

Japanese Military Suicides During the Asia-Pacific War: Studies of the unauthorized self-killings of soldiers アジア太平洋戦争中の日本軍の自殺 兵士の無断自殺についての考察

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Given the numerous news reports and articles describing unprecedented rates of self-inflicted deaths among U.S. active-duty personnel, with figures by 2012 exceeding those of soldiers killed in combat in Afghanistan, military suicide has become an issue of burning relevance for today's U.S. military.¹ Rising rates have also been recorded in other countries, including Japan, where the number of suicides among members of the Self-Defence Forces has remained higher than the national or civilian average since 2003.² Moreover, in the case of Japan, it would not be the first time that officials were confronted with data indicating an increase in suicides among military personnel.

Japanese suicide during the Asia-Pacific War (1931-45) is most closely associated in American and international consciousness with *kamikaze* pilots and tends to be discussed as evidence of popular acceptance of any and all wartime policies. This article addresses the far lesser known topic of unauthorized military death, examining suicides and attempted suicides that aroused the concern of army authorities in the late 1930s. In response to Japan's escalating war with China, the number of conscripts rose from 170,000 in 1937 to 320,000 in 1938.³ According to the anonymous authors of a special report on suicide issued by the (*Kempeitai*) military police in 1938, this led to more suicides: in the period from 1928-1938, the average annual number of suicides had been about 120 persons, and in 1938 alone, the figure climbed to more than 156. It was calculated that the suicide rate among military

personnel (soldiers as well as civilians employed in the army) for 1938 was 30 persons for every 100,000, which exceeded the average rate for the nation's general population.⁴ In 1936, the overall suicide rate was 22.2 per 100,000; by 1939 it had dropped to 17.5.⁵

The increased number of suicides in the Imperial Japanese Army (IJA) for 1938 not only ran counter to the experience of many Western armies during earlier conflicts, where the rate among soldiers declined and remained lower than that for civilians.⁶ For those familiar with theories of suicide, it was a sign that the undeclared China conflict was not a "great popular war." In a groundbreaking 1897 study, the French sociologist Émile Durkheim argued that suicides decreased during "great popular wars [that] rouse collective sentiments, stimulate partisan spirit and patriotism, political and national faith alike, and concentrating activity toward a single end, at least temporarily cause a stronger integration of society."⁷ But, at the same time, he noted that during wars that have failed to excite and thus unite the people suicide rates remained unchanged or even increased.

Already concerned about declining birthrates that threatened a loss of manpower during a long war,⁸ IJA officials could ill-afford to ignore any issue that was emblematic of low morale and possibly defiance.⁹ Observing that the life of a soldier belonged to the Emperor, the authors of the military police report branded self-killing without official permission an inexcusable act of disloyalty.¹⁰ Moreover,

asserting that the IJA now had the highest suicide rate among all the military organizations in the world, these *Kempeitai* authors urged the army leadership to remedy this “deplorable situation.”¹¹ Although the absence of data makes it impossible to know how army officials continued to deal with unauthorized suicides beyond the late 1930s, existing material reveals that shortly before the war with China spilled over into a multinational conflict, mental health experts investigated the problem.

As a contribution to studies of military psychiatry and the emerging scholarship available in the English-language on the history of Japanese psychiatry,¹² this article assesses the collaboration of these practitioners with army authorities in efforts to understand and better control the unauthorized deaths of soldiers. Notably, the psychiatrists whose opinions are examined here drew no clear connection between suicides and combat-induced conditions, such as “war neurosis,” “combat stress,” or “battle fatigue.”¹³ As the military had long promoted the notion that a unique spirit (*yamato damashii*) would enable the Japanese people to cope with the hardships of war, discussion of war-related psychological breakdown, much less suicide was unwelcome. It could not be acknowledged that the physical and mental hardships of training or the battlefield could drive previously well-adjusted individuals insane; at most, it could be proposed that they triggered a preexisting condition in already abnormal persons. One psychiatrist conscripted into the army, Sakurai Tono (1907-1988) claimed that individuals with these latent conditions did not even have to experience combat and could go into profound shock merely by receiving a draft notice. While government propaganda obliged people to look upon conscription as a cause for celebration, Sakurai reported that for the period 1937-38 he found 30 cases of individuals attempting suicide within a week or so of being drafted. Nineteen of these were fatal.¹⁴

Psychiatrists could be of assistance in verifying suicides and identifying the possible cause and motives. But, in drawing attention to aspects of army life, such as a culture of bullying, widespread syphilitic infection among troops and even war crimes, they also revealed an unawareness of or possibly a refusal to accept the fact that in the IJA, as in all military organizations, combat efficiency and respect for authority was prioritized above all else. War crimes and atrocities were a problem only insofar as they aroused popular resistance or their exposure undermined propaganda that cast the invasion of China as part of a “Holy War” (*seisen*) to liberate oppressed Asian peoples from their European and American colonial oppressors. While it contradicted a carefully crafted image of nurturing or mutually supportive relations among soldiers, army authorities accepted the incessant hazing and beatings of subordinates because, as historians of the IJA have revealed, it furthered the objective of “making unquestioning obedience second nature.”¹⁵ As for syphilitic infection, army officials after 1937 believed that comfort stations, a system based on the sexual slavery of women from Japan’s colonies and occupied territories, offered a solution to this and other problems. As a 1940 War Ministry memorandum observed, the stations would “heighten the men’s moral[e], keep discipline and prevent crimes and sexual diseases.”¹⁶

Jiketsu versus Jisatsu

By the late 1930s, in the IJA, the only officially acceptable self-killing for a Japanese soldier was one that was authorized: i.e., the result of self-sacrifice for a specific goal set by superiors, not by the individual, and, thereby, a demonstration of unquestioning obedience to state authority. The military authorities in fact maintained a clear distinction between authorized self-killings and suicide. Instead of using the common Japanese word for suicide, *jisatsu* (自殺), to describe these authorized self-

killings, they applied the term *jiketsu* (自決), which conveyed the notion that the death was self-determined and not coerced. As Koji Taira observes, “*jiketsu* [meant] to honor and glorify the person who had the extraordinary courage to kill himself or herself in this manner. Calling such cases *jisatsu* would amount to a blasphemy.”¹⁷ Those who reportedly experienced this noble self-inflicted death not only included *kamikaze* pilots, manned torpedoes, and soldiers carrying out doomed *banzai* charges against usually superior forces. During the Asia-Pacific War, a total war that wiped out many distinctions between soldiers and noncombatants, military officials called upon civilians in Okinawa and Manchuria to perform *jiketsu*, including *shudan jiketsu* or *compulsory group suicide*, rather than fall into the hands of the enemy.¹⁸

Although these deaths are the ones generally associated with Japanese wartime suicide, most of them seem to fall outside of definitions of suicide. For philosophers Joseph Margolis and Tom L. Beauchamp, suicide is any act or omission intentionally undertaken by a person to bring about his/her own death, *unless the death was altruistically motivated, coerced, and caused by conditions that the person did not arrange specifically for the purpose of ending his/her life*.¹⁹ If this definition is accepted, many authorized self-killings should be more accurately described as acts of compulsory self-destruction or murder at the hands of military authorities.²⁰ This, however, is an interpretation that contemporary government representatives continue to reject.

