

## Public Lecture

# Rises and Falls of Clinical Psychology in Japan: A Perspective on the Status of Japanese Clinical Psychology<sup>1)</sup>

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In this paper, a framework representing the first step towards a unified explanation of the history of clinical psychology in Japan is proposed by describing its history non-linearly, using the Trajectory and Equifinality Model (Valsiner and Sato, 2006). Japanese clinical psychology has developed non-linearly; in which rises and falls caused by both intra-disciplinary and extra-disciplinary events have been commonplace. Therefore, historiographies of both internal and external histories of science are required to describe this history. Modern westernized psychology in Japan was established in approximately 1888. Abnormal psychology was one of its rosy sub-disciplines at the time. However, the promising psychologist of the time, Fukurai, chose to focus on parapsychology instead of abnormal psychology, resulting in a long enduring decline that continued until the defeat of Japan in the Second World War in 1945. During the occupation, American psychologist introduced abnormal and clinical psychology to Japan. After another period of decline, in 1982, the Japanese association of clinical psychology was founded. Today the Membership of this association exceeds 15,000 members.

Though practice of clinical psychology seems to have the long past, clinical psychology is a new and confused academic area in Japan. The Association of Japanese Clinical Psychology (AJCP), the largest association related to psychology in Japan, was founded in 1982. The figure below shows the number of members in various psychological associations. The number of members in the AJCP has been increasing rapidly each year (Fumino, 2005). The current membership of

the AJCP is more than 15000. The Japanese Psychological Association and the Japanese Psychological Educational Association were established in 1927 and in 1959, respectively.

The total number of psychologists grew

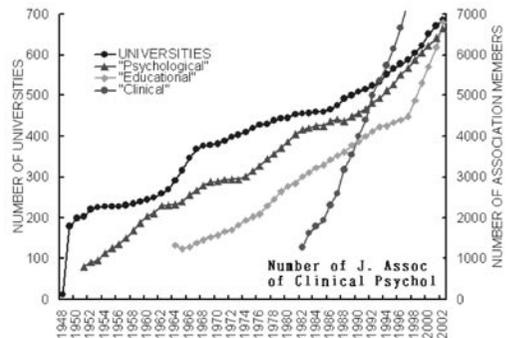


Fig. 1 Changes in number of universities and the membership of three associations (Fumino, 2005)

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rapidly in two main periods: around 1952 and since 1990. As shown in the figure above, university courses in psychology were the main contributors to the first growth spurt, while clinical psychology has mainly contributed to the more recent growth (around 1990). The number of the courses relating to clinical psychology has grown since 1990. Before this time, clinical psychology tended to be taught as a part of educational psychology courses; however, since 1990, graduate schools have begun to offer independent clinical psychology courses.

Japan has over 30 associations related to psychology. The oldest is the Japanese Psychological Association (JPA), established in 1927, and currently the largest is the Association of Japanese Clinical Psychology (AJCP), established in 1982. The delayed development of clinical psychology is thus one characteristic of psychology in Japan.

Past circumstances have led to a confusing certification system for clinical psychologists and/or psychologists. Today, certifications for clinical psychologists and/or psychologists are conferred by various associations. The Japanese Society of Certified Clinical Psychologists (founded in 1988), for example, has certified over 13,000 clinical psychologists.

Psychology was imported into Japan in the late 19<sup>th</sup> century, following the Meiji Restoration in 1867. Why has clinical psychology progressed so slowly in Japan? In this paper, I divide the past 150 years into seven periods to describe the rises and falls of clinical psychology in Japan.

### The Rise: Early Clinical Psychology

As summarized by Sato and Mizoguchi (1997) and others (Azuma and Imada, 1994; Kido 1961; Oyama, Sato and Suzuki, 2001), “modern” westernized psychology was introduced from the West into Japan during the Meiji Restoration (1868-1912) through two routes: universities and normal schools (teachers’ colleges). In the late 1800s, for example, Shoichi Toyama, who graduated from the Department of Chemistry at the University of Michigan with a minor in philosophy, lectured in philosophy at the University of Tokyo (previously the Kaisei School and later the Imperial University) using texts by Alexander Bain, William Benjamin Carpenter, and Herbert Spencer (Kuwata, 1942; Oyama, Sato and Suzuki, 2002). Reports on Toyama’s lectures given after September 1879 are included in the university’s *Eight-Year Report on the Faculties of Law, Science, and Literature*. According to this report, Toyama’s lectures included “Functions of mind, perception, emotions and thoughts; functions related to emotions and habits, will, memory, imagination and unconsciousness; as well as somnambulism, mesmerism, spiritualism.” We know, therefore, that his lectures covered mesmerism.

