14: CULTURAL DYNAMICS AND SUICIDE IN JAPAN

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An overview of all the intricacies of Japanese behavior and unconscious thought processes discussed in the literature would necessitate a book of its own. For the purposes of this chapter we introduce a few issues related to the Japanese concept of the unconscious. First, there is an overwhelming and intense desire for the establishment of an identity by belonging to a group (Berger 1985, Christopher 1983, Doi 1973, Sugiyama-Lebra 1976). A sense of oneness (*ittaikan*) is generated unconsciously with the group, and there is a social sensitivity to any possible disruptions in the harmony of this relationship. Ostracism from the group is to be avoided at all costs. There are pressures to conform to a limited pattern of behavior and thought and an expectation for a total commitment to the group.

A consequence of this is that both the pride and shame of an individual are shared by the group, and vice versa. Shame, conscious and unconscious, is thus quite powerful and is often an important factor in suicide in Japan. Guilt is involved in relationships of reciprocity where a favor (*on*) is accompanied by the burden of the duty of reciprocity (*giri*), which may be very intense and emotionally uncomfortable. (This is in contrast to the Western sense of guilt that stems from an internal sense that one has done something wrong.) This sense of a never-ending "owing" is quite pervasive in the unconscious of the Japanese especially in relation to those who have taken care of you.

Suicidal Japanese have similar risk factors for suicide to those in other countries, including psychiatric disorders, substance abuse, prior suicide attempts, lack of social support systems, male gender, older age, various kinds of loss, family history of suicide, and accident proneness (Takahashi 1992,

1993a,b). English-language reports on suicide in Japan often overemphasize the cultural differences. With this caveat in mind, this chapter discusses some of the culturally related dynamics and unconscious processes related to suicide in Japan. After a review of the demographics, we present two exemplary kinds of suicide peculiar to the Japanese context—*shinju* and *inseki jisatsu*.

STATISTICS

After World War II, there was a peak in the number and the rate of suicide in Japan in the 1950s, followed by a declining tendency, and then a second peak in the mid-1980s (National Police Agency 1993, Takahashi 1993a). In 1986 there were 25,524 suicides in Japan, the highest number in any year since the war. However, since 1987 both the number and the rate of suicides gradually decreased despite various socioeconomic problems, such as changes in social values and family structure, increases in crime and substance abuse, severe competition in society, and a widening gap between the rich and the poor. All of these factors have been reported by suicidologists to be associated with an increasing suicide rate. In 1992 the declining tendency waned and there were 22,104 suicides, an increase of 4.8 percent. The economic recession might account for this increase, but any meaningful interpretation should be postponed for several more years.

In summary, there have been about 21,000 to 22,000 suicides in Japan annually in recent years, which represents a suicide rate of 17 to 18 per 100,000 per year. Although this number is about twice as many as that of those killed by traffic accidents, attention to suicide prevention in Japan has unfortunately not been adequate.

As for the variation in suicide rates by age, in the 1950s and 1960s the suicide rate showed two peaks, one in young adults and one in the elderly. At that time, Japan had one of the highest suicide rates in the world. For the past three decades, the suicide rate in young people has been decreasing. The suicide rate in the elderly has also decreased, but this decrease has not been very large. Thus, Japanese still exhibit higher suicide rates with increasing age. In 1992, while those over 65 years old accounted for 13 percent of the population, suicides in this age group represented 27 percent of all suicides. While suicide is an especially serious problem for the elderly, it has been mostly ignored by Japanese society (Takahashi et al. 1995).

Although it has been suggested that attitudes toward suicide vary between cultures, there have been few comparative studies between Japan and other cultures. Domino and Takahashi (1991) studied medical students' attitudes toward suicide in Japan and the United States using the Suicide Opinion Questionnaire, and the findings indicated that the Japanese students were more likely to think that suicide is not always an abnormal behavior and that it might be permissible in certain situations. In contrast, the American

students were more likely to think that suicide is usually a result of some psychiatric problem with aggression expressed toward oneself, and that suicide should be prevented. Because the sample size was limited in this study, the findings should not be overgeneralized. The study is meaningful, however, because it utilized the same data base in both countries. The results suggest that, in a culture where suicide may be permissible, social factors may need to be taken into consideration. Attitudes toward suicide may differ in these cultures even if the suicide takes place while the person is in a normal mental state.