Since the 1980s Ministry of Education officials have attempted to downplay the coerced deaths of Okinawans in school textbooks, calling for the deletion of references to soldiers forcing individuals to take their lives or simply killing them in order to defend the honor of wartime troops. In response to the corroborative accounts of Okinawan battle survivors, Ministry officials have argued that these “stories of

people’s experiences” are unreliable and do not qualify as “research works.”²¹ By research works, it is presumed, that these government officials are referring to works based on government documents.

In investigating military *jisatsu* -- unauthorized self-killings or suicides and attempted suicides on the part of soldiers that were not the result of superiors’ orders and served no combat objectives, this article relies on the small number of official documents that survived efforts by the Japanese government and military to destroy them and, specifically, studies conducted by army personnel including psychiatrists.²² By 1939, IJA authorities had access to at least three studies on what the authors termed *jisatsu* among troops. Aside from the *Kempeitai* report, there was an article by the aforementioned Sakurai Tonaō that was published in an army medical journal. Sakurai appears to have spent his entire term of service at Tokyo’s Kōnodai Army Hospital, the army’s sole psychiatric hospital, and would become after the war a leading authority on neuroses, particularly those associated with soldiers.²³ There was also a 94-page secret report on suicide completed in 1939 for the IJA by another conscripted psychiatrist, Hayao Torao (1890-1968). Using the *Kempeitai* report and Sakurai’s work as comparative and supplementary sources, this article draws heavily on Hayao’s research. Less professionally prominent than Sakurai, Hayao was able to produce far more detailed studies of the behavior and activities of soldiers as a result of data that he acquired while stationed in occupied cities. A professor at Kanazawa Medical College, Hayao served in the army from 1937 to 1939, spending a year in China before being transferred to Kōnodai Army Hospital. During this period, he produced six reports submitted to the Army Medical and Legal Affairs Department, which were notable for Hayao’s blunt condemnation of the military authorities’ failure to control the activities of soldiers in China.²⁴

While assessing the mobilization of medical professionals in Japan's wars is an important part of this examination of military suicides, the article also complements recent historical research that has drawn attention to the diversity of opinions about suicide in Japan.²⁵ Psychiatrists' views of what could constitute a socially acceptable suicide, for example, clashed with the military's need to invalidate all self-killings except those deemed by the authorities as serving the interests of the nation. As practitioners of Western science and medicine, Japanese psychiatrists could have parroted the dictums of their famous European predecessors, such as the 18th century psychiatrist Jean-Étienne Dominique Esquirol (1772-1840), who asserted that all suicides were the result of mental illness.²⁶ Yet, no less than some other intellectuals, members of the press, and government in the country, psychiatrists were hesitant to pathologize, to diagnose all acts of suicide as the result of disease of the body and/or mind. These medical specialists, including Hayao and Sakurai, were participants in a long-standing debate on suicide that could be traced back to the construction of an invented tradition of *bushidō*.

Bushidō, national identity, and attitudes toward suicide

As Brian Daizen Victoria has demonstrated, a number of early 20th century intellectuals, such as the scholar of Zen Buddhism D.T. Suzuki (1894-1966) and educator/diplomat Nitobe Inazō (1862-1933), formulated notions of *bushidō* that linked national identity to attitudes toward death.²⁷ Although written in 1900 specifically for a Western audience, Nitobe's *Bushidō or the Soul of Japan* eventually served to educate readers in Japan about their national identity. In the book, Nitobe equated the "duty and honor" ideals of the warrior elite with the values of the Japanese people as a whole. He noted suicide's redemptive function in Japan, describing

seppuku or the ritual suicide of self-disembowelment as "a process by which warriors could expiate their crimes, apologize for errors, escape from disgrace, redeem their friends, or prove their sincerity."²⁸ However, a closer reading of *Bushidō* also reveals some reservations about such suicides, which Nitobe articulated in emphasizing the need for appropriate motives for the taking of one's life²⁹:

The glorification of *seppuku* offered, naturally enough, no small temptation to its unwarranted committal....mixed and dubious motives drove more samurai to this deed than nuns into convent gates....

for a true samurai to hasten death or to court it, was alike cowardice.... This, then, was the Bushido teaching—Bear and face all calamities and adversities with patience and a pure conscience.³⁰

As indicated by the recorded reactions to the death of the Meiji Emperor in July 1912, opinions about suicide and specifically those inspired by warrior ideals were divided. In the first couple of months following the death, some individuals responded to the loss of their ruler by taking their own lives. Newspapers, such as the *Tōkyō Asahi Shinbun*, condemned these actions as "foolish" and inappropriate for a "first-class" modern nation such as Japan.³¹ However, during the Meiji Emperor's funeral in September 1912, General Nogi Maresuke committed *junshi*, the ritual suicide of a vassal who desires to follow his lord into death, expressing his gratitude to the Emperor as well as his wish to expiate his disgrace for past military failures.³² Although some intellectuals derided Nogi while others became his posthumous admirers,³³ a government campaign to establish the General as a symbol

of loyalty and sacrifice soon drowned out critical commentary. To justify the profligate waste of life at the core of Nogi's tactics in assaulting the heavily fortified Port Arthur during the Russo-Japanese War, which, at the cost of 15,390 soldiers, was the second most lethal battle of this conflict, the Japanese military further trumpeted "willingness to die" and "service to the nation" as important hallmarks of a glorious military tradition.³⁴



"Late General Nogi," Picture Postcard, East Asian Image Collection, ip0657 [ca. 1912-07-31-ca. 1913-04-13], Special Collections & College Archives, Skillman Library, Lafayette College

In his analysis of Japanese psychiatric studies

of suicide from the early 20th century, Suzuki Akihito reveals how universalistic medical theories coexisted with a preoccupation with national identity in discussions of self-killing. Many psychiatrists valorized some types of suicide as expressions of traditional Japanese virtues, which were almost always associated with the ideal of a loyal, selfless warrior. Suzuki provides the example of psychiatrist Ōnishi Yoshie, who emerged by the 1930s as a leading authority on suicide.³⁵ Observing that there were "bad" and "good" suicides, Ōnishi condemned a series of love suicides by young couples in the early 1930s as an example of the former, as evidence of the corrupting influence of individualism. Yet, by 1942, he argued that war with China had "improved the quality" of suicide in Japan:

For Ōnishi, the war with China restored the traditional, earnest, pure-hearted and serious suicide', and reduced 'frivolous, rebellious, playful, and vain cases of suicide'. In so doing, he not only demarcated between good traditional suicides and bad faddish ones, but also gave the war an oblique endorsement in terms of the psyche and patterns of suicide for the nation."³⁶

