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Psychiatry in the Land of Suicide: Medicalization of Self-killing in Early Twentieth-Century Japan

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Abstract: Medicalization of suicide in Japan progressed rapidly in the late nineteenth century and early twentieth century. In the 1930s, there appeared psychiatrists who were arguably specialists in issues related with suicide. Vigorous and rapid medicalization of suicide in the early twentieth century was no doubt prompted by actual incidences of suicide, many of which were followed among the educated class by intensive debate and searching for their causes, and some part of psychiatric discourse on suicide was a direct response to the epidemics of self-killing. Nevertheless, it is both misleading and naïve to assume that incidences of suicide were the major driving force behind the development of psychiatric understandings of suicide in Japan. Rather, this paper argues that the preoccupation with the question of national identity played a crucial role in forging psychiatric discourse on suicide. In other words, medicalization of suicide in the early twentieth century was pursued in close alliance with the promotion of suicide as a part of Japanese identity. Particularly important for psychiatrists was the coexistence of modernization and traditional virtues. They characterized suicide as an act prompted by a certain pathology of the body and/or the mind. At the same time, they drew upon the history of suicide when they characterized the act as an expression of what they regarded as uniquely Japanese virtues. Nationalist and internationalist aspects thus coexisted within the Japanese medicalization of suicide, which exhibited a curious mixture of traditionalist and progressive attitudes to the act of self-killing.

Key words: psychiatry, suicide, medicalization, national character

Introduction

Medicalization of suicide in Japan progressed rapidly in the early twentieth century, as has been discussed by Francesca di Marco, Kitanaka Junko and others.[1–4] In the 1890s medical and psychiatric books and articles that discussed suicide started to appear. The inclusion of suicide into the repertoire of psychiatrists was almost simultaneous with the establishment of Western-style psychiatry in Japanese academia. In the 1930s, there appeared two psychiatrists, Komine Shigeyuki and Ōnishi Yoshie, who were both practicing psychiatrists and arguably specialists in issues related with suicide. Psychiatry on suicide in Japan thus quickly matured and reached the stage of a specialist topic within the discipline. In about half a century, Komine, Ōnishi and other doctors left numerous publications which studied suicide from medical and psychiatric perspectives. This chapter examines this body of writings and delineates the quickly changing discursive outlooks of the project of medicalizing suicide in modern Japan.

Vigorous and rapid medicalization of suicide in the early twentieth century was no doubt prompted by actual incidences of suicide, particularly several waves of cluster suicide. Numerous well-known Japanese men and women of national fame committed suicide. Some rose from complete obscurity to national fame

through their acts of suicide. Several clusters of suicide were inspired by highly publicized cases of self-killing and involved numerous imitators.[3,4] Those high-profile incidences of suicide were followed among the educated class by intensive debate and searching for their causes, and a portion of psychiatric discourse on suicide was a direct response to the epidemics of self-killing. Nevertheless, it is both misleading and naïve to assume that incidences of suicide were the major driving force behind the development of psychiatric understandings of suicide in Japan. Rather, this paper argues that the preoccupation with the question of national identity played a crucial role in forging psychiatric discourse on suicide. In other words, medicalization of suicide was pursued in close alliance with the promotion of suicide as a part of Japanese identity in the early twentieth century.

The quest for national identity was, however, bewilderingly complex for the modern Japanese in general and Japanese scientists, doctors and psychiatrists in particular. The complexity was largely shared by people in many other non-Western nations, since in many cases building a modern nation-state was virtually synonymous with Westernization. They faced the question of how one should construct a national identity when the nation was set for changing its foundational principles in accordance with the Western models? As Fujino Yutaka and William Johnston have argued, the dilemma was particularly acute for those who practiced science and medicine, which were the ultimate symbols of the civilization of the West.[5,6] In their medicalization of suicide as a part of national identity, Japanese psychiatrists faced a thorny question of negotiating between the Western and the indigenous, and between modernity and tradition.

The framework of the tension between modernity and tradition connects my account of Japanese suicide to the historiographies which have been pursued within the context of European and particularly English history of suicide. Historical studies of the medicalization of suicide in Western countries have emphasized the modernizing nature of the enterprise. Secularization and decriminalization have been the two major frameworks into which the historians have put the narrative of the history of suicide and psychiatry. The magisterial account of Michael MacDonald and Terence Murphy has charted the complex processes in which the old Christian paradigm of sin was replaced by the new secular attitude to suicide as a tragedy and in which the religious and legal condemnation of self-killing gave way to the recognition of suicide as a disease that needs medical treatment.[7] During the nineteenth century, when psychiatry established itself as a medical specialty, moral condemnation was further replaced by a more sympathetic attitude.[8,9] In these works, medicine and psychiatry have been generally viewed as the driving forces that put suicide in a modern framework: whether one sees them as a humanizing agent or a disciplinary power of the "psy-complex" which pathologized a certain type of human act, the medicalization of suicide has been understood essentially as an expression of a new and progressive discourse which fought against old cultural frameworks constructed around the act of self-killing.

