

Buddhism-Related Folk Therapy of Mental Patients in Japan before World War II

- Conflict or Harmony with Modern Medicine? -

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Introduction

In Japan, as in other countries, religious therapy for mental disturbances has probably existed from the beginning of the nation's history.¹ It seems, however, that it was not until the modern period, when the number of people who were recognized as mental patients was increasing, that such traditional remedies began to prevail generally. While leading doctors at the time found many mental patients in the community and tried to implement modern psychiatry, the establishment of psychiatric institutions was delayed and therefore the number of medically managed patients was very limited. At the beginning of the 20th century, there were an estimated 140 to 150 thousand mental patients all over Japan, but at most about five thousand psychiatric beds, which mostly existed in Tokyo, Kyoto and Osaka.² Meanwhile, most patients depended on religious therapy and visited religious institutions with their families, although the modern Meiji government prohibited such a tradition because it stood in the way of its medical policy.³ However, the modernization of medicine in Japan can not be described

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¹ One of the oldest depictions in terms of Buddhism and mental patients is seen in *Nihon-ryōiki*, the collection of Buddhist tales edited in the 9th century. cf. Okada, Yasuo: *Nihon-seishin-ka-iryō-shi* [The history of psychiatry in Japan]. Tokyo, 2002. pp. 9-11.

² Okada, Yasuo (ed.): *Seishin'iryō* [Psychiatry]. Tokyo, 1964. pp. 30-31. and Okada, Yasuo, (2002). pp. 179-181.

³ For example, on June 7th, 1874, the Ministry of Religious Affairs (Kyōbu-shō) issued a notice that medical practice shall not be disturbed by incantations and prayers.

simply as a developing process in which traditional remedies were replaced by Western medicine under the influence of medical doctors.⁴ With a focus on Buddhism-related folk therapy, this paper will discuss how tradition and modern medicine interacted and how professionals and non-professionals dealt with them in the modern period. Some methodological limits must be noted, however, owing to the small number of available documents that depict such therapy decades ago. In addition, the traditional remedies experienced by ordinary people were always documented through medical doctors' eyes.

Traditional therapies: some examples

In 1918 Shuzo Kure, psychiatrist and professor of the University of Tokyo, and his assistant Goro Kashida reported in an article some folk treatments for mental patients based on Buddhism, Shintoism and other folk beliefs.⁵ In general, they criticized such therapy as having no effect and being rather harmful to patients from the viewpoint of modern medicine.

As for Buddhism-related folk therapy, they referred to temples in various parts of Japan in which mental patients stayed with their families during the ritual of healing. Bathing, incantations and prayers were prevalent remedies there. These practices are thought to be deeply related to mountain worship and esoteric Buddhism, which probably originated in the Heian era (794-1185). Buddhists practiced asceticism in the mountains, bathed in waterfalls or confined themselves to

⁴ For a discussion of the limitations of the modernization-paradigm, see Geyer, Michel: Deutschland und Japan im Zeitalter der Globalisierung. Überlegungen zu einer komparativen Geschichte jenseits des Modernisierungs-Paradigmas. In Conrad, Sebastian and Osterhammel, Jürgen: Das Kaiserreich transnational. Deutschland in der Welt 1871-1914. Göttingen, 2004. pp. 69-86.

⁵ Kure, Shuzo and Kashida, Goro: *Seishin-byosha-shitaku-kanchi no jikkyo oyobi sono tokeiteki-kansatsu* [The present state and the statistical observation of mental patients of home custody]. Tokyo, 1918 (reprint 1973). This article was also published in the medical journal *Tokyo'igakukaizasshi*, vol. 32 (no. 10-13) in 1918. This article dealt with not only mental patients of home custody but also folk therapies, folk medicine and transportation of mental patients. The research and inspection for the article were undertaken between 1910 and 1916 by 12 assistants at the University of Tokyo.

caves in order to gain the power of healing. The most powerful trainee monks, who were called *Shugensha*, were respected by the nobility at the time.⁶ In the Edo era (1603-1868) such a healing culture was widespread in the general public.⁷ Even after the Meiji Restoration in 1868, the beliefs of the people did not change so quickly. In modern Japan Buddhism-related folk therapy continued to exist, and even seems to have become more and more popular. According to a report of Osamu Kan,⁸ after 1868 quite a few Buddhist temples established accommodations for mental patients who stayed there for treatment, probably because of increasing demand for traditional remedy.