Like Ōnishi, the conscripted psychiatrists examined in this article praised, not just normalized for the Japanese, suicides that could be interpreted as acts of contrition or a defense of personal honor. Although he concluded that most suicidal soldiers suffered from mental disorders, Sakurai Tonoao proposed that certain suicides could be considered "normal" (*seijō*) for the Japanese. He referred to *Durkheim's theories and typology of suicides, which included so-called altruistic suicides that were prompted by a sense of duty. Sakurai observed that in Japan individuals might feel that they have no recourse but to*

*commit suicide, often to atone for shame. The clarity of mind of those who committed such self-killings, he argued, was evident in their selection of a time and place to die that caused minimal inconvenience to others. As an example of these “normal” self-killings, Sakurai described how an army truck driver had committed suicide in a bamboo grove. Known for his reliability, the driver had killed himself to atone for an accident that resulted in the death and injury of several passengers.*³⁷

Hayao Torao also proposed that certain acts of self-killing were admirable and exemplary of a profound sense of personal responsibility nurtured by *bushidō* values.³⁸ Conversely, although the army would issue in 1941 a Field Service Code (*Senjinkun*), which called on all soldiers to envision themselves as modern-day samurai and to “cultivate and train the warrior’s virtues and arts,” the *Kempeitai* authors expressed far more suspicion than Hayao and Sakurai when it came to *bushidō*-inspired death wishes.³⁹ They observed that while one might expect military men to commit *seppuku* in accord with traditional norms, the reality was that more soldiers died by strangulation and poisoning. The authors observed that the number of persons who resorted to ritual suicide jumped from 11 in 1933 to 61 in 1937. But, noting that warriors who performed the ritual actually relied on an assistant or second to decapitate them, the authors concluded that many soldiers who tried to commit *seppuku* did so with the knowledge that they would probably fail to kill themselves. These “attempts” at ritual suicide, it was suggested, were nothing more than ploys to garner sympathy, escape censure for wrongdoing, and possibly even win a discharge.⁴⁰

Accounting for Suicides: Youthful Inexperience rather than Traumatic Experience

In discussing the ritual suicide of samurai, the *Kempeitai* authors left out – and probably not

by accident – how these self-killings were also a means by which warriors could remonstrate or criticize their superiors.⁴¹ The possibility that soldiers copying such warrior deaths were similarly defiant and trying to lodge a protest was thus ignored. The cause of suicide was instead attributed to some weakness or failing in individuals, and both IJA officials in the late 1930s as well as contemporary U.S. army veterans have underscored supposed deficiencies in the so-called “younger generation.”⁴²

After noting that the post-1937 mass mobilization of troops had occurred during the heat of summer, when, according to some theorists, the incidence of suicides tended to increase,⁴³ the *Kempeitai* authors concluded that any increase in the size of the army meant having to contend with more soldiers whose youth put them at a greater risk of suicide. Most suicides were army privates in their twenties, who, according to the military police report, were predisposed to self-destructive impulses due to their emotionality and lack of a fully developed instinct for self-preservation. As an example, the authors referred to the case of a new recruit who became so worried about mistakenly taking another soldier’s rifle cover that he tried to kill himself with a razor.⁴⁴

Primarily concerned with preserving the heroic public image of the army and its soldiers, the *Kempeitai* authors, like some recent researchers of military suicide, downplayed the role of combat experience and army life in accounting for these deaths.⁴⁵ Yet, scholars have provided numerous examples of the brutality of Japanese army life that could have driven individuals to take their own lives. Even for minor infractions, new recruits could face harsh punishments by officers or kangaroo courts set up by older soldiers in charge of their barracks. In their postwar accounts, IJA veterans have revealed that during basic training they could be repeatedly told to forfeit their lives for making a blunder. One private who served in China

recalled the following episode:

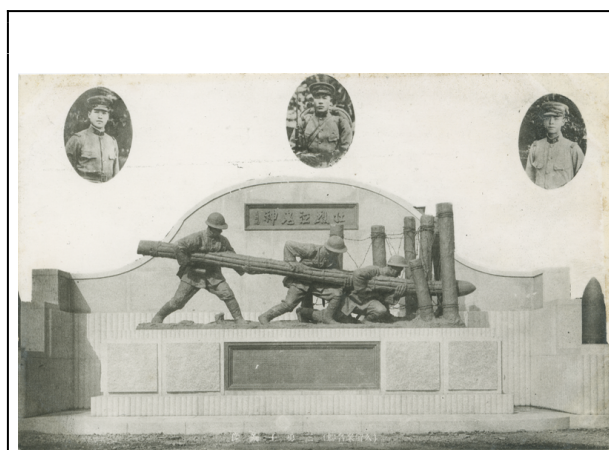
Private First Class Tanaka now demanded in the shrill voice of a fanatic, "If they tell you to do it, will you commit *hara-kiri* to atone for your mistake?" "Yes, sir! We will do it," replied the First-Year-Soldiers in unison. This was not the first time they had been beaten, and this was not the first time they had been asked an impossible question.⁴⁶

The authors of the *Kempeitai* report acknowledged the existence of kangaroo courts and even the role of such "informal punishment" in the suicide of soldiers. A soldier might commit suicide as a result of being reprimanded by his squad leader, they explained, but the squad leader often had no recollection of the event. This was because the squad leader's conscience was clear, having acted out of a desire to guide and not to torment. The problem supposedly lay with the immaturity of the suicidal individual, who had overreacted to criticism and censure. Instead of calling for an end to kangaroo courts and corporal punishments for small mistakes, which was what Hayao Torao advised, the authors simply recommended that officers study the psychology of youth and be more tolerant of soldiers who seemed to be troubled by personal problems.⁴⁷

Accounting for Suicides: the Shame of Disease and Crime

Both Hayao and the *Kempeitai* authors were nevertheless in agreement that health issues could compel soldiers to kill themselves. To illustrate the lengths that individuals would go to conceal what they felt was their shameful medical condition, the *Kempeitai* authors presented the case of a naval air force serviceman afflicted with syphilis who had a

comrade substitute for him during a monthly physical examination and then committed suicide when the ruse was exposed.⁴⁸ Writing in 1938, these military police researchers assured their readers that the army was working on a syphilis prevention program, but revealed that sexually transmitted diseases were so widespread among Japanese military personnel that it was difficult to conceal the problem from the public. At risk was the continued veneration of soldier-heroes.



"Three Human Bullets," Picture Postcard, East Asian Image Collection, ip1082 [ca. 1933-02-15-1945-08-15] Special Collections & College Archives, Skillman Library, Lafayette College.

