Japanese Culture and Therapeutic Relationship

Yuko Nippoda
yuko@change-growth.com
Japanese Culture and Therapeutic Relationship

Abstract

Japanese culture is collectivistic by nature, and there are some culturally indigenous patterns which govern forming relationships in Japan. One of the important patterns is hierarchy. Counselling and psychotherapy are based on Western concepts and the Japanese view them differently. When the Japanese provide or use counselling and psychotherapy services, they generally follow Japanese methods of forming relationships, which results in a hierarchical relationship between client and therapist. In this article, after the hierarchical nature of relationship in the Japanese cultural context is introduced, reflections of this pattern of relationship in the author’s therapeutic work with Japanese clients are presented. Suggestions as to how this dynamic can be used positively in the therapeutic setting are also made.

Creative Commons License

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License.
Although the number of Japanese people who use counselling and psychotherapy is increasing, the population is not, in general, familiar with these practices, based as they are on essentially Western culture. According to my research conducted to investigate Japanese people’s attitude towards counselling and psychotherapy (Nippoda, 1999), one third of the total participants answered that they do not know if they want to use these services because they do not know what the services entail. I also found many different impressions of counselling and psychotherapy. The common perception held is advice or answers given to problems, correcting bad behaviour, mediation, befriending, listening, curing mental illnesses, etc. (Nippoda, 1997). When Japanese clients assume that counselling and psychotherapy is about a cure for mental illness, it has stigma and shame attached to it (Chu & Sue, 2011; Sue, 1999). In recent years, awareness towards psychological or mental health issues has been heightened, but treatment is based on prescribed medicine as part of an essentially more medical model (Nippoda, 2011). Japanese people would be willing to pay for medicine, but they show hesitation about paying for talking therapy. They might go to their elders for advice. Counselling and psychotherapy based on Western psychology include aspects of personal development, but the Japanese are more likely to use activities such as martial arts, flower arrangements or the tea ceremonies for this purpose. Concepts from counselling and psychotherapy are understood quite differently in Japan.

In my practice, I see many Japanese clients living in the U.K. as well as clients from many other cultures. I have observed recurring patterns in how Japanese people perceive counsellors and psychotherapists and how the relationships which are formed with them in the therapy sessions, are reflected by Japanese cultural aspects. One of the culturally indigenous patterns is hierarchy and clients perceive counsellors and psychotherapists as very powerful authority figures and they try to form a hierarchical relationship.

In many cultures, there is a power differential between therapist and client. However, the Japanese hierarchical therapist-client relationship is very marked and when Western therapists are not aware of these cultural differences, the therapy process could be unsuccessful as a result. The therapist-client relationship is a very important element in the therapy process and therapists can use the dynamics of their relationship as a therapeutic tool. In this article, the hierarchical relationships in the Japanese cultural context are introduced. Then I explain how this pattern of relationship is reflected in the therapeutic relationship with Japanese people. Finally, I will address the question how this relationship can be used positively in the therapy setting.

Hierarchy as a Part of Japanese Culture

Hierarchy is a significant part of Japanese culture. This structure is reflected everywhere in Japanese life: at home, school, community and organisations; and in traditional institutions such as martial arts, flower arranging and tea ceremonies. How a hierarchy is formed depends mainly on seniority, social roles and gender. Matsumoto, Kudoh, and Takeuchi
(1996) introduced the hierarchical rubric of collectivism in Japan as obedience to elders and others of higher-status. At home, parents are authority figures for children as they are in other cultures. But a distinguishing feature of Japanese culture is that older siblings have tremendous power over younger siblings. Most younger siblings generally call their older siblings not by name but as ‘big brother’ or ‘big sister’, whereas older siblings are permitted to call younger ones by their first names. Traditionally, in Japan, older siblings or a man, when older siblings are women, had the right to inherit all of the father’s profession and properties. In the modern era, the system has changed and all siblings have the same rights under the law. The legacy of the tradition still remains, however, and older siblings have more power in deciding family matters in many cases. Besides, gender counts. In adult life, a female does not have as much power as a male and in many cases younger brothers have more power than older sisters.