Although this narrative of medicalization of suicide as a quest of modernity certainly applied to the Japanese case, Japanese attempts to medicalize suicide also had an almost diametrically opposite dimension. The Japanese psychiatrists were at pains to reconcile their own enterprise with what they thought of the traditional virtues associated with self-killing. On the one hand, they characterized suicide as an act prompted by certain pathology of the body and/or the mind. Whatever theories and research methods they employed, the psychiatrists invariably attempted to create a medical, cultural and social apparatus which conferred on them a professional authority over the questions related with suicide. At the same time, they drew upon the history of suicide when they characterized the act as an expression of what they regarded

as uniquely Japanese virtues. By "tradition", they invariably meant the period before Westernization started; the Meiji Revolution in 1868 serving as the most convenient break. The use of history and tradition in the medical conceptualization of suicide was particularly prominent in Komine, whose four book-length monographs on various forms of suicide (i.e. parent-child suicide, double-suicide, forced double-suicide, and homosexual double-suicide) have remained arguably unsurpassed as the most substantial historical works on the topics.[10–13] Other psychiatrists, too, were keen to invoke the Japanese tradition of suicide and to contrast it with Western or Westernized suicide. Strong emphasis was laid on history and tradition by the Japanese proponents of the medicalization of suicide modeled after Western medical theorists of suicide. Nationalist and internationalist aspects thus co-existed within the Japanese medicalization of suicide, which exhibited curious mixture of traditionalist and progressive attitudes to the act of self-killing.

Medicalizing Suicide: Degeneration and Psychology

Japanese psychiatric profession started to establish itself around 1900. In 1900 the Parliament passed the Mental Patients' Custody Act, the first national law which regulated the confinement of the mentally ill. In 1901, Kure Shūzō, the so-called father of modern psychiatry in Japan who studied under Kraepelin, was appointed as Professor of Psychiatry at the University of Tokyo. In 1902 *Shinkeigaku Zasshi*, the first medical journal devoted to psychiatry, started its publication. The Mental Hospitals Act of 1919, which enabled prefectures to build public asylums, secured the infrastructure for the profession. In 1919, there were only 3,000 patients hospitalized. By 1940, the number grew to 22,000.[14,15]

Japanese academic medicine was generally keen to follow the latest developments in Germany, and psychiatry was no exception. Inspired by examples in Germany, Kure Shūzō published the first extensive academic work on suicide seen from a psychiatric viewpoint in 1894.[16] This paper was based on his close observation of suicidal patients in the public asylum of Tokyo and employed bedside observation and statistical analysis as the two major research methods. These relatively basic clinical ways of observing were replaced with a more elaborate and technical ones. Mita Sadanori, a professor of forensic medicine at the University of Tokyo, developed the study he had conducted in Germany and introduced the anatomical-pathological framework to the study of suicide.[17] Examining the cadavers of those who committed suicide, Mita found that 80% of them showed signs of pathological or abnormal constitutions. Those deviations were located most typically in the central nervous system for men and in the reproductive system for women. Based on these findings, Mita claimed that a pathological constitution, whether it was neurological or gynecological in its location or nature, was an underlying cause of suicide. Mita's research was the first anatomico-pathological confirmation of the famous dictum of Esquirol — that every suicide results from mental illness — by a Japanese doctor and probably the most cited work in the subsequent psychiatric literature on suicide. Mita further argued that since these suicidal predispositions were hereditary by nature, eugenics was the major means to prevent suicide. Mita concluded: "[Like] criminals, those who committed suicide were losers in the struggle for survival or natural selection. The ideal means for the prevention of suicide is to keep such persons from being born." Mita thus combined the anatomical-pathological research framework with the expansive discourse on degeneration and eugenics, creating an appealing framework to understand suicide. His basic paradigm continued to inspire many researchers. As late as in

1941, several doctors pursued the study of the relation between suicide and the pathological growths of the thymus gland.[18,19)]

