

## PSYCHOLOGY OF BUDDHISM AND HEALING METHOD OF JAPANESE SELF-REFLECTION

W. G. Indunil Philip Shantha

*Zhejiang University*

**Abstract.** Buddhist psychology and Japanese Naikan therapy have deep historical connections. However, there has been a lack of research in religions studies comparing Naikan with its original Buddhist background. Therefore, this paper explores the relationship between Buddhist psychology and Naikan therapy. Naikan is a kind of contemplative therapeutic practice that was developed by a Japanese Buddhist practitioner named Ishin Yoshimoto. He applied it to clinical psychology as a mental treatment method, and it can be practiced by anyone without any religious beliefs or background. The word Naikan is originally derived from the term *vipassanā* (looking inside) meditation, which comes from Buddhism, which was taught by Buddha. In Japanese psychology, Naikan therapy focuses on prompting deep thinking about one's past experiences through interpersonal relationships. Introspection has been developed as a treatment method by clinical psychologists for various mental illnesses in the field of Japanese psychotherapy.

**Keywords:** Buddhist psychology, Naikan therapy, self-reflection, psychiatry, mental health

**DOI:** <https://doi.org/10.3176/tr.2019.3.05>

### 1. Introduction

This paper will examine the relationship between Buddhist psychology and Naikan therapy, one of the major psychotherapeutic approaches that have been influenced by Buddhism. Naikan therapy was founded by Yoshimoto Ishin, a successful retired Japanese businessman who refined the concept of *Mishirabe* (身調) in Pure-land Buddhism, and sought to make it much more accessible to the general public by omitting its religious aspects. Buddhist philosophy contains numerous psychological techniques, and evidence can be found in early Buddhist teachings based on the Pāli canon as well as in later-developing Buddhist sects for the basis of systems of psychological support or for producing new clinical applications. The basic nature

of the human mind, irrespective of color or creed, is common to every human being. The message of Buddha is universal, and therefore Buddhist psychology is universally applicable, and it can be used in conjunction with other religious beliefs to cure mental illness and to improve mental health. Buddhist theories such as Zen and Mindfulness Meditation have influenced Western psychology and have created new psychotherapeutic methods. Buddhist psychology has blended with cultural values in Japan and has steered the development of Naikan and Morita therapy.

## 2. Buddhism

The two main forms of Buddhism are Theravada, which is considered as orthodox Buddhism, and Mahayana, which is considered as a heterodox philosophy. Zen (meditative) Buddhism is a variety of Mahayana, and was first practiced in China before spreading to Japan (Loewenthal 2000). These sects of Buddhist philosophy guide the practitioner towards a spiritual life, aim to decrease and eliminate suffering, to increase clarity of mind, and to provide a way of understanding spiritual processes. In the past 2600 years of Buddhism's history, various Buddhist schools have been developed and have provided important new perspectives on how Western psychological functions may interact with the psychology of religion. Buddhist psychology as a spiritual and religious tradition traces its roots back to the 5th century BC, during the era of Siddhartha Gautama, and in particular to the moment at which he became Shākyamuni Buddha. Through the various doctrines on the psychological aspect of human behavior, Buddhism developed into many philosophical schools, which then developed their respective focuses and interests. Buddhism spread to the West as a psychology, rather than as a religion or philosophy. Buddhism also contains aspects of psychotherapy that can improve health and peace of mind. Nirvana (*nibbāna*) has been described as the highest state of mental health, and Buddha is also referred to as the peerless psychiatrist (*bhisakko sallakatto'ī tathāgatassa adhvannanam*, M. N. 2. p. 260). Since the development of Buddhist philosophical thought, it has influenced different Buddhist schools in different countries. Buddhist theories and methods in different Buddhist schools have created different therapies, such as Zen therapy in Japan. They all represent one aspect of the Buddhist tradition, which originated from early Buddhism.

Buddhism and psychiatry blended together in Japan one hundred years ago as a stage in the development of Japanese psychology. Gradually, Japanese psychiatrists have developed Buddhism-based psychotherapies, such as Morita therapy and Naikan therapy. This paper mainly focuses on Naikan therapy. Japanese Naikan therapy is one of the treatment methods of Japanese indigenous psychology. Jodo Shinshu (Pure-land) Buddhism emphasizes the practical, rather than theoretical, way to attain wisdom and understanding of the self. Therefore, the method of Naikan therapy is a practical way of improving mental health by focusing on past experiences and through self-reflection. (Jones-Smith 2012), and it has even influenced the Jodo Shinshu sect of Buddhism. In the field of Japanese psychotherapy, this method

has developed with an emphasis on increasing personal self-awareness through meditation and self-examination of one's own experiences.

### 3. Psychology of early Buddhism

Psychology of Buddhism refers to traditional psychological techniques and applied philosophy of mind that have been used within Buddhism for the last 2600 years to help people liberate themselves from suffering (*dukkha*). Buddhism, at its core, is not just a religion in the same way as any of the other global, theistic and spiritual traditions (Tirch, Silbertain, Kolts 1968). The following is a short account of the psychology of early Buddhist teachings. The survey is confined to the Pāli Canon, which consists of the earliest teachings of the Buddha, and which is also called Pāli Buddhism that Consists of Three Baskets (Pio 1988):

1. *Sutta Piṭaka* (Basket of Suttas), which consists of the discourses delivered by Buddha within the forty-five years of his life spent preaching, and sometimes by those of his disciples.
2. *Vinaya Piṭaka* (Basket of Discipline), which consists of monastic rules for monks and nuns.
3. *Abhidhamma Piṭaka* (Basket of Abhidhamma), which contains a philosophical and psychological analysis of Buddha's teaching.