According to Ichiyanagi (1997), in this same time period, Dr. Erwin von Baelz was treating hysterics with suggestive therapies at the University of Tokyo’s Faculty of Medicine. Further, in 1892, Hajime Akaka, a psychiatry professor of the Imperial

University, was practicing “hypnosis and electrotherapy” (hereafter, “electrotherapy” refers to mesmerism).

### Introduction of Modern Psychology (1888- )

In 1888, modern psychology was transplanted into Japan by Yuzero Motora. Motora was born into a samurai (warrior class) family in 1858, ten years before the Meiji Restoration, and studied psychology in the U.S. under G. S. Hall. Motora completed his Ph.D. in 1888 with a dissertation entitled *Exchange, Considered as the Principle of Social Life*. After returning to Japan in 1888, he became a professor at Imperial University and taught students majoring in psychology in 1890.

Motora had interests in theory of attention, consciousness and practice of cultivation, so he was engaged in devising training methods for developing attention of school pupils. His methods were applied to mentally retarded pupils (or pupils with learning difficulties) in elementary school. He tried to teach the retarded to maintain their attention and he published paper in Germany (Motora, 1911). This might be the first research on the

clinical / disabled psychology in Japan. Motora could be assimilated to L. Witmer, the father of clinical psychology.

Motora had many distinguished students, some of whom went abroad to study psychology under the supervision of other prominent psychologists. One of exceptions was Tomokichi Fukurai (1869–1952), who graduated from Tokyo Imperial University in 1898 and attended graduate school under Motora. He couldn't have a chance to learn abroad. Fukurai had an interest in the hypnotic theory of William James and practiced hypnotism (Sato and Sato, 2005). Fukurai translated some of James' works into Japanese and began lecturing on abnormal psychology at Tokyo Imperial University in 1905. He earned a Ph.D. and published his work *Psychology of Hypnotism* in 1906. This large book included Fukurai's experimental works, as well as the history and theories of hypnosis. Fukurai was appointed to associate professor of abnormal psychology under Motora in 1908. However, after his appointment, his research concerns changed gradually from abnormal psychology to parapsychology.



Fig. 2: Y. Motora



Fig. 3: Experiment of attention training by Motora (1911)

### The Fall: Fukurai's Resignation (1913)

With his appointment to associate professor, Fukurai was expected to study and teach abnormal and clinical psychology. However, he began to have interests in clairvoyance (one of the phenomena of extrasensory perception). This interest led to his "discovery" of the phenomenon of "thought-graphy," which might be best described as a kind of psychokinesis. Fukurai believed that an able person could project the contents of his/her thoughts onto a dry plate of photographic film without using a camera. Fukurai initially coined the term "thought-graphy" to describe this phenomenon, but later changed the name to "nen-graphy," based on the Japanese word "*nen*" meaning a psychic sense or feeling. The influence of William James on Fukurai is clearly visible; James was then an eminent psychologist and later became the third president of the Society for Psychical Research (SRS).



Fig. 4: T. Fukurai

Many scholars doubted Fukurai's ideas, and public experiments on the psychic abilities of mediums were conducted. Numerous scientists, philosophers, and psychologists,

including Fukurai himself, participated in these experiments. Most scholars felt that tricks were involved in the performance of clairvoyance, and their interest in *nen-graphy* declined. Only Fukurai did not recognize or acknowledge the possibility of tricks and became even more convinced of the existence of clairvoyance and "thought-graphy." Though the details are unclear, Fukurai was ordered to take a leave of absence from his job at 1913. After Fukurai's resignation, no further clinical psychologists were appointed as university professors in Japan before World War II, leading to a major decline in the field in Japan.