This powerful combination turned out to serve many purposes other than purely medical and pathological studies. The first example of its ideological use was to trivialize the idea of so-called "philosophical suicide", which was put forward by Fujimura Misao in the early twentieth century.[20)] Fujimura was arguably the first modern superstar among those Japanese who committed suicide. Philosophically convinced of the purposelessness of living when he was at the age of sixteen and a student of Daiichi High School in Tokyo, he committed suicide in 1903 by jumping into a waterfall at Nikkō. Fujimura instantly became a national celebrity, over whose conduct a fierce debate raged among the educated public: some were disturbed at Fujimura's complete and absolute rejection of the status quo of the present Japanese society, while others praised him to the sky for whatever reasons. The waterfall instantly became an enormously popular resort, particularly attracting those young people who attempted to follow Fujimura's model and to commit "philosophical suicide". In the next four years the spot witnessed about forty successful cases of suicide and 140 attempted ones. It remained popular for a considerable time among those who attempted to kill themselves. When in 1921 Sugita Naoki, a prominent psychiatrist at Tokyo, wrote that "youthful philosophical agony over the purpose of life and the future of the universe results from abnormal congestion in the brain", he was referring to Fujimura and retrospectively diagnosing the young man who rebelled through suicide.[21)] By reducing the philosophical agony over the purpose of living to the congestion in the brain, the psychiatrist trivialized the suicide of Fujimura and his followers. In this case medicalizing and somaticizing suicide served the purpose of delegitimizing the youthful protest. Likewise, Sugie Kaoru, a psychiatrist for the Metropolitan Police at that time, alluded to incidences of philosophical suicide among the youth and reduced them to adolescent disturbances of physiological balance and disappointments in love.[22)]

Similar instances of the social use of the somatic pathology of suicide abounded. Kaneko Junji, a prolific writer on psychiatric issues who worked at the hygienic department of the Tokyo Metropolitan Police, linked the degenerated constitution of those who committed suicide with social unrest. Kaneko was convinced — or pretended to be convinced — that communists, anarchists, and revolutionaries were degenerates with pathological abnormalities in their bodies, similar to suicidal constitutions. For the police medical officer, the high suicide rate was an ominous sign of a communist revolution.[23–25)] Another ideological context in which the medicalization of suicide was made to serve was that of imperialism. Bleeding a healthy population in order to secure a large and strong army and efficient workforce was increasingly seen as the key to the success of the Japanese empire. A sickly race would be conquered and eliminated, and the suicide rate was a sure index of the weakness or degeneration of the racial constitution. Commenting on the high suicide rate of the indigenous people of Taiwan after their uprising against the Japanese rule and the brutal suppression by the colonial government in 1930, a Japanese doctor wrote that their high suicidal rate was a sure sign of their primitive state and he was convinced of their extinction in the near future.[26)]

The medical and psychiatric discourse on suicide was integrated into that on social values, crime, and racial survival through the apparatus of degeneration. An interesting reflection of the association of suicide, crime and degeneration was that medical accounts of suicide started to have strong affinity with sensationalistic literature. The line between medicine and sensationalistic journalism or even pornography

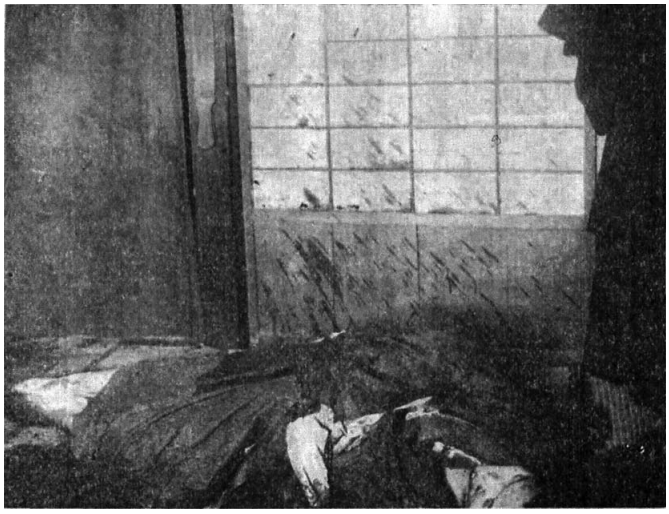

Plate 1 One of the photographs accompanying Asada Hajime, "Muri Jōshi — Otoko ha Misui, Onna ha Futari Korosaru", *Chiryō Oyobi Shohō*, No. 136 (1931), 1223–1226.