Buddha emphasized the care of one's mental health rather than physical health throughout his teachings, which he preached over a period of forty-five years. From a psychotherapeutic point of view, Buddhism is entirely a system of psychotherapy. Gomez states: "Buddhism is a therapy, as a way to heal a sick soul or mind in error or a person in pain" (Gomez, 2003). According to Deatherage, to accomplish the ultimate goal of enlightenment, Buddhism offers two routes, one being philosophy, and the other being direct therapeutic intervention. Deatherage notes: the "Buddhist approach establishes logical tenets and then provides a way of personally verifying them. For example, the basic teachings of Buddhism, the Four Noble Truths, observe that everything is impermanent, including one's own life, and that the impermanence of the material world is a primary and direct cause of unhappiness" (Deatherage and Boorstein 1982: 20).

The Pāli Canon consists of systematic psychological teachings. In particular, the *Abhidhamma Piṭaka* preserves highly organized and methodological teachings of Buddha. These teachings present a psychological account of human nature, human behavior, and the mind. Another important account of Buddhist psychology is presented in the *dhammasaṅgani* (*A Manual of Psychological Ethics*, translated by Caroline Rhys Davids), one of the texts of the *Abhidhamma* series. It was first published in 1900 (De Silva 1990:236-254). In 1914, she wrote another book titled *Buddhist Psychology: An Inquiry into the Analysis and Theory of Mind* (Rhys Davids 1924: 16–36).

Buddhism regards health as being of the highest importance (*arogyāparamālābhā*,

*Dhp*, v, p. 204), and central to freeing oneself from suffering. The concept of suffering (*dukkha*) in Buddhist psychology has a profound meaning. It is only one meaning of suffering that we experience in life as ordinary suffering. Ruwan M. Jayatunga stated that the French philosopher Anatole France has translated the Pāli term *dukkha* as suffering but it is too narrow in the context of Buddhist psychology. Hence many Western scholars misunderstand the original teaching of the Buddhist concept of *dukkha*. The concept of suffering is described as a psychological symptom according to the DSM system of psychopathology, which also includes types of suffering such as depression, suicide, panic attacks, anxiety, perversions, addictions, violence, and psychosis. Early Buddhist philosophy tried to help humans to better themselves, not by being born in a better world but by changing themselves (Jayatunga 2008). This theme is central throughout the Pāli texts, though sometimes this plays out in different ways (Pio 1988). This concept also plays a role in Naikan therapy, which seeks to ameliorate the character of the person himself through self-introspection.

Buddha emphasizes freedom from suffering and understanding the Four Noble Truths through the Middle Path as the way to enlightenment or supreme mental health. With regard to mental illness and its causes, two kinds of illness are mentioned in Buddhist psychology:

1. *Kāya roga* – bodily illness

2. *Mano roga* – mental illness (A.N., I, p. 460, Roga-sutta)

Buddha's explanation about the cause of mental illness is that it emerges from mental defilements (*Kleshās*), which are essentially based upon the unwholesome roots (or three poisons) of greed, hatred and ignorance (or not knowing). These unwholesome roots of the mind are considered as the causes of mental illness. The fundamental teachings of the Buddha are present in the philosophy of the Four Noble Truths (Rahula 1967). The Buddhist perspective of mental illness is focused on defilements, and everyone who is un-awakened or is a worldly being (*puthujjana*) is, in some sense, mentally ill. The treatment method is divided into three parts: virtue (*sīla*), concentration (*samādhi*), and cognition (*paññā*). These three parts can be understood as behavioral treatment, mental treatment and cognitive treatment.

#### 4. Buddhism and Western psychology

In the last century, the interaction of Buddhism with Western psychology occurred gradually and in different stages. It has evolved through the work of various psychologists, namely Carl Gustav Jung, Erich Seligmann Fromm, Alan Wilson Watts, Jack Kornfield, Tara Brach and Joseph Goldstein. They each tried to find a relationship between Western psychology and Buddhism as a way of providing explanations for mental problems, enlightenment, and universal treatment for pain. The relationship with between Western psychology and Buddhism is complex and subtle, and as such is beyond the scope of this paper. Buddhism has influenced Japanese psychology as well as Western psychology. Yet, the extent and nature of these historical influences are still debatable. Buddhist psychological teachings

based on meditation and taught in Western *Vipassanā* centers are basically rooted in the Theravada Buddhist tradition. *Vipassanā/vipaśyanā (skt)*, or insight meditation, also known as the practice of seeing insight, is the core teaching of Buddhist meditation based primarily on the *satipaṭṭhāna-sutta*, and was translated as the Four Foundations of Mindfulness (Cullen 2011). Jon Kabat-Zinn (1979) founded Mindfulness Based Stress Reduction (MBSR) for the treatment of chronic disease through his program at the University of Massachusetts (Kabat-Zinn 2004: 60). This program inspires mindfulness and practice in the use of medicine and in the treatment of all kinds of diseases. Since then, there have been several mindfulness-based projects successfully launched in different social institutions such as schools, hospitals, prisons, and veteran centers.

Marsha M. Linehanis, professor of psychology at the University of Washington, developed Dialectical Behavior Therapy (DBT) based on mindfulness. Other famous mindfulness therapies, including Mindfulness Based Cognitive Therapy (MBCT) and Steven C. Hayes's Acceptance and Commitment Therapy (ACT) are also based on Hofmann's Cognitive Behavior Therapy (Hayes, Kirk, Kelly 2003: 184). A close examination of Cognitive Behavior Therapy (CBT) and Buddhist psychology shows that, despite having been developed in different cultural contexts and traditions, these still share common aims, techniques, and even elements of a common history (Tirch, Silberstein, Kolts 1968). These are just a few examples of the integration of Buddhism and psychology in the West.

