double approach became a salient feature of the development of mental therapy in the Taishō and early Shōwa periods.

Tatsugorō Murakami, for example, renamed hypnotism the ‘*chyūi zyutsu*’ (concentration skill). He did this not only because of hypnotism’s infamy but also because the new name better characterized the nature of hypnotism.⁶² The essence of the hypnotic state, he argued, lay in the state of attention, and hypnotism or the *chyūi zyutsu*’ was essentially a technique of achieving concentration of attention. Concentration could be passive if it was achieved

⁵⁹ Tomokichi Fukurai, *An Introduction to Hypnosis Psychology* (Tokyo, 1905), pp. 109-27, 145-71.

⁶⁰ Fukuhei Ono, *Ono’s Hypnotism*, pp. 162-72.

⁶¹ Samadhi, a state of perfect spiritual concentration or absorption.

⁶² Tatsugorō Murakami, *Lectures on Murakami’s Concentration Skill* (Tokyo, 1915), pp. i-ii, 19-20.

merely by eliminating all thoughts and perceptions that incessantly occupied the mind. It could be positive if it was achieved by focusing on a particular idea or object—in the case of hypnotism this was the given or self-given suggestion.⁶³ Passive concentration was a state of *munen musō*, and active concentration was a state of *sanmai*, which, in Buddhism, meant a supreme mental state of extreme concentration. Murakami defined *sanmai* or attention *sanmai* as a state in which the mind was cleared of all thoughts, perceptions and desires and liberated from ordinary consciousness. In the hypnotic state of *sanmai*, the streams of ideas in the mind would be smooth, fluent and unified in the direction of the suggestion. The state of *sanmai* was, therefore, spontaneous and without subjective intention, which Murakami called the ‘idea-motion’ (*kannen undō*).⁶⁴ Murakami held that the states of *munen musō* and *sanmai* were indispensable to the achievement of each other and the suggestion was an ‘idea of no idea’ and ‘thought of no thought’.⁶⁵ The state of *sanmai*, moreover, was also a state of *seishin tōitsu* (mental unity). It was the original state of the mind and one in which the mind could fulfil its full potential. It was often lost, however, because of distractions and delusions.⁶⁶

Murakami argued that *sanmai*, *munen musō* and *seishin tōitsu* were extraordinary mental states. People in them were more robust, intelligent and virtuous than normal. Those who achieved these states, with or without suggestion, were thought to be able to improve memory, comprehension and morality and rest the mind by rendering it completely quiet and peaceful. Murakami advised the induction of these states on a regular basis to improve health and cultivate intelligence and morality. This was similar to traditional cultivation methods of Zen-sitting and quiet-sitting.⁶⁷ He also argued that the ability of therapists to influence their clients ultimately lay in their personality and morality.⁶⁸ But, despite being hailed as the most skilful contemporary hypnotist by some of his colleagues,⁶⁹ Murakami insisted that what really

⁶³ *Ibid.*, pp. 23-24.

⁶⁴ Tatsugorō Murakami, *Psychological Experiments for Mental Unification* (Tokyo, 1929), pp. 46-47.

⁶⁵ *Ibid.*, p. 47.

⁶⁶ *Ibid.*, pp. 1-6.

⁶⁷ *Ibid.*, pp. 21, 48-49, 80, 227.

⁶⁸ Tatsugorō Murakami, *Lectures on Murakami's Concentration Skill*, pp. 65-66, 551.

⁶⁹ Shinichi Yoshinaga, ‘The Era of Folk Mental Therapies’, p. 22.

mattered in the induction of hypnosis or *chyūi sanmai* was the ‘psychology’ of the client. In his view, the human mind worked according to certain psychological principles and therapists could induce certain mental states in their clients based on the knowledge of that psychology. Therapists never exerted influence in a magical or supernatural way.⁷⁰ According to this psychology, moreover, it was both theoretically and practically possible for people to self-induce into specific mental states.⁷¹ He called self-induction techniques for *sanmai* ‘psychological experiments’, including self-induced catalepsy, mind-reading and the planchette, all of which involved training attention and concentration.⁷² Although Murakami recommended these ‘psychological experiments’ as cultivation methods, they bore little resemblance to traditional spiritual or moral cultivation methods, such as Zen-sitting. The ‘psychological methods’ did not need the long and complicated procedures of spiritual self-cultivation but rather involved plainly understandable techniques that, empirically, could be conducted repeatedly to yield the same results.

Many other mental therapists took a similar double approach to the hypnotic state. One of the cofounders of The Great Japanese Society of *Seishin Ishi*, Hōshū Shimizu, for example, renamed hypnotism ‘*seishin tōitsu zyutsu*’ (the skill for mental unification) before finally opting for the label of *seishin ryōhō* (mental therapy). ‘Hypnotic state, first and foremost,’ he said, is ‘a state of *munen musō*’. ‘It, in modern scientific language, is a state in which all conscious mental activity comes to a halt and only the *muishiki* [literally, the unconscious] is working.’⁷³ However, he also described the hypnotic state as one in which ‘you will feel like taking flight to the land of the Immortal with unforgettable pleasure.’⁷⁴ Shimizu admitted that there were several traditional or contemporary methods other than hypnotism through which the hypnotic state could be achieved, but he stressed that modern hypnotism was the most effective.⁷⁵ He strongly recommended would-be hypnotists experience hypnosis or self-hypnosis themselves before conducting it on clients to understand what

⁷⁰ Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, pp. 77-78, 230-35.

⁷¹ *Ibid.*, p. 80.

⁷² *Ibid.*

⁷³ Ōshyū Shimizu, *Clinical Suggestion: Shimizu's Psychotherapy*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, pp. 205-06.

⁷⁴ *Ibid.*, pp. 23-24.

⁷⁵ *Ibid.*, pp. 14-18.

their clients would go through. Additionally, hypnosis was itself a cultivation method by which would-be hypnotists could cultivate the ‘bright-mirror-like psyche’ and ‘honourable personality’ that were essential to their profession.⁷⁶ Rēhō Miyoshi and Gōgetsu Matsubara, famous hypnotist-therapists at the time, held similar views. They depicted the hypnotic state as both a scientifically understandable and manageable psychological state and an ideal mental state of superior intelligence, morality and spirituality.⁷⁷

The moral and spiritual meanings and values were also attached to other modern psychological concepts related to hypnosis, such as *muishiki* (the unconscious) and *senzai ishiki* (latent consciousness). The two terms sometimes were employed in purely descriptive terms to indicate the cessation of ordinary mental activity and the absence of consciousness. Being *muishiki* simply meant being *mu-nen* and *mu-sō*. But, like *munen musō*, they were also used to refer to certain mental entities that did not appear in ordinary consciousness. In earlier years, it was held that hypnotized clients were neither conscious of nor capable of controlling their actions. After hypnotism was renamed as mental therapy, however, most mental therapists agreed that subjects were not only clearly aware of, but even had better control over, what happened to their minds and bodies during hypnosis. *Muishiki* and *senzai ishiki* had since then therefore mainly been regarded as extraordinary mental states that could be activated or reactivated by hypnotism or mental therapy. Some therapists, including Murakami, Shimizu, and Matsubara, went on to argue that *muishiki* or *senzai ishiki*, as mental states, were the essence of the human mind. This ‘absolute emptiness’ was the most virtuous, intelligent and vigorous state of mind and the ultimate goal for moral and spiritual cultivation. The wonders and benefits of hypnotism were simply a result of unleashing the mind’s enormous power.⁷⁸ But since it was a state of absolute ‘emptiness’, they felt no need to further explain the mechanism and contents of the *muishiki*.

⁷⁶ *Ibid.*, pp. 23-27.

⁷⁷ Kōgetsu Matsubara, *Lectures on Hypnotism* (Himezi, 1928); Reihō Miyoshi, *Miyoshi’s Method of Mental Cultivation*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-6.

⁷⁸ Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, p. 21; Ōshyu Shimizu, *Clinical Suggestion: Shimizu’s Psychotherapy*, pp. 204-08; Kōgetsu Matsubara, *Lectures on Spiritual Skill*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-6, pp. 21, 230.

Other therapists did elaborate on the mechanism and the instinctive and narrative contents of *muishiki* and tried to explain them through Buddhist doctrine as well as psychological principles. Fukurai, for example, argued that *muishiki* consisted of numerous desires, ideas and memories and acted according to the principle of association. The association networks formed within *muishiki* were thought to act like independent personalities struggling for dominance, which posed a threat to control of the ego and unity of personality and could cause mental and physical disorders. Hysteria, said Fukurai, was an extreme example of how *muishiki* could affect the ego's control over the body.⁷⁹ The illusions and hallucinations that often emerged in late stages of Zen-cultivation were also a result of the fight back of *muishiki* as it fought integration into a higher unifying personality.⁸⁰ But while he explained the working of *muishiki* by association psychology, he also invoked Buddhist doctrine to give it religious and spiritual significance. He argued that all content in *muishiki*, whether ancient or recent, inherited or acquired and instinctive or ideational, was tantamount to *gō* or *gōin* (karma) in Buddhism. These *gōs* or *gōins* could be acquired in previous or present lives and were the fundamental cause of all delusions, illusions, unhappiness, miseries and illnesses.⁸¹ To take *muishiki* full of *gōs* and integrate it into the unitary personality, Fukurai held, was not only the goal of mental therapy but also the ultimate task for Buddhist cultivation.

Compared with Fukurai, Shyunichi Ema and Tenshin Kimura paid more attention to the narrative content of *muishiki*. Ema, who was a well-known politician turned mental therapist in the Taishō period, claimed that he, through his original cure, could induce clients into various different mental states at will.⁸² In one of them, the mind was deprived of ordinary senses and consciousness, allowing the emergence of previously hidden desires, ideas and memories. Clients in this state would confess to Ema their hideous thoughts and sins committed in the past, which, Ema held, were the true cause of their mental and physical illnesses. He illustrated this cure with several case examples, one

⁷⁹ Tomokichi Fukurai, *The Psychology of Mental Unity* (Kyoto, 1926), pp. 81-88.

⁸⁰ *Ibid.*, p. 115.

⁸¹ *Ibid.*, pp. 50-52, 65-66.

⁸² Shyunichi Ema, *Ema's Training Method for the Mind and Body* (Tokyo, 2002), pp. 57-63.

of which was a man who had suffered severe insomnia for years. He, in *muishiki*, confessed that he became an insomniac after his pregnant wife killed herself and their three-year-old son on discovering his extramarital affair. This sin, which he had kept secret and buried, re-emerged in his mind when he was in *muishiki*. Ema gave him consolation and reassurance, as well as moral guidance. This ‘catharsis’ according to Ema, cured the insomnia almost immediately.⁸³

To formulate the various mental states and mental phenomena that he brought about in his clients, Ema turned to Buddhist mental theory, which differentiated the human mind into nine different levels or realms. The first six levels comprised ordinary senses and consciousness. *Muishiki* was the seventh level, which was called the ‘*mana shiki*’ (manas-vijnaana) in Buddhism. Ema held that the *mana shiki* consisted of repressed desires and sins that, in Buddhist term, were the *mumyō* (avidyā; literally, no clarity).⁸⁴ The *mumyō* led to various diseases that mental therapy could cure. Mental therapy, as well as religious cultivation, however, should not stop at this level, but had to be advanced to the last two levels, the *araya shiki* (ālaya-vijnaana) and the *amara shiki* (āmala-vijnaana), in which the mind would return to its pristine state of *munen*, *musō* and *muga*.⁸⁵ Ema, though, did not simply repeat Buddhist theory. While invoking Buddhist doctrine for the formulation of human mind, he also stressed that his cure, which was based on hypnotism and not infrequently referred to as ‘experiment’, was a groundbreaking method and technique that could reliably produce objective evidence for Buddhist doctrine.⁸⁶

Kimura’s approach was in many ways similar to Ema’s. But in Kimura’s cure, a family member could make a confession on behalf of a patient and the pathogenic sins included those committed by ancestors, which highlighted the role of family in the repressed desires and complexes in *muishiki*.⁸⁷ It might be why Kōzirō Nishikawa, an eminent socialist turned psychotherapy advocate,

⁸³ *Ibid.*, pp. 91-93.

⁸⁴ *Ibid.*, pp. 57-60.

⁸⁵ *Ibid.*, pp. 62-63.

⁸⁶ *Ibid.*, pp. 61-63.

⁸⁷ Denshin Kimura, *A Study on the Causes of Diseases* (Kumamoto, 1914); D. Kimura, *Illness and Soul* (Kumamoto, 1917); D. Kimura, *A Great Discovery about the Causes of Diseases and the Kimura’s Method* (Kagoshima, 1928).

claimed that Kimura's cure was a primitive form of psychoanalysis.⁸⁸ Kimura's cure will be discussed further, but here it is enough to note that Fukurai, Ema and Kimura all compared the repressed desires and complexes in *muishiki* to *gō*, *gōin* and *mumyō* in Buddhism. These desires and complexes could be instinctual or psychological, but understanding them as *gō*, *gōin* and *mumyō* gave them spiritual significance, particularly when they included the desires and sins of previous lives and ancestors. They were the obstacles that had to be overcome to achieve ultimate spirituality.

Buddhism-informed views on hypnosis and on the mind were characteristic of mental therapy. The spiritual effect allowed mental therapy to become a 'spiritual skill' (*rei zyutsu*) and to go well beyond the purely psychological. Although a few therapists insisted on distinguishing between the mind, the body and the spirit and limited their claims of effectiveness to mental and 'functional' diseases, many more argued that mental therapy transcended the ordinary distinction between the mind and the body and therefore could cure all kinds of diseases. They also claimed that it was the best method to cultivate wisdom, courage, morality and faith. To explain the mechanism of the effect of mental therapy, they put forward their own theories of 'physics' and 'metaphysics', based upon which they further developed a variety of therapeutic skills to replace or complement the plain techniques of hypnotism and suggestion. Most of these allegedly original theories, however, were similar to and probably influenced by Western spiritualism—particularly theories and experiments on the materialization of ideas and spirits. Many of the skills, moreover, were similar to those of traditional folk spiritual and miracle cures. A few therapists, for instance, argued that an idea in its purest state acted like some recently discovered forms of energy, such as X-rays. Hence they treated patients by focusing on the idea of healing, whose power would then be transmitted to the patient either by touch or by emitting invisible energy.⁸⁹ Other therapists invoked the naturopathic concept of natural self-healing

⁸⁸ Kōjirō Nishikawa, *Encyclopedia of Psychotherapy* (Tokyo, 1919), pp. 241-43.

⁸⁹ For example, see Sendō Kurita, *The Principles of Preserving the Health and Curing Diseases* (Tokyo, 1924); Chiwaki Matsumoto, *Lectures on the Human-body Roentgen Therapy*, vol. I (Tokyo, 1921); Reisen Ōyama, *Comprehensive Textbook of the Skill of Spiritual Palm* (Hiroshima, 1930); Tōkō Watanabe, *The Secret of Mental Therapy*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. V.

power.⁹⁰ In any case, the influence of Buddhist doctrine was unmistakable. The translation of hypnosis into Buddhist concepts provided the basis upon which its spiritual implications could be explicitly developed. Furthermore, the emphasis that Buddhism put on innate spirituality, which all human beings equally possessed, and self-cultivation might have contributed to the ‘democratization’ of mental therapy and *reizyutsu*. Most mental therapists agreed that, instead of only a small number of psychics, virtually everyone could fulfil his or her spiritual potential and master spiritual skills through relatively simple and standardized training, which was one of the characteristics of Japanese spiritualism at the time.⁹¹

Apart from the Buddhism influence, there might have been an economic reason behind this ‘democratization’ as well as mental therapists stood to profit from a broader client base (see below). Furthermore, to achieve the ‘democratization, the mind had to be viewed from the psychological perspective in which it was assumed to act in a predictable manner and hence could be managed to obtain a desired outcome. Despite being given many religious and spiritual meanings, *munen musō*, *chyūi sanmai*, *seishin tōitsu*, *muishiki* and *senzai ishiki* were mental states that were describable, observable, understandable and manageable according to modern psychology, particularly hypnosis psychology. Methods intended to achieve these states were not only *reizyutsus* (spiritual skills) but also *seishin ryōhōs* (mental therapy) and *shinri ryōhōs* (psychotherapy) that could be applied to everyone. This psychological approach was evident not only in mental therapists’ view of the normal mind but also in their explanations of its abnormalities, particularly neurasthenia. Although their explanations of neurasthenia were often critiques of contemporary social culture, they were primarily based on how they thought the mind should work and how it could go wrong.

⁹⁰ For example, see Kōryū Igarashi, *Automatic Cure*; Tsunezō Ishī, *Self-Striving Exercise of Vitality* (Tokyo, 1925); Tokunosuke Iwata, *Textbook of Iwata’s Instinct Therapy* (Tokyo, 1930).

⁹¹ See the constitutions of the organizations for the practice and education of the spiritual skills collected in Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII.

Neurasthenia: the Stagnant flow of Ideas and Obsessions

No matter whether it was *munen musō*, *seishin tōitsu* or *muishiki* that was pursued, all forms of mental therapy required that patients rid themselves of ordinary senses, thoughts and desires, that is, ordinary conscious experiences. Therapists believed that most diseases resulted, at least partially, from mental faults or mental weaknesses that, in turn, were caused by certain conscious experiences. Not surprisingly, of all the diseases allegedly curable by mental therapy, neurasthenia was considered the most susceptible. Neurasthenia, after all, was a weakness of the mind and was often attributed to the social culture that shaped conscious experiences.

Most therapists claimed that neurasthenia was the disease that responded best to their cures—some of them even boasted a hundred per cent success rate.⁹² Even Western-medical doctors, who often scoffed at mental therapy as quackery, agreed that it was an effective treatment for neurasthenia. There were a few hypnotists and therapists who argued that neurasthenic patients were unsuitable for mental therapy because their feeble minds prevented them from concentrating and achieving higher mental states.⁹³ However, this seems to have simply been a strategy of extolling the competence and morality of those who responded to the cures in order to quell the fears of their clients and potential clients towards hypnotism or mental therapy. Most of the cases that mental therapists used to substantiate their claims of effectiveness were neurasthenia. Other successful cases, according to critical Western-medical doctors, might also have been misdiagnosed neurasthenia.⁹⁴ In a time when the provision of psychotherapy remained limited, it was mental therapists who provided the desperately needed mental care for those neurasthenic patients who felt weakness in their minds. Accordingly, mental therapists were able to build and sustain their practices thanks to a large number of neurasthenic patients.

This was the moment at which the psychological explanation of neurasthenia was replacing the neurological one in Western medicine and

⁹² Usaburō Takahashi, *Mental Therapy*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII, p. 142.

⁹³ Desseki Huruya, *Lectures on Hypnotism*, Vol. 7-9: *Hypnotherapy*, in Dainihon Saiminzyutsu Kyōkai ed., *Lectures on Hypnotism* (Tokyo, 1904), p. 43; Masuzō Yamazaki, *Hypnotism and Suggestion*, pp. 87-88.

⁹⁴ Sakon Ito, *Medical Hypnotism and Diseases and Bad Habits* (Tokyo, 1918), pp. 21-22; 125.

psychiatry. In Japan, most publications on neurasthenia written after 1920 by Western-medical doctors regarded it more as a psychological rather than a neurological disease. They believed the fundamental cause to be defective or maladaptive character, which was either inherited or acquired.⁹⁵ Various forms of psychotherapy, such as persuasive psychotherapy, work therapy, catharsis and psychoanalysis, were recommended as the appropriate treatments. With rare exceptions, hospitals and private clinics did not regularly provide them, and futile medicine remained the main treatment for neurasthenic patients. Some of them, often after long, frustrating experiences with Western-medicine, turned to mental therapy for help. For these patients, mental therapists provided ‘psychological’ remedies to rehabilitate and rejuvenate their weakened minds. In place of Western psychiatry’s undesirable explanation, moreover, mental therapists put forward plausible and more appealing theories of neurasthenia based on their own ‘psychology’ that usually held contemporary social culture, rather than the morbid character of individuals, responsible.

By and large, mental therapists blamed Western culture and modern civilization. But interestingly, of all the social and cultural changes that Japan had gone through since the Restoration, it was the increase of distractions that was most often thought to have led to the weakness of the Japanese mind. ‘Since the hasty and blind introduction of Western ideas and cultures, the Japanese mind’, in Murakami’s words, ‘has been flooded with distracting and deluded ideas. . . . There are too many things occupying people’s minds in the material and cultural life of our society. People’s thought becomes increasingly shallow and trivial. As a result, they are prone to failure both in study and in business.’⁹⁶ In his view, impairment of attention and concentration characterized neurasthenia. It did not result from corrupt culture causing some permanent character defects. Nor was it caused by excessive demands made on the mind. The impairment of attention and concentration was simply a result of

⁹⁵ It was held that most neurasthenic patients actually suffered from either ‘pseudoneurasthenia’, a disease caused by psychological complexes and weak willpower, or ‘*shinkeishitsu*’, an inherited nervous character (see following chapter). For example, see Kinnosuke Miura, ‘Neurasthenia and other Similar Diseases’ in *Lectures on Popular Medicine*, Vol. III (Tokyo, 1929); Yasue Amemiya, *Simple Methods of Strengthening the Brain* (Tokyo, 1928); Gisaku Aoki, *New Treatments for Insomnia and Neurasthenia* (Tokyo, 1936); Inetarō Asaoka, *How to Cure Neurasthenia?*; Hidetoshi Kawakami, *Neurasthenia*.

⁹⁶ Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, p. 7.

too many distractions, to which the contemporary Japanese people were susceptible as they had been besieged by countless Western novelties.

On one hand, Murakami was concerned that the distracting contemporary culture had affected the morality of the Japanese society. As a teacher of agricultural morality and agricultural ethics in a public agricultural college, Murakami portrayed himself as an expert on moral education, rather than hypnotism, and attributed his interest in the latter to his concern about the former.⁹⁷ He was worried by the prevalence of neurasthenia among students in Japan, which he thought indicated moral decadence and deterioration of intelligence in the younger generations. On the other hand, however, he viewed moral decadence as a disorder of the working of the mind and proposed his ‘psychological experiments’ and *chyūi zyutsu* as the solution. These differed from traditional moral education methods as they were based on psychological knowledge and could specifically correct the disorder caused by distractions.⁹⁸

Distractions disturbed the working of the mind by diverting or clogging the flow of attention. According to Murakami, there were two ideal states of mind: *munen musō* and *chyūi sanmai*. In the former, the mind was not preoccupied by any particular idea and thoughts flowed through it swiftly and smoothly. The focus of attention was nowhere, but also, in a sense, everywhere, which allowed a panoramic perspective of the self and the world. In the latter, the mind was committed to one particular idea or object, on which attention was exclusively focused.⁹⁹ The two states were different from but essential to the achievement of each other. Both free flow and concentration of attention were essential to the functioning of the faculty. In the neurasthenic mind, however, the flow was clogged or diverted by distractions. Murakami promoted his ‘psychological experiments’ as effective methods to train and rehabilitate the faculty of attention and concentration. He advised readers for their own sake and for Japanese society as a whole, to practice them routinely to achieve *seishin tōitsu* and *chyūi sanmai* and thus prevent and cure the distracted neurasthenic mind.¹⁰⁰

⁹⁷ T. Murakami, *Lectures on Murakami's Concentration Skill*, pp. 8-9.

⁹⁸ *Ibid.*, pp. 8-9; Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, pp. 6-7.

⁹⁹ *Ibid.*, p. 47.

¹⁰⁰ *Ibid.*, pp. 7, 48, 80.

Murakami's criticism of contemporary culture and the want of concentration of the Japanese mind might be relevant to the rise of social disorders in the so-called 'democratic', but in fact somewhat chaotic, Taishō era. It was a period in which, after decades of oligarchy, political activists ventured to call for reforms to the political system and society based on a variety of Western political thoughts, including the parliamentary cabinet system, socialism, communism and nihilism. In addition to the unrest caused by social and political movements, a multitude of Western ideas and material cultures flooded into Japan and brought about change and uncertainty in many cultural domains and everyday life. In such a situation, it was not surprising that Murakami's viewpoint was shared by many of his colleagues, including the politician turned therapist Shyunichi Ema. Like Murakami, Ema blamed the tendency toward triviality in the education system for the high prevalence of neurasthenia among youngsters.¹⁰¹ What worried him most, however, were the overflowing of foreign ideas and the absence of central ideology in Japan. He deplored the hasty Westernization since the Restoration as merely superficial imitation of European civilization, which had achieved nothing but breaking up the old central authority and confusing and unsettling Japanese people, particularly the younger generation. Flamboyant and frivolous Western thoughts and material cultures distracted them, and they led a disconnected mental life without a central belief.¹⁰² Politically, despite being a former left-leaning and pro-democratic politician, Ema was concerned about the consequences of the democratic politics that he once passionately pursued. He worried that it had degenerated into some sort of media politics that was trivial, disorganized, chaotic and controlled by mass psychology. At the collective level, he argued for the restoration of a central belief: a new religion that was based on empirical psychological facts. At the psychological level, he believed that his cure, by pulling the mind back from all the distractions to achieve a state of *munen musō*, could rehabilitate the will that was responsible for directing and coordinating mental activities and was the best remedy for the distracted Japanese mind.¹⁰³

Apart from the diversity that he considered distracting, Ema condemned

¹⁰¹ Shyunichi Ema, *Ema's Training Method for the Mind and Body*, pp. 110-11.

¹⁰² *Ibid.*, pp. 1-13.

¹⁰³ *Ibid.*, pp. 1-13, 22-24.

another contemporary cultural phenomenon for the prevalence of neurasthenia: the ascendance of Western-style individualism and egoism in the Japanese society. He attributed the rise of socialism and communism and intensified class conflict to the growing dominance of egoistic desires within the Japanese mind. Both capitalists and the proletariat, in his view, were stuck in the pursuit of the satisfaction of personal desires and had no consideration for the society and the nation. Their minds, he sighed, were preoccupied by material and sensual desires, which he thought was due to excessive praise for individuality and heightened self-consciousness in contemporary culture.¹⁰⁴ Several other therapists expressed similar concerns about the ascendance of individualism and its negative impact on mental and psychological integrity. Tsunezō Ishī, a retired army general and mental therapist, worried that the excessive individualism of contemporary culture led to weakness and dysfunction of the mind.¹⁰⁵ Nanzō Takeuchi was concerned about what he called the ‘degeneration of desires’, which he thought resulted from the disproportionate development of ego in contemporary psychological life.¹⁰⁶

At first glance, the criticism of individualism and egoism might seem to be simply a moral concern and indignation that were common reactions to individuality in a predominantly collectivist culture. Particularly in Japan, under the influence of Buddhism, deconstructing and transcending the ego and egoistic desires had long been considered essential to moral cultivation. But for these therapists, it was also a diagnosis of a particular psychological disorder that they made based on how they thought the mind should be working. Since the mind, in their view, normally should have ideas and perceptions flowing through it without stagnation, to become obsessed with ideas about self or personal desires was not only a moral defect but also a disorder of the mind. The obsessions attracted so much attention within the mind that they blocked its flow. They disturbed the functioning of the mind and caused it to lose the ability to concentrate and to become anxious, dull and lacking in judgement and

¹⁰⁴ *Ibid.*, pp. 3-13.

¹⁰⁵ Tsunezō Ishī, *The Crisis of the Empire and the Waking up of the Nationals* (Tokyo, 1924), pp. 116-27.

¹⁰⁶ Nanzō Takeuchi, *Easy and Practical Methods of Strengthening the Body and Mind* (Tokyo, 1911), p. 22.

willpower.¹⁰⁷ Individualism, therefore, was not only immoral but also pathological and dysfunctional. Individualism was a disorder of obsession.

The psychopathological approach to individualism was evident in the solution provided by mental therapists. According to them, any cure for individualism, first and foremost, had to stop the mind's self-obsession, which could readily be done with mental therapy through the achievement of *muga* (no self). They considered traditional moral and religious education inefficient and ineffective. Some therapists blasted organized religions, including Buddhism and Shinto, for failing to build authority and influence in the modern world and accused them of corruption and formalism. Most importantly, organized religions were doomed to failure against material science since there was no empirical evidence to prove their doctrines. They fell into contempt and were no longer considered healing for the modern mind and body. In fact, they would not even survive without the protection of the government.¹⁰⁸ Because of the powerlessness of established religions, moreover, people who had needs beyond the material could not but fluctuate between extreme materialism and idealism and between rationality and superstition. This led to the emergence and rampancy of several folk religions, which further compromised the status of religion.¹⁰⁹ In order to restore the pivotal role of religion in society, several therapists argued that mental therapy, because it was based on empirical facts and was effective for various kinds of diseases, was the ideal new religion to meet the moral, educative and spiritual needs of modern society.¹¹⁰ Particularly for individualism and egoism, mental therapy was corrective and curative both in theory and in practice. By achieving *muga*, it could eliminate obsessions with

¹⁰⁷ Tsunezō Ishi, *The Crisis of the Empire and the Waking up of the Nationals*, pp. 116-27; Shyunichi Ema, *Ema's Training Method for the Mind and Body*, pp. 1-13.

¹⁰⁸ S. Ema, *Ema's Training Method for the Mind and Body*, p. 116; T. Kuwabara, *Spiritual Movement of the Psyche*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. IV, pp. 305, 327-28.

¹⁰⁹ Usaburō Takahashi, *Mental Therapy*, pp. 151-52; U. Takahashi, *Popular Lectures on Mental Therapy* (Tokyo, 1917), pp. i-ii, 9-10; Ōshyu Shimizu, *Mental Therapy: Illness Results from Ki* (Tokyo, 1921), p. 65; Tsūtoku Kihara, *The Liberation of the Body and Mind: The Secret of the Method of Cultivating the Ear Roots*, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. III, pp. 2-3.

¹¹⁰ S. Ema, *Ema's Training Method for the Mind and Body*, pp. 1-13, 22-24. Many organizations for the education and practice of mental therapy took the form of religion. See Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII.

self and self-interest and restore psychological as well as moral integrity.

Obsession, as well as distraction, was regarded as a major form of psychopathology because of the disturbance it caused to the stream of attention. Apart from the obsession with self, the obsession with health—the rising concern about personal and public health—was also thought to be prevalent and causing mental health problems. Shimizu, for example, worried that widespread concern about hygiene and health had done much to damage the health of Japanese people. Western concepts of hygiene, he argued, were passive and defensive in their protection against disease. The materialistic approach, moreover, led to neglect of the mind as an important pathogenic and therapeutic factor.¹¹¹ But Western medicine's greatest fault, in his view, was that it put too much emphasis on disease and exaggerated its risks. As medical knowledge became more widespread, an increasing number of people became obsessed with fears of disease, most often neurasthenia and tuberculosis. Hypochondriacal obsessions occupied their attention and often became morbid suggestions that led to real physical disease. Shimizu held that the poor health and short life of the Japanese people were paradoxically a result of the progress of medicine and the dissemination of hygiene concepts. He called on the government, as a preventive measure, to proscribe popular medical books and magazines and prohibit the press from publishing any information on medicine, health and disease.¹¹² He recommended his hypnotism-derived method of mental therapy to clear the mind of existing obsessions. Even without suggestion, achieving *munen musō* during mental therapy was believed to be able to restore the mind and shield people from the influence of morbid suggestion.¹¹³

A few therapists blamed modern civilization as a whole, not just its separate distractions and obsessions, for causing neurasthenia. In a view similar to, but not explicitly, Vitalism, modern civilization was thought to have retarded and dulled the mind by reducing its tension. Tsunezō Ishī, for example, compared the mental and physical health of modern people with that of

¹¹¹ Ōshyu Shimizu, *Clinical Suggestion: Shimizu's Psychotherapy*, in S. Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. I, pp. 222-26.

¹¹² *Ibid.*, 213-22, 246-47.

¹¹³ *Ibid.*, pp. 226-30.

barbarians and concluded that the former was far worse because most modern people were weary of the triviality of modern civilization.¹¹⁴ They were arrogant and conceited about its accomplishments, and its excessively developed rationality restrained their thinking. Their minds became sluggish with considerably reduced mental tension and vigour. Modern people languished in modern civilization. They became depressed and enfeebled and lacked courage, resolution and willpower, which in turn caused damage to the body and made them susceptible to physical disease.¹¹⁵ Ishī claimed that his unique cure, the *seiki zikyō ryōhō* (literally, self-striving exercise of vitality), returned the mind to its primal state of *munen musō* and thus was an effective method to reinvigorate the sluggish mind and restore its tension and vitality.

The criticism of contemporary culture might explain part of the appeal of mental therapy to the Japanese, particularly to intellectuals. On one hand, the condemnation of materialism and individualism resonated with anxious and disillusioned Taishō Japanese who saw increasing political and social unrest as a result of Westernization and democratization. Eliminating desires, thoughts and self-consciousness in order to pursue higher mental experiences might appear an attractive way to fulfil the common wish for a transcendent worldview and a more orderly and integrated society (which was also reflected in the trend of Vitalism in philosophy and literature).¹¹⁶ The reference to Buddhism, moreover, added mystical and spiritual appeal. On the other hand, based on a mechanical model of the mind, mental therapists provided a plausible explanation of how distractions and obsessions in modern culture could impair psychological functioning and how they could be removed from the mind. Along with frequent resort to empirical facts and hypnotic psychology, this attracted a considerable number of Western-style educated intellectuals, to whom criticism from a traditional moral and religious perspective might have seemed obsolete and outdated. Mental therapy theories were more appealing and convincing to them. By using Buddhist doctrine and modern psychology to

¹¹⁴ Tsunezō Ishī, *Lectures on Self-striving Exercise of Vitality* (Tokyo, 1926), pp. 29-31.

¹¹⁵ *Ibid.*, pp. 43-44; Ishī, Tsunezō, *The Crisis of the Empire and the Waking up of the Nationals*, pp. 79-80, 116-27, 190-91, 313-14.

¹¹⁶ Sadami Suzuki ed., *Daishō Vitalism and Modernity* (Tokyo, 1995); Sakimori Kon, 'Aiming at the Other Side of Modern Rationality: Harumitsu Hida's Health Method', in Yoshiya Sueta eds., *Daishō Society and the Trend of Reform* (Tokyo, 2004).

interpret each other, mental therapists provided viewpoints on self, culture and society that, for some, surpassed both the speculative religious doctrine and the one-sided, purely mechanical modern theory.

But the hydrodynamic model of the mind was not simply an imaginative theory. It was conceived, based upon and substantiated by actual practices or, as therapists preferred to put it, ‘experiments’. A variety of inductive and therapeutic skills and techniques developed based on the therapy. Interestingly, not only did hypnotism or mental therapy often involve some form of body techniques, but the experiences of mental therapy were also often described as bodily experiences. It seemed that the body played a very important role in the perception, understanding and management of the mind, particularly the flow of attention.

Body and Mind: the Flow of Ki and the Flow of Attention

In the early heyday of Japanese hypnotism, practitioners disagreed about how to induce hypnosis. Some, such as Fukuhei Ono, stressed the physiological basis of hypnosis and insisted that the blood supply to the brain had to be reduced in order to produce an anaemic state in the brain, which was essential to the induction of hypnosis in the mind. Purely psychological methods, even though they might also be able to produce the same physiological effect and induce hypnosis without actual body manipulation, were thought to be far less effective and reliable than physical ones. Ono boasted of a quick response and high success rate for his set of hypnotic skills, called ‘Ono’s hypnotism.’ These consisted of body manipulation, such as pressing carotid arteries and gentle body-brushing, aimed at reducing blood flow to the brain.¹¹⁷ Other therapists, such as Fukurai, although also believing in the causal relationship between cerebral anaemia and hypnosis, did not put as much emphasis on physical methods as Ono and argued that, for the most part, purely psychological methods, such as the concentration of attention, were enough to produce cerebral anaemia.¹¹⁸ Still others, such as Murakami, had little interest in the physiology of hypnosis and denied the necessity of using physical methods.

¹¹⁷ Fukuhei Ono, *Ono’s Hypnotism*, pp. 593-617.

¹¹⁸ Tomokichi Fukurai, *An Introduction to Hypnotic Psychology*, pp. 145-67.

Under the influence of the Nancy school, they held that sleep or hypnosis suggestion was essential to the induction of hypnosis. It had nothing to do with the body. Sometimes, a simple and short command was all that was needed to induce full hypnosis. Physical methods could only be effective when they served as some form of suggestion.¹¹⁹

But in later years, when the question became how to induce a state of *munen musō* in mental therapy, the dispute seems to have been settled. By and large, hypnotists had abandoned the old physical methods. Most therapists no longer believed that cerebral anaemia was the physiological basis and hence a necessary condition of hypnosis. The hypnotic state, that is, the state of *munen musō*, was generally regarded as a mental state whose induction had nothing to do with the ‘physiological’ body defined by modern Western medicine. But at the same time, they also denied the role of suggestion in the induction of hypnosis—or, more precisely, the meaning of ‘suggestion’ had considerably changed. Suggestibility now rarely meant susceptibility to outside influence, but rather an aptitude for concentrating on one’s own inner world, which was considered a precondition for the achievement of *munen musō*. Suggestibility was thought to be innate to all human beings except the profoundly stupid and the mentally ill but had often become dormant or lost because of the hustle and bustle of modern life.¹²⁰ The induction of *munen musō*, therefore, necessitated the reactivation of this innate suggestibility, for which numerous methods had been invented or reinvented. Most of them were body techniques.

These techniques seemed important to mental therapy: many therapists declared that they had invented special skills that were particularly effective and reliable for inducing *munen musō*. Therapists often advertised their techniques as exclusive to their disciples and clients and they distinguished the different schools of mental therapy from one another.¹²¹ These so-called ‘secret skills’, however, were no more than different combinations of similar techniques, which themselves were nothing new. They were simply traditional body

¹¹⁹ Tatsugorō Murakami, *The Latest Hypnotism* (Tokyo, 1912), pp. 4-38, 382-97.

¹²⁰ For example, see Ōshyu Shimizu, *Clinical Suggestion: Shimizu’s Psychotherapy*, p. 204; Tatsugorō Murakami, *An Introduction to the Concentration Skill* (Tokyo, 1926), p. 37-38; Tokunosuke Iwata, *Textbook of Iwata’s Instinct Therapy* (Tokyo, 1930), pp. 109-16.

¹²¹ Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*.

cultivation methods, among which breathing exercise and quiet-sitting were the two techniques that most often made up the secret skill for the induction of *munen musō*.

Igarashi, for example, asked his clients, according to sex, to sit in a certain way and alternate deep breathing with normal breathing in a particular rhythm to be induced into *munen musō*.¹²² Usaburō Takabashi taught readers to take long deep breaths in a quiet place and focus on certain ideas, which, he claimed, would help them get rid of the egoistic consciousness and enter the realm of *senzai ishiki* (latent consciousness).¹²³ Rēhō Miyoshi argued that posture and breathing, as well as thinking, were the most important factors to achieve *munen musō*.¹²⁴ Murakami, despite previously arguing for the fundamental role of suggestion, put great emphasis on the benefits of quiet-sitting and abdominal breathing, both of which, he claimed, were aimed at cultivation of the lower belly (the *danden*) and were indispensable to attaining *sanmai* and mental unity.¹²⁵ Even Fukurai abandoned his earlier psychological and physiological approaches and turned to yoga, which comprised the Buddhist body discipline of sitting and breathing, to cultivate mental unity.¹²⁶

Apart from these moderate methods of breathing and sitting, a few other therapists invented more complicated and dramatic forms of breathing exercise and quiet-sitting and accorded them some grandiose and fantastic names. Tōkō Watanabe, for example, argued that regularity of breathing and body position was the precondition of mental unity. To achieve and maintain perfect breathing and body position, he devised three types of breathing exercise: ‘breathing of physical strength’, ‘breathing of abdominal strength’ and ‘breathing of vitality’, which needed to be learned and practiced in a progressive order. ‘Breathing of vitality’ was the supreme manner of breathing, in which a cycle of breathing should last more than forty seconds. Only then could true clarity of thinking and mental unity be achieved.¹²⁷ Another well-known therapist, Tesshin Hiyama,

¹²² Kōryū Igarashi, *Automatic Cure*, pp. 71-77.

¹²³ Usaburō Takahashi, *Mental Therapy*, pp. 113-25.

¹²⁴ Reihō Miyoshi, *Miyoshi's Method of Mental Cultivation*, pp. 74-75.

¹²⁵ Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, pp. 43-46.

¹²⁶ Tomokichi Fukurai, *The Psychology of Mental Unity* (Kyoto, 1926), pp. 168-72.

¹²⁷ Tōkō Watanabe, *The Secret of Mental Therapy*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. V, pp. 269-80.

invented several special techniques to induce *munen musō* and mental unity, some of which had quite extraordinary names, such as the ‘mid-body exercise’, ‘breathing of spiritual movement’ and ‘breathing of idea’.¹²⁸ Whatever the name, they all were merely exercises designed to strengthen the abdomen, relax the chest and head and calm the breath.

There were several different explanations as to how these body techniques affected mental state. To some therapists, it seemed self-evident that breathing exercise and quiet-sitting would lead to *munen musō*, *sanmai* and *seishin tōitsu* since they were all sublime mental states in Buddhism, and breathing exercise and quiet-sitting had long been an important method to achieve them. These terms, moreover, had been employed by traditional folk religions and shamanism to refer to the state of *dōsen* (becoming Immortal), with breathing exercise and quiet-sitting regarded as a *senzyutsu* (method of becoming Immortal). These beliefs were so deeply embedded in the culture that neither clients nor readers would question them. Despite being used in the modern time to refer to the hypnotic state, the terms nonetheless retained their traditional religious and mystical meanings. Matsubara, for example, argued that the hypnotic state was tantamount to various supreme mental experiences in religions, such as ‘seeing God’ in Christianity, *shinzingōitsu* (the unification between gods and human beings) in Shinto and Nirvana in Buddhism.¹²⁹ Breathing exercise and quiet-sitting, therefore, might still be seen as some form of *senzyutsu*, and by practicing them, people could expect to acquire extraordinary mental, physical and spiritual abilities.

A few other therapists, in contrast, explained the effect in a natural and psychological way. In their view, these skills were merely convenient and practical methods to help people focus and maintain their attention. It would be easier for people to suppress distracting ideas and perceptions if they focused all their attention on their own posture and breath. Pondering the abdomen, maintaining abdominal tension and counting and modulating breaths, however exceptional they appeared, were merely methods of focusing attention and not that different from other mediocre methods, such as listening to monotonous

¹²⁸ Ei Hiyama, *On the Therapies for Reforming the Mind and Body* (Tokyo, 1915), pp. 430-40.