was often tenuous, and was particularly so in Japan in the 1920s and 30s. At that time, medical discourse on degeneration and sexual perversity easily found its way into fictional and non-fictional accounts of the dark side of life. In the 1930s, a reputable medical journal, *Chiryō Oyobi Shohō* [*Therapy and Prescription*], ran a series of articles penned by Asada Hajime, then Professor of Medicine at Nagasaki School of Medicine. The articles regularly treated its readers with shocking, repulsive and bizarre account of murder, suicide and double suicide. Many of the articles were accompanied by photographs of the dead bodies with sensationalistic or even pornographic appeal. One typical article by Asada reported in gory details an attempted double-suicide, in which a dead body of a fully-dressed and made-up prostitute was found in a shed. Another carried photographs of the corpse of a woman who was forced into a double suicide by her lover.[27,28] Such sensationalistic treatment of cases of suicide was no doubt helped by the inclusion of printed photographs into medical journals. Earlier visual representations of suicide had been very different, whereas the later mode centred around shocking photographs.[29] [Plates 1 & 2] Put into the framework of degeneration and criminal pathology, some part of the medical account of suicide was assimilated into the non-medical culture of gothic horror and decadent fascination.

Not every psychiatrist was satisfied with the somatic paradigm exemplified in Mita's article, which reduced suicide to the pathology of bodily constitution, neglecting the study of the psychological state. Some proposed to examine suicide more clinically and psychologically, using Kretschmer's notion of character types or Freudian psychoanalysis. In a paper published in 1928, Ihara Shigehiko called for a more clinically- and psychologically orientated study of suicide, criticizing the one-sided emphasis upon the body implied by the anatomico-pathological approach. Ihara conducted a detailed study of a person who had attempted suicide and was hospitalized in a university clinic. This was perhaps the first self-conscious use of those who had attempted suicide in a psychological study.[30] The modernist reaction against reductionism and somatic psychiatry also played some part. Naka Shūzo, an early proponent of Morita psychotherapy and a professor of psychiatry at Kyūshū Imperial University, maintained that mod-

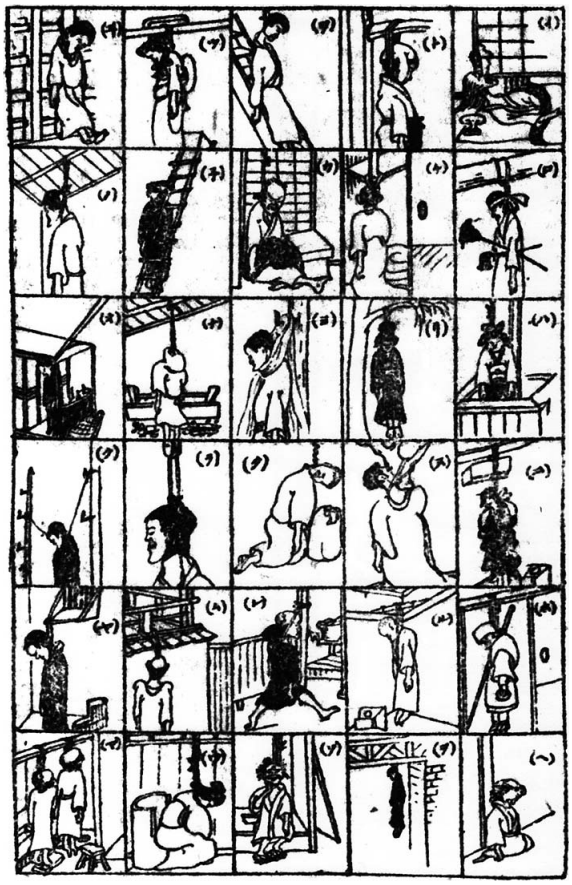

Plate 2 An Illustration to Yano Harutoshi, "Nihon no Ishi Hyaku-nijū-yon Rei ni Tsuite Yo ga Hōigakuteki Kenkyū", *Kokka Igaku Zasshi*, No. 410 (1921), 109–124.

ern materialistic science had impoverished what he called the "metaphysical" culture inherited from the past and that psychiatry that integrated more psychology would enrich our understanding of man. Particularly important was cases of those who committed suicide without exhibiting overt manifestations of insanity, which meant that there was little hope to discover pathological anomalies in post-mortem examinations.[31] By the late 1920s, some psychiatrists had departed from the dictum of Esquirol and started to pursue an alternative framework to understand suicide. Kusakari Haruitsu, maintained that Esquirol's rigid identification of suicide with mental illness was untenable and claimed that many cases of suicide were in a grey zone between the normal and the abnormal.[32] Likewise, Sugita Naoki criticized Kraepelin's identification of suicide and mental disease and proposed a much more flexible and psychological approach.[33] Such moves towards a more flexible and psychological framework to understand suicide were closely related with new conceptualizations of mental illness, which emphasized a gradual change from mental health to mental illness, rather than a stark contrast between sanity and insanity.

