

■ Article

Folk Therapy for the Mentally Ill in Modern Japan Its Rise and Fall¹⁾

Akira HASHIMOTO

キーワード：精神医療史，精神病，民間治療，近代日本

History of psychiatry, Mental illness, Folk therapy, Modern Japan

Introduction

The newly-formed central government of the Meiji Restoration of 1868 decided to adopt Western medicine. Elite students were sent to Europe to study medicine, and on their return to Japan took up important posts as university professors, government officials, or the like. These so-called “enlightened” doctors, involved in the spread of the new medicine, also suppressed traditional remedies or reinterpreted them to be more compatible with Western medicine.

Kure Shuzo, one of the “enlightened” doctors and psychiatry professor of the University of Tokyo, published articles in 1912 and 1918 on folk therapy for the mentally ill.²⁾ They are among the most essential reporting on this field in modern Japan and refer to traditional healing practices found throughout the country, such as bathing under waterfalls or in hot springs, prayers and spells in temples and shrines.

These healing practices were based on historically and widely accepted customs that were systematized by Buddhism, Shintoism, and syncretistic beliefs peculiar to Japan. Let us first look at the practice of bathing under waterfalls, one of the most popular healing practices for mental illness, which was deeply influenced by the syncretistic belief Shugendo.

Folk therapy : its criticism and praise

Shugendo is a style of worship of gods in a mountain or of the mountain itself as a god. Shugendo is said to have achieved the form of an organized religion by the twelfth century at the latest under the influence of various foreign religions, including shamanism, Taoism, and Buddhism.³⁾ Practitioners of Shugendo, who were called *shugenja*, stayed in the mountains and were trained in ascetic practices such as wandering, praying or bathing under waterfalls. Through such training they were thought to have healing powers, and sometimes they conducted exorcisms and other magical treatments for the ill, including the mentally ill. However, the national religion policy of the modern Meiji government after 1868 put an end to Shugendo, and the *shugenja* came down from the mountains. Despite the government’s attempts to modernize the treatment of illness, however, it seems that magical treatments were not so easily abandoned among the people.⁴⁾

As an example, let us look at a mountainous area in Toyama Prefecture in central Japan. Mount Tateyama in Toyama Prefecture was known as a center of Shugendo. In the pre-modern Edo period from the seventeenth to the

mid-nineteenth century, the cult of Tateyama became very popular not only among *shugenja* but among common people as well. People from all over Japan made pilgrimages to Tateyama. At the foot of and along the route to Mount Tateyama are some sacred places connected to cult of Tateyama.⁵⁾ Nissekiji Temple in the Oiwa district is one such place, where formerly many mentally ill people came to stay and to undergo healing treatments. According to legend, Nissekiji Temple in Oiwa was established in 725, when the famous Buddhist monk Gyoki visited and carved on a rock an image of Fudo Myo O, one of the most important cult objects of Shugendo. But it seems that it was not until in the mid-seventeenth century that the main buildings of the temple were developed on a full scale. Documents say that around 1700 people came to the temple and believed that holy water from the waterfalls around the temple were effective in treating eye diseases.⁶⁾ After that they were thought to be also effective for mental illness.⁷⁾

In 1868 a waterfall consisting of six streams, Roppondaki, was created within the grounds of the temple. The temple probably wanted to provide more convenient facilities to attract visitors. As the temple wished, bathing under this artificial waterfall was popularly believed to be effective for curing mental derangement and eye diseases. It would be of course said that bathing under the waterfalls was closely aligned with traditional *shugenjas'* ascetic practices to receive healing power.

At this temple, the mentally ill stayed with their families either in a small temple called *sanrojo* next to the main building, or in inns run by villagers across from the temple. While staying in *sanrojo* was free of charge, the patient's family had to do their own cooking and borrowed bedclothes from the inns. Wealthier patients lodged at the inns. The temple did not force bathing on the patients and let the families 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*, part-time helpers hired by the inn, who brought reluctant patients to the falls by force and retained them for the duration of the bath (**Fig. 1**).

But psychiatrists sharply criticized the waterfall practice at Nissekiji Temple. According to the 1918 article by Kure Shuzo, an 18-year-old schizophrenic farmer, who was lodging with his father in one of the inns in front of Nissekiji Temple, became excited and was forced to the falls by two *goriki*. They tied him hand and foot with towels. After five minutes he went back to the inn, but his condition had badly deteriorated. He complained of a pain in his head and ears and continued to mumble to himself. Two other patients reported in this article as examples of Nissekiji Temple also took a turn for the worse after bathing. After inspecting how the patients bathed, psychiatrist Kashida Goro, an assistant of Kure Shuzo, advised the patients that the effect of the falls was a misconception and that should not continue bathing under them.⁸⁾

Psychiatrists assumed a critical attitude not only toward Nissekiji Temple but toward folk therapy in general, such as bathing under waterfalls, stating that it lacked scientific rationale and medical control, and that the mentally ill were sometimes abused.

