

# STRUGGLES AMONG JAPANESE WOMEN WITH CONSERVATIVE GENDER ROLES FLOODED WITH 'IDEAL' FEMININE IMAGES THROUGH COMMERCIALISM

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**ABSTRACT** *In Japan, eating disorders among women have become a huge social problem in the past three decades. It is clear that eating disorders are developed by socio-cultural context, especially the pursuit of thinness. This paper first shows, through research using EAT-26, how such behaviours have recently spread even to elementary schoolgirls in Japan. It then attempts to explore, from feminist perspectives, the social status of Japanese women and how commercialism floods them with 'ideal' feminine images, which drive them to various self-destructive behaviours. Conservative gender roles in East Asian culture also greatly restrict women, consciously or unconsciously. Stereotyped feminine images function as a sort of internal oppression, which is observed in much clinical experience with patients with eating disorders. Jungian approaches, dream analysis, insight and withdrawing projections are helpful for patients. By reporting some patients' dreams, I describe their struggles to find their true selves. Copyright © 2006 John Wiley & Sons, Ltd.*

**Key words:** eating disorders, internalized oppression, ideal feminine images

For the past 30 years I have been carrying out clinical work as a psychotherapist at many places in Japan. I am now teaching at a university and I also have my own clinical practice in Kyoto and can identify myself as a Jungian oriented psychotherapist. I have also been involved in studying eating disorders and have been working with patients with such disorders for a long time.

In 2003, I surveyed eating attitudes of 1,600 girls and boys in the upper grades of

an elementary school and a middle school in Gunma, a non-urban area in Japan, using the EAT-26 questionnaire. EAT-26 is a very popular questionnaire, which has been used by researchers for eating disorders throughout the world (Garner and Garfinkel 1997).

Table 1, surprisingly, shows that elementary girls in the fifth grade display a statistically higher average EAT-26 score than boys in the same grade (Nakamura, 2004). Problematic eating behaviours, which may

**Table 1.** Comparison of average EAT-26 score between girls and boys in elementary and middle schools

Grade Sex	Elementary 5th	Elementary 6th	Middle 7th	Middle 8th	Middle 9th	Total
Boys	2.77 (4.43)	1.95 (3.68)	2.90 (4.61)	2.89 (4.50)	2.75 (4.32)	2.67(4.34)
Girls	4.28 (5.74)	3.13 (4.69)	3.75 (6.67)	5.57 (7.59)	5.02 (5.91)	4.39 (6.30)

T-test (SD) \* = 0.05 \*\* = 0.01 \*\*\* = 0.001

**Table 2.** Activity rate of women by age and country in 2003

Country	Age (years)										Total %
	15~19 %	20~24 %	25~29 %	30~34 %	35~39 %	40~44 %	45~49 %	50~54 %	55~59 %	60~64 %	
Japan	16.6	69.4	73.4	60.3	63.1	70.3	72.5	68.1	58.9	39.4	48.3
Korea	11.3	61.5	60.5	49.8	58.2	64.0	61.5	55.5	49.0	42.7	48.9
Thailand	23.9	65.0	82.3	83.4	85.3	82.2		70.4		26.5	65.0
Sweden	36.1	62.8	80.0	83.3	85.5	87.9	87.9	85.2	70.1	56.1	76.2
USA	44.8	70.7	74.4	73.8	74.5	77.4	78.6	74.7	65.5	45.3	59.5
Australia	60.0	77.1	74.1	68.4	70.6	74.7	77.8	69.7	51.6	27.7	55.9

Notes  
 1. Category of 15~19 in Sweden and USA means 16~19.  
 2. 82.2% in Thailand is for Age 40~49 and 70.4% is for 50~59.

Taken from the ILO Year Book of Labour Statistics, 2003.

develop into eating disorders, have recently become widespread even among elementary girls. As is well known, eating disorders result from a complex interplay of individual, family, gender and socio-cultural factors (Slater et al., 2003).