Komine's Construction of Traditional Suicide: Bushidō and Shinjū

I have briefly sketched some aspects of the medicalization of suicide in Japan in the early twentieth century. So far, emphasis has been put on its international dimension. The pathological-anatomical paradigm, eugenics, Kretschmer's theory of the character-types, and Freudian psychoanalysis were all imported medical theories. At the same time, Japanese psychiatric discourse on suicide had a distinctively national or nationalistic aspect. Japanese psychiatrists were keen to see some uniquely Japanese characteristics in suicide, which coexisted with their liberal use of the universalistic medical theories. Indeed, many psychiatrists were convinced that some forms of suicide were expressions of the fundamental characteristics of Japanese culture and society. Below I will examine two traditional forms of suicide which were singled out as particularly important by the Japanese psychiatrists in the early twentieth century: one is the suicide motivated by *bushidō*, which refers to the ethics of samurai warriors, and the other is *shinjū*, which refers to the double suicide of lovers.

The best-known type of suicide in Japan was and remains *seppuku*, also called *hara-kiri*, which was carried out by samurai warriors. It involved ritual suicide through disembowelment and had long been regarded as an important part of the ethics of samurai.[4)] *Hagakure*, a work composed by a retired samurai in the early eighteenth century, famously remarked: "bushido consists of dying." After the Meiji Revolution in 1868, the caste system was abolished, thus depriving samurais of the privileges they had enjoyed under Tokugawa shogunate. *Bushidō* did not, however, wither away under the new and modernizing government, but was transformed into the code of behaviour which the entire nation was expected to aspire. This transformation of *bushidō* was achieved most notably by Nitobe Inazo, who studied economics at Johns Hopkins and later became an eminent educationist and diplomat. In 1899 Nitobe published an English work titled *Bushidō: or the Soul of Japan*, which was written for the purpose of explaining the fundamental codes of ethics of the Japanese; something comparable to Christianity for the West. (34) The work was an immediate and enormous success, going through ten editions in the first six years after its publication. It was arguably the single most important work which defined Japanese values both to foreigners and to the Japanese themselves.

In this foundational text of the national identity for the Japanese, Nitobe discussed *hara-kiri*, the self-killing of samurai, as the noblest form of suicide. Suicide inspired by *bushidō*, or the sacrifice of one's life for higher moral goals, was established as one of the most honorable deeds which expressed uniquely Japanese virtues. Accordingly, it was practiced widely with intense dedication for varying purposes in the early twentieth century.[3,4)] Many wars which Japan fought in the earlier half of the twentieth century provided ideal opportunities for the soldiers to commit suicidal attacks for the allegedly noble deed of sacrificing one's life for the higher purpose of defending the nation, and mass media reported the stories of brave sacrifices in jingoistic spirit. An episode of a suicidal attack by three soldiers in China in 1932 was praised with cacophonic euphoria, and their deed was commemorated in paintings, statues, songs, stories, films, plays, and even dumplings. With the coming of the totalitarian regime in the late 1930s and the beginning of the war with the US in 1941, the cult of voluntary death engulfed the entire nation. As the war approached its inevitable end, the orgy of suicidal self-sacrifice culminated in Kamikaze attacks by four thousand volunteer pilots, many of whom barely knew how to fly an airplane. Between 1935 and 1945 about fifty publications were reprinted and they discussed and commented upon *Hagakure*, transforming

this rather obscure work into a text with biblical status in the military state. It was one of those editions of *Hagakure* which was avidly read by Mishima Yukio, who later published his own commentaries to the work in 1967 and committed suicide by *hara-kiri* three years later.