After the Fukurai affair, Tokyo Imperial University professor Matataro Matsumoto, who was another senior student of Matora and who succeeded Matora's position after Matora's death (1912), declared that the department's psychologists should focus on normal phenomena so that they might regain lost credibility. Interestingly, Hikoza Kakise, one of the students of Matora, introduced C. Jung's research of association as a prospective experimentation. Kakise met Freud, Jung and eminent scholars at Johns Hopkins University



Fig. 5: The 1909 psychology conference at the Clark University.



Fig. 6: Army Test in USA (Engle, 1945; circa 1915) and Japan (circa 1924)

at 1909. We can find him in the famous photo of the Clark conference.

Binet type mental tests had to be adapted to and refined in Japan in terms of their constituent items by professional psychologists, because their literally translated versions did not work. Yoshihide Kubo, contributed greatly in this enterprise (Sato, Namiki, Ando and Hatano, 2004). The U.S. Army test was introduced after the World War I.

The Rise: Abnormal Psychology and Morita Therapy in the Taisho Period (1912-1926)

Abnormal psychology was removed from the “new” psychology curriculum at universities for many years, and the study of parapsychology became taboo (Otani, 1967). As a result, psychiatrists and non-academics became the main facilitators of Japanese abnormal and clinical psychology prior to the Second World War.

The novelist Kokyo Nakamura (1881-1952) chaired a semi-academic association called the *Nihon Seishin Igaku Kai* (The Japanese Society for Psychiatry) and had a personal interest in research related to social psychiatry due to his younger brother’s mental illness. Nakamura launched a new

journal entitled *Hentai Shinri* (Abnormal Psychology) in 1916. When Nakamura was a student at the University of Tokyo, he attended Fukurai’s lectures even though he majored in English literature. He opened a private psychological clinic and is remembered as the first person to report on a case of multiple personality disorder in Japan (Nakamura, 1919).

Dr. Masatake Morita (1874-1938), the founder of “Morita therapy,” belonged to *Seishin Igaku Kai* and wrote many articles about his therapy for the journal *Hentai Shinri*.

Morita, who had suffered neurotic symptoms since the age of sixteen, probably turned to psychiatry as a consequence of his



Fig. 7: Nakamura’s Psychological Clinic

own psychological problems. Morita thought that the most effective means of dealing with neurotic symptoms was to employ “*arugamama*” (“to take things as they are”), that is, to gain insight. To achieve this insight into human nature, Morita argued, it is necessary to orient one’s attitude so that it harmonizes with the universe. This attitude does not challenge nature, as the Western mind is predisposed to do, but accepts and lives in peace with it (Sahakian, 1975). Morita advocated rest as a major part of his therapy. At the time of the Taisho democracy, Japanese society confronted the problem of neurosis, including a new neurosis termed “*shinkei shitsu*” meaning “neuron” and “psychopath.” Morita chaired a department at Jikei University’s School of Medicine in Tokyo. And his student Dr. Takehisa Kora succeeded his chair and developed Morita therapy.



Fig. 8: M. Morita

A pioneer psychoanalyst among Japanese psychiatrists was Dr. Marui Kiyoyasu (Anzai, 2000b; Blowers & Yang, 1997, 2001; Kaketa, 1958). Marui studied psychiatry in the U.S. under Meyer. Unfortunately, Marui understood psychoanalysis to be a theory of

psychopathology, not a basis for psychotherapy. One of Marui’s students, Dr. Heisaku Kosawa, studied psychoanalysis as psychotherapy in Austria. Kosawa met Freud in Austria and presented to Sigmund Freud his theory of the Ajase complex. The theory derived from the Buddhist legend of Prince Ajase. Kosawa discussed the psychological peculiarity of the Japanese as evidenced by the acceptance of oral dependency toward the mother, the repression of the resentment at the mother and ‘guilt feeling over being forgiven’ and a need to make restitution for harboring this evil intent (Okonogi, 1979). Kosawa received a psychoanalytic training during his stay in Austria; he was trained by Richard Sterba and supervised by Paul Federn (Blowers & Yang, 2001). After his return to Japan in 1933, Kosawa opened his own clinic in Tokyo.