I would like to focus on specific socio-cultural factors affecting Eastern Asian, Korean and Japanese women. In 2003, an international survey explored the thoughts and consciousness of women in developed countries about their social status. The survey reported that Korean women are the most convinced that their society discriminates severely against women, politically, economically, educationally, psychologically and in the family. Japanese women are

the next most convinced. Table 2 shows that the percentage of working women is low in both Korea and Japan. The data suggests that many women leave their jobs to devote themselves to raising children. As a result, it is very difficult for Korean and Japanese women to develop their careers. It is easy to blame this on the fact that the feminist movement and feminist thought are not yet widespread in Japan. But for me, working as a Jungian oriented psychotherapist, the problem does not appear so simple.

Korea and Japan share similar religious backgrounds: Buddhism and Confucianism. There is no doubt that Buddhism still has the greatest influence on Japanese spiritual life. I think that, originally, Buddhism itself was

open for everyone equally but in the course of its long history it has adopted patriarchal tendencies as an institutional religion (Gross, 1993). There are few women leaders or women scholars in Japanese Buddhist society. Confucianism is characterized by a powerful patriarchy, a system of strong family respect, ancestor worship and women's absolute subordination to men (Sharma, 1987). Another widespread religion in Japan is Shintoism. This is unique among religions in having a goddess as its main deity, but this does not mean that women are actually respected. Rather, women are thought to be impure because of their bloody bodies. Men often hold most ritual events alone and women are restricted from entering some sacred places, for example the *sumo* ring.

Young people have inherited these religions through family bonds and community networks, and religious activities are completely fused with many customs in Japanese daily life. It is therefore impossible for anyone to avoid them entirely. Most Japanese do not consciously refer to themselves as Confucian, Buddhist or Shintoist (Reischauer and Jansen, 1995) but these religious attitudes, ideas, and symbols are vividly alive in their psychological and spiritual lives as, in Jungian terms, the collective unconscious. Consequently, Japanese women have to accept traditional gender roles and patriarchal ideas without any criticism. If a Japanese woman tries boldly to object to them she may encounter a crucial identity crisis. Religious symbols are so powerful that people are easily controlled spiritually. Religious symbols often function to support patriarchal social systems in the temporal world too (Wehr, 1988).

By supporting such ideas, the Japanese family system appears from the outside to be well preserved. The rate of divorce in Japan, 2.3 cases per thousand people, is

much lower than in the US. There are very few single mothers, children born out of wedlock or adopted children. In fact, through my clinical work I met a lot of middle-aged mothers who were very exhausted by their traditional duties and the heavy load of caregiving within the family.

Under such socio-cultural circumstances it is extraordinarily difficult for young Japanese women to find themselves as independent individuals. Career development does not seem easy but their mothers' generation does not seem happy either. In this hopeless situation, young Japanese women are easily influenced by idealized feminine images based on white Western women with slender bodies, small heads, long limbs, and large busts, which they encounter in various ways every day through the mass media. These encourage Japanese women to hate their natural Asian body shape and tell them that they need many commodities to achieve such an ideal body shape, although actually it is impossible (Unger, 2001). Control of their own appearance and the pursuit of thinness is a quick way of raising their self-esteem, and has already become one of the most important norms combined with traditional gender roles (Rothblum, 1994). No one blames women who want to be 'beautiful'.

It might seem that women are consciously possessed by the pursuit of slimness but we can see an unconscious message in their behaviours: they cannot find their own way to be in Japanese society, so they make the choice to develop eating disorders so as to regress and withdraw from their lives.

It is very helpful to introduce a Jungian approach in clinical work with such patients. For example, by dealing with dreams, patients can find out what actually frightens them. They might find that they have identified themselves with feminine personae or ideal feminine images too much, which

functions as an internalized oppression, to use a feminist expression. They might realize that their bonds with their fathers are too strong. On the other hand, patients might find positive shadows, healthy animus figures and so on in their dreams, as sound new aspects that help their development.