¹²⁹ Kōgetsu Matsubara, *Lectures on Spiritual Skill*, p. 21.

sounds or staring at lights. The mental state achieved by the practice, whatever it was called, was merely a state of extreme concentration.¹³⁰

Most therapists, however, took an eclectic view: these body techniques were indeed something supernatural and spiritual, but their effect could also be understood according to rational and experimental psychology. They made efforts to integrate the traditional physical and mental experiences associated with these techniques into their new psychology, through which the latter was inevitably influenced by the former, and vice versa. As we have seen in the previous two chapters, some deep-seated body perceptions and conceptions had influenced the understanding of the new ‘nerve’ and ‘brain’. Similarly, the new psychology had to be understood by considering the influence of traditional mind-body views and experiences.

First of all, this might explain why the flow and concentration of attention was accorded such a central role in the psychology of mental therapy. There was a remarkable correlation between the perfect mental state of this psychology and the traditional perfect body. In the perfect body, all the strength should be preserved in the lower belly with none wasted elsewhere. All parts of the body except the lower belly should be free from tension and agitation. In the perfect mental state, attention should be concentrated and its flow should not be diverted or stagnated by the presence of distractions and obsessions. In many respects, the flow of attention and ideas in the mind was similar to that of *ki* in the body. Mind disorders, such as being distracted, obsessed, depressed and emotionally excited, were also similar to the disorders of *ki* being diverted, solidified, stagnant or squandered. They, moreover, were thought to be able to lead to and symptomatic of each other. Shyūsuke Takagi, for instance, claimed that there was a link between obsessive ideas and solidifications of *ki* in the body that were detectable by subjective sensation and objective examination, and the obsessive ideas could be eliminated by treating the solidifications with techniques akin to osteopathy.¹³¹ In fact, the ancient axiom ‘*yamai wa ki kara*’ (literally, illness results from *ki*) became a catch phrase of mental therapy. On one hand, it was used to highlight the psychogenic nature of diseases, with the

¹³⁰ Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, pp. 43-46.

¹³¹ Hidesuke Takagi, *The Foundation of Belief* (Ogōrichō, 1934), pp. 47-49.

ki interpreted as referring to psychological factors that might influence health, such as delusions and immoderate desires and emotions.¹³² On the other hand, as shown in Takagi's theory, it was also cited to indicate the similarity, consistency and reciprocity between the flow of ideas in the mind and the flow of *ki* in the body. To a certain degree, psychological experiences were perceived and conceptualized in a way similar to the bodily experiences of *ki*. Accordingly, breathing exercise and quiet-sitting was considered a method effective both for the cultivation of perfect body and perfect mind.

In fact, it was often difficult to draw a distinction between psychological and bodily experiences not only in the theory but also in the practice of mental therapy. A lot of mentally disturbed patients, many of whom were neurasthenics, described how they felt freed from distractions, obsessions, delusions and depression when concentrating on their bellies, breathing and sitting positions and felt their bodies freed from restraint and full of power and energy. The dysfunctional thoughts and emotions and the senses of tension and weakness of the body seem to have disappeared at the same time.¹³³ As to suggestion, whether it was auto-suggestion or given by a therapist, it was often emphasized that it had to be contemplated 'in' the belly and imprinted there. The degree of belief in suggestion seems to have corresponded to the degree of tension in their bellies that they had endeavoured to maintain by breathing exercise.¹³⁴ Renewal of the mind was experienced, above all, through and as renovation of the body.

Some therapists further argued that renewal of the mind could and should be represented by the body. Japanese hypnotists had been particularly interested in the physical phenomena of hypnosis, such as catalepsy, automatism and a host of idiosyncratic body perceptions.¹³⁵ After hypnotism was transformed into various forms of mental therapy, mental therapists put even greater emphasis on

¹³² Ōshyu Shimizu, *Mental Therapy: Illness Results from Ki*.

¹³³ For example, see Kōryū Igarashi, *Automatic Cure*, pp. 67-71; Tokunosuke Iwata, *Textbook of Iwata's Instinct Therapy*, pp. 236; Hidesuke Takagi, *Experiences of Takagi's Six-Skill Fasting Therapy* (Ogōrichō, 1922); H. Tagaki, *Lectures on the Fasting Therapy and the Skill of Aura: A Radical Cure and Cultivation*.

¹³⁴ Ei Hiyama, *On the Therapies for Reforming the Mind and Body*, pp. 437-40; Tōkō Watanabe, *The Secret of Mental Therapy*, pp. 288-90; Kōgetsu Matsubara, *Lectures on Spiritual Skill*, pp. 16-21.

¹³⁵ Desseki Huruya, *Self-study of Hypnotism: The Mystery of Hypnotism* (Tokyo, 1905); Yoshizō Kondō, *Magic and Hypnotism: Psychological Applications* (Tokyo, 1892); Kyūhei Sasaki, *Mental Phenomena during Hypnosis*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-1.

these body phenomena. Instead of symptoms of neuropathologies or psychopathologies, they were thought to be representations of extraordinary mental states and the mediums by which they brought about their therapeutic and other positive effects. Several different body phenomena were considered representative of the supreme mental state. Fukurai, for example, argued: ‘*Seishin tōitsu* (mental unity) means not only the unity of ideas but also the unity between the ideas and the body. Mental unity, therefore, is the unity of the body, and vice versa.’¹³⁶ He went on to explain that in mental unity, all ideas were committed to a common purpose that should control not only the whole mind but also the whole body. To achieve mental unity, all distractions had to be cleared from the mind. But the clearing of distractions was not complete until ‘not only all ideas, but also all of the billions of cells constituting the body had given up their intentions and become fully committed to the command from the mind.’¹³⁷ The mind of mental unity, therefore, should have full command over the body, and the body in its purest state should be nothing other than the representation of the mind.¹³⁸

Fukurai gave several examples of mind-body unity. He praised Buddhist wisdom that emphasized the use of the body in preaching (*kyoshin setsubō*). A good preacher, he said, if in the sublime state of mental unity, was able to use his whole body to preach and convey his belief to the audience through his sitting manner, body position, tone and volume of voice.¹³⁹ Fukurai argued that the highest accomplishments in music, painting, kendo and *budō* (martial art) could only be achieved when the practitioner was in a state of mental unity and had the whole body under his control during the process of creation or fighting.¹⁴⁰ Contemporary people, however, did not understand the disturbance that distraction caused to the movement of the body and seldom exercised mental unity. Consequently, they often lost control of the body to numerous conscious or unconscious distractions, of which hysteria and hypnotic automatism were the two most remarkable representations.¹⁴¹

¹³⁶ Tomokichi Fukurai, *The Psychology of Mental Unity*, p. 122.

¹³⁷ *Ibid.*, p. 131.

¹³⁸ *Ibid.*, pp. 147-48.

¹³⁹ *Ibid.*, pp. 138-39.

¹⁴⁰ *Ibid.*, pp. 122-61.

¹⁴¹ *Ibid.*, pp. 77-104, 130.

Fukurai's pathological view of automatism was in line with his general view of the unconscious. He held that the unconscious was made up of numerous distracting ideas and desires and had to be unified to achieve mental unity. The unintentional movements of automatism revealed an absence of unity. His view, however, was by no means the prevailing one at the time. Many instead thought the state of *muishiki* (unconsciousness) or *senzai ishiki* (latent consciousness), rather than being distracted or disunited, was a state of mental unity itself, and that automatism was a typical representation. The automatism was thought to consist of wholesome non-voluntary body movements, which could substantiate and measure the achievement of supreme mental unity. Some therapists called automatism '*reidō*' (spiritual movement) and used it to support religious claims. For instance, Morihei Tanaka—the founder of a new religion, *Taireidō* (literally, The Way of the Great Spirit), and often counted as a mental therapist then and today—claimed that automatism was one of the manifestations of the incredible power of the spirit.¹⁴² It was also a proof of the achievement of certain spiritual states. In group practice of *Taireidō*, disciples, particularly beginners, were asked to take a proper sitting position and meditate in order to attain a higher mental state. Once this was attained, the spirit would show itself through some drastic and dramatic forms of collective automatism or, as followers put it, the 'manifest movements of the *seishin*'.

Initially, there were some tiny movements on everyone's body. They persisted for a while, and then, all of a sudden, someone sitting in the central area began to move violently. It could then be seen that everyone, while remaining in sitting position, began to jump from here to there all over the hall. A crowd of dozens of people in sitting position jumped in concert high and low, rightward and leftward, frontward and backward, all over the room, which looked exactly like the surging waves of the ocean. The *reiodori* (literally, spiritual jump or dance) had a harmonious rhythm. It came to a halt after a little while, but soon started again.

¹⁴² Reikai Kakusei Dōshikai, *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, pp. 7-9; Kōji Imura, *Symposium of the Therapists of Spiritual Skill, A New Edition* (Tokyo, 1996), pp. 300-01; Shinichi Yoshinaga, 'The Era of Folk Mental Therapies', pp. 15-17.

A group practice session usually lasted twenty minutes, in which four or five cycles of spiritual jump took place. It was a ritual of initiation and also the first course of the regular cultivation practice in *Taireidō*.¹⁴³

Apart from such public spectacle, therapists used a variety of other body representations to convince their clients and disciples of the extraordinary and wholesome nature of the mental states achieved during therapy. It might be minute shaking of the body¹⁴⁴ or conspicuous non-voluntary movement.¹⁴⁵ It could also be unusual body positions, such as the catalepsy on which Murakami put much emphasis.¹⁴⁶ The body generally was in motion. But sometimes what changed was simply a person's perception of the body. In such cases, unusual streams of *ki* often pointed to the exceptional state of mind. Tōkō Watanabe, for example, felt some kind of *ki* flowing around and surrounding his body when he attained mental unity.¹⁴⁷

Some therapists claimed that automatism was therapeutic in itself. According to them, the body had a natural self-healing power (*shizen ryōnō*), but many people had lost it because of an excess of thoughts and desires. One could restore the power by achieving *munen musō* in mental therapy, which would then activate and coordinate specific automatic movements to treat disease. Several such cures became popular. The form of movement varied by patient and by disease. Thus for those who actually benefited from it, automatism was both a representation of self and an important source of self-identity as well as evidence that they had cleared their mind of distractions and delusions and re-harnessed their natural healing power.

One of the advocates of this type of cure was the already-mentioned Kōryū Igarashi, who named his unique method the 'automatic cure'. Igarashi argued that the body naturally possessed self-preservative and self-healing power, which often became inactive because of the presence of distractions and delusions. He claimed that his hypnotism-derived cure, by inducing patients

¹⁴³ Taireidō Honin ed., *Spiritual Light*, in *Daireidō*, Vol. IV supp., in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-5, pp. 13-15.

¹⁴⁴ Sendō Kurita, *The Principles of Preserving the Health and Curing Diseases* (Tokyo, 1924), pp. 205-15.

¹⁴⁵ Kōryū Igarashi, *Automatic Cure*.

¹⁴⁶ Tatsugorō Murakami, *Psychological Experiments for Mental Unification*, pp. 73-85.

¹⁴⁷ Tōkō Watanabe, *The Secret of Mental Therapy*, p. 16.

into a state of *munen musō*, could reactivate the self-healing power and induce specific forms of automatism directly targeted at the sick parts of the body.¹⁴⁸ As has been said, most of the cases that he reported in his book were cases of neurasthenia. Although the automatic movements for the treatment of neurasthenia were supposed to be aimed at the head, the patterns usually differed from case to case and from session to session. According to correspondence between Igarashi and his patients, they mostly felt incredibly invigorated and energized by taking the movements and recovered quickly. Some of them did express concern about the difference between the patterns of their movements and those described by Igarashi, but Igarashi reassured them this was normal variation between individuals. At the same time though, patients seemed to have enjoyed the uniqueness of their own automatism.¹⁴⁹ Igarashi claimed that his cure could not only cure disease but also make patients even healthier than they had been before falling ill. They would be able to fulfil previously unknown potential and live in a brand-new world in which they could cheerfully and pleasantly strive for their goals.¹⁵⁰

Tsunezō Ishī was another therapist who stressed the healing effect of automatism and named his cure ‘*seiki zikyō ryōhō*’ (the self-striving exercise of vitality). He, like Igarashi, claimed to be able to reactivate patients’ self-healing power by inducing them into a state of mental unity, which could bring about the automatic movements specifically curative of their diseases. Ishī claimed the different forms of automatic movement that came about for different diseases could be used for diagnosis. In neurasthenic patients, the movement patterns typically changed in quick succession and involved almost all parts of the body.¹⁵¹ As a disease was healed, moreover, clients usually developed their own unique fixed patterns of automatic movements over time. After repeated practice, they would be able to initiate their signature automatism at will, which, Ishī stressed, should be practiced regularly as a cultivation exercise to improve morality, intelligence and health.¹⁵²

¹⁴⁸ Igarashi, Kōryū, *Automatic Cure*, pp. 19-21, 24-25.

¹⁴⁹ *Ibid.*, pp. 24, 58-59, 69-71.

¹⁵⁰ *Ibid.*, p. 77.

¹⁵¹ Tsunezō Ishī, *Lectures on the Self-study of Self-Striving Exercise of Vitality* (Tokyo, 1927), pp. 32-33; Ishī, Tsunezō, *Lectures on Self-striving Exercise of Vitality*, pp. 42-51.

¹⁵² Tsunezō Ishī, *Lectures on the Self-study of Self-Striving Exercise of Vitality*, pp. 54-98.

However, the most successful therapist of this automatism-based form of mental therapy perhaps was Tokunosuke Iwata, whose *honnō ryōhō* (literally, instinct therapy) became well-known in the late Taishō period and attracted a lot of followers, including a number of Western-medical doctors. A clinic of ‘instinct therapy’ was even set up in a Western-style hospital in Kyushu, which, at the time, was a rare endorsement for an alternative remedy.¹⁵³ Iwata, like Igarashi and Ishi, exalted self-healing power, which he thought most people had lost because of their blind belief in modern medicine and excessive consumption of drugs.¹⁵⁴ The essence of his instinct therapy, similarly, consisted in the reactivation of self-healing power and its embodiment in various forms of automatism. What made Iwata’s cure distinct was that he invented around eighty types of exercises and postures that he claimed could arouse the self-healing instinct and bring about therapeutic automatic movements.¹⁵⁵ Most of the exercises involved moving some part of the body in a certain manner several times and then relaxing and leaving the body to the ensuing inertial motions. The fifty-sixth type, for example, instructed a patient to sit on the floor, kick up his legs twice and then relax, from which vigorous automatic leg movements would ensue. Iwata compared this type of exercise to a child in a tantrum who stamped on the floor or kicked his legs. The child’s movements were instinctive and could help ventilate his anger and hence protect him from the harm of intense emotions. Iwata claimed that his exercise had the same effect and was particularly helpful in treating neurasthenia.¹⁵⁶ A few other types merely consisted of particular body positions. ‘Standing freestyle’, for example, suggested standing with the trunk as relaxed as possible, just like being drunk. Various unexpected and amazing trunk movements would result and the patient would feel refreshed and renewed in a blissful new world. Iwata recommended it as the best way to strengthen the constitution and some of his Western-medical-doctor disciples dubbed it ‘the dance of the Immortal’.¹⁵⁷

The use of automatism as a cure, as well as the emphasis put on breathing exercise and quiet-sitting as a gateway to higher mental states, makes it

¹⁵³ Tokunosuke Iwata, *Textbook of Iwata’s Instinct Therapy*, pp. i-iv.

¹⁵⁴ *Ibid.*, pp. 4-5.

¹⁵⁵ *Ibid.*, pp. 19-89.

¹⁵⁶ *Ibid.*, pp. 70-71.

¹⁵⁷ *Ibid.*, p. 83.

sometimes difficult to differentiate these mental therapies from those ‘physical’ health methods discussed in the previous two chapters. Although portrayed as ‘mental’ therapy, the inductive and therapeutic skills were mostly body techniques. Even in the treatment of neurasthenia, in which a sudden change away from deluded, distracting and self-indulgent ideas to more productive, optimistic and selfless ones (*shinki itsuten*) was considered essential, the mind change was mainly achieved by body techniques and experienced in the body. In order to be recognized, the change had to be embodied, either as inexhaustible and energetic *ki* flowing around the body, or as dreamy and dance-like automatic movements. In many cases, the emancipation of the mind seemed nothing more than the reinvigoration of the body.

Mental therapy, however, was nonetheless distinct in that, thanks to its origins in hypnotism, it put much more emphasis on the working of the mind and elucidated it by certain mechanical models. Indeed, even in those health methods, the body was not a purely physical or material body, but had spiritual, aesthetic and psychological meanings as it had in mental therapy. But only in the latter was the main focus on the mechanisms of the mind—the body was merely a medium through which the mind could cultivate, correct and represent itself. Patients used body techniques mainly to restore the mind and the techniques could only be effective when they were coupled with mental techniques, particularly those that improved attention and concentration. Automatism was fundamentally different from any health exercise in that it only occurred in particular mental states and could not be learned through training. The so-called self-healing power of the body could only be activated by achieving certain mental states. They were the embodiments of the mind being clear of delusions and obsessions and in a state of *munen musō* and mental unity. The free-flowing patterns of the automatic movements represented the free flow of ideas in the mind.

Moreover, automatism differed from health exercises in that its form varied from person to person and was determined by the existing disease and, most importantly, the individual’s character. People, as Ishī claimed, might develop their own characteristic patterns of movement, which would occur whenever they were in a state of *munen musō*. The characteristic automatism became an

important part of self-identity, through which the virtually indescribable self of *muga* (none self) became recognizable and identifiable. Ishī, accordingly, warned that the development of the characteristic automatism posed the risk of fixation, polarization and self-indulgence and should be balanced by group cultivation in which excessive individuality could be prevented and corrected.¹⁵⁸ For those weary of the uniformity of modern culture, however, the identity and individuality obtained through the representative automatism was important. One of Iwata's medical-doctor disciples, for example, praised Iwata's instinct therapy as the only treatment that was truly individualized and that realized the ideal of individualism by breaking the uniformity of modern medicine.¹⁵⁹

Self-identity, which a person achieved mainly through body manipulation and body expression, was important to those who, consciously or unconsciously, wished to improve themselves through mental therapy. The psychology upon which mental therapy was based was, after all, a psychology that expounded on the ontological, mechanical and even corporeal constitution of the mind, but had little to say about its psychological contents. The concepts of *munen musō*, *muga mushin*, *sanmai* and *seishin tōitsu* explained the ontology, the dynamic mechanism and the correlation of the mind to the body, and stressed the nothingness of concrete perceptions, thoughts and emotions. Since there was neither *ga* (self) nor *shin* (mind), what self-identity could be achieved except that based on the body? But just as the perfect flow of *ki* involved both non-stagnation and the accumulation of *ki* in the lower belly, the 'nothingness' of psychological content should lead to the 'oneness' of the mind, and vice versa. When '*mu*' (nothingness) was achieved, a 'centre of gravity', a central ideology or an authoritative figure should emerge. The necessity of and the wish for a transcendental self with which individuals could identify had influenced not only the theory but also the practice of mental therapy, particularly the therapist-client relationship. Based on the 'oneness', another identity developed that mostly was a familial identity, but often also a national identity.

¹⁵⁸ Tsunezō Ishī, *Lectures on the Self-study of Self-Striving Exercise of Vitality*, pp. 37-38.

¹⁵⁹ Tokunosuke Iwata, *Textbook of Iwata's Instinct Therapy*, p. 195.

College, Family and Nation

The hypnotist-hypnotee relationship, even in the early days of Japanese hypnotism, had been considered vital to the success of hypnotism. For example, Yoshizō Kondō, a pioneer hypnotist, put much emphasis on the belief and confidence the hypnotee had in the hypnotist. To some extent, this depended on the disparities between the two's physical strength, intelligence and social status. He held that the most suitable subjects for hypnotism were children and women, particularly housemaids¹⁶⁰ (who had been the subjects of some successful hypnotic experiments in the early period).¹⁶¹ Later, when hypnotism became better established, women and children were still often considered ideal subjects for experimentation and demonstration of hypnosis. Kuwabara, who initially learned hypnotism from Kondō's book, conducted most of his hypnotic experiments on his housemaid and claimed to have achieved considerable success.¹⁶² Many other hypnotists and would-be hypnotists preferred children to be the subjects for their study or public display of hypnosis. A lot of them, in fact, were primary school teachers and had easy access to these ideal subjects. The performance of hypnotism on school pupils was so common that the government issued a decree to completely prohibit it, whether it was for experiment, treatment or moral education.¹⁶³ Nonetheless, there were enthusiasts desperately seeking to experiment with or demonstrate their skills on schoolchildren by claiming their skills to be something other than hypnotism.¹⁶⁴ Many mental therapists, however, disagreed with Kondō on why children responded particularly well to hypnotism or mental therapy. According to them, it was not because children were more inferior to therapists than adults, but because they were less contaminated by the corrupt culture and hence better retained their innate innocence, sensitivity and suggestibility.¹⁶⁵ These therapists

¹⁶⁰ Yoshizō Kondō, *Magic and Hypnotism: Psychological Applications* (Tokyo, 1892), pp. 40-41, 72-80; Yoshizō Kondō, *Self-study of Hypnotism*, in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-1, pp. 30-31.

¹⁶¹ Shinichi Yoshinaga, 'The Dawn of Hypnotism, the introduction', pp. 5-6.

¹⁶² Toshirō Kuwabara, *Spiritual Movement of the Psyche*, p. 29.

¹⁶³ Tatsugorō Murakami, *Lectures on Murakami's Concentration Skill*, p. 31; Nariyoshi Satō, *Experimental Psychotherapy: The Reality, Theories and Methods of Mental Therapy* (Osaka, 1926), p. 44.

¹⁶⁴ Nariyoshi Satō, *Experimental Psychotherapy: The Reality, Theories and Methods of Mental Therapy*, pp. 44-5.

¹⁶⁵ Tsunezō Ishi, *Lectures on Self-striving Exercise of Vitality*, pp. 54-56; Matsubara, Kōgetsu, *Lectures on Spiritual Skill*, p. 27.

put less emphasis on the hierarchical relationship between themselves and their clients than did Kondō. They did, however, reinforce the hierarchy by implying that therapists had the utmost purity and innocence and hence absolute moral authority. Such authority was an important therapeutic factor and was reflected in the structure of the organizations established for the practice, study and popularization of mental therapy.

In its heyday, there were hundreds of such organizations being set up across Japan. Many self-styled therapists, who often claimed to have invented some unique cure, founded their own organizations, with a varying number of branches further set up by their disciples.¹⁶⁶ These organizations differed considerably in terms of number of members and scope of influence. The majority of them were small societies in provincial or rural areas and had hardly more than a dozen members. A few organizations, such as Tenbū Nakamura's 'Society of the Philosophical Medicine of Unity' and Shyunich Ema's 'Oriental Humanitarian Communion', however, managed to recruit hundreds and even thousands of members, among whom were some famous and influential figures, and set up branches across the Empire.¹⁶⁷

Despite the difference in scale, there were common characteristics among these organizations. Firstly, their constitutions usually emphasized the recruitment of students into training courses, rather than the solicitation of patient-customers.¹⁶⁸ The founders appeared intent on defining and promoting the organizations more as institutions for education and training than for practicing medicine. Most organizations offered training courses of various lengths and levels to give participants the ability to practice mental therapy on their own in a relatively short period of time.¹⁶⁹ Some organizations provided courses that could be tailored to individuals or a small group of students and held wherever was convenient.¹⁷⁰ Many organizations, moreover, published

¹⁶⁶ Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*.

¹⁶⁷ *Ibid.*, pp. 1-6, 74-48.

¹⁶⁸ *Ibid.*

¹⁶⁹ For example, see the constitutions of Murakami's 'Tokyo Society for Psychical Research' and Shimizu's 'Association for the Cultivation of Soul and Education' in Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, pp. 38-42, 54-59.

¹⁷⁰ *Ibid.*, pp. 41-42, 325.

their own teaching materials and held correspondence courses for those who could not attend in person. Desseki Huruya's 'Society for Mental Research' (*Seishin Kekiūkai*), for example, published a series of books titled '*The Manual for the Training of Head Doctors of Hospitals of Mental Therapy*'.¹⁷¹ The interest in training mental therapists, on one hand, might be related to the organizations' hopes to popularize mental therapy and mental cultivation, which they always argued were the key to the improvement of social and national morality as well as health. On the other hand, there might have been an economic reason behind it. The large amount and variety of supply points to a considerable demand for such courses, which probably were a no less reliable source of income than treating patients. Potential participants might include those who were eager to improve mental strength, those who were looking for a different worldview and lifestyle than the modern ones and those who, being unemployed or unsatisfied with current jobs, intended to earn their living as a mental therapist.¹⁷² Particularly for the last type of student, the short-term courses would have had strong appeal.¹⁷³

Secondarily, consistent with the emphasis on education and training, these organizations, to varying degrees, imitated modern education institutions both in appearance and in constitution. In most organizations, the curriculum of each course, as in school, was set up in advance and taught in order. They issued certificates to students who completed their training courses and certificates of qualification as a mental therapist to those who, often after longer periods of study at higher fees, wanted to start their own practice.¹⁷⁴ Some organizations were directly named 'College' or 'University', and several organizations copied modern higher education and issued their own degrees.¹⁷⁵ Hōzyun Takeda, for example, founded an organization called 'Tokyo *Shinrei* University', which offered four different courses: correspondence, special, higher and graduate. A higher course was designed to be finished in a month, after which the student

¹⁷¹ Desseki Huruya, *The Manual for the Training of Head Doctors of Hospitals of Mental Therapy* (Tokyo, 1918).

¹⁷² Kurakichi Hirata, *Hirata's Psychotherapy* (Tokyo, 1996), p. 290.

¹⁷³ Seikō Dokuritsutei, *Methods for Men and Women to Live Independently in Tokyo* (Tokyo, 1911), pp. 37-38.

¹⁷⁴ Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*.

¹⁷⁵ *Ibid.*, pp. 19-22, 152-55, 271-73, 329-30.

would be awarded the degree of Bachelor in *Shinrei Igaku* (Mental Medicine) and the ‘Certificate of Approval for the Practice of Mental Therapy’.¹⁷⁶ Similar rules and degrees could be found in a few other organizations, such as the *Taireidō* and Sendō Kurita’s ‘*Rizumu* (Rhythm) College’.¹⁷⁷ Beyond individual organizations, moreover, there were a few associations formed by master therapists, such as the ‘Great Japanese Society of *Seishin Ishi*’ mentioned at the beginning of the chapter. They were, to some extent, modelled on modern professional organizations. These modern guises reflected the constant aspiration of mental therapists to be recognized as proper modern professionals. They also might have added modern appeal to their courses for promotion. The strategies were very successful for some organizations in the competitive market.

However, it probably was the third common characteristic that was most vital to the continued success of these organizations: there were often a limited number of core disciples, who, along with the master therapists, formed the backbone of the organization. The relationship between master and disciple was rather different from the seemingly modern one that masters had with come-and-go trainees and patients. Many of these core disciples were formerly patients and had recovered only with the help of the master’s mental therapy.¹⁷⁸ Profoundly affected by the mental or physical experiences of the treatment, they wanted to learn the skills either to become therapists themselves or to practice them as a cultivation method. They lived nearby and grouped around the master at least weekly to gain the knowledge and skills of mental therapy and practice cultivation under his supervision. For some disciples, the group session of treatment or cultivation became an important social activity. Sometimes, all members of a family, including small children, whether it was the master, the mistress or both who fell ill and sought treatment at first, participated

¹⁷⁶ *Ibid.*, pp. 152-55.

¹⁷⁷ Sendō Kurita, *The Principles of Preserving the Health and Curing Diseases* (Tokyo, 1924); Taireidō Honin ed., *Spiritual Light*, in *Daireidō*, Vol. IV supp., in Shinichi Yoshinaga ed., *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-5.

¹⁷⁸ For example, see Hidesuke Takagi, *Lectures on the Fasting Therapy and the Skill of Aura: A Radical Cure and Cultivation* (Yamaguchichō, 1925), pp. 16-17, 32-35, 72-75; Ōshyu Shimizu, *Mental Therapy: Illness Results from Ki*, pp. 85-100; Tokunosuke Iwata, *Textbook of Iwata’s Instinct Therapy*, pp. 224-27.

together.¹⁷⁹ They regularly paid tuition fees or made donations to the organization, which might be its most reliable source of income. They acted as assistant therapists or lecturers for the master at free medical sessions and training courses held by the organization. Some of them also practiced mental therapy independently.¹⁸⁰

In some organizations, the master–disciple relationship was structured in a traditional way. It was modelled on the *Iemoto* (literally, the origin or foundation of the family) system. The *Iemoto* system could be traced back to medieval Japan and had been widely adopted by various schools (*ryū* or *ryūha*) of fine and martial arts to ensure a hierarchical order and that unique skills passed from generation to generation. In this system, which was common at the time and still exists today, the master of each generation either shared kinship with the previous master or was picked out from among the disciples to be adopted by him. A disciple who had been licensed as a teacher or formal member of the school was given a name containing one or two words of the master’s name, which would clearly indicate his place in the genealogical tree.¹⁸¹ Modelling their organizations on this system, some therapists accordingly named their schools of mental therapy ‘*ryū*’ or ‘*ryūha*’, such as Shimizu *Ryū* and Miyoshi *Ryū*. Shimizu additionally gave each of his core disciples a name that contained the word ‘*shyū*’ from his given name.¹⁸² In a few other organizations, the relationship became quasi-religious as the organizations developed into nearly or properly religious ones, the extreme cases of which were the infamous but influential *Taireidō* and *Omotokyō*.¹⁸³ Shyunichi Ema, besides, founded the *Tōyō Zindōkyō* (Oriental Humanitarian Communion);¹⁸⁴ Kurakichi Hirata established the *Gasshyōkai* (the Society for

¹⁷⁹ See the recollections collected in Hidesuke Takagi, *Lectures on the Fasting Therapy and the Skill of Aura: A Radical Cure and Cultivation*; and Hidesuke Takagi, *Experiences of Takagi’s Six-Skill Fasting Therapy* (Ogōrichō, 1922).

¹⁸⁰ See the constitutions collected in Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*.

¹⁸¹ Matsunosuke Nishiyama, *A Study on the Iemoto System* (Tokyo, 1959).

¹⁸² Ōshyu Shimizu, *Mental Therapy: Illness Results from Ki*, pp. 67-137.

¹⁸³ *Omotokyō* (literally, the Great Origin Communion) was an influential new religion in Japan in the first thirty or forty years of the twentieth century. Spiritual or miraculous cure, later coupled with the theories of spiritualism and psychical science, was central to its belief and practice. Hiroataka Ichianagi, ‘Table-turning’ and ‘Clairvoyance’: *Modern Japan and Psychic Science*, pp. 198-208; Hiroataka Ichianagi, *Hypnotism and Modern Japan*, pp. 190-92.

¹⁸⁴ Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the*

Praying) and the *Takuhatsukai* (the Society for Religious Mendicancy) alongside his *Shinryō Senmon Gakuin* (College for Psychotherapy).¹⁸⁵ Even though masters identified themselves as mental therapists or mental doctors, to some extent their core disciples worshipped them as religious authority figures.

But overall, the authority that the masters had over their disciples was best described as paternal. In many ways, the organizations resembled families, with the master therapists revered as fathers or patriarchs and disciples of individual masters developing sibling-like relationships among themselves. Even though the ‘secret’ skills and knowledge of each school were often much the same, a particular identity and a sense of belonging could nonetheless be built based on the family-like relationships within the organization. The accomplishment of *munen musō*, which was difficult to substantiate, could also be confirmed by joining the family and having a status in it.

The family-like relationships and ambiance were vital to the efficacy of at least some forms of mental therapy, particularly those carried out in group or ‘hospital’ settings. Hidesuke Takagi and his chief assistant, for example, were revered and adored as the ‘noble father and nurturing mother of the family’ by some of the patients admitted to his ‘hospital’, ‘Takagi’s *Danzikiryō*’ (Cottage for Starvation).¹⁸⁶ In the Cottage, Takagi gave inpatients, many of whom were neurasthenics, a combined treatment of starvation, *seitaizyutsu* (literally, body-straightening skill; a modified form of chiropractice and osteopathy), quiet-sitting, suggestion and *reikizyutsu* (literally, aura skill), which Takagi claimed not only eliminated all the causes of disease lurking in the body and mind but also helped patients fulfil the potential of their minds and spirits.¹⁸⁷ As well as these cures, inpatients performed certain Shinto rituals together as a daily routine, which gave Takagi’s Cottage a religious atmosphere that religious enthusiasts admired.¹⁸⁸ But for most inpatients, it was the family ambiance that was most comforting and therapeutic. In the Cottage, they felt like naïve and innocent children living a carefree existence under the protection and supervision of trustworthy and respectable parents. They gratefully described

Evil and Praising the Righteous, pp. 74-76.

¹⁸⁵ Kurakichi Hirata, *Hirata’s Psychotherapy*, pp. iii, 193-94.

¹⁸⁶ Hidesuke Takagi, *Experiences of Takagi’s Six-Skill Fasting Therapy*, pp. 523-25.

¹⁸⁷ Hidesuke Takagi, *The Foundation of Belief* (Ogōrichō, 1934), pp. 48-49.

¹⁸⁸ *Ibid.*, pp. 64-66.

how they had been relieved of their real-life adult burdens after being admitted to the *Danzikiryō*. They could turn their attention away from all kinds of outside distraction and delusion and concentrate on life here and now in the Cottage because of the presence of the parent-like Takagi and the joyful familial atmosphere that epitomized *munen musō*, *seishin tōitsu* and *shinki itten*.¹⁸⁹ Some patients were particularly moved by the fact that, although most inpatients were intellectuals and some held professional jobs and enjoyed relatively high social status, patients from all walks of life still lived equally like brothers and sisters in the Cottage and treated each other with respect and adoration.¹⁹⁰ Kanshi Komori, a public prosecutor, compared Takagi's *Danzikiryō* to an oasis in a desert, in which the fraternity and childlike innocence transcended social class and social status. There, he refreshed his weary mind, which had been preoccupied with vanities and trivial tasks.¹⁹¹

Among Takagi's core disciples and frequent inpatients were a considerable number of modern professionals, such as technicians, academics, teachers and lawyers, and their spouses and relatives. According to their recollections, it seemed that although the starvation and other cures brought them a refreshing sense of purity, they considered Takagi's paternal authority and the fraternal relations with other patients most effective. These benefits alleviated feelings of solitude and insecurity and gave patients as the reassurance and innocence of children who were beloved and protected by their family. The nostalgia and yearning for paternal figures, secure families and order were unmistakable. So, too, were the insecurity and uncertainty about contemporary individualist culture and society. This was a time when the traditional extended family system was shaken and gradually replaced by the more modern and individualist nuclear family, particularly in urban areas. The consequences could be seen in many aspects of private and public life, such as the proposed reform to civil law. But at the same time, there was a constant call throughout the period for the conservation and regeneration of the traditional family system, which was often coupled with the anti-Western rhetoric of cultural and political

¹⁸⁹ Hidesuke Takagi, *Experiences of Takagi's Six-Skill Fasting Therapy*, pp. 355, 376, 523-25, 608-10.

¹⁹⁰ *Ibid.*, p. 355.

¹⁹¹ *Ibid.*, pp. 608-10.

nationalism.¹⁹² Takagi's conception and construction of the therapeutic milieu and its great appeal to patients should be understood in this context. Living in Takagi's Cottage, patients developed a group identity that was in many ways a family identity that replaced individual self-identity and self-consciousness—individuality that ideally should be dissolved in the *munen musō* and *muga mushin* achieved through mental therapy. Out of the nothingness of the mind, apart from bodily identity, a family-like collective identity was formed, which provided clients with centrality and purpose in the presence of a reassuring and potent paternal master therapist.

Family, furthermore, was a central theme of the substantial psychological contents that mental therapy revealed. In the previously-mentioned 'psychoanalytic therapy',¹⁹³ for example, Kimura had his clients in the trance of *munen musō* confess the sins, conflicts, hatred and hostility that had been hidden in their *senzai ishi* (latent consciousness) and which, he thought, caused their diseases. Most of the vices and passions related to family. Not only did many involve current family members but also they included those committed by the patients' ancestors, which, according to Kimura's theory of karma, would haunt the descendants.¹⁹⁴ Kimura stressed that the troubles people faced in family life were far more afflictive, distressing and harder to settle than difficulties in their wider social life. Family relationships were responsible for most psychogenic diseases and hence should be the primary issues that mental therapy resolved.¹⁹⁵ Moreover, 'psychoanalytic therapy', which was a form of trance confession culminating in exorcism and moral exhortation, could be conducted on family members on behalf of patients. Kimura argued that as members of the same family, they shared the same karma, or latent consciousness, with the patients and therefore could receive treatment on their behalf.¹⁹⁶ Family, in Kimura's view, was the most, perhaps the only, significant part of an individual's identity. To truly know themselves, people, first and

¹⁹² Takami Kuwayama, 'Taishō Family and Cultural Nationalism', in Yoshiya Sueta eds., *Daishō Society and the Trend of Reform* (Tokyo, 2004).

¹⁹³ Denshin Kimura, *A Great Discovery about the Causes of Diseases and the Kimura's Method* (Kagoshima, 1928), p. 91.

¹⁹⁴ *Ibid.*; Denshin Kimura, *Illness and Soul* (Kumamoto, 1917); Denshin Kimura, *Self-detection of the Causes of Diseases* (Kumamoto, 1923).

¹⁹⁵ Denshin Kimura, *A Great Discovery about the Causes of Diseases and the Kimura's Method*, pp. 66-67.

¹⁹⁶ Denshin Kimura, *Illness and Soul*, pp. 30-31.

foremost, had to unearth their lineage and look into all the relationships that they had within their current families. Only when the analytic work had been done with the help of his cure could they truly develop an identity as a member of a family, which, Kimura held, was the ultimate goal of self-development and self-realization.¹⁹⁷

Despite the emphasis he put on family, Kimura, who lived and practiced mental therapy in a provincial town in southern Japan, was accused by some local journalists of corrupting family virtues and endangering the traditional family system. If ancestors were to blame for descendants' diseases, as Kimura said, how could they keep respecting them and practicing filial piety? How could family values and virtues be upheld when people had lost respect for their ancestors? In defence, Kimura emphasized his cure's empirical and experimental basis and insisted that it was an effective method to integrate individuals into their families both psychologically and spiritually and thereby develop a genuine familial self.¹⁹⁸ In psychoanalytic therapy, he argued, clients understood that stories revealed during the trance were both objective events that actually occurred in the past and subjective psychological complexes that had been hidden in their latent consciousness. Objectively, they might be crimes committed by their ancestors for which they appeared to have been unjustly punished. But subjectively, Kimura stressed, they were part of their own psychological components and hence should be regarded as crimes they had committed. The clients, in other words, appreciated that these sins, while occurring in the past, existed here and now in their minds as psychological realities. With this insight, they came to realize that their selves contained all the members—past, present, and future—of their families and should be responsible for their wrongdoings.¹⁹⁹ Furthermore, when clients realized their hidden pasts and integrated them as part of their own self, they could achieve genuine *seishin tōitsu* (mental unity) and develop a new self that, instead of an individual self, was a public one that marked the highest level of self-development and self-realization.²⁰⁰ By arguing both the objective and

¹⁹⁷ *Ibid.*, pp. 46-47.

¹⁹⁸ *Ibid.*, pp. 158-224.

¹⁹⁹ *Ibid.*, pp. 72-75, 96.

²⁰⁰ Denshin Kimura, *Self-detection of the Causes of Diseases*, p. 158.

psychological realities of the family structure, Kimura insisted that his psychoanalytic therapy could consolidate and reinforce the link, particularly the psychological one, between an individual and his family rather than weaken it as his critics suggested. His therapy was intended to construct, above all, a subject who was willingly and fully integrated and committed to his family after working through all the psychological family complexes.

The scope of the public self that mental therapy intended to construct was not limited to family. Mental therapy discourses coupled a celebration of the traditional family system and an appeal for its preservation with support for a nationalism that sought to build an ideal Japanese familial state. This familial state modelled the relationship between the Emperor and his subjects, who were claimed to be of the same lineage, on that of an extended family. The Emperor was to act and be respected as the patriarch of the family and all subjects should show loyalty to him just as they showed filial piety to their parents. The model compared worship of Shinto deities, many of whom were imaginary or real ancestors of the Emperor, to the worship of family ancestors, which every subject should practice with the same homage and adoration. The family system, along with its values and virtues, was not only a cultural and social tradition but also a political one. A familial nation-state was exalted as the original Japanese political ideal that had been lost in history and should be regenerated as the blueprint of the modern Japanese state. This ideology strongly influenced social and political thought in Japan up until the end of the Second World War, with movements launched in virtually all public domains, including educational, cultural, religious and political spheres.²⁰¹

By and large, mental therapists supported nationalism and the building of a centralized familial nation-state, and some became very active and enthusiastic advocates. They often combined nationalistic rhetoric with celebrations of traditional family systems and values and the psychological and spiritual nature of human beings, the emphasis on which they thought characterized Japanese culture as well as medicine. Shimizu, for example, claimed that mental therapy was the product and embodiment of the Oriental, particularly the Japanese,

²⁰¹ Takami Kuwayama, 'Taishō Family and Cultural Nationalism', in Yoshiya Sueta ed., *Daishō Society and the Trend of Reform* (Tokyo, 2004).

mental culture. It proved the superiority of Japanese culture over the materialist Western one.²⁰² Many other therapists made similar arguments.²⁰³ They agreed that the political system in Japan should be modelled on the traditional family system and hoped that their organizations, which were organized on the same patriarchal principle, could become institutions for the cultivation of loyal as well as filial subjects. Takagi was delighted at the policy to promote the establishment of Shyūyōdan branches, whose purpose and essence, he thought, exactly coincided with those of his own organization. He quickly set up a branch in his town and became its president.²⁰⁴

Most importantly, mental therapists held that nationalistic spirit and loyalty and filial piety to the Emperor and the nation were the essence and substance of the mental states of *munen musō*, *muga mushin* and mental unity. The elimination of distracting and deceptive thoughts, desires and emotions, they held, should allow a new centre of gravity of the mind consisting of the sentiments and virtues of loyalty, filial piety, sacrifice and gratitude.²⁰⁵ In place of the individual self, mental therapy brought about a new one of no self (*muga*) that, first and foremost, was a familial-national self. This was, in their view, the ultimate goal of mental therapy and mental cultivation. For instance, Fukurai, who later became a passionate nationalist and founded an organization called ‘*Keishinsūsokyōkai*’ (The Society for the Worship of Deities and Ancestors), argued that when *muga* was truly achieved, the true Japanese spirit of worshipping national deities and ancestors should emerge. This selfless self of no self, he held, was the true Japanese self.²⁰⁶ He, moreover, argued that the whole of Japan was literally a family and the Japanese nation-state was one of

²⁰² Ōshyu Shimizu, *Mental Therapy: Illness Results from Ki*, p. 59.