SHINJU

The word *shinju* in Japanese originally meant a mutual suicide agreement by lovers in order to prove the genuineness of their love to each other. According to the strict and original definition given by Ohara (1985), *shinju* is an act in which more than two people commit suicide voluntarily at the same place, at the same time, and for the same purpose. The definition has become looser and now also includes murder-suicides where some of those involved are killed against their will (Fukushima 1984). The definition of *shinju* now includes both a genuine suicide pact, extended suicide (assisted suicide followed by suicide), and murder-suicide in which the killer and the victim(s) have a strong emotional tie with each other before the act. The feeling of oneness of those involved in *shinju* is important.

Shinju literally means "heart-inside" or "oneness of hearts" (Walsh 1969), and this probably reflects a psychological joining of the participants. (The heart character also means mind or spirit.) The participants may possibly have a conscious awareness of wanting to join or unite with their partner in the afterlife, but unconsciously there may be a wish for infantile symbiosis and an intolerance of separation anxiety. The development of clear ego boundaries is probably impaired in these individuals, although state-related regressions (related to depression or psychosis) may also be at play in some individuals. Uniting with their suicide partner may be a reaction to failure to fit into society or a group.

The Japanese language has diverse words for *shinju*. *Shinju* has been classified into two major categories, *johshi* (mutually consented lovers' suicide) and *oyako-shinju* (parent–child suicide), the latter of which is subclassified further such as *boshi-shinju* (mother–child suicide), *fushi-shinju* (father–child suicide), and *ikka-shinju* (family suicide). The number of *johshi* have been declining in the past three decades. Although the number of *oyako-shinju* has been declining since the 1950s as well, it is still a serious problem.

Most cases of *shinju* are *boshi-shinju* in which the children, who are too young to decide on suicide themselves, are killed by their mothers. Ohara

(1963, 1965) and Inamura (1977, 1993) have both pointed out that *boshi-shinju* and *fushi-shinju* have important differences. In *boshi-shinju*, mothers in their twenties and thirties kill their children and then commit suicide. The children most often victimized in *boshi-shinju* are of preschool age. In *fushi-shinju*, the fathers (who are usually older than the *boshi-shinju* mothers) kill their children (who are older than the victims of *boshi-shinju*), and then commit suicide. The most common reasons for *boshi-shinju* are psychiatric disorder and family conflict, while those of *fushi-shinju* are financial problems and physical illness. Japanese often show considerable sympathy toward parents who are not able to find any other recourse but to commit suicide with their children.

Japanese society as a whole fosters a mutual interdependency in the socialization process, in contrast to the emphasis placed on individuality in the West (Christopher 1983). To promote this mutual dependency there is probably some unconscious muting of the separation-individuation process on the part of caregivers as described by Margaret Mahler (1972). As a consequence, the boundaries, both conscious and unconscious, in one's nuclear family can be more blurred than in Western society, and this may have led to the development of *shinju* as a Japanese cultural phenomenon. Postpartum depression may also be an important factor in *boshi-shinju*.

Marzuk and colleagues (1992) have reviewed research on murder-suicide, but their use of the term has some important differences from *shinju*. Thus, it should be kept in mind that *murder-suicide* and *shinju* are not quite the same, an indication that suicide is often interpreted differently in different cultures, as will be discussed below.

Marzuk and colleagues reviewed the studies on suicide published in the United States over the past 30 years and found that the incidence of murder-suicide was 0.2 to 0.3 per 100,000 per year. The overall suicide rate, which has been fairly stable over this period in the United States, was about 12. They estimated, therefore, that the proportion of murder-suicides among all suicides was about 1.7 to 2.5 percent. They also reviewed seventeen papers published from 1900 to 1979 in various countries in North America and Europe and found that the rates of murder-suicide in those countries were similar, 0.2 to 0.3. While the reason for this similarity is not clear, Marzuk and colleagues point out that, although the incidence of murder-suicide is similar, the type of murder-suicide may differ from country to country. For example, in the United States one-half to three-quarters of murder-suicides are those in which a husband murders his wife and then kills himself. In Britain and Japan, most murder-suicides are those in which a mother kills her children and then commits suicide.

