

# Psychotherapy in Japan : Revitalizing Continuity from Traditional Tenets

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# Psychotherapy in Japan: Revitalizing Continuity from Traditional Tenets

HASUI Chieko

## Abstract

This study suggests that psychotherapists need a new perspective that is appropriate for psychotherapeutic theories and skills based on differences in conversation style between Western and non-Western communities. In this context, the “conversation style” accurately reflects the language-culture complex concerned. In a study on the psychotherapeutic process, when a prospective psychotherapist was confronted with a difficult situation, she followed the traditional Japanese communication style, empathetic identification. This style, which minimizes or avoids highlighting differences in opinions or ideas, is not necessarily desirable for conversation with a Japanese client in psychotherapy. Nevertheless, psychotherapists who tend to stress verbal intervention are also not necessarily desirable. Despite the fact that the Japanese people have forsaken traditional psychotherapy treatment systems due to westernization, experienced psychotherapists are unwittingly revitalizing traditional theories and skills that are suitable for the Japanese language-community. Psychotherapists have to abandon the idea of global psychotherapeutic techniques, interventions, and theories. Psychotherapists will naturally have an inter-cultural perspective. This discussion suggests the introduction of relativism into the field of psychotherapy.

**Keywords:** psychotherapy, westernize, Japanese language-culture, Shinto

## Addressing the problem

Recently, I managed some research on the psychotherapeutic process. An experience during this research strongly suggested that psychotherapists need a new perspective that is appropriate for psychotherapeutic theories on the basis of which skills are given to clients in Japan. Therefore, psychotherapists have to consider differences in conversation style between Japan and Western communities, where a “conversation style” accurately reflects the language-culture complex concerned. In addition, Japan is considered a non-Western community, as opposed to a Western community, where the field of psychology was developed.

This dichotomy between Western and non-Western is based on the first language used by people in a community. For example, if the first language is “SAE (Standard Average European)” (Whorf 1959, p. 138), the community is Western. If not, the community is non-Western. In non-Western communities, people do not always have the same culture, an entire way of life (Eliot, 1962, p. 31), as Western communities do.

This paper will focus on psychotherapy in Japan, a typical non-Western community, from the viewpoint that psychotherapists need to develop new perspectives. Very few psychotherapists have discussed how to establish such perspectives until now. The first step will be to discuss the differences in psychotherapy between Western and non-Western communities.

## **Methods**

### **Study Procedures and Participants**

In this study, subjects were recruited through the Internet. The subjects were expected to participate as clients. The website described the objectives of the investigation: understanding factors that may influence clients in acquiring and improving resilience. In addition, a few supplementary explanations were given: 1) the criteria adopted for excluding candidates who were inappropriate for the present investigation; 2) psychotherapy would be given by students pursuing their Master's degree; and, 3) the research was wholly supported by Grants-in-Aid for scientific research for young scientists.

As the chief investigator, I planned to use mixed methods. In this approach, quantitative and qualitative data are obtained regarding the relationship between a psychotherapist and his/her client. At the same time, the naturalistic style was added. According to this style, I did not take part in psychotherapy. Each subject client was to come to the clinical center at the University once a week to participate in consecutive psychotherapy sessions for 30 weeks and to receive 10 USD (1000 JPY) in addition to the cost of transportation (up to 1000 JPY) every visit.

The research started with an initial interview to filter out candidates who were inappropriate for this research. Sixty-seven candidates made reservations, and 22 of them actually came to the initial interview. At the initial interview, each candidate was asked why and how he/she took an interest in this research. At the same time, as an interviewer, I questioned each candidate about his/her life and family history, and confirmed whether or not he/she met the exclusion criteria. Candidates who had the following characteristics were excluded: psychiatric disorders, substance-related disorders, manic episodes, and suicide attempts. In addition, candidates with a Global Assessment of Functioning (GAF) score below 60 or an IQ below 60 were also excluded.