²⁰³ Sendō Kurita, *The Principles of Preserving the Health and Curing Diseases*, pp. 165-67; Tsunezō Ishi, *The Crisis of the Empire and the Waking up of the Nationals*, pp. 170, 194, 222-28; Hiyama, Ei *Ideal Cultivation Methods for Honourable Nationals* (Tokyo, 1918), pp. 61-62; Hidesuke Takagi, *Lectures on the Fasting Therapy and the Skill of Aura: A Radical Cure and Cultivation*, pp. 225-28; Teigo Ozawa, ‘Psychotherapy as a Form of Japanese Medicine’, in Kurakichi Hirata, *Hirata’s Psychotherapy* (Tokyo, 1996).

²⁰⁴ Hidesuke Takagi, *Experiences of Takagi’s Six-Skill Fasting Therapy*, pp. 123.

²⁰⁵ Ei Hiyama, *Ideal Cultivation Methods for Honourable Nationals* (Tokyo, 1918), pp. 61-62; Meichyō Akiyama, *Prayers for Cleansing Self* (Tokyo, 1938), pp. 208-15; Hidesuke Takagi, *Lectures on the Fasting Therapy and the Skill of Aura: A Radical Cure and Cultivation*, pp. 228-30.

²⁰⁶ Tomokichi Fukurai, *The Core of the Japanese Spirit* (Osaka, 1938), pp. 4, 40-44; Tomokichi Fukurai, *The Belief in the Worship of Gods and Ancestors and the Morality of Women* (Osaka, 1938), pp. 19-20.

‘familism’.²⁰⁷ He defended the nationalist view that Japan was a familial nation-state whose sovereignty belonged to the patriarch of the family (the Emperor) and condemned the opposing view (which regarded the Emperor merely as a constitutional organization of the state) as badly influenced by Western political thoughts and utterly incompatible with the Japanese mind and spirit.²⁰⁸ He blamed former governments for blindly believing in and importing Western scientific culture and civilization, which he thought had weakened the Japanese mind and caused its disunity. The Japanese mind, he said, had been distracted and preoccupied by Western thoughts, such as materialism, individualism, liberalism and democracy, and lost the traditional national spirit. He diagnosed it with ‘the neurasthenic disunity of the personality of national polity’.²⁰⁹ The nationalist movement, in his view, could clear the sick Japanese mind of all distractions and delusions and achieve its reunification, just as mental therapy did for individual neurasthenic patients.

The embrace of nationalism might have been opportunistic. In a time when the practice of hypnotism and mental therapy could be banned and even result in imprisonment²¹⁰, support of nationalism might have been an effective way for therapists to safeguard their practices and their own development as well as that of their profession. Even if its therapeutic effectiveness was uncertain, mental therapists could defend their field by emphasizing the Japanese nature of mental therapy and its role in the cultivation of Japanese character.

In itself, however, mental therapy was consistent with Japanese nationalism in many aspects. It integrated traditional Buddhist doctrine and *ki* theory into its theory of mind. It adopted traditional body cultivation techniques and Buddhist and Shinto rituals as therapeutic skills. It condemned modern and Western civilization as the sources of the distractions and delusions that caused neurasthenia. It modelled its organizations after the traditional (private or public) family system. And last but not the least, it aimed to dissolve and destroy the

²⁰⁷ Tomokichi Fukurai, *The Core of the Japanese Spirit*, p. 8; Tomokichi Fukurai, *The Belief in the Worship of Gods and Ancestors and the Morality of Women*, p. 8.

²⁰⁸ Tomokichi Fukurai, *The Evidence of the National Polity* (Tokyo, 1935).

²⁰⁹ *Ibid.*, p. 21.

²¹⁰ Denshin Kimura, for example, was taken into police custody several times in different places for the practice and promotion of metal therapy. Denshin Kimura, *A Great Discovery about the Causes of Diseases and the Kimura's Method*, pp. 209-45.

individual self and foster a collective—familial or national—self. Both mental therapy and nationalism, after all, arose out of the same social and cultural contexts. The commitment of some therapists to nationalism was sincere and heartfelt, rather than simply opportunistic. Despite the failure of their bid for recognition and the subsequent prohibition of mental therapy, a few therapists, such as Shimizu and Fukurai, remained firmly committed to Japanese nationalism. Fukurai was even declared as a war criminal shortly after the end of the Second World War because of his involvement in the ‘Society for the Worship of Deities and Ancestors’ and, after having been expelled from the Tokyo Imperial University, he was permanently deprived of the right to public office.²¹¹

Body, Mind and Spirit

From hypnotism to mental therapy, these mental therapists drew on Buddhist and Shintoist doctrine and rituals, traditional shamanism and folk medicine, modern psychology, Western spiritualism and psychic science, and perhaps Western naturopathic medicine to construct their own understanding and knowledge of the human psyche and develop their special therapeutic techniques. However spiritualistic their theories and techniques had finally become, most of them were consciously responding to the challenge posed by modern psychological science and medicine while they took the opportunity presented by them to develop their profession and business. Overall, their view of the human mind was remarkably mechanical or, more precisely, hydrodynamic. They claimed to have developed their techniques for correcting and perfecting the mind based on this mechanical view. They identified themselves as ‘*seishin ishishi*’, the Japanese translation for ‘psychiatrist’, and named their therapy ‘*seishin ryōhō*’ or ‘*shinri ryōhō*’, the Japanese translation for ‘psychotherapy’. Despite the great difference in theory and technique between them, they saw physicians or psychiatrists who were interested in or actually practiced psychotherapy as colleagues or comrades and held them in high regard—as long as they did not launch a direct attack on mental

²¹¹ Kōji Imura, *Symposium of the Therapists of Spiritual Skill, A New Edition*, p. 256; Shingo Nakazawa, *The Life of Metapsychologist Tomokichi Fukurai* (Tokyo, 1986), p. 180.

therapy.²¹² It was, above all, the burgeoning discipline of modern psychology and psychological medicine that had inspired them to develop their theories, practices and profession. They achieved considerable success and, as far as the general public was concerned, might have been more influential than the modern psychiatric and psychological professions in defining and explaining the concepts of ‘psychology’, ‘psychiatry’ and ‘psychotherapy’. This dismayed and frustrated the few Western-medical doctors who studied, practiced and sought to popularize proper psychotherapy. These doctors complained that psychotherapy had been widely misunderstood as a form of quackery.²¹³ But the success of mental therapy was short-lived. It fell into disfavour at least partly as a result of an arbitrary political decision made by a government that had consistently pursued Western science and technology. No other form of psychotherapy developed to a comparable degree of popularity and scale to replace it for several decades.

As we have seen, the body, the spirit and the mind were, to a certain degree, inseparable in the mental therapy. They were both the substance and the presentation of one another. Undoubtedly, the traditional holistic view influenced how these mental therapists perceived, conceived and sought to manipulate their own and others’ minds. With its emphasis on the bodily and spiritual dimensions of the mind, mental therapy was familiar and appealing to people who, to varying degrees, were still under the influence of the holistic tradition. Based on traditional *ki* theory, the mind, the body and the spirit were thought to act according to the same principles. The flow of ideas in the mind was similar to and interconnected with the flow of *ki* in the body and that of spirits of the universe, though the flow was perhaps thought of in more mechanical terms in mental therapy than it was before.

Nonetheless, the body, the mind and the spirit were seen and treated as three separate entities in mental therapy with many mental therapists

²¹² For example, the author of *Spiritual Skill and Therapists of Spiritual Skill* spoke highly of Shyōzen Besshyo, a physician dedicated to practicing psychotherapy. In contrast, he blasted the physician-psychotherapist Kōkyō Nakamura, who was very hostile to mental therapy. Reikai Kakusei Dōshikai ed., *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, pp. 17-18, 46-48.

²¹³ Shyōzen Besshyo, *Radical Cures for Neurasthenia* (Osaka, 1924), pp. 80-7; Kōkyō Nakamura, *Falling into Superstition: The Psychological Criticism of Pseudo-religion* (Tokyo, 1936), pp. 304-6.

passionately arguing for the substantiality of the spirit, that is, the *rei or shinrei*. Despite being claimed to be the essence of Oriental or Japanese psychology, the spirit was distinct from that described by the traditional monistic theory and, as a historical construct, reflected the historical context out of which mental therapy arose. Intellectually, the affirmation of the existence of the spirit was a reaction to the Western scientific and individually oriented psychology as well as materialist science. Socio-culturally, it was a response to the confusion and disorder, particularly the erosion of the traditional family system, brought about by the individualist Western cultures. Politically, it was often blatantly anti-West and proposed as a solution to the social and political upheaval at the time. With the emphasis on a higher and broader self, Japanese spiritualism, although providing an alternative to modernity, often clearly set out to suppress what the establishment saw as dangerous and destructive individuality and to integrate or subject individuals to higher entities—most often the family, the nation and the Emperor. The unity that mental therapy sought to achieve was not only oneness and harmony with the body, the mind, nature and the universe, but often also a social and political unity.

The search for unity influenced not only the construction of the Japanese spirituality but also the understanding of the mind. The influence can be seen in the contrast between the theories and opinions of modern psychology and psychotherapy and mental therapy on certain subjects, including dependence and independence, individuality and collectivity, rationality, the substantiality of psychological contents and last, but not least, suggestibility. Invariably, mental therapy put more emphasis on collectivity and interconnectedness. Its success proved that many Japanese at the time agreed with mental therapists on these issues. It might be because the therapists' views were in line with traditional views about self, family and society, but it might also be because their views better responded to the crises the Japanese had been facing in contemporary personal and social life. Moreover, the empirical and experimental evidence that mental therapists managed to produce in their clients and disciples validated the constructive nature of psychological experience. It had been argued that there were some fundamental psychological realities underlying these singular

phenomena.²¹⁴ However, they might be better explained by considering them as culturally and socially constructed.

Indeed, the emphasis that mental therapy put on the bodily and spiritual dimensions of the mind overshadowed its psychology. It shared some of its theories, however, with another form of psychotherapy that was also claimed to be uniquely Japanese: Morita therapy. Put forward by a psychiatrist, Dr. Shōma Morita, Morita therapy involved nothing but strictly psychological phenomena. There was no spirit, soul or any supernatural form of particle or energy, but solely mundane thoughts, desires and emotions. Despite their apparent differences, there were some common characteristics between the two forms of psychotherapy and their psychologies. Most remarkably, in Morita therapy, the mind was thought to consist of flowing ideas, just as it was in mental therapy.

²¹⁴ *Ibid.*; Kokyō Nakamura, *The Dissection of Tenri Kyō* (Tokyo, 1937).

IV Morita Therapy

Morita Therapy: A Modern Form of Psychotherapy?

In 1928, having written a couple of bestsellers on neurasthenia, Dr. Shōma Morita (1874-1938) published his doctoral dissertation as ‘*The True Nature of Shinkeishitsu and its Cure*’.¹ Already a well-known neurasthenia specialist, Dr. Morita proposed a new classification of degenerate mental diseases and ‘*shinkeishitsu*’, a new disease category. *Shinkeishitsu*, he argued, was a constitutional and hence, in a broad sense, degenerate disease and comprised most of the conditions previously diagnosed as ‘*shinkeisuijaku*’, that is, neurasthenia.² Morita claimed to have invented a quick and radical cure for the *shinkeishitsu*, which was known as Morita therapy or Morita psychotherapy and was already a very popular treatment for neurasthenia among both lay people and medical professionals. Despite formulating his theory in a more conventionally academic way in this book than in previous ones, Morita explained the therapeutic mechanism of his unique psychotherapy using concepts with which we have become familiar in previous chapters, including Buddhist concepts and, above all, the flow of the mind and attention.

The word ‘*mushōjū-shin*’³ is used in Zen Buddhism to describe healthy attention. . . . *Mushōjū-shin* describes a state in which the attention is not fixed on a particular point and the entire mind is alert and well functioning; the attention extends in all directions. . . .

Symptoms of *shinkeishitsu* occur because one’s attention is fixed on her or his symptoms. My therapy for those with *shinkeishitsu* promotes spontaneous activity in the client’s mind, directs her or his attention toward external

¹ *Shinkeishitsu* (literally translated as ‘nervous temperament’) refers to both a nervous trait and state in Japanese. Morita employed this term to refer to a particular type of personality. By and large, it has more often been used in a stricter sense, that is, in the sense of a particular temperament, in medical contexts and in a broader sense in ordinary language. Morita completed his dissertation in 1923 at Tokyo Imperial University.

² Shōma Morita, *The True Nature of Shinkeishitsu and its Cure*, in *Complete Works of Shōma Morita*, Vol. II (Tokyo, 1974), p. 288.

³ Literally, a never-stopping mind.

circumstances, and liberates narrowly focused attention. Eventually, the therapy will lead the client's mind to the state of *mushojū-shin*. This is the starting point of my special therapy for *shinkeishitsu*.⁴

When the mind is devoted to adapting to the outside world, all obsessions will diminish and disappear spontaneously. There is a saying in Zen, 'The mind can be truly profound when it is rolling with the circumstances. The mind will be able to transcend both joy and sorrow if it can drift with the flow and thereby recognize its own nature.' . . . Following the flow of the mind, one can discover her or his own very nature; thereupon, for her or him, joy is simply joy and sorrow is simply sorrow. . . . Thereby, she or he will go beyond analytic approaches to joy and sorrow and replace the former feeling-centred attitude with a fact-centred one, in which facts are taken simply as they are.⁵

In spite of the similarities, the reaction of the medical profession to Morita therapy was rather different from the hostile one they gave to the folk 'mental therapies' mentioned in the previous chapter. Morita had needed to overcome considerable objection to obtain his degree⁶ since Japanese medicine was mainly biologically- and Western-, particularly German-, oriented at the time. His work was nonetheless accepted as a doctoral thesis in psychiatry at the prestigious Tokyo Imperial University. He, moreover, won much recognition and appreciation from his fellow psychiatrists. Several leading psychiatrists, whether personally familiar with Morita or not, spoke highly of his psychotherapeutic method as well as his psychological theory on neurasthenia and employed it in their university clinics or hospitals as the treatment of choice for the disease. They praised Morita as a groundbreaking psychiatrist comparable, if not superior, to famous figures in psychotherapy of the time, such as Sigmund Freud.⁷ Some of them further claimed that Morita had successfully introduced and integrated Oriental wisdom and ideas on human psychology into fundamentally Western psychiatric theories and therapeutics and therefore deserved much more attention and appreciation than he had

⁴ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 344.

⁵ *Ibid.*, p. 386.

⁶ Toshio Watanabe, *An Era of Neurosis: The Shōma Morita Inside Us* (Tokyo, 1996), pp. 164-66.

⁷ *Ibid.*, p. 166; Yasue Amemiya, *Simple Methods of Strengthening the Brain* (Tokyo, 1928), p. 203.

received, particularly from Western psychiatrists.⁸

The developments of Morita therapy and mental therapies after 1945 have been divergent. Unlike mental therapies that no longer play any role in psychological medicine, Morita therapy has survived and become an institutionalized, though not a mainstream, form of psychotherapy in Japan. The complete works of Shōma Morita were edited and published by his disciples to celebrate his 100th birthday in 1974.⁹ His several important works have been repeatedly published.¹⁰ There are clinics or divisions specifically for the teaching, research and practice of Morita therapy set up in several large-scale general hospitals¹¹ as well as a number of mental hospitals devoted to the treatment of patients with *shinkeishitsu* with Morita therapy.¹² The professional organization Japanese Society for Morita Therapy was founded in 1983 and publishes a biannual journal. Contemporary Morita psychotherapists argue that Morita therapy is second to none in terms of both theoretical originality and sophistication and efficacy. They compare Morita therapy and psychoanalysis;¹³ they draw parallels between it and the increasingly popular cognitive-behavioural psychotherapy, arguing that Morita therapy is not only the antecedent but also superior.¹⁴ Apart from the field of psychological medicine, they argue that Morita therapy, as a unique psychological theory and treatment, is valuable and has made a great contribution to the broad field of mental health and the field of education.¹⁵

By and large, it is the modern and scientific side of Morita's theory and therapy that has often been highlighted in order to promote Morita therapy as a proper form of modern psychotherapy. In this vein, Dr. Morita is portrayed as a genuine scientist who took a completely objective approach to the human mind and based his theory and therapy solely on evidence and facts, rather than on

⁸ Mitsuzō Shimoda, *Neurasthenia and Hysteria* (Fukuoka, 1933), pp. 26-27.

⁹ Shōma Morita, *Complete Works of Shōma Morita, Vols. I-VII* (Tokyo, 1974).

¹⁰ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (Tokyo, 2004); Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (Tokyo, 2008); Shōma Morita, *The Desire for Life* (Tokyo, 2007).

¹¹ For instance, the Centre for Morita therapy at the Daisan Affiliated Hospital of the Jikei University.

¹² For instance, the Mishima Morita Hospital and the Sansei Hospital.

¹³ Kenji Kitanishi et al, *Morita Therapy and Psychoanalytic Psychotherapy* (Tokyo, 2007).

¹⁴ *Ibid.*, p. 159; Akichika Nomura, *A Critical Biography of Shōma Morita* (Tokyo, 1974), pp. 182-84.

¹⁵ See the website of Japanese Society for Morita therapy: <http://www.jps-morita.jp/index.html>.

speculation and imagination.¹⁶ Morita was quite interested in mental therapy and had personal relationships with some of its therapists and advocates. His interest, however, was attributed to his great curiosity about the human psyche and taken as an example of his spirit of scientific inquiry.¹⁷ Apart from this, the psychological, empirical and insight-oriented Morita therapy has been considered in direct opposition to those spiritual, superstitious and suggestive mental therapies.

However, the opening quotations demonstrate there is remarkable similarity between Morita's views and those of mental therapists, particularly with regard to the flow of the mind and attention. Moreover, as argued in the last chapter, mental therapists aspired and strove to construct their own psychological sciences by integrating traditional perceptions and conceptions of the mind with Western psychological concepts. They claimed that their approaches to the human psyche were Oriental and Japanese while at the same time empirical, objective and scientific, which was exactly how Morita appraised his own work. Despite insisting that he had conceived his theory and therapy solely on objective observation and knowledge of modern psychiatry, Morita acknowledged and emphasized the common grounds between his work and traditional, particularly Buddhist, ideas and practices. As seen above, he often invoked the latter to elucidate and elaborate the former. Even contemporary Morita psychotherapists, while stressing the objectivity and universality of Morita therapy, also maintain that its approach is deeply embedded in Japanese culture and therefore particularly suitable for Japanese clients.¹⁸

This chapter will explore the history of Morita psychotherapy based on its alleged 'Orientalism'¹⁹ and 'Japaneseness'. To place the now institutionalized

¹⁶ Akichika Nomura, *A Critical Biography of Shōma Morita* (Tokyo, 1974).

¹⁷ *Ibid.*, pp. 122-24, 198.

¹⁸ Shizuo Machizawa, *What is the Psychotherapy Suitable for Japanese?* (Tokyo, 2005); Kenji Kitanishi et al, *Morita Therapy and Psychoanalytic Psychotherapy* (Tokyo, 2007), p. 159; Kenji Kitanishi, 'Japanese Anthropology and Morita Therapy', in Ryūzō Kawahara et al (eds.), *Japanese Thought and Psychotherapy: The Encounter between the Oriental and Western Cultures* (Tokyo, 2004), pp. 72-76; Mikirō Jitsukawa, *Clinical Psychology in the History of Ideas: The Modernity Besieging the Mind* (Tokyo, 2004), pp. 38-39.

¹⁹ The term 'Orientalism' is used in this thesis to refer to the claim of Morita and advocates of breathing exercise, quiet-sitting and mental therapy that these therapies were embedded in Oriental culture, which was distinct from the materialistic Western culture and put emphasis on

Morita therapy alongside seemingly unscientific and even superstitious physical and mental therapies might be controversial. But, despite their different reputations, they shared some common ground. They were all designed to treat neurasthenia based on an understanding of the disease that integrated Western psychological concepts with traditional perceptions and conceptions of the body and mind. Their inventors and advocates all argued for the special nature of the Japanese body and mind and the uniqueness and superiority of Japanese culture and attempted to revive traditional lifestyle and cultural practices in their therapies. The alleged Orientalism, as well as the embedded perceptions and conceptions, contributed to their appeal and therapeutic effectiveness and should be explored as a common characteristic in the cultural, social and political contexts of the time.

First, though, we need a brief introduction about Morita's theory and therapy and how he invented and developed them. Dr. Morita trained as a psychiatrist and his views on the constitution and functioning of the mind, unlike those of mental therapists, were purely natural and psychological. His psychotherapeutic method, moreover, was actually derived from some of the conventional Western psychiatric treatments of his time. It was only when he made practical modifications to these Western treatments and subsequently elaborated on the theory that the Oriental and Japanese appeal was added.

What is Morita Therapy?

In March 1919, Dr. Morita invited a friend and patient to live with his family for a 'change of air'. This patient, who was then the head nurse of the affiliated mental hospital of Tokyo Imperial University, had suffered from neurasthenia and suspected consumption and had been absent from work for a period of time. Living with Morita's family, she shared the housework and behaved exactly like a member of the family. Unexpectedly, she rapidly regained her health and, within a month, was able to return to work.²⁰ Morita later recalled that this experience taught him the value of using his family's

psychological and spiritual aspects.

²⁰ Shōma Morita, 'A Remembrance of My Wife, Hisai', in *Complete Works of Shōma Morita*, Vol. VII (Tokyo, 1974), pp. 751-52.

house as a residential treatment facility. He found that treating patients at his home was, in many respects, more effective than treating patients in hospitals or on an outpatient basis.²¹ From then on, ‘familial’ treatment carried out in a family setting was a key feature of Morita therapy, his unique inpatient treatment for neurasthenia.²² But apart from the place where the therapy was conducted, the treatment modules of his therapy were neither new nor original. They were all well-established, current psychiatric treatments for neurasthenia that Morita knew well as a psychiatrist and postgraduate student specializing in psychotherapy.

Morita was born into a rural family in the Kochi prefecture in 1874. Born with a nervous disposition, he wrote that he still occasionally wet the bed until he was twelve years old. He had been afflicted with a variety of physical problems, including headache, backache, fatigue and paroxysmal palpitation, from early childhood until his early twenties, all of which he later self-diagnosed as manifestations of his *shinkeishitsu*.²³ He had been fascinated by life and death since being shocked to the core by the horrifying pictures of Hell that he saw in a local temple at around the age of ten. Since then, he had frequently suffered bouts of intense fear of death, which often concurred with paroxysmal palpitation; but he also became very interested in religion, philosophy and other metaphysical and supernatural subjects, especially divination.²⁴ Despite his thoughtful and contemplative inclination, Morita, born in an era when Japan was overwhelmed by Western culture, also felt it necessary to take a more realistic and practical approach and in his teens aspired to become an electrical engineer for the sake of his country and to ensure a better livelihood.²⁵ With this in mind, when he at last decided to study medicine due to financial considerations, he chose psychiatry as his vocation and was determined to study the problems of life from the perspectives of both the body and the mind. Once he completed his undergraduate degree and joined the staff of the affiliated mental hospital of Tokyo Imperial University in 1903, he discarded the then dominant biological approaches and took up psychotherapy

²¹ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 413.

²² *Ibid.*

²³ *Ibid.*, pp. 397-400.

²⁴ *Ibid.*, pp. 395-96.

²⁵ *Ibid.*, pp. 396-97.

as his speciality and the subject of his postgraduate study.²⁶

From 1903 to 1919, Morita was passionately engaged in the study and practice of almost all the available psychotherapeutic methods, mainly as treatments for neurasthenia. According to lectures that he gave on psychotherapy at the Japanese Association of Abnormal Psychology, he divided psychotherapies into two categories: ‘radical’ and ‘symptom-relief’. The former comprised therapies that Morita thought dealt with fundamental causes of mental illness, such as nervous disposition and mental and physical exhaustion. They included various forms of rest and training therapy, ranging from bedrest, isolation, exercise and education to hydrotherapy, work therapy and persuasive therapy. Among the latter were hypnotherapy, psychoanalysis and various therapies that made use of covert suggestion, which Morita held provided only temporary symptom relief.²⁷ Based on his experience with these therapies, Morita finally established his own psychotherapeutic method in 1919, which was a combination of therapies he considered to be radical.

In its complete form, Morita therapy is a residential treatment programme divided into four stages. The first stage is ‘bedrest therapy’. During this stage, which usually lasted four to seven days, newly admitted clients were placed in complete isolation and told to stay in bed all the time except for going to the toilet and taking baths. Activities that might distract them, such as meeting with people, having conversations, reading and smoking, were all prohibited.²⁸ Morita began regularly employing this method to treat neurasthenia after successfully treating a number of patients with anxiety neurosis by compulsory and absolute bedrest, which, as he himself pointed out, could be traced back to Silas Weir Mitchell’s rest cure.²⁹ But Morita held that the therapeutic effect of isolation and bedrest did not come from restoring patients’ energy by reducing energy expenditure as originally suggested by Dr. Mitchell. Instead, it succeeded by preventing patients from trying to alleviate their agony by diverting themselves with external stimuli and instead forcing them to simply experience and endure their mental or physical symptoms. Hence, at the start of

²⁶ *Ibid.*

²⁷ Shōma Morita, *Lectures on Psychotherapy*, in *Complete Works of Shōma Morita, Vol. I* (Tokyo, 1974), pp. 557-59.

²⁸ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 348-53.

²⁹ Shōma Morita, *Lectures on Psychotherapy* (1974), p. 561.

the stage, clients were taught not to alleviate or suppress their anxiety but simply to let it run its natural course. Patients were asked to endure and observe their painful emotions as they evolved and not to try to escape or resist them. Morita argued that emotions naturally started to wane as soon as they reached peak points. By directly experiencing the natural course, clients would gain insight into and begin to liberate themselves from their distressing emotions. Morita termed this process '*Hanmon soku gēdatsu*' (literally, 'Anguish is at the same time liberation').³⁰ More often than not, clients would be freed from their symptoms to some degree within just few days, at which point they often started feeling bored with their bedrest life. In this 'phase of boredom', as Morita put it, clients would experience their innate but long-forgotten desire for activity.³¹ Left in the state of boredom for another couple of days, they would enter the second stage called 'light work therapy'.

In this stage, clients no longer stayed in bed but had to go outdoors into the house yard and stay there all day. They were asked to maintain a serious and sincere attitude and refrain from leisure walks, conversations, whistling, playing with children and any other entertaining and distracting activities. Reading and contemplation were prohibited as well. In the first couple of days, clients were not allowed to undertake tasks that exerted muscles, such as climbing stairs and sweeping with a broom, but could gradually increase their workload over the course of the therapy. Other than these prohibitions, they were allowed and encouraged to engage in any work that they were interested in, however insignificant it might appear. It could be picking up fallen leaves, weeding the garden, sweeping off cobwebs or simply observing ants and plants. They were not asked to complete any particular job and told not to expect to achieve anything but to simply follow their own desires to do whatever they liked. If mental or physical discomforts recurred, they should, as in the previous stage, simply endure them. A similar approach should be taken with doubts that might arise about the effectiveness of the seemingly ordinary treatment. The stage of light work therapy usually lasted one to two weeks, during which the clients would gradually get used to labour, and then they would enter the third stage,

³⁰ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 349-51.

³¹ *Ibid.*, pp. 351-52.

called 'heavy work therapy'.³²

In this stage, Morita assigned more labour-intensive household tasks, such as sawing and chopping wood, farming and digging holes, according to a client's physical condition. The client was required to do the assigned task, regardless of personal preference, and to get rid of any inborn tendency to care too much about whether or not a job was valuable or dignified. They were told to have no anticipation about what they would achieve or what benefits they would accrue. They were to concentrate on the task at hand and encouraged to exercise their mental capabilities and ingenuity to do as well as they could. With prejudice and expectation removed, Morita noted, clients were often surprised and delighted by what they achieved in these trivial and ordinary tasks, which helped them build self-confidence and showed them the value and dignity of labour. Working in this way for one or two weeks, clients would feel that they were fully engaged, at which point they entered the final stage of Morita therapy.³³

The inspiration for the two stages of work therapy, as Morita acknowledged, came from Western work therapies and Otto Binswanger's 'life normalization therapy'. While serving in the affiliated mental hospital of Imperial Tokyo University, Morita was in charge of work therapy and realized the positive impact of work on mental health.³⁴ Morita started employing 'life normalization therapy' to treat both inpatients and outpatients with neurasthenia in around 1907 and gradually modified it to develop his own form of work therapy. He held that the therapeutic benefit of the original life normalization therapy came mainly from the 'change of air' of hospitalization, the suggestive effect of the seemingly serious and systematic treatment programme, and the effect of the busy schedule of diverting patients' attention from their mental agony. But life normalization therapy activities were compulsory and rigidly scheduled. As a result, Morita found that not only patients lacking in willpower but also the conscientious patients with *shinkeishitsu* often failed to adhere to the schedule. More importantly, as patients merely followed doctors' orders to undertake those activities, they did not experience their innate desire for work

³² *Ibid.*, pp. 353-56.

³³ *Ibid.*, pp. 357-58.

³⁴ *Ibid.*, pp. 407-08.

and the spontaneous fulfilment of their mental potential during the therapy, which, Morita held, was the true essence of work therapy. Without these experiences, even if patients did feel relieved while strictly adhering to the schedule at hospitals, most of them could not maintain their mental health after returning to real life.³⁵ Accordingly, Morita modified life normalization therapy to become more flexible and encouraging of spontaneity and self-realization. In the light work therapy, apart from a few restrictions, patients were free to do whatever they liked. They were not ordered or scheduled to do anything, but were simply driven by their own desires, interest and curiosity naturally aroused by the environment. As they were not required to complete tasks on time and told not to have any expectation about what they would achieve, they could truly experience, rather than merely know, their desire for work and the pleasure of labour. Similar principles were applied in the heavy work therapy. Although the tasks were assigned by therapists, there was no specific instruction or requirement and patients were encouraged to apply their ingenuity to accomplish the tasks in their own ways.³⁶

From the second stage onwards, besides, patients were asked to keep daily journals of their activities, thoughts and reflections, which Morita would read and return with comments on a regular basis. The written dialogues between Morita and his clients continued throughout the rest of the therapy and, in some cases, even after discharge.³⁷ Morita, moreover, gave instructions to or held discussions with clients from time to time when he was at home. These dialogues, in a sense, were a form of persuasive therapy, as they were intended to help clients identify the fallacies in their thinking and grasp the true nature of their disease as well as reform their approach to life and self-fulfilment. In this regard, Morita referred to and compared his own method of ‘persuasion’ with Paul Charles Dubois’s ‘persuasion therapy’, which he considered ineffective in most cases. He held that Dubois’s therapy was simply a futile effort to try to convince clients of their own misconceptions by argument. Intellectually, most patients with neurasthenia already understood the illogicality of their ideas,

³⁵ *Ibid.*, pp. 408-09; Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 576-79.

³⁶ Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 580-87.

³⁷ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas*, in *Complete Works of Shōma Morita, Vol. II* (Tokyo, 1974), pp. 201-64.

fears and other painful feelings. Their discomforts, therefore, could never be eliminated or relieved by therapists arguing with them about the truth or falseness of their suffering. Indeed, these arguments only sustained or even reinforced the discomfort by focusing more attention on it. Morita criticised Dubois for his exclusive focus on ‘intellectual logic’ and his ignorance of what Morita called ‘emotional fact’ or ‘emotional logic’, which was independent of and often in contradiction to the former.³⁸ In his own version of ‘persuasion therapy’, therefore, Morita deliberately ignored or played down the significance of what clients reported about their symptoms and discouraged them from doing so. He called this the ‘*humon ryōhō*’ (literally, the ‘therapeutic method of ignoring’).³⁹ He instead focused the dialogues on clients’ experiences of work and the insights that they could gain from them. His dialogues were meant to lead clients to live a full and productive life, rather than to persuade them of the error of their thinking. The truth would dawn on them, provided they were fully engaged in work.

After the two stages of work therapy, clients entered into the last stage of Morita therapy called ‘complex real life’. In this stage, they had to face and adapt to real life situations to prepare themselves for discharge. They were allowed to read, which was prohibited in previous stages, but the subjects must be factual, descriptive or scientific, such as zoology, astronomy, history and biography, rather than entertaining or ideological, such as literature and philosophy. Most importantly, they were told not to arrange a special time and place for reading. Nor should they have any expectation of what they would learn. They should make use of any spare time and simply open a book at random and start reading, without making any effort to understand or memorize the contents.⁴⁰ They were also allowed to leave the house when necessary (to purchase daily necessities or post letters, for example), but not for entertainment or leisure walks. During these trips, Morita noted, clients were often surprised to find themselves, while concentrating on their task, free of the symptoms that used to occur in similar life situations and thereby they regained their

³⁸ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 329-30, 379-88 ; Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 587-90.

³⁹ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 356-57.

⁴⁰ *Ibid.*, pp. 358-59.

self-confidence.⁴¹

All in all, Morita therapy aimed to help clients fully engage in life by learning the natural laws of emotions from their own experiences and diverting themselves from futile introspection and contemplation. Whether it took a few days or a couple of months, Morita successfully treated a considerable number of patients with *shinkeishitsu* at his house. According to his report, 124 patients entered the residential treatment programme between 1919 and 1926. More than half of them were ‘cured’ and able to lead a normal and, above all, productive life. Except in a few cases, the rest also significantly improved. One of Morita’s disciples achieved even better results at another hospital. Morita was only able to accommodate the most severe patients due to limited capacity and this, he felt, explained the difference in success rates.⁴² He contended that Morita therapy was a ‘*konji hō*’ (‘radical cure’) for *shinkeishitsu*—though he worried that his claim, while appealing to the public, might mislead medical professionals to consider it one of those fraudulent folk therapies that also boasted radical success.⁴³ Morita argued that his therapy was a radical cure in a different sense and on a different level than folk therapies. Morita therapy, he emphasized, was not only an effective psychotherapy but also a proper method of mental cultivation, which was why it could radically cure *shinkeishitsu*. *Shinkeishitsu*, in his view, was more a type of long-term personality than an acquired and relatively short-lived disease. It could only be cured or, more accurately, reformed by fundamentally cultivating the mind.

Shinkeishitsu

Neurasthenia is not a disease. Those who suffer from neurasthenia have been preoccupied with sensations and feelings that normally arise in everyone in certain circumstances and developed the wrong idea and delusion that they are illnesses. As a result, they become fearful and upset. . . . [Neurasthenia] is not an objective entity, but a subjective one.⁴⁴

⁴¹ *Ibid.*, pp. 357-58.

⁴² Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 266-77.

⁴³ Shōma Morita, *The Way toward the Cure of Shinkeishitsu*, in *Complete Works of Shōma Morita*, Vol. V (Tokyo, 1974), p. 89.

⁴⁴ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), p. 76.

Thus Morita categorically denied the physical and objective reality of neurasthenia in his popular 1920s book, *'The Radical Cure for Neurasthenia and Obsessive Ideas'*. He expressed similar sentiments in his earlier works. Although his view, which regarded neurasthenia as purely subjective and psychological, might have appeared novel to the lay public and older generations of doctors in Japan, it had been widely held by psychiatrists, both in the West and in Japan, since around the turn of the century. For them, the physiological reality of neurasthenic symptoms and the validity of neurasthenia as a disease category were in serious doubt. Many historical studies have shown that neurasthenia was being 'psychologized' in this period. As the term 'pseudo-neurasthenia' implied, it was increasingly thought to result from either repressed desires and unconscious complexes or inherent or acquired weak will, both of which led to a desire for 'flight into illness', rather than actual mental or physical exhaustion.⁴⁵ Neurasthenia as a disease category was gradually discarded and replaced by new categories based on psychological theories, including various kinds of neurosis and degenerative disorders presenting with weak will.⁴⁶

Trained as a psychiatrist and specializing in psychotherapy, Morita was familiar with these psychological theories of neurasthenia in Western psychiatry. He also differentiated neurasthenia into 'true' and 'pseudo-' neurasthenia and held that, while the former did not need treatment other than adequate rest, most patients diagnosed with neurasthenia actually suffered from the latter, which could only be understood from a psychological perspective. Like many contemporary Western psychiatrists, he therefore argued that the diagnostic category 'neurasthenia' (*'shinkeisuijaku'*) should be discarded to avoid

⁴⁵ E. Bleuler, *Textbook of Psychiatry* (New York, 1951), pp. 556-59.

⁴⁶ Volker Roelcke, 'Biologizing Social Facts: An Early 20th Century Debate on Kraepelin's Concepts of Culture, Neurasthenia, and Degeneration,' *Culture, Medicine & Psychiatry*, 21:383-403 (1997); Volker Roelcke, 'Electrified nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880-1914', in Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam, New York, 2001); R E. Taylor, 'Death of Neurasthenia and its Psychological Reincarnation: A Study of Neurasthenia at the National Hospital for the Relief and Cure of the Paralysed and Epileptic, Queen Square, London, 1870-1932,' *British Journal of Psychiatry*, 179:550-57 (2001); Simon Wessely, 'Neurasthenia and Fatigue syndromes, Clinical Section', in German E. Berrios and Roy Porter (eds.) *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (London, 1995).

misunderstanding.⁴⁷ In place of it, however, he did not merely import the disease concepts put forward in Western psychiatry, such as neuroses and degenerative disorders, but invented an original one, namely, '*shinkeishitsu*' (literally, 'nervous disposition'). Without unconscious complex or weak willpower playing a central role in its mechanism, *shinkeishitsu* was a disease concept distinct from both neurosis and degeneration. Rather than a disease, it was more a type of personality that had many positive attributes and only became maladaptive in certain circumstances.

Men of *shinkeishitsu*, according to Morita, were highly introverted, introspective, thoughtful, self-critical, perfectionists, conscientious, perseverant and rational and had an extraordinarily strong self-consciousness and desire for life.⁴⁸ These attributes were in direct contrast to those of degenerates, particularly hysterics, who were extroverted, emotional, impulsive, irrational, impressionable and lacking in willpower and self-awareness. Morita, under the influence of Kraepelin's theory, originally thought they might be born with these traits⁴⁹ but later came to believe they might acquire them through the course of development.⁵⁰ Highly self-conscious and self-centred, they tended to focus attention inwardly on themselves and, out of the desire for perfection, were frequently engaged in introspection and self-criticism. Along with their great desire for life, they also had a strong fear of death and lacked confidence in their own health. They paid meticulous attention to the state of body and mind. Once they noticed any discomfort, they became very concerned that they had contracted some serious disease, which Morita called the 'hypochondriacal temperament' and argued was one of the two major mechanisms underlying the formation of the symptoms of *shinkeishitsu*.⁵¹

Morita differentiated *shinkeishitsu* into three types according to its symptoms: simple *shinkeishitsu*, paroxysmal neurosis and 'obsessive disorder'.

⁴⁷ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 71-86; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 307-08.

⁴⁸ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 88-91; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 314-24.

⁴⁹ Shōma Morita, *Treatments for Shinkeishitsu and Neurasthenia*, in *Complete Works of Shōma Morita*, Vol. I (Tokyo, 1974), pp. 239-55.

⁵⁰ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 311-14 ; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 115.

⁵¹ *Ibid.*, pp. 284-89.

Simple *shinkeishitsu* was *shinkeishitsu* in the strict sense of the term. It comprised most of the conditions previously diagnosed as chronic neurasthenia and often presented with a multitude of minor, non-specific physical and mental symptoms, such as headache, dyspepsia, impotence, fatigue, distraction, forgetfulness, anxiety, despondency and so on.⁵² Paroxysmal neurosis was, to some extent, similar to panic disorder today and was characterized by paroxysmal attacks of seemingly serious physical symptoms, such as palpitation, muscle spasm and feeling faint, accompanied by intense anxiety or fear of death. Patients, moreover, usually had constant anticipatory anxiety about future attacks.⁵³ ‘Obsessive disorder’ comprised various phobias and obsessions without compulsive behaviour. It was characterized by the constant fear of the occurrence or recurrence of certain thoughts, feelings or sensations, such as some obscene or sinful ideas, fear of embarrassment, fear of being red-faced and sweaty in public and fears of misfortune, heights, contamination and contagion. These ideas and fears were considered absurd and irrational by the patients themselves but they were unable to stop them, which caused patients to doubt their own mental health. Morita characterized it as a ‘fear of fears’.⁵⁴

Despite the different manifestations, Morita held that the three types of *shinkeishitsu* originated from the same pathological mechanism, which characterized the psychology of *shinkeishitsu*. With ‘hypochondriacal temperament’, he explained, men of *shinkeishitsu* tended to constantly focus attention inwardly and meticulously check their own bodies and minds for faults. As a result, they often noticed and became concerned about symptoms that were in fact completely normal mental or physical phenomena. Such symptoms were so common and transient that, except in people of *shinkeishitsu*, they usually went totally unnoticed or caused very little concern. Symptoms of simple *shinkeishitsu*, for example, occurred to anyone who was mentally or physically fatigued, but people without *shinkeishitsu* would not be concerned at all. They often did not notice them individually, but had a general feeling of being tired; they simply rested, and the symptoms usually quickly subsided. Similarly, the

⁵² *Ibid.*, pp. 306-08.

⁵³ *Ibid.*, p. 308.

⁵⁴ *Ibid.*, pp. 309-10; Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 130.

fears, ideas and feelings that troubled patients with ‘obsessive disorder’ also occurred to everyone. It was normal and natural, said Morita, to be afraid of heights, to worry about contagion, to become red-faced or avoid eye-contact when talking to superiors, or to occasionally have obscene or sinful ideas. For healthy people, these were situational and transient fears and did not cause any problem. But the hypochondriacal, introspective and self-critical people of *shinkeishitsu*, however, could not treat these phenomena as normal and allow them to run their natural course. They believed the normal manifestations of fatigue to be symptomatic of some serious disease or ‘neurasthenia’ and took them to be indications of their timidity, cowardice, weak willpower or immorality.⁵⁵ Inclined to pursue perfection, they began to closely check themselves for these symptoms and do everything they could to eliminate them. This wish, however, contradicted the nature and reality of the mind and the body; Morita called it the ‘*shisō no mujun*’ (thought contradictory to reality).⁵⁶ Not only could the wish never be achieved, but it reinforced the symptoms and made them occur even more frequently. When people of *shinkeishitsu*, driven by their hypochondriacal fear, fixated their attention on these symptoms, they became very sensitive and able to detect even the faintest presence. In other words, the interaction between their attention and these symptoms sharpened and heightened their awareness of them, which Morita called the ‘*seishin kōgo sayō*’ (literally, ‘psychological interaction’) and, he argued, was the other major psychological mechanism underlying *shinkeishitsu*.⁵⁷

Because of their hypochondriacal temperament and the psychological interaction, patients with *shinkeishitsu* disregarded the reality of the mind and the body and kept making futile efforts to eliminate feelings that were natural and hence ineluctable, which perpetuated their misery. They took, as Morita put it, a ‘feeling-centred’, rather than ‘reality-centred’, attitude toward life and paid no attention to anything other than their own agony. Self-centred and feeling-centred, they could not be dissuaded from focusing on their suffering by intellectual reasoning (for example, Dubois’s persuasion therapy). They had to

⁵⁵ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 118-58.