Here is a dream experienced by a young woman who has been suffering from serious eating disorders for long time. I have been working with her for more than 10 years.

#### Dream 1

I might be sold as a prostitute like a heroine in a past story. I am at a large place like a public bathhouse. A lot of women are beaten. I am ordered to bathe first. There are some women reciting a kind of spell. They seem to give up everything. I am so scared. An old Chinese or Korean woman gently tells me 'you can chant a sutra once'.

Looking around, I find some hens wearing *furisode* [the formal kimono for unmarried young women]. Being beaten, their necks are swollen and flushed. The water in the bathtub does not seem so clean but I have to go into it and have to chant the sutra.

We see deep powerlessness, despair and fear about her future. When the patient had the dream she had started thinking of marrying her boyfriend. But she was too afraid to do so because her mother's marriage, like many other women's, was not happy. The mother takes comfort in her belief in a Buddhist cult and used to repeat the name of Buddha every day. It is not surprising that married life seems to be not only a heavy burden for the patient but also a painful sacrifice of herself. Hens are dressed up in a traditional, gorgeous, feminine image, *furisode*, but they are so powerless that they cannot protect themselves. The bath often symbolizes purification, a ritual for newborns (Herder, 1993). But here the bath is not clean and it is referred as something making her dirty. A religious deed, chanting

the sutra, is a kind of duty and may soften the agony but it does not work to heal her.

At the beginning of the last century, Carl Jung found that an unhappily married mother and her daughter gave surprisingly similar responses to the association test experiment (Jung, 1910). Unfortunately, Jung only focused on the daughter affected by the mother. He neither tried to help the unhappy mother nor gave attention to the social background that produced many unhappy mothers. It is true that daughters are most affected by their mothers. It is therefore very easy for us, as psychotherapists, to find the negative mother complex among our patients. But now we know that simple mother-blaming is not so helpful (Rabinor, 1994).

In this case we talked for a long time about what she was afraid of regarding her marriage – for instance her duties as a wife – and she has gradually realized that she could build her own marriage style with her partner, differing from her mother's marriage or the common expectations of society. Then she started a 'separated marriage' (living apart from her husband), although it is quite unusual. This style has been going on for a couple of years.

In her next dream, which the patient had 2 years after the dream just mentioned, we can see how her sister figure functions in her psyche. Women are often encouraged to compete with other women for men's love, or sisters sometimes have conflicts for their parents' interest. In this instance, since childhood, she has grown up referring to her sister as her rival or ideal model, but her sister has become an ordinary housewife with a baby.

#### Dream 2

I became a King Kong monster vomiting food. My sister says to me, there is also a bird-human who has a beak and wings and it vomits a lot and eats nothing. But I was rescued by my sister and I started to be able to speak a human language. I lost all my teeth.

Here my patient found uncontrolled, destructive, powerful aggression in herself, which is represented by King Kong. The monster refuses any nutrition. Vomiting is an expression of refusal and rage. In fact, she was vomiting every day. As Marion Woodmen (1984) says, eating disorders are an exact body language. When my patient had the dream, she was missing her husband who was having fun with his friends on weekends. But she could neither find rage like that expressed in the dream, nor did she believe that she could express her complaint to her husband. For many women, not only for patients with eating disorders, it is often a very embarrassing experience to express their anger to another. She still does not have human language to express her anger.

But with the help of her sister, a positive shadow, she at last started to talk human language and she was born as a human being again, which is represented by her losing all her teeth. If she gets human language and can express her anger in this language, she can leave her destructive body language or no longer show aggression against herself instead of others. Soon after, her period came back. However, physical recovery created new conflicts and anxiety in her. A few months later the patient had the following dream:

*Dream 3*

I am looking at a ballet dancer. She has gradually become a good dancer and is performing a narrative dance, which I danced in childhood. My father is looking at her with a smile and seems peaceful, nostalgic and kind of desolate. There is a sea of blood, by which a mysterious man aged 35 lives, who is dirty and seems to be an executioner. My sister has a studio by the bloody sea for her ballet exercise. She complains to my father 'You have never smelled the bloody man. I am dancing while I am suffering from his smell.'