Bathing under a waterfall was one of the most common treatments for mental illness in the history of Japanese psychiatry. It was not only a kind of shock therapy, but also symbolized the idea that water would purify “a corrupted psyche”.⁹ In addition, as a summer retreat the natural environment around the fall in the mountain must have refreshed the patients and their families.¹⁰ As an example of such bathing, Kure and Kashida described the practice of Nissekiji Temple in Oiwa, Toyama Prefecture, which was established in the 8th century.¹¹ In 1868 this esoteric Buddhist temple formed a waterfall consisting of six streams: Tradition says that people who bathe under this falls will form a connection with Bud-

⁶ Miyake, Hitoshi: *Shugendo*. Tokyo, 2001. pp. 32-38.

⁷ Yamaori, Tetsuo: *Bukkyo-minzokugaku* [Folklore of Buddhism]. Tokyo, 1993. pp. 121-133.

⁸ Kan, Osamu: *Hompo ni okeru seishin-byosha narabini koreni kinsetsu seru seishin-ijosha ni kansuru chosa* [The report on psychiatric patients and psychopaths in Japan]. *Seishinshinkei-gakuzasshi*, 41(10), 1937. pp. 793-884.

⁹ Omata, Waichiro: *Seishin-byoin no kigen* [The origin of mental hospitals]. Tokyo, 1998. pp. 49-50.

¹⁰ For example, on the occasion of the Panama-Pacific International Exposition held in San Francisco in 1914, Nissekiji Temple at Oiwa in Toyama Prefecture was introduced as a summer retreat, where “even now bathing in the waterfalls is popularly believed to be efficacious for curing mental derangement and also eye diseases, and thus the place is visited by sick people all the year round.” See Ishizu, Risaku: *The mineral springs of Japan with tables of analyses, radio-activity, notes on prominent spas and list of seaside resorts and summer retreats*. Tokyo, 1915. p. III-47.

¹¹ Kure, Shuzo and Kashida, Goro, (1918). pp. 97-99.

dha and purify human six *Kon* (root of living activities).¹² At Nissekiji Temple, mental patients stayed with their families for a while in a small temple called *Sanrojo* next to the main temple, or in inns run by the villagers in front of the temple.¹³ While staying in *Sanrojo* was free of charge, the patient's family had to do their own cooking there and borrowed bedclothes from the inns. Wealthier patients lodged at the inns. Although, according to the family's demand for incantations and prayers, a priest *burned Goma* (i.e., burned small pieces of wood on the altar to invoke divine help) for the patients, the falls was the most important destination. In terms of bathing, the temple did not force it on the patients and their families but let them do as they pleased. The patients bathed under the falls several times a day, five to ten minutes each time. At the family's request, the bathing was sometimes assisted by *Goriki*, who brought reluctant patients to the falls by force and retained them for the duration of the bath. Kure and Kashida wrote that an 18-year-old schizophrenic farmer, who was lodging with his father in one of the inns, became excited and was forced to the falls by two *Goriki*, who tied him hand and foot with towels. After five minutes he went back to the inn, but his condition badly deteriorated. He complained of a pain in his head and ears and continued to mumble to himself still more. Two other patients reported as examples of Nissekiji Temple also took a turn for the worse after bathing. Seeing for himself how the patients bathed, Kashida advised the patients that they misunderstood the effect of the falls and should not continue the bathing. In the same report Kure and Kashida also referred to the waterfall of Yakuoin Temple, an esoteric Buddhist temple, in Takao, Tokyo Prefecture.¹⁴ The system of bathing was all most the same as at Nissekiji Temple. Again they criticized Yakuoin Temple for the fact that 8 patients had died throughout the year as a result of bathing

¹² According to the tradition of Nissekiji Temple, six roots are eye, ear, nose, tongue, body and will.

¹³ After the Second World War the *Sanrojo* at Nissekiji Temple was destroyed. On the other hand some of the inns still continue today.

¹⁴ Kure, Shuzo and Kashida, Goro, (1918). pp. 89-91.

and the lack of medical control, which should have been overseen by the temple.

