

NJI Symposium on Trauma, Recognition and Reconciliation after
Violent Conflict: Effects at Individual, Collective and Historic Level
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Broken Soldiers in the "Emperor's Army"

: Medical/Social/Individual Recognition of Trauma
during and after the Asia-Pacific war

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1. Introduction

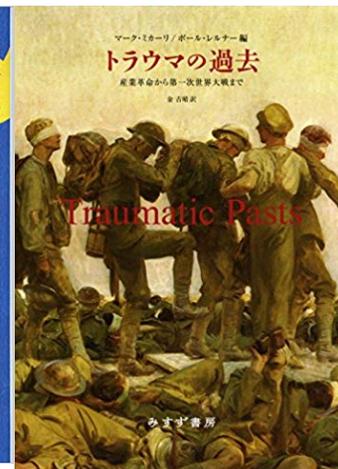
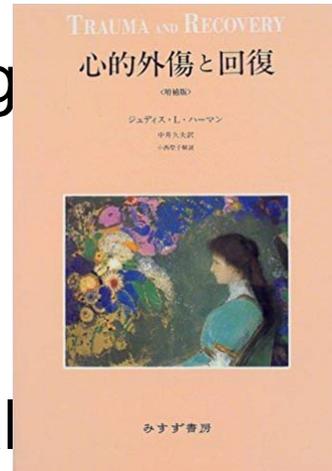


Trauma and Modern Warfare

- In Western Europe and North America, a considerable number of studies have been made on war and trauma over the past half century.
e.g. the First World War and shell shock, survivors of the Holocaust, veterans of the Vietnam War and the diagnosis of PTSD
- Japanese have avoided traumatic memory of the Asia-Pacific War for a long while (Van Der Kolk 1996=2001).

War, Trauma and Collective Memory in Japan

- Military psychiatry during the Asia-Pacific War (1938-45)
- War-related trauma has been invisible for several decades.
- The concept of trauma has been socially accepted in Japan since 1995.





Trauma and Positionality

- Ambiguous position of Japanese soldiers in the post-war Japan
 - As “perpetrators”: mass killing in Southeast Asia and China, torture of prisoners of war and sexual violence throughout the Asia-Pacific region.
 - As “victims”: suicide attack, logistical problems and starvation victims



Main Topics

- How psychological trauma were recognized by the military authorities, medical officers, soldiers and civilians in their hometown during the war?
- How soldiers' ambiguous positionality affected their traumatic experiences, individual / collective recognition of trauma and reconciliation?
- Why individual traumatic memories have been excluded from collective memory of the Asia-Pacific War for a long while in Japan?



2. Psychological Injuries and the “Emperor’s Army”



Japanese Military Psychiatry, 1938-45

- Kōnodai Military Hospital

- the special hospital for treating war neurosis and mental illnesses after 1938
- sick beds: 1,272, total number of patients: 10,453
- consisted of elite psychiatrists

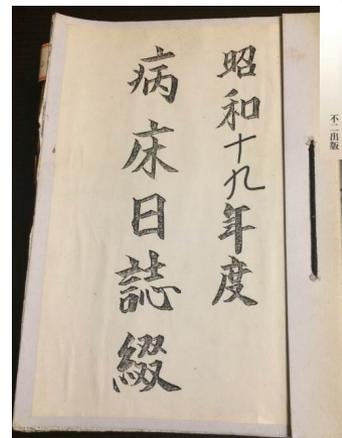
- Musashi Military Sanatorium

- the first national sanatorium for mental illness established in 1940
- sick beds: 300, total number of patients: 953

Historical Materials of Kōnodai Military Hospital

- At the end of the war, Japanese Military ordered to incinerate the official documents including clinical records of military hospitals.
- Suwa Keizaburō, the director of Kōnodai Military Hospital, concealed and preserved the clinical records.
- Asai Toshio, who served Kōnodai Military Hospital, printed, analyzed and archived these records from the 1980s to the 1990s.
- Shimizu Hiroshi have conducted historical research into these records since 1990s and reprinted the records of 486 patients categorized as “mental deficiency” and 832 patients categorized as “hysteria”.

Pamphlet of
historical collections
edited by Shimizu



◀ Clinical records
of Kōnodai Military
Hospital
(printed version)



Pathology of the Desire to Be III

- Medical Officers translated “Kriegsneurose” not into “Sensō-Shinkeishō” (war neurosis) but into “Senji-Shinkeishō” (neurosis in wartime).
- They explained war neurosis was caused by the desire and preposition of patients rather than the environment.
- Such explanation were especially affected by German psychiatry during the First World War (Lerner 2003).



Violence within the Emperor's Army

- Strict discipline and harsh punishment
- Recruits and soldiers with mental disability suffered from trauma not only caused by battles but lynching and bullying in their barracks.
- Many patients of war neurosis suffered from delusion of guilt (罪業妄想).