Inamura (1993) reported that *shinju* has accounted for 1.6 percent of recent suicides. Based on this figure, the rate of *shinju* is estimated to be 0.29 per 100,000 per year, which is similar to that reported by Marzuk and

colleagues. In Japan, the type of *shinju* has been changing; in 1950s *johshi* was the most prevalent, but since the 1960s the number of *boshi-shinju* has become the most common.

While the incidence of murder-suicide is not all that different in different cultures, each society deals with it differently, as Marzuk and colleagues have noted. Aizawa (1975) states, "The important thing in studying the relationship between *shinju* and Japanese culture is not to focus only on statistical analysis and literature on *shinju* in Japan and other cultures, but to concentrate on the sympathy Japanese have toward *shinju*" (p. 143).

Similar cases may be interpreted differently in different cultures. Most Western cultures would consider *oyako-shinju* to be murder-suicide, and not parent–child suicide, because the children usually do not commit suicide of their own free will, but are killed by their parents. A case in Santa Monica, California was a typical example of this kind of suicide (*Japan Times* 1985). On January 29, 1985, a 32-year-old Japanese immigrant woman tried to drown herself, her infant daughter, and her 4-year-old son by entering the ocean on Santa Monica Beach. Although they were quickly pulled out of the water, only the mother survived. She was tried in California court for child abuse and first-degree murder. When this was reported in Japan, it shocked Japanese society. There was also the added feature for the Japanese of being subjected to foreign censure in this case, something not easily accepted.

This mother had attempted *oyako-shinju* about a week after discovering that her husband had been having a secret extramarital affair for years, leaving her depressed and ruminating about suicide. The reasons for her despair were personal, and, although maladaptive, the method she chose to resolve it was cultural, and very Japanese.

Although she had lived in the United States for fourteen years, she remained Japanese in her thinking and lifestyle, isolated from American culture. She did not drive, spoke little English, knew nothing of her husband's business, and had no hobbies or close friends outside the family. In other words, she was virtually without any kind of support system that might have sustained her in time of emotional distress. Social supports have been found to be important for preventing suicide in Western society (Berger 1993).

In Japan, the mother–child bond and the mother's dedication to the child are very important. Why then, is infanticide committed by the mother relatively common in Japan? Paradoxically, it is this very bond between mother and child that causes *oyako-shinju*. According to Japanese logic, the suicidal mother cannot bear to leave the child to survive alone; she would rather kill the child because she believes that nobody else in the world would take care of the child better than she, and that the child would be better off dying with her.

This feeling of oneness (which may be delusional in nature) and symbiosis between a mother and her children has intensified as a result of the

breakdown of the traditional community in which children belonged to a wider circle and where they had fictive as well as substitute parents along with their real parents. Today, because of the development of the close-knit nuclear family, children, particularly those of preschool age, belong to their parents alone. The mother-child bond may also be reinforced in Japanese-society because females do not usually have the emotional and social supports afforded by a career, owing to the male-focused orientation in the workplace, the lack of an outside social support system, and a twenty-four-hour focus on the family.

When *boshi-shinju* takes place, sympathy is usually given to the mother who was not able to think about ways other than *shinju* to solve her problems. Japanese society rarely accuses the mother of infanticide. In Japan, or in other Asian countries where Confucianism is prevalent, conscious and unconscious symbiotic ties between oneself and significant others are very common and these kinds of relationships may be valued highly (Takahashi 1989). In this situation, murdering one's children can be unconsciously regarded as murdering a part of oneself. The mother may not necessarily realize that she is killing another human being separate from herself, but rather feels as though she is killing a part of herself. In the psychology of the mother who commits *boshi-shinju*, killing her own children is equivalent to actually killing herself, and this is interpreted as a kind of "extended suicide." It is impossible for her to imagine a world for her children after her death. Japanese society often gives sympathy to this psychodynamic. In addition, Japanese have a general reluctance to criticize one another, which may be related to a filial piety to the group. However, we should also note the proverb, "*Shinu kiga areba nandemo dekiru*," which means, "If one has a will to die, one could do anything." This proverb probably reflects Japanese society's ambivalence to *shinju*, both praising and denigrating suicide.