⁵⁶ *Ibid.*, pp. 175-77; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 326-27.

⁵⁷ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 290-98.

break out of this vicious circle by letting emotions run their natural course and thereby learning the facts of emotions from their own experiences.⁵⁸ This, Morita claimed, was exactly how he gained insight into the nature of his own *shinkeishitsu*.

Born with a nervous disposition, Morita had suffered a variety of so-called neurasthenic symptoms, particularly paroxysmal palpitation, since his teens and was diagnosed with neurasthenia and beriberi when he studied medicine at Imperial Tokyo University. Concerned about his own health, he strictly adhered to prescribed medication and regimens that claimed to be beneficial for neurasthenia. On the eve of his first-year final examination, however, he argued with his father and fell into despair. To retaliate against his father, he condemned himself to death by abandoning all the regimens and medication and devoted himself to study day and night. To his surprise, not only did he do particularly well in this examination, but all his symptoms, after an initial surge, abated on their own after he gave up fighting them and eventually disappeared altogether. After this experience, Morita was no longer afraid of those ‘neurasthenic’ symptoms, which at first still recurred from time to time, and no longer paid them attention. Before long, he was completely cured of the ‘neurasthenia’ that had tormented him for years.⁵⁹ He later termed this experience as ‘*hisshi hissei*’ (‘you certainly will survive were you prepared to die’)⁶⁰ and compared it to the experiences of patients undergoing rest therapy. During rest therapy, he explained, patients were put in isolation and prevented from doing anything to alleviate their discomfort. They were forced to endure their symptoms as they naturally evolved, with the ‘psychological interaction’ that used to maintain and reinforce them interrupted. Eventually, they experienced the natural recession of their symptoms and not only ‘intellectually’ but also ‘experientially’ understood the facts of their emotions.⁶¹ For patients with only a mild temperament of *shinkeishitsu*, Morita found, this experience alone was sometimes enough to cure their protracted neurasthenia.⁶²

⁵⁸ *Ibid.*, pp. 326-47.

⁵⁹ *Ibid.*, pp. 399-400.

⁶⁰ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), p. 185; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 368.

⁶¹ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 327-29, 345-47.

⁶² Shōma Morita, *Treatments for Shinkeishitsu and Neurasthenia* (1974), pp. 255-57, 357;

In most patients with *shinkeishitsu*, however, the hypochondriacal and introverted tendencies were so strong that they needed to transform or reform their character to live a normal and productive life. This was how Morita understood the effect of work therapy. The work in Morita therapy was not merely meant to divert patients from their discomfort but was intended to correct their introversion and excessive self-consciousness. Through the work experience, they were expected to banish the tendency to excessive self-consciousness, turn their attention outward and learn to fulfil themselves through work accomplishments. This was why Morita regarded his therapy as not only a form of psychotherapy but also a proper method of mental cultivation. His therapy was not intended to eliminate a specific manifest symptom but to fundamentally and permanently transform clients' characters and the ways they understood themselves and lived their lives. Clients, moreover, were not persuaded by reasoning or coerced to adopt new attitudes, but did so based on their own working experience. Morita therefore distinguished his therapy from the intellectually-oriented 'persuasion therapy' and the disciplinary 'life normalization therapy' and characterized it as '*taitoku ryōhō*' ('therapy of experiential understanding') and '*jikaku ryōhō*' ('therapy of self-understanding').⁶³

Hence, as Morita himself concluded, it was by the interruption of psychological interaction and the reform of hypochondriacal temperament that Morita therapy cured clients with *shinkeishitsu* of neurasthenic symptoms and enabled them to be liberated from excessive self-consciousness and actively engaged in life. Given the theory, which emphasized the role of cognitive distortions and unrealistic wishes in the formation of symptoms, and the therapeutic method, which led clients to learn through experience, it is not surprising that contemporary Morita psychotherapists have often drawn parallels between it and cognitive-behavioural psychotherapy. The two forms of psychotherapy indeed share some common understanding of the underlying mechanism of pathological emotions, and both emphasize the vital importance of actual experiences or, as it is often put today, 'experiments' to correct

Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 110-13;

Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 367-69.

⁶³ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 347-48.

cognitive distortions. Both purport to lead clients to take an objective look at and, above all, experiment with their established beliefs. An objective approach to life indeed was central to Morita therapy. It was in this spirit that Morita advised his clients to read on subjects that were factual, realistic and scientific, rather than contemplative and imaginative.

However, even though Morita insisted he had developed his therapy solely based on clinical observation and contemporary Western psychiatry, he frequently employed Buddhist, particularly Zen Buddhist, concepts to elucidate his theory on *shinkeishitsu*. He often drew parallels between the cognitive distortions and unrealistic wishes of patient with *shinkeishitsu* and the ‘delusions’ and ‘illusions’ described in Buddhism. Furthermore, he pointed out that the spirit and skills of Morita therapy were in many respects consistent with those of Buddhist cultivation. Although Morita insisted that he only discovered these parallels once he had already established his theory and therapeutic method,⁶⁴ the alleged concordance with Buddhist wisdom was central to the appeal of Morita therapy to both ordinary people and intellectuals and had often been highlighted and elaborated on, not least by Morita himself. Of all the alleged similarities, besides the emphasis put on intuition rather than reasoning as an essential way to grasp the truth of the human psyche, it perhaps was the renunciation of the ego and the experiencing of the streams of consciousness and the world that had most often been elaborated on. Both of them, as the goals of psychotherapy and the ideals of mental cultivation, had been central to the way of life to which Morita and his followers, as people of *shinkeishitsu*, aspired.

Renunciation of the Ego

Obsession is a psychological complex (*kokoro no kattō*) of one wishing not to think what she or he is thinking. . . .⁶⁵

So-called ‘worry’ (*bonnō*) and ‘vexation’ (*Hanmon*) are suffering caused by the psychological complex. . . . We often make efforts to avoid mental suffering and deny and suppress desires that have been constantly arising in the mind.

⁶⁴ *Ibid.*, p. 412; Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), p. 388.

⁶⁵ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), p. 123.

Faced with the absolute fact that these suffering and desires are inevitable and cannot be escaped or denied, we still endeavour to change or control it by our thinking, which leads to the formation of the psychological complex. I call it the ‘*shisō no mujun*’ (thought contradictory to reality), to which, I think, the *akuchi* (literally, bad knowledge) described in Zen Buddhism and the *tendō mōsō* (literally, upside-down wish) described in *Hannya Shingyō* (Heart Sutra) should have similar meanings. . . . Vexation will not arise until our knowledge has grown and become *akuchi*. Obsessions, hence, do not occur to the mentally undeveloped children and idiots.⁶⁶

Morita held that underlying the formation of obsessive ideas was a particular kind of psychological complex that was common in people of *shinkeishitsu*. The ‘*shisō no mujun*’ resulted from the growth of intellectual knowledge, which rational and thoughtful people of *shinkeishitsu* tended to take seriously and at face value with ensuing unrealistic wishes. It was similar to the causes of human suffering that Buddhism had identified and variously described as *akuchi* (bad knowledge), *tendō mōsō* (upside-down wish), ‘delusion’ and ‘illusion’. Morita identified and highlighted two kinds of *akuchi*: illusory notions about the self and speculative ideas derived by reasoning rather than based on facts. Patients with *shinkeishitsu*, he held, were deluded by and stuck in the illusions of ego and culture, just like the donkey tied to a wooden post described in Zen Buddhism. The more the donkey struggled to free itself from the *kero ketsu*,⁶⁷ the more it was restrained. Eventually, it became totally stuck and unable to move.⁶⁸

Most psychiatrists and physicians of the time considered patients with chronic neurasthenia or *shinkeishitsu* weak-willed or lacking in self-awareness because they seemed to wish to escape real life difficulties by seeing one doctor after another for their illness.⁶⁹ Morita believed, on the contrary, such patients had extraordinarily strong self-consciousness and willpower, which were embodied in their determination to cure their diseases and their amazing

⁶⁶ *Ibid.*, pp. 123-24.

⁶⁷ Literally, a wooden post to which donkeys are tied. Metaphorically, it means all the man-made knowledge and beliefs that restrain the human mind.

⁶⁸ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 329.

⁶⁹ Shōma Morita, *Lectures on Psychotherapy* (1974), p. 546.

perseverance to adhere to treatments. But because of their strong self-consciousness, they were particularly susceptible to the illusion of ego and the restraints that it imposed on the mind. Men of *shinkeishitsu* were self-indulgent and self-centred and often seen as egoistical and selfish. Unlike people with hysteria or other degenerate diseases, however, their egoism was not driven by sexual or other material desires but by their enormous desire for life and the correspondingly strong fear of death. They did not impulsively seek immediate satisfaction of sensual desires in the outside world as hysterics and degenerates did. Rather than lacking self-control and inhibition, they were introspective, conscientious and self-critical and constantly strove to perfect themselves.⁷⁰ Their enormous ego often led them to disregard reality and to set themselves unattainable ideals in health, intelligence, emotion, morality and willpower. Constantly frustrated, they fell victim to their impossible personal ambition. They, for instance, wished to be brave and took their fear of heights as evidence of cowardice. They wished to be sociable and saw their red faces as a sign of timidity. They wanted to be moral and could not tolerate any obscene or sinful idea arising in their minds. Similarly, they wanted perfect health and hence became sensitive to and worried by even tiny mental or physical discomfort. Haunted by the illusion of ego, they disregarded the nature of the body and the mind and vainly struggled to fulfill their unrealistic ego ideals. As these wishes were *tendo mōsō* (unrealistic wishes) and the ideals could never be reached, they were doomed to failure and frustration and often stuck in a never-ending vicious circle of self-criticism, self-depreciation and inferiority.⁷¹

With enormous egos, moreover, people of *shinkeishitsu* were prone to vanity and inclined to care about social status, rank and dignity. Thus Morita, in the stage of heavy work therapy, assigned clients humble household tasks that, he hoped, would turn them away from their obsession with these vanities.⁷² They also were self-centred and paid little attention to others' suffering. As a result, they often believed that their neurasthenic symptoms were unique and did not recognize that they actually occurred in everyone from time to time, which added to their self-pity, despair and isolation. Morita, accordingly,

⁷⁰ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 87-91.

⁷¹ *Ibid.*, pp. 135-58.

⁷² Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 357.

emphasized the necessity for recovering patients to share their experiences with other patients. He believed this was essential to correct their characteristic egoism and ensure a long-lasting recovery.⁷³ People of *shinkeishitsu*, in Morita's view, resembled adolescents: adolescents had developed a clearer sense of ego identity than children and were often self-centred and indiscriminately opposed to any authority. When frightened or in trouble, rather than turning to adults (often parents) for help as children did, adolescents insisted on grasping and handling problems on their own, even though they were not yet capable of doing so. Similarly, because of their self-conceit, the adolescent-like people of *shinkeishitsu* were often blind to and defied the laws of nature and life with which a man should be compliant and instead resorted to reason and intellect in the hope of controlling and overcoming reality.⁷⁴ Deluded by ego's illusory notion, they endeavoured to work out their difficulties by themselves, but only succeeded in creating artificial and abstract 'bad knowledge' that further trapped them in their illusory 'diseases'. This was how Morita thought culture, particularly the Western culture that had been overwhelming Japanese society, caused the epidemic of neurasthenia.

When studying the connection between neurasthenia and modern civilization, Morita rejected the idea that neurasthenia was a state of exhaustion caused by the progress of civilization or the relentless struggle for survival that drained people of nervous or mental energy; he even denied the validity of neurasthenia as a disease category. He nonetheless held that modern culture and civilization played a significant role in the neurasthenia epidemic. In modern civilization, particularly in modern Western medicine, he explained, abstract and speculative thinking prevailed and neurasthenia was one of many newly created artificial concepts and categories that conflicted with the reality of nature. The constructed concept of neurasthenia, he criticized, completely ignored the natural cycle of fatigue, rest and recovery. It deluded people into thinking of their absolutely normal symptoms of fatigue as indications of some serious disease. Along with neurasthenia, a multitude of health measures affecting, for example, rest, nutrition and energy-saving had been invented,

⁷³ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 47, 50.

⁷⁴ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 440-41.

which were similarly anti-nature and merely served to disturb the natural rhythm of life and weaken the body's innate natural healing power. These artificial concepts and remedies became very popular for several reasons: the commercialization of medical practices (which sought to maximize profits by promoting and advertising various diseases and treatments), the flourishing publishing industry, and the blind worship of Western ideas. As a result, the hypochondriacal people of *shinkeishitsu* were easily diverted from the reality of life and preoccupied with delusions of diseases. They desperately tried one treatment and health method after another and lived an unnatural lifestyle. Morita argued that rather than criticizing neurasthenic patients for being weak-willed and obsessed with their own diseases, medical doctors should take the blame for fabricating and selling those artificial diseases and health concepts.⁷⁵

Morita's criticism of modern and Western civilization was not limited to modern medicine. He also criticized prevailing Western social and political thoughts in Japan as examples of the artificiality of modern culture. Modern Western culture, in his view, was more ideological and theoretical than practical and realistic. Living in modern civilization, people were flooded with illusory theories and ideologies and gradually lost contact with reality and themselves.⁷⁶ Because of their great desire for life, their strong willpower and tendency toward introspection, abstraction and intellectualization, people of *shinkeishitsu* were particularly susceptible to the illusions of ego and ideologies. They often aspired to cultivate themselves and reform society to realize their ego and ideological ideals without realizing that these ideals were in conflict with reality. They were not sick from exhaustion or weak willpower but from 'delusions', 'illusions', *akuchi* and *tendō mōsō*.⁷⁷ Morita suggested that one way to cure the 'sickness of delusion' was to abandon all presuppositions and prejudices and take an absolutely objective and fact-based approach. Morita therapy was meant to cultivate just such a mental attitude. In contrast, another way was to take an absolutely subjective approach and replace intellectual understanding with what

⁷⁵ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 71-75.

⁷⁶ Concerning Morita's social critiques, please see: Shōma Morita, *The Desire for Life*, in *Complete Works of Shōma Morita, Vol. VII* (Tokyo, 1974).

⁷⁷ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 23-24; Shōma Morita, *The Desire for Life* (1974), pp. 388-90.

he called '*taitoku*' (experiential understanding) to gain intuitive insights from subjective experiences. This, Morita and his followers argued, was how Zen masters enlightened disciples in the past and was also the true essence of Morita therapy.⁷⁸

Whether objective or subjective, both approaches should lead to disenchantment with man-made knowledge and concepts and liberation from the restraints that they put on the human mind. Among the *akuchi* (bad knowledge) were illusions with which generations of Buddhist disciples had been struggling for hundreds of years—the ego, life and death, social rank, wealth, morality and sensuality, among others. Renouncing the ego and transcending material and sensual desires and rigid moral values remained important tasks for patients with *shinkeishitsu* in Morita's time. Patients also faced new risks of being deluded by the large number of ideas introduced from the West. These modern *akuchi* caused unrest both in people's minds and in society. As mentioned in the previous chapter, mental therapists held that these Western ideas, as distractions and obsessions, diverted and obstructed the normal streams of consciousness and thereby caused neurasthenia. Morita, to a large extent, agreed with them on this point. He held that patients with *shinkeishitsu* fell ill mainly because, through 'psychological interaction', they became obsessed with and fixated on some illusions and turned a blind eye to reality. More importantly, in his view, these patients could not be freed from the obsessions by the likes of Dubois's persuasion therapy, which tried to convince them by reasoning of the intellectual or moral right or wrong of these ideas. After all, it was not their fallacy, but the very existence of obsessions that had disturbed the functioning of the mind. Morita psychotherapy, essentially, was intended to help them disengage from the obsessions through absolute rest and work. The rest and work not only refocused their attention away from the obsessions but also helped them experience and resume the flow of their minds and bodies, as well as that of the world and nature.

⁷⁸ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 332-35, 339-40.

The Flow of the Mind and Attention

The mind can be truly profound while it is rolling with the circumstances. The mind will be able to transcend both joy and sorrow if it can drift with the flow and hence recognize its own nature.⁷⁹

Morita similarly argued for the necessity of both an absolutely objective approach and an absolutely subjective one when it came to the constitution and working of the mind. His psychological theory differed in some fundamental aspects from most of the contemporary Western psychological ones, but he most often compared his theory to Freud's psychoanalysis. Psychoanalysis was becoming increasingly popular in Japan, though more as a psychological as well as socio-cultural theory than as a form of psychotherapy. Psychoanalytic concepts, particularly those concerning sexual desire and repression, were frequently employed to explain and understand the human mind, although Morita had largely taken a skeptical view of them. He fiercely debated Kiyoyasu Marui, a psychiatrist and the most outspoken advocate of psychoanalysis at the time, over the validity of Freud's theory and the necessity and efficacy of psychoanalysis as a form of psychotherapy.⁸⁰ Much can be learned from Morita's criticism of psychoanalysis about his approach to and thinking on the human psyche.

Morita, on one hand, argued that Freud's theory about the unconscious, repression and psychological complex and his exclusive emphasis on sexual desire as the fundamental cause of mental illness were not solely based on careful and objective observation, but had been heavily influenced by personal factors and motives.⁸¹ The association of ideas and forgetting that Freud considered significant, for example, were, in Morita's view, among the most normal and natural psychological phenomena and happened so regularly and frequently that no particular explanation was ever needed. The displacement and repression proposed by Freud as the underlying mechanisms were not based on facts, but only abstract and speculative conceptions. Psychoanalytic theory,

⁷⁹ *Ibid.*, p. 386.

⁸⁰ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 182-85, 198.

⁸¹ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 437-39.

he held, had departed from the principles of natural science and become more like a school of philosophy or even a religion.⁸² On the other hand, Morita blamed Freud for idealizing and objectifying the human psyche and trying to understand a vast range of psychological phenomena through a universal theory. He criticized that Freud paid no attention to the variety and subtlety of individual subjective experiences and reduced them to an objective model, which, in his view, was not a suitable approach for the human mind.⁸³

As to the efficacy of psychoanalysis, Morita expressed strong doubts about the therapeutic benefits of uncovering unconscious psychological complexes and catharsis. Psychological traumas, he held, happened to everyone over the course of life and normally caused no harm to mental health except in people with *shinkeishitsu* or other abnormal dispositions. Hence, they were at most precipitating causes of mental diseases rather than fundamental ones.⁸⁴ He held that the confession and catharsis in psychoanalysis offered only temporary symptom relief by suggestion and had no long-lasting therapeutic effect on neurasthenia or *shinkeishitsu*. As a form of psychotherapy, psychoanalysis was merely a ‘symptomatic’, rather than ‘radical’, treatment, as it could not make clients aware of and correct the wrong ways in which their minds had been working.⁸⁵ Overall, Morita held that psychoanalysis was one of those Western artificial ideas that had been occupying and disturbing modern people’s minds. It deluded people, particularly those of *shinkeishitsu*, into believing that there was something hidden from them in their minds. With this belief, they became obsessed with long-ago minor indiscretions or sins, often sexual ones, and feared that they had been compromising their mental as well as physical health. But in Morita’s opinion, it was not the misconduct but the obsession and fear that had caused and sustained their mental illness. Morita compared psychoanalysis to Darwinism and socialism, also popular at the time, and saw them as modern ‘*akuchi*’ (bad knowledge).⁸⁶ Although the latter two, with their respective abstract conceptions of ‘the struggle for life’ and ‘social equality’, had interfered with the running of society, the former, with the fabricated

⁸² Shōma Morita, *The Desire for Life* (1974), pp. 409-10.

⁸³ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 293.

⁸⁴ *Ibid.*, pp. 294-5.

⁸⁵ Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 621-29.

⁸⁶ Shōma Morita, *The Desire for Life* (1974), pp. 409-11.

unconscious complex, had caused disturbance to the normal functioning of the mind, which, according to Morita, consisted in the unimpeded natural flow of perceptions, ideas, emotions and desires.

In the rest-therapy stage of his therapy, Morita asked clients not to do anything to counter the distressing ideas or feelings arising in their minds, but simply to observe their evolution while enduring the suffering. This attitude, which was summarized in the phrase, '*aru ga mama*' (accepting things as they are),⁸⁷ should be carried into the following stages and the rest of their life. In line with it, Morita developed what he called the '*humon ryōhō*' ('therapeutic method of ignoring') to deal with clients' complaints about their symptoms. The approach was consistent with Morita's understanding of the functioning of the human psyche. The mind, Morita held, acted in accordance with the laws of nature in its natural and healthy state, the essence of which consisted in balance and equilibrium.⁸⁸ Without interference, the mind should flow like everything else in nature and observe the same rhythm of evolution and dissolution. Left alone, a distressing idea or feeling, however initially intense and intolerable, would wane and disappear after reaching its peak. Naturally, the activity of the human mind consisted of an incessant succession of one idea, emotion or desire after another over time. The association of ideas and the forgetting and remembering that had been studied so much in Western psychology were, in Morita's view, nothing but the natural flow of the human mind and did not deserve all the fuss made about them. In his view there was no such thing as the splitting of the mind but simply incessant flow and hence natural waxing and waning of ideas, emotions and desires.⁸⁹ By enduring the agony and complying with nature without attempting to interfere with the flow, clients undergoing rest therapy would experience the natural evolution and dissolution of their symptoms and ultimately become liberated from them.⁹⁰

Moreover, the flow in the mind should not be obstructed and distracted from the outside world by inner ideas, emotions or desires. In the following two stages of work therapy, therefore, clients were no longer allowed to indulge

⁸⁷ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 84-86.

⁸⁸ *Ibid.*, pp. 131-32.

⁸⁹ Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 623-24.

⁹⁰ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 350-51.

themselves in contemplation with all attention focused inward, but had to turn their attention outward and experience for themselves how the outside world gave rise to the flow in their minds. In work therapy, the rise of curiosity and the desire for labour and the efforts subsequently made to perfect a job were not driven by the illusions of ego, social status or morality nor by material or sensual desires. Instead, they were mental activities that arose naturally in response to stimuli from the outside world.⁹¹ Through work therapy, clients could not only be diverted from their symptoms but also experience their innate desire for labour and life and, above all, the spontaneous flow of their minds. From this experience, they came to learn the laws of nature that governed the mind and, by complying with them, liberate their minds from illusions and obsessions to act and flow swiftly in response to the ever-changing and ever-flowing outside circumstances. This, Morita held, was the original and purest state of the mind.⁹²

Following the flow of the mind, attention should be moving swiftly and smoothly. As we have seen, mental therapists considered neurasthenia to be essentially a disorder of attention. In their view, the mind became ‘neurasthenic’ and weak because of the presence of distractions and obsessions that led to difficulty in concentration and hence the loss of, as they put it, ‘mental unity’ (*seishin tōitsu*). All forms of mental therapy were intended, above all, to help clients achieve a state of mental unity by concentrating attention on either certain body parts or ideas while at the same time keeping attention alert and vigilant by having it flow incessantly and unimpeded by any distraction or obsession. Morita, to a large extent, held a similar view. He, as demonstrated by the quotations at the beginning of the chapter, held that ‘*mushojū-shin*’ was the ideal and healthiest state of attention and claimed to have invented his psychotherapeutic method under its inspiration. *Mushojū-shin*, as delineated in Buddhism, was a state of mind in which attention was neither obsessively nor intentionally fixed on a particular point but constantly moving and extending in all directions with a great degree of tension.⁹³ In *mushojū-shin*, one had both a panoramic and detailed vision of the outer world and was always alert and ready

⁹¹ *Ibid.*, pp. 354-58.

⁹² *Ibid.*, pp. 359-61.

⁹³ *Ibid.*, p. 344.

to respond to stimuli from the environment. At the same time, one had the most acute and comprehensive perception of the inner self and would not overlook any idea or feeling flowing through the mind or any change occurring to the body. Should an event worthy of attention arise from within or without, one could promptly concentrate attention on it while remaining alert for any others that might occur simultaneously or subsequently. The flow of attention would not be diverted by distractions or obstructed by obsessions, but would always keep pace with the flow of the world as well as the mind. In Buddhism, the achievement of *mushōjū-shin* was essential to gaining insight into worldly obsessions and illusions and the vicissitudes of the world and life. In Morita psychotherapy, it was the mental attitude that Morita thought the introverted and introspective clients of *shinkeishitsu* should cultivate to liberate themselves from obsessions and become actively engaged in the world.⁹⁴

Mental therapists often stressed the parallels between the flow of the mind and attention and that of *ki* of the body and argued that they were interrelated and even simply two sides of the same coin. Their psychotherapeutic methods or, as they often put it, methods of mental cultivation, consisted largely of traditional body skills for the cultivation of *ki*; the perception of *ki* freely and smoothly flowing around the body was often taken as a proof of clients having mastered the higher states of mind. Even though he did not directly refer to *ki*, Morita similarly placed much emphasis on the comparability and interrelatedness of the body and the mind. He compared the association of ideas, emotions and desires to blood flow; he emphasized that, although many neurasthenics thought that they should be able to control them at will, they were all autonomic activities regulated by the laws of nature and hence beyond human control.⁹⁵ He also likened the free and smooth flowing of the mind to the fluent and harmonious movement of the body and considered them as the original and ideal states of the mind and the body respectively.⁹⁶ More importantly, he argued for the importance to each other of the cultivation of body and mind and insisted that genuine and fundamental reform of mental

⁹⁴ *Ibid.*, pp. 340-44, 354-57.

⁹⁵ *Ibid.*, pp. 330-32, 338-39; Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 183-84.

⁹⁶ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 131-32.

attitude could not be achieved by mental cultivation methods (such as meditation, moral indoctrination and intellectual training) alone, but must be achieved through bodily experiences. He agreed with the traditional wisdom that the position and manner of the body were crucial to moral education and the emphasis that religions had put on rituals.⁹⁷ He also recognized the therapeutic effect of abdominal breathing on neurasthenia and *shinkeishitsu* and was personally familiar with Kenzō Futaki, from whom he once sought help for his gastrointestinal malady.⁹⁸ Like Futaki, he believed abdominal breathing improved the circulation of blood and was beneficial for physical health. Psychologically, it could help people calm and concentrate their minds and free them from distractions and obsessions. Morita maintained that practicing abdominal breathing was not simply sitting doing nothing except taking deep breaths, and its goal was not merely to build and maintain belly tension. Instead, it should be implemented in real life situations and people practicing abdominal breathing should be able to promptly and properly respond to changes in circumstances based on their bellies.⁹⁹ This was exactly the state of *mushojū-shin* that Morita hoped his clients could achieve through labour in the two stages of work therapy. In both abdominal breathing and work therapy, what Morita emphasized was the paramount importance of bodily experiences to the understanding, cultivation and liberation of the mind. And ontologically, despite arguing for the autonomy of the mind and the purely psychological nature of neurasthenia, he nonetheless held that the mind and the body were in fact two sides of the same coin. If the body was an incense stick, the activities of the mind were the flames produced by burning incenses.¹⁰⁰

As shown in previous chapters, highlighting their interrelatedness was consistent with traditional ideas of body and mind, which were embedded in traditional culture and lifestyle and remained widely popular. While mental therapists had their clients practice breathing exercise, quiet-sitting, meditation or some dance-like exercises and experience the free flow of *ki* to resume the free flow of ideas, Morita had his clients engage in manual work to liberate their

⁹⁷ Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 524-27.

⁹⁸ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 160, 258.

⁹⁹ Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 607-10; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 390.

¹⁰⁰ Shōma Morita, *Lectures on Psychotherapy* (1974), p. 518.

minds from distractions and obsessions and experience the spontaneous and natural flow of attention. Although Morita did not explicitly make the comparison, the parallels between the flow of ideas, emotions and desires and that of *ki* could be easily seen in his description and understanding of both the abnormal and the ideal states of mind. Some of his followers, among whom was a psychiatrist named Tsuyoshi Okada, further elaborated on this analogy.

Okada received his doctoral degree in psychiatry from Imperial Kyoto University in 1932. In one of his popular writings titled '*Nerve and Life: Selected Writings about Treating Shinkeishitsu*', he held Morita therapy in very high regard and praised it as an original and Japanese method of psychotherapy that gave people an effective way of cultivating personality.¹⁰¹ Having treated patients with *shinkeishitsu* with Morita therapy, he concluded that neurasthenia, obsessive disorder and phobia must be understood from the perspective of the 'psychology of *ki*'. They were all disorders of *ki* and should be treated by psychotherapy, rather than physical therapeutics.¹⁰² Neurasthenia, he held, was essentially a disease caused by living against or obstructing the flow of life.¹⁰³ Patients with neurasthenia tended to perceive and understand the world by the 'nerve' and often turned their attention inward and indulged in contemplation. As a result, many 'sediments' formed and caused obstruction to the flow of life and attention, which became 'stagnant and clogged with the nerve'.¹⁰⁴ For treatment of neurasthenia, hence, patients needed to 'focus their mind on the outside world and have their attention incessantly flow in response to the changes in environments.' 'The *ki* must not stagnate anywhere', but should flow smoothly and swiftly all over.¹⁰⁵

Okada also emphasized the embodiment of the mind and maintained that the flow of ideas should be replaced by that of the body. He distinguished the body from the flesh and argued that the former only came into being when the latter was united with the mind through labour.¹⁰⁶ Neurasthenic patients, in his

¹⁰¹ Tsuyoshi Okada, *Nerve and Life: Selected Writings about Treating Shinkeishitsu* (Tokyo, 1942), preface.

¹⁰² *Ibid.*, p. 156.

¹⁰³ *Ibid.*, pp. 32-33.

¹⁰⁴ *Ibid.*, pp. 174-75.

¹⁰⁵ *Ibid.*, p. 156.

¹⁰⁶ *Ibid.*, pp. 36-40.

view, suffered from the disruption of the unity, as they often sat or lay idly brooding over their obsessions and illusions. They needed to restore the unity between the mind and the flesh and recover the smooth rhythm of the body through labour. The body, he stressed, was the subject, rather than the object, of perception; people should sense, perceive and understand things through their bodies rather than their ‘nerves’. They should do away with the excessive contemplation of the ‘nerve’ and intuitively respond to the outside world by steadily and smoothly moving the body in a perfect rhythm, which, he held, was the only way to achieve free-flow and liberation of the mind.¹⁰⁷ He emphasized the body-oriented and body-centred nature of Morita psychotherapy as an example of the traditional Japanese culture of ‘sitting’ and contrasted it with the Western culture of ‘sitting-in-chairs’ and ‘sitting-in-sofas’. He compared the calm and settled, but at the same time dynamic and powerful, quiet of the former with the idle comfort and unsteadiness of the latter. He also contrasted the simplicity and chastity of the culture of sitting with the complexity and perplexity brought about by the activity of the ‘nerve’.¹⁰⁸ Since the essence of Morita therapy consisted of discarding abstract ideologies and ideas and living through the body, Okada felt it was in perfect concert with the Japanese culture of sitting, which was essentially a culture of *ki* both traditionally and in the modern time.

Morita was also familiar with both the traditional and the contemporary cultures of *ki*. He, like other protagonists of this study, had grown up exposed to traditional culture. He had been interested in the Buddhist issue of life and death since childhood and was fascinated with traditional religions and philosophies in his teens.¹⁰⁹ Whether they told of actual past experiences or reflected the cultural milieu of the time when they were told, we have seen a number of similar stories in previous chapters, which seem to be memories shared by many Japanese intellectuals of his generation. Morita had been interested in a wide range of traditional cultural practices, particularly those having spiritual or psychological significance and regarded as methods of mental cultivation. He had practiced Zen-sitting and attended Okada’s quiet-sitting group sessions as

¹⁰⁷ *Ibid.*, pp. 36-42.

¹⁰⁸ *Ibid.*, pp. 71-84.

¹⁰⁹ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 395-96.

well as some schools of mental therapy, including Iwata's 'instinct therapy' and the *Taireidō*.¹¹⁰ Kanehiro Takagi, the founding president of the Jikei Medical College where Morita served, was an enthusiastic advocate of traditional culture and Morita joined the Society for the Study of Japanese Classics with him and had even delved into the study of certain classical texts.¹¹¹ This experience probably inspired him to adopt recital of *Kojiki*¹¹² as one of the few daily routines in Morita therapy since he thought it was refreshing in the morning and could help clients calm their minds before going to bed.¹¹³ Morita was deeply interested and in some way involved in the revival, reinvention and reconstruction of the so-called Japanese culture of *ki* at the time. Morita and his followers emphasized that they approached both the traditional and contemporary cultures of *ki* mainly from modern and scientific perspectives to shed light on their mystical secrets.¹¹⁴ Nonetheless, the concept of *ki* embedded in the traditional perception and conception of body and mind considerably influenced Morita's psychological theory and psychotherapeutic method just as it did Futaki and many others' physiological or psychological theories and treatments of neurasthenia. Although Morita expressed reservations about their suggestive approaches, mental therapists generally held him in very high regard not only because of his relatively open and sympathetic attitude toward them but also because they found Morita's views compatible with their own. Some of them had integrated elements of Morita therapy into their own therapies and saw Morita as a comrade against the dominant Western culture and science.¹¹⁵

The appeal and success of Morita therapy, just like mental therapy, relied to an extent on its compatibility with traditional practices and ideals of self-cultivation. By penetrating and transcending worldly illusions and delusions, particularly those originating from the illusion of ego, clients were guided to experience themselves through their labouring bodies and resign their minds to the laws of nature and flow along with the ever-flowing world as

¹¹⁰ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 124, 198.

¹¹¹ *Ibid.*, pp. 122-23.

¹¹² Literally, An Account of Ancient Events. Thought to be written in 712 A.D., it is the earliest existing historical record in Japan and relates the major events from the age of the gods to the beginning of the monarchy.

¹¹³ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 353.

¹¹⁴ Shōma Morita, *Lectures on Psychotherapy* (1974), pp. 611-20, 632-35.

¹¹⁵ Akichika Nomura, *A Critical Biography of Shōma Morita*, p. 164.

freely and smoothly as possible. This treatment goal and ideal of mental cultivation, as well as the frequent references to Buddhist concepts and terms, would have made Morita therapy appear more familiar and accessible to many of his contemporaries than Western psychological theories and treatments. Philosopher Hyakuzō Kurata (1891-1943), for instance, found that the life attitude that Morita therapy aimed to cultivate was essentially consistent with the Buddhist ideal of cultivation that had always interested him. In his view, obsessive ideas, from which he suffered greatly, were not a disease in a medical sense but a disorder of the mind in a Buddhist sense or the so-called ‘worries’ (*bonnō*).¹¹⁶ His obsessive ideas began when he was pursuing the state of *mushōjū-shin* by practicing contemplation (*kanshō*) and became obsessed with the feeling of being unable to integrate his perceptions of the object of contemplation.¹¹⁷ After that, he successively suffered a variety of obsessions and phobia until he began Morita therapy. He started with one of Morita’s disciples and then worked with Morita himself on an outpatient basis and settled on the attitude he would take toward his mental illness. Inspired by Morita’s motto ‘*Aru ga mama*’ (accepting things as they are), he eventually transcended and liberated himself from the obsessions by living up to his own motto: ‘Curing diseases by not trying to cure them’.¹¹⁸ Kurata held that what the motto embodied was an ‘absolute and naturalistic life attitude’ based on the ‘unconscious original mind’, which was in direct contrast to the ‘rational and idealistic life attitude’ that he had formerly taken.¹¹⁹ He also argued that the attitude was the mysterious essence of Zen Buddhism and hailed the attitude of unconditional affirmation and devotion cultivated by Morita therapy as a genuine religious way of life.¹²⁰ Because of his prestigious reputation, Kurata’s endorsement and espousal added considerably to the appeal and popularity of Morita therapy.¹²¹

But the traditional appeal of Morita therapy, like that of mental therapy and

¹¹⁶ Hyakuzō Kurata, *Shinkeishitsu’s Heaven: My Experience with ‘Curing Diseases by not Trying to Cure them’* (Tokyo, 1932), p. 112.

¹¹⁷ *Ibid.*, pp. 9-15.

¹¹⁸ *Ibid.*, pp. 2-3; Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 161-64, 176-81.

¹¹⁹ Hyakuzō Kurata, *Shinkeishitsu’s Heaven*, pp. 49-51.

¹²⁰ *Ibid.*, pp. 100-01.

¹²¹ Akichika Nomura, *A Critical Biography of Shōma Morita*, p. 176.

abdominal breathing, did not merely come from its theoretical and conceptual affinity with traditional ideas. Instead, the relationship built between therapist and client and the setting in which the therapy was conducted was also important; indeed, for some clients, they might have been more important therapeutically than the traditional values. After all, liberated from illusions, the freely flowing mind still needed a purpose, a direction or, as it was often put, a ‘centre of gravity’ to unite itself. With the dissolution of the ego, one still needed to build a self-identity to be a being-in-the-world, which was the ultimate goal of psychotherapy and mental cultivation that Morita had always insisted on. Morita therapy, above all, was aimed to enlighten clients about their own *shinkeishitsu*. They needed to understand that they were not just people with *shinkeishitsu*, but people of *shinkeishitsu* and apply this understanding to their existence in the real world. But in this real world, many clients’ identification with *shinkeishitsu* seems to have been complemented and reinforced by their identification with a family, a family of *shinkeishitsu*, which provided them with the all important senses of belonging and collective identity. Morita therapy, as Morita himself claimed, was characteristically a ‘familial’ treatment. It was ‘familial’ not only because it was carried out in Morita’s family’s house, but also because Morita and his clients saw and treated each other as members of the same family.

A Family of Shinkeishitsu

My therapy is a familial therapy.¹²²

My inpatients have become pretty close to me like family. They wish to discuss every concern with me. For them, I have been like a father, a teacher, a founder of religion, an uncle and a doctor.¹²³

Although Morita professed to have accidentally started treating patients at his home,¹²⁴ the familial nature of Morita therapy did not consist simply in the place where it was carried out. Rather, it was a ‘familial’ treatment in terms of

¹²² Shōma Morita, *The True Nature of Shinkeishitsu and its Cure*, p. 413.

¹²³ Shōma Morita, *The Desire for Life* (1974), p. 301.

¹²⁴ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), p. 413.

both the relationship between Morita and his clients and its therapeutic methods and theory.

The first client admitted to Morita's family house was a friend and old colleague whom he invited to move in for a 'change of air'. While living there, she voluntarily shared household duties, which became the prototype of Morita's work therapy. From then on, Morita began to invite patients considered suitable and in need of his help into his house. Many of them, particularly those admitted after Morita therapy had become popular, came to seek help after reading Morita's books and were already familiar with and receptive to his ideas about *shinkeishitsu* and his personal story of overcoming and transcending it. They had been diagnosed or self-diagnosed with *shinkeishitsu* or as persons of *shinkeishitsu* and were eager to join the 'family' of *shinkeishitsu* led by Morita for mental cultivation as well as for treatment of their mental illness.

In Morita's house, they were treated and behaved like members of Morita's family rather than guests or inpatients. They were asked to share housework as the main component of work therapy, and Morita's wife, who was responsible for managing domestic affairs, played an important role. Several ex-clients remembered her with great affection and respect: they expressed gratitude for what they learned from her in terms of the tasks and how they should be carried out in her family.¹²⁵ She seems to have taken a caring but casual attitude towards the clients. She gave orders and instructions in a straightforward manner and did not refrain from pointing out their mistakes or scolding them. She also often gave clients, particularly the few women, advice and tried to relieve their anxiety—not as a therapist, but rather as an elder.¹²⁶ The clients, most of whom were well-educated men, behaved towards her somewhat like minors or juniors. They seized every opportunity to help her with housework and were fully obedient to her commands and instructions. Although Morita compared her to the head nurse of a hospital,¹²⁷ she seems to have functioned more as the ordinary housewife of a large family who directed family members to run the household.

¹²⁵ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp.610-11, 633-34.

¹²⁶ Shōma Morita, 'A Remembrance of My Wife, Hisai', in *Complete Works of Shōma Morita, Vol. VII* (Tokyo, 1974), pp. 729-62.

¹²⁷ *Ibid.*, p. 752.

Morita was frequently absent and seldom directly instructed or supervised clients in their work. He had a very busy schedule and routinely had to see outpatients in his clinic, visit inpatients of the mental hospital of which he was in charge and teach in college.¹²⁸ He went to conferences and on lecture tours from time to time, during which the therapy continued as usual.¹²⁹ Nonetheless, he was the head and the ultimate authority of the household. He gave weekly lectures on *shinkeishitsu* and mental cultivation on a group basis. He regularly read and returned clients' journals with comments to assess their progress and give instructions. He decided when a client was ready to progress into the next stage of therapy. Apart from these routines, most importantly, his authority was embodied in the life rules he set for clients undergoing different stages of therapy and that every client had to strictly abide by. In this regard, Morita was rigorous and, to a degree, punitive. When clients were preoccupied with their symptoms and not fully engaged in work, he generally ignored their complaints (in person or in journal comments), frankly pointed out their 'psychological complexes', condemned their self-indulgence and admonished, rather than persuaded, them to stick to the rules.¹³⁰ When clients were too preoccupied and self-indulgent to be thus awakened, he sometimes adopted an intimidating and terrifying approach to engage them in the treatment programme.¹³¹ Morita usually discharged immediately those who were simply too self-centred, defiant and capricious and overtly rebelled against the rules and denounced them as 'non-*shinkeishitsu*' (not suitable for his therapy).¹³² In contrast, clients who obeyed the rules and were successful in their therapy received warm approval from Morita as well as encouragement and instruction for their future progress.

While at home, Morita also had informal interactions with clients that were embedded in everyday life. For example, he gave clients advice on their work from time to time, which was often unexpected. Whether useful or not, the clients always considered the advice precious. He sometimes allowed clients in the fourth stage to accompany him when he went out shopping, to post letters or

¹²⁸ Morita was the professor of psychiatry in the Jikei Medical University.

¹²⁹ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 220-48.

¹³⁰ Shōma Morita, *Treatments for Shinkeishitsu and Neurasthenia* (1974), pp. 390-92, 399-403, 413-15.

¹³¹ *Ibid.*, pp. 487-89.

¹³² Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 349, 364; Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), p. 123.

to teach in the college. To a considerable extent, Morita literally lived together with these clients. He had no living space that was strictly separate from the therapeutic space. His room was accessible to anyone in the house, and clients could consult or talk to him whenever he was at leisure at home.¹³³ However, there was still a clear boundary between him and his clients and other members of the family. Like a traditional father and householder, he was seldom directly involved in housework, and no one bothered him with problems concerning the trivial household tasks that constituted the work therapy. If household members really wanted to know his opinion on a task, they instead asked the housemaid while Morita was present to see whether or not he approved, by silence, of what she had taught. Morita called this attitude ‘*husokuhuri*’ (being neither too close nor too distant), which he thought was the attitude that children should take toward their fathers.¹³⁴ But clients were welcome to report or discuss their thoughts and reflections on their work and psychological experiences, on which Morita would give instructions in a similar didactic style to his comments on their journals.