Primary school pupils are so young that they do not pay much attention to hierarchy when they play together. However, in junior high school (from the age of 12), the hierarchical structure becomes very rigid. Younger ones have to be obedient, and in return, older ones have to look after them, even if there is only one year difference in age. Older people are called “Sempai” (meaning senior person) and younger ones are called “Kohai” (meaning junior person) in general in Japanese society. These names, distinguishing the age differences, continue for life. As in the family, younger ones call older ones “Sempai”, although older ones call younger ones by their names when they address them directly. These kinds of interactions create tremendous power dynamics. If “Kohai” do not obey older people, they often get punished and bullied. “Sempai” is represented as the strong and “Kohai” as the weak. Students learn these kinds of dynamics through their school activities such as sports or art clubs. This structure can create enormous pressure and there is considerable strictness in how to exist within this hierarchy. This would change more or less when students graduate from school.

In adulthood, social roles become more important. In companies, people in high positions naturally have more power. The Japanese convention is that a person is promoted by dint of background, age, gender, or status of their university. Although the structure has changed these days and, in some companies, people are promoted in accordance with ability and performance, traditional methods still hold sway elsewhere. Thus if people in lower positions are loyal and obedient to authority, they are recognised more readily and receive better deals. Moreover, there are still differences between men and women in working conditions, pay and employees attitudes. Markus and Kitayama (1991) observed that Japanese behaviour is based on the needs and reactions of others, as meeting others’ expectations is essential for achieving personal goals. Pleasing authority figures, therefore, is a key issue in working relationships.

All in all, this kind of relationship is widespread in society. In Japanese society, people from respected professions such as doctors, lawyers and teachers have authority. In doctor-patient relationships, the patient tells the doctor their symptoms. The doctor diagnoses the patient’s illness and prescribes medicine. The patient is unquestioning. There are more doctors who explain the details of the patient’s illness recently, but the traditional dynamics of the relationship still remain. In the worst case, doctors sometimes
do not even explain the diagnosis and just prescribe medicine. If a patient is bold enough to question or challenge the doctor, the treatment might be withdrawn, leaving the patient having to find a new doctor. Or even if the patient does not like the doctor, they give in. Other professions have similar dynamics at play in the relationship.

Hofstede (1991) explains that everybody is expected to look after himself or herself and his or her immediate family in individualistic cultures, whereas in collectivistic cultures, people are integrated into cohesive in-groups, which protect individuals in exchange for unquestioning loyalty. Authority figures look after the less powerful, and the less powerful obey those in authority. This kind of hierarchy is traditional and remains deep-rooted in Japanese relationships. Negotiation in relationships or exchange of opinions are not prevalent. It is difficult for the Japanese to form equal relationships and particularly for persons in lower positions to present their opinions to authority figures. High expectations are projected onto authority figures and very high standards of behaviour are expected of them.

In Japan, there is a different sense of self than that which exists among Western Europeans; one’s social role is more important than who a person is (Nippoda, 2001). Japanese people do not have a strong individual identity and it becomes difficult for a sense of self, which is represented as a Western individualism, to be developed. They consider how to meet authority figures’ expectations rather than their own needs. However, there are lots of Japanese people who are not happy about this hierarchical relationship.

**Therapeutic Relationship Manifested With Japanese Clients**

When a Japanese client comes to a consulting room, he/she might sit down very tensely in front of the therapist. He/she would answer clearly the therapist's questions. When the therapist gives some feedback on the client issues, he/she would react calmly. This kind of interaction is quite typical. Japanese clients normally perform ideally. The doctor-patient relationship I mentioned earlier is reflected in the therapist-client relationship. The client tells the therapist about issues, and then the client waits for the therapist to analyse them and expects them to tell the client what to do. Some years ago, it was reported in the media that a parent killed his own child in Japan. The parent was in counselling. The son was so violent that his father could not cope with the situation. The counsellor told him to put up with his son's behaviour. This parent just accepted the counsellor's idea. In the end, his rage became so great that he could not contain it, and killed his son.

As I stated above, there are many Japanese people who come to see me for counselling and psychotherapy, who just sit in front of me and ask for advice. Sometimes they cannot even decide and ask me for advice in choosing what to talk about. For example, “There are two things on my mind today, but I don't know which one I should talk about. Which do you think I should start with?” In their psyche, sometimes it is not allowed to be independent in front of an authority figure due to their cultural norm. From the Western point of view, this can be seen as dependent, but it can be a way for Japanese
people to show respect by giving power to those in authority. Sometimes, Western therapists can find it difficult to work with Japanese clients. Things can be difficult when the therapist is not aware of the culture-person relationship within the Japanese culture. A Japanese client assessed by an English therapist was reported as having no sense of self and as coming across as being passive, needy and repressed. Japanese clients sometimes present themselves as helpless and this might be perceived as playing a victim role. However, from the client’s view, this could be considered culturally appropriate. Japanese people, in general, are not confident in speaking English and become passive as well. English speaking therapists might experience this as a 'child figure'.