Simultaneously, when psychoanalysis was being introduced to psychiatry, it was also introduced to many other disciplines in Japan by scholars of literature from the psychological perspective. Kenji Ohtsuki was among of them. Ohtsuki and colleagues launched the *Psychoanalysis journal* in 1933.

#### The Fall: Clinical Psychology Before and During the Second World War (1927-1945).

Following three large and successive wars (the Sino-Japanese, Russo-Japanese, and WWI), liberal ideas and an intellectual atmosphere arose again in Japanese society. However, the start of the Great Depression and threat of World War II led the national government to minimize its support of science education (Sato, Namiki, Ando and Hatano,

2004). Psychologists were mobilized into the army and navy as early as the Taisho era, and many psychologists engaged in personnel work. Prior to and during World War II, Japan's academic and educational climate was characterized by authoritarianism, indoctrination, and thought control. Many psychologists might not approve this indoctrination but facilitated it. As the war worsened, the number of wounded soldiers increased, and more psychologists engaged in rehabilitation programs for those who had been disabled. With the outbreak of the Pacific War, there was little room left in Japan for academic activities, including psychology.

#### **The Rise: The Influence of the U.S. Following Defeat**

Japan surrendered to the Allied powers on 15 August 1945 and accepted defeat in World War II. The surrender marked an unprecedented turning point for the Japanese, with nearly every value system and institution overturned (Nakayama, 2001).

Many aspects of Japanese government were reformed based on recommendations by General Headquarters/ Supreme Commander for the Allied Powers (GHQ/SCAP), and reform of the Japanese education system was a main priority. Education based on Shintoism, which had been prevalent before the war, was abolished, and a new scientific and democratic educational system was established. Psychology was given a prominent place in the new system as a fundamental part of scientific and democratic education. Counseling, guidance, group dynamics, and educational measurement,

among other disciplines, were introduced from the U.S.

Many scholars including psychologists were granted Government Appropriation for Relief in Occupied Area Fund (GARIOA)-Fulbright scholarships to visit the U.S. Clinical psychology was one of the more popular subjects for young psychologists. In the first year of the GARIOA program, five psychologists were granted scholarships. One of these scholars, Hiroshi Ito, majored in "counseling and guidance" at the University of Missouri and earned a Master's degree in 1950.

In Japan, the GHQ/SCAP carried out a series of programs at universities in major Japanese cities under the name "The Institute for Educational Leaders" (IFEL). In 1948, A.T. Jersild visited Japan as a lecturer for one of the IFEL sessions and lectured on the principles of Carl Rogers and the educational psychologist Masashi Masaki of Tohoku University.

Carl Rogers and his non-directive counseling attracted post-war Japanese clinical psychologists. In 1947, Fujio Tomoda learned Rogers' non-directive viewpoints through R. J. Fox, a former student of Rogers (Tomoda, 1958). Fox was then the chief of the Counseling Center at the Tokyo University of Letters and Science (now Tsukuba University). In 1955, Fox moved to Ibaraki Christian College, and Tomoda held his first workshop on non-directive counseling over ten days in cooperation with Fox. The workshop was held several times, allowing many Japanese psychologists to learn Rogers' principles. Rogers also visited Japan in 1961.

Behavior therapy was introduced by Kosaku Umezu in 1956.

Clinical psychology flourished after World War II, built on the foundation of the psychology that had been prominent before the war.

In 1954, Ishin Yoshimoto (1916-1988) established the first Naikan Center and developed "Naikan therapy." Yoshimoto was a devout Buddhist of the Jodo Shinshu sect. Naikan therapy is an indigenous therapy, based on the Japanese concept of "*Naikan*" meaning "inside looking" or "introspection." In Naikan therapy, clients are encouraged to focus on their relationships with specific others so as to reduce self-centeredness (Tanaka-Matsumi, 2004).