As another type of traditional remedy, incantations and prayers were very commonly performed in Buddhist temples by priests. Kure and Kashida reported the practices of incantations and prayers, which were observed at Hokekyoji Temple and Myokoji Temple in Chiba Prefecture, which both belonged to the Nichiren sect of Buddhism.¹⁵

Hokekyoji Temple in Nakayama, which was established in 1260, is one of the head temples of the Nichiren sect. In this temple there was a *Sanrojo* (small temple) in which 25 people, including 14 mental patients, boarded together when Koichi Miyake inspected in October, 1917. The ritual began at 5 o'clock in every morning. People moved from the *Sanrojo* through a corridor to another small temple, where the treatment was performed. They sat in front of the altar of *Kishibojin* (The goddess of childbirth and children) and loudly recited the phrase *Namyo Horen Gekyo* to the accompaniment of a drum. During this ritual the priest sat to the side and only oversaw them. The prayer lasted for 20 minutes and started again after 30 minutes' pause. They recited in this way until 9 o'clock in the evening, except for mealtimes. As stated by Miyake, some bizarre behaviors of the mental patients stood out through the ritual: 4 patients regarded as schizophrenic were ill-mannered, looked around, did not recite at all and smiled sillily. Another male patient, regarded as general paretic, laid his breast and belly bare, hit himself around the navel, and simpered. While the priest explained to Miyake that seven-tenths of the patients had been cured and that so far no scandalous affairs had occurred, he heard from another person that quite a few mental patients ran away from the temple.

Myokoji Temple in Baraki was first established in the 16th century and was re-

¹⁵ Kure, Shuzo and Kashida, Goro, (1918). pp. 91-94. These pages seem to have appeared at first in the article of Miyake, Koichi: *Nakayama no Hokekyoji oyobi Baraki no Myokoji shisatsuki* [Inspection of Hokekyoji Temple in Nakayama and Myokoji Temple in Baraki]. *Shinkeigakuzasshi*, 16(12), 1917, pp. 797-800.

stored at the end of the 18th century. The accommodations and the practices here were almost the same as those of Hokekyoji Temple. When Miyake inspected the temple, he had an opportunity to observe *Shuho*, a form of incantations and prayers. As he reported, there were 32 persons in front of the altar in the place where the *Shuho* was performed. Ten of them were patients who were about to be treated. When it came to one middle-aged woman's turn for *Shuho*, she felt a severe pain in her side (she was not a mental patient). The priest beat wooden clapper and asked her, "How long have 'you' hurt this woman, after 'you' came into her body?" The sound of the beat was so ear-splitting that some other patients trembled. The woman answered, "For 23 years." After a few questions and answers were exchanged, the priest declared, "This woman will recover from her illness by tomorrow." This was *Shuho* as it was practiced in Myokoji Temple at the time.

In respect to these two temples in Chiba Prefecture, the inspector Miyake acknowledged that some small temples, *Sanrojo*, where mental patients were staying for remedy, seemed to be pavilions styled after psychiatric wards in European countries, and that the prayer called *Shuho*, in which the cause of mental illness was thought to be a possession or a heresy, was a form of psychotherapy or hypnotism. Moreover, he had a great expectation that Nakayama Mental Hospital (Nakayama *Ryoyoin*), which was established in 1917 by Hokekyoji Temple, would combine physical-chemical therapy with religious psychotherapy.

Meanwhile, Buddhist remedies occasionally deteriorated into abuse of mental patients. In the hermitage named Ryozen'an, which was built at the foot of Mount Ryozen in Fukushima Prefecture in the 1920s, the founder and trainee monk Ryoken Oe recited a sutra for remedy of mental patients.¹⁶ As his reputation grew, more and more patients visited Ryozen'an. At its peak, 30 to 40 pa-

¹⁶ In the article of Kan, Osamu (1937), Ryozen'an was introduced as a sanatorium for mental patients (*Seishin-byosha-hoyojō*).

tients lived in the hermitage. In 1936, however, Oe and his colleagues were arrested by police, and the local authority commanded the hermitage to be closed: A mental patient who ran away from Ryozen'an to the police complained about violent abuse under the name of therapy. The local newspaper wrote: "While Ryozen'an collected a lot of money from patients as the charge for board, the patients were only given meals poorer than those of beggars. So that the patients would sleep well at night, they were compelled to work, being chained one another as prisoners."¹⁷ Further, the newspaper reported that some patients seem to have been killed through punishment or raped. Koichi Terayama, psychiatrist and local historian in Fukushima, analyzed the case of Ryozen'an as follows: "Since some psychogenic-psychotic patients can be cured by praying or taking a change of air, some patients in Ryozen'an happened to be cured. That must have made Ryozen'an popular, so that people began to leave patients in its care. Although at first the temple must have been faithful to the patients' care, the increase of the patients changed its character. It came to pursue profit and ill-treat troublesome patients impulsively."¹⁸ Nevertheless, because of the shortage of psychiatric beds in Fukushima Prefecture, where the first mental hospital was built with 39 beds in Koriyama in 1933, people had little choice but leave patients in the "questionable" Ryozen'an.¹⁹