How can this Therapeutic Relationship be Helpful?

Japanese society is well disciplined and organised in many ways, and people are looked after by society, the environment, and by other people. In this kind of environment, people may have less need to look after themselves. Japanese people might not question the hierarchical relationship because they accept it as a social norm. However, when they are in a cross-cultural transition between Japan and the U.K., they eventually realise that a different kind of relationship is required. In this case, work through a “developmentally needed relationship” or “reparative relationship” would be appropriate (Clarkson, 1995). There are two major points of focus. One is for clients to learn to have a more equal relationship and to assert their needs. The other is to help clients to find authority within themselves. Japanese people often tell me how difficult it is for them to be assertive and to negotiate to meet mutual needs in relationships with other people.

Crittenden and Bae (1994) studied self-effacement and social responsibility in Asian cultures, and they argue that Asian cultures attribute personal success to external causes rather than to personal efforts. In Japan, individuals are thought to be representative of the groups to which they belong, such as their family, company or society. Therefore, in Japanese culture, taking responsibility largely means being responsible for others and for society, rather than for oneself. Japanese people living in the UK can take the opportunity to change and to learn to take individual responsibility.

Clients can practise how to have more equal relationships with the therapist in the therapy sessions. At first, the therapist can check to see how the client is experiencing cultural transference in terms of authority figures. Until the therapist and client form trust, it might be difficult for the client to address how they experience the therapist. When the therapist asks, “How do you feel about me now?”, they might just answer “I do not feel anything.” or they might say, “I feel good about you.” A candid answer might not be given at first. This needs practice and patience. In my work, when clients form a hierarchical relationship with me, I share my experience of how they are relating to me. I encourage them to tell me how they feel about me, even when they have negative feelings such as anger and distrust towards me, or a sense of rejection from me. I also explain that this could help them to change their issues around authority so that they can find out who they are. If they continue the same thing as they do in daily life, nothing would change.

https://scholarworks.gvsu.edu/orpc/vol10/iss3/5
I had a client who was working on the issue of Japanese authority figures. She was relating to me in the way that she thought I wanted and believed that she answered my questions very well. She sometimes tried to please me by telling me that I was very observant or empathic, which was reflecting that she could not rebel against her parents as a child. However, I felt that we did not even have real human contact. When I brought this case to supervision, my supervisor challenged me, asking if my client was really feeling that way. The answer was obviously no. We talked about how we could break this pattern. I decided to ask my client directly to tell me what she disliked about me. In the next session, I asked her about it. At first she was hesitant to answer, saying that she could not think of anything. I persisted with my question. Eventually, she started to say, "Is anything all right, even unreasonable things?" I encouraged her to say something unreasonable that she did not like about me. She said, "I don't like that you have a good education and I am jealous of you." She was not allowed to have higher education due to her parents' wishes. This was a very big step for her. She always felt that she had to obey authority to be recognised. However, she freed herself to voice her true feelings towards authority figures and learned that she did not always need to please them. After that she started to be more genuine in the therapeutic relationship. Eventually she became more comfortable with other Japanese authority figures.

This process is very important in development towards individuation. However, this is often an unfamiliar concept to the Japanese client, and a sudden challenge and encouragement to change could damage the client. It might take a while for the client to get used to this type of relationship or they might become rebellious towards the therapist. The therapist needs to offer tremendous support in this process by constantly encouraging clients to be aware of their pattern of forming relationships, since they are finding a way to be themselves through the therapeutic experience.

Another hierarchical relationship, which might manifest when clients bring their own image about counsellors and psychotherapists to the session, is where this image represents a perfect authority figure. This can include the client's projection of how to behave perfectly as the lesser powerful person in the relationship. This projection needs to be rejected. Another client was angry with me and told me that I was not acting according to what he had read about counsellors in a book. The image he was holding was somebody who agrees with him all the time with love and warmth. This client was trying very hard to perform well and to be accepted. He was afraid of failure and he wanted to fail me before he failed. He was trying to win the power game. I told him that I was a human being and I did not agree with everything he said. I was willing to be failed by him if he called it failure. In this process, this client learned how to be equal rather than playing a power game as well as how to fail. Japanese society is very strict about failure, and it creates stress among many people. It is significant for them to know that failure is an indispensable part of life.