More than a decade before they deployed *kamikaze* pilots, the military leadership glorified the deaths of soldiers, such as the so-called "Three Human Bullets," who had been more likely blown up accidentally while trying to take out Chinese fortifications during the siege of Shanghai in 1932.⁴⁹ The military authorities promoted the actions of these soldiers as

heroic self-sacrifice, and the *Kempeitai* authors expressed alarm that a rumor was spreading in Kyūshū, the birthplace of the "Three Human Bombs,"⁵⁰ that many men who volunteered for suicide missions at the frontlines suffered from

syphilis and were simply opting to die rather than suffer any longer with the illness. The report's authors demanded the prompt suppression of these slanderous stories. They declared that it would be inexcusable for people to associate military service with alcoholism, sexually transmitted diseases and suicide, which was nonetheless the vision of life in the IJA that Hayao Torao conveyed in his criticism of the behavior of Japanese soldiers in China. According to Hayao, the army authorities provided soldiers with little in the form of recreation, being generous only in supplying them with alcohol and comfort stations, a situation that, he warned, would only increase the likelihood of criminal behavior including suicides.⁵¹

Having been conscripted at the beginning of November 1937, Hayao entered Shanghai and Nanjing shortly after their occupation, and his experience of service in China was limited to these cities.⁵² Like all civilians, he had been subjected on a daily basis to images and photographs of soldiers as benevolent liberators in occupied territories. Unprepared and perhaps unwilling to accept the reality of what was going on in China, Hayao thus considered the atrocities against prisoners of war and noncombatants that he witnessed or heard about as violations of military discipline and never expressly entertained the possibility that these crimes could ever be tactics to stamp out enemy resistance.



"Providing Aid to Refugees," Picture Postcard, East Asian Image Collection, oa0060 [ca. 1937-07-07-ca. 1941-07-07] Special Collections & College Archives, Skillman Library, Lafayette College.

He explained that at the start of the so-called China Incident in 1937, which marked the expansion of the war between Japan and China, the authorities had no time to arrest all soldiers guilty of arson, looting, raping and murdering civilians in occupied areas. Seemingly unaware of how the army leadership allowed for or created situations that could only result in such crimes, Hayao demanded that troops be prevented from treating the requisition of goods from civilians as a right to plunder and enrich themselves. However, the IJA provided soldiers en route from Shanghai to Nanjing with no provisions, expecting them to "free forage." As Haruko Taya Cook observes, "[s]uch a policy, which was little less than a license to loot and confiscate anything, was justified by difficulties in transporting food for troops for [whom] no supplies had been laid in and who were advancing at high speed ever deeper into the interior."⁵³

Although he would eventually complain that crimes had become so commonplace that there was no soldier in China who had not committed at least some crime against the enemy, Hayao also seemed to believe that the experience of combat could not wipe out a person's conscience and that not all individuals could live with their crimes. These men only had time to reflect on their actions when they were removed from combat zones, especially when they were alone and vulnerable, and Hayao noted that a conspicuous number of officers and soldiers had committed suicide or inflicted self-injuries while being treated in supply base hospitals. Many hospitalized soldiers, he found, would cry out "forgive me" or "I'm sorry" for some unknown crime, and malaria patients were particularly prone to exhibiting feelings of

remorse and to killing or harming themselves.⁵⁴

In discussing the case of a member of the Army's special forces responsible for replenishing ammunition on the frontlines, Hayao provided an example of a soldier intent on fulfilling his duty but haunted by events on the battlefield. This soldier (who could be called Soldier A), suffered from physical and psychological problems after being hospitalized for a minor condition. Fearing that his comrades considered him a coward who was just feigning sickness, Soldier A had attempted to disembowel himself when his request to be returned to his unit was rejected. Becoming delusional, he claimed that he heard children crying nearby. Screaming that, "Children are being killed," he ran out of his sickroom and injured himself by jumping out of a balcony window. As opposed to the authors of the *Kempeitai* report who expressed doubts about the sincerity of those who attempted to end their lives in a manner resembling ritual suicide, Hayao appears to have been convinced that Soldier A's death wish had been genuine and motivated by frustration at his inability to fulfill his duties as a soldier. Hayao, moreover, expressed personal satisfaction in convincing this patient to accept his discharge, return to Japan and get on with his life. Soldier A was a recognized specialist in the manufacture of microscope lenses, who impressed hospital staff with his expertise, and Hayao suggested that these special talents were being wasted in the army.⁵⁵

Suicide Prevention: Screening out "Unsuitable" Personalities/"Model Citizens" from the Army

Soldier A typified the emotionally or psychologically vulnerable individuals that, in Hayao's opinion, should be identified and rejected during the conscription process. When it came to the screening of potential recruits, not only Hayao but also Sakurai differed from the *Kempeitai* authors as well as their counterparts among U.S. army psychiatrists

during World War II (U.S. timeline: 1941-45) in their determination of what type of individual was "unsuitable" for military service. U.S. army psychiatrists not only recommended the exclusion of "insane, feeble-minded, psychopathic, and neuropathic individuals." They also targeted homosexuals and others who simply did not conform to social norms at the time. It was reasoned that, "individuals who had been unable to adjust to the demands of American society would never adjust to the demands of army life."⁵⁶ In contrast, Hayao and Sakurai were proposing that unsuitable individuals, who included potentially suicidal soldiers, were not always social misfits but could include those who would have been considered upstanding and rather ideal members of Japanese civilian society.

Both of the conscripted psychiatrists advised their readers that mental illness was not the only reason that certain individuals could not adapt to military life. As an example, Sakurai described a conscript who appeared to have little reason for killing himself. The conscript possessed all the qualities that the army authorities looked for in a soldier. Physically healthy and apparently psychologically sound, he left a suicide note in which he asked for His Imperial Majesty's forgiveness and supported the emperor-centered state ideology. The conscript was nevertheless known to be shy and socially awkward. Hayao and Sakurai viewed what would seem to be rather innocuous emotions, such as shyness, as traits that in extreme cases should disqualify persons for recruitment.⁵⁷

Declaring that the number of suicides and incidents of self-injury were far greater than he had expected when he undertook his study, Hayao drew up a list of 12 types of individuals he regarded as unsuitable for the military. Aside from the mentally ill, phobia-prone, former convicts and bullying types, he included solitary, loner types and "weak-willed," "overly officious," extremely "taciturn," "fastidious,"

“anxious,” and “timid” persons.⁵⁸ Hayao’s focus on the suicidal potential of “fastidious” and “timid” individuals conformed to another psychiatrist Shimoda Mitsuzō’s theory of the depressive personality, which was used by colleagues to account for the self-destructive behavior of individuals who nevertheless appeared to be “model youths, model employees, and model officers.”⁵⁹ Hayao observed that such individuals tended to be innately timid, conscientious and responsible but also extremely self-critical. Timid persons, he conceded, could overcome their fears and become courageous fighters on the battlefield, but, if problems arose in relationships with their comrades or they were subjected too often to harsh reprimands from superiors, their fearful and anxious natures would resurface, which could result in self-destructive impulses.⁶⁰