Some *boshi-shinju* may be a way for a wife to get revenge on her husband. She may react to the discovery of her husband's having an extramarital affair, or a demand for divorce by killing her children in order to punish her husband, after which she commits suicide. In most of cases of *boshi-shinju*, however, there is a strong tendency for the mother to consider the children as an essential part of herself. In Japan, this tendency is observed even among parents with much older children. It is believed that children cannot or should not be left alone in the world where parent(s) have killed themselves. The children are killed before the parent commits suicide because they are loved deeply. It may also be that, because children are considered a part of the parent, the parent should take care of them. An alternative interpretation could be that pathological separation-individuation (in the Western sense), or an overly symbiotic oneness (in the Eastern sense) could have caused blurring of unconscious ego boundaries.

The concept of *amae* was popularized by Takeo Doi, a well-known

Japanese psychiatrist (Berger et al. 1994, Doi 1973). *Amae* may be described as a mutual dependency where the assurance of another's goodwill permits a certain degree of self-indulgence. Much of this process is unconscious and partly explains the insularity of Japanese society since foreigners cannot readily fit into this mutual goodwill interaction.

A Western concept that Doi felt was equivalent to *amae* is that of "passive object love" described by Michael Balint (1965). The importance of *amae* is that it is a harmonious state of affairs where one can be relieved of the burden of *on* and *giri*. When the unconscious expectations of *amae* fall apart or, if, for example, the mother feels she cannot provide an *amae* relationship for her children in the face of severe family conflict, this may be a risk factor for *shinju*. Shame and severance of one's connection to the group (family) are important factors as discussed above.

Western society, in contrast, would usually consider a child, even an infant, as having a separate existence from the parent. The concept of *oyako-shinju* could not easily take root in this cultural context. In Western society it would be felt that the suicidal mother chooses to kill her children for selfish motives. The converse is true in Japan, where the concept of children being separate from their parents has not taken root. (Although there is intervention by social agencies, children are rarely taken from their parents in abusive situations.) In the Western cultural context the mother is usually held responsible, and may be tried for murder. In Japan there would also be a court case, but the sentencing would likely be lighter and more sympathy would be given to the mother.

Although there are different unconscious dynamics involved here from those of Western psychology, we must emphasize that the adults involved in *shinju* do not represent the norm of Japanese society. They are usually individuals who become desperate due to a combination of life stressors, concomitant psychiatric illness such as depression or psychosis, and pre-morbid personality vulnerabilities (possibly a personality disorder) that when interact with certain cultural tendencies. The average psychologically healthy Japanese would not consider *shinju* as a solution to his or her problems. (The vast majority of Japanese who experience the family stressors thought to be associated with *shinju* do not engage in this behavior.)

As clinicians practicing in Japan, we have to weigh the risk of *shinju* carefully when we evaluate patients who may be at risk. If the patient has a poor social support system, therapists have to mobilize available resources and solicit as much support from relatives as possible in order to prevent *shinju*.

INSEKI-JISATSU

Throughout the history of Japan, there has been almost no period when suicide was prohibited by law. The exception was in the early eighteenth

century when a cluster of *johshi* suicides (lovers' suicide pact) was triggered by melodramas written by Chikamatsu Monzaemon. The government prohibited *johshi* in order to prevent these suicides. If a *johshi* occurred, a funeral was prohibited, and the bodies were left in the public view at Nihonbashi Bridge for three days. If one died and the other survived, the survivor was convicted of murder.

The most widely known form of suicide outside of Japan is *harakiri*, or *seppuku*, which means suicide by stabbing one's abdomen. *Harakiri* was the ritual form of suicide practiced by feudal warriors to show that they accepted responsibility for their actions (Fusé 1985), and had its beginnings about one thousand years ago. Japanese warriors used to respect the abdomen because it was considered to be the seat of the soul, so when they assumed responsibility for some serious action or course of conduct, they would cut open their abdomen to demonstrate their innocence and bravery. Cutting one's abdomen itself was not a very effective way to kill oneself, so another person severed their neck. Since the late nineteenth century, when the Edo era ended, *harakiri* has rarely been practiced either as a form of suicide or as a punishment. The *harakiri* suicide of the famous Japanese novelist Yukio Mishima in 1970 was an extremely exceptional case, and astonished even the Japanese.