Yet folk therapy was not always rejected by modern medicine. Once these practices could be explained and categorized according to the principles of Western medicine, psychiatric authorities began recognizing them.

For instance, they interpreted Iwakura, a village in the suburbs of Kyoto, as a village of foster family care. Psychiatrists in Western countries at the end of the nineteenth century were very eager to introduce the foster family care system as an alternative to their overcrowded mental hospitals. In Iwakura the mentally ill had traditionally been looked after at villagers' houses and several small inns. Medical doctors tried to appreciate this tradition as a type of family care.⁹⁾



Fig. 1 Waterfall practice at Nissekiji Temple
Two Goriki retain a schizophrenic farmer (center)
for the duration of the bath.
Source : Kure S, Kashida G (1918)

For another example, we can look at Jogi Onsen Hot Spring near Sendai in northern Japan. Psychiatrists interpreted this hot spring as continuous bath (Dauerbad), which was enthusiastically used in Europe as a physical therapy for mental patients in hospital settings at the beginning of the twentieth century. In the 1918 article by Kure Shuzo, Jogi Onsen Hot Spring was praised as an ideal healing spot practicing folk therapy, which was consistent with Western theory.¹⁰⁾

But when praising folk therapy, medical doctors tended to look at only the medical aspects within the whole system of indigenous practices.

The meaning of traditional healing spots

Incidentally, as my statement until now shows, we tend to pay attention only to supposed conflict between folk therapy and modern scientific medicine. In other words, we are trapped by dichotomous thinking of how one medical system, a religious system and thus an old-fashioned medical system, was replaced by another, a new scientific and rational system.

But folk therapy cannot be explained solely from the viewpoint of modern medicine. We need to look at folk therapy in a wider context, especially referring to the place, or healing spot, where it was conducted.

Healing spots formed autonomous communities in which the mentally ill were treated and supported by family members, healers, caregivers, or local inhabitants. In other words, they were so called “ecological” systems, in which several agents were intertwined with one another. Each agent involved in these healing practices developed according to the socioeconomic, geographical, and infrastructural conditions of a particular location where people

gathered. In these spots, people sought cures for their ills and remained until their health recovered satisfactorily.

Let us now go back to Oiwa district, where Nissekiji Temple is located. This place is blessed with beautiful natural surroundings. On the occasion of the International Exposition held in San Francisco in 1915, it was introduced as one of the most pleasant summer retreats in the province.¹¹⁾

Infrastructural conditions for accepting mentally ill people and their accompanying family members were also in place. As Oiwa had been developed as a destination for pilgrimage, it had sufficient capacity to accommodate guests, as this article mentioned earlier, in a small temple called *sanrojo* next to the main building of Nissekiji Temple and in several inns across from the temple. The opening of a railway in 1913 made access to Oiwa easier.¹²⁾

Moreover, the care of the mentally ill was supported not only by their family members but also by people in the entire community, including priests, innkeepers, helpers for waterfall bathing, a resident police officer, and villagers (Fig. 2).

However, in the course of modernization, the new paradigm of institutionalism began to change the ecological scene in terms of the care for the mentally ill. They were now separated from their living environment and transferred into a standardized narrow space.

The milestone was the Mental Patients' Custody Act of 1900, the first national law concerning mental patients in Japan, which regulated the confinement of patients both in mental hospitals and at home to standardize their treatment nationwide.¹³⁾ As the number of psychiatric beds was very limited at the beginning of the twentieth century, many mental patients who needed to be hospitalized were confined in small cages built in their own houses. But we must realize that the confinement of mental patients at home was not a remnant of pre-modern times but rather was a modern institution to strictly control mental patients under national law.¹⁴⁾

In the early stages people still had to depend on confinement at home because of the shortage of psychiatric beds. But in the 1920s and 1930s the number of hospitalized patients increased as the establishment of mental hospitals began spreading to rural areas. As a result of the progress of institutionalization and changes in social customs, people began to distance themselves from traditional medicine, question its effects, and trust their mentally ill family members to standardized and rational but closed and monotonous psychiatric institutions with little room for personalized remedies, unlike the traditional healing spots. Finally, with the establishment of the Mental Hygiene