At the second interview, the psychiatric states of 16 candidates were diagnosed by using the Structured Clinical Interview for DSM-IV Axis I disorders, 4th edition (SCID) (First et al.,

1997) and the GAF. At the third and fourth interviews, by using the Wechsler Intelligence Scale (WAIS-III) and Rorschach test, a colleague and I developed psychological assessments of each candidate; 15 were assessed by WAIS-III and 12 were assessed by the Rorschach test. Moreover, at the third interview, I delivered two types of questionnaire personally. One was a questionnaire including a resilience scale, and the other was a Sentence Completion Test (SCT). The answers to the questionnaire and the results from SCT were collected at the fourth interview. Eventually, four subject clients participated in the psychotherapy research for 30 weeks.

While interviewing the candidates, I also invited applicants to participate as psychotherapists with the aid of the University office. They would give psychotherapy to the subject clients throughout the term of 30 weeks. Three postgraduate students applied, and all of them were in their second year of a Master's program in clinical psychology. Apparently, they intended to acquire practical experience in providing psychotherapy, which is required to take the examination to be licensed as a clinical psychologist. Regrettably, this University does not offer opportunities for practical training in psychoanalytic psychotherapy to all students. Some University teachers supervised the prospective psychotherapists.

The prospective psychotherapists collected data on their respective subject clients during every session of psychotherapy, and accumulated the data by using a computer at the University. They sent the data to the author through the Internet with a password security system. Each of the prospective psychotherapists was instructed to record his/her feelings, what he/she thought about them, their impression of the supervisor's comments and their reflections on them while providing psychotherapy (Kano, 2009, p. 170). Unless a prospective psychotherapist disobeyed the directions, I did not give the psychotherapist any comment about a prospective psychotherapist's insufficiency.

At the fifth interview, I individually told the subject clients the results of the assessments and explained the outline of the schedule. Before starting the psychotherapy, I shared individual information on each subject with his/her psychotherapist and a supervisor: the information was concerning his/her early background, the results of the psychological assessments, SCID, and my impressions of him/her. At the fifth interview, the prospective psychotherapists were assigned to the subjects. I discussed administrative details with both the subject and the prospective psychotherapist. The discussions were focused on two issues. One was how to deal with problems caused by unexpected email communications between the prospective psychotherapists and their subject clients. The other was how to fix a subject's sudden cancellation of a scheduled psychotherapy session. A week after the fifth interview, consecutive psychotherapy session began.

After the end of the consecutive psychotherapy, the subject clients and the prospective psychotherapists respectively rated 11 items using 4-point scales from "never true = 1" to "always true" = 4. The items were related to their experiences with psychotherapy, such as

'talking freely during psychotherapy', 'understanding myself as a result of psychotherapy', 'being understood by the therapist', and so on. After this rating, the subject clients and prospective psychotherapists were interviewed (semi-structured) by the author about the reasons for the rating on the scale, i.e., the interview after consecutive psychotherapy, impressive sessions, and problems with premature termination or sudden cancellation. Six months later, I interviewed the subject clients individually to learn about their daily lives.

### **Ethical Considerations**

The study protocol was approved by the Committee for Research Ethics of the University in December 2012, and the present investigation was then launched in accordance with the Declaration of Research Ethics for Epidemiological Studies by the Ministry of Health, Labour and Welfare of Japan. Each candidate was asked to submit four informed consent forms in writing. These documents were respectively gathered prior to the first interview, the psychological assessments, the beginning of psychotherapy, and the last interview. At the same time, I verbally explained the content of informed consent to all of the candidates.

### **Reason for examining the case of subject A**

The case of subject A is suitable for demonstrating the necessity to establish new perspectives that the Japanese community, a non-Western community, can accept. Trouble arose when subject A suggested to his prospective psychotherapist that he planned to terminate psychotherapy prematurely.