“Traitors” within the Emperor’s Army

- The case of a private first class diagnosed as neurasthenia in China
 - Numerous fellow soldiers’ deaths
 - His company commander blamed him because he didn’t die in the battle.
 - Suicidal thought, flashback and survivor’s guilt

(Hosobuchi and Shimizu, 2017)



Hometown Surveillance

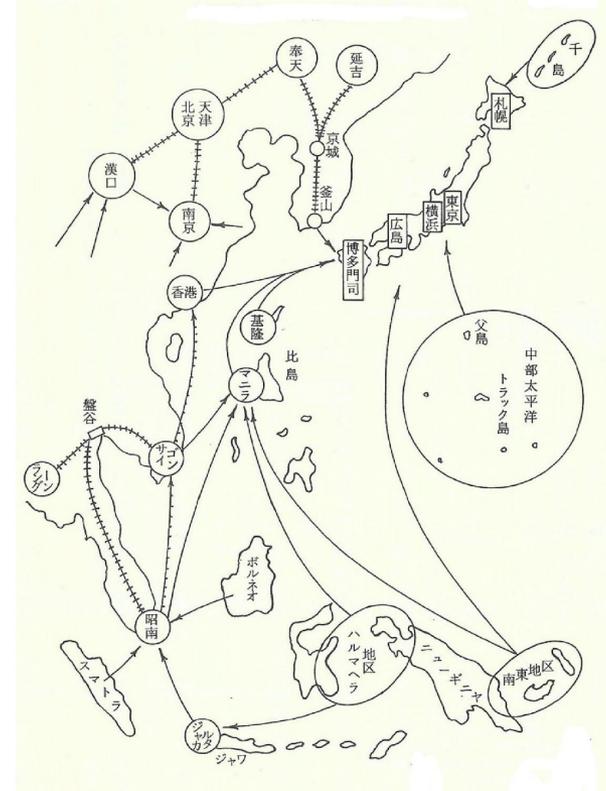
- People on the home front also required soldiers to die for the country (Ichinose 2010). The war ill were more neglected than the war wounded.
- the case of a private diagnosed as neurasthenia in China
“I’m ashamed of myself to have such an illness. I should have thrown myself into the ocean on the way to the homeland. Please don’t allow any visitors from my hometown because I can’t make excuses to them...” (Hosobuchi and Shimizu 2017)

Geopolitics Of Trauma

- Turning our eyes outside Kōnodai Military Hospital and the homeland...

marginalized psychiatric casualties on the peripheral front

- The patients were sent from the periphery to the center
- The patients of Kōnodai Military Hospital as the "exceptional" cases





Psychiatric Treatment on The Front

- There were few experts in psychiatry at the front.
- Medicine in the field was more affected by morale and control in the military and depended on the war situation.

“Ten percent of all the unwounded men of his section of 120 men would not leave their dugouts during the heavy bombardment of their island. P/W 1162-A considered these men therefore as mild psychiatric casualties, since they were unable to carry out orders. They ate very little and rushed to their shelters at the slightest sign of an enemy attack. Nothing had been done to treat these men, however. [...] During the battle for Guam 1162-D observed one psychiatric casualty resulting from naval and aerial bombardments. This man refused to leave the shelter, or to do any work. He stated he was disregarded by the rest of the soldiers and did not receive any medical treatment because 'the battle was already in its last stages'.”

(G-2 Report A-182, January 23, 1945, pp. 1–2, box 1308, entry 31, RG 112, NARA.)

- The patients who were "useless" for the battles were abandoned or murdered.

“[all] of the soldiers who went mad in the mountains were shot to death because they might be found by enemies.”

(Moriya 1973: 37)

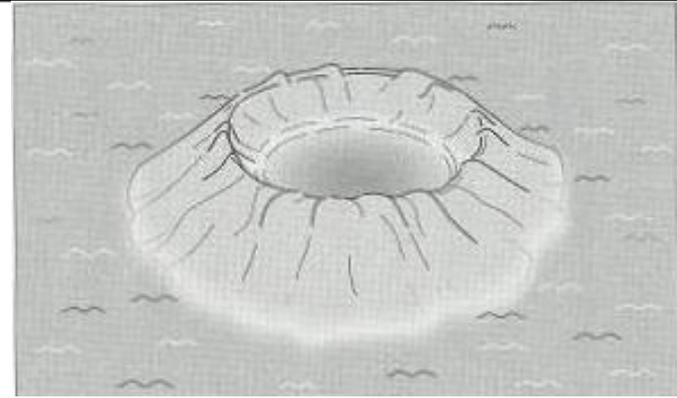


Transporting Patients to the Homeland

- No statistical data was left to grasp the overview of war wounded, ill, and injured personnel in the Japanese Army and Navy.
- Some data shows only a part of the patients out of the whole psychiatric patients were transported to the homeland.
 - mental illness: 3,866 out of 237,300
 - neurotic illness: 11,853 out of 428,913

(Japan Ground Self-Defense Force Medical School 1971: 605-610)
- Transporting to the homeland as a "privilege"
- Being ashamed of going back to the homeland

The Toroidal Island



- Miyaji (2014) has presented the model to provide a model for speaking of trauma.
- "[It] is often assumed that a person with more serious trauma has the right and ability to speak out. But those who are at the center of trauma and unable to survive cannot testify."
- It has to be noticed that there exist many people who stay silent.