## 5. Buddhism and Japanese psychology

Buddhism has always been shaped by whatever culture it has entered. Confucianism, Taoism and Chinese culture have shaped Buddhism in China. In Japan, it was shaped by the Shinto religion and Japanese culture. In the West, it seems that it is the encounter with psychology that has had the most profound effect on the form that Buddhism takes; psychology has likewise been enriched by the Buddhist influence. In the same way as in Japan. Kirishimoto notes that, as a consequence of integrating Buddhism and psychology into Japanese society, Japanese Buddhist practices have been successfully applied to the clinical psychology in Japan (Kirishimoto 1985).

In his foreword to the book titled "*An Introduction to Zen Buddhism*" written by Daisetsu Teitaro Suzuki (鈴木大拙貞太郎), Carl Gustav Jung mentions that, Suzuki's books on Zen Buddhism are the best works among the recently published. Zen Buddhism itself is rooted in the Pāli-Canon. This means that all the psychological concepts have come from the same root, which is early Buddhism. Suzuki's book is a manual for Zen Buddhism as well as a framework to balance life and to achieve mental happiness through Zen. Suzuki states in his book, titled "*Buddha of Infinite Light: The Teachings of Shin Buddhism, the Japanese Way of Wisdom and Compassion*", published by Shambhala, that the combination of Buddhism and psychology is the combination of theory and practice (Suzuki 2002). With a background in Buddhist

psychology, the Japanese created indigenous psychotherapy. Although the main psychological treatment in Japan is derived from Western psychotherapy, Japan set up two kinds of native psychological therapies, called Morita therapy and Naikan therapy (Kitanishi and Mori 1995:245-254).

Chikako pointed out the influence of Buddhism on Japanese psychoanalysis when comparing Naikan therapy themes. Japanese psychoanalyst Kosawa Heisaku studied psychology at the Psychoanalytic Institute of Vienna. In 1932, during this period, he visited Sigmund Freud and discussed his theory of the *Ajase* complex with him. The *Ajase* complex was based on the old Japanese Buddhist story about prince *Ajasastru* who lived at the time of historical Buddha (Thierry Jean Roboüam 2013: 99-101). It is the Japanese equivalent of the Oedipus complex. The *Ajase* complex represents the deep relationship between mother and child (Ozawa-de Silva 2007:421). The *Ajase* complex was based on the *Ajase* story, which itself appears in the *kanmuryojukyo*, a Buddhist scripture centering on the salvation of the mother.

Morita Shōma and Yoshimoto Ishin are Japanese psychotherapeutic pioneers of the same generation as Professor Kosawa. They shared psychological ideas with each other; Morita therapy and Naikan therapy therefore have a historical basis in Buddhism as well as in knowledge derived from European psychology. While Kosawa presented his theory to Freud, he also emphasized the value of ‘redemption’, due to his psychological analysis of salvation from sin by the power of Buddha (Harding: 2014).

In the West, humanistic psychology is committed to bridging the gap between people and their differing views so as to improve mutual understanding. It is believed that Westerners tend to seek a ‘quick fix’ in psychotherapy, but because in Japan, it is difficult for people to get together as close relationship. As a result of this situation the psychotherapy process in Japan is slow. Therefore one week of Naikan meditation may be more effective (Ryback et al. 2001: 124-136).

## 6. Naikan therapy

Yoshimoto Ishin defines Naikan (Jp: 内観) as the way to explore one’s own real ‘self’ in his book, *The Invitation to Naikan Method* (1983; Miki 1998, Ishii 2000). The structure of Naikan is ‘seeing oneself’ by investigating past experiences. Originally it was based on the ascetic training method used in Japanese Buddhism in order to attain enlightenment. Shin Buddhist practitioner Yoshimoto Ishin used this method to help people as a psychological treatment in 1965 (Maeshiro 2009). Although Naikan started as a psychological practice, it is different from authentic psychotherapy. It is, rather, a contemplative or meditational practice influenced by Buddhism, but which can be practiced in clinical psychology without the patient holding any particular religious beliefs and practices.

The literal meaning of the word Naikan is looking-inside or self-introspection. Ishin mentioned that this is a practice he derived from Pure-Land Buddhism (Jp: 浄土仏教), one of the major Buddhist traditions in Japan (Yoshimoto 1981). Japanese



Pure-Land Buddhism emphasizes the power of the *Amitābha* to save all kinds of people (Cn: 善人尚能成佛, 况恶人乎). According to this doctrine, there are no bad people, only people who have done bad things and who can therefore change by living a good life through the power of *Amitābha*. For this reason it is said ‘bad people can become Buddha’ (Jp: *akuninjobutsu*; 恶人成佛); needless to say, this is also possible for good people. The third theme of Naikan therapy is the patient investigating what trouble they have caused to others, reflecting on bad actions in order to change their character for the better, or attain release from bad actions through confession to the Naikan therapist. As a consequence, it has already helped clients with different kinds of mental issues and social problems, and psychologists have accepted Naikan as a Japanese indigenous psychotherapy (Ozawa-de Silva 2006).