Morita, in character, seemed to be self-assured, if not self-opinionated, and strong-willed. He was eloquent and argumentative about issues concerning *shinkeishitsu*, which was manifested in his fierce debates with some psychiatrist colleagues and his sharp and scathing criticism of clients who were unwilling or unable to adhere to the treatment regimen. But to clients who were receptive to his ideas, he was kind and considerate and passionately encouraged and instructed them during the course of therapy and beyond. He devoted himself to the education and treatment of people of *shinkeishitsu*, as well as to the popularization of his theory of *shinkeishitsu* and Morita therapy.¹³⁵ He spent a lot of time patiently reading and commenting on the journals of current and former clients (who sent in their journals by post) and instructed them on a wide range of issues, from personal and family problems to grand cultural and socio-political issues, all of which he almost invariably approached from the perspectives of *shinkeishitsu*. He was empathetic and sympathetic to his clients and often expressed approval and appreciation of their conscientiousness,

¹³³ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), p. 623.

¹³⁴ *Ibid.*, pp. 75, 243-44.

¹³⁵ Shōma Morita, *The Desire for Life* (1974), pp. 428-29.

perseverance and thoughtfulness. As he also identified himself as a person of ‘*shinkeishitsu*’, a phrase he often used was: ‘We people of *shinkeishitsu*’ or ‘We *shinkeishitsu*.’¹³⁶ By adapting his family house to a treatment facility for *shinkeishitsu*, Morita, while being the head of the Morita family, seemed to have also identified himself as, and assumed the role and responsibility of, the founder and the head of the family of *shinkeishitsu*.

Those clients who Morita thought were genuine *shinkeishitsu* were receptive and responsive to the familial aura and rules—or, rather, those who had been receptive and responsive were considered by him as such. Many clients who came to seek Morita’s help were already familiar with his theory of *shinkeishitsu* and, to an extent, already identified themselves as *shinkeishitsu*. To be recognized as a genuine one, however, they had to adapt and adhere to the rules of Morita’s family and become a well-behaved family member. They had to truly identify themselves with the family and break away from their egoism to engage in the life there. They complied with the rules set by Morita and busied themselves with housework, even though most of them were men and many had never been involved in housework before. They learned to pay attention to and care about other clients’ feelings, instead of being preoccupied with their own suffering. Most importantly, they followed Morita’s instructions to achieve the expected insights and cultivate the required life and mental attitude in the hope of receiving Morita’s ultimate approval and recognition. Clients were introverted, introspective, and self-centred and had hence often felt alienated from their own family, so, to an extent, they treated Morita, his family and each other even more like family than their own.

In fact, some of them did extend their stay and really became members of Morita’s extended family. A woman client, for example, whom Morita regarded as the most complicated and severe case of obsessive disorder he had seen in his earlier years of practice, became his family’s housemaid after being cured by Morita therapy.¹³⁷ A couple of students continued or later came back to lodge at Morita’s house after having undergone the complete treatment and recovered. One such was Keiji Mitsutani, who came from Kumamoto to Tokyo for study

¹³⁶ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 112-14, 139; Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 397-400.

¹³⁷ Shōma Morita, *Treatments for Shinkeishitsu and Neurasthenia* (1974), pp. 474-82.

and was admitted to Morita's house because of sexual neurasthenia in 1932. He stayed there while a university student until Morita died in 1938. Mitsutani was one of Morita's most loyal followers and dedicated himself to and played an important role in the popularization of Morita therapy after Morita's death.¹³⁸ Among Morita's clients were a number of medical students at his college, as well as young clients who, inspired by him, went on to study medicine. A few later chose to specialize in psychiatry and returned to Morita's house to study his therapy and serve as assistants, which demonstrates the strong identification and sense of belonging they developed through the 'hospitalization' experience.¹³⁹

In 1929, a few former clients founded a society of patients with *shinkeishitsu* who had undergone or were undergoing Morita therapy. They began to hold monthly meetings at Morita's house and established a journal titled *Shinkeishitsu* the following year. The society's purpose was to provide former clients with opportunities to continue mental cultivation under Morita's instruction, encourage them to share experiences with new clients and promote Morita therapy and Morita's life philosophy.¹⁴⁰ As the head of the society, Morita initially wanted to name it the 'Society for the Praise of *Shinkeishitsu*', but the clients insisted it be named after Morita's pseudonym and it became known as the '*Keigai kai*' (Keigai Society).¹⁴¹ The society, its members stressed, was a familial one, and the members, who all shared the disposition of *shinkeishitsu*, should treat and help each other like siblings.¹⁴² They should be sympathetic to others' suffering and glad to share their own experience of recovery. Most importantly, they should seize every opportunity to hear Morita's teaching. Several dozen clients usually attended the monthly meetings, which later Morita psychotherapists have seen as a form of group psychotherapy.¹⁴³ Like clients of modern group psychotherapy, some did share their experiences, feelings and problems, but Morita's lectures and speeches

¹³⁸ Shōma Morita, *The Desire for Life*, ed. Keiji Mitsutani (Tokyo, 2007); Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 732-33; Akichika Nomura, *A Critical Biography of Shōma Morita*, p. 335.

¹³⁹ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 79-80, 246, 338, 352, 459, 586.

¹⁴⁰ *Ibid.*, pp. 769-70.

¹⁴¹ *Ibid.*, p. 25.

¹⁴² *Ibid.*, pp. 47, 123, 209.

¹⁴³ *Ibid.*, p. 770.

occupied the major part of the meetings. For its members, the society was a continuation of the family life that they had lived during the therapy, and Morita's absolute authority still prevailed.

Because of the theoretical congruence and the emphasis put on intuitive insight, or 'experiential understanding', Morita therapy was often compared to the cultivation practice of Zen Buddhism and attracted people who were interested in Zen doctrine. Shizuo Usa (1886-1957), for example, was a Zen monk before he went to study medicine and psychiatry and learned Morita therapy directly from Morita. He later turned part of a Buddhist temple into a facility for Morita therapy in Kyoto and became one of the most well-known Morita therapists of the time.¹⁴⁴ Usa compared the method or, as he put it, the 'persuasion', used by Morita therapists to enlighten clients to the '*settoku*'¹⁴⁵ in Zen cultivation, since he felt both guided clients or disciples to achieve insights on their own in a very sharp, but subtle, way, rather than by direct persuasion or instruction.¹⁴⁶ But the similarities between Morita therapy and the ideal way of Zen teaching might have been overstated. Morita's teaching method was, to a great extent, didactic and imperative, with him having enormous authority over his clients and disciples.

To liberate themselves, people of *shinkeishitsu* first and foremost had to recognize their own nature of *shinkeishitsu* and identify themselves as *shinkeishitsu*. One client recalled how he had ambitiously aspired to become a powerful figure until he realized that he was merely a petit *shinkeishitsu* who was feeble and fragile and resigned himself to a higher authority, like a small child submitted to his parents.¹⁴⁷ Although Morita maintained that the Law of Nature dictated how they should live their lives, for many clients the authority was Morita himself. A client compared him to Jesus Christ and praised him as sent by God to salvage the people of *shinkeishitsu*.¹⁴⁸ Another grateful client claimed that Morita had not only freed him from the obsessions and illusions from which he had suffered for a long period of time but also made him proud

¹⁴⁴ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 166-75.

¹⁴⁵ It is a Buddhist term, literally meaning 'to teach in person'.

¹⁴⁶ Shizuo Usa, *Persuasion Therapy* (Kyoto, 1936).

¹⁴⁷ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 76-77.

¹⁴⁸ *Ibid.*, p. 97.

and no longer ashamed to be and to be known as a person of *shinkeishitsu*.¹⁴⁹ Some expressed delight at knowing how different they were from people without *shinkeishitsu* and became grateful to have been born with this special disposition.¹⁵⁰ Echoing Morita's words, they also often used the phrase: 'We people of *shinkeishitsu*' or 'We *shinkeishitsu*'. While identifying themselves as *shinkeishitsu*, they also identified with the family of *shinkeishitsu*, of which Morita was the supreme father and householder. With a real sense of belonging, they hoped to spread Morita's ideas and convert more people to the way of life expounded by him.

Morita himself was well aware of his authority and influence over his clients. He acknowledged that Morita therapy, as a method of mental cultivation, inevitably carried a mystic and religious aura and that he was often idolized and worshiped by clients as a religious prophet. He therefore advised clients to read on factual subjects, rather than imaginative and speculative ones, to counter the tendency and cultivate a more scientific and realistic attitude.¹⁵¹ But despite his criticism of blind worship and belief, Morita basically supported and defended the traditional family system in which the father/householder had enormous authority over family members and often compared the relationship between him and his clients to the traditional relationship between a father and his children. Answering a client's question about how he should behave toward his father to show his reverence and adoration, for example, Morita taught him to take an attitude of *husokuhuri* (being neither too close nor too distant) using the way they behaved toward him while living in his house as an example. They, moreover, should only bother him, whom they feared and adored like a father, with affairs that were important and involved higher costs. For more trivial and insignificant issues, they should ask the opinions of the assistant therapists, whom he compared to the mother of a family.¹⁵² He stressed that doctors and therapists should have not only tender maternal but also tough paternal love for their patients to establish their authority over them.¹⁵³

Generally speaking, in line with his insistence that clients should cast aside

¹⁴⁹ *Ibid.*, p. 97.

¹⁵⁰ *Ibid.*, pp. 97, 339-40, 522-23, 573-74.

¹⁵¹ *Ibid.*, p. 208.

¹⁵² *Ibid.*, pp. 75, 243-44.

¹⁵³ Morita, *Lectures on Psychotherapy* (1974), pp. 636-37.

their doubts and simply follow the father-like therapist's commands, Morita often advised clients who were defiant towards or discontented with their parents or the whole family system to respect the established patriarchal system and observe its rules and customs. He advised a student client who clashed with his father over what career to pursue to obey his father's will because his father was undoubtedly more experienced than him. When the client wrote to complain that his father was vulgar and had no taste for art, Morita reproached him for being pretentious and arrogant and held that he, as a minor and junior, in fact had no idea at all of what real art was.¹⁵⁴ He also advised a woman client to learn to live with her in-laws and endure the mistreatment that she had been receiving from them.¹⁵⁵ When another client complained that the traditional family system gave all the advantages and privileges to the eldest son, Morita defended the custom and held that it was part of and in accordance with Japanese social, cultural and political traditions. He told the client that he should simply accept and learn to adapt to the fact that he was not the eldest son of his family.¹⁵⁶

To a great extent, Morita's support of traditional family system and his stance on family issues were compatible with and influenced by his understanding of the psychology of *shinkeishitsu*. For him, people of *shinkeishitsu* resembled adolescents: not mature enough to cope with the challenges of life by themselves but too proud and self-centred to obey their parents' instructions. Because of their self-conceit, people of *shinkeishitsu* tended to ignore, depreciate and defy existing customs, social orders and laws and insist on their ideological ideals for themselves, society and the world. Their ideals, however, were too naïve and idealistic to be realized and they were thus doomed to frustration and failure. As a result, they became even more discontent with both themselves and the world. Morita considered clients' complaints about their parents and the existing family system as similar to adolescents' naïve defiance and rebellion and a result of their psychology of *shinkeishitsu*.¹⁵⁷ Accordingly, he held that they should be submissive to their

¹⁵⁴ Shōma Morita, *A Radical Cure for Neurasthenia and Obsessive ideas* (1974), pp. 208-12.

¹⁵⁵ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), pp. 204-06.

¹⁵⁶ *Ibid.*, pp. 70-75.

¹⁵⁷ *Ibid.*, pp. 70-75.

parents and established customs, just as they should obey the rules of Morita therapy. He did not intend that they should regress into childlike dependence on their parents or other authorities since this would lead to superstitions and blind beliefs. Instead, they should confirm and strengthen their belief in established authorities by ‘experimenting’. During Morita therapy, despite having many doubts, clients stuck to the rules and thus were able to observe, experience and eventually understand and accept the natural laws governing the mind and the body. In a similar way, Morita held, they should hypothesize that their parents were always right and then experiment with the hypothesis by obeying their parents’ instructions. They would come to see that their parents were indeed always right.¹⁵⁸

Morita’s support of the patriarchal system and established social orders was manifested not only in his stance on these individual family conflicts but also in his critiques of ideological, social and political unrest in Japan. Overall, Morita had grave doubts over the imported Western social and political thoughts that had been overwhelming Japanese society. He questioned the necessity and merit of abolishing the feudal system. In feudal society, he held, there were clear and settled rules for people of all classes to follow. They lived their lives according to the laws of the system, without unrealistic wishes and ambitions and the consequent frustrations and discontents of people in a so-called ‘equal’ society. Equality, Morita held, was an abstract ideology and ideal that was similar to the psychological complexes of *shinkeishitsu* and that originated from the same self-centred and idealistic mentality. It was an illusory ideal and, in a sense, a symptom of *shinkeishitsu*.¹⁵⁹ So, too, were the various Western social and political ideologies such as democracy, capitalism, socialism, communism and nihilism that had been shaking the traditional family, social and political systems.¹⁶⁰ He lamented that the era was dominated by ideology, in contrast to earlier ones successively dominated by physical strength, military strength and wealth.¹⁶¹ He condemned the communists who advocated confiscation of all personal property and possessions as angry children who screamed ‘I want my

¹⁵⁸ Shōma Morita, *The Desire for Life* (1974), p. 440.

¹⁵⁹ *Ibid.*, pp. 231-32, 432-33.

¹⁶⁰ *Ibid.*, pp. 267-73.

¹⁶¹ *Ibid.*, pp. 406-21.

father to die!’¹⁶² Some of those who advocated this kind of ideology, in his view, were hysterics or degenerates and thus extremely ego-centric, impulsive, irresponsible and susceptible to suggestion. However, the conscientious and thoughtful people of *shinkeishitsu* were equally susceptible because of their propensity toward abstract and ideological thinking and their tendency to pursue unrealistic ideals. Morita hoped that people of *shinkeishitsu* could cultivate a realistic mental attitude according to the principles of Morita therapy and adhere to and uphold the established systems and laws. They should constitute, as Morita put it, the ‘class of stability’ to steady the society that the ‘class of vanity’, which included capitalists and the proletariat, threatened to subvert.¹⁶³ Morita held that the alleged division between capitalists and the proletariat was artificially invented and only resulted in conflict and discord. The Japanese society and nation, he maintained, should do away with this division and become one big, harmonious family.¹⁶⁴ People should respect and uphold both the traditional family system and the long-standing monarchical polity in which the emperor had the absolute patriarchal power. Family and monarch, he stressed, were based on the same principles and essential to the stability and maintenance of each other.¹⁶⁵

Although Morita thought that people should respect and obey established authorities, he had been rebellious in various ways throughout his life. In his teens, when his father discouraged him from continuing his education because of financial considerations, Morita reached an agreement with a medical doctor to be adopted in exchange for financial support for his study. Ultimately, his father agreed to pay for his education.¹⁶⁶ In his early twenties, he still often resented his parents. On one occasion, he even decided to retaliate by condemning himself to death, which, as noted above, led him to achieve insight into and cure his own ‘neurasthenia’.¹⁶⁷ His identification with his patriarchal family and ensuing interest in his genealogy seemed to have come years later once he had built his family in Tokyo and become the householder of the Morita

¹⁶² *Ibid.*, p. 427.

¹⁶³ *Ibid.*, pp. 267-69.

¹⁶⁴ *Ibid.*, pp. 348-49.

¹⁶⁵ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), p. 73.

¹⁶⁶ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 39-42.

¹⁶⁷ Shōma Morita, *The True Nature of Shinkeishitsu and its Cure* (1974), pp. 399-400.

family and, as such, were self-centred. He took a defiantly non-mainstream approach to mental illness for the time. As Morita and his followers often mentioned, Japanese medicine and psychiatry were largely Western-, particularly German-, and biologically-oriented. Many of his academic colleagues considered his psychological approach, his philosophical style of studying and writing and his sympathetic attitude towards so-called ‘folk’ medicines unscientific and unacademic, even heretic and offensive.¹⁶⁸ His bold modification and criticism of Western psychological theories and psychotherapeutic methods were unusual in the prevailing academic culture that worshipped Western ideas. In a sense, Morita had been rebellious against academic and professional authority, which typically bore the semblance of patriarchal authority in Japan and had been embodied in the ‘genealogy’ of the first few generations of Japanese psychiatrists.¹⁶⁹

Morita’s ideological support of the traditional family system as well as the social and political patriarchal order, on one hand, was consistent with his understanding of the psychology of *shinkeishitsu* and the emphasis that he put on a submissive and persevering attitude for its treatment. In his therapy, he expected clients to submit to his authority and obey the rules to be liberated from their psychological complexes. But his views on some passionately debated cultural, social and political issues that involved the opposition and conflict between the modern and the traditional, and the Western and the Oriental or Japanese, could not be sustained solely by his theory on *shinkeishitsu*. There was confusion between man-made and natural laws and between historical and social reality and natural facts in Morita’s socio-cultural and political discourses. To a great extent, Morita’s cultural and socio-political arguments were similar to those of breathing exercise advocates and mental therapists, and the facility and organization that he set up for the practice or promotion of Morita therapy were built and run on similar family principles and had a similar family atmosphere. He stressed that the essence of Morita therapy was embedded in traditional Japanese, particularly Buddhist, culture, which

¹⁶⁸ Toshio Watanabe, *An Era of Neurosis: The Shōma Morita Inside Us* (Tokyo, 1996), pp. 164-66.

¹⁶⁹ Waichirō Omatawa, *The Origin of Mental Hospital, Modern Period* (Tokyo, 2000), pp. 96-98.

gave his elucidation of *shinkeishitsu* and Morita therapy cultural and social significance. For some, Morita's support and implementation of the traditional family and social orders and values gave Morita therapy added appeal and accounted for at least part of its therapeutic effect. This effect, as well as Morita's stance on those issues, could not be explained by his theory of *shinkeishitsu* alone, but had to be understood in a complex context in which individual and collective life and intellectual experiences, embedded perceptions and conceptions of the mind and the body, the drastic change of lifestyle and family and social life, and social and political unrest all played a role.

Furthermore, given the background of rising nationalism, it is not surprising that *shinkeishitsu* and Morita therapy assumed national significance. Although Morita himself was not particularly interested in politics and mainly devoted himself to building and extending his 'family of *shinkeishitsu*', some of his followers argued that Japan was a 'nation of *shinkeishitsu*' and Morita therapy should be extensively implemented for the cultivation of national subjects. But since Morita therapy was marginal to the mainstream of the medical profession, this idea attracted little attention from central-government policy makers. The case was different in a place where national identity had been subjected to severe tests and was in serious doubt—the colony of Taiwan. Tropical neurasthenia was prevalent in Taiwan, where it provoked concerns and doubts over colonists' national identity. Psychiatrists there, who academically had a certain degree of autonomy, turned to Morita's theory and therapy for the defence and relief of fellow colonists and passionately argued for the national significance of *shinkeishitsu* and Morita therapy. Although their arguments were essentially similar to those of the therapy's advocates in the metropolis, the special circumstances aroused great enthusiasm for Morita therapy in the colony and there were serious efforts to implement it in policy.

A Nation of Shinkeishitsu

Since Japan began governing Taiwan in 1895, Japanese colonists had persistently experienced difficulty in adapting to the tropical and subtropical

climates of the southern island. Difficulties in acclimation became even more serious in the 1930s and 1940s when the Japanese attempted to expand their empire into South-East Asia, a region with an even more tropical climate. Among the diseases causing concern was tropical neurasthenia. A survey carried out in the late 1930s among Japanese doing professional or 'intellectual' work in Taiwan showed that more than two-thirds of respondents had experienced one or more so-called neurasthenic symptoms since their arrival in Taiwan, most of which were minor, subjective physical and mental complaints.¹⁷⁰ Terms such as 'Taiwan idiot', 'Southeast Asia idiot' and 'tropical idiot' were widely used to describe and express the collective experience, feeling and fear of mental decline in tropical environments.¹⁷¹

Several different theories on the cause of tropical neurasthenia emerged during the period of colonization, but each was based on a different theory of neurasthenia proper and led to a different attitude toward the disease. Initially, while neurasthenia was still thought to be a disease of exhaustion, it was held that tropical neurasthenia was caused by the excessive amount of physical or mental energy necessary to fight against and adapt to the tropical environment, as well as the poor living conditions and boring life in the colony. Those engaged in intellectual work were thought to be particularly susceptible to the disease because, apart from the increased energy consumption in general, they had to overcome conditions that were particularly adverse to mental exertion to take charge of the immense task of developing the impoverished colony. The disease, hence, was often regarded as a symbol of the hardships that colonists endured and the sacrifices that they made for the Empire.¹⁷²

However, with the change in the theory of neurasthenia, the understanding and perception of tropical neurasthenia changed considerably as well. As

¹⁷⁰ Shyūzō Naka, Junichi Kobayashi, 'A Psychiatric Study on Tropical Acclimatization: The Subjective Symptoms in Intellectual Workers in Taiwan'. *Journal of Taiwanese Medical Association*, 41 (1942): supp. (6), pp. 1-21.

¹⁷¹ Shyūzō Naka, 'The Natural Environment in Taiwan and Mental Diseases'. *Taiwan Times*, 1936 (Oct.), p. 5; Ichirō Tomiyama, 'Colonialism and Tropical Sciences: The Academic Analysis of the Differences of the "Islanders"'. *Taiwan: A Radical Quarterly in Social Studies*, Nr. 28 (1997), p. 139; Faye Yuan Kleeman, *Under an Imperial Sun: Japanese Colonial Literature of Taiwan and the South* (University of Hawai'i Press, 2003).

¹⁷² Shyūzō Naka, Junichi Kobayashi, 'A Psychiatric Study on Tropical Acclimatization', pp. 16-18; Jun Wakeshima, 'An Overview of the Neuropsychological Diseases in Kainan Island (2): Tropical Neurasthenia'. *Journal of Taiwanese Medical Association*, 41 (1942): supp. (6), p.138.

neurasthenia was increasingly thought to be a disease characterized by weak will and caused by degeneration, patients with tropical neurasthenia, and perhaps all Japanese migrating to southern colonies, found that increasingly doubts were cast upon the integrity of their mind, morality and, above all, their national constitution and character. The fear that tropical climates might cause degeneration had haunted Japan's southern colonization since the very early years and, time and again, led to policy debates over whether or not to continue or expand the colonization project.¹⁷³ Beginning in the 1920s, concerns about tropical neurasthenia and mental degeneration joined those for other tropical diseases, such as malaria, since it was no longer thought to be caused by temporary and reversible exhaustion, but by irreversible, irremediable and heritable degeneration. Politicians and officials in both central and local government worried that the prevalence of tropical neurasthenia might indicate that the tropical environment had caused degeneration in a large number of Japanese colonists. Even more worrying was the possibility that they might pass on a degenerate constitution to their offspring, which harm the constitution of the nation as a whole.

The colonists themselves shared these concerns as well as the fear that they were losing their Japanese attributes and characteristics and becoming intellectually, morally and emotionally weak. Those born in the colony, the so-called 'second-generation' and 'Taiwan-born', were considered both physically and psychologically inferior to and even racially distinct from the Japanese back in Metropolitan Japan.¹⁷⁴ The fear of degeneration both reinforced and was reinforced by the feelings of inferiority and envy the second-generation colonists had toward their metropolitan compatriots for being brought up and living in the culturally, socially and economically deprived colony.¹⁷⁵ Their Japanese quality and identity became questionable, even to

¹⁷³ Rokusaburō Mochiji, *On the Colonial Policy in Taiwan* (Tokyo, 1912), pp. 417-25; Kyō Ōkita, 'On the Way toward Tropical Medicine (2)'. *Taiwan Times*, 1941 (Feb.), pp. 26-29; Kazuo Ogasawara, 'The Climates in the South: The Scientific Understanding of the South'. *Taiwan Times*, 1942 (Jul.), pp. 90-92; Kenichi Gotō, 'Taiwan and the East South Asia', in Shinobu Ōe et al (eds.) *Modern Japan and the Colonies, Vol. II: The Structure of the Government of the Empire* (Tokyo, 1992), p. 159.

¹⁷⁴ Unknown author, 'Japanization and the Problems of the Second Generation'. *Taiwan Times*, 1940 (Nov.), p. 99; Nobuko Takenaka, *The Life of Japanese Women in the Colonial Taiwan, Vol. III: Shōwa Period, I* (Tokyo, 2001), pp. 143-44.

¹⁷⁵ Takemune Soda, 'The Constitutional Change of the Japanese in Taiwan'. *Taiwan Times*,

themselves. As a result, when the colonial government launched a movement to cultivate ‘Japanese spirit and values’ among the Taiwanese in order to assimilate them as Japanese imperial subjects in the late colonial period, it was argued that colonists, particularly the second generation, should also be included to combat their loss of Japanese character and their weak national identity.¹⁷⁶

It was left to Shyūzō Naka (1900-1988), the leading psychiatrist in Taiwan during the last decade of colonization,¹⁷⁷ to come forward to defend the integrity of the colonists’ Japanese character and virtues and provide solutions to the demoralizing tropical disease. He based his work on Morita’s theory and treatment of *shinkeishitsu*, with which he had become familiar through the professional training he received at Imperial Kyūshyū University.

Before coming to Taiwan, Dr. Naka received psychiatric training under Dr. Mitsuzō Shimota (1885-1978) at Imperial Kyūshyū University. Shimota, who graduated from Imperial Tokyo University in 1911 and served as the professor of psychiatry at Imperial Kyūshyū University from 1925 to 1945, was among the few psychiatrist admirers of Morita’s theory and therapy at the time. Given Shimota’s lofty professional status and outstanding achievements in biological psychiatry and somatic therapeutics,¹⁷⁸ his endorsement encouraged wider acceptance of Morita’s theory of *shinkeishitsu* and Morita therapy among the profession, which Morita and his followers appreciated. He proposed certain modifications to Morita’s original theory and therapeutic method, which Morita himself accepted and integrated into his later work.

Shinkeishitsu and obsessive ideas, Shimota argued, had long been such important issues and concerns for Buddhism that Buddhism could be said to be a religion specifically developed for resolving them. They were not ordinary mental diseases as defined by medicine but ‘disorders of mind’ in a Buddhist sense.¹⁷⁹ In this regard, he thought, Japanese medicine had benefited from the country’s history as a Buddhist nation since the long-standing Buddhist traditions allowed a unique psychotherapeutic method to develop (Morita

1942 (Mar.), pp. 104-12.

¹⁷⁶ Unknown author, ‘Japanization and the Problems of the Second Generation’, p. 99.

¹⁷⁷ Naka was the professor of psychiatry in the medical department of the Imperial Taipei University 1934- 1945.

¹⁷⁸ Masaaki Katō et al, *An Encyclopaedia of Psychiatry* (Tokyo, 2001).

¹⁷⁹ Mitsuzō Shimoda, *Neurasthenia and Hysteria* (Fukuoka, 1933), pp. 26-28.

therapy) that could cure patients of the disorders in a relatively short period of time. Morita therapy, in his view, was a valuable asset of Japanese psychiatry and made a great contribution to psychiatry and psychological medicine as a whole.¹⁸⁰

Shimota, however, disagreed with Morita's initial view that *shinkeishitsu* was an inborn disposition found in only a few people. He argued instead that it was a common psychological trait acquired to varying degrees in early childhood by more than seventy per cent of children, apart from a few with abnormal dispositions.¹⁸¹ He explained children acquired this introverted, self-critical and self-doubt trait if they were subjected to discipline and punishment before developing the mental ability they needed to comprehend the reasons and principles behind those rules. As a result, they lost confidence in themselves and suffered constant anxiety over the unpredictability of punishment, which Shimota thought was the core pathology of *shinkeishitsu*.¹⁸² Although his theory suggested that *shinkeishitsu* should be a trait shared by most human beings, since everyone went through this stage of development, Shimota held that it was most prevalent among the Japanese because of their style of upbringing. Japanese parents, particularly fathers, he explained, not only had absolute authority and were severe in punishment but also often distanced themselves from their children and offered little explanation while imposing discipline on them. As a result, Japanese people were particularly susceptible to *shinkeishitsu*, and Japan, in his view, was a 'nation of *shinkeishitsu*'.¹⁸³ Nonetheless, Shimota thought of *shinkeishitsu* as a type of personality with many merits and virtues. Compared with other childish, selfish and impulsive types, such as hysterics, people of *shinkeishitsu* were far more mature. They should not regress to childhood and dependency, but should aspire to develop into mature and independent adults. The most effective model for success was Morita therapy.¹⁸⁴

Probably influenced by Shimota, Naka also thought highly of Morita's

¹⁸⁰ *Ibid.*, p. 27; Toshio Watanabe, *An Era of Neurosis: The Shōma Morita Inside Us*, p. 166.

¹⁸¹ Mitsuzō Shimoda, *On Abnormal Children* (Fukuoka, 1934), p. 34.

¹⁸² *Ibid.*, pp. 34-37.

¹⁸³ *Ibid.*, pp. 37-40; Shyūzō Naka, *On Mental Diseases: The Social Significance and Management of Mental Diseases and Shinkeishitsu* (Taipei, 1935), pp. 61-62.

¹⁸⁴ Mitsuzō Shimoda, *Neurasthenia and Hysteria*, pp. 25-26.

work. He believed Morita had made an unprecedented contribution to psychiatry and psychotherapy by bringing in perspectives of Japanese and Oriental culture and hence should be recognized as just as important a figure as Western masters in this field. While on a tour of observation in Europe, he was keen to introduce Morita's theory of *shinkeishitsu* and Morita therapy to Western psychiatrists with the hope that both Morita's and Oriental culture's excellence could be more widely recognized.¹⁸⁵ After moving to Taiwan, he applied them to the understanding and treatment of tropical neurasthenia. Most importantly, he defended the integrity of colonists' national character as well as the colonization project on the basis of them.

Naka held that the tropical neurasthenia suffered by Japanese colonists in Taiwan was in nature different from that suffered by Western colonists in their colonies. While the latter was caused by weak willpower and hence most often seen in women and spoiled youngsters,¹⁸⁶ the former, he believed, resulted from the psychological complexes of *shinkeishitsu* described by Morita and was prevalent among Japanese colonists with the disposition. Despite the name *tropical* neurasthenia, Naka thought that the climate and environment in Taiwan played an insignificant role in its pathogenic mechanism by causing only minor, physiological discomforts. He argued it was normal for a person accustomed to temperate climates to feel somnolent, inattentive, languid and spiritless as well as mentally and physically fatigued in hot weather. These were physiological reactions to the rise in temperature and resulted from the dominance of parasympathetic nervous system activity in the autonomous nervous system.¹⁸⁷ As normal physiological reactions, they would not cause any substantial or permanent damage and would usually abate on their own over the course of acclimatization. Despite their mental inefficiency, moreover, people should be able to accomplish the same amount of both intellectual and manual work as

¹⁸⁵ Shyūzō Naka, 'Random Thoughts during the Travels in Germany'. *Taiwan Times*, 1939(Apr.), pp. 104-11; Editorial board, 'Editorial', *Psychology and Medicine*, 1 (1944): 2, p. 2.

¹⁸⁶ Shyūzō Naka, 'On the Issues of Neurosis in Taiwan'. *Journal of Taiwanese Medical Association*, 41 (1942): 444, p. 358.

¹⁸⁷ Shyūzō Naka, 'The Impacts of Tropical Climates on the Neurological and Mental Function', in The Intelligence Department of the Taiwanese Governor General's Secretariat (eds.) *A Reader of the Southern Medicine* (Taipei, 1943); Shyūzō Naka, 'Mental Health in the South', in The Intelligence Department of the Taiwanese Governor General's Secretariat (eds.) *A Reader of the Southern Medicine* (Taipei, 1943).

before as long as they endured the discomforts and persevered in their efforts.¹⁸⁸

However, people of *shinkeishitsu*, because of their hypochondriacal temperament and introvert and introspective tendency, could not accept and endure these physiological changes. Their preoccupation sustained and even exaggerated the symptoms via ‘psychological interaction’. This, argued Naka, was the true mechanism of the tropical neurasthenia that had resulted in concern over degeneration and fuelled the opposition to the southern colonization project. Tropical climates and environments, he insisted, would not cause mental or physical degeneration. They were not even the real cause of tropical neurasthenia. Instead, it was the prevailing but unfounded fear of tropical climates, coupled with the character of *shinkeishitsu*, that caused the disease or, more accurately, the illusion of the disease. The illusion, moreover, had both reinforced and been reinforced by the inferiority colonists with *shinkeishitsu* often felt in comparison with their metropolitan compatriots. On one hand, this feeling was evoked by the impoverished material conditions and cultural environments in the colony, but on the other, it had also long been embedded in their highly self-conscious, self-critical and self-doubt tendencies—that is, their *shinkeishitsu* character.¹⁸⁹

Accordingly, Naka refuted the argument that the southern colonization project should be scrapped because of the danger of national degeneration.¹⁹⁰ He was adamant that not only was the prevalence of tropical neurasthenia not a sign of degeneration but also that the disease itself could be easily overcome by proper training and mental cultivation. Most importantly, he refuted the view that those afflicted with tropical neurasthenia were degenerates who had lost their inherited national mental and moral characteristics. Instead, since it was their *shinkeishitsu* that had caused the disease, Naka held that they retained the character of the Japanese nation, the nation of *shinkeishitsu*. He went further and took the prevalence of tropical neurasthenia among colonists as evidence of the preservation of Japanese qualities and culture among the population. He argued that, despite the seemingly impoverished cultural environment, Japanese

¹⁸⁸ Shyūzō Naka, ‘The Natural Environment in Taiwan and Mental Diseases’, pp. 3-5.

¹⁸⁹ Shyūzō Naka, ‘The Impacts of Tropical Climates on the Neurological and Mental Function’, p. 295; Shyūzō Naka, ‘The Natural Environment in Taiwan and Mental Diseases’, pp. 5-6.

¹⁹⁰ Shyūzō Naka, ‘Is the National Constitution Really in Decline?’ *Taiwan Times*, 1942 (Mar.), 99. 98-103.

colonists in Taiwan had better preserved their Japanese characteristics and hence were even more Japanese than their compatriots living in the homeland, particularly those living in the luxuriant and opulent capital. He worried that the nation was losing its qualities of self-discipline, self-mastery and self-reflection and becoming more and more selfish, egocentric and sensual as a result of the invasion of Western individualistic culture. Living a simple and modest life in the impoverished colony, Japanese colonists, in his view, rather than representing a degenerative threat to the nation, were ironically the most capable of preserving and regenerating the endangered national character.¹⁹¹

Furthermore, based on Morita's emphasis of the importance of converting the introvert tendency to an extrovert one in the treatment of *shinkeishitsu*, Naka argued that the expansion of the Japanese empire provided the Japanese nation with an opportunity to transcend the limitations imposed by its character and to fulfil its talent and potential. As a nation of *shinkeishitsu*, he held, Japanese were characteristically introverted and lacking in self-confidence and often refrained from expressing and asserting themselves. This introvert tendency and feeling of inferiority explained, in Naka's view, how Japanese society had been overwhelmed by Western culture and how Western imperial powers had been able to expand into Asia without encountering much resistance. To stand up to the bullying Western powers, he argued, the Japanese needed to transcend their *shinkeishitsu* and transform their introvert tendency to become more extroverted and self-asserting. They had to divert attention from themselves and bravely seek self-realization in the world. Colonization, he held, was exactly the experience that they needed to transform and transcend their *shinkeishitsu*. It was a macro form of Morita therapy, in a sense, through which the introverted Japanese could be liberated from their introspection and inferiority complex and actively engage in the world.¹⁹²

However, the prevalence of tropical neurasthenia revealed the hardships that the colonists had endured and the obstinacy of their *shinkeishitsu*. Naka saw Morita therapy as the psychotherapy and mental cultivation method that not

¹⁹¹ *Ibid.*, pp. 98-103; Jun Wakeshima, 'On the Psychological Etiology of Neuropsychological Diseases in Taiwan: A Study on the Tropical Acclimatization of Japanese Colonizers and Ethnic Psychiatry'. *Journal of Taiwanese Medical Association*, 41 (1942): supp. (6), pp. 32-82.

¹⁹² Shyūzō Naka, *On Mental Diseases: The Social Significance and Management of Mental Diseases and Shinkeishitsu*, p. 61.

only the colonists but also the whole Japanese nation urgently needed to accomplish their colonization mission and build the Japanese empire. On an individual level, he hoped to provide Morita therapy to as many patients with tropical neurasthenia as possible. As there were not enough facilities for inpatient treatment, he employed the modified form of Morita therapy invented by Dr. Shimota to carry out the therapy on an outpatient basis. This modified form of Morita therapy comprised explaining the pathogenic mechanism of tropical neurasthenia to patients, educating them about the importance of labour, advising them on how to arrange their lives and conducting written dialogues with them by reading and commenting their diaries. He reported very good results in Taiwan.¹⁹³

He further advocated that the spirit and principles of Morita therapy should be implemented by the colonial government on a policy level. Firstly, he held that the colonial government should make an effort to spread accurate information about the effects of tropical climates on immigrants: that they were substantial but at the same time completely innocuous. Secondly, it should provide instruction on how to adapt to the hot weather: that actively engaging in labour or physical activity was important and that idle, useless contemplation was not. Thirdly, these principles should be embodied and applied in related laws and statutes. Therefore, Naka disagreed that official work time should be cut short in summer and the summer vacation extended because of the hot weather. Such proposals, in his view, originated from the erroneous fear of tropical climates that had led to tropical neurasthenia. Rather than reducing work time in the summer, he held that it should be extended to divert attention from the inevitable mental and physical discomforts caused by the hot weather and to compensate for the reduced efficiency. Just like clients undergoing Morita therapy, colonists should keep themselves busy with work and endure the hot weather and discomfort. The experience would restore their self-confidence and give them insight into their psychological complex concerning tropical climates. It was not only crucial to the accomplishment of the colonization mission, argued Naka, but also important in ensuring that Japan

¹⁹³ Shyūzō Naka, Junichi Kobayashi, 'A Psychiatric Study on Tropical Acclimatization: The Subjective Symptoms in Intellectual Workers in Taiwan', p. 15.

as a nation transcended itself and survived the fierce international competition.¹⁹⁴

In Naka's eyes, Morita's theory of *shinkeishitsu* was the most accurate portrait and analysis of the Japanese psychology; the spirit and principle of Morita therapy were essential to the cultivation of the new national subjects, who would be more self-confident, outgoing and adaptable yet retained the strong senses of morality and responsibility of *shinkeishitsu*. However, he was not the first to highlight the disciplinary function of Morita therapy and advocate applying it to the cultivation of national subjects. Capitan Hōho Kurokawa, for example, who was among Morita's earliest clients and a core member of the *Keigai* Society, maintained that Morita therapy should be applied to military training. Soldiers, he argued, should obey orders given by their commanders without any hesitation or doubt, just as clients did in Morita therapy. He saw Morita therapy as an effective remedy for the left-wing thought and movements that were shaking the stability of the monarchical nation-state and claimed to have successfully 'cured' a soldier of left-wing tendencies with it. Japanese people, he insisted, should be obedient to the Emperor and comply with the existing political and social orders, just as clients undergoing Morita therapy should be submissive to their therapist's authority and comply with reality.¹⁹⁵ Some of his remarks were so right-wing and militaristic that they had to be deleted from the *Complete Works of Shōma Morita* edited and published in the post-war period.¹⁹⁶ But he was not alone in his view. To varying degrees, Morita himself, and most of his followers, had all maintained that Morita therapy could play a role in quelling left-wing thought and movements and upholding the existing political order in Japan.¹⁹⁷

However, Naka made the most comprehensive argument for the significance of Morita therapy to the nation. According to him, Japan was a nation of *shinkeishitsu*, for which Morita therapy was an indispensable mental cultivation method if it hoped to stand equal to Western imperial powers. He

¹⁹⁴ Shyūzō Naka, 'The Natural Environment in Taiwan and Mental Diseases'; Shyūzō Naka, 'The Impacts of Tropical Climates on the Neurological and Mental Function'; Shyūzō Naka, 'Mental Health in the South'.

¹⁹⁵ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 209-10.

¹⁹⁶ Shōma Morita, *The Way toward the Cure of Shinkeishitsu* (1974), p. 770.

¹⁹⁷ Akichika Nomura, *A Critical Biography of Shōma Morita*, pp. 204-11.

advocated for the role of psychotherapeutics in the governance of colonized people. Without the help of psychotherapy, he held, it would be impossible for the diverse races in colonies to understand and cooperate with one another; since Morita therapy embodied the quintessential Japanese spirit under which the whole of East Asia should be united, it should be widely implemented to promote *shinkeishitsu* and the Japanese way of life in all the colonies.¹⁹⁸ In other words, it should be applied to the cultivation of not only national subjects but also imperial ones. But just like mental therapists, Naka never saw his ambitious vision put into action due to the rapid defeat of Japan in the Pacific War.

¹⁹⁸ Shyūzō Naka, 'On the Issues of Neurosis in Taiwan', pp. 352, 366; Editorial board, 'Editorial'. *Psychology and Medicine*, 1 (1944): 2, pp. 1-2.

Epilogue: Is the Ki still Flowing?

After 1945, shortly after the surrender of Japan, Naka returned to Kyūshyū University and became head of its psychiatric department. Although still interested in Morita therapy, Naka dedicated most of the rest of his academic career to neurophysiologic, neurochemical and social psychiatry studies.¹ In the meantime, some of Morita's core disciples continued the teaching, study and practice of Morita therapy both at academic institutions and at private hospitals founded by them specifically for practicing Morita therapy. Takehisa Kōra (1899-1996), the leading second-generation Morita therapist, succeeded Morita as the professor of psychiatry in the Jikei Medical University in 1937 and founded the Kōra Kōshyō (literally, to prosper life) Hospital next to his house in 1940, which continued operation until his death. The Sansei Hospital founded by the aforementioned Shizuo Usa in 1922 inside a Buddhist temple is still in operation today. Although only sporadic, efforts by second-generation Morita therapists to continue teaching and practicing Morita therapy at universities and in modern hospital-like settings have allowed Morita therapy to continuously develop after the war, rather than pass into oblivion as mental therapies did, and eventually to become an institutionalized form of psychotherapy in Japan. The 'modernization', moreover, is not limited to the 'institutionalization' of Morita therapy. The programme, the work therapy and, above all, the therapeutic relationship, have all, to varying extents, been 'modernized'. Nowadays, not only is Morita therapy more often conducted on an outpatient basis, but the close and family-like relationship between Morita and his clients and between clients themselves has also been replaced by a more typical modern doctor-patient or psychotherapist-client relationship. On the one hand, the 'modernization' has made Morita therapy more resemble other modern forms of psychotherapy and more practicable in the modern context. On the other, however, it may have lost much of the appeal and efficacy of Morita's original therapy that built a therapeutic setting pervaded with a family atmosphere.

¹ Professor Shyūzō Naka's Disciples (eds.), *In Remembrance of Professor Shyūzō Naka* (Osaka, 1991).