3. Perpetrator Trauma



Why Perpetrator Trauma?

- Considering “perpetrator trauma” have three implications:
 1. The process of learning to be perpetrators
 2. Transgenerational trauma
 3. Difficulties in reconciliation of trauma both at individual and collective level



The process of learning to be perpetrators

- The war caused transmission of violence.
 - From the seniors to the recruits (e.g. bullying in the military)
 - From Japanese soldiers to POWs and civilians occupied by Japan (e.g. “Jitteki-Shitotsu”)



- Dr. Yoshio Igarashi said that a patient was beaten many times by his seniors until his face was distorted because he couldn't kill Chinese POWs, and he suffered from trauma caused by violence within military after the war.
- We must not forget that Japanese soldiers were morally and legally responsible for killing civilians even if it was difficult for them to resist the order of their superiors.
- However, we need to explore how “ordinary people” became perpetrators in order to prevent violence in the future.

Transgenerational Trauma

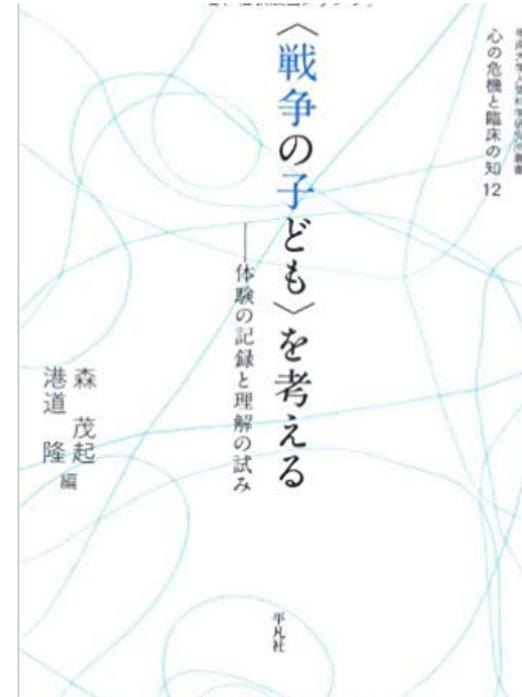
- Violence in military was transmitted to violence in family and community after the war, but little is known about transgenerational trauma in Japanese context.
- Research on the Battle of Okinawa and psychological trauma



Ryoji Aritsuka, *The Battle of Okinawa and Trauma* (Tokyo: Otsuki Shoten, 2014)

Transgenerational Trauma

- Research on “war child”
- Researchers at Kōnan University in Japan organized a symposium in 2011 on this issue.
- Their project was inspired by research on “Kriegskind (war child)” in Germany which has developed since the beginning of the 2000s.



Shigeki Mori and Takashi Kodo, *A Study of “War Child”* (Tokyo: Heibonsha, 2012)



Difficulties in Recognition of Trauma and Reconciliation

- The ambiguous position of Japanese soldiers made reconciliation difficult both at individual and collective level.
- At individual level, it was too difficult for them to give words to their complex experiences.



Trauma of Killing

- Some soldiers and veterans said they suffered from trauma of killing.
- The case of a private sent back from China and diagnosed as hysteria at Kōnodai
“I killed about 6 people in China including a child of twelve. I thought the child was pitiful and I can never forget that.” (Shimizu 2007)
- Dr. Igarashi said that a patient who killed Chinese civilians during the war had kept it secret for 70 years after the war and afflicted with hallucination of hearing. (Interview with Yoshio Igarashi in 2017)



Difficulties in Recognition of Trauma and Reconciliation

- However, most of Japanese veterans have never talked with their family and their community about the war.
- Speaking up their trauma has been a taboo subject after the war and it has been difficult to face actualities of the war at individual and collective level.



Conclusion

- Although the Imperial Japanese Army took measures to treat war neurosis and tried to manage manpower like other modern military, the system of military psychiatry didn't fully cover entire war areas.
- The ethos of "the Emperor's Army" and high pressure for war effort affected government's propaganda, treatment for war neurosis, social and self-recognition of soldiers afflicted with war neurosis.



Conclusion

- Japanese soldiers assimilated to the culture of “the Emperor’s Army” which neglected trauma of soldiers themselves and the “Others.” Underestimating trauma of victims of Japanese war crimes and that of perpetrators were closely tied to each other.
- In case of “perpetrator trauma,” we might need to consider not only from the viewpoint of fear but also the viewpoint of “moral injury.”



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