My endeavor to fix this trouble revealed a difference in understanding of A's offer between subject A and A's psychotherapist. After all sessions were finished, I interviewed subject A to confirm what A thought of himself. Subject A told me: "So far, I'm not a mature person. Nor am I a reliable person. I have expected myself to be mature and reliable." In addition to this interview, I asked the prospective psychotherapist to describe her opinion of A's personality: "He appears to be unreliable, but *he himself is not aware of this at all*. He was probably in the middle of exploring his identity. I could derive his unawareness of himself from the fact that he mentioned nothing about his immaturity or unreliability." "He is extremely narcissistic, and recognizes himself to be excellent. Unless he is faced with mental stress caused by his narcissism, he will be less worried. However, I have misgivings about his narcissism when he has to be faced with reality in future."

Subject A was actually conscious of his immaturity and unreliability. However, the prospective psychotherapist seemed to overlook this point, according to my interview with the psychotherapist. This discrepancy needs to be explained; i.e., the reason why the psychotherapist overlooked his self-awareness should be clarified. I would like to discuss this issue not from the viewpoint of her qualifications as a psychotherapist, but rather from the viewpoint of language-culture characteristics. In the present case, these characteristics are

embedded in the client-therapist communication in the Japanese language, i.e., their first language. This discussion should be useful for clarifying that there is a need for a new perspective.

### **Subject A's background**

Subject A was a male in his mid-20's. He had lived abroad with his girlfriend for one year after graduating from his university. While living abroad, he taught the Japanese language. Unfortunately, he had to return to Japan because of his father's illness. He planned to stay in Japan until his father recovered, and he decided to participate in this research during his stay in Japan. At the first interview, he confirmed that he could receive psychotherapy once a week for 30 weeks. He had no experience with psychiatry or psychotherapy before his participation in this study. He described his motivations for participating as follows: "This experience of mine will help me to teach the Japanese language to foreign people and to cultivate my profession for the future. I want to experience what I have never experienced, anyway."

### **Results of the psychological assessments and the author's impression of the interviews**

Subject A appeared to have good manners and his communication was consistent with that in his interview with the author. However, I thought it strange that, when addressing me, he always called me "Hasui-sama." "Hasui" is my family name and "sama" implies "respectful aloofness" (Suzuki, 2001, p. 113). Suzuki revealed that the terms used for self-reference and address determine which party is superior or inferior (2001, p. 217). Japanese people normally make the most suitable choice of the terms of address according to the context. In the interviews with subject A, his choice of the term of address was too aloof for me to arouse a natural feeling of familiarity in the context of the Japanese language. Due to his use of language during the interviews, I felt as if he were a salesperson. In fact, he had worked as a salesperson who encouraged foreign students to study in Japanese universities for one year before he went abroad. It is highly probable that he could not naturally choose an appropriate term of address according to the context.

Throughout the five interviews, he frequently changed his interview schedule without giving any reasons. The SCID, a semi-structured diagnostic interview, made clear that he had suffered from feelings of depression during high school: he was worried about his university entrance examination, and at the same time was faced with a sudden loss of communication from his girlfriend.

His GAF score was 74, which meant that he had good mental functioning in most areas. Even if he had symptoms (e.g., difficulty concentrating after a family argument), they were transient. His level of intelligence was high (his WAIS-III full-scale score was 120). Other psychological assessments indicated that he had common sense. He seemed to try to behave

properly toward his neighbors, but this behavior was superficial. He prioritized his own subjective experience over his cognition based on his sense of reality. Even though he knew his cognition was distorted, he was rarely anxious. These characteristics contribute to his conflicting attitudes toward others. As a result, his conflicting characteristics will make it difficult for him to have stable intimate relationships.

His psychotherapist (female in her 50's) had met subject A before the author explained his assessment results. Regrettably, this prospective psychotherapist did not take notes on what her supervisor had said about this being against the protocol of the study.

### **From the first session of psychotherapy to the third**

Just after the first session of psychotherapy, subject A sent an email to the author. The email said that he would like to cancel the second session. As I pointed out above, he frequently changed his interview schedule. I worried about these arbitrary changes. He did not give any satisfactory explanation and did not state why he wished to cancel the second session. I envisaged subject A's thought processes as follows: he intended to take the initiative in planning the schedule of his psychotherapy regardless of his previous consent.