Furthermore, because of American cultural and political hegemony in post-war Japan, psychodynamic psychiatry became the dominant approach in Japanese psychiatry for a considerable period of time, and psychoanalytic views, of which Morita was highly critical, prevailed both in cultural spheres and in the public's conception and knowledge of the human psyche. The psychoanalytic model finally prevailed over Morita's flowing one. There are fundamental differences between the two models. The former highlights the splitting, the repression, and the hidden secrets of the mind and adopts a purely psychological and discursive approach in its therapy. The latter underscores the free and smooth flowing and the embodiment of the mind and emphasizes the importance of intuition, actual experiences, labour and other body cultivation techniques. Contemporary Morita psychotherapists have attempted to revive interest in Morita therapy over the past few decades by comparing it to cognitive-behavioural therapy. This approach overlooks the fundamental difference between the two forms of psychotherapy while focusing on their similar behavioural approaches and quick effects. Morita therapy is based on a particular perception and conception of the mind and pursues a unique ideal of the self. It was carried out in a family-like setting by a charismatic personality who made critical and inspirational comments on his times. These were all integral parts of Morita therapy and were essential to its therapeutic effectiveness in a particular historical context.

The same argument can be applied to other forms of therapy discussed in the thesis. The various forms of breathing exercise and quiet-sitting as well as mental and Morita therapy evolved in a historical circumstance in which changes brought about by rapid modernization and westernization were the main issues and concerns. The introduction of Western sciences, ideas and lifestyles challenged, subverted and reconstructed Japanese perceptions and conceptions of the body and mind and transformed almost every aspect of personal and social life. The aggressive expansion of Western imperial powers in Asia further aggravated the sense of insecurity and alienation that the dramatic and profound changes induced. Faced with intellectual transition, socio-cultural transformation and political disquiet, Japan was in a period of change and uncertainty, which constituted a favourable environment for

neurasthenia to thrive and become epidemic. It was in the same environment that these therapies evolved to become effective treatments for the disease.

Intellectually, the therapies reformulated *ki* into the language of modern medicine and psychology and at the same time assimilated the latter into the former. They offered clients plausible and coherent accounts by which they could not only rationalize *ki* but also understand, nurture and enhance their 'nervous' bodies and 'psychological' minds in terms of it. Culturally, they contributed to a revival of the traditional lifestyle and many traditional cultural practices by rendering them rational and endowing them with modern significance. Since advocates claimed them to be 'Japanese' and 'traditional' while at the same time 'scientific', they worked within the intellectual framework of contrast and conflict between traditional and modern and between East and West in which the Japanese then often understood their cultural predicaments. Within this framework, these therapies not only validated the superiority of traditional Japanese and Oriental culture over Western culture but also realized the integration of the modern and the traditional. The reflections on contemporary cultural issues put forward by therapists along this line helped clients make sense of the ever-changing world and guided them to reshape and redirect their lives in meaningful ways.

Socially, the evolution of these therapies similarly reflected the distinction between the modern and the traditional and the efforts of trying to integrate it. On one hand, there were efforts to make them applicable in modern institutions by modernizing their practices. There were also aspirations to develop them into institutionalized forms of psychotherapy. For this purpose, therapists founded societies and organizations that mimicked the formal characteristics of scientific disciplines and professions. On the other hand, by building family-like relationships and collective identities, these therapies met the need for a sense of belonging and security, which had been made urgent by the impending disintegration of the traditional family system and values. Although resembling modern institutions, the facilities, societies and organizations were effectively more like traditional extended families. Incorporating these two, conflicting social attributes was important to their success and therapeutic effectiveness. The therapists discussed in the thesis were, by and large, conservative on a

variety of social issues. They upheld family and national values and causes and advocated building collective identity and solidarity, often at the expense of the development of individuality. Politically, they were advocates of cultural, patriarchal and, later, military nationalism. Their conservative standpoint was appealing in a troubled time. It was also helpful for seeking recognition and support from the government.

Last, but not least, these therapies appealed to the nostalgia of at least one or two generations of Japanese who had experienced radical change in almost every aspect of life. The therapies revitalized the *ki* dormant in their bodies and minds, brought back the lifestyles and cultural practices hidden in memory and revived the sense of belonging, security and order of the old family life. They satisfied a longing for the past in various ways and on various levels. They also helped clients understand and reintegrate their lives that had undergone such drastic change and disruption.

Hence, these therapies were effective in healing neurasthenia in many Japanese patients because they met their intellectual, cultural and social, as well as psychological, needs. From a broader perspective, they achieved popularity and effectiveness because they found their intellectual, cultural and social, as well as psychological, niche in a particular historical environment to thrive in. When the environment changed after the war, they quickly declined and lost their appeal and effectiveness. The popularity and effectiveness of these therapies in Japan in this period, as well as the lukewarm acceptance and ineffectiveness of Western forms of psychotherapy, highlights the problematic nature of the therapeutic effectiveness of psychotherapy in general. Instead of a purely psychological explanation, we need a more comprehensive framework to account for its effectiveness. Psychotherapy involves how a man knows and evaluates himself and his surroundings and how he conducts his life in the world. It is a social institution and involves the development of relationships. A particular form of psychotherapy, hence, is always situated in a particular intellectual context and laden with cultural and social meanings. It must serve certain social functions and meet certain needs of clients as beings in their world. To be effective, it must, as the therapies discussed in this thesis did, find its niche in the environment. It is only by placing a form of psychotherapy in its

environment that we can understand how it has or has not successfully evolved to fit it and become an effective treatment.

With its formalization, professionalization and institutionalization nowadays, the theoretical, ideological and discursive side of psychotherapy, which is often not accessible to clients, has become vital to the success of a form of psychotherapy. To gain academic and hence social recognition, a form of psychotherapy must fit in among a large number of existing psychological theories. Nonetheless, clients benefit from psychotherapy in various ways, some of which, however, do not concern or even are not noticed by their psychologist-therapists. Although there is always a gap between clients' and therapists' concerns about and readings of the process of psychotherapy, it has never been as big as it is today. In the meantime, the cultural attitude toward rational approaches to the human psyche and toward the existing social mechanisms for dealing with mental suffering has become increasingly critical and sceptical. There have been unfavourable changes in the environment. Overall, the situation of established forms of psychotherapy is precarious.

Both the East and the West have recently seen a revival of interest in meditation and Buddhist thought and culture. As a means of growing and realizing the enduring meaning of life and finding wholeness and harmony with the world, breathing exercises, quiet-sitting and other spiritual practices seem to have found a niche to thrive again. But the landscape is different to that in which they once flourished in Japan in the period of 1890 to 1945. And there are differences within and between the Western and Eastern environments as well. In the West, the crisis of rationality in the intellectual, cultural, social and political spheres provides a favourable environment for these practices to prosper as alternative and transcendent approaches to the human psyche and soma. In the East, whether or not rationality and individuality have developed to maturity, renewed pride in traditional cultures, which are now gaining Western and global recognition and significance, has rekindled interest in them. Once again, the resurgence of cultural nationalism fosters enthusiasm for these practices. But is the *ki* still flowing around the body, the mind and the soul?

Bibliography

References to works in Japanese

Adachi, Ritsuen (1908) *Methods of Cultivating Ki for the Training of the Mind and Body*. Tokyo: Tōadō.

足立栗園，心身鍛鍊養気法，東京：東亜堂。

Adachi, Ritsuen (1909) *Cultivation of the Gall Power*. Tokyo: Tōadō.

足立栗園，胆力之鍊養，東京：東亜堂。

Adachi, Ritsuen (1912) *A Secret Quiet-sitting Method of Introspection for the Training of the Mind and Body*. Tokyo: Tōadō.

足立栗園，心身鍛鍊静坐内観秘法，東京：東亜堂。

Adachi, Ritsuen (1917) *Okadaian Quiet-sitting and its Experimental Health Methods*, supp. with 'Experimental Training Methods of the Mind and Body'. Tokyo: Okamura Seikadō.

足立栗園，岡田式静坐法と其の実験健康法：附・実験心身鍛鍊法，東京：岡村盛花堂。

Akatsuka, Yukio (1990) *On the Culture of Ki*. Tokyo: Soutakushya.

赤塚行雄，「気」の文化論，東京：創拓社。

Akiyama, Goan (1907) *Zen and Bushido*. Tokyo: Kōyūkan.

秋山悟庵，禅と武士道，東京：光融館。

Akiyama, Goan (1910) *Zen-based Health and Longevity Methods*. Tokyo: Shyūyūshya.

秋山悟庵，禅理応用健康長生法，東京：修友社。

Akiyama, Meichyō (1938) *Prayers for Cleansing Self*. Tokyo: Tōgakushya.

秋山命澄，浄我の祈念，東京：東学社。

Akiyama, Meichyō (1941) *The Natural Mind Free from Illness*. Tokyo: Dainihon Rengōchiryōshikai Shyuppanbu (The Great Japanese Association of Therapists Press).

秋山命澄，天心無病，東京：大日本聯合治療師会出版部。

Amemiya, Yasue (1928) *Simple Methods of Strengthening the Brain*, supp. with 'Methods for the Prevention and Radical Cure of Neurasthenia', the fifth edition. Tokyo: Shigenshya.

雨宮保衛，(5版)明快健脳法：附・神経衰弱の予防と根治法，東京：至玄社。

Amemiya, Yasue (1934) *Face up to Neurasthenia: from Cure to Strengthening the Brain*. Tokyo: Tachibana Shyoten.

雨宮保衛，神経衰弱に直面して：根治より健脳へ，東京：橘書店。

Anzai, Zyunko (2007) 'The Introduction of Psychoanalysis and Kiyoyasu Marui and Toranosuke Oguma', in Tatsuya Satō et al. ed., *History of Clinical Psychology: Behavioral Therapy and the Attention on the History of Clinical Psychology in Japan*. Kyoto: Ritsumeikan Daigaku Ningenkagaku Kenkyūzyo.

安齊順子，「精神分析学の導入と丸井清泰、小熊虎之助」，
佐藤達哉ほか編，臨床心理学の歴史：
行動療法と日本の臨床心理学史への注目，京都：
立命館大学人間科学研究所。

Aoki, Gisaku (1936) *New Treatments for Insomnia and Neurasthenia*. Tokyo: Jitsugyō no Nihonshya.

青木義作，不眠症と神経衰弱の新療法，東京：実業之日本社。

Asaoka, Inetarō (1934) *How to Cure Neurasthenia?* Tokyo: Tōmeidō Shyoten.

朝岡稲太郎，神経衰弱はこうすれば治る，東京：東明堂書店。

Ashita, Enosuke (1937) *Quiet-sitting and Education*. Tokyo: Dōshi Dōkōshya.

芦田恵之助，静坐と教育，東京：同志同行社。

Besshyo, Shyōzen (1924) *Radical Cures for Neurasthenia*. Osaka: Katsujinshya.

別所彰善，神経衰弱の根治策，大阪：活人社。

Chikamori, Takaaki (1999) 'The Two Maladies of the Era : "Shinkeisuijaku (neurasthenia)" and "Noiroze (neuroses)"'. *Kyoto Journal of Sociology*, 7: 193-208.

近森高明，「二つの『時代病』：神経衰弱とノイローゼの流行にみる人間観の変容」，*Kyoto Journal of Sociology*, 7: 193-208.

Dainihon Saiminzyutsu Kyōkai (Japanese Association of Hypnotism) (eds.) (1903-4) *Lectures on Hypnotism*, Vol. I-IX. Tokyo: Dainihon Saiminzyutsu Kyōkai.

大日本催眠術協会編，催眠学講義 第1-9巻，東京：大日本催眠術協会。

Dōgen (1886) *The Appeal for the Universal Practice of the Rite of Sitting-Zen*, ed. by Gizan Yushida. Kyoto: Izumo Temple.

道元著，吉田義山編，普勧坐禅儀，京都：出雲寺文次郎。

Dokuritsutei, Seikō (1911) *Methods for Men and Women to Live Independently in Tokyo*. Tokyo: Hakushi Shyoin.

独立亭成功，男女東京にて自活する法，東京：博士書院。

Dürckheim, Karlfried (2003) *Belly: The Centre of Gravity of Human Beings*, trans. by Ryōichi Ochiai, Yasuaki Okuno and Takashi Ishimura, the second edition. Kashiwa: Reitaku University Press.

Karlfried Dürckheim 著，落合亮一，奥野保明，石村喬訳，肚：人間の重心，柏：麗澤大学出版会。

Editorial board (1944) 'Editorial', *Psychology and Medicine*, 1: 2, pp. 1-2.
「心理と医学」編集部，「社説」，心理と医学，第1巻第2号。

Ema, Shyunichi (2002) *Ema's Training Method for the Mind and Body*, reprint of the 67th edition in 1928. Tokyo: Hachiman Shyoten.

江間俊一，江間式心身鍛練法，原本：網野廉次郎昭和3年刊(67版)，東京：八幡書店。

Endō, Ryūkichi; Ichikawa, Genzō (1910) *The Psychology and Education of Young Men and Women*. Tokyo: Keibunkan.

遠藤隆吉，市川源三，男女青年之心理及教育，東京：敬文館。

Endō, Ryūsen (1926) *The Evolution of Hypnotism*. Sapporo: Reisoku Tōitsu Gakkai Honin.

遠藤竜泉，催眠術之進化，札幌：靈息統一学会本院。

Fuji, Noriatsu; Fujiwara, Sakuhei (1911) *The Experiment on Clairvoyance*. Tokyo: Dainihontoshyo.

藤教篤，藤原咲平，千里眼実験録，東京：大日本図書。

Fujioka, Hiroshi (1905) *Experimental Psychotherapy: Non-hypnotic Therapy*. Osaka: Sūzandō.

藤岡熙嗣，実験心理治療法：無催眠治療編，大阪：嵩山堂。

Fujioka, Hiroshi (1906) *Experimental Psychotherapy: Hypnotherapy*. Osaka: Sūzandō.

藤岡熙嗣，実験心理治療法：催眠術編，大阪：嵩山堂。

Fujita, Reisai (1908) *The Secret of Strengthening the Mind and Body*. Tokyo: Sanyudō.

藤田靈斎，心身強健之秘訣，東京：三友堂。

Fujita, Reisai (1911) *The Secret of Strengthening the Mind and Body*, the fifth edition. Tokyo: Sanyūdō.

藤田靈斎，(五版)心身強健之秘訣：実験修養，東京：三友堂。

Fujita, Reisai (1913) *Fujita's Method of Harmonizing the Breath and the Mind: Introductory Stage*, the 18th edition. Tokyo: Shinjinsha.

藤田靈斎，(18版)藤田式修養息心調和法初伝，東京：真人社。

Fujita, Reisai (1915) *Fujita's Method of Harmonizing the Breath and the Mind: Middle Stage*. Tokyo: Sanyūdō Shyoten.

藤田靈齋，藤田式修養息心調和法：中伝，東京：三友堂書店。

Fujita, Reisai (1929) *An Exposition of the Basic Chyōwadō Principles of Physical Education and Sports*. Tokyo: Chyōwa Shyuppanshya.

藤田靈齋，調和法式体育運動基本則解説，東京：調和出版社。

Fujita, Reisai (1941) *The Principles and Methods of Reforming the National Body and Mind, Vol. I*, the fifth edition. Tokyo: Chyōwadō Kyōkai.

藤田靈齋，（五版）国民身心改造の原理と方法，上巻，東京：調和道協会。

Fujita, Reisai (1942) *The Principles and Methods of Reforming the National Body and Mind, Vol. II*, the 7th edition. Tokyo: Chyōwadō Kyōkai.

藤田靈齋，（七版）国民身心改造の原理と方法，下巻，東京：調和道協会。

Fujita, Reisai (1949) *A Collection of Chyōwadō Songs*. (Unknown): Chyōwadō Kyōdan.

藤田祐慶（靈齋），調和道教道歌集，[出版地不明]：調和道教団。

Fujiyama, Minoru (eds.) (1912) *Okadaian Method of Breathing and Quiet-Sitting*. Tokyo: Teiritsushya.

藤山稔編，岡田式呼吸静坐法，東京：鼎立社出版部。

Fukatani, Mizuho (1936) *Training Methods for Strengthening the Brain*. Tokyo: Tōyōkaku.

深谷瑞穂，健脳鍛錬法，東京：東洋閣。

Fukurai, Tomokichi (1900) *James's Psychology*. Tokyo: Ikuseikai.

福来友吉，詹姆斯氏心理学，東京：育成会。

Fukurai, Tomokichi (1904) 'Psychological Study on Hypnosis', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.

福来友吉，「催眠の心理学的研究」，国家医学会編，催眠術及ブグスチオン論集，東京：南江堂。

Fukurai, Tomokichi (1904) 'On the Distinction between Hypnotism and Medicine', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.

福来友吉，「催眠術と医業の区別に就ての討論」，国家医学会編，催眠術及ブグスチオン論集，東京：南江堂。

Fukurai, Tomokichi (1905) *An Introduction to Hypnotic Psychology*. Tokyo: Seibudō.

福来友吉，催眠心理学概論，東京：成美堂。

- Fukurai, Tomokichi (1905) *Textbook of Psychology*. Tokyo: Hōbunkan.
福来友吉, 心理学教科書, 東京: 宝文館.
- Fukurai, Tomokichi (1913) *Seeing-through and Clairvoyance*. Tokyo: Hōbunkan.
福来友吉, 透視と念写, 東京: 宝文館.
- Fukurai, Tomokichi (1919) *The Motives and Impressions of the Pilgrimage Around Shikoku*. Takamatsu: Kōyasan Sanuki Betsuin.
福来友吉, 四国巡拝の動機と其の感想, 高松: 高野山讃岐別院.
- Fukurai, Tomokichi (1925) *Ideas are Organisms*. Tokyo: Nihon Shinrei Gakkai (Japanese Psychical Association).
福来友吉, 観念は生物, 東京: 日本心靈学会.
- Fukurai, Tomokichi (1926) *The Psychology of Mental Unity*. Kyoto: Nihon Shinrei Gakkai (Japanese Psychical Association).
福来友吉, 精神統一の心理, 京都: 日本心靈学会.
- Fukurai, Tomokichi (1934) *The Beliefs of Vitalism*. Kyoto: Zinbun Syoin.
福来友吉, 生命主義の信仰, 京都: 人文書院.
- Fukurai, Tomokichi (1935) *The Evidence of the National Polity*. Tokyo: Zingū Reihai Kyōkai.
福来友吉, 国体明徴, 東京: 神宮礼拝協会.
- Fukurai, Tomokichi (1938) *The Belief in the Worship of Gods and Ancestors and the Morality of Women*. Osaka: Kōdō Nihon Kyōkai Karijimushyo.
福来友吉, 敬神崇祖の信仰と婦人道德, 大阪: 皇道日本協会仮事務所.
- Fukurai, Tomokichi (1938) *The Core of the Japanese Spirit*. Osaka: Kōdō Nihon Kyōkai Karijimushyo.
福来友吉, 日本精神の核心, 大阪: 皇道日本協会仮事務所.
- Futaki, Kenzō (1911) *Abdominal Breathing*. Tokyo: Bunseidō.
二木謙三, 腹式呼吸, 東京: 文星堂.
- Futaki, Kenzō (1911) 'On Abdominal Breathing', in Saburō Nakayama (eds.) *Experimental Abdominal Breathing Methods of Ancient Sages*. Tokyo: Shunshūshya.
二木謙三, 腹式呼吸の話, 中山三郎編, 先哲実験腹式呼吸篇, 東京: 春秋社.
- Futaki, Kenzō (1921) *Food and Health*. Tokyo: Shyūyōdan.
二木謙三, 食物と健康, 東京: 修養団出版部.

Futaki, Kenzō (1929) *The Identity of the Body and the Earth*. Takamatsu (Yamagata County): Nindenkyo.

二木謙三，身土不二，高松村(山形県)：任天居。

Futaki, Kenzō (1933) *A Collection of Dr. Futaki's Papers*. Tokyo: Takagi Itsuma.

二木謙三，二木博士論文集，東京：高木逸磨。

Futaki, Kenzō (1933) 'On Abdominal Breathing and the Enhancement of Abdominal Pressure', first published in *The Fifth Report of Komagome Hospital* in 1909, in *A Collection of Dr. Futaki's Papers*. Tokyo: Takagi Itsuma.

二木謙三，「腹式呼吸竝ニ腹壓増進ニ就テ」，東京駒込病院第五回報告，二木博士論文集，東京：高木逸磨。

Futaki, Kenzō (1933) 'A Further Study on Abdominal Breathing and Abdominal Pressure', first published in 1911, in *A Collection of Dr. Futaki's Papers*. Tokyo: Takagi Itsuma.

二木謙三，「再ビ腹式呼吸竝ニ腹壓ニ就テ」，二木博士論文集，東京：高木逸磨。

Futaki, Kenzō (1936) *Abdominal Breathing and Health*, supp. with 'Psyche and Health', 'Study Methods without Harm to the Brain' and 'A Memorizing Method'. Tokyo: Dainihon Yōseikai.

二木謙三，腹式呼吸と健康：附・精神と健康、脳を害さぬ勉強法、暗記の一方法，東京：大日本養正会。

Futaki, Kenzō (1937) *The Adaptation of Nutrition and the Improvement of Constitution*. Tokyo: Dainihon Yōseikai.

二木謙三，栄養の適応と体質改善，東京：大日本養正会。

Futaki, Kenzō (1938) *The True Explanation of the Mythological Volume of Kojiki*. Tokyo: Dainihon Yōseikai.

二木謙三，古事記神代篇の正しき解釈，東京：大日本養正会。

Futaki, Kenzō (1939) *A New Theory on the Origin of the Japanese Race: The Characteristics of the Japanese Language*. Tokyo: Dainihon Yōseikai.

二木謙三，日本人種の起原新説・大和言葉の特性，東京：大日本養正会。

Futaki, Kenzō (1939) *A Collection of Dr. Futaki's Lectures*, the second edition. Tokyo: Dainihon Yōseikai.

二木謙三，(二版) 二木博士講話集，東京：大日本養正会。

Futaki, Kenzō (1942) *The Way to Health: The Medicine of Perfect Proper Diet*. Tokyo: Shinkigenshya.

二木謙三，健康への道：完全正食の医学，東京：新紀元社。

- Futaki, Kenzō (1943) *The Improvement of Nutritious Efficiency*, the 10th edition. Tokyo: Dainihon Yōseikai.
二木謙三, (10 版) 栄養の効率化, 東京: 大日本養正会.
- Futaki Kenzō Sensei Kinenkai (The Memorial Society of Kenzō Futaki) (eds.) (1969) *Kenzō Futaki*. Tokyo: Futaki Kenzō Sensei Kinenkai.
二木謙三先生記念会, 二木謙三先生, 東京: 二木謙三先生記念会.
- Gendai Kenkōhō Kenkyukai (the Society for the Research of Modern Health Methods) (eds.) (1938) *Contemporary Ten Major Health Methods: Bring the Dying Back to Life*. Tokyo: Taiyōshya Shyuppanbu.
現代健康法研究会編, 現代十大健康法: 起死回生, 東京: 大洋社出版部.
- Gotō, Humio (2007) *A Study on Sōseki's and Shiki's Illnesses*. Maebashi: Jyōmō Shinbunshya Shyubbankyoku.
後藤文夫, 漱石・子規の病を読む, 前橋: 上毛新聞社出版局.
- Gotō, Kenichi (1992) 'Taiwan and the East South Asia', in Shinobu Ōe et al (eds.) *Modern Japan and the Colonies, Vol II: The Structure of the Government of the Empire*. Tokyo: Iwanami Shyoten.
後藤乾一, 「台湾と南洋-『南進』問題との関連で」, 大江志乃夫ほか編, 近代日本と植民地 2: 帝国統治の構造, 東京: 岩波書店.
- Gotō, Shōgo (1907) *Neurasthenia*, the 7th edition. Tokyo: Tenchidō.
後藤省吾, (7 版) 神経衰弱症, 東京: 天地堂.
- Hakuin, Ekaku (1909) *Casual Talk in Boat at Night*. Osaka: Yamamoto Bunyūdō.
白隠禅師(慧鶴), 夜船閑話, 大阪: 山本文友堂.
- Hakuin, Ekaku (1909) *En Ra Ten Fu*. Tokyo: Kyudō Shyuppan.
白隠禅師(慧鶴), 遠羅天釜, 東京: 共同出版.
- Hanazawa, Fushyū (1902) *Hypnotism*. Tokyo: Kōtō Seishi Gakkai.
花沢浮州, 催眠術, 東京: 高等成師学会.
- Hara, Tanzan (1907) *Psychological Experiments on Zen*, ed. by Giten Araki. Tokyo: Seiretsudō.
原坦山著, 荒木礪天編, 禅学心性実験録, 東京: 井冽堂.
- Hasegawa, Usaburō (1958) *Medical Zen: Belly and the Principles of Health*. Osaka: Sōgenshya.
長谷川卯三郎, 医学禅: 肚と健康の原理, 大阪: 創元社.
- Hashimoto, Gosaku (1917) *The Power of Okadaian Quiet-sitting*, the fifth edition. Tokyo: Matsumura Sanshyōdō.
橋本五作, (五版) 岡田式静坐の力, 東京: 松邑三松堂.

Hashimoto, Gosaku (1922) *The Power of Okadaian Quiet-sitting, Cont..* Tokyo: Matsumura Sanshyōdō.

橋本五作，岡田式静坐の力。続，東京：松邑三松堂。

Hattori, Nisaburō (1939) *New Medicine of Nerve: A Radical Cure for Neurosis, Neurasthenia and other Nervous Disorders*. Tokyo: Kōmyō Shisō Hukyūkai.

服部仁郎，神経の新医学：神経質・神経衰弱・神経性諸疾患の根本実相療法，東京：光明思想普及会。

Hattori, Shizuo (1912) *Sitting-Zen and Quiet-sitting*. Tokyo: Kōgakukan.

服部静夫，坐禅と静坐，東京：弘学館。

Hattori, Shizuo (1912) *Okadaian Method of Breathing and Quiet-Sitting*. Tokyo: Kōgakukan.

服部静夫著，岡田式呼吸静坐法，東京：弘学館。

Hayami, Hiroshi (1901) *Binet's Theory on the Conversion of Personality*. Tokyo: Ikuseikai.

速水滉，ビネー氏人格変換論，東京：育成会。

Hayashi, Gōzō (eds.) (1891) *Petition for the Continuance of Wakan Medicine and its Reasons*. Tokyo: Gōzō Hayashi.

林剛蔵編，和漢医師継続ノ請願及理由，東京：林剛蔵。

Hibino, Hiron (1907) *The Causes of the Degeneration of the Youths*. Tokyo: Kinkōdō.

日比野寛，青年子女墮落の理由，東京：金港堂。

Hida, Harumitsu (1984) *Radical Methods of Strengthening the Brain Proved by Experiments*, reprint of the 1927 edition. Hatogaya: Sōzinshya.

肥田春充，実験根本的健脳法，鳩ヶ谷：壮神社。

Hihara, Kenji (1912) *The Latest Self-Treatment Methods for Neurasthenia*. Tokyo: Yuhōkan.

日原研次，最新神経衰弱自療法，東京：有朋館。

Hirai, Kinzō (1909) *The Phenomena of the Spirit*. Tokyo: Keiseishya.

平井金三，心靈の現象，東京：警醒社。

Hirai, Kinzō (1914) *Sanmai: The Cultivation of the Mind and Body*. Tokyo: Ikuseikai.

平井金三，三摩地：心身修養，東京：育成会。

Hirai, Tomio (1990) *Neurotic Sōseki Natsume*. Tokyo: Benesse Corporation.

平井富雄，神経症夏目漱石，東京：福武書店。

Hirata, Atsutane (1877) *Izu No Iwaya*.
平田篤胤, 志都能石屋.

Hiranuma, Kīchirō (1925) *The Spirits of Establishing the Nation and the Missions of Shyūyōdan*. Tokyo: Shyūyōdan.
平沼騏一郎, 建国の精神と修養団の使命, 東京: 修養団.

Hirata, Kurakichi (1996) *Hirata's Psychotherapy*, Takehisa Kume ed., reprint of the 1937 edition. Tokyo: Taniguchi Shyoten.
平田内蔵吉, 平田式心理療法, 東京: たにぐち書店.

Hirata, Kurakichi (2008) *Textbook of Psychotherapy*, reprint of the 1933 edition. Tokyo: Taniguchi Shyoten.
平田内蔵吉, 心療医典, 東京: たにぐち書店.

Hiyama, Ei (1912) *Mental Breathing Method for Reforming the Mind and Body*. Tokyo: Kōgakukan.
桧山鋭(鉄心), 心身改造精神的呼吸法, 東京: 弘学館.

Hiyama, Ei (1915) *On the Therapies for Reforming the Mind and Body*, supp. with 'Hiyama's Therapy'. Tokyo: Chyūseidō Shyuppanbu.
桧山鉄心, 心身修養療法原論: 附・桧山式療養法, 東京: 忠誠堂出版部.

Hiyama, Ei (1916) *Scientific Methods for Mental Unification and Reforming the Mind and Body*. Tokyo: Kenseishya.
桧山鉄心, 心身改造科学的統一法, 東京: 研精社.

Hiyama, Ei (1916) *For the Weak and Ill*. Tokyo: Kenseishya.
桧山鋭, 心身の弱者及病者のため, 東京: 研精社.

Hiyama, Ei (1918) *Ideal Cultivation Methods for Honourable Nationals*. Tokyo: Taihonkai.
桧山鉄心, 大国民の理想的修養法, 東京: 大本会.

Hiyama, Ei (1926) *A Proper Method of Exercising the Brain: A Method of Fulfilling Wishes*. Tokyo: Nishyōdō Shyoten.
桧山鋭, 脳の働かせ方: 一名・目的達成法, 東京: 二松堂書店.

Horii, Sōichi (1901) *Practical Methods of Self-Improving the Health*. Tokyo: Handen Oku.
堀井宗一, 実用衛生自強法, 東京: 半田屋医籍.

Hotta, Sōji (1911) *One Hundred Talks on How to Improve the Brain*. Tokyo: Keiseishya.
堀田相爾, 頭脳明晰法百話, 東京: 啓成社.

- Huruya, Desseki (1904) *Lectures on Hypnotism, Vol. 7-9: Hypnotherapy*, in Dainihon Saiminzyutsu Kyōkai ed., *Lectures on Hypnotism*. Tokyo: Dainihon Saiminzyutsu Kyōkai.
 古屋鉄石，催眠学講義録第7－9巻：一名・催眠術治療法，東京：大日本催眠術協会.
- Huruya, Desseki (1905) *Self-study of Hypnotism: The Mystery of Hypnotism*. Tokyo: Dainihon Saiminzyutsu Kyōkai (Japanese Association of Hypnotism).
 古屋鉄石，催眠術独稽古：一名・催眠術奥義，東京：大日本催眠術協会.
- Huruya, Desseki (1909) *On Hypnosis and Religion: On the Reform of Religion*. Tokyo: Hakushi Shyoin.
 古屋鉄石，催眠宗教論：一名・宗教改革論，東京：博士書院.
- Huruya, Tesseki (1910) *Health Methods for the Brain and Nerve and Mnemonics*. Tokyo: The Society for the Study of Seishin.
 古屋鉄石，脳及神経健全法と記憶力増進術，東京：精神研究会.
- Huruya, Tesseki (1910) *Self-study of the Skill of Kiai*. Tokyo: Seishin Kenkyūkai.
 古屋鉄石，気合術独習法，東京：精神研究会.
- Huruya, Desseki (1915) *The New Self-help Treatment for Neurasthenia*, the 4th edition. Tokyo : Seishin Kenkyūkai (The Organization for the Syudy of the Psyche)
 古屋鉄石，（4版）新案神経衰弱独療法，東京：精神研究会.
- Huruya, Desseki (1918) *The Self-study of Hypnotism: Sky-rocking and Earth-shaking*. Tokyo: Seishin Kenkyūkai (The Organization for the Syudy of the Psyche).
 古屋鉄石，催眠術独習自在：驚天動地，東京：精神研究会.
- Huruya, Desseki (1918) *The Manual for the Training of Head Doctors of Hospitals of Mental Therapy*. Tokyo: Seishin Kenkyūkai (The Organization for the Syudy of the Psyche).
 古屋鉄石，精神療院長養成講義録，東京：精神研究会.
- Huruya, Desseki (1924) *Lectures on Self-help Mental Therapy: Self-help Therapies for Neurasthenia*. Tokyo: Seishin Kenkyūkai (The Organization for the Syudy of the Psyche).
 古屋鉄石，心靈自療法講習録：一名・神経衰弱独療法，東京：精神研究会.
- Huruya, Desseki (1924) *New Lectures on Hypnotherapy: Lectures on Spiritual-movement Therapy*. Tokyo: Seishin Kenkyūkai (The Organization for the Syudy of the Psyche).
 古屋鉄石，新催眠療法講義録：一名・靈動療法講義，東京：精神研究会.

Ichihara, Teiji (1929) *The Mystery of Quiet-sitting*. Kobe: Kobe Ichikenkai Jimushyō.

市原禎治, 静座の神秘, 神戸: 神戸一験会事務所.

Ichianagi, Hirotaka (1994) *'Table-turning' and 'Clairvoyance': Modern Japan and Psychic Science*. Tokyo: Kodansha.

一柳廣孝, <こっくりさん>と<千里眼>: 日本近代と心霊学, 東京: 講談社.

Ichianagi, Hirotaka (2006) *Hypnotism and Modern Japan*. Tokyo: Seikyūsha.

一柳廣孝, 催眠術の日本近代, 東京: 青弓社.

Igarashi, Kōryū (1920) *Automatic Cure*. Tokyo: Huzyokaishya.

五十嵐光竜, 自働療法, 東京: 婦女界社.

Imura, Kōji (1996) *Symposium of the Therapists of Spiritual Skill, A New Edition*. Tokyo: Shinkosha.

井村宏次, 新・霊術家の饗宴, 東京: 心交社.

Inoue, Enryō (1888) 'On Spectres', in *Lectures in the Institute of Philosophy*, Vol. XIII, ed. by Teggakukan. Tokyo: Teggakukan (Institute of Philosophy).

井上円了, 妖怪学, 哲学館講義録, 東京: 哲学館.

Inoue Enryō (1988) *Psychotherapy*, reprint of the 1904 edition. Tokyo: Gunshyo.

井上円了, 新校心理療法, 東京: 群書.

Ishī, Kendō (1908) *The Origins of Meiji Things*. Tokyo: Kyōnandō.

石井研堂, 明治事物起原, 東京: 橋南堂.

Ishī, Tsunezō (1907) *The Cultivation of Soldiers and the Essence of Military Education*. Tokyo: Heirinkan.

石井常造, 軍人之修養及軍隊教育之神髓, 東京: 兵林館.

Ishī, Tsunezō (1924) *The Crisis of the Empire and the Waking up of the Nationals*. Tokyo: Hōbunkan.

石井常造, 帝国の危機と国民の覚悟, 東京: 宝文館.

Ishī, Tsunezō (1925) *Self-Striving Exercise of Vitality*. Tokyo: Seikiryōyō Kenkyūzyō (The Institute for the Research of Vitality Therapy).

石井常造, 生氣自強療法, 東京: 生氣療養研究所.

Ishī, Tsunezō (1926) *Lectures on Self-striving Exercise of Vitality*. Tokyo: Seikiryōyō Kenkyūzyō (The Institute for the Research of Vitality Therapy).

石井常造, 生氣自強療法伝習録, 東京: 生氣療養研究所.

Ishī, Tsunezō (1927) *Lectures on the Self-study of Self-Striving Exercise of Vitality*. Tokyo: Seikiryōyō Kenkyūzyō (The Institute for the Research of Vitality Therapy).

石井常造, 生氣自強療法独習録, 東京: 生氣療養研究所.

Ishī, Tsunezō (1928) *Outline of Self-striving Exercise of Vitality*. Tokyo: Seikiryōyō Kenkyūzyō (The Institute for the Research of Vitality Therapy).

石井常造, 生氣自強療法綱要, 東京: 生氣療養研究所.

Ishida, Noboru (1917) *A New Treatise on Hypnotherapy*. Tokyo: Nankōdō Shyuten.

石田昇, 新撰催眠療法, 東京: 南江堂書店.

Ishiduka, Hisao; Suzuki, Akihito (eds.) (2002) *Medical Cultures of the Body*. Tokyo: Keio Gijuku Daigaku Shuppankai.

石塚久郎, 鈴木晃仁編, 身体医文化論: 感覚と欲望, 東京: 慶應義塾大学出版会.

Ishihara, Kikutarō (1908) *New Household Hygiene*. Tokyo: Hakubunkan.

石原喜久太郎, 新編家庭衛生, 東京: 博文館.

Ishigami, Tōru (1915) *An Antagonistic Method of Yōjō for Respiratory Organs*. Tokyo: Tōadō.

石神亨, 呼吸器対抗養生, 東京: 東亜堂.

Ishikawa, Hanzan (1909) *Neurasthenia and its Recovery*. Tokyo: Kōgakukai.

石川半山, 神經衰弱及其回復, 東京: 好学会.

Ishikawa, Teikichi (1912) *Neurasthenia and Its Cures*. Tokyo: Nansandō.

石川貞吉, 神經衰弱及其療法, 東京: 南山堂.

Ishikawa, Teikichi (1929) *Practical Psychotherapies*. Kyoto: Jinbun Shyoin.

石川貞吉, 実用精神療法, 京都: 人文書院.

Itō, Gingetsu (1912) *Okadaian Method of Breathing and Quiet-Sitting and its Experiments*. Tokyo: Buneikaku.

伊藤銀月, 岡田式呼吸静坐法と実験, 東京: 文栄閣.

Itō, Gingetsu (1918) *A Simple, New and Practical Health Method*, the 7th edition. Tokyo: Jitsugyō no Nihonshya.

伊藤銀月, (7版)簡易嶄新実用的強健法, 東京: 実業之日本社.

Itō, Naokata (eds.) (1912) *Self-Treatments for Neurasthenia and Mnemonics*. Tokyo: Sūbunkan.

伊藤尚賢編，神經衰弱自療法と記憶力増進術，東京：崇文館。

Itō, Naokata (1915) *The Cultivation of Brainpower and the Self-help Treatments for Neurasthenia*. Tokyo: Bunsekan.

伊藤尚賢，腦力養成と神經衰弱自療法，東京：文盛館。

Itō, Naokata (1915) *Breathing Exercise and Quiet-sitting*. Tokyo: Shinbashidō.

伊藤尚賢，呼吸静座法，東京：新橋堂。

Itō, Naokata (1916) *Folk Therapies that Have Been Proved Effective by Experiments*. Tokyo: Shinbashidō.

伊藤尚賢，実験有効民間療法，東京：新橋堂書店。

Itō, Naokata (1917) *Methods of Enhancing Brainpower and Mnemonics that Are Practicable for Everyone*. Tokyo: Sūbundō.

伊藤尚賢，誰にも出来る腦力増進と記憶法，東京：崇文堂。

Itō, Naokata (eds.) (1917) *Dictionary of Health Methods*. Tokyo: Heigo Shyuppanshya.

伊藤尚賢編，健康法辞典，東京：丙午出版社。

Itō, Naokata (eds.) (1917) *Lectures on Neurasthenia*, the 7th volume of *Lectures on Popular Medicine*. Tokyo: Bunrokushya.

伊藤尚賢，神經衰弱科，通俗医科大学講座 第7，東京：文録社。

Ito, Sakon (1907) *Lectures on Household Hygiene*, the second volume. Tokyo: Kinshihōryūdō.

糸左近，家庭衛生講話続編，東京：金刺芳流堂。

Ito, Sakon (1908) *The Songs of Hygiene*, the second edition. Tokyo: Banshodō.

糸左近，（2版）衛生唱歌，東京：万書堂。

Ito, Sakon (1911) *Family Medicine*. Tokyo: Kinshihōryūdō.

糸左近，家庭医学，東京：金刺芳流堂。

Ito, Sakon (1914) *Health Methods of Mental Cultivation*. Tokyo: Kanasashi Ōryūdō.

糸左近，精神修養的健康法，東京：金刺芳流堂。

Ito, Sakon; Hasegawa, Shyōu (1915) *Warm Blood and Cool Head*. Tokyo: Tamura Narakichi.

糸左近，長谷川湘雨，熱い血と冷い頭，東京：田村奈良吉。

Ito, Sakon (1918) *Medical Hypnotism and Diseases and Bad Habits*. Tokyo: Kanasashi Ōryūdō.

糸左近，医学的催眠術と疾病及悪癖，東京：金刺芳流堂。

Itō, Shinichirō (1906) *On Longevity*. Tokyo: Kōdōkan.

伊藤真一郎，長寿論，東京：弘道館。

Itō, Sōsen (1935) *The Overcoming of Neurasthenia*. Osaka: Zyunseigaku Kenkyūkai.

伊東淙泉，神經衰弱の擊滅，大阪：順性学研究会。

Iwamoto, Muhō (1907) *The Secret of the Frauds in Tokyo*. Tokyo: Takagi Shyobō.

岩本無縫，東京不正の内幕，東京：高木書房。

Iwata, Tokunosuke (1930) *Textbook of Iwata's Instinct Therapy*. Tokyo: Honnoukai Honbu.

岩田篤之介，岩田氏本能法教科書，東京：本能会本部。

Jitsukawa, Mikirō (2004) *Clinical Psychology in the History of Ideas: The Modernity Besieging the Mind*. Tokyo: Kōdansha.

實川幹朗，思想史のなかの臨床心理学：心を囲い込む近代，東京：講談社。

Kaibara, Ekiken (1910) *Teachings on the Cultivation of Life*, the Vol. II of *The Complete Works of Ekiken*. Tokyo: Ryubunkan.

貝原益軒，養生訓，益軒文庫，第2篇，東京：隆文館。

Kajiyama, Yōkyū (eds.) (1911) *The Hygiene of Men and Women*. Tokyo: Okamura Shyoten.

梶山杳丘編，男女の衛生，東京：岡村書店。

Kamoda, Shyūji (1912) *Common Methods for the Prevention and Treatment of Neurasthenia*. Tokyo: Nihon Yakugaku Kyōkai (Japanese Pharmaceutical Association).

鴨田脩治，通俗神經衰弱予防と其療法，東京：日本薬学協会。

Kanasugi, Eigorō (1916) *Vitality-full Methods of Strengthening the Brain*. Tokyo: Kōbundō Shyoten.

金杉英五郎，元氣強勢健脳術，東京：広文堂書店。

Kanō, Kengo (1906) *Preventive Methods of Neurasthenia*. Tokyo: Shinbashidō.

狩野謙吾，神經衰弱の予防法，東京：新橋堂。

Kanō, Kengo (1909) *Self-help Treatments for Neurasthenia*. Tokyo: Shinbashidō.