The old ethics of *bushidō*-inspired self-killing was thus invoked as an ideology underpinning the national identity in the early twentieth century. During this period, virtually no psychiatrist suggested that a *bushidō*-inspired act of suicide was psychotic, neurotic, pathological or degenerate. Despite his identification of suicide and mental disease, Mita flatly excluded suicide inspired by *bushidō* from his discussion of degenerative suicide: "[Cases] of suicide motivated through the spirit of loyalty and patriotism, which are unique to our country, are not relevant to my argument here".[17] Sugita Naoki referred to a German doctor's discussion of the suicide of General Nogi Maresuke as being unique to the Eastern culture. Indeed, Nogi's suicide convinced Sugita that not all cases of suicide were committed by those suffering from mental disease.[33] Komine wrote ecstatically about *bushidō*: "[*Bushidō*] is the essence and the flower of the spirit of the Japanese nation. It is through the spirit of *bushidō* that the Japanese nation rules the world in eternal peace."[35] For virtually all psychiatrists who spoke about *bushidō*, suicide inspired by the ethics of self-sacrifice was sacrosanct and far beyond the odium of degeneration or neurosis.

Psychiatrists' readiness to exclude suicidal cases inspired by *bushidō* from the realm of pathology was somewhat predictable. More surprising was their positive or at least ambivalent attitude toward the other traditional form of suicide, *shinjū*; the double suicide of lovers. A *shinjū* typically involves a pair of a man and a woman in love who choose to die together because they cannot be united in this world due to insurmountable obstacles. Although *shinjū* had a long prehistory, it was firmly established as a form of suicide in the early eighteenth century through the works of the great playwright Chikamatsu Monzaemon. Chikamatsu wrote about ten enormously popular plays for kabuki and puppet theatre centred on the theme of *shinjū*, collecting his material from incidences in real life. Like Goethe's *Young Werther* in Europe in the 1780s, Chikamatsu's plays prompted dozens to commit suicide in imitation, until in 1722 the Tokugawa shogunate criminalized *shinjū*, banned the performance of plays featuring double-suicide and prohibited the corpses of those who committed the crime to receive proper burial.

Shinjū was essentially an act of a young man and woman who refused to conform to the accepted social norms, in favour of romantic love. It is thus surprising to learn that many psychiatrists in the early twentieth century took ambivalent or even sympathetic attitudes toward *shinjū* suicidal cases, both historical and contemporary, especially when *shinjū* was most typically practiced by a prostitute (*geisha*) and her client. The mechanism through which *shinjū* was at least partly legitimized by psychiatrists was as follows. With the exception of only a handful, historians, sociologists and literary scholars in the early twentieth century claimed that cases of double-suicide for love were much more numerous in Japan than in the West.[3] Just as the historical concept of *bushidō* was invoked to interpret some contemporary cases of self-killing as a noble expression of the Japanese national identity, the allegedly long and unique tradition of double-suicide was invoked to claim that contemporary cases of double-suicide showed something valuable in the Japanese culture. Here, the argument of Komine illuminates the ways in which *shinjū* was legitimized.[10]

Komine's voluminous works represented a series of psychiatric and psychological analysis of diverse aspects of love, sexual desire and domestic affection. His analysis was based mainly on a Freudian viewpoint, which was still a novelty in Japanese psychiatry at that time and which was learned by his son,

Shigesaburō Komine.[36] From the perspective of theoretical sophistication, Komine's use of Freudian psychology did not go further than the level of popular and rather crude explication of basic ideas of psychoanalysis. Still the sheer diversity of the topics discussed by Komine in a psychoanalytical framework is bewildering. Komine explained that the instinct of possession was the basis of the social institutions of love, marriage, and familial bond.[37,38] He explored ancient domestic customs of Japan, such as discarding old women from the family.[39] He also wrote about sexual perversity, sadism and masochism, gleaning materials from non-medical sources such as Indian history and the Old Testament.[40] He did not restrict his investigation of love to heterosexual love but included homosexual love as well: a posthumously published extensive work of Komine's dealt with *shinjū* conducted by male and female homosexual couples.[13] Komine also wrote extensively on the historical psychology of jealousy, based on iconographic analysis of old *ukiyo-e* prints, which he avidly collected.[35,41] The idea of jealousy was expanded into the realm of international politics as well. Komine wrote that jealousy against ever-victorious Japan had motivated Britain, France, and Soviet Russia into stirring up anti-Japanese action in China. Likewise, the three "old powers" were jealous against the growing influence of Italy and Germany in the politics in the Balkans.[37] Komine was certainly one of the psychiatrists who showed the widest possible interest in psychiatric and psychological aspects of the history and culture of Japan.