People's and doctors' view of traditional therapies

In the modern period, as stated above, people still chose traditional remedies as being realistic and effective. In fact, some patients must have been cured by bathing, incantations or staying with their families in a natural environment. Otherwise they might have been confined at home or in institutions for years. The role

¹⁷ The Fukushima Mimpo, on December 10th, 1936. (From the quotation in Terayama, Koichi: *Ryozen'an oboegaki* [A note on Ryozen'an]. *Kyoen*, 27, 1982. pp. 6-10.)

¹⁸ Terayama, Koichi (1982). pp. 6-10.

¹⁹ Terayama, Koichi: *Nihon-seishin'igaku-fudoki Fukushima-ken* [Psychiatry in Fukushima Prefecture]. *Rinshoseishin'igaku*, 14(10), 1985. pp. 1535-1544.

of such a treatment practiced in a relatively free atmosphere can not be underestimated.²⁰ In the present context such remedies could be evaluated as a kind of community mental service, which has been practiced only since the 1960s in Japan.²¹ However, we can not overlook the poor state of psychiatry in modern Japan as a background reason for the increasing demand for tradition. Japan chronically suffered from the shortage of psychiatric beds, and most patients who needed to be treated but were not hospitalized had to choose either home custody under police observation without sufficient medical care or traditional remedies at religious institutions.²² At the same time, people felt deeply doubtful about the treatment in mental hospitals. Sakae Kodama, psychiatrist and director at Aichi Prefectural Mental Hospital, reported²³ in 1934 that most of the families who confined their patients at home under the Mental Patients' Custody Act did not trust any mental hospitals and did not want to leave their family members there. They responded on questionnaires that "Nobody knows how patients are treated in mental hospitals," or "Since we have a blood relationship, I would like to take care of the person at home, even if the admission into mental hospital would cost little or nothing." Although, as the case of Ryozen'an shows, religious institutions also might have gained notoriety, a worse reputation of mental hospitals must have circulated among people through scandals, which had been repeatedly reported in the newspapers.²⁴

²⁰ For a clear evaluation of bathing in the falls, see Konai, Shin'ichi: *Nihon-seishin'igaku-fudoki Gumma-ken* [Psychiatry in Gumma Prefecture]. *Rinshoseishin'igaku*, 18(3), 1989. pp. 427-432.

²¹ The revised Mental Hygiene Law of 1965 provided for the first time the promotion of community mental health services through public health centers.

²² According to the statistics of the Ministry of Health and Welfare, at least until 1928 the number of patients who were cared for in non-medical institutions (mostly home custody) was larger than that of patients who were admitted into mental hospitals under the Mental Patients' Custody Act and the Mental Hospital Act. As for the patients who stayed at religious institutions, there are no accurate statistics. See Kose-sho (The Ministry of Health and Welfare): *Isei-80nen-shi* [The 80 year's history of medical system]. Tokyo, 1955. pp. 802-803.

²³ Kodama, Sakae: *Aichi-ken ni okeru seishin-byosha, seishin-hakujaku-sha chosa-hokoku* [A research report of mental patients and mentally retarded people in Aichi Prefecture]. *Seishin'eisei*, 1(6), 1934, pp. 6-14.

On the other hand, leading medical doctors generally criticized the remedies at Buddhist temples (and other religious institutions). They were convinced that they had to guide unenlightened people transform unscientific remedies to modern treatment in the Western sense, because “the people were the basis of the nation.”²⁵ However, traditional remedies were sometimes accepted and recommended only if they could be referred to in terms of the methods or concepts of modern Western medicine. Traditional practices were newly interpreted and given the terminology of modern medicine, as seen in the examples of the temples of the Nichiren sect in Chiba and other traditions described in the report of Kure and Kashida: A kind of incantation, *Shuho*, would be a religious psychotherapy²⁶ and a bathing in the hot spring at Jogi Onsen in Miyagi Prefecture would be a duration bathing (Dauerbad),²⁷ which was practiced in Europe as a physical therapy for mental patients at the beginning of the 20th century.