While contemporary Japanese do not commit suicide by *harakiri, inseki-jisatsu* is a form of suicide sometimes regarded as a way of taking responsibility. (*Inseki* means taking responsibility, and *jisatsu* means suicide in Japanese.) Fusé (1985), a sociologist and suicidologist, has been conducting suicide research from a cross-cultural perspective and noted that suicide often takes place when political or social scandals occur in Japan. Fusé noted an interesting difference here between Japan and the United States.

> Some of the officials who were found guilty in the Watergate Scandal, when on bail or after release from prison, wrote memoirs, and gave lectures. . . . Almost no one killed themselves suffering from the crime they committed. When scandals occur in Japan, persons who hold important information and feel loyal to the key figures, those who actually control affairs from behind the scenes, often commit suicide. It is rare for the key figures themselves to commit suicide. [p. 208]

The key differences here may relate to the strong bond people have to members of their group in Japan, reminiscent of the bond to the mother. (The other side of the coin is the strong exclusion of those not in the group.)

Japanese individuals feel an intense indebtedness to their group and, as noted above, their unconscious need to relieve this burden can result in their taking responsibility as a way to prevent ostracism from the group. This can be seen in everyday life where workers may work late into the night for fear that their co-workers would resent them if they left earlier than the rest of the group. While superficially it seems that the individual is sacrificing for the

group, it is actually the unconscious and preconscious needs of the individual to maintain group acceptance that is expressed in one's self-sacrifice.

Ono (1991), in his discussion of the difference between the Western concept of social phobia and the Japanese concept of social phobia or *taijin kyoufu*, has stressed how Japanese evaluate themselves. The Western social phobics are concerned about their behavior as assessed by their own standards, while the *taijin kyoufu* patients assess this by the standards of others. This is related to two kinds of shame. In Western shame the feeling comes from the discrepancy between the person's own ego ideal and his behavior, resulting in anxiety that this discrepancy will be noticed by others. The Japanese type of shame, on the other hand, is characterized by the feeling that comes from the concern about how others view his/her behavior and from the fear that as others become aware of his/her shortcomings he/she will be excluded from the group of significant others.

The mass media in Japan have not recently reported suicide cases in an exaggerated fashion. This does not hold, however, for cluster suicides in young people or for suicides of those involved in political scandals. The mass media report such cases repeatedly and sensationally. While only the facts are briefly reported for ordinary suicides, great details of the behavior before the suicide and the methods of the suicide are often reported for *inseki-jisatsu*. They usually do not touch upon the psychiatric problems that might have existed in those killing themselves. There is also a trend for the suicide to be viewed as a way of taking responsibility for some wrongdoing.

Often, someone who has important information about the facts of the situation commits suicide and leaves a note saying something like, "I did nothing wrong. However, I have caused a great deal of trouble to my organization. Therefore, for this I will take responsibility by committing suicide." De Vos (1968) called exaggerated self-identification to a role given by others or an organization to which an individual belongs, "role narcissism." De Vos pointed out that suicide may take place because unconscious identification to a group (or its leader) is so strong that it becomes almost impossible to imagine dissolution of the group.

In Western culture, the high value placed on individuality does not lend itself to the type of suicide resulting from overidentification to a group (such as *inseki-jisatsu*); consequently, statistics are not available to compare with *inseki-jisatsu* in Japan.

CONCLUSION

Suicide is a complex human behavior that includes multiple unconscious processes and needs to be interpreted multidimensionally from a biopsychosocial perspective. Suicide should not be interpreted from a psychiatric or a cultural perspective alone but by an integrated view of these variables. We

have presented a general overview of those unconscious and cultural factors involved in suicide in contemporary Japan as a way to foster an understanding of this variable, although there are other important aspects involved in any individual suicide.

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(Note: References preceded by an asterisk are written in Japanese.)

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