I tried by email to explain the current research situation and persuade him not to cancel the second psychotherapy session: "If you repeatedly change your appointments, she (the prospective psychotherapist) will not be able to consult with her supervisor, and I have to say your payment would be delayed." Eventually, subject A cancelled the entire second session. Although it might be speculated that the reason for this cancellation was concerning his payment, he actually received the predetermined amount of money.

I informed subject A's therapist of all emails between subject A and myself. I intended that A's therapist should know whatever I knew about subject A. After the second session was cancelled, subject A attended psychotherapy in the third session.

Subject A's psychotherapist noted that, at the beginning of the third session, subject A said, "I easily get out of condition." She asked why he had cancelled their session for the previous week: "Did you get out of condition?" He responded, "No, the reason was that something came up." Next, he asked, "What does 'the supervisor' mean in the author's email?" She interpreted this conversation, and wrote: "Probably, he does not fully agree to his participation in the present research project. Such situation raises my apprehension about having psychotherapy with A."

### **The fourth session: The therapist's notes about A's suggestion regarding termination**

At the very beginning of the 4th session, subject A said to his psychotherapist, "You seem to have some psychological problem, so you pay me money and receive counseling immediately. At any rate, you should pay ¥1,000 irrespective of my mental problems. During the sessions, I was not talking about any worries of mine. Now I feel sorry a little bit because I think I've

made no contribution. Actually, 3 or 4 days ago, I talked with my girlfriend about my circumstances and I'm going to return to the country to see someone. So, I can't continue this counseling any longer, and I think I have to talk about that today." She was much surprised to hear that. Subject A sent a message that he wanted to stop the sessions with her.

The prospective psychotherapist had two conjectures regarding what subject A was worried about. First, he may have been worried about his plan to go back abroad. Due to some business obligations, he would have to be abroad in January, when his psychotherapy would not yet be completed. He worried about whether or not his plan was acceptable. Second, he may have been concerned about the actual contents of psychotherapy for him. He worried that he had made little contribution to the study because he felt he had nothing to talk about in the psychotherapy session and because he actually just engaged in idle talk with his psychotherapist. When asked, he acknowledged that both conjectures were correct.

The prospective psychotherapist supposed that he should have arranged his personal schedule according to the requirements of the study. Although she felt it strange that he would use his personal circumstance as an excuse to quit the sessions, she did not tell him her strange feeling that his excuse was neither justifiable nor acceptable. The therapist advised him to tell the author about his desire to quit therapy and leave the country.

The prospective psychotherapist asked subject A, "Do you feel sorry for receiving money, although you don't talk about your psychological problems?" He responded, "I have some idea of the main issue with the present research. It is the investigation of what I worry about, for example. What I have actually experienced is, however, idle talks with you. I wonder if the talks are worthwhile. I am vaguely anxious that I have nothing to say. If that is the case, perhaps you should use the money for other purposes. It will be much more effective, I believe." The prospective psychotherapist thought that his suspension in the middle of the process was much more problematic, and said, "We use the money and time according to the scheme of the present research. You need not worry about that." Subject A responded, "Oh, I see..." to which she replied, "I wonder why you feel so sorry. Do you normally feel sorry or feel that it is necessary to apologize? Subject A responded, "Quite often. I feel like I will be unable to give anything in return for something that others did for me. However, I actually forget such feelings by the next day. I always feel that I should apologize in a case like this. I can only give 1 in return for 10 received, for example." When the prospective psychotherapist asked, "So you feel that you only give 1, but others give 10 to you in return." He responded, "Yeah, that's right, but... yes, I just conceive such an idea, but other people mightn't, I know. That's a problem of mine, perhaps. I think I tend to overthink things more than other people do." She realized that subject A's words gradually revealed a more intropunitive attitude, as seen in her notes below.