Komine understood *shinjū* through the two keys of *bushidō* and patriarchal values. Putting less value upon one's own life was interpreted as an influence of *bushidō* ethics. Committing suicide for the sake of love was regarded as a fierce expression of a woman's fidelity to the loved one. In short, Komine interpreted *shinjū* as a Japanese antithesis against Western individualism or egotism: while the Westerners prioritized themselves, the Japanese died for something that they belonged to, be it a couple bonded through love, a family, or a state. Even double- or group-suicide of parents and children, or *oyako-shinjū* in Japanese, was interpreted along similar lines. Komine again interpreted parent-child suicide as an amalgam of bushido ethics and the Japanese patriarchal code of behaviour. It was an expression of the solidarity of the family: the mother who killed her children and then took her own life was, Komine argued, practicing the ethic of family solidarity, refusing to live separately, apart from her children in this world. Komine wrote about parent-child suicide in a highly ambiguous term: "[Parent-child] suicide was a product of the bushidō spirit of loyalty to one's master and one's nation and of the patriarchal system of the feudal age. They did not give in to the enemy when defeated. Neither did the family suffer disgraceful separation. Rather, the family or the clan chose to kill themselves."[42] Knowing that parent-child suicide often resulted from the trauma of sexual abuse the mother had experienced in her childhood, Komine still retained his ambivalent attitude to the double-suicide. The ethos behind the act of parent-child suicide was, Komine argued, something unique to the Japanese culture and absent in Western countries, which were dominated by individualism.[41] His Freudian theory of love and domestic affection served the purpose of asserting the uniqueness of Japanese domestic culture and the values of the suicide which took place there.

Komine's praise of Japanese patriarchy, and his careful but distinct endorsement of suicide inspired by such ethos, were not shared by all. Kaneko Junji argued that *shinjū* was a sign of the degenerative erotic arousal and the slavery of prostitutes of Edo period.[43] Feminists took different viewpoints. Yamada Waka, one of the leading Christian feminists and an activist in the maternalist movement of the 1930s, wrote that mother-child suicide was a product of the latest individualism and egotism in women.[44] The vile influence of new philosophy affected women and resulted in the loss of the sense of self-sacrifice and living for

others. Without the sense of engagement with others, society, and ultimately the state, the new women would become isolated into narrow individualism and become psychologically unstable. Interestingly, Yamada, who had no medical background, called this state a form of neurasthenia or hysteria.[44,45]

Distinguishing Good Suicides from Bad Ones: Works of Ōnishi Yoshie

Japanese psychiatrists in the early twentieth century thus invoked tradition in order to understand and legitimize *bushidō*-inspired suicide and *shinjū* suicide. The key to Komine's endorsement of the two forms of suicide was the supposed uniqueness of the national tradition. Komine put the allegedly unique tradition of the nation at the centre of his understanding of Japanese suicide. This meant that history was of crucial importance for him. Works of Ōnishi Yoshie, the other psychiatric specialist on suicide, exemplify the point from a different angle.

Ōnishi Yoshie ran the Ōnishi Brain Hospital in Kagawa, which opened its doors for mental patients in 1925. It accepted public patients as well as private ones, holding about 150 patients in 1935. Ōnishi's most substantial work on suicide was a statistical analysis of the cases of suicide in Kagawa prefecture between 1917 and 1936, based on articles in local newspapers; the same method as the one used by Komine.[46] Although this methodology suggests Ōnishi's familiarity with sociological study of suicide, he did not entirely concur with Durkheim's emphasis upon social factors at the cost of individual or psychological ones. Ōnishi published case histories of three patients who had attempted suicide, had failed, and later were admitted to his own hospital. All case histories included detailed observations of the psychological states of the patients. All cases show that Ōnishi was familiar with Kretschmer's theory of character types.[47–49] Although both cases were concerned with issues related with sex (one case involving a sense of guilt resulting from adultery and the other being concerned with gynecological problems), there is no trace of psychoanalysis in Ōnishi's case histories. So far as one can glean from his publications, Ōnishi's intellectual and theoretical outlook was much more orthodox than that of Komine.

Despite these differences, Ōnishi and Komine shared one major interest, which was their emphasis on history and tradition. Ōnishi held a crude but clear three-stage developmental model of suicide in Japan: the *bushidō* ethics embraced by the brave warrior class inspired a unique type of suicide (hara-kiri) in the sixteenth century; in the early eighteenth century (the Genroku Era) the urban sophistication of emotions gave rise to *shinjū*; and the rapidly changing social situation in the 1920s and 30s, when Japan quickly became one of the world powers (so Ōhnishi believed), resulted in the third new form of suicide, which was family suicide.[46] He maintained that these three new forms of suicide were all virtually unique to Japan. Moreover, he implied that Japan should be proud of its contributing three "remarkable" and "original" forms of suicide to the world history.[50] In short, Ōnishi maintained that Japan was blessed with an illustrious tradition of inventing remarkable forms of suicide.