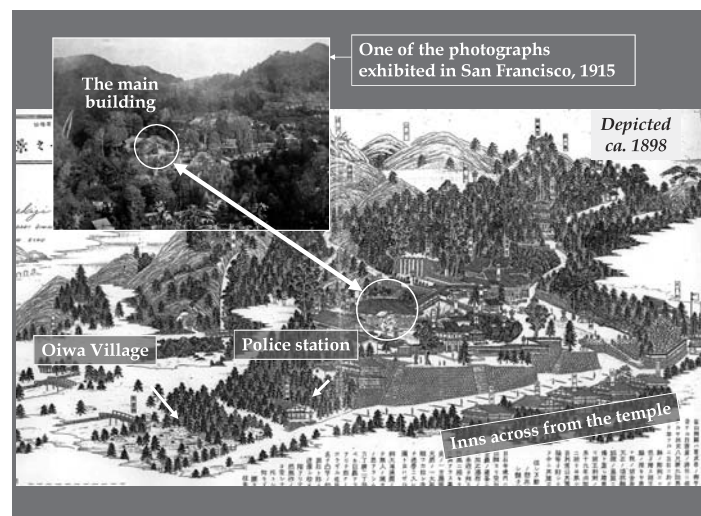


Fig. 2 Nissekiji Temple and its surroundings

Act of 1950, the accommodation of patients in places other than mental hospitals became prohibited, and the role of folk therapy among the Japanese came to an end.¹⁵⁾

Conclusion

We may accept the assumption that modern medicine liberated people from old customs and that science will lead to the development of a wonderful world. But at the same time we are not always satisfied with modern medicine that seems to be interested only in biomedical effects in the cure and care of mental patients. It is worth reconsidering the value of folk therapy as an ecological system, which assumes recovery from illness including wider aspects such as interrelationships between patients and their natural and social environments.

Note

- 1) This paper was read to the JSAA-ICJLE International Conference held in July 2009 at The University of New South Wales, Sydney, Australia.
- 2) Kure S: *Waga kuni ni okeru seishinbyo ni kansuru saikin no shisetsu* [Psychiatric institutions in recent Japan]. Tokyo igakukai jimusho, Tokyo (1912). Kure S, Kashida G: *Seishin byosha shitaku kanchi no jikkyo oyobi sono tokeiteki kansatsu* [The present state and the statistical observation of mental patients under home custody]. Tokyo igakukai zasshi, 32: 521-556, 609-649, 693-720, 762-806 (1918).
- 3) Miyake H: *Shugendo* [Shugendo]. 3, Kodansha, Tokyo (2001).
- 4) Ito A: *Nihon seishin igaku fudoki Fukuoka ken* [The history of psychiatry in Fukuoka Prefecture]. Rinsho seishin igaku, 21 (8): 1379-1387 (1992).
- 5) Tanego T (ed.): *Shugenja no michi* [The roads of shugenja]. 4, Oiwa shidan sakuru, Kamiichi (1991).
- 6) Nojima K (ed.): *Oiwasan Nissekiji* [Nissekiji Temple]. 3-7, Ecchu bunkazai kenkyujo, Kurobe (1962).
- 7) Kure S, Kashida G: *op. cit.* 715-717.
- 8) Kure S, Kashida G: *op. cit.* 715-717.
- 9) Hashimoto A: *Kyoko to shiten no Iwakura mura: Nihon seishin iriyoshi no yomi naoshi* [Iwakura village as a fiction: Rethinking of the history of psychiatry in Japan]. Bulletin of The Faculty of Letters Aichi Prefectural University, 51: 29-44 (2002).
- 10) Kure S, Kashida G: *op. cit.* 717.
- 11) Ishizu R (ed.): *The Mineral Springs of Japan with Tables of Analyses, Radio-activity, Notes on Prominent Spas and List of Seaside Resorts and Summer Retreats specially edited for The Panama-Pacific International Exposition*. 47, Sankyo Kabushiki Kaisha, Tokyo (1915).
- 12) Tanego T (ed.): *op. cit.* 17-18.
- 13) The Mental Patients' Custody Act, Article 9.
- 14) Hashimoto A: *Chiryō no basho wo meguru seishin iriyoshi: "iyashi no ba" kara "fuhanka sareta ba" e* [The place of cure and the history of psychiatry: From "healing spot" to "standardized space"]. In *Jidai ga tsukuru kyōki*, ed. by Serizawa K, 49-84, Asahi shinbun sha, Tokyo (2007).
- 15) *id.*