It is unlikely that the readers of Hayao’s confidential army report on suicide among troops appreciated his implication that certain seemingly model citizens were not cut out for the military. There was certainly no chance of implementation of any recommendations for expanding the scope of exclusion being accepted by Japanese army authorities, who, in response to the increasing need to replenish and increase the number of soldiers during the war with China, would relax standards for recruitment.⁶¹ Under an alphabetized ranking system, individuals in top physical and psychological condition were placed in category A and those suffering from disorders that made them unfit for service were placed in category D. By the time Japan was facing defeat in 1945, even individuals classified as D, including those who had a history of mental illness, were being drafted. As were disenfranchised colonial peoples, Taiwanese and Koreans—which is to say the imperatives of total war expanded the state’s definition of “normal” and “citizen” substantially in the desperate late years of the war.⁶²

U.S. military authorities also eventually questioned the efficacy of screening programs and abandoned them in 1944.⁶³ Still, their focus had been individuals predisposed to psychological breakdowns and, unlike Japanese army officials, they tended to associate suicide with the enemy and not their own soldiers. According to Peter T. Suzuki, the U.S. Armed Forces’ suicide prevention programs were not a development of the 1980s. They can be traced back to propaganda campaigns launched late in the Asia-Pacific War in the face of the Japanese military’s “no surrender” policy. To encourage surrender, social scientists recruited for these campaigns, most famously the anthropologist Ruth Benedict, recommended efforts to make the enemy question whether his self-killing was culturally justifiable. In their propaganda, the U.S. Armed forces were to “emphasize quotations of traditional Japanese heroes who had repudiated rash and ‘hysterical’ suicides.”⁶⁴

Whether Japanese soldiers surrendered because their attitudes toward suicide changed, because the Allied Powers were better able to convince them that they would not be harmed if they surrendered, or because, abandoned to starve in many parts of Asia, they were too weak and disillusioned by their leadership to continue fighting, an increasing number began to give themselves up after 1944.⁶⁵ The results were enough to convince American military officials that the participation of Benedict and other social scientists was worthwhile. In contrast, Japanese army authorities were in all likelihood dismissive of the results of the studies of suicides conducted by conscripted psychiatrists.

Conclusion and Commentary on WWII-US Military Suicides

Addressing the topic of the contribution of medical professionals in wartime mobilization, this article used the specific example of conscripted psychiatrists and evaluated the

degree to which their studies of military suicide supported and contributed to the Japanese war effort. As “in-house” researchers for the army, Hayao Torao and Sakurai Tonaō had more freedom than their civilian counterparts to point out flaws in military practices and policies. It was nevertheless another matter to declare outright that experience on the battlefields in China were driving soldiers to commit suicide, that even physically and psychologically healthy Japanese were struggling to wage what the nation’s leadership had declared a “Holy War.” Similar to but not to the same extent as the authors of the *Kempeitai* report, who focused on the supposed emotional immaturity of suicidal soldiers, Hayao and Sakurai concluded that the cause of most – if not all – suicides could be located in the individual, in some preexisting psychological disorder or personal vulnerability, and less in the stresses of army life or the trauma of the battlefield.

However, in the end, specialists in mental health such as Hayao and Sakurai presented observations and conclusions that could only annoy and antagonize rather than persuade their army bosses of necessary changes. Further comparison of their work with the *Kempeitai* report throws into sharper relief the disjunction between the psychiatrists’ approach to the problem of military suicides and the priorities and concerns of army officials. For the latter, distinctions between deaths needed to be reinforced: authorized self-killings had to be legitimized and never questioned because troops were being called upon to perform essential tasks that offered no hope of survival; suicides, even by individuals who left no evidence of opposition to the army and war, had to be dismissed as reprehensible acts of disobedience or mental illness. Unlike the *Kempeitai* authors, Hayao and Sakurai did not view the problem strictly from the point of view of reinforcing control over troops and safeguarding the reputation of the armed forces. That is, sharing their civilian colleagues’

interest in the typology of suicides, they observed that some suicidal soldiers seemed rational in that they appeared to be acting in accordance with Japanese values.

Contrary to army-promoted assumptions that military service was a positive transformative experience, Hayao proposed that individuals who possessed personality traits, which served them well as civilians and made them appear to be “model youths, model employees, and model officers,” could find army life unbearable. Moreover, certain army policies and practices were said to have a corrupting influence on troops, and Hayao contended that countless crimes by Japanese soldiers in occupied cities could be directly linked to the policy of providing troops with alcohol and relying on comfort stations for recreation. Not all individuals were immune to remorse for their crimes, and Hayao further asserted that among the suicides and individuals who committed acts of self-injury were hospitalized soldiers who finally had the time to reflect on what they had seen or had themselves done to the enemy.

Given the need to replenish forces lost during a war of attrition with China, there was no possibility of IJA officials accepting recommendations for a more extensive screening process, which in the U.S. army at the time had been designed to weed out so-called psychologically fragile but not necessarily suicidal individuals. As noted earlier, the American suicide prevention project during World War II was directed toward the Japanese enemy and not their own soldiers, who, it was assumed, maintained religious convictions that would help to immunize them from self-destructive impulses. Trying to uncover data on suicides to test these assumptions about soldiers proved far more challenging in the case of U.S. combatants, whose suicides were not recorded in detail until after the Vietnam War.⁶⁶ It in fact resulted in a change in the focus of this article, whose original goal was a comparative examination of

suicides among Japanese and American soldiers during World War II. In concluding, we wish to offer some observations about the material on U.S. military suicides found while researching the present work.

Much of the material on WWII and later U.S. military suicides was the work of journalists, some of whom, in a manner similar to the *Kempeitai* authors, related an increase in suicides to generational differences in coping with challenges and setbacks. In a 2013 online article entitled "Why modern soldiers are more susceptible to suicide," *NBC News* contributor Bill Briggs suggested that the lower suicide rates among WWII combatants could be attributed to that cohort's more hard-scrabble existence, thus toughening them prior to enlistment. One of Briggs' interviewees, an Iraq War veteran who had been diagnosed with post-traumatic stress disorder, observed "[t]hat older generation, they went through harder times, the Depression, and they had so many worse things going for them. I feel like it made them more prepared..."

