

Doi, Takeo. The Anatomy of Dependence. Trans. by John Bester. Tokyo: Kodansha International, 1973.

1 The first idea of *amae*

First, I should say something of how I originally became preoccupied with the concept of *amae*. It is related to my experience of what is generally referred to as "cultural shock." In 1950, I went to America on a GARIOA scholarship to study psychiatry. It was still not long after the end of the war, yet I was dazzled by the material affluence of America and impressed by the cheerful, uninhibited behavior of its people.

Nevertheless, from time to time I began to feel an awkwardness arising from the difference between my ways of thinking and feeling and those of my hosts. For example, not long after my arrival in America I visited the house of someone to whom I had been introduced by a Japanese acquaintance, and was talking to him when he asked me, "Are you hungry? We have some ice cream if you'd like it." As I remember, I was rather hungry, but finding myself asked point-blank if I was hungry by someone whom I was visiting for the first time, I could not bring myself to admit it, and ended by denying the suggestion. I probably cherished a mild hope that he would press me again; but my host, disappointingly, said "I see" with no further ado, leaving me regretting that I had not replied more honestly. And I found myself thinking that a Japanese would almost never ask a stranger unceremoniously if he was hungry, but would produce something to give him without asking.

Another case happened—also, as I remember, during my early days in America—when a psychiatrist who was my

supervisor did me some kindness or other—I have forgotten exactly what, but it was something quite trivial. Either way, feeling the need to say something, I produced not “thank you,” as one might expect, but “I’m sorry.” “What are you sorry for?” he replied promptly, giving me an odd look. I was highly embarrassed. My difficulty in saying “thank you” arose, I imagine, from a feeling that it implied too great an equality with someone who was in fact my superior. In Japanese, I suppose, I should have said *dōmo arigatō gozaimasu* or *dōmo sumimasen*, but, unable to express the same feeling of obligation in English, I had come up with “I am sorry” as the nearest equivalent. The reason, of course, was undoubtedly my deficiency in English at the time. But I had already begun to have an inkling that the difficulty I faced involved something more than the language barrier.

Another thing that made me nervous was the custom whereby an American host will ask a guest, before the meal, whether he would prefer a strong or a soft drink. Then, if the guest asks for liquor, he will ask him whether, for example, he prefers scotch or bourbon. When the guest has made this decision, he next has to give instructions as to how much he wishes to drink, and how he wants it served. With the main meal, fortunately, one has only to eat what one is served, but once it is over one has to choose whether to take coffee or tea, and—in even greater detail—whether one wants it with sugar, and milk, and so on. I soon realized that this was only the American’s way of showing politeness to his guest, but in my own mind I had a strong feeling that I couldn’t care less. What a lot of trivial choices they were obliging one to make—I sometimes felt—almost as though they were doing it to reassure themselves of their own freedom. My perplexity, of course, undoubtedly came from my unfamiliarity with American social customs, and I would perhaps have done better to accept it as it stood, as an American custom.

Nor is it true, even, that the Japanese never ask a guest his preference. Nevertheless, a Japanese has to be very intimate with a guest before he will ask him whether he likes something he offers him. The custom, rather, in serving a guest who is not such a close friend is to produce something with a deprecatory "it may not suit your taste but . . ." An American hostess, on the other hand, will sometimes proudly describe how she made the main dish, which she produces without offering any alternative even as she gives her guests freedom of choice concerning the drinks that precede or follow it. This struck me as very odd indeed.

In this connection, the "please help yourself" that Americans use so often had a rather unpleasant ring in my ears before I became used to English conversation. The meaning, of course, is simply "please take what you want without hesitation," but literally translated it has somehow a flavor of "nobody else will help you," and I could not see how it came to be an expression of good will. The Japanese sensibility would demand that, in entertaining, a host should show sensitivity in detecting what was required and should himself "help" his guests. To leave a guest unfamiliar with the house to "help himself" would seem excessively lacking in consideration. This increased still further my feeling that Americans were a people who did not show the same consideration and sensitivity towards others as the Japanese. As a result, my early days in America, which would have been lonely at any rate, so far from home, were made lonelier still.

It was around this time that an American lady I got to know lent me Ruth Benedict's *The Chrysanthemum and the Sword*.¹ I read it immediately, and I still remember the vivid impression I had of seeing myself reflected in it. Time and again, as I turned the pages, I gave a nod of surprised recognition. At the same time the book stirred my intellectual curiosity as to why the Japanese and the Americans should be so different.

Perhaps because of the experiences I have just related, when I returned to Japan in 1952 I began to use my own eyes and ears in the attempt to discover just what it was that made the Japanese what they were. All the while I was attending to patients, I was asking myself how they differed from American patients. I paid careful attention to the words they used to describe their own condition and racked my brains as to how to set them down accurately in Japanese.

This may seem an obvious thing for a psychiatrist to do, but in fact it was not so obvious, since it had traditionally been the practice for Japanese doctors to listen to their patients and take down essential points in a very restricted number of German words. In the hands of Japanese doctors, the most ordinary everyday German words were treated almost as scientific terms; and anything that would not go into German had naturally to be discarded. This same trend was not, in fact, limited to psychiatry but was to be found in other specialist fields as well, and I had always thought it odd. When I went to America I found, of course, that psychiatrists there recorded what their patients said in their own language and that they pursued their consideration of their patients' pathology in their own tongues. Convinced that this was the only proper way, I determined that so long as I was examining Japanese patients I would record things and think about things in Japanese.

As I put these principles into practice, it was borne in on me that if there was anything unique about the Japanese psychology it must be closely related with the uniqueness of the Japanese language. It happened that in 1954 I was asked to give an outline account of psychiatry in Japan at a conference of U. S. military psychiatrists held in Tokyo. Towards the end of the lecture I said in essence what follows: Attempts have been made to elucidate the peculiar nature of the Japanese psychology using projective tests, but, even if such methods produce results of a kind, I cannot believe that they will give a grasp of

the most Japanese characteristics of all, since the types of Japanese characteristics that can be detected by psychological tests designed for Westerners are, ultimately, Japanese characteristics as seen through Western eyes; the tests cannot overcome this limitation. "The typical psychology of a given nation can be learned only through familiarity with its native language. The language comprises everything which is intrinsic to the soul of a nation and therefore provides the best projective test there is for each nation."

I cannot clearly recall now just how aware I was, at the time I gave this lecture, of the unique implications of the word *amaeru*. But it is certain that something was already brewing in my mind as a result of my observations of large numbers of patients. I was in the psychiatry department of the Tokyo University School of Medicine at the time, and I remember one day, in a conversation with Professor Uchimura Yushi, head of the department, remarking that the concept of *amaeru* seemed to be peculiar to the Japanese language. "I wonder, though—" he said. "Why, even a puppy does it." The inference was that it was impossible that a word describing a phenomenon so universal that it was to be found not only among human beings but even among animals should exist in Japanese but not in other languages. I myself thought, however, that it was precisely this that made the fact so important. And my private conviction grew deeper that the special qualities of the Japanese psychology had a close relationship with this fact.