The number of clinical psychologists increased gradually, and the Japanese Association of Clinical Psychology (JACP, not to be confused with AJCP) was founded in 1964. The growth of the field led to calls for accreditation, because many clinical psychologists had matured to think about accreditation twenty years after the new start in 1945. But the move toward accreditation was not straightforward.

### **The Fall: Confusion over the Development of a Certification System**

A proposal for clinical psychologist certification was postponed at the annual meeting of JACP in 1969. At that time Japan was in the age of campus dispute ("gakuen-funso"), so the professionalism of any academic discipline was discredited. The professionalism and/or accreditation of clinical psychology were denied. After that, JACP

entered a state of internal turmoil.

### **The Rise: Clinical Psychologists Establish New Associations and Systems**

The Association of Japanese Clinical Psychology (AJCP, not to be confused with JACP) was founded in 1982. The Japan Society of Certified Clinical Psychologists was founded soon after in 1988. Many university departments of psychology now run professional (Master's level) training courses.

In 1995, Japan was shaken by the Great Hanshin-Awaji Earthquake that struck Kobe and caused the loss of over 6000 lives. That April, the fanatical religious cult Aum Shinrikyo also became notorious after its devastating sarin gas attack of the Tokyo subway. After the earthquake, Japanese psychologists actively provided mental care to survivors. And, the role clinical psychologists can play in society has got a lot of attention from the public.

### **Conclusions**

The development of clinical psychology has been erratic in Japan. The first clinical psychologist to receive a university professorship in the field gave up clinical psychology and consequently, there were no clinical psychologists trained in the academic system before World War II.

Later, in 1969, efforts to establish an accreditation system for clinical psychologists failed, causing turmoil in the discipline. This chaos may have been related to the campus disputes that were occurring in Japan at the time, as elsewhere in the world. However, the

scarcity of well-trained clinical psychologists also contributed to the situation.

We proposed the Trajectory Equifinality Model (TEM) to describe the multi-linearity of the open system phenomena (Valsiner, 2001; Sato et al., 2006; Valsiner and Sato, in press). Von Bertalanffy (1968) outlined the principle of the equifinality as crucial for open systems. In open systems, same final state (equifinality) may be reached from initial conditions and in different ways. All open systems have equifinalities, as opposed to closed systems where the final state is unequivocally determined by the initial conditions. TEM is a new method to describe how different pathways lead to an equifinality. It is important to emphasize that equifinality imply not sameness but similitude for open systems. And only after establishing the equifinality point, trajectories can be traced. Depicting the TEM makes it possible to grasp the trajectories with irreversible time.

For example, the equifinality point of “establishment the profession of clinical psychology” will be reached through dissimilar paths in different countries’ psychologists. As for Japanese clinical psychology, I tentatively set two points as equifinalities. These are “establishment of the profession of clinical psychology” and “non-establishment of the profession of clinical psychology”

Fukurai’s appointment as an associate professor (1908) is one of the Obligate Passage Points (OPP) for establishing the profession of clinical psychologists. Fukurai’s resignation (1913) is one of bifurcation points. If he had chosen to research and teach clinical

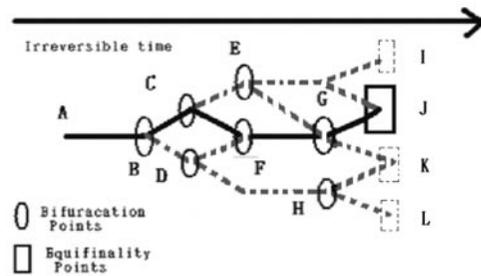


Fig. 9 Prototype of the TEM (Sato et al., 2006; Valsiner and Sato, 2006)

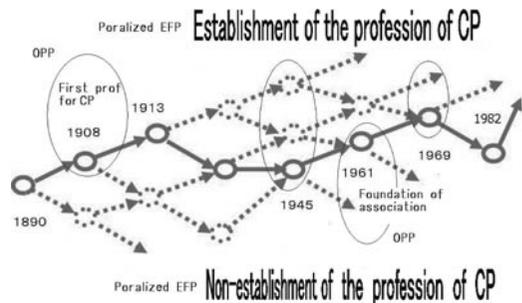


Fig. 10 TEM of the history of clinical psychology in Japan

psychology, he would have trained many clinical psychologists before World War II. If that had been the case, matured clinical psychologists would have been able to consolidate the systems of clinical psychology. Then the later damage to clinical psychology caused by the campus dispute (1969) would have had much less impact. It took a long time for the systems of clinical psychology to become established.