Ōhnishi further developed his historical typology of suicide and made a stark distinction between good and bad forms of suicide. Ōnishi vehemently criticized the latest faddish forms of suicide, which, according to Ōnishi, exhibited decadent and playful attitude towards one's own life.[51] Here Ōnishi was referring to the latest wave of cluster suicides initiated by a succession of highly publicized double- or group-suicides for love. The first of them took place in 1932, when a young man and a young woman committed *shinjū* on a hill by the seaside not far from Tokyo.[52] Their *shinjū* was almost designed to attract media

attention: the romantic aura of unfulfilled love between the two young people from the upper crust of society, the scenic beauty of the place, and the rumor of necrophilia over the corpse of the dead woman. The affair was swiftly adapted to a film in less than one month, with the title "Love Consummated in Heaven". The double-suicide and film predictably prompted dozens of imitation suicides. This double suicide was followed by an even more highly publicized incident of a group suicide in 1933, in which three well-educated young women made a kind of suicidal pact and two of them successively jumped into a volcano in Miharayama Island in Tokyo, and the remaining one committing suicide using other means. The three young women making the suicidal pact represented a much more serious disturbance to the ideological order of society; the spectre of dreaded "new women" being too visible.[53] The rebellious nature of lesbian suicide became clearer in another highly publicized incident in 1935 in which a popular revue actress and her female supporter (who played the male role in their lesbian relationship) committed *shinjū*. As Jennifer Robertson has argued, this case of female double-suicide for love had a strong undertone of protest against the male-dominated patriarchal society of Japan at that time.[54]

Those epidemics of suicide alarmed the society in general and doctors in particular.[55–61] For Ōnishi, those suicidal cases did not conform to the good Japanese suicide and he was at pains in trying to emphasize the differences between traditional good suicide and the recent travesties.[62,63] Like Komine, Ōnishi spotted the vile influence of individualism or the possessive notion of one's life as being typical in the faddish forms of suicide: "Since one's life is one's own possession, the way in which one disposes of one's own life is a matter of purely private question."[64] When the war with China broke out and the Japanese suicide rate somewhat declined in the late 1930s, Ōnishi welcomed the change, not just because there were fewer suicidal cases, but also because such change "improved the quality" of suicide in Japan.[65] For Ōnishi, the war with China restored the traditional, earnest, pure-hearted and serious suicide", and reduced "frivolous, rebellious, playful, and vain cases of suicide". In so doing, he not only demarcated between good traditional suicide and bad faddish ones, but also gave the war an oblique endorsement in terms of the psyche and patterns of suicide for the nation.

Conclusion

Johann Wolfgang von Goethe famously wrote that "suicide is an event of human nature". For the Japanese psychiatrists discussed above, suicide was at least as much an event of national identity. They constructed a national and nationalist tradition of a uniquely Japanese ethics of suicide, expressing values which were conceived in a dichotomy between the Japanese and the Western. Psychiatric discourse on suicide in early twentieth-century Japan thus assumed highly ambiguous attitudes towards non-medical conceptions of suicide. In so doing, they in effect invented a tradition of uniquely Japanese types of suicide, based less on medical-clinical investigation than on arguments regarding the historical identity of the Japanese nation. Or, in other words, they integrated themselves into the ideology of the uniqueness of Japanese culture through the study of the tradition of suicide.

A strategy of assimilation was thus adopted by psychiatrists in the early twentieth century. Institutional weakness of psychiatry in Japan at that time contributed much to the ways in which they responded to lay discourse on suicide. The Japanese psychiatrists were still harbouring a sense of insecurity in society and a sense of inferiority toward their more prestigious and better-established medical brethren. Although the

number of psychiatric hospitals rapidly grew in the 1920s and 30s, psychiatric provision for mental patients was still meager compared with that in Western countries. Far from being content with the professional state of the affairs, Japanese psychiatrists tried to expand their domain of influence and asserted that society needed their service. They insisted that more hospitals should be built to confine dangerous cases of mental illness; they claimed that their advice would be useful for promoting eugenic marriage; and at other times they maintained that depressed and desperate melancolics would be saved from committing suicide if they could avail themselves of psychiatric counsel. In order to achieve these varied goals, however, psychiatrists had to accommodate themselves to the current ideologies and values, rather than impose their own views upon the society. Consequently, they assembled appealing parts and parcels of societal values and incorporated those values into psychiatric discourse.

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