The prospective psychotherapist wrote in her notes, "As I received supervision, his sense

of guilt might arouse his feeling that he needs to apologize, and might stem from his awareness that he had nothing valuable to talk to me about him. In other words, he is aware and worries that he could make much less contribution to this research than he imagined to make. Besides, it is probable that his sense of guilt became stronger because he could not complete psychotherapy due to his leaving Japan.”

## **Discussion**

### *Characteristic Japanese communication style*

The prospective psychotherapist wrote that she perceived something unusual in subject A's remarks about his premature termination. Interestingly, however, she did not pay any attention to her feelings toward the suggestion of his premature termination. I want to give my full attention to what the psychotherapist did not refer to. The prospective psychotherapist escaped from clarifying the reasons for subject A's suggestion based on her feeling strange regarding his explanations. She noted that his suspension in the middle of the process would be much more problematic. She might have thought that if she had reported her thoughts regarding his premature termination, it would have had an undesirable effect on her relationship with subject A. She did not want him to suspend his participation in the psychotherapy program, and then tried to persuade him that he did not need to apologize for his insufficient contribution to the research. She could not face her feelings and subject A's feelings behind his suggestion of premature termination. The prospective psychotherapist should have dealt properly with her counter-transference; regrettably, she swallowed subject A's explanation.

My judgment remarkably contrasts with that of the psychotherapist. I considered that subject A's offer of premature termination was based on his anger toward me. I had tried to persuade him not to cancel the second session after I had received his email. The email said that A wanted to cancel the second session. Subject A regarded my attempt at persuasion as an attempt to deprive subject A of his freedom of action. His anger toward me might spoil the plan for his psychotherapy. Furthermore, a part of this research project would also be spoiled.

The prospective psychotherapist's treatment in conversation with the client based on her counter-transference followed the conventional Japanese manner, which involves empathetic identification. Culturally, Japanese people try to minimize or avoid highlighting differences in opinions or ideas by using empathetic identification, and consider that it is “essential to identify with the other and feel as he feels, a free exchange of opposing views between individuals is restrained to the utmost (Suzuki, 2001, p.168).” This type of communication contributes to Japanese characteristics such as that symbolized by the phrase “Ki ga kiku” and “guessing and consideration culture”. It means quick reading of another's mind. In response to the prospective psychotherapist, subject A also followed the empathetic identification style. They tried to make empathetic identification mutually, rather than

exchange their feelings individually. As a result, the prospective psychotherapist failed to understand what subject A actually had in mind.

Nishizono pointed out that a communication style that minimizes or avoids highlighting differences does not help to solve a client's psychological problems even if a psychotherapist intends to make warm relationships with his/her clients (1983, p.92). Nevertheless, psychotherapists who tend to stress verbal intervention are not necessarily desirable for Japanese clients. Such psychotherapists often perplex their clients (Nishizono, 1983, p.92). The clients may feel that they are being treated roughly by the therapist because the psychotherapy is given in a Japanese cultural setting.

Suzuki stated that Japanese culture and sentiment show a strong tendency to overcome the distinction by having the self immerse in the other (2001, p.167). This tendency towards "self-assimilation with others" can be easily seen in Japanese people's verbal communication (Suzuki, 2001, p.168). This communication style is quite different from that in the West. Since Western culture is based on an essential distinction between the observer and the observed, Western psychotherapists do not hesitate to express their opinions to their clients. Perhaps, the prospective psychotherapist did not know how to talk to subject A in a psychotherapeutic situation like other Japanese psychotherapists.

In Japan, there is a lack of a psychotherapeutic conversation style suitable for use with Japanese clients. Therefore, Japanese psychotherapists need to devise a psychotherapeutic conversation style that is suitable for clients whose first language is Japanese. The present problem in Japan stems from the fact that Japanese people have discarded the Japanese cultural tradition inherited under the name "Bunmeikaika".