## 7. Buddhist psychological dimensions in Naikan

Naikan practice in Japan, as an indigenous form of psychotherapy, is a special therapeutic system, which consists of many Buddhist psychological characteristics. Gratitude, confession and loving kindness are some of the concepts from Buddhism that contribute to shaping the character of a person. The three themes of Naikan, together with good attitude and contemplation, can cause the stubborn characteristics of a person to be softened, and can cause that person to behave with good human qualities. The three themes of Naikan are integrated with confession and moral psychology. Confession has been mentioned in Christianity as well as in early Buddhism as a system for cleaning the spirit. In the community of *sangha* (monks and nuns), confession, or acknowledging wrongdoings in front of elders, is compulsory. According to the *vinaya piṭaka* (disciplinary codes) this practice is the same as the monks and nuns having confessed their sins to Buddha himself. Disciplinary codes require that monks acknowledge their faults in front of the community of *sangha* and convene biweekly to recite the *pātimokkha* (the code of 227 disciplines or rules). *Pāti* means ‘towards’ and *mokkha* means ‘liberation’ from cyclic existence (*samsāra*). Ancient Japanese Buddhism confession means *zange* or *sange*, and used it in the repentance ceremony for the dead (Childs 1987: 14). Later it became part of the *Ryuyukai* rites, which involve introspection and self-reflection for the sake of dead persons (Hardacre 1984:133). Yoshimoto Ishin’s introspection method started from religion and gradually developed into a process of psychotherapy between 1940 and 1953; ‘*mishirabe*’, which is the prototype methodology of Naikan practice, transformed into Naikan therapy. The theoretical reforms he made during this period can be summarized as follows:

1. The Naikan process emphasizes the repeated experience of redemption, stressing continual self-searching. In the early days of the Naikan, meditation practitioners were encouraged to continuously reflect on their past actions, and to feel the mysterious experience of salvation through *Amitabha*. Later on, they no longer pursued the experience of salvation, and focused instead on the process of self-reflection rather than pursuing any specific result. The

course lasts a week. In the past, the experience of salvation was obtained after organized meditation. In contrast, at present, continuous meditation every day is encouraged.

2. In the second step, Naikan abandoned mysterious ascetic practices; and
3. In the third step, participants were permitted to have enough food and sleep, and to meet with people from the outside world.
4. The process of introspection is organized and the procedure is rationally arranged. The therapy process is also conducted by different instructors who meet with and interview the practitioner.
5. In the past, the fear of death and hell and the desire for salvation were emphasized. Now the method focuses instead on moral obligations towards others.
6. The goal of Naikan has changed from a transcendental existence to improving a person's daily life (Harding, Iwata, Yoshinaga 2015: 157-160).

In 1950, Yoshimoto was ordained as a monk, and the house in which he lived in Yamato was converted into a Naikan center with an attached temple in 1955. At that time, Naikan was not a religious movement. It was promoted in prisons, educational centers, and schools. According to the Japanese post-war constitution, at that time, classifying Naikan as a kind of psychotherapy meant that workers were allowed to attend the daily activities of the Naikan movement. As Yoshimoto hoped, Naikan became popular in prisons and schools, and was an effective treatment method in hospitals.

According to Naikan thought, personal relationships are the most important goal. Yoshimoto Ishin believed that the relationship between religion and the individual is very subtle, and believed that through Amitabha's help one can gain a better life (in the Pure-land) after death. He believed that people who have religious beliefs would get better results through self-reflection or self-introspection (Naikan). On the other hand, in 1879, Wilhelm Wundt was the first person to adapt self-introspection to experimental psychology as a therapeutic method (Maeshiro and Wang, 2011: 1). Therefore this concept easily adapted to the Japanese psychology.

Unlike Western psychotherapy, Naikan therapy focuses on considering and understanding others. Gratitude (*kataññu* – being grateful and mindful of benefits) and loving kindness (*mettā*) constitute the bridge between people in the Naikan process, and the relationship between a Naikan therapist and a client is a very important facet of this therapeutic system, because the therapist acts as a meditation guide. In this way it is unlike Western psychotherapy. Therefore, Naikan therapy is closer to Buddhist psychotherapy than traditional psychotherapy.



## 8. Loving kindness and gratitude

Ozawa-de Silva has studied the relationship of love and kindness in Japanese therapeutic practice. Naikan therapy is an analytical understanding of loving kindness meditation (*metta*), and gratitude that focuses on enhancing empathy towards others, achieved by recollecting what one has received from others (Ozawa-de Silva 2006). Ozawa explains that Naikan is a contemplative practice (Ozawa-de Silva 2005). Although Naikan practice in psychology has removed any religious aspects, some meditational and traditional features remain that cannot be changed. This is because the historical basis of Naikan and the nature of the therapy process come from a Buddhist background. Ozawa-de Silva further discussed the concept of recollection of kindness in comparison to Robert Sharf's idea in his article "Mindfulness of the kindness of others: The contemplative practice of Naikan in cultural context". Sharf discussed the relationship in Naikan between mindfulness and cultural context (Sharf 2015). If we understand the concept of mindfulness in its modern sense, it is related to an individual being aware of everything that they do in the present time including tasting food (Sharf 1995, 1998, 2007, 2015). Mindfulness meditation is a central aspect of all Buddhist sects. Contemplating on the loving kindness of others in Naikan therapy is supposed to enable the individual to realize their own nature through others. Concentrating the mind on the mindfulness of loving-kindness is grounded in the meditation practice of Buddhism. Mindfulness of kindness of others in Naikan therapy has a profound relationship with the concept of *mettā* in Buddhism (Ozawa-de Silva 2015: 535). The *Mettānisansa-sutta* explains the results that an individual can attain through mindfulness of loving-kindness towards others,<sup>1</sup> in this life and in future lives.