Moreover, some doctors actively tried to combine modern medicine with traditional remedies. Beyond the frame of Buddhism, there were a few other religious institutions that the prominent psychiatrists evaluated (because the denomination, whether it was Buddhism, Shintoism or others, made little difference to the Japanese who sought to be cured). Awai-Jinja Shrine at Naruto in Tokushima Prefecture is one case, which was written about in a treatise by Kure in 1912.²⁸ This Shinto shrine was known for its long tradition of bathing at the seaside (*Suigyō*). In 1927 Awaijima Mental Hospital was established beside the shrine by the villagers and the Shinto priest. In planning the hospital, they had

²⁴ For instance, from May 7th to June 20th, 1903, the Yomiuri newspaper ran a serial entitled “Mental hospitals: The darkest world of mankind.” In these articles all sorts of ill-treatments in public and private mental hospitals were revealed. See Minami, Hiroshi, Okada, Yasuo and Sakai, Shizu (ed.): *Kindai-shomin-seikatsu-shi 20: Byōki-eisei* [The life of ordinary folks in the modern period: illness and hygiene. Vol. 20]. Tokyo, 1995. pp. 183-223.

²⁵ Kure, Shuzo and Kashida, Goro (1918). p. 5.

²⁶ Kure, Shuzo and Kashida, Goro (1918). p. 94.

²⁷ Kure, Shuzo and Kashida, Goro (1918). p. 99.

²⁸ Kure, Shuzo: *Waga-kuni ni okeru seishinbyō ni kansuru saikin no shisetsu* [Psychiatric institutions in recent Japan]. Tokyo, 1912. pp. 127-128.

visited some modern institutions in Tokyo and Kyoto. After the hospital had been established, the bathing of the patients continued as a part of the daily treatment until 1948.²⁹

Japanese society and psychiatry in the 1930s

In general, by the 1930s traditional remedies seem to have entered upon a new phase. Now mental hospitals began to be constructed not only in urban areas but in the countryside as well. Among all 47 prefectures in Japan, until 1899 mental hospitals existed only in three prefectures (Tokyo, Kyoto and Osaka). By 1918, however, at least one mental hospital was built in 14 more prefectures, and then in 1935, every prefecture except for Aomori and Okinawa Prefectures had at least one. Particularly, in the 1930s the first mental hospitals were opened in 10 rural prefectures.³⁰ With this development of institutionalism, the number of mental patients who were admitted into mental hospitals gradually increased, although sometimes it took many hours to convince their families that they should be hospitalized, since many still attributed mental illness to possession by foxes or other beings and relied on incantations and prayers.³¹ In addition, under the influence of a national regulation of 1933, the Rule of Hospitals and Clinics Control, each prefecture controlled medical and medicine-related institutions more and more strictly. It became more difficult than before for traditional remedies to survive: In 1933 Kanagawa Prefecture, for instance, prohibited the traditional treatment at Shomyoji Temple in Kamakura.³² Since 1915 the temple had run a special house called Konsenzan Sanatorium (*Konsenzan seiyojo*) for mental pa-

²⁹ Awaijima-hoyoin: *Awaijima-hoyoin-50nen-shi* [50 years of Awaijima Mental Hospital]. Tokushima, 1978.

³⁰ Okada, Yasuo: *Senzen no nihon ni okeru seishin-ka-byoin seishin-ka-byosho no hattatsu* [The development of psychiatric services in pre-war Japan]. *Nihon'ishigakuzasshi*, 31(1), 1985. pp. 93-107.

³¹ For an example in Yamanashi Prefecture, see Matsuno, Masahiro: *Nihon-seishin'igaku-fudoki Yamanashi-ken* [Psychiatry in Yamanashi Prefecture]. *Rinshoseishin'igaku*, 27(10), 1998. pp. 1293-1300.

³² The Chugai-nippo. On March 17th, 1934.

tients who stayed there for the purpose of incantations, prayers and baths in the falls. Following the guidance of the prefecture, the temple introduced regular consultation by a doctor. However, the plan to organize a mental hospital was never realized.³³ On the contrary, one of the inns near the waterfall of Yakuoin Temple in Takao, Tokyo, succeeded in establishing a mental hospital in 1935. It seems that they were not able to run only an inn for mental patients any more as a result of the control by Tokyo Prefecture.³⁴

It must be also mentioned that the inspection of the Ten'no, or Emperor, of Japan, was very influential in hospitalization of mental patients. In the 1930s, just as the Sino-Japanese war broke out, the Emperor often visited the places where army maneuvers were held. Prior to his visits, police strictly controlled mental patients who lived outside psychiatric institutions and, if needed, confined them in mental hospitals. In some areas, in which there was no mental hospital, a new one was even established. The same thing can be said of religious institutions, which provided accommodations for mental patients. The tradition of Ganryuji Temple in Hyogo Prefecture, a temple of the Shingon sect of Buddhism established in the 9th century, was also controlled by police, just before the Emperor came to Kobe. The head of the police department and a policeman from a substation visited Ganryuji Temple and requested that the priest not accommodate any patients in the temple.³⁵