In a 1994 study of psychiatric problems among WWII, Korean War, and Vietnam War combat zone veterans, Alan Fontana and Robert Rosenheck concluded that WWII veterans were also less suicidal than their counterparts in the Korean and Vietnam Wars. As for why these veterans appeared to suffer less severe symptomatology, which might result in a reduced risk of suicide, Fontana and Rosenheck referred to Durkheim's hypothesis, proposing that this may "conceivably be due to the greater popularity of World War II, the greater stigma attached to mental illness by American society during the formative years of the World War II generation, or both."⁶⁷

However, these observations of Briggs, Fontana and Rosenheck about the WWII generation and their comparatively lower rate of suicide were contested in two sources that provided more specific, if not total, numbers of

suicides in the army and the general population. With regard to the general or civilian population, in a 1981 article, sociologist James R. Marshall observed that the rate dropped for white males from the ages of 23-64 during the period from 1941 to 1945. For example, for men aged 23-34, it dropped from 17.9 per 100,000 persons in 1941 to 15.1 from 1942-45; for men aged 35-44, it dropped from 25.8 in 1941 to 21.7 from 1942-45.⁶⁸ However, Marshall contested the Durkheimian explanation supported by Fontana and Rosenheck, contending that increased employment opportunities, which were notable during WWII, more than "the fervor of war lowers the suicide rate."⁶⁹ With regard to military suicides, the situation for the U.S. Army during World War II appears to have been the opposite of that for the IJA during the expansion of hostilities with China in the late 1930s, when, according to the *Kempeitai* report, the number of suicides suddenly increased and exceeded that for civilians. In an early study of American military suicides that was published in 1968, U.S. Army psychiatrist Paul G. Yessler noted how the rate among soldiers was twice as high as the civilian rate between World War I and World War II, but plummeted from 31.1 per 100,000 in 1935-40 to 10.1 in 1941-46.⁷⁰

Yessler nevertheless cautioned against accepting these lower WWII rates at face value by raising the possibility of suicides being "hidden" under the guise of battle casualties (killed in action). In addition to the approximately 300,000 American battle deaths that occurred in the European and Asian theatres, roughly 114,000 military personnel suffered noncombat deaths.⁷¹ These noncombat deaths were attributed to auto accidents, self-injury, "collateral damage," medical infections, etc., which are broad categories within which suicides could conceivably be hidden. As casualty data for WWII provide limited details, Yessler concluded that it must be left to conjecture "[h]ow much of the valor and

sacrifice of battle, the seeking out of hazardous duty, and the like, is really self-destructive behavior (consciously or unconsciously motivated)...”⁷²

Studies such as Yessler’s help to counter the tendency to singularize WWII combatants and, in comparison to soldiers in later conflicts, portray them as supremely resilient and somehow suicide-resistant. WWII veterans certainly enjoyed more public support, appreciation, and rewards in the form of the GI Bill, than their counterparts in all later American wars. But, as historian Thomas Childers proposes in *Soldier from the War Returning: The Greatest Generation’s Troubled Homecoming from World War II*, the victory parades did not ensure a smooth and happy transition back to civilian life for all.⁷³ Through contemporary statistics, press reports and an intimate examination of the wartime and postwar experiences of three veterans, Childers reveals the profound psychological scars that never really healed and that often led to alcoholism, domestic violence, unemployment, and homelessness – problems associated with contemporary soldiers.⁷⁴

Childers’ account resonates with the opinions of those interviewed in 2010 by *The Bay Citizen* reporter Aaron Glantz, who investigated recent suicides among WWII-era veterans. One of Glantz’s sources concluded that, rather than seeking out mental health treatment, most “World War II veterans self-medicated with alcohol.” As opposed to the wartime deaths of their comrades, which may have gone unreported or misrepresented under vague categories of “non-combat” casualties, the suicides of elderly WWII veterans are more evident and have made it into official records. Although Glantz provides figures only for the state of California, the records of its Department of Public Health reveal that 532 veterans over the age of 80 took their lives between 2005 and 2008. Based on these figures, the suicide rate among these WWII

veterans was four times higher than that of their age cohorts with no military service. This was about double the rate of suicides among returnees from Iraq and Afghanistan who were under the age of 35.⁷⁵

A problem with the romanticization of past wars and acceptance of laudatory stereotypes, such as that of “the greatest generation,” is that the challenges faced by earlier generations can be easily ignored, downplayed or forgotten. It is doubtful that soldiers of conflicts that enjoy public support, of supposedly “good wars,” are less susceptible to psychological trauma and related self-destructive impulses. The on-going suicides of veterans of a conflict that ended close to 70 years ago, like those of veterans returning from Iraq and Afghanistan (the “self-esteem generation” according to critics) makes it abundantly clear that the human cost is substantial for all wars; suffering and death does not stop once combatants leave the battlefields.⁷⁶

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Notes

¹ Mitchel L. Zoler, "U.S. Army Soldier Suicide Rate at Unprecedented Level," *Clinical Psychiatry News*, Vol. 40, No. 6, June 2012, p. 6.

² Aiko Hayashi, "Suicides Surge in Japan's Military," *AP Online*, August 20, 2004 (accessed August 10, 2013); Deborah Cameron, "Suicide Rate Among Japanese Soldiers Soars," *The Age*, February 26, 2005. www.theage.com.au/articles/2005/02/25/1109180109058.html (accessed August 10, 2013); Takehiko Kambayashi, "Suicide case highlights stresses in Japan's Self-Defense Forces," *The Christian Science Monitor*, March 20, 2009 (accessed August 10, 2013); "SDF suicide rate outpaced national average 2003 to 2014," *The Japan Times*, June 6, 2015 (accessed June 6, 2015).

³ Edward J. Drea, *Japan's Imperial Army: Its Rise and Fall, 1953-1945* (Lawrence: University of Kansas Press, 2009), p. 198.

⁴ Kempei shireibu, "Saikin ni okeru gunjin gunzoku no jisatsu ni tsuite" [Special Report,

October 1938], in Shimizu Hiroshi, ed., *Shiryōshū Sensō to shōgaisha, Jūgonen sensō gokuhi shiryōshū*, Supplement 28, Volume 4 (5 Volumes, Tokyo: Fuji shuppan, 2007), p. 44.

⁵ Lee A. Head Headley, *Suicide in Asia and the Near East* (Berkeley: University of California Press, 1983), p. 20. Louis Dublin states that for many years prior to the outbreak of hostilities between China and Japan, the latter's suicide rate for the general population remained around 20 per 100,000 persons, but that it declined to 13.8 by 1940 and continued to remain comparatively low until 1945. Louis L. Dublin, *Suicide: A Sociological and Statistical Study* (New York: The Ronald Press Company, 1963), p. 70.

⁶ For example, the rate for American soldiers dropped from 56.5 per 100,000 in 1910-1916 to a 14.9 during World War I. Paul C. Yessler, "Suicide in the Military," in H.L.P. Resnik, ed., *Suicidal Behaviors: Diagnosis and Management* (Boston: Little Brown and Company, 1968), p. 243.

⁷ Émile Durkheim, *Suicide: a study in sociology* (New York: Routledge, 2002), pp. 165-67.

⁸ Fujii Wataru, "Chōheisei to shōgaisha," *Igaku kenkyū*, Vol. 92, 2009, p. 605.

⁹ Even if the soldiers had not left messages that were critical of the army or the war, as was evident in the statements made by the *Kempeitai* authors, the authorities recognized that self-destruction without authorization was political and subversive. Stuart J. Murray addresses the concept of thanatopolitics ("the politics of death") and, providing the example of the contemporary suicide bomber, the use of death to resist a state's control of the population and regulation of life. Stuart J. Murray, "Thanatopolitics: On the Use of Death for Mobilizing Political Life," *Polygraph*, Vol. 18 (2006), p. 195, p. 193.