## 9. Decreasing the ego, ignorance

The idea of 'ego' or 'self' in Buddhism is different from other religions, because Buddhism contains the notion of selflessness, while the idea of 'the self' has generated a considerable amount of philosophical debate in different religions. The early Buddhist scholar Kalupahana pointed out that Buddha proclaimed that there is no permanent 'self', and if a person grasps at the concept of self, this can create the suffering of life. Reducing attachment to the 'ego' or 'self' therefore enables the individual to be free from trouble in ordinary life (Kalupahana 1994: 68). In the

<sup>1</sup> (1) *sukham supathi* – sleeps well/easily, (2) *sukham patibujjhati* – wakes up well/easily, (3) *na pāpakam supinam passati* – will not experience unpleasant dreams, (4) *manussānam piyo hōti* – liked/admired by humans, (5) *amanussānam piyo hōti* – liked/admired by non-humans, (6) *devatā rakkhanti* – blessed and protected by Devās (gods), (7) *nāssa aggī vā visaṃ vā satthaṃ vā kamati* – would not be harmed by fire, poison or weapons, (8) *tuvaṭṭam cittaṃ samādhīyati* – mind becomes serene and concentrated easily, (9) *mukhavaṇṇo vippasīdati* – complexion of face becomes fair, (10) *asammūlho kālaṃ karoti* – can remain conscious and mindful at death, (11) *uttariṃ appaṭivijjhanto brahmalokūpago hoti* – will be borne in Brahma realm, if they do not reach the holiness of an *Arhat* (*Mettānisansa-sutta*, *Anguttara Nikāya*).

Naikan therapeutic process, the client can attain tranquility gradually by reducing his strong 'self' into a less egotistical character.

Naikan therapy provides a full philosophy of life, addressing human relationships, understanding, and respect for human nature, as well as an understanding of the real lives of human beings. As such, it can be considered as a life principle or attitude to protect human nature and improve the mental health. Yoshimoto Ishin, the founder of Naikan therapy, holds that 'I am' is the cause of all kinds of suffering and is the reason for reincarnation. Through introspection, the individual can remove the over-emphasis on 'ego' and change a selfish or stubborn personality into a gentle and straightforward one (Zhang, Chenjun, Wang 2010: 61-63). Yoshimoto believes that the foundation of Naikan therapy is removing the strong 'self' or 'ego' which is the root of suffering, and breaking the 'ego' and restoring simplicity is the goal. Through introspection, the client can reduce over-emphasis on the 'self', and can change a stubborn personality to a gentle one. Although human beings have many unreasonable censures on others, everyone gets help and support from others. By considering other's feelings, individuals can find the courage to reflect on one's past experiences and find their own hearts (Zhang, Chenjun, Wang 2010: 61-63). Psychologist Ishida Rokuro believes that many psychosomatic diseases are related to the individual's self-centered personality and involuntary self-centrism.

Takao Murase's explanation about Naikan is very close to the Buddhist explanation of human nature. Murase states that although the method was derived from the Jōdo-Shinshu sect of Buddhism, the most popular Buddhist sect in Japan, it is unassociated with any professional psychotherapeutic form, Eastern or Western. Naikan therapy is based primarily upon the philosophy that human nature as fundamentally selfish and guilty, and habitually accepting limitless advantages from others. In order to understand human nature and reality deeply, it is necessary to be open-minded towards others as well as oneself. To be emphatic and sympathetic towards others is a purpose of Naikan theory. It holds that one must honestly acknowledge authentic guilt or bad karma, and only then is it possible to change an old identity and to be born as a new character. This can be proved according to Buddhist psychological explanations of the human mind. Motivations of mind are basically caused by *rāga* (sex drive), *dosa* (anger), *moha* (delusion) and also by *alobha* (urge for charity), *adosa* (urge for love and kindness) and *amoha* (urge for wisdom). Mental patients are also capable of having motivations based on the above-mentioned six bases of thoughts.

Huang Xinyin pointed out in his research on Zen and Naikan therapy that 'ignorance' is the root of neurosis (Huang Xinyin, Xu Aibing 2000:83-84). Buddhism explains ignorance as a misunderstanding the nature of reality that is the cause of suffering and mental illnesses. Everything stems from this misapprehension, and principles of relativity and inter-dependence of the whole existence and the continuity of life are explained in a detailed formula called conditioned genesis (*Paticca-samuppāda*), in *Nidānasutta* (D.N. 15), consisting of twelve factors:

- 1) Ignorance (*avijjā*)
- 2) Volitional impulses (*samkhārā*)
- 3) Consciousness (*viññānam*)
- 4) Body and mind (*nāmarūpa*)
- 5) The six sense bases (*salāyanam*)
- 6) Contact (*phasso*)
- 7) Feeling (*vedhanā*)
- 8) Craving (*tanhā*)
- 9) Clinging (*upādānam*)
- 10) Becoming (*bhavo*)
- 11) Birth (*jāti*)
- 12) Aging and death – resulting in suffering (*jarāmaranam*)

One of the goals of Naikan therapy is to find one’s own heart in order to understand the ‘self’. In Buddhist psychology, analysis of self is very important. Therefore above (Table 1) information is helpful in providing an understanding of what is the ‘self’ is in the Buddhist system.