The recognition of clinical psychology in Japan has only happened at the end of 20<sup>th</sup> century. Since the 1990s, Japanese clinical psychologists have trained students. And others (teachers and/or students) who had been trained in clinical psychology abroad have returned to Japan. The trained students and the returnees have begun to teach students, leading to a rise in the number of

clinical psychologists. As a field, clinical psychology in Japan has reached its adolescence.

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## Appendix

Psychology, like other disciplines, has developed within a social and political context unique to Japan. Therefore, the chronology below also relates to the development of modern Japanese society. Tables 1 and 2 (Sato, 2005) present chronologies of important historical events in modern Japan. And Table 3 shows the chorology of the name of the University of Tokyo.

**Table 1 A Chronology of Major Historical Events in Modern Japan (1867-1952)**

1867-68	Meiji Restoration begins
1889	Meiji Constitution
1894-95	First Sino-Japanese War
1904-05	Russo-Japanese War
1914	Japan enters World War II
1915	Twenty-One Demands to China (from Japan)
1931	Mukden Incident (Manchurian Incident; Second Sino-Japanese War begins)
1937	Start of World War II
1941	Attack on Pearl Harbor
1945	The first atomic bomb is dropped on Hiroshima, the second on Nagasaki. Japan surrenders to Allies; Allied Occupation of Japan begins
1951	San Francisco Peace Treaty signed
1952	Allied Occupation ends

**Table 2 A Chronology of Important Historical Events in Japanese Psychology (1867-1952)**

1867-68	Meiji Restoration begins
1873	Mental philosophy taught at Doshisha English Academy in Kyoto
1875	The first Western psychology book, <i>Mental Philosophy</i> , by Joseph Haven is translated by Nishi Amane, entitled <i>Shinrigaku</i> .
1877	Psychology is taught at both Tokyo University and Teacher's College in Tokyo.
1888	Motora is appointed as a lecturer at Tokyo Imperial University to teach psychophysics.
1890	Motora is appointed as a full professor at Tokyo Imperial University.
1900	Two Japanese scholars (Takebe and Tanimoto) present at the 4th International Congress of Psychology in Paris.
1903	A wooden, one-storied laboratory is established at Tokyo Imperial University.
1904	The Department of Psychology is established in the Faculty of Letters, Tokyo Imperial University.
1905	Seven students graduate from the Department of Psychology, Tokyo Imperial University.

- 1906 Matsumoto is appointed as a professor at Kyoto Imperial University.
- 1912 The semi-academic journal Shinri Kenkyu (Psychological Research) is published.
- 1926 The academic journal Shinrigaku Kenkyu (Japanese Psychological Research) is published.
- 1927 The Japanese Psychological Association (JPA) is established.
- 1931 The Japan Association of Applied Psychology (JPAP) is established.
- 1933 The Japanese Society for Animal Psychology is established.
- 1941 JPA, JPAP, and two other associations are unified during the totalitarian war regime in Japan.
- 1944 Japanese Psychological Research publishes its last issue (Vol. 19, No. 1) until after the end of World War II.
- 1945 Japan surrenders to Allied forces; the Allied Occupation of Japan begins
- 1952 Allied Occupation ends
- 1968 The Todai Zenkyoto (the All-Campus Joint Struggle Committee) was formed, and ACJSC students seized the Yasuda Memorial Hall of the University of Tokyo.

**Table 3 Chronology of the University of Tokyo**

- 1877 Established as Tokyo Daigaku
- 1886 The name of Tokyo Daigaku (Tokyo University) changed to Teikoku Daigaku (Imperial University)
- 1897 The name changed to Tokyo Teikoku Daigaku (Tokyo Imperial University)
- 1947 The name of University changed from Tokyo Teikoku Daigaku to Tokyo Daigaku (The University of Tokyo)

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