#### *Lost systems for treatment and the tenets of Shinto*

Japanese people began to be westernized beginning in the late Edo period (early 1850's). This trend accelerated and was called "Bunmeikaika", which literally means enculturation, when the Meiji government was established. Following this trend, Japan has been accepting modern rational thinking, such as science developed mainly in Western countries. With the progression of "Bunmeikaika," Japanese people gradually lost their traditions in various fields in which Japanese people had traditionally succeeded (Itano, 1989, p.125). In return, Japanese people have tried to adopt the cultural background of the West to compensate for the lack of their own tradition.

This trend has also been seen in the field of psychotherapy. Japanese psychotherapists are confronted with historical discontinuities. Japanese psychotherapists have tried to accept psychotherapeutic theories and skills as science developed in Western countries. At the same time, however, this caused a contradiction in Japanese psychotherapy (Tohata, 2017, p.70). Some Japanese psychotherapists highlight psychotherapeutic aspects inherent in Japanese cultural tradition: ambiguity, maternity, or oriental thought without words (Miki & Kuroda,

1998, p. 274).

Furthermore, psychotherapeutic theories and skills have developed in line with their own cultural background (Marks, 2017). Japanese people have acknowledged the legitimacy of Western psychotherapy that was developed by Westerners. And yet, psychotherapists in Japan have been deprived of how to appropriately treat clients using the Japanese language. Therefore, the first step to resolve this confusion will be to clarify the original system of psychotherapy on the basis of a Japanese cultural background.

Actually, the Japanese tradition included psychological treatment systems, which might be classified as shamanism. This tradition is symbolized by Shinto, i.e., the religious and philosophical system inherent in the Japanese language-culture community (Kasulis, 2019), and Buddhism, Japanized on the basis of Shinto. Japanese people were relieved from suffering mainly by Shinto (Hasebe, 1992, p. 42). In Japan before “Bunmeikaika”, Buddhist monks and Shinto priests assumed the role of relieving psychological, psychiatric, or physiological suffering and endeavored to persuade, intimidate, and/or indoctrinate something lurking in each sufferer (Hasebe, 1992, p. 78).

Kikke Shinto, a school of Shinto, compiled secret doctrine books in the mid-1700s, some of which explain in detail how prayer can relieve sufferers (Tamaki, n.d.). For instance, it guarantees by its principles to purify spirits of both things and living creatures, including wraiths (Kikke Shinto sho, n.d.). A Kikke Shinto priest invites both a sufferer and the wraiths possessing the sufferer into a sacred area where a ritual for purifying wraiths is conducted. If the wraiths are purified, they will stop both lurking in the sufferer and causing a great deal of harm to the sufferer. The Shinto priest never reveals anything that he is told within this sacred area. This assurance of confidentiality makes it easier for the sufferer to confess everything. Thus, the vow taken by the Shinto priest to keep the secrets of the sufferer is similar to the confidentiality offered by today’s psychotherapist.

If the sufferer is plagued by guilt or anxiety, the efficacy of the ritual is largely restricted. The purified wraiths sometimes lurk in the sufferer and haunt again. The doctrine of Kikke Shinto explains the importance of Qi, which is spiritually and directly related to our mind (Thoe & Boon, 2005, p. 88). The smooth flow of Qi contributes to psychological and physiological health in humans. If a sufferer’s Qi stagnates, it becomes easier for wraiths to possess him/her. To have his/her Qi flow smoothly, a Shinto priest encourages or sometimes forces the sufferer to confess everything. Next, the priest sets ‘omiki,’ sacred sake, very close to the sufferer, to delight the wraiths. When the wraiths are well satisfied with the hearty hospitality as well as the ‘omiki’ dedicated to them, the priest can stop the wraiths from haunting the sufferer. After successfully persuading, intimidating or indoctrinating the wraiths, the priest transfers them to a hitogata, a paper doll used in Shinto purification rites, which serves as a vessel for the wraiths. The doll takes charge of the sufferer’s sense of guilt and sin. Some of the methods used then were not significantly different from those used in

current psychotherapy. Previous discussions of religion or shamanism in Japan have tended to focus only on their unrealistic or supernatural aspects (Blacker, 1975 p. 235). However, priests or monks realistically tried to heal sufferers based on a religious and philosophical system inherent in the Japanese language-culture community.