So, how can the therapist help clients to find authority within themselves? Many Japanese clients might ask the therapist to diagnose their problems, to tell them what their issues are, what is happening to them and what to do in certain situations. They need permission and approval for what they could do to make choices in their lives. As I have
mentioned before, this can be the Japanese way of showing respect to authority. However, in the West, this can be seen as dependency and disclaiming responsibility for themselves. In a Japanese cultural structure, they might not have a problem with that, but I have seen some Japanese clients who are unhappy because they do not know what they want in their lives. In Japan, they did not have many opportunities to think independently and make choices. Then therapist and client can practise together the process of making independent choices. Some clients constantly ask for my opinion and try to use it without digesting it and making it their own. I answer, "I don't know, what do you think?" When a client and I reviewed the therapy process, he said that he had been quite disappointed at first because I did not give him answers. However, while he kept asking the same questions many times, and I gave him the same answer, he started to learn that he needed to think for himself. He was gradually able to have authority within himself to decide what he wanted to do and what was the best for him, how he wanted to change. He did not need to ask authority for permission to do something and in the end, he was able to give himself permission.

Another example is that a client suddenly said that she might stop coming to therapy, although she had been working hard on her issues. I felt that she did not even seem to know what was happening. After exploration, she re-decided that therapy was important for her and wanted to continue. However, in a little while, she said again that she wanted to stop, but declined to give the reason. Some people feel quite unstable about coming to therapy. What occasionally happens is that some clients with this kind of pattern can have authoritarian parents. They start therapy but, in a while, they feel obliged to come. During the therapy, they might have been conscientious and have shown willingness to work on their issues. On the one hand, they then just want to listen to what I say and take the ideas without digestion, but on the other hand, they start to feel rebellious and they say they want to stop the therapy. When this occurs, it is important for therapists to help the client to become aware of their transference. They could not rebel against their parents, so they are rebelling against the therapist. The therapist has to allow the client to experience this rebellion fully and work through it. This could give the client an opportunity to decide whether or not to continue therapy for him/herself and to discover the reason or reasons for choosing to do it. Clients can learn that they have authority within themselves to decide what they want, and that they do not need to rebel any more. Then the therapy can become more effective.

At the end of therapy, my clients and I review the process, and many of them tell me that the therapy they have had was very different from what they first expected. They expected that they would receive advice to follow in their daily lives, but what they had achieved was feeling of independence and to be themselves.

**Conclusion**

Due to Japanese cultural norms, clients bring a pattern of hierarchical relationships to therapy. Particularly while living in the U.K., their way of forming relationship can be greatly
challenged and clients need to learn to re-evaluate the kind of relationships they have with other people. Therapy can be beneficial if the therapeutic relationship is used for change and growth by helping them to have more equal relationships with others and to find authority within themselves. This change can be difficult in the traditional Japanese collectivistic society and they need to assimilate some aspects of Western individualism. Therapists need to be very aware of the Japanese cultural pattern and take extra care to support the process of change.

References


About the Author

Yuko Nippoda is a UKCP (United Kingdom Council for Psychotherapy) registered psychotherapist and BACP (British Association for Counselling and Psychotherapy) Senior Accredited Counsellor with more than 20 years of experience in the field of counselling.
and psychotherapy in Japan and England. As a bilingual psychotherapist and counsellor, she has worked with clients from many different cultures on a wide range of issues. Her special interest is in cross-cultural issues. She conducts research and has published many academic and professional papers on this subject. She is based in London, UK. Websites: http://www.japanuktherapy.com (Bilingual) and http://www.change-growth.com (English only).

Questions for Discussion

1. What is the general attitude of Japanese people towards counselling and psychotherapy?
2. Do you think these kinds of attitudes are presented in other non-Western cultures?
4. Discuss your opinion about Japanese hierarchy described in this chapter.
5. How do Japanese clients, in general, perceive therapists?
6. The dependency of Japanese clients can be seen as childish in the West, whereas it is the way of respecting authority in Japan. Discuss your view about this.
7. In what ways do you foresee therapy going wrong if Western therapists do not have a good knowledge of the Japanese hierarchical relationship?
8. Discuss your opinions about two points raised in this chapter which might enable the hierarchical relationship to be a therapeutic one.
9. In Western psychology, individuation is emphasised. Do you think individuation should be focused for Japanese clients?
10. How does therapy show progress when focused on fostering authority within the client?