As I said before, commercial interests have introduced the beauty standard of Western whites into Japan as the ideal. The ballet dancer represents the Western ideal feminine image and it also symbolizes a pure and unreal woman without a real body.

On the other hand, there is a bloody sea. Let us remember that the patient had this dream soon after her period had come back. She could not stand its smell and she experienced her femininity as something impure. In sum, she is afraid of her embodied life.

The woman's image is split into two completely opposite things, a ballet dancer and an impure bloody sea. Each of the split woman's images has strong bonds with completely opposite male images: the father and the murderer. This suggests her masculinity images are also split in her psyche. Actually, when she was a child she used to be afraid of her father because of his violence, caused by alcoholism. On the other hand she admired her father for his intellectual profession. In the dream, the patient is still fascinated by her father, and she is very scared of a man aged 35, like her husband. The patient's psychological relationship to real men seems to be disturbed by her intense father complex.

I have discussed animus images of women with eating disorders (Nakamura, 1997), quoting the ideas of Polly Young-Eisendrath (1987). Some women have male figures of violators, rapists, or murderers. Other women have male figures of fathers or men in authority. In any case, their animus images are violent, strange or unfamiliar, not friendly to them. I think that women need to change their animus images to familiar ones to integrate them, which will lead women to true partnership with real men. At the moment, my patient was not able to live with her husband. However, here too, her sister's

figure plays an important role. The sister clarifies the patient's fear and anger to her father. If women are connected with other women in their network, they can develop themselves more.

I would like to mention the fourth dream of my patient in the same year:

#### Dream 4

Many people line up at a gate. There is a woman, maybe Yama [the judge of hell], at the gate. She examines them. If they succeed, they can pass through the gate and can be free. She gives them a sentence and orders them to make a perfect copy written in good hand. I am waiting for my turn with my father. At last it's my turn. I try to succeed, but it is so difficult. While I am struggling to do so, she dies. I no longer need to do this and get free. Then many people who have already been shut into a sort of prison start to get angry with us, because they have suffered there for a long time.

Yama, the judge of hell, is usually male but here female, watching her and giving her a difficult task. The task looks to me like the pursuit of the 'ideal' body shape, which will fail sooner or late no matter what. Or the task is a kind of religious ritual, as a duty, as her mother performed everyday. Unless my patient does this, she feels she should be punished by something more powerful than a human being. Of course, the severe supervisor exists within herself projected onto her mother or, sometimes, onto me as her therapist. In other words, my patient was suffering from her own perfectionism, which is often observed among patients with eating disorders. Realizing this, my patient has stopped writing daily records of food, something she had done for several years. Soon afterward, she could start to live with her husband. However, she was still attached to her father psychologically and found a new conflict, a guilty response to others, in the dream. Her struggle would continue.

## CONCLUSION

Eating disorders result from a complex interplay of individual, family, gender and socio-cultural factors, all working together.

I am aware of various methods to treat them. But if a therapist wants to deal not only with patients' problematic eating behaviours but also with their inner lives, a Jungian approach is very effective. This is because there is no doubt that eating disorders reflect our time, culture and gender, which are condensed in women's bodies and psyches (Slater et al., 2003). Eating disorders are also a kind of conflict between individuals and their culture. A Jungian approach identifies their deep confusion and gives them a hint of a way that they can take. For this purpose, I think, therapists should become more aware of gender-conscious attitudes themselves, because as Demaris Wehr (1988) says, without understanding the social backgrounds of women and their internalized oppression, psychotherapy can never become genuine therapy unless it makes women free.

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