¹⁰ Kempei, p. 52.

¹¹ Kempei, p. 44.

¹² For historical studies of Japanese psychiatry, see the works of Akihito Suzuki and Christopher Harding: e.g., Suzuki, 'Global Theory, Local Practice: Psychiatric Therapeutics in Japan in the Twentieth Century,' *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c.1800-2000*, Waltraud Ernst and Thomas Mueller, eds. (Newcastle: Cambridge Scholars Publishing, 2010), pp. 116-141; Suzuki, 'The state, family, and the insane in Japan, 1900-1945,' *Psychiatric Confinement in International Perspective*, Roy Porter and David Wright, eds. (Cambridge: Cambridge University Press, 2003), pp. 193-225; Harding, 'The therapeutic method of Kosawa Heisaku: 'religion' and 'the psy disciplines',' in *Japanese Contributions to Psychoanalysis*, Vol. 4, Toyooki Ogawa, et al., ed. (Tokyo: The Japan Psychoanalytical Society, 2014), pp. 151-68; Harding, 'Sigmund's Asian Fan-Club? The Freud Franchise and Independence of Mind in India and Japan,' in *Celebrity Colonialism: Fame, Power and Representation in (Post) Colonial Cultures*, Robert Clarke, ed. (Cambridge: Cambridge Scholars Press, 2009), pp. 1-15. The scholarship on military psychiatry in other countries is far more extensive, as illustrated by the following well-known examples: Jones Edgar and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (London: Psychology Press, 2005); Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914-1994* (London: Jonathan Cape, 2000); Hans Binneveld, *From Shell Shock to Combat Stress: A Comparative History of Military Psychiatry* (Amsterdam: Amsterdam University Press, 1997); Paul Wanke, *Russian/Soviet Military Psychiatry, 1904-1945* (New York: Frank Cass, 2005); Hans Pols and Stephane Oak, 'War & Military Mental Health: The US Psychiatric Response in the 20th Century,' *American Journal of Public Health*, Vol. 97, No. 12, 2007: 2132-42.

¹³ War-induced mental illness has been identified under multiple, changing labels, and psychiatrists did not provide a fixed set of symptoms, but the ones that often turn up in their discussions are deep anxiety, depression, irritability, fatigue, disconnection from one's surroundings, and inability to prioritize.

¹⁴ Sakurai Tono, "Guntai ni okeru jisatsu nami ni jisatsu kito no igakuteki kōsatsu," *Gun'idan zasshi*, Vol. 316, 1939, p. 933.

¹⁵ Edward Drea discussed how army officials promoted this false image of army life by producing illustrated postcards for recruits to send back home to reassure family and friends that they were well-treated by their officers and comrades. The impression that one could receive from these postcards is that

First-year soldiers – often shown doing favors for their senior (second-year) comrades – benefited from their association with such veterans. Officers and noncommissioned officers (NCOs) served as surrogate parents, either tucking the recruit into his futon (bedding) or patiently correcting rookie mistakes.

Edward Drea, "In the Army Barracks of Imperial Japan," *Armed Forces and Society*, Vol. 15, No. 3, Spring 1989, p. 331; Sakurai, p. 337.

¹⁶ 'From a Memorandum sent by Tadaichi [sic?] Kawahara, Adjutant in the Ministry of War, "Measures to Enforce Military Discipline from the Experiences in the China Incident," 19 September 1940, *Shiryōshusei*, Vol. II, pp. 49, 50.' *Digital Museum: The Comfort Women Issue and the Asian Women's Fund* (accessed August 10, 2013).

¹⁷ Koji Taira, "The Battle of Okinawa in Japanese History Books," JPRI Working Paper No. 48: July 1998 (accessed August 10, 2013).

¹⁸ For example, see Kinjo Shigeaki, Michael

Bradley, Naoko Maehara, “‘Banzai!’ The Compulsory Mass Suicide of Kerama Islanders in the Battle of Okinawa,” *Asia-Pacific Journal*, Vol. 11, No. 3, June 2014; Sarah Bird with Steve Rabson, “Above the East China Sea: Okinawa During the Battle and Today,” *Asia-Pacific Journal*, Vol. 11, No. 2, June 2014.

¹⁹ Joseph Margolis, *Negativities: The Limits of Life* (Columbus: Merrill, 1975), pp. 23-36; Tom L. Beauchamp, “Suicide,” in *Matters of Life and Death*, eds., Tom Regan and Tom L. Beauchamp (Philadelphia: Temple University Press, 1980), p. 76.

²⁰ Aniya Masaaki and Kyoko Selden (trans.), “Compulsory Mass Suicide, the Battle of Okinawa, and Japan's Textbook Controversy,” *Asia-Pacific Journal*, January 8, 2008 (accessed July 15, 2014).

²¹ Steve Rabson, “The Politics of Trauma: Compulsory Suicides During the Battle of Okinawa and Postwar Retrospectives,” *Intersections: Gender and Sexuality in Asia and the Pacific*, Issue 24, June 2010. (accessed March 14, 2014); Koji Taira, “The Battle of Okinawa in Japanese History Books,” *JPRI Working Paper*, No. 48, July 1998 (accessed March 14, 2014).

²² Naoko Shimazu observes that the suicide rate among soldiers had also increased during the Russo-Japanese War. However, her sources of information appear to be limited to accounts in newspapers, such as the anti-war *Heimin Shimbun*. Naoko Shimazu, “Patriotic and Despondent: Japanese Society at War, 1904-5,” *The Russian Review*, Vol. 67, 2008, pp. 42-43.

²³ After the war, Sakurai would become head of the Neuropsychiatry Department at Kyūshū University and an authority on neurosis, particularly “war neurosis.” *Kyūshū daigaku daigakuin igaku kenkyūin/seishinbyō nōiaku/Kyūshū daigaku byōin/seishinka shinkeika*. 2008-03-25 (accessed August 22, 2013).

²⁴ Okada Yasuo, “Gun’i Hayao Torao no senjō hōkoku,” *15 nen sensō to Nihon no igaku iryō kenkyūkai kaishi*, Vol. 9, No. 2, 2009: 1-6.

²⁵ Akihito Suzuki, “Psychiatry in the Land of Suicide: Medicalization of Self-killing in Early Twentieth Century Japan,” *Nihon ishigaku zasshi*, Vol. 59, No. 1, 2013: 3-15; Francesca Di Marco, “Act or Disease? The Making of Modern Suicide in Early Twentieth-century Japan,” *The Journal of Japanese Studies*, Vol. 39, No. 2, 2013: 325-58.

²⁶ Suzuki, “Psychiatry in the Land of Suicide,” pp. 4-5.