狩野謙吾，神經衰弱自療法，東京：新橋堂。

Kanō, Kinichirō (1919) *Treatments for Neurasthenia and Sexual Disorder*. Tokyo: Shinbashidō.

狩野均一郎，神經衰弱及性的障害救治法，東京：新橋堂。

Kase, Shinshū (1907), *Breathing Method*. Tokyo: Daigakukan.
加瀬神洲, 呼吸術, 東京: 大学館.

Katei Igaku Kenkyūkai(The Society for the Study of Familial Medicine) (eds.)
(1926) *Teachings on Family Medicine*. Tokyo: Gyokuseishinbundō.
家庭医学研究会編, 家庭医学の教へ, 東京: 玉井清文堂.

Katei Igaku Kenkyūkai(The Society for the Study of Familial Medicine) (eds.)
(1934) *Experiment-Based Radical Cures for Neurasthenia*. Tokyo:
Sōbundō Shyuppanbu.
家庭医学研究会編, 実験に基づく神経衰弱の徹底療法, 東京:
崇文堂出版部.

Katō, Masaaki et al (eds.) (2001) *An Encyclopaedia of Psychiatry*. Tokyo:
Kōbundō.
加藤正明ほか編, 精神医学事典, 東京: 弘文堂.

Katō, Totsudō (1908) *A Study of the Mind*. Tokyo: Morieshyoten.
加藤咄堂, 心の研究, 東京: 森江書店.

Katō, Yoshimichi (1917) *Experimental and Comparative Comprehensive Book
of Health Method*. Tokyo: Teikō Kyōiku Gakkai.
加藤美侖, 実験比較健康法全書, 東京: 帝国教育学会.

Katsumine, Daitetsu (1907) *Zen and Longevity Methods*, ed. by Ritsuen Adachi.
Tokyo: Kōyūkan.
勝峰大徹, 禅と長寿法, 足立栗園編, 東京: 光融館.

Kawahara, Ryūzō; Tatsumi, Nobuo; Yoshioka, Shinichi (eds.) (2004) *Japanese
Thought and Psychotherapy: The Encounter between the Oriental and
Western Cultures*. Tokyo: Nihon Hyōronshya.
川原隆造, 巽信夫, 吉岡伸一編, 東洋思想と精神療法: 東西精神文化の
邂逅, 東京: 日本評論社.

Kawakami, Hidetoshi (1930) *Neurasthenia*. Tokyo: Teishin Daijin Kanbō
Hokenka.
川上英敏, 神経衰弱, 東京: 逓信大臣官房保健課.

Kawai, Kyomaru (1912) *Breathing Method of the Ocean of Ki and the Danden*,
exp. on Keiei Uno and ed. by Naokata Itō. Tokyo: Sūbunkan.
川合清丸, 気海丹田吐納法, 海野景影実験, 伊藤尚賢編, 東京: 崇文館.

Kawai, Kiyomaru (1901) *Methods for Health and Longevity*. Tokyo: Nihon
Kokkyō Daidōshya.
川合清丸, 無病長生法, 東京: 日本国教大道社.

Kawai, Kyomaru (1934) *A Celestial Method for Health and Longevity*, ed. by Itsuo Hashimoto. Tokyo: Kawai Kyomaru Zenshyū Kankōkai (The Organization for the Publication of the Complete Works of Kawai Kyomaru)

川合清丸，仙家秘訣無病長生法，橋本五雄編，東京：
川合清丸全集刊行会。

Kawamura, Kunimitsu (2002) 'Sōseki and Neurasthenia: From *Kōjin* and other Works of the Same Period'. *Sōseki Kenkyū*, 15: 76-88.

川村邦光，「漱石と神経衰弱—『行人』とその周辺から」，漱石研究，15: 76-88.

Kawamura, Kunimitsu (2006) *Hallucinatory Modern Spaces: Superstitions, Diseases, Private Cells or Historical Memories*. Tokyo: Seikyūshya.

川村邦光，幻視する近代空間：

迷信・病気・座敷牢、あるいは歴史の記憶，東京：青弓社。

Kawamura, Kunimitsu (2007) 'The Genealogy of Possession and Politics in Modern Japan', in Kunimitsu Kawamura (eds.) *Possession in Modern Times and Politics*, Tokyo: Seikyūshya.

川村邦光，「近代日本における憑依の系譜とポリティクス」，

川村邦光編，憑依の近代とポリティクス，東京：青弓社。

Kawase, Genkurō (1910) *Household Exercises*. Tokyo: Uchida Rōkakuho.

川瀬元九郎，家庭運動法，東京：内田老鶴圃。

Kayahara, Rentarō; Ōzumi, Shun (1912) *On Real Life*. Tokyo: Houbunkan.

茅原廉太郎，大住舜，现实生活論，東京：豊文館。

Kida, Humio (1947) *Constitution and Shinkeishitsu*. Tokyo: Kaneko Shyobō.

木田文夫，体質と神経質，東京：金子書房。

Kida, Humio (1951) *Neurasthenia and Personality Disorders*. Tokyo: Kaneko Shyobō.

木田文夫，神経衰弱と性格異常，東京：金子書房。

Kihara, Tsūtoku (1909) *Mental Therapy*. Matsue: Yōkiryōin.

木原通徳，心靈療法，松江：養気療院。

Kihara, Tsūtoku (1910) *A Method of Cultivating Ki for the Health of the Mind and Body*. Matsue: Yōkiryōin.

木原通徳，心身強健養気療法，松江：養気療院。

Kihara, Tsūtoku (2004) *The Liberation of the Body and Mind: The Secret of the Method of Cultivating the Ear Roots*, reprint of the third edition in 1918, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An*

- Anthology of Modern Folk Mental Therapies*, Vol. III. Tokyo: Kuresu Shyuppan.
 木原通徳，身心解脱耳根円通法秘録，吉永進一編，
 日本人の身・心・霊：近代民間精神療法叢書 3，東京：クレス出版。
- Kimura, Denshin (1914) *A Study on the Causes of Diseases*. Kumamoto: Reiteki Shikkan Shyūyōzyō.
 木村天真，病源研究，熊本：霊的疾患修養所。
- Kimura, Denshin (1917) *Illness and Soul*. Kumamoto: Senshin Shyūkai Honbu.
 木村天真，病と霊，熊本：精神修養会本部。
- Kimura, Denshin (1923) *Self-detection of the Causes of Diseases*. Kumamoto: Byōgen Jikakukai.
 木村天真，病源自覚法，熊本：病源自覚会。
- Kimura, Denshin (1928) *A Great Discovery about the Causes of Diseases and the Kimura's Method*, supp. with 'An Autobiography'. Kagoshima: Dainihon Byōgen Kenkyūzyō.
 木村天真，病源一大発見と木村法：附・自序伝，鹿児島：
 大日本病源研究所。
- Kinoshita, Naoe (1912) 'A Great Change in My Thought and the Experiment with Quiet-sitting', in Hatsujirō Takanashi ed., *Contemporary Popular Methods of Breathing and Quiet-sitting*, supp. pp. 27-38. Tokyo: Shunhodō.
 木下尚江，「余が思想の一大変化と静座の実験」，高梨初治郎編，
 現今大家呼吸静座法，東京：春畝堂。
- Kishimoto, Nobuta (1921) *A New Research on Okadaian Quiet-sitting*. Tokyo: Dainihon Bunka.
 岸本能武太，岡田氏静坐の新研究，東京：大日本文華。
- Kishimoto, Nobuta (1916) *The Three Years of Practicing Okadaian Quiet-sitting*. Tokyo: Dainihontoshyo.
 岸本能武太，岡田式静坐三年，東京：大日本図書。
- Kitanaka, Junko (2004) 'The Rise and Fall of "Neurasthenia": How was a "Disease of Overwork" Stigmatized as a "Disease of Personality"'. *Eureka*, 36(5): 150-167.
 北中淳子，「『神経衰弱』盛衰史—『過労の病』はいかに『人格の病』へとスティグマ化されたか」，*Eureka*, 36(5): 150-167.
- Kitanishi, Kenji (2004) 'Japanese Anthropology and Morita Therapy', in Ryūzō Kawahara, Nobuo Tatsumi, Shinichi Yoshioka (eds.) *Japanese Thought and Psychotherapy: The Encounter between the Oriental and Western Cultures*. Tokyo: Nihon Hyōronshya.

北西憲二，「東洋的人間学と森田療法」，川原隆造，巽信夫，吉岡伸一
編，東洋思想と精神療法：東西精神文化の邂逅，東京：日本評論
社.

Kitanishi, Kenji et al (2007) *Morita Therapy and Psychoanalytic Psychotherapy*.
Tokyo: Seishin Shyobō.

北西憲二など，森田療法と精神分析的精神療法，東京：誠信書房.

Kitazato, Shibasaburō (1911) *Deep Breathing Method for Strengthening the
Lung*. Tokyo: Kōbundō.

北里柴三郎，強肺深呼吸法，東京： 広文堂.

Kobayashi, Sanzaburō (1924) *Nature as a Famed Doctor: Quiet-sitting Applied
in Medicine*. Tokyo: Shyunzyūshya.

小林参三郎，自然の名医：医術に応用された静座，東京：春秋社.

Kobayashi, Sanzaburō (1934) *The Mystery of Life*, the second edition. Kyoto:
Seizashya.

小林参三郎，（再版）生命の神秘：生きる力と医術の合致，京都：静坐社.

Koga, Renzō (1904) ‘On the Distinction between Hypnotism and Medicine’, in
Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and
Suggestion*. Tokyo: Nankōdō.

古賀廉造，「催眠術と医業の区別を論ず」，国家医学会編，
催眠術及ブグゲスチオン論集，東京：南江堂.

Koga, Yoshuki (1940) *Neurasthenia can be Cured: The Correct Understanding
of Shinkeishitsu and Obsessive Ideas*. Tokyo: Shyuhu no Tomoshya.

古閑義之，神経衰弱は必ず治る：神経質と強迫観念の正しき理解，東
京：主婦之友社.

Koga, Yoshuki (1940) *The Nature of Sexual Neurasthenia*. Tokyo: Koga
Yoshuki Hakkōjyo.

古閑義之，性的神経衰弱の正体，東京：古閑義之発行所.

Kokka Igakukai (National Medical Association) (eds.) (1904) *Hypnotism and
Suggestion*. Tokyo: Nankōdō.

国家医学会編，催眠術及ブグゲスチオン論集，東京：南江堂.

Komatsu, Kōzō (2000) *Torajirō Okada: His Thoughts and Times*. Osaka:
Sōgenshya.

小松幸蔵，岡田虎二郎：その思想と時代，大阪：創元社.

Kon, Sakimori (2004) ‘Aiming at the Other Side of Modern Rationality:
Harumitsu Hida’s Health Method’, in Yoshiya Sueta (eds.) *Daishō
Society and the Trend of Reform*. Tokyo: Yoshikawa Kōbunkan.

今防人，「近代合理性の彼方をめざして：肥田春充の強健術」，
季武嘉也編，大正社会と改造の潮流，東京：吉川弘文館。

Kondō, Yoshizō (2004) *Self-study of Hypnotism*, reprint of the 1904 edition, in
Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology
of Modern Folk Mental Therapies*, Vol. II-1. Tokyo: Kuresu Shyuppan.
近藤嘉三，催眠術独習，吉永進一編，日本人の身・心・霊：
近代民間精神療法叢書 2-1，東京：クレス出版。

Kondō, Yoshizō (1892) *Magic and Hypnotism: Psychological Applications*.
Tokyo: Eisaishinshisha.
(近藤嘉三，魔術と催眠術：心理応用，東京：穎才新誌社。

Kōra, Takehisa (1933) *Shinkeishitsu and Neurasthenia*. Tokyo: Dōbunkan.
高良武久，神経質と神経衰弱，東京：同文館。

Kōra, Takehisa (1933) *The Character Treatment for Shinkeishitsu and
Neurasthenia*. Tokyo: Sanseidō.
高良武久，神経質並に神経衰弱の性格治療，東京：三省堂。

Kōra, Takehisa (1941) *The True Nature of Neurasthenia and its Cure*. Tokyo:
Jitsugyō no Nihonshya.
高良武久，神経衰弱の本態と其治療，東京：実業之日本社。

Kōra, Takehisa (1976) *The Practice of Morita Psychotherapy: The Philosophy
of Accepting Things as They are*. Tokyo: Hakuyoshya.
高良武久，森田精神療法の実際：あるがままの人間学，東京：白揚社。

Kotama, Shūji (1910) *Methods of Strengthening the Brain*. Tokyo: Naigai
Shyuppan Kyōkai.
児玉修治，健脳法，東京：内外出版協会。

Kōtō, Taiki (1916) *Okadaian Quiet-sitting and Laozi and Zhuangzi*, the sixth
edition. Tokyo: Ōshima Seishindō.
甲藤大器，(6版)岡田式静坐と老荘，東京：大島誠信堂。

Kōtō, Taiki (1939) *Quiet-sitting and Laozi and Zhuangzi*, supp. with 'Rambles
on Quiet-sitting', the sixth edition. Tokyo: Syūkyodō.
甲藤大器，(6版)静坐と老荘：附・静坐余談，東京：集虚堂。

Kubo, Yoshihide (1925) *The Essence of Experimental Psychology: Simple
Actions*. Tokyo: Chyūbunkan.
久保良英，実験心理学精義。簡単なる行動篇，東京：中文館書店。

Kubo, Yoshihide (1927) *The Essence of Experimental Psychology: Complex
Actions*. Tokyo: Chyūbunkan.
久保良英，実験心理学精義。複雑なる行動篇，東京：中文館。

Kumashiro, Hikotarō (1909) *Deep Breathing Health Method for the Training of the Mind and Body*. Tokyo: Tōadō.

熊代彦太郎，心身鍛鍊深呼吸健康法，東京：東亜堂。

Kumashiro, Hikotarō (1911) *The Skill of Kiai: To Kill and Save One's Life at Will*. Tokyo: Tōadō.

熊代彦太郎，気合術：殺活自在，東京：東亜堂。

Kure, Shyūzō (eds. and trans.) (1897) *An Outline of Psychiatry*. Tokyo: Tohōdō.

呉秀三編訳，精神病学要略，東京：吐鳳堂。

Kure, Shyūzō (1904) 'Therapeutic Uses of Hypnotism', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.

呉秀三，「催眠術の治療上の価値」，国家医学会編，催眠術及ブグスチオン論集，東京：南江堂。

Kurata, Hyakuzō (1932) *Shinkeishitsu's Heaven: My Experience with 'Curing Diseases by not Trying to Cure them'*. Tokyo: Senshinshya.

倉田百三，神経質者の天国：治らずに治った私の体験，東京：先進社。

Kurita, Sendō (1924) *The Principles of Preserving the Health and Curing Diseases*. Tokyo: Rizumu Gakuin Shyuppanbu (The Rhythm Academy Press).

栗田仙堂，保健療法の原理，東京：リズム学院出版部。

Kurita, Sendō (1924) *Lectures on the Supra-medical Rhythm Vitality-Restoration Therapy for Preserving the Health and Curing Diseases*. Tokyo: Kaneko Shyuku.

栗田仙堂，超医学治病保健のリズム回元術講義録：リズム哲学の精華，東京：金子淑。

Kuriyama, Shigehisa; Yamada, Keiji. (eds.) (1997) *Illness and Medicine in History*. Kyoto: Shibunkaku.

山田慶児，栗山茂久編，歴史の中の病と医学，京都：思文閣出版。

Kusayama, Akio (1902) *The Songs of Hygiene*. Toyama: Akio Kusayama.

草山斌男，衛生唱歌，八尾町（富山県）：草山斌男。

Kuwabara, Toshirō (1904) *Safe Hypnotism*. Tokyo: Kaihatsushya.

桑原俊郎，安全催眠術，東京：開発社。

Kuwabara, Toshirō (1904) *Experimental Mnemonics*. Tokyo: Kaihatsushya.

桑原俊郎，実験記憶法，東京：開発社。

Kuwabara, Toshirō (2004) *Spiritual Movement of the Psyche*, reprint of the third edition in 1912, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. IV. Tokyo: Kuresu Shyuppan.

桑原俊郎，精神靈動，吉永進一編，日本人の身・心・霊：
近代民間精神療法叢書 4，東京：クレス出版。

Kuwata, Kinji (1933) *The Principles of Psychic Science*. Memurochō (Hokkaidō): Teikoku Shinrei Kenkyūkai.

桑田欣児，心靈學原理，芽室村(北海道)：帝國心靈研究会。

Kuwata, Kinji (1936) *Japanese Spirit*. Memurochō (Hokkaidō): Shinseikai Honbu.

桑田欣児，日本精神，芽室町(北海道)：真生会本部。

Kuwata, Tadashi (eds.) (1904) *Experiment-based Teachings on the Health of the Mind and Body*. Tokyo: Yugakushya.

桑田正編，実験心身健康談，東京：有楽社。

Kuwayama, Takami (2004) 'Taishō Family and Cultural Nationalism', in Yoshiya Sueta (eds.) *Daishō Society and the Trend of Reform*. Tokyo: Yoshikawa Kōbunkan.

桑山敬己，「大正の家族と文化ナショナリズム」，季武嘉也編，
大正社会と改造の潮流，東京：吉川弘文館。

Machizawa, Shizuo (2005) *What is the Psychotherapy Suitable for Japanese?* Tokyo: Nihon Hōsō Shyubban Kyōkai.

町沢静夫，日本人に合った精神療法とは，東京：日本放送出版協会。

Makamaki, Gentarō (1911) *Methods of Strengthening the Brain and Mnemonics*. Tokyo: Seibunshya.

酒巻源太郎，健脳記憶法，東京：盛文社。

Makata, Minoru (1900) *Methods of Strengthening the Brain*. Tokyo: Bunmindō. 坂田実，健脳法，東京：文明堂。

Maruta, Tomoaki (1917) *Textbook of A Truth-Integration Mental Therapy*, the second edition. Kyoto: Teikō Seishin Gakuin.

丸田智昭，（2版）真理総合精神療法伝授書，京都：帝国精神学院。

Maruyama, Mangorō(eds.) (1913) *Brain: Neurasthenia*. Tokyo: Maruyama Mangorō.

丸山万五郎編，脳：神経衰弱症，東京：丸山万五郎。

Masaki, Fuzyokyū (1929) *Various Health Methods*. Tokyo: Temkō Kyōikukai Shyuppanbu.

正木不如丘，いろいろの健康法，東京：帝国教育会出版部。

Matsubara, Kōgetsu (1928) *Lectures on Hypnotism*, the Vol. I of *Lectures on Mental therapy*, the third edition. Himezi: Senshinkai (The Organization for the Cleansing of the Mind).

松原皎月，（三版）精神療法講習録。上卷（催眠術講義），姫路：大日本洗心会本部。

Matsubara, Kōgetsu (1928) *Lectures on Treatment*, the Vol. II of *Lectures on Mental Therapy*, the 5th edition. Himezi: Senshinkai (The Organization for the Cleansing of the Mind).

松原皎月，（五版）精神療法講習録。下卷（治病法講義），姫路：洗心会。

Matsubara, Kōgetsu (1928) *Lectures on Hypnotism*, the Vol. II of *Grand Lectures on Spiritual Skills*, the 5th edition. Himezi: Senshinkai (The Organization for the Cleansing of the Mind).

松原皎月，（五版）催眠術講義，靈術大講座第2卷，姫路：洗心会。

Matsubara, Kōgetsu (1928) *Mental Therapy*, the Vol. III of *Grand Lectures on Spiritual Skills*. Himezi: Senshinkai (The Organization for the Cleansing of the Mind).

松原皎月，心靈治療法，靈術大講座第3卷，姫路：洗心会本部。

Matsubara, Kōgetsu (2004) *Lectures on Spiritual Skill*, reprint of the 1929 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-6. Tokyo: Kuresu Shyuppan.

松原皎月，靈術講座，吉永進一編，日本人の身・心・霊：近代民間精神療法叢書2-6，東京：クレス出版。

Matsumoto, Chiwaki (1921) *Lectures on the Human-body Roentgen Therapy*, vol. I. Tokyo: Jintai Rajiumu Gakkai Honbu (The Headquarter of the Organization for the Study of the Roentgen Rays of Human Body).

松本道別，人体ラヂウム療法講義第1冊，東京：人体ラヂウム学会本部。

Matsuo, Sakai(eds.) (1914) *A Comparative Study on the Severn Major Health Methods*. Tokyo: Mangandō Shyoten.

松尾栄編，比較研究七大健康法，東京：万巻堂書店。

Matsuoka, Kōichirō (1923-5) *Lectures on Medical Hypnotic Psychotherapy*. Tokyo: Tokyo Psychiatric Association.

松岡孝一郎，医学的精神療法催眠術講義録，東京：東京精神医学会。

Mazima, Tohaku (1888) 'Hypnotherapy', in *Psychology (Lectures in the Institute of Philosophy)* ed. by Teggakukan. Tokyo: Teggakukan (Institute of Philosophy).

馬島東白，「催眠術治療法」，心理学（哲学館講義録），東京：哲学館。

Mesmer, Franz (2004) *On Animal Magnetism*, trans. by Suzuki Manjirō, reprint of the 1885 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-1. Tokyo: Kuresu Shyuppan.

メスマー，動物電気概論，鈴木万次郎訳，吉永進一編，
日本人の身・心・霊：近代民間精神療法叢書 2-1，東京：
クレス出版.

Mieno, Tejirō (1999) *Morita Theory as a School of Anthropology: From the Perspective of a Learner*. Tokyo: Harumoshya.

三重野佛次郎，森田理論という人間学：一学習者の視点から，東京：春
萌社.

Mishima, Michiyon (1900) *The Songs of Hygiene*. Tokyo: Shūeidō.

三島通良，衛生唱歌，東京：集英堂.

Mitsuishi, Ayumi (1995) 'On Sōseki Natsume's *I Am a Cat*: The Disease called "Neurasthenia"'. *Yamakuchi Daigaku Bungaku Kaishi*, 46: 99-116.

光石亜由美，「夏目漱石『我輩は猫である』論—神経衰弱という病い」，
山口大学文学会誌，46：99-116.

Miura, Kinnosuke (1929) 'Neurasthenia and other Similar Diseases' in *Lectures on Popular Medicine, Vol. III*. Tokyo: Tokyo Asabi News Press.

三浦謹之助，神経衰弱とその隣域，通俗医学講座第3輯，東京：
東京朝日新聞発行所.

Miyake, Kōichi (1912) *A Compilation of Psychiatry*. Tokyo: Nankōdō Shyoten.

三宅鉦一，精神病学纂録，東京：南江堂書店.

Miyake, Kōichi (1933) *Medical Psychology*. Tokyo: Nankōdō Shyoten.

三宅鉦一，医学的心理学，東京：南江堂書店.

Miyoshi, Reihō (2004) *Miyoshi's Method of Mental Cultivation*, reprint of the 1917 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-6. Tokyo: Kuresu Shyuppan.

三吉靈峰，三吉式精神修養法，吉永進一編，日本人の身・心・霊：
近代民間精神療法叢書 2-6，東京：クレス出版.

Mochiji, Rokusaburō (1912) *On the Colonial Policy in Taiwan*. Tokyo: Fuzanbō.

持地六三郎，台湾殖民政策，東京：富山房.

Momokawa, Takahito (1995) 'A Japanist: Hyakuzō Kurata', in Sadami Suzuki (eds.) *Daishō Vitalism and Modernity*. Tokyo: Kawade Shobo Shinshya.

百川敬仁，「日本主義者：倉田百三」，鈴木貞美編，
大正生命主義と現代，東京：河出書房新社。

Mori, Shigekichi (1918) *Methods of Strengthening the Brain*. Tokyo:
Shinbashidō.

森繁吉，健腦法，東京：新橋堂。

Mori, Tomomichi (1914) *The Health of the Mind: Mental Therapy*. Tokyo:
Kōsai Yakuin.

森友道，心的衛生：一名・精神療法，東京：弘濟藥院。

Morishita, Yūdō (1909) *Applied Psychological Therapies that Are Certainly
Effective for Brain Neurasthenia*. Tokyo: Hakubunkan.

森下幽堂，心理応用脳神経衰弱必治策，東京：博文館。

Morita, Shōma (1921) *Lectures on Psychotherapy, the Vol. III of Lectures on
Abnormal Psychology*. Tokyo: Nihon Hentai Shinrigakukai (The Japanese
Association for the Study of Abnormal Psychology).

森田正馬，精神療法講義，変態心理学講義録第3篇，東京：
日本変態心理学会。

Morita, Shōma (1921) *Treatments for Shinkeishitsu and Neurasthenia*. Tokyo:
Japanese Psychiatric Association.

森田正馬，神経質及神経衰弱症の療法，東京：日本精神医学会。

Morita, Shōma (1926) *A Radical Cure for Neurasthenia and Obsessive ideas*.
Tokyo: Jitsugyō no Nihonshya.

森田正馬，神経衰弱及強迫観念の根治法，東京：実業之日本社。

Morita, Shōma (1928) *The True Nature of Shinkeishitsu and its Cure*. Tokyo :
Tohōdō Shyoten.

森田正馬，神経質ノ本態及療法，東京：吐鳳堂書店。

Morita, Shōma (1934) *The Desire for Life*. Kyoto: Jinbun Shyoten.

森田正馬，生の慾望，京都：人文書院。

Morita, Shōma (1935) *The Way toward the Cure of Shinkeishitsu, Vol. I*. Kyoto:
Jinbun Shyoten.

森田正馬，神経質療法への道第1篇，京都：人文書院。

Morita, Shōma (1937) *The Way toward the Cure of Shinkeishitsu, Vol. II*.
Tokyo: The Society for the Study of *Shinkeishitsu*.

森田正馬，神経質療法への道第2篇，東京：神経質研究会。

Morita, Shōma (1937) *The Way toward the Cure of Shinkeishitsu, Vol. III*.
Tokyo: The Society for the Study of *Shinkeishitsu*.

森田正馬，神経質療法への道第3篇，東京：神経質研究会。

- Morita, Shōma (1974) *Complete Works of Shōma Morita, Vol. I-VII*. Tokyo : Hakuyoshya.
森田正馬, 森田正馬全集第 1-7 卷, 東京: 白揚社.
- Morita, Shōma (1974) *Lectures on Psychotherapy*, in *Complete Works of Shōma Morita, Vol. I*. Tokyo: Hakuyoshya.
森田正馬, 精神療法講義, 森田正馬全集第 1 卷, 東京: 白揚社.
- Morita, Shōma (1974) *Treatments for Shinkeishitsu and Neurasthenia*, in *Complete Works of Shōma Morita, Vol. I*. Tokyo: Hakuyoshya.
森田正馬, 神経質及神経衰弱症の療法, 森田正馬全集第 1 卷, 東京: 白揚社.
- Morita, Shōma (1974) *A Radical Cure for Neurasthenia and Obsessive ideas*, in *Complete Works of Shōma Morita, Vol. II*. Tokyo: Hakuyoshya.
森田正馬, 神経衰弱及強迫観念の根治法, 森田正馬全集第 2 卷, 東京: 白揚社.
- Morita, Shōma (1974) *The True Nature of Shinkeishitsu and its Cure*, in *Complete Works of Shōma Morita, Vol. II*. Tokyo: Hakuyoshya.
森田正馬, 神経質ノ本態及療法, 森田正馬全集第 2 卷, 東京: 白揚社.
- Morita, Shōma (1974) *The Way toward the Cure of Shinkeishitsu*, in *Complete Works of Shōma Morita, Vol. V*. Tokyo: Hakuyoshya.
森田正馬, 神経質療法への道, 森田正馬全集第 5 卷, 東京: 白揚社.
- Morita, Shōma (1974) *The Desire for Life*, in *Complete Works of Shōma Morita, Vol. VII*. Tokyo: Hakuyoshya.
森田正馬, 生の慾望, 森田正馬全集第 7 卷, 東京: 白揚社.
- Morita, Shōma (1974) 'A Record of My Family', in *Complete Works of Shōma Morita, Vol. VII*. Tokyo: Hakuyoshya.
森田正馬, 「我が家の記録」, 森田正馬全集第 7 卷, 東京: 白揚社.
- Morita, Shōma (1974) 'A Remembrance of My Wife, Hisai', in *Complete Works of Shōma Morita, Vol. VII*. Tokyo: Hakuyoshya.
森田正馬, 「久亥の思ひ出」, 森田正馬全 第 7 卷, 東京: 白揚社.
- Morita, Shōma (2004) *The True Nature of Shinkeishitsu and its Cure*. Tokyo: Hakuyoshya.
森田正馬, 神経質ノ本態及療法, 東京: 白揚社.
- Morita, Shōma (2007) *The Desire for Life*, ed. by Keiji Mitsutani. Tokyo: Hakuyoshya.
森田正馬, 生の慾望, 水谷啓二編, 東京: 白揚社.
- Morita, Shōma (2008) *A Radical Cure for Neurasthenia and Obsessive ideas*. Tokyo: Hakuyoshya.

森田正馬，神經衰弱及強迫觀念の根治法，東京：白揚社。

Moriwaki, Seikō (1903) *The Power of Zen: Kill or Save One's Life at Will*.
Tokyo: Daigakukan.

森脇星江，殺活自在禪定力，東京：大學館。

Motora, Yūjirō (1890) *Psychology*. Tokyo: Kinkōdō.
元良勇次郎，心理学，東京：金港堂。

Mukai, Akira (1921) *Lectures on Clinical Hypnotism*, the Vol. VII of *Lectures on Abnormal Psychology*. Tokyo: Nihon Hantai Shinrigakukai (The Japanese Association for the Study of Abnormal Psychology).
向井章，臨床催眠術講義，變態心理学講義録第7篇，東京：日本變態心理学会。

Murai, Gensai (1915) *Household Hygiene, Vol. I*, the second edition. Tokyo: Jitsugyō no Nihonshya.
村井弦斎，（2版）家庭の衛生上巻，東京：実業之日本社。

Murakami, Tatsugorō (1905) *A Reference Book for the Teaching of Self-Cultivation in Agriculture*. Tokyo: Kōbunshya.
村上辰午郎，農業修身教授参考書，東京：興文社。

Murakami, Tatsugorō (1909) *Lectures on Practical Ethics*. Tokyo: Kanasashi Ōryūdō.
村上辰午郎，実践倫理講義，東京：金刺芳流堂。

Murakami, Tatsugorō (1912) *The Latest Hypnotism*. Tokyo: Seibidō.
村上辰午郎，最新式催眠術，東京：成美堂。

Murakami, Tatsugorō (1914) *Murakami's Hypnotism*. Tokyo: Taishyō Buzyoshyakai.
村上辰午郎，村上式催眠術，東京：大正婦女社会。

Murakami, Tatsugorō (1915) *Lectures on Murakami's Concentration Skill*. Tokyo: Meibundō.
村上辰午郎，村上式注意術講話，東京：明文堂。

Murakami, Tatsugorō (1919) *Lectures on the Latest Experimental Hypnotism*. Tokyo: Kanasashi Ōryūdō.
村上辰午郎，最新式実験催眠術講義，東京：金刺芳流堂。

Murakami, Tatsugorō (1920) *The Study of Murakami's Concentration Skill*. Tokyo: Taishyō Kyōikurai Honbu.
村上辰午郎，村上式注意術講習，東京：大正教育会本部。

Murakami, Tatsugorō (eds.) (1922) *A New Collection on National Morality*. Tokyo: Ryūbunkan.

村上辰午郎編，新撰国民道德集成，東京：隆文館。

Murakami, Tatsugorō (1923) *The Japanese National Morality*. Tokyo: Nankōshya.

村上辰午郎，日本国民道德，東京：南郊社。

Murakami, Tatsugorō (1926) *An Introduction to the Concentration Skill*. Tokyo: Kanasashi Ōryūdō.

村上辰午郎，注意術の手ほどき，東京：金刺芳流堂。

Murakami, Tatsugorō (1929) *Psychological Experiments for Mental Unification*. Tokyo: Meibundō.

村上辰午郎，精神統一心理実験，東京：明文堂。

Nagahama, Shigeru (1921) *Radical Therapies for Neurasthenia of Reproductive Organs*. Tokyo: Shinryōdō Shyoin.

長浜繁，生殖器障害神経衰弱根本療法，東京：新療堂書院。

Nagahama, Shigeru (1930) *Radical Therapies for Sexual Neurasthenia*. Tokyo: Seibundō.

長浜繁，性的神経衰弱の根治法，東京：誠文堂。

Nagai, Dōmei (1911) *Household Gymnastics*. Tokyo: Bunshokaku.

永井道明，家庭体操，東京：文昌閣。

Nagai, Shyōsai (1935) *Monk Hakuin*. Kyoto: Jinbun Shyoin.

永井瓢斎，白隠和尚，京都：人文書院。

Nagayama, Keiichi (2004) 'The Comparison between Naikan Therapy and Morita Therapy from a Cultural Perspective: "Ignorance and Sexual Abstinence" in Naikan Therapy, Morita Therapy and Psychoanalysis', in Ryūzō Kawahara, Nobuo Tatsumi, Shinichi Yoshioka (eds.) *Japanese Thought and Psychotherapy: The Encounter between the Oriental and Western Cultures*. Tokyo: Nihon Hyōronsha.

長山恵一，「内観療法と森田療法の文化論的比較：内観療法、森田療法、精神分析における『不問と禁欲』」，川原隆造，巽信夫，吉岡伸一編，東洋思想と精神療法：東西精神文化の邂逅，東京：日本評論社。

Nagayama, Yasuo (2005) *The Clairvoyance Event: Science and the Occult Meiji Japan*. Tokyo: Heibonsha.

長山靖生，千里眼事件：科学とオカルトの明治日本，東京：平凡社。

Naka, Shyūzō (1935) *On Mental Diseases: The Social Significance and Management of Mental Diseases and Shinkeishitsu*. Taipei: Yōshinin.

中脩三，精神病の話：精神病及び神経質の社会的意義と取扱法，台北：養神院。

Naka, Shyūzō (1936) 'The Natural Environment in Taiwan and Mental Diseases'. *Taiwan Times*, 1936 (Oct.).

中脩三，「台湾の自然と精神病」，台湾時報，昭和11年10月号。

Naka, Shyūzō (1939) 'Random Thoughts during the Travels in Germany'. *Taiwan Times*, 1939 (Apr.).

中脩三，「在独断想」，台湾時報，昭和14年4月号。

Naka, Shyūzō et al (1941) 'A Study on Tropical Neurasthenia in Kainan Island'. *Journal of Taiwanese Medical Association*, 40: a special issue.

中脩三等，「海南島ニ於ケル熱帯神経衰弱ノ研究」，台湾医学会雑誌，第40巻臨時増刊号。

Naka, Shyūzō; Kobayashi, Junichi (1942) 'A Psychiatric Study on Tropical Acclimatization: The Subjective Symptoms in Intellectual Workers in Taiwan'. *Journal of Taiwanese Medical Association*, 41: supp. (6).

中脩三，小林準一，「熱帯馴化ノ精神医学的研究（一）：台湾に於ケル知能労務者ノ自覚症ニ就テ」，台湾医学会雑誌，第41巻第6附録。

Naka, Shyūzō (1942) 'Is the National Constitution Really in Decline?' *Taiwan Times*, 1942 (Mar.).

中脩三，「民族の素質は果して低下するか」，台湾時報，昭和17年3月号。

Naka, Shyūzō (1942) 'On the Issues of Neurosis in Taiwan'. *Journal of Taiwanese Medical Association*, 41: 444.

中脩三，「台湾に於ける神経症の諸問題に就きて」，台湾医学会雑誌，第41巻444期。

Naka, Shyūzō (1943) 'The Impacts of Tropical Climates on the Neurological and Mental Function', in The Intelligence Department of the Taiwanese Governor General's Secretariat (eds.) *A Reader of the Southern Medicine*. Taipei: Taiwan Times Hakkōjo.

中脩三，「熱帯気候の精神神経に及ぼす影響」，台湾総督官房情報課編，南方医学読本，台北：台湾時報発行所。

Naka, Shyūzō (1943) 'Mental Health in the South', in The Intelligence Department of the Taiwanese Governor General's Secretariat (eds.) *A Reader of the Southern Medicine*. Taipei: Taiwan Times Hakkōjo.

中脩三，「南方に於ける精神衛生」，台湾総督官房情報課編，南方医学読本，台北：台湾時報発行所。

Nakamura, Kokyō (1918) *The Dissection of Ōmoto Kyō: A Serious and Principled Critique*, the 6th edition. Tokyo: Japanese Psychiatric Association.

中村古峯, (六版) 大本教の解剖: 學理的嚴正批判, 東京:
日本精神醫學會.

Nakamura, Kokyō (1921) *Lectures on Hypnotism*, the 6th volume of *Lectures on Abnormal Psychology*. Tokyo: Nihon Hentai Shinrigakukai (The Japanese Association for the Study of Abnormal Psychology).

中村古峯, 催眠術講義, 変態心理学講義録第6篇, 東京:
日本変態心理学会.

Nakamura, Kokyō (1930-3) *Lectures on Mental Health*, vol. I-III (vol. I, *How to Radically Cure Neurasthenia?*; vol. II, *Treatments for Hysteria*; vol. III, *The Experience of People Who Have Completely Recovered from Neurasthenia and Obsessive Ideas*). Tokyo: Shyuhu no Tomoshya.

中村古峯, 精神衛生講話. 第1-3冊 (第1冊 神経衰弱はどうすれば全
治するか, 第2冊 ヒステリーの療法, 第3冊 神経衰弱と強迫観
念の全治者体験録), 東京: 主婦之友社.

Nakamura, Kokyō (1936) *Falling into Superstition: The Psychological Criticism of Pseudo-religion*. Tokyo: Daidō Shyuppansha.

中村古峯, 迷信に陥るまで: 擬似宗教の心理学的批判, 東京:
大東出版社.

Nakamura, Kokyō (1937) *The Dissection of Tenri Kyō*. Tokyo: Daidō Shyuppansha.

中村古峯, 天理教の解剖, 東京: 大東出版社.

Nakamura, Kokyō (1947) *The Entity of Neurasthenia*. Tokyo: Hata Shyoten.

中村古峯, 神経衰弱の正体, 東京: 羽田書店.

Nakanishi, Seizō (1972) *A Great Man is Here: The Life of Torajirō Okada*. Tokyo: Shyunzyūsha.

中西清三, ここに人あり: 岡田虎二郎の生涯, 東京: 春秋社.

Nakayama, Saburō (eds.) (1911) *Experimental Abdominal Breathing Methods of Ancient Sages*, supp. with 'On Abdominal Breathing' by Kenzō Futaki. Tokyo: Shunshūsha.

中山三郎編, 先哲実験腹式呼吸篇, 附腹式呼吸の話 (二木謙三),
東京: 春秋社.

Nakazawa, Shingo (1986) *The Life of Metapsychologist Tomokichi Fukurai*. Tokyo: Tairiku Shyobō.

中沢信午, 超心理学者福来友吉の生涯, 東京: 大陸書房.

- Nemoto, Yukio et al. (1991) *The Theory of Yin-Yan and Gogyō: Its Birth and Development*. Tokyo: Yakugyo Jihoshya.
根本幸夫，根井養智，陰陽五行説：その発生と展開，東京：薬業時報社。
- Nihon Saimin Tetsugakkai (Japanese Association of the Philosophy of Hypnosis) (1910) *The Latest Philosophy of Hypnosis: The Omnipotence of the Psyche*. Osaka: Nihon Saimin Tetsugakkai.
日本催眠哲学会，最新催眠哲学：心霊万能，大阪：尚文館。
- Nihon Taiku Kenkyūkai (The Society for the Research of Japanese Physical Education) (eds.) (1918) *Mastering of All Experimental Health Methods for the Body and Mind*. Tokyo: Okamura Shyoten.
日本体育研究会編，各種実験研究心身健康法自在，東京：岡村書店。
- Nishikawa, Harutaka (1941) *How Have I Radically Cured My Neurasthenia?* the second edition. Toyonaka: Nishikawa Harutaka.
西川明孝，(2版) 私はどうして神経衰弱を根治したか，豊中：西川明孝。
- Nishikawa, Kōjirō (1916) *The Latest Encyclopedia of Health Method*. Tokyo: Heigo Shyuppanshya.
西川光次郎，最新健康法全書，東京：丙午出版社。
- Nishikawa, Kōjirō (1916) *Natural Remedies that Radically Cure All Diseases*. Tokyo: Heigo Shyuppanshya.
西川光次郎，万病根治自然療法，東京：丙午出版社。
- Nishikawa, Kōjirō (1919) *Encyclopedia of Psychotherapy*. Tokyo: Aizenshya.
西川光二郎，心理療法全書：病に克つ力の出し方，東京：愛善社。
- Nishiyama, Matsunosuke (1959) *A Study on the Iemoto System*. Tokyo: Azekura Shyobō.
西山松之助，家元の研究，東京：校倉書房。
- Nīzeki, Kanrei (1926) *The Theories and Methods of Mental Therapy*. Tokyo: Hisano Shyuten.
新関観霊，精神療法の原理と其方法，東京：久野書店出版部。
- Noda, Tadahiro (1904) 'On the Ban of Hypnotism', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.
野田忠広，「催眠術の取締に就て」，国家医学会編，催眠術及ブグレスチオン論集，東京：南江堂。
- Nomura, Akichika (1974) *A Critical Biography of Shōma Morita*. Tokyo: Hakuyoshya.
野村章恒，森田正馬評伝，東京：白揚社。

Obitsu, Ryōi (1994) *Chyōwadō Breathing Method, An Ultimate Method of Overcoming Cancers: The Revitalization of the Natural Healing Power Capable of Breaking the Barrier of Western Medicine*. Tokyo: Shodensha.

帯津良一，ガンに克つ究極の調和道呼吸法：西洋医学の壁を破る自然治癒力の開，東京：祥伝社.

Ogasawara, Kazuo (1942) 'The Climates in the South: The Scientific Understanding of the South'. *Taiwan Times*, 1942 (Jul.).

小笠原和夫，「南方圏の気候：南方の科学認識」，台湾時報，昭和17年7月号.

Ōgetsu, Rie (2010) *The Development and Acceptance of Hygiene in Modern Japan*. Tokyo: Tōshindō.

宝月理恵，近代日本における衛生の展開と受容，東京：東信堂.

Oguma, Toranosuke (1918) *The Issues about Psychic Phenomena*. Tokyo: Shirigaku Kenkyūkai Shyubbanbu (the Society for the Study of Psychology).

小熊虎之助，心霊現象の問題，東京：心理学会出版部.

Oguma, Toranosuke (1921) *Lectures on the Psychic Science*, the Vol. II of *Lectures on Abnormal Psychology*. Tokyo: Nihon Hentai Shinrigakukai (The Japanese Association for the Study of Abnormal Psychology).

小熊虎之助，心霊学講義，変態心理学講義録第2篇，東京：日本変態心理学会.