**Table 1. (The factors of self)**

The factors of self		
Sense organ	Object	Consciousness
Eye ( <i>cakku</i> )	Form	Visual consciousness
Ear ( <i>sota</i> )	Sounds	Auditory consciousness
Nose ( <i>ghāna</i> )	Smells	Olfactory consciousness
Tongue ( <i>Jivhā</i> )	Tastes	Gustatory consciousness
Body ( <i>kāya</i> )	Tangibles	Tactile consciousness
Mind ( <i>mana</i> )	Mental objects	Mental consciousness

This chart signifies the ‘self’ that we recognize as a person. When a sense organ contacts with an object, it gives rise to consciousness, e.g. eye contact with a form or material shape gives rise to visual consciousness. Consciousness plays a very important role in building the ‘self’ because it enables contact between each sense organ and its object(s). In Buddhism, these are elements (*dhātu*) of ‘self’. They are all bound up with notions of ‘I’, ‘my’ and ‘mine’. This situates the structure of ‘ego’ in the field of sense perception (De Silva 1990). According to Sigmund Freud’s model of the human psyche, there are several stages of personality through which consciousness is constructed, namely the id, ego and super-ego. Nyanatiloka Thero

explained that, according to Buddhist psychology, all terms that we use for designating a person are mere names, i.e. a person is a certain combination of elements, but it does not have any real existence in itself (Nyanatiloka 1987: 145). Self (*atta*) arises because of the elements mentioned above. The delusion of self exists as a result of one's way of thinking and behaviors. One of the aims of Naikan therapy is to enable the individual to see this reality of self-nature through investigating personal inter-relationships with others.

### 10. Historical background for self-reflection

Japanese Naikan therapy shares some roots with the Indian Buddhist philosophical concept of *vipassanā* (analytical) meditation, but the modern word 'Naikan' is different from its historical meaning and features. In 538 AD, Buddhism was introduced to Japan from China. The Japanese internal observation method originated with the Japanese Zen monk Hakuin Ekaku, who lived between 1685 and 1768 AD. His mother was an adherent of the Japanese Pure-land Buddhist sect. Zen master Hakuin Ekaku and his student Hakuyu practiced the introspection method of Zen Meditation, or *Zazen* (Katsuhiko 2008: 13). In his article entitled "The Idle Talk on a Night Boat", which was first published in 1757, Hakuin Ekaku mentioned that Naikan is a mysterious meditation. In 1940, Yoshimoto Ishin created Japanese Naikan under the guidance of Kotani Nobu (1916–1988), stipulating special background and requirements for clients. This mental treatment method thoroughly examines one's interpersonal relationships to understand changes to the egocentric consciousness (Emiko 2005: 372-374).

There is another story behind the origins of the Naikan method. This story is about *Myokonin* (妙好人) who was a strong adherent of the Pure-land Buddhist sect. He was said to have a pure soul, like a lotus in a lake. Suzuki found that there were a lot of believers in the Pure-land sect throughout history, and they believed in the power of *Amitābha* (Suzuki 2002: 69–84). Those who are called *Myokonin* (妙好人)<sup>2</sup> are often found to have received no education but nevertheless profoundly understand the Buddha's teachings. They are not *Amitābha*, but are pious practitioners, realizing the unity of other powers and experiences and *Amitābha* (Suzuki 2002: 69-84). They are keenly aware of an absolute sense of powerlessness. They are always grateful to *Amida*. Their daily life is full of natural joy and selfless love. This recourse comes from the *Amitāyurdhyāna-sūtra* and it is attributed to the great monk *Shandao*, founder of Chinese Pure-land Buddhism, before it developed in Japan. It is often asked of Buddhism whether it is possible to rid oneself of desire, and of sense of self. A related question is that of how an individual can have a firm belief in Buddhism but still create a new and valuable life. The following six Buddhist practices are

<sup>2</sup> The *Myokonin* are famous, pious followers of the Jōdo Shinshū sect of Japanese Buddhism. *Myōkōnin* literally means a wondrous, excellent person. It is used for a devout follower of Jōdo Shinshū, who lives a life of total dedication to Amida and whose acts and sayings, though they often run counter to common sense, reveal the depth of faith and true humanity – Gosei's Myokonin Stories, translated by Hisao Inagaki, from Wikipedia.

intended to be helpful in guiding individuals towards a real and honest life:

- 1) Confession and reflection
- 2) Consciousness of body and mind
- 3) Compassion
- 4) Trust
- 5) Loyalty
- 6) Respect for tradition

These six practices are intended to be practical although they are seemingly hard to achieve; but it is intended that the practitioner will gradually improve understanding of him or herself and will therefore change their character. The two practices of confession and reflection are indispensable to Buddhism, regardless of Buddhist sect, as these pave the way to peace of mind. Without confession and reflection, life will be full of worries and unpredictable. While practitioners are likely to acknowledge the necessity of reflection, they are in fact more likely to observe other's mistakes and criticize them.

Monks of the Senkou-bou Shin Buddhist Temple advise adherents to practice the ten abstinences and to practice introspections. Introspection encourages individuals to go deep into their memory and to recall the relationship between them and their father, mother and loved ones. They encourage them to reflect on what these people have done for the practitioner, what the practitioner has done for them, and what worries are associated with these relationships. This practice is carried out alone in a room, and memories are recalled in front of the temple. Then the monk made some suggestions and instructions, and his followers repented. He asked adherents to search their memory, starting from three years old, every three years up to the present. The practitioner's repentance memory should be described as a specific event in a specified form, and he also explains this practice in accordance with the 'ten abstinences' (*jukinkai*), asking the practitioner to admit their experiences and wrongs with regard killing, stealing, and so on.