The priest sometimes gives a ghost the honorific title 'Kami', meaning holy spirit, and the ghost turns into a 'Kami'. By giving it this honorific title, the priest can comfort the ghost's anger. In this sense, Japanese people do not make an essential distinction between a 'Kami' and a ghost. In this way, Shinto, the essential and main core of Japanese thought, has never adopted any type of dualism, such as dualism between good and evil; thus, a ghost can become a 'Kami'.

This essence of Japanese thought still governs Japanese people's daily life, even in teaching school science (Kawasaki, 2015). The treatment of psychotherapy and psychiatry is not an exception. Some psychotherapists still emphasize the need to reconcile their client's words with the psychotherapist's understanding of them to arrive at a better understanding of the client (Nishizono, 1983, p. 29, Narita, 2002, p. 179). Because they actively try to assimilate their clients' experiences, clients can experience a sense of unity with their therapist. Japanese psychotherapists are inclined to positively resolve clients' problems; in contrast, the Western style, psychotherapists encourage clients to realize their problems by themselves. This attitude towards psychotherapy must be quite different from that held by Western psychotherapists. In psychotherapy given in a Japanese-language culture setting, a psychotherapist has to endeavor to develop a relevant understanding of what his/her client wants to say according to the essence of Japanese thought. If psychotherapists establish this perspective on psychotherapy in Japan, the perspective will faithfully reflect the Japanese cultural style valuing interdependence (Narita, 1999, p. 40).

This type of communication, i.e., empathetic identification, has some negative aspects such as "becoming ill under the burden of another's worries" (Suzuki, 2001, p. 168). Japanese psychotherapists have to pay additional attention to a tendency in their clients to unwittingly have consideration for their therapists. If a psychotherapist successfully gives additional attention to his/her Japanese client, the psychotherapist may sometimes realize that the client is now confronted with negative thoughts. In such a case, the psychotherapist should encourage the client to express these thoughts out, like an ancient Shinto priest.

This study strongly suggests that psychotherapists in Japan need to become conscious of what empathetic identification is and to understand the psychotherapeutic aspects of the work of Shinto priests. It is highly probable that the treatment system that is most suitable in the Japanese culture differs from that in the West to the same degree that the Japanese culture differs from Western cultures. Such effort by Japanese psychotherapists may lead to the development of psychotherapeutic theories and skills suitable for a society that values interdependence.

*Concluding remarks*

Although Japanese people have forsaken their traditional psychotherapy treatment systems, Japanese psychotherapists are unwittingly revitalizing those systems, theories and skills suitable for the Japanese community (Doi, 1992, p. 29, Akita & Natori, 2017, p. 195). How a psychotherapist interprets a client's behavior in the language used is profoundly influenced by the psychotherapist's culture (Eliot, 1962, p. 31). Therefore, psychotherapists have to abandon the idea of global psychotherapeutic techniques, interventions, and theories. In this sense, the experience of Japanese psychotherapists deserves more attention than it has received. Furthermore, this study revealed a difference in understanding of the same client between a prospective psychotherapist and the author. This difference in the understanding of the same client should be handled within a comparative study on culture.

If psychotherapists of the world accept that psychotherapy depends entirely on the culture concerned, psychotherapy will gain a fresh perspective. Psychotherapists seek to achieve the same objective, but by means of different theories and techniques, both of which depend on the respective cultures. Thus, psychotherapists will naturally have an inter-cultural perspective. Discussions with colleagues from different cultural viewpoints will deepen our understanding of the human mind. The present discussion suggests the introduction of relativism into the field of psychotherapy. An evidence-based formulation of the policies for such introduction will be discussed elsewhere.

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