Oka, Toshirō (1930) *Neurasthenia, Obsessive Ideas and Hysteria*, the Vol. II of *The Latest Treatments*. Tokyo: Torepansha.

岡寿郎，神経衰弱 強迫観念 ヒステリー，最新治病研究第2冊，東京：トレパン社.

Okada, Chyūichi (1931) *My Experience of Completely Recovering from Neurasthenia*. Tokyo: Kenkō no Hikarishya.

岡田忠一，神経衰弱全治体験録，東京：健康之光社.

Okada, Michikazu (1929) *Methods of Strengthening the Brain for Examinee Students*, the fourth edition. Tokyo: Banrikaku Shyobō.

岡田道一，(四版)受験生の健脳法，東京：万里閣書房.

Okada, Torajirō (1937) *The Sayings of Torajirō Okada*. Kyoto: Seizashya.

岡田虎二郎，岡田虎二郎先生語録，京都：静坐社.

Okada, Tsuyoshi (1942) *Nerve and Life: Selected Writings about Treating Shinkeishitsu*. Tokyo: Aoyama Shyuppansha.

岡田強, 神経と生活: 神経質の療病誌より, 東京: 青山出版社.

Ōkita, Kyō (1941) 'On the Way toward Tropical Medicine (2)'. *Taiwan Times*, 1941 (Feb.).

大喜多孝, 「熱帯医学への途 (二)」, 台湾時報, 昭和 16 年 2 月号.

Okkei, Sanshi (1913) *Modern Familial Medicine, Vol. I: Brain and Neurasthenia*. Osaka: Kashiwabara Keibundō.

北溪散士, 現代家庭医学第一編: 脳と神経衰弱之巻, 大阪: 柏原奎文堂.

Omatawa, Waichirō (2000) *The Origin of Mental Hospital, Modern Period*. Tokyo: Ōta Books.

小俣和一郎, 精神病院の起源. 近代篇, 東京: 太田出版.

Ono, Fukuhei (1911) *Ono's Hypnotism*. Tokyo: Dainihon Saimin Gakkai (Japanese Association of Hypnotism).

小野福平, 小野催眠学, 東京: 大日本催眠学会.

Ono, Yoshirō (1997) *The Hygiene Modernity: From the 'Songs of Hygiene' to the 'Anti-bacteria Goods'*. Tokyo: Kodansha.

小野芳朗, <清潔>の近代: 「衛生唱歌」から「抗菌グッズ」へ, 東京: 講談社.

Ōno, Shyunichi (1939) *Ten Major Health Methods in Modern Japan*. Tokyo: Chyōbunkaku.

大野俊一, 現代日本の代表的十大健康法, 東京: 潮文閣.

Osa, Susumu et al. (eds.) (2001) *'Abnormal Psychology' and Kōkyō Nakamura: A New Perspective of the Daishō Culture*. Tokyo: Fuji Shyuppan.

小田晋ほか編, 『変態心理』と中村古峽: 大正文化への新視角, 東京: 不二出版.

Ōsawa, Kenji (1887) *Hypnotism*. Tokyo: Kenji Ōsawa.

大沢謙二, 魔睡術, 東京: 大沢謙二.

Ōsawa, Kenji (1904) 'Normal Hypnotic States', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.

大沢謙二, 「魔睡の常態に就て」, 国家医学会編, 催眠術及ブグセスチオン論集, 東京: 南江堂.

Ōsawa, Kenji (1904) 'Abormal Hypnotic States', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.

大沢謙二, 「魔睡の非常態」, 国家医学会編, 催眠術及ブグセスチオン論集, 東京: 南江堂.

- Ōsawa, Kenji (1904) 'The Relationship Between Hypnotism and National Medicine', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.
大沢謙二, 「催眠術と国家医学の関係」, 国家医学会編, 催眠術及ブグスチオン論集, 東京: 南江堂.
- Ōsawa, Kenji (1904) 'On the Distinction between Hypnotism and Medicine', in Kokka Igakukai (National Medical Association) (eds.) *Hypnotism and Suggestion*. Tokyo: Nankōdō.
大沢謙二, 「催眠術と医業の区別に就ての討論」, 国家医学会編, 催眠術及ブグスチオン論集, 東京: 南江堂.
- Ōsawa, Kenji (1911) *Cold-Water Bath and Cold-Water Rubbing*. Tokyo: Bunseidō.
大沢謙二, 冷水浴と冷水摩擦, 東京: 文星堂.
- Otabe, Sōzaburō (1911) *Pulmonary Tuberculosis and Deep Breathing*. Tokyo: Hōbunkan.
小田部莊三郎, 肺結核と深呼吸, 東京: 宝文館.
- Otabe, Sōzaburō (1912) *Deep Breathing Method*. Tokyo: Jitsugyō no Nihonshya.
(小田部莊三郎, 深呼吸法, 東京: 実業之日本社.
- Ōyama, Reisen (1930) *Comprehensive Textbook of the Skill of Spiritual Palm*. Hiroshima: Seidō Gakkai Honbu.
大山靈泉, 靈掌術教授全書, 広島: 生道学会本部.
- Ozawa, Teigo (1996) 'Psychotherapy as a Form of Japanese Medicine', in Takehisa Kume (eds.) *Hirata's Psychotherapy*. Tokyo: Taniguchi Shyoten.
野沢禎吾, 「皇方医学としての心療」, 久米建寿編, 平田式心理療法, 東京: たにぐち書店.
- Professor Shyūzō Naka's Disciples (eds.) (1991) *Remembrances of Professor Shyūzō Naka*. Osaka: Professor Shyūzō Naka's Disciples.
中脩三先生門下生編, 中脩三先生を偲ぶ, 大阪: 中脩三先生門下生.
- Reikai Kakusei Dōshikai (The Society for the Clearance of the Field of Spiritual Skill) (eds.) (2004) *Spiritual Skill and Therapists of Spiritual Skill: Destroying the Evil and Praising the Righteous*, reprint of the 1929 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII. Tokyo: Kuresu Shyuppan.
靈界廓清同志会編, 靈術と靈術家: 破邪顕正, 吉永進一編, 日本人の身・心・霊: 近代民間精神療法叢書 8, 東京: クレス出版.

Reynolds, David K. (2004) 'The Integration of Naikan Therapy and Morita Therapy', in Ryūzō Kawahara, Nobuo Tatsumi, Shinichi Yoshioka (eds.) *Japanese Thought and Psychotherapy: The Encounter between the Oriental and Western Cultures*. Tokyo: Nihon Hyōronshya.

デヴィッド K. レイノルズ, 「内観療法と森田療法の融合」, 川原隆造, 巽信夫, 吉岡伸一編, 東洋思想と精神療法: 東西精神文化の邂逅, 東京: 日本評論社.

Saitō, Masaichi; Murata, Tenrai (1911) *Advices on Household Hygiene*. Tokyo: Daigakukan.

斎藤政一, 村田天籟, 家庭衛生顧問, 東京: 大学館.

Satō, Nariyoshi (1926) *Experimental Psychotherapy: The Reality, Theory and Method of Mental Therapy*. Osaka: Tenshinshya.

佐藤成義, 実験心理治療: 精神療法の実際と理論及方法, 大阪: 天真社.

Satō, Tatsuya (2002) *The Introduction and Development of Psychology in Japan*. Kyoto: Kitaōji Shyobō.

佐藤達哉, 日本における心理学の受容と展開, 京都: 北大路書房.

Saitō, Tamao (1929) *Methods of Strengthening the Brain and Rejuvenation*. Tokyo: Kenkō no Tomoshya.

斎藤玉男, 健脳回春法, 東京: 健康之友社.

Sakamaki, Gentarō (1911) *Methods of Strengthening the Brain and Mnemonics*. Tokyo: Seibunshya.

酒巻源太郎, 健脳記憶法, 東京: 盛文社.

Sakamoto, Masayoshi (1932) *The Secrets of Treating Nuerasthenia at Home Learned from Eighteen-year Experience*. Tokyo: Sakamoto Taisuke.

坂本牛山, 体験十八年実際的神経衰弱自宅治療の秘訣, 東京: 坂本泰助.

Sakamoto, Wasaburō (1909) *Family Medicine*. Tokyo: Hakuhōdō.

坂本和三郎, 家庭医学, 東京: 博報堂.

Sasaki, Kyūhei (2004) *Mental Phenomena during Hypnosis*, reprint of the 1903 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II-1. Tokyo: Kuresu Shyuppan.

佐々木九平, 催眠術に於ける精神の現象, 吉永進一編, 日本人の身・心・霊: 近代民間精神療法叢書 2-1, 東京: クレス出版.

Sasaki, Masakichi (1901), *The Cold-Water Method of Yōjō*, ed. by Kikutarō Takizawa. Tokyo: Kaihatsushya.

佐々木政吉, 冷水養生法, 滝沢菊太郎編, 東京: 開発社.

Sasamura, Sōkajin (eds.) (1974) *Quiet-sitting: The Sayings and Life of Torajirō Okada*. Matsumoto: Mumeikai.

笹村草家人編，静坐：岡田虎二郎その言葉と生涯，松本：無名会。

Satō, Nariyoshi (1926) *Experimental Psychotherapy: The Reality, Theories and Methods of Mental Therapy*. Osaka: Tenshinshya.

佐藤成義，実験心理治療：精神療法の実際と理論及方法，大阪：天真社。

Satō, Tokusai (1907) *The Hygiene of Beauty*. Tokyo: Nichikōyurindō.

佐藤得斎，美的衛生，東京：日高有倫堂。

Sawa, Yoshio (1966) *New Treatments for Neurasthenia*. Tokyo: Nihon Bungeishya.

沢誉志雄，神経衰弱の新しい治し方，東京：日本文芸社。

Sawada, Shinkō (1931) *The Rejuvenating Method for the Treatment of Neurasthenia and the Secret of Health and Longevity*. Tokyo: Nohon Shyūyōkai.

沢田進光，神経衰弱治療術若返性能旺盛法と保健長生の秘訣：国民保健増進をも時代の先端を行く，東京：日本修養会。

Seishin Kenkyūkai (eds.) (1914) *An Introduction to Hypnotism*. Tokyo: Seishin Kenkyūkai (The Organization for the Study of the Psyche).

精神研究会，催眠術案内書，東京：精神研究会。

Shibue, Eiken (1909) *Telepathy: The Application of Psychology*. Tokyo: Daigakukan.

渋江易軒，以心伝心術：心理応用，東京：大学館。

Shibue, Eiken (1909) *The Self-study of Telepathy: The Application of Principles*. Tokyo: Daigakukan.

渋江易軒，以心伝心術独習：原理応用，東京：大学館。

Shimano, Sōsuke (eds.) (1912) *Methods of Breathing and Quiet-sitting*.

Hokkaidō: The Nadai Village Branch of Imperial Veteran Association.
嶋野惣助編，呼吸静座術，北海道：帝国在郷軍人会納内分会。

Shimizu, Ōshyu (1921) *Mental Therapy: Illness Results from Ki*. Tokyo: Nishyōdō Shyoten.

清水芳洲，精神療法：病は気から，東京：二松堂書店。

Shimizu, Ōshyu (2004) *Clinical Suggestion: Shimizu's Psychotherapy*, reprint of the 1920 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. I. Tokyo: Kuresu Shyuppan.

清水芳洲，臨床暗示清水式心理療法，吉永進一編，
日本人の身・心・霊：近代民間精神療法叢書 1，東京：クレス出版。

Shimoda, Mitsuzō (1933) *Neurasthenia and Hysteria*. Fukuoka: Daidō Gakkan Shyuppanbu.

下田光造, 神経衰弱トひすてりい, 福岡: 大道学館出版部.

Shimoda, Mitsuzō (1934) *On Abnormal Children*. Fukuoka: Daidō Gakkan Shyuppanbu.

下田光造, 異常児論, 福岡: 大道学館出版部.

Shimoda, Utako (1906) *The Hygiene of Women*. Tokyo: Fusanbō.

下田歌子, 女子の衛生, 東京: 富山房.

Shinada, Shyunpei (1915) *The Fundamentals of the Shinkyō Psychotherapy of Suggestion*. Tokyo: Shinkyō Gakuin.

品田俊平, 心教暗示術心理療法根本義: 感化救済, 東京: 心教学院.

Shinoda, Saisei (1912) *Health Methods of Breathing and Quiet-sitting*. Osaka: Ishizuka Shyoho.

篠田済生, 呼吸静坐健康法, 大阪: 石塚書舗.

Shiosaka, Kōtarō (1907) *Psychotherapies for Neurasthenia*. Tokyo: Kōtarō Shiosaka.

塩坂幸太郎, 脳神経衰弱心理療法, 東京: 塩坂幸太郎.

Shyaku, Sōen (1908) *An Invitation to Quiet-Sitting*, ed. by Daisetsu Suzuki. Tokyo: Kōyūkan.

釋宗演, 静坐のすすめ, 鈴木大拙編, 東京: 光融館.

Shyūyōdan (eds.) (1985) *The Eighty-Year History of Shyūyōdan Movement: The Origin of Social Education in Our Country*. Tokyo: Shyūyōdan.

修養団編, 修養団運動八十年史: わが国社会教育の源流, 東京: 修養団.

Soda, Takemune (1942) 'The Constitutional Change of the Japanese in Taiwan'. *Taiwan Times*, 1942 (Mar.).

曾田長宗, 「台湾に於ける内地人の体質変化」, 台湾時報, 昭和 17 年 3 月号.

Sugawara, Nyōan (1899) *Methods of Cultivating the Gall Power: Applied Zen*. Tokyo: Rangaidō.

菅原文雄, 胆力養成法: 応用禅学, 東京: 藍外堂.

Suzuki, Sadami (1995) 'What is Taishō Vitalism?', in Sadami Suzuki (eds.) *Daishō Vitalism and Modernity*. Tokyo: Kawade Shobo Shinshya.

鈴木貞美, 「『大正生命主義』とは何か」, 鈴木貞美編, 大正生命主義と現代, 東京: 河出書房新社.

Svetanant, Chavalin (2007) *Cultural Conception of 'Ki' and 'Kokoro'*. Kyoto: International Research Centre for Japanese Studies.

チャワーリン・サウエッタナン, 「気」の思想・「こころ」の文化:
言語学からみた日本人とタイ人の心のあり方, 京都:
国際日本文化研究センター.

Taireidō Honin (Headquarter of Daireidō) (eds.) (2004) *Spiritual Light*, in
Daireidō, Vol. IV supp., reprint of the 1920 edition, in Shinichi
Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of
Modern Folk Mental Therapies*, Vol. II-5. Tokyo: Kuresu Shyuppan.
太霊道本院編, 霊光録, 太霊道第4巻臨時号, 吉永進一編,
日本人の身・心・霊: 近代民間精神療法叢書 2-5, 東京:
クレス出版.

Tajima, Kinji (1897) *Contemporary Social Problems in Japan*. Tokyo: Tōkadō.
田島錦治, 日本現時之社会問題, 東京: 東華堂.

Takahashi, Gorō (1911) *On the Reality of the Spirits*. Tokyo: Hidakyūrindō.
高橋五郎, 霊魂実在論, 東京: 日高有倫堂.

Takahashi, Gorō (1921) *Spiritual Communication Between the Live and the
Deceased*. Tokyo: Kōbundō Shyoten.
高橋五郎, 幽明の霊的交通, 東京: 広文堂書店.

Takahashi, Shigemitsu (1924) *The Secret Arts of the Philosophy of the
Mind*. Okayama: Chyūō Detsuri Gakkan Shyuppanbu.
高橋成允, 心理哲学秘法. 第2 輯 (大和民族の特長), 岡山:
中央哲学館出版部.

Takahashi, Usaburō (1917) *Popular Lectures on Mental Therapy*. Tokyo:
Reichyōshya.
高橋卯三郎, 通俗精神治療法講話, 東京: 霊潮社.

Takahashi, Usaburō (2004) *Mental Therapy*, supp. with 'Belief Issues and
Latent Consciousness', the reprint of the second edition in 1915, in
Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology
of Modern Folk Mental Therapies*, Vol. VIII. Tokyo: Kuresu Shyuppan.
高橋卯三郎, 精神治療法: 附・信仰問題と潜在意識, 吉永進一編,
日本人の身・心・霊: 近代民間精神療法叢書 8, 東京: クレス出版.

Takagi, Hidesuke (1922) *Lectures on the Mystic Skill of Spiritual Movement*.
Yamaguchichō (Yamaguchi County): Kyūseikai Shyuppanbu.
高木秀輔, 神秘霊動術講習録, 山口町(山口県): 救世会出版部.

Takagi, Hidesuke (1922) *Experiences of Takagi's Six-Skill Fasting Therapy*.
Ogōrichō (Yamaguchi County): Takagi Danjikiryō.
高木秀輔, 高木式六法術断食体験録, 山口県小郡町: 高木断食寮.

Takagi, Hidesuke (1925) *Lectures on the Fasting Therapy and the Skill of Aura: A Radical Cure and Cultivation*. Yamaguchichō (Yamaguchi County): Reidō Kyūseikai.

高木秀輔, 断食法及靈氣術講義: 徹底したる治療と修養,
山口町(山口県): 靈道救世会.

Takagi, Hidesuke (1934) *The Foundation of Belief*. Ogōrichō (Yamaguchi County): Takagi Danjikiryō.

高木秀輔, 信念の基礎, 小郡町(山口県): 高木断食寮.

Takanashi, Hatsujirō (eds.) (1912) *Breathing Health Methods of Ancient Sages*. Tokyo: Shunhodō.

高梨初治郎編, 先哲呼吸強健術, 東京: 春畝堂.

Takanashi, Hatsujirō (eds.) (1912) *Contemporary Popular Methods of Breathing and Quiet-sitting*. Tokyo: Shunhodō.

高梨初治郎編, 現今大家呼吸静座法, 東京: 春畝堂.

Takashima, Heizaburō (1912) *One Hundred Talks on the Mind*. Tokyo: Rakyōdō.

高島平三郎, 心理百話, 東京: 洛陽堂.

Takenaka, Nobuko (2001) *The Life of Japanese Women in the Colonial Taiwan, Vol. III: Shōwa Period, 1*. Tokyo: Tabatashyoten.

竹中信子, 植民地台湾の日本女性生活史. 3(昭和篇 上), 東京:
田畑書店.

Takenaka, Shigejirō (1908) *Tuberculosis and its Social Problems*. Osaka: Kokyūkikain (Clinic of Respiratory Medicine).

竹中繁次郎, 結核病と社会問題, 大阪: 呼吸器科院.

Takeshima, Shigerō (1921) *Quiet-sitting and Life*. Tokyo: Meguro Shyoten.

竹島茂郎, 静坐と人生, 東京: 目黒書店.

Takeuchi, Nanzō (1903) *The Mastering of Mind Reading: Psychological Processes*. Tokyo: Daigakukan.

竹内楠三, 読心術自在: 心理作用, 東京: 大学館.

Takeuchi, Nanzō (trans. & eds.) (1903) *Contemporary Experimental Research on Clairvoyance*. Tokyo: Daigakukan.

竹内楠三訳編, 近世天眼通実験研究, 東京: 大学館.

Takeuchi, Nanzō (1910) *Clairvoyance*. Tokyo: Nishyōdō Shyoten.

竹内楠三, 千里眼, 東京: 二松堂書店.

Takeuchi, Nanzō (1910) *The Perils of Hypnotism*. Tokyo: Nishyōdō Shyoten.

竹内楠三, 催眠術の危険, 東京: 二松堂書店.

Takeuchi, Nanzō (1911) *Easy and Practical Methods of Strengthening the Body and Mind*. Tokyo: Nishyōdō Shyoten.

竹内楠三, 簡易実行心身強壯術, 東京: 二松堂.

Tamari, Kizō (1912) *An Introspective Research: A New Pathological Theory on Evil Spirits*. Tokyo: Jitsugyō no Nihonshya.

玉利喜造, 内観的研究: 邪気、新病理説, 東京: 実業之日本社.

Tanaka, Satoshi (1993) *Why Has a Bulging Belly Become Disagreeable?: The Iconography of Ki and Health Methods*. Tokyo: Kawade Shobo Shinshya.

田中聡, なぜ太鼓腹は嫌われるようになったのか? : <気>と健康法の図像学, 東京: 河出書房新社.

Tanaka, Satoshi (1998) *The Era of the Scientists of Spectres*. Tokyo: Shyōbunshya.

田中聡, 怪物科学者の時代, 東京: 晶文社.

Tanaka, Satoshi (2006) *A Social History of Health Methods and Healing*. Tokyo: Seikyūshya.

田中聡, 健康法と癒しの社会史, 東京: 青弓社.

Tanaka, Teizaburō (1907) *The Secret of Memorization*. Kobe: Hōbunkan.

田中貞三郎, 記憶の秘訣, 神戸: 宝文館.

Terada, Yūkichi (1912) *Terada's National Health Method*. Tokyo: Kaihatsushya.

寺田勇吉, 寺田式国民健康法, 東京: 開発社.

Terasawa, Ryū (2004) *Both Seeing-through and Thoughtography Were True: Tomokichi Fukurai and the Incident of Clairvoyance*. Tokyo: Sōshishya.

寺沢龍, 透視も念写も事実である: 福来友吉と千里眼事件, 東京: 草思社.

The Society for the Study of *Shinkeishitsu* (eds.) (1930-1941) *Shinkeishitsu, Vol. I – Vol. XII*. Tokyo: The Society for the Study of *Shinkeishitsu*.

神経質研究会, 神経質 1 巻 1 号-12 巻 3 号, 東京: 神経質研究会.

Tominaga, Isamu (1903) *The Secret of Suggestion and Hypnotism*. Tokyo: Teggaku Shyoin.

富永勇, 感応術及催眠術秘訣, 東京: 哲学書院.

Tominaga, Isamu (1903) *A Reader for Soldiers*. Tokyo: Daigakukan.

富永勇, 軍人読本: 胆気修養, 東京: 大学館.

- Tominaga, Isamu (1905) *Autosuggestion: Autohypnotism*. Tokyo: Teggaku Shyoin.
 富永勇，自身感応術：自身催眠術，東京：哲学書院。
- Tomiyaama, Ichirō (1997) ‘Colonialism and Tropical Sciences: The Academic Analysis of the Differences of the “Islanders”’. *Taiwan: A Radical Quarterly in Social Studies*, Nr. 28.
 富山一郎，「殖民主義與熱帶科學：“島民”差異的學術分析」，台灣社會研究季刊，第 28 期。
- Tōyō Igakukai (The Society of Japanese Medicine) (eds.) (1911) *Experimental Health Methods*. Tokyo: Hōbunkan.
 東洋医学会編，実験健康法，東京：豊文館。
- Tōyama, Chinkichi (eds.) (1907) *Methods for Longevity*. Tokyo: Hōchishya.
 遠山椿吉編，長寿法，東京：報知社出版部。
- Tōyama, Chinkichi (1912) *Deep Breathing*. Tokyo: Shinkyōdō.
 遠山椿吉，深呼吸，東京：新橋堂。
- Tōyama, Chinkichi (1912) *Experimental Cold-Water Rubbing Method*. Tokyo: Kōbundō.
 遠山椿吉，実験冷水摩擦法，東京：広文堂。
- Tōyama, Chinkichi (1916) *Methods of Strengthening the Lung and Stomach*. Tokyo: Kōbundō.
 遠山椿吉，強肺健胃法，東京：広文堂書店。
- Tsuchioka, Rindō (1911) *Solutions to the Issues of the Mind: The Gospel for Life*. Hiroshima: Seishin Rigakkai.
 土岡憐堂，心理之解決：人生の大福音，広島：精神理学会。
- Ueno, Yōichi (1938) *A Physiological and Psychological Study on Sitting*. Tokyo: Shyōshin Dōaikai.
 上野陽一，坐の生理心理的研究，東京：正信同愛会。
- Uno, Riemon (eds.) (1910) *On How Workwomen Should Behave Themselves*, Vol. I. Osaka: Kogyō Kyōikukai (The Organization of Industrial Education).
 宇野利右衛門編，工女立身談第 1 編，大阪：工業教育会。
- Uno, Riemon (1912) *Current Labour Problems in Japan*. Osaka: Kogyō Kyōikukai (The Organization of Industrial Education).
 宇野利右衛門，日本現時の職工問題，大阪：工業教育会。
- Urushiyama, Matashirō (1908) *Methods of Cultivating the Brainpower*. Tokyo: Tōadō.

漆山又四郎，腦力養成法，東京：東亜堂.

Usa, Shizuo (1936) *Persuasion Therapy*. Kyoto: Jinbun Shyoten.
宇佐玄雄，説得療法，京都：人文書院.

Usa, Shizuo (1940) *Treatments for Neurasthenia and Addictions*. Kyoto: Jinbun Shyoten.
宇佐玄雄，神經衰弱と癖の療法，京都：人文書院.

Usa, Shizuo (1952) *A Self-understanding Therapy for Shinkeishitsu and Neurasthenia*. Tokyo: Hakuyoshya.
宇佐玄雄，神經質、神經衰弱の自覚療法，東京：白揚社.

Usuide, Tamegorō (eds.) (1929) *Psychological Experiment and Psychotherapy: The Secret of the So-called Spiritual Skill*. Kyoto: Usuide Tamegorō.
薄出為五郎編，心理実験並に心理治療の伝授：附・所謂靈術の種明かし，京都：薄出為五郎.

Wakeshima, Jun (1942) 'On the Psychological Etiology of Neuropsychological Diseases in Taiwan: A Study on the Tropical Acclimatization of Japanese Colonizers and Ethnic Psychiatry'. *Journal of Taiwanese Medical Association*, 41: supp. (6).

分島俊，「台湾ニ於ケル精神神経病ノ心因性ニ就テ：皇民ノ熱帯馴化並民族精神医学的考察」，台湾医学会雑誌，第41巻第6附録.

Wakeshima, Jun (1942) 'An Overview of the Neuropsychological Diseases in Kainan Island (2): Tropical Neurasthenia'. *Journal of Taiwanese Medical Association*, 41: supp. (6).

分島俊，「海南島ニ於ケル精神神経病ノ概況：其二熱帯神経衰弱ノ問題」，台湾医学会雑誌，第41巻第6附録.

Watanabe, Natsuhiko (1944) *New Japanese Medicine Based on the Philosophy of God and Human*, Yamaguchi: Nagōri Ryōin.
渡辺夏彦，神人哲理に拠る新日本医，山口：小郡療院.

Watanabe, Tōkō (2004) *The Secret of Mental Therapy*, reprint of the 19th edition in 1936, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. V. Tokyo: Kuresu Shyuppan.

渡邊藤交，心靈治療秘書，吉永進一編，日本人の身・心・靈：近代民間精神療法叢書5，東京：クレス出版.

Watanabe, Toshio (1996) *An Era of Neurosis: The Shōma Morita Inside Us*. Tokyo: TBS Buritanika.

渡辺利夫，神経症の時代：わが内なる森田正馬，東京：ティビーエス・ブリタニカ.

Watarai, Yochin (2003) *A Different Perspective on the Meiji Spirit: Mental Derangement, Neurasthenia and Spirit Possession*. Tokyo: Iwanami Shyoten.

度会好一，明治の精神異説：神経病・神経衰弱・神がかり，東京：岩波書店。

Yamada, Gennō (eds.) (1912) *The Applied Methods of Zen for the Treatment of Diseases and the Cultivation*. Tokyo: Seishin Shoin.

山田玄翁編，禅の応用治病修養法，東京：精神書院。

Yamada, Kōdō (1916) *Zen and Everyday Life*. Tokyo: Kōyūkan.

山田孝道，禅と日常生活，東京：光融館。

Yamada, Shigeru (eds.) (1892) *The Reasons for the Petition for the Continuance of Wakan Medicine*. Tokyo: Shigeru Yamada.

山田茂編，和漢医師継続請願ノ理由，東京：山田茂。

Yamada, Shigeru (eds.) (1892) *The Reply to the Query about the Petition for the Continuance of Wakan Medicine*. Tokyo: Shigeru Yamada.

山田茂編，和漢医方継続請願質問ニ対スル答弁一斑，東京：山田茂。

Yamada, Tetsuzō (1915) *On Neurasthenia*. Tokyo: Shinbashidō.

山田鉄蔵，神経衰弱の話，東京：新橋堂書店。

Yamagiwa, Keiji (1955) *Naoe Kinoshita: The Struggle and Anguish of a Pioneer*. Tokyo: Rironshya.

山極圭司，木下尚江：一先覚者の闘いと悩み，東京：理論社。

Yamaguchi, Sannosuke (2006) *The Application of Hypnotism in Education*, reprint of the 1903 edition, in Shinichi Yoshinaga (eds.) *The Dawn of Hypnotism: The Birth of Modern Japanese Clinical Psychology*, Vol. II. Tokyo: Kuresu Shyuppan.

山口三之助，教育上に応用したる催眠術，吉永進一編，催眠術の黎明：近代日本臨床心理の誕生 2，東京：クレス出版。

Yamamoto, Kenzō (1981) *The Truth of the Discovery of Thoughtography: The Life of Dr. Tomokichi Fukurai, a Pioneer in the Study of Supernatural Phenomena in the World*. Tokyo: Tama Publisher.

山本健造，念写発見の真相：世界的超常現象の先駆者福来友吉博士の生涯，東京：たま出版。

Yamashita, Suketoshi (1939) *Brain Neurasthenia and its Cures*. Tokyo: Kenkō Nihonshya.

山下祐利，頭脳神経衰弱と療法，東京：健康日本社。

Yamazaki, Masuzō (1903) *Hypnotism and Suggestion*. Kakegawa (Shizuoka County): Masuzō Yamazaki.

山崎増造, 催眠術及感応療法, 掛川町(静岡県): 山崎増造.

Yamazaki, Masuzō (1905) *On Abnormal Psyche: The Abnormality of the Mind*. Tokyo: Shyōkeidō.

山崎増造, 精神変態論: 心理的之異常, 東京: 尚絅堂.

Yanagida, Seijirō (1983) *Recommendation of Okadaian Quiet-sitting*. Tokyo: Chiyūshya.

柳田誠二郎, 岡田式静坐のすすめ, 東京: 地湧社.

Yokō, Kenshyu (1934) *Zen and Bushido*. Tokyo: Heigo Shyuppanshya.

横尾賢宗, 禅と武士道, 東京: 丙午出版社.

Yoshinaga, Shinichi (2004) 'The Era of Folk Mental Therapies', in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. VIII. Tokyo: Kuresu Shyuppan.

吉永進一, 「民間精神療法の時代」, 吉永進一編,

日本人の身・心・霊: 近代民間精神療法叢書 8, 東京: クレス出版.

Yoshinaga, Shinichi (2006) 'The Dawn of Hypnotism, the introduction', in Shinichi Yoshinaga ed., *The Dawn of Hypnotism: The Birth of Modern Japanese Clinical Psychology*, Vol. VII. Tokyo: Kuresu Shyuppan.

吉永進一, 「催眠術の黎明 解説」, 吉永進一編, 催眠術の黎明:

近代日本臨床心理の誕生, 東京: クレス出版.

_____ (1909) *The Aim, Introduction, Experiments and Rules of the Japanese Hypnotic Association*. Osaka: Tōyō Saimin Gakkai Honbu (The Headquarter of the Japanese Hypnotic Association).

_____, 東洋催眠学会創立ノ趣意及緒言, 実験, 規則, 大阪: 東洋催眠学会本部.

_____ (1911) *Admonitions Against Neurasthenia*. Tokyo: Nichizyō Hyakuchin Jissen Sōshyo Kankōkai (The Publishing Society for Ten-Penny Books on Daily Curious Objects.)

_____, 神経衰弱症の警戒, 東京: 日常百珍拾銭叢書刊行会.

_____ (1940) 'Japanization and the Problems of the Second Generation'. *Taiwan Times*, 1940 (Nov.).

_____, 「皇民化と第二世の問題」, 台湾時報, 昭和 15 年 11 月号.

_____ (2004) *Okadaian Quiet-sitting for the Cultivation of the Mind and Body*, reprint of the 1912 edition, in Shinichi Yoshinaga (eds.) *Japanese Body, Mind and Spirit: An Anthology of Modern Folk Mental Therapies*, Vol. II. Tokyo: Kuresu Shyuppan.

_____, 心身修養岡田式静坐法, 吉永進一編,
日本人の身・心・霊: 近代民間精神療法叢書 2, 東京: クレス出版.

References to works in English

- Barke, Megan; Fribush, Rebecca; Stearns, Peter N. (2000) 'Nervous Breakdown in 20th-century American Culture'. *Journal of Social History*, 33(3): 565-84. Berkeley ; Los Angeles: University of California Press.
- Bleuler, Eugen Paul (1951) *Textbook of Psychiatry*, translated by A. A. Brill. New York: Dover.
- Bresnahan, Keith (2003) 'Housing Complexes: Neurasthenic Subjects and the Bourgeois Interior'. *Space and Culture*, 6(2): 169-77.
- Caplan, Eric (1998) *Mind Games: American Culture and the Birth of Psychotherapy*. Berkeley; London: University of California Press.
- Daidoji, Keiko (2003) 'What the Sick Should Know: Image and Expression of the Body in a Health Manual of the Early Nineteenth Century Japan', presented at the *First Meeting of the Asian Society for the History of Medicine: Symposium on the History of Medicine in Asia: Past Achievements, Current Research and Future Directions*.
- Drinka, George Frederick (1984) *The Birth of Neurosis: Myth, Malady, and the Victorians*. New York: Simon and Schuster.
- Engstrom, Eric J. (2003) *Clinical Psychiatry in Imperial Germany: a History of Psychiatric Practice*. Ithaca: Cornell University Press.
- Forth, C. E. (2001) 'Neurasthenia and Manhood in Fin-de-siecle France'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Gijswijt-Hofstra, M. (2001) 'Introduction: Cultures of Neurasthenia from Beard to the First World War'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Goldstein, Jan (1990) *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Cambridge; New York: Cambridge University Press.

- Goetz, C. G. (2001) 'Poor Beard!! Charcot's Internationalization of Neurasthenia, the "American Disease"'. *Neurology*, 57(3): 510-14.
- Gosling, F. G. (1985) 'Neurasthenia in Pennsylvania: A Perspective on the Origins of American Psychotherapy, 1870-1910'. *Journal of the History of Medicine and Allied Sciences*, 40: 188-206.
- Gosling, F. G.; Ray, Joyce M. (1986) 'The Right to be Sick: American Physicians and Nervous Patients, 1885-1910'. *Journal of Social History*, 20(2): 251-67.
- Gosling, F. G. (1987) *Before Freud: Neurasthenia and the American Medical Community, 1870-1910*. Urbana: University of Illinois Press.
- Hacking, Ian (1995) *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton, N.J.: Princeton University Press.
- Hacking, Ian (1998) *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses*. Charlottesville; London: University Press of Virginia.
- Hartocollis, Peter (2002) 'Actual Neurosis and Psychosomatic Medicine: The Vicissitudes of an Enigmatic Concept'. *International Journal of Psychoanalysis*, 83: 1361-73.
- Kaufmann, D. (1999) 'Science as Cultural Practice: Psychiatry in the First World War and Weimar Germany'. *Journal of Contemporary History*, 34(1): 125-44.
- Kaufmann, D. (2001) 'Neurasthenia in Wilhelmine Germany: Culture, Sexuality, and the Demands of Nature'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Killen, Andreas (2003) 'From Shock to Schreck: Psychiatrists, Telephone Operators and Traumatic Neurosis in Germany, 1900-26'. *Journal of Contemporary History*, 38: 201-20.
- Killen, Andreas (2006) *Berlin Electropolis: Shock, Nerves, and German Modernity*. Berkeley: University of California Press.
- Kleinman, Arthur (1986) *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*. New Haven: Yale University Press.
- Kitanaka, Junko (2011) *Depression in Japan: Psychiatric Cures for a Society in Distress*. Princeton, N.J.: Princeton University Press.
- Kleeman, Faye Yuan (2003) *Under an Imperial Sun: Japanese Colonial Literature of Taiwan and the South*. Honolulu: University of Hawai'i Press.

- Kuriyama, Shigehisa (2006) *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. New York: Zone Books.
- Lee, Sing (1995) 'Rethinking Neurasthenia: the Illness Concept of Shenjing Shuairuo among Chinese Undergraduates in Hong Kong'. *Culture, Medicine and Psychiatry*, 19: 91-111.
- Lee, Sing (1998) 'Estranged Body, Simulated Harmony and Misplaced Cultures: Neurasthenia in Contemporary Chinese Society'. *Psychosomatic Medicine*, 60: 448-457.
- Lee, Sing (1999) 'Diagnosis Postponed: "Shenjing Shuairuo" and the Transformation of Psychiatry in Post-Mao China'. *Culture, Medicine and Psychiatry*, 23: 349-381.
- Levin, Kenneth (1978) *Freud's Early Psychology of the Neuroses: A Historical Perspective*. Hassocks: Harvester Press.
- López-Piñero, José María (1983) *Historical Origins of the Concept of Neurosis*, translated by D. Berrios. Cambridge; New York: Cambridge University Press.
- Lunbeck, Elizabeth (1994) *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton, N.J.: Princeton University Press.
- Luthra, A.; Wessely, S. (2004) 'Unloading the Trunk: Neurasthenia, CFS and Race'. *Social Science & Medicine*, 58(11): 2363-69.
- Lutz, Tom (1991) *American Nervousness, 1903: An Anecdotal History*. Ithaca: Cornell University Press.
- Lutz, Tom (1995) 'Neurasthenia and Fatigue Syndromes, Social Section'. In German E. Berrios & Roy Porter ed., *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*. London: Athlone.
- Lutz, Tom (2001) 'Varieties of Medical Experience: Doctors and Patients, Psyche and Soma in America'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Macmillan, M. B. (1976) 'Beard's Concept of Neurasthenia and Freud's Concept of the Actual Neuroses'. *Journal of the History of the Behavioral Science*, 12(4): 376-90.
- Marland, H. (2001) "'Uterine Mischief': W.S. Playfair and His Neurasthenic Patients'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.

- May, Ulrike (1999) 'Freud's Early Clinical Theory (1894-1896): Outline and Context'. *International Journal of Psychoanalysis*, 80(4): 769-82.
- Micale, Mark S. (1995) *Approaching Hysteria: Disease and its Interpretations*. Princeton, N.J.: Princeton University Press.
- Morita, Shōma (1998) *Morita Therapy and the True Nature of Anxiety Based Disorders (Shinkeishitsu)*, translated by Akihisa Kondo, edited by Peg Levine. New York: State University of New York Press.
- Neve, M. (2001) 'Public Views of Neurasthenia: Britain, 1880-1930'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Oosterhuis, Harry (2000) *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity*. Chicago; London: University of Chicago Press.
- Oppenheim, Janet (1991) *'Shattered Nerves': Doctors, Patients, and Depression in Victorian England*. New York: Oxford University Press.
- Porter, R. (2001) 'Nervousness, Eighteenth and Nineteenth Century Style: From Luxury to Labour'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Rabinbach, Anson (1992) *The Human Motor: Energy, Fatigue, and the Origins of Modernity*. Berkeley: University of California Press.
- Radkau, J. (2001) 'The Neurasthenic Experience in Imperial Germany: Expeditions into Patient Records and Side-looks upon General History'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Roelcke, Volker (1997) 'Biologizing Social Facts: An Early 20th Century Debate on Kraepelin's Concepts of Culture, Neurasthenia, and Degeneration'. *Culture, Medicine & Psychiatry*, 21: 383-403.
- Roelcke, Volker (2001) 'Electrified nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880-1914'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Rosenberg, Charles E. (1962) 'The Place of George M. Beard in Nineteenth-century Psychiatry'. *Bulletin of the History of Medicine*, 36(3): 245-59.

- Rosenberg, Charles E. (1989) 'Body and Mind in Nineteenth-century Medicine: Some Clinical Origins of the Neurosis Construct'. *Bulletin of the History of Medicine*, 63: 185-97.
- Rosenberg, Charles E. (1998) 'Pathologies of Progress: The Idea of Civilization as Risk'. *Bulletin of the History of Medicine*, 72: 714-30.
- Rotunda, Michele (2007) 'Savages to the Left of Me, Neurasthenics to the Right, Stuck in the Middle with You: Inebriety and Human Nature in American Society, 1855-1900'. *Canadian Bulletin of Medical History/Bulletin Canadien d'Histoire de la Medecine*, 24(1): 49-65.
- Schuster, David G. (2003) 'Neurasthenia and a Modernizing America'. *JAMA*, 90(17): 2327-28.
- Schuster, David G. (2005) 'Personalizing Illness and Modernity: S. Weir Mitchell, Literary Women, and Neurasthenia, 1870-1914'. *Bulletin of the History of Medicine*, 79(4): 695-722.
- Sengoopta, C. (2001) "'A Mob of Incoherent Symptoms'? Neurasthenia in British Medical Discourse, 1860-1920'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Shamdasani, Sonu (2001) 'Claire, Lise, Jean, Nadia, and Gisèle: Preliminary Notes towards a Characterisation of Pierre Janet's Psychasthenia'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Shorter, Edward (1992) *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*. New York: Free Press.
- Shorter, Edward (1994) *From the Mind into the Body: the Cultural Origins of Psychosomatic Symptoms*. New York: Free Press.
- Showalter, Elaine (1985) *The Female Malady: Women, Madness, and English Culture, 1830-1980*. New York: Penguin Books.
- Sicherman, B. (1997) 'The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia'. *Journal of the History of Medicine & Allied Sciences*, 32(1): 33-54.
- Slijkhuis, J. (2001) 'Neurasthenia as Pandora's box? 'Zenuwachtigheid' and Dutch Psychiatry around 1900'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.
- Taylor, R E. (2001) 'Death of Neurasthenia and its Psychological Reincarnation: A Study of Neurasthenia at the National Hospital for the

Relief and Cure of the Paralysed and Epileptic, Queen Square, London, 1870-1932'. *British Journal of Psychiatry*, 179: 550-57.

Thomson, M. (2001) 'Neurasthenia in Britain: An Overview'. In Marijke Gijswijt-Hofstra and Roy Porter (eds.) *Cultures of Neurasthenia from Beard to the First World War*. Amsterdam; New York: Rodopi.

Vlastos, Stephen (eds.) (1998) *Mirror of Modernity: Invented Traditions of Modern Japan*. Berkeley; Los Angeles; London: University of California Press.

Wessely, Simon (1995) 'Neurasthenia and Fatigue Syndromes, Clinical Section'. In German E. Berrios, Roy Porter (eds.) *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*. London: Athlone.

Wood, Ann Douglas (1973) "'The Fashionable Diseases': Women's Complaints and their Treatment in Nineteenth-century America'. *Journal of Interdisciplinary History*, 4(1): 25-52.

Zucker, K. J. (1979) 'Freud's Early Views on Masturbation and the Actual Neuroses'. *Journal of the American Academy of Psychoanalysis*, 7(1): 15-32.