Frequently practitioners will fully realize that they consider only their own side, always complaining about something or someone. However, if an individual is able to live with love and kindness towards other individuals, this awareness will lead them to a perfect life. Evoking the past as recommended will lead the practitioner to go deep into their soul, and to learn more about the teachings of Buddhism. The following is a typical case:

Many years ago, a 35-year-old man came to the Senkou-bou Shin Buddhist temple to practice Naikan. His wife joined him after two days. After attending the ten-day meeting, the Abbot asked the two of them to sit in his room and express their honest opinions and complaints about marital life. They were silent for a while. Suddenly, she began to apologize and bow to her husband and put her hands on the tatami and on her face. She said, "my heart is like a demon, I noticed that you rented an apartment and lived with a young woman. Now I realize how difficult it is. People like you and me always want to have their own way of life

anyway. I fully understand that I am a woman who has put you in trouble. I really need you to forgive me for my past behavior and attitude. If you decide to live with your wife, rest assured that she would accept it. I promise, from now on, I will take care of our two children and your parents take care of our families. You'll find a good home until you come back." Her husband deeply apologized, and he confessed to her other serious wrongs. They all gained the wisdom to see things differently and through the lens of repentance. The family became happy and was protected by the grace of Buddha (Reiunken Shue Usami, Osho Noriyuki Usami 2010: 17-18).

Pure-land Buddhism emphasizes the importance of the *nembutsu* and of *tariki*, meaning 'other power', or the power of the other to reach into human life and help to effect salvation. Here 'other power' refers to Buddha's power. The name '*Nembutsu*' comes from the phrase '*Namu Amida Butsu*'. *Namu* means the same sincere heart as possessed by Buddha. *Amitabha* means the Pure-land in the Western Paradise, and Buddha who embraces the eternal light of all things. Buddha has eternal life, and tries to save every living person, without exception. This may sound strange. It seems that Buddha has real existence. Moreover, for Buddhists, Buddha is not a fantasy, born of false ideas and misleading imagination, and it is said that Buddha really exists in the Pure-land (Reiunken Shue Usami, Osho Noriyuki Usami 2010: 19).

### 11. Techniques of intensive Naikan

There are two main types of Naikan therapy currently practised. The first is intensive Naikan therapy, which is usually completed in a week under certain conditions, and the other is daily Naikan, which is a short-term therapy for daily practice. In both types of Naikan therapy the client sits in a corner of a room behind a *byobu* (folding screen). In the original method, Naikan therapy is conducted for fifteen or sixteen hours a day, from 5 a.m. to 9 p.m. for seven days. Interviews with instructors are provided every two hours, eight or nine times a day, with each interview lasting three to five minutes. For clients with physical and mental limitations, therapy can be shortened to ten hours per day, with an interview every hour. As a behavioral restriction, clients are required to stay behind the folding screen, except when going to the bathroom and sleeping. Three meals are served per day. Clients are not allowed newspapers, magazines, radio, or mobile phones during their course of therapy, or to talk to others. This helps the session to deepen the client's introspection (Maeshiro 2009). The Naikan therapeutic process is based on the following three themes by the client contemplating the nature of mind through inter-relationships with the people around them.

Theme 1: What I have received from others.

Theme 2: What I have given to others.

Theme 3: What trouble and difficulties I have caused to others.



Everything in life is related to others; the first theme of ten begins with consideration of the client's mother. The second theme encourages the client to arrive at a balanced life by examining their gratitude and attitudes to others. The third theme is difficult to reflect on for most clients, as individuals usually consider only their own side and never think about the difficulties of others. Krech stated that these three themes are very important, especially the third (Krech 2002). The themes are seemingly unrelated to any religion, and are more similar with certain kind of meditational practices.

## 12. Conclusion

To summarize, Naikan is a meditative psychotherapy that differs from Western psychotherapy, and which contains extracts from Buddhist practice and includes psychological techniques. The Buddhist teachings on samsara, karma, reincarnation and the Four Noble Truths are the basis of psychology. No matter what religion anyone believes, this will not affect their experience of Naikan, and everyone can achieve something according to his or her level of introspection. Naikan has an obvious healing effect on pathological gambling, depression, alcohol addiction, anxiety disorders and so on. It is widely used in hospitals, schools, education centers and other places. It allows people to look at things clearly and accurately, and to see that each part is unique, and thus to perceive the most fundamental reality of things. It is not only a way of gaining insight through meditation, but is also a way of gaining mental health and a better life.

People usually want to get satisfaction in life, but the pursuit of material interests is the root of anxiety and dissatisfaction. Even after achieving success, people are still not satisfied, and this causes pain. In the Buddhist psychological view, looking carefully into one's own heart will reveal the source of pain. The experiential process of Naikan therapy can let the client understand the changes of every moment. The only condition of the Naikan guidance is to think carefully according to the three themes of the Naikan, and to distinguish between the inner and outer self, to abandon fantasy and the delusion, and to see reality with purified mind. With enough familiarity with Buddhism, it is easy to understand how Buddhist philosophical and psychological thought coupled with Japanese cultural values gave rise to Naikan therapy.

Address:

W.G. Indunil Philip Shantha  
Department of Philosophy  
Zijinggang campus  
Zhejiang University  
Yuhan Tang Rd 688  
Medical Library, 306  
Hangzhou, 310058 P. R. China

E-mail: 1467566998@qq.com and 0617344@zju.edu.cn

### Abbreviations

ACT	– Acceptance and commitment therapy
A.N	– Aṅguttara-nikāya
CBT	– Cognitive behavior therapy
Cn	– Chinese
DBT	– Dialectical behavior therapy
DSM	– Diagnostic and Statistical Manual of Mental Disorders
D.N	– Dīgha-nikāya
D.P	– Dhamma-pada
Jp	– Japanese
MBSR	– Mindfulness base stress reduction
M.N	– Majjhima-nikāya
Skt	– Sanskrit