Traditional therapies and the public in the changing context

After the Second World War, the accommodation of mental patients outside psy-

³³ Nakanishi, Naoki: *Bukkyo to iryo-fukushi no kindai-shi* [Modern history of Buddhism, medicine and welfare]. Kyoto, 2004. pp. 179-180.

³⁴ Hiruta, Genshiro: *Takaosan-taki-chiryō: Kikigaki* [Bathing in the falls at Mount Takao: A verbatim note]. Presentation at the 8th Annual Meeting of Japanese Society of History of Psychiatry on October 30, 2004, at Keio University, Tokyo.

³⁵ Sakata, Kenjiro et. al.: *Ganryuji ni okeru "sanro" ni tsuite: Seishin-byōin-seiritsu-zengo no minkan-ryōho no ichi-jirei* [On "sanro" in Ganryuji Temple: A case of folk therapy in the time of the rise of mental hospitals]. In Minami, Hiroshi, Okada, Yasuo and Sakai, Shizu (ed.), 1995. pp. 110-117.

chiatric institutions was prohibited by the Mental Hygiene Law of 1950. Stays of mental patients at temples for treatment therefore declined. Before the law, however, the religious treatment had already begun to lose its acceptance by the public. In the 1930s and 1940s more and more patients were hospitalized, and gradually people came to think of the treatment at temples as just a kind of “occult” practice. It is not easy to detect a clear change in people’s view of traditional remedies, but it is certain that in the 1930s the public began to keep a distance from traditional practices. For example, Hozumi-Jinja Shrine in Shizuoka Prefecture, which was originally respected as *Ryuso Gongen*,³⁶ fell into ruin around 1935. The shrine had been known as a place for remedy of mental patients by “hot water prayer (*Yukito*)”: During the prayer, the priest poured hot water on the head of a mental patient. A villager recalled the decline of the shrine at the time: “Other than the priest, nobody was able to cure the illness. As society advanced, however, the villagers came to think that prayer would never heal any patient.”³⁷ After the war general decline of traditional therapy became decisive among the public. The following quote, from a sarcastically-written newspaper article of 1950,³⁸ fully symbolizes the lost prestige of religious treatment: “In the time of penicillin and X-rays, rural customs persist. Several mental patients seem to be staying at Ryufukuji Temple in Iwai, Chiba Prefecture, and to bathe in the waterfall there. When I visited in mid summer, I saw a naked woman patient who was bathing under the falls with a grin on her face. The sight sent chills down my spine as well.” The newspaper featured seasonal articles of high summer, which would bring about coolness.

³⁶ *Gongen* means “a revelation of Buddha in the form of a Japanese god.”

³⁷ Kimura, Ken’ichi: *Shizuoka-ken-ryusozan-hozumi-jinja ni okeru “seishin-shogai-sha” chiryo to sonogo* [The remedy of mental patients at Ryusozan Hozumi-Jinja Shrine in Shizuoka Prefecture: Its history and present state]. *Shakaiseishin’igaku*, 3(1), 1980, pp. 40-44.

³⁸ The Chiba Shimbun, on July 31st, 1950.

Conclusion

In the course of modernization of medicine, leading medical doctors generally criticized traditional remedies, which were widely practiced in the form of bathing, incantations and prayers at Buddhist temples (and other religious institutions) all over Japan. Occasionally, however, the doctors acknowledged a traditional remedy if it was consistent with the theory of Western medicine. In some cases, they tried to combine modern medicine with traditional remedies.

On the contrary, people believed in the effectiveness of traditional therapy, which might, in fact, have healed some patients. Moreover, they had a great suspicion that patients would not be cured in mental hospitals and, even worse, ill treated there. After the 1930s, along with the construction of mental hospitals even in rural areas, the hospitalization of mental patients spread nationwide. While Japan established a war regime and intensified the control of mental patients, the traditional therapy, which had been long supported by public beliefs, began to decay: Most people felt that the time of traditional remedy had ended. It was probably at this moment in pre-war time, when the hospitalization of mental patients still stood badly behind that of Europe and North America, the drastic institutionalization of post-war Japan took root.