### References

- Childs, Margaret H. (1987) “The influence of the Buddhist practice of Sange on literary form: revelatory tales”. *Japanese Journal of Religious Studies*1, 14.
- Cullen, Margaret (2011) “Mindfulness-based interventions: an emerging phenomenon”. *Mindfulness* (Springer). Available online at <[http://www.margaretcullen.com/docs/MBI-An\\_Emerging\\_Phenomenon\\_Margaret\\_Cullen.pdf](http://www.margaretcullen.com/docs/MBI-An_Emerging_Phenomenon_Margaret_Cullen.pdf)>. Accessed on 07 May 2019.
- Deathrage, Seymour and G. Olaf Boorstein (1982) *Buddhism in psychotherapy: two essays*. Kandy: Buddhist Publication Society.
- De Silva, Padmal (1990) “Current psychology: research & review”. *Buddhist psychology: A Review of Theory and Practice* 9, 3, 236-254.
- Emiko, Haruki. (2005) “Fundamental of Nikan Theory”. *Psychiatry Association in Shanghai* 6, 372–374.
- Gomez, Luis O. (2003) “Psychology”. In: Robert E. Buswell, ed. *Encyclopedia of Buddhism*. Vol. 2: 678–692. New York: Macmillan Reference USA.
- Harding, Christopher. (2014) “Japanese psychoanalysis and Buddhism: the making of a relationship”. *History of Psychiatry* 25, 154–170.
- Harding, C., F. Iwata, and S. Yoshinaga (2015) *Religion and psychotherapy in modern Japan*, 157–160. Routledge
- Hayes, Steven C., D. S. Kirk, and G. W. Kelly (2003) *Acceptance and commitment therapy: an experiential approach to behavior change*. New York: The Guilford Press.
- Hardacre, Helen (1984) *Lay Buddhism in contemporary Japan: Reiyukai Kyodan*. Princeton, NJ: Princeton University Press, 133.
- Huang, Xinwen, Xu, Aibing, (2007) Naikan therapy and relationship with Zen thoughts. *Journal of Yancheng Teachers University, Humanities and Social Sciences Edition* 3, 83-84.
- Jones-Smith, Elsie (2012) *Theories of counseling and psychotherapy: an integrative approach*. Los Angeles: Sage.
- Kabat-Zinn, Jon (2004) *Wherever you go, there you are: mindfulness meditation for everyday life*. New York: Hyperion.
- Loewenthal, Kate M. (2000) *The psychology of religion: Ashort introduction*. Oxford: Oneworld.
- Kitanishi, K. and A. Mori (1995) “Morita therapy”. *Psychiatry and Clinical Neuroscience* 49, 245–254.
- Kirishimoto, K. (1985) “Self-awakening, psychotherapy for neurosis: attaching importance to oriented thought, especially Buddhist thought”. *Psychologia*, 28, 90–100.

- Maeshiro, Teruaki (2009) "Naikan therapy in Japan: introspection as a way of healing introduction to Naikan therapy". *World Cultural Psychiatry Research Review* 4, 1, 33–38.
- Maeshiro, Teruaki and Zucheng Wang (2011) *Naikan Therapy* (Chinese version). Beijing: People's Publication.
- Nyanatiloka Thero (1987) *Buddhist dictionary. Manual of Buddhist terms and doctrines*. 4th rev. ed. Nyanaponika Mahathera, ed. Sri Lanka: Buddhist Publication Society. (1st ed.1952.)
- Ozawa-de Silva, C. (2002) *Psychotherapy and religion in Japan: the Japanese introspection practice of Naikan*. London: Routledge Press.
- Ozawa-de Silva, C. (2007) "Demystifying Japanese therapy: an analysis of Naikan and the Ajase complex through Buddhist thought". *Ethos* 35, 4, 411–446.
- Ozawa-de Silva, C. (2010) "Secularizing religious practices: a study of subjectivity and existential transformation in Naikan therapy". *Journal for the Scientific Study of Religion* 49, 1, 147–161.
- Ozawa-de Silva, C. (2015) "Mindfulness of the kindness of others: the contemplative practice of Naikan in cultural context". *Transcultural Psychiatry* 52, 4, 524–542.
- Rahula, Walpola (1967) *What the Buddha taught*. Sri Lanka: Buddhist Culture Center. Available online at <<https://sites.google.com/site/rahulawhatthebuddha/>>. Accessed on 07 may 2019.
- Rhys Davids, Carolinne (1924) *Buddhist psychology: an inquiry into the analysis and theory of mind in Pali literature*. 2nd ed. London: Luzac and Co.
- Ryback, David, Akira Ikemi, Toru Kuno, and Yoshihiko Miki (2001) "Japanese psychology in crisis: thinking inside the (empty) box". *Journal of Humanistic Psychology* 41, 4, 124–136.
- Suzuki, Daisetz T. (2002) *Buddha of infinite light: the teachings of Shin Buddhism, the Japanese way of wisdom and compassion*. New ed. Boston and London: Shambhala.
- Thierry Jean Roboüam, S. J. (2013) "How Ajātasatruwas reformed: the domestication of "Ajase" and stories in Buddhist history by Michael Radich (review)". *Monumenta Nipponica* (Sophia) 68, 1, 99–101.
- Tirch, D. Laura, R. Silbertain, and R. L. Kolts (1968) *Buddhist psychology and cognitive behavioral therapy*. New York: Guilford Press.
- Usami, Osho Noriyuki and Reiunken Shue Usami (2010), *Living vibrantly with peace of mind tradition and practice of Senkou-bou Shin Buddhist temple*, Japan: Oriental Ink.
- Yoshizawa, K. (2008) "The religious art of Zen Master Hakuin". *Noman Weddel* 13.
- Zhang, Yingbo. Chen, Jun. Wang, Zuchen. (2010) Application of Naikan therapy and development. *Journal of Clinical Psychiatry*, 61–63.