²⁷ A year after Japan’s victory in the Russo-Japanese War (1904-5), D.T. Suzuki declared that “[t]he calmness and even joyfulness of heart at the moment of death which is conspicuously observable in the Japanese, the intrepidity which is generally shown by the Japanese soldiers in the face of an overwhelming enemy...so strongly taught by Bushidō – all of these come from the spirit of the Zen training.” Brian Daizen Victoria, “Zen as a Cult of Death in the Wartime Writings of D.T. Suzuki,” *The Asia-Pacific Journal*, Vol. 11, Issue 30, No. 4, August 5, 2013.

²⁸ Inazo Nitobé, *Bushido The Soul of Japan*, p. 19 *The Project Gutenberg EBook of Bushido, the Soul of Japan*, April 21, 2004 (accessed August 1, 2013).

²⁹ Similar views were expressed by the Tokugawa period scholar Motoori Norinaga, who condemned suicides for atoning for some trivial offense as a waste of life. Norinaga is cited in an essay on anti-suicide traditions in Japan by the sociologist William Weatherall, who also refers to early modern laws prohibiting *junshi* and *shinjū* (lovers’ pact suicides). William Weatherall, “Japan’s Anti-Suicide Traditions” (accessed August 23, 2013).

³⁰ Nitobé, p. 20.

- ³¹ Carol Gluck, *Japan's Modern Myths: Ideology in the Late Meiji Period* (Princeton: Princeton University Press, 1985), p. 222, endnote 41, p. 373.
- ³² Doris G. Bargen, *Suicidal Honor: General Nogi and the Writings of Mori Ogai and Natsume Soseki* (Honolulu: University of Hawaii Press, 2006), p. 67.
- ³³ Mushakōji Saneatsu, who was just embarking on his literary career at the time, described Nogi's *junshi* as "an act that could be praised only by the warped intelligence of men who have been nurtured on thought shaped by a warped age..." One of Japan's early socialists, Arahata Kanson also suggested that there was something unhealthy about Nogi and his admirers, calling positive opinions of the General's death "nothing more than sad dreams of inmates of a mental hospital." Donald Keene, *Emperor of Japan: Meiji and His World, 1852-1912* (New York: Columbia University Press, 2002), p. 714; "Nogi Maresuke (1849-1912): The Emperor's Samurai," in Robert Jay Lifton, Shūichi Katō and Michael R. Reich, eds., *Six Lives Six Deaths* (New Haven: Yale University Press, 1979), p. 61.
- ³⁴ Whereas under Nogi's command at Port Arthur, 15,390 soldiers were killed and 43,914 were wounded, resulting in a total of 59,304 casualties, in the subsequent Battle of Mukden under Ōyama Iwao, 15,683 were killed and 51,247 wounded, resulting in a total of 70,028 casualties. *Japan's Imperial Army: Its Rise and Fall*, p. 119, pp. 121-22.
- ³⁵ Suzuki, "Psychiatry in the Land of Suicide," p. 3, p. 12-13.
- ³⁶ Suzuki, "Psychiatry in the Land of Suicide," p. 13.
- ³⁷ Sakurai, pp. 927-9, pp. 937-8.
- ³⁸ Hayao Torao, "Senjō ni okeru jisatsu kito ni tsuite," January 1939, in *Senjō shinri no kenkyū, Jyū go nen sensō gokuhi shiryōshū*, Supplement 32, Volume 4, Okada Yasuo, ed. (4 Volumes, Fuji shuppan, 2009), p. 89.
- ³⁹ Japan, Rikugunsho, *Field Service Code (Senjinkun)/Adopted by the War Dept. on January 8, 1941 and translated into English by the Tokyo Gazette Publishing House* (Tokyo: Tokyo Gazette Series; No. 1, 1941), pp. 17-18.
- ⁴⁰ According to the report, 581 soldiers committed suicide from around 1933 to 1938; the majority (130) died of strangulation, followed by 117 dying of poison, 106 committing *seppuku* or being decapitated, and 104 being killed by a vehicle. Kempei, pp. 49-50.
- ⁴¹ Specific terms had developed for remonstrative actions, such as *eyagarase jisatsu* (suicide as an act of 'scolding' or effort to embarrass another). George A. De Vos, 'Suicide in Cross-Cultural Perspective', in *Suicidal Behaviors: Diagnosis and Management*, H.L.P. Resnik, ed. (Boston: Little, Brown and Company, 1968), p. 126.
- ⁴² To quote one retired U.S. Navy commander and Gulf War veteran, "World War II was just as difficult as war today. But think about what the World War II (soldiers) had just come through: The Depression. What creates our coping skills? Trauma, difficulty, adversity...I'm not stereotyping individuals. I'm stereotyping populations....We typically do not develop the coping skills that some of the older generations did." Bill Briggs, "[Why modern soldiers are more susceptible to suicide](#)," *NBC News*, Saturday Mar 2, 2013 (accessed August 10, 2013).
- ⁴³ The *Kempeitai* report's authors were referring to the arguments of 19th European psychiatrists that suicides increased during the warmer months of the year because of the effects of hot weather on the nervous system. Vladeta Ajdacic-Gross, Christoph Lauber,

Roberto Sansossio, Matthias Bopp, Dominique Eich, Michael Gostynski, Felix Gutzwiller, and Wulf Rössler, "Seasonal Associations between Weather Conditions and Suicide—Evidence against a Classic Hypothesis" *American Journal of Epidemiology*, Vol. 165, No. 5, 2006, p. 561.

⁴⁴ Kempei, pp. 45-46.

⁴⁵ In a 2013 Army-National Institute of Mental Health study, researchers observed that more than half of the suicides that they analyzed in this study had never been deployed to a war zone and half had attempted suicide prior to their enlistment. Rather than deployment-related factors (combat experience, cumulative days deployed, or number of deployments), it was proposed that the strongest suicide risk factors among American military personnel were the same as those in the larger civilian population - mental health problems (depression/bipolar disorder) and alcohol abuse. "[Suicide in the military: Army-NIH funded study points to risk and protective factors](#)," March 3, 2014. Cynthia A. Leard-Mann, MPH; Teresa M. Powell, MS; Tyler C. Smith, MS, PhD; Michael R. Bell, MD, MPH; Besa Smith, MPH, PhD; Edward J. Boyko, MD, MPH; Tomoko I. Hooper, MD, MPH; Gary D. Gackstetter, DVM, MPH, PhD; Mark Ghamsary, PhD; Charles W. Hoge, MD, "Risk Factors Associated With Suicide in Current and Former US Military Personnel," *JAMA*, Vol. 310, No. 5, 2013:496-506.

⁴⁶ Coox, p. 506; Edward J. Drea, "Trained in the Hardest School," *In the Service of the Emperor: Essays on the Imperial Japanese Army* (Lincoln: University of Nebraska, 2003), pp. 83-84.

⁴⁷ "Senjō ni okeru jisatsu kito ni tsuite," p. 98; Kempei, p. 48, p. 52.

⁴⁸ Kempei, p. 47.

⁴⁹ Louise Young notes that although the "Three Human Bullets" became the subjects of songs,

plays, and movies, and even had a medal named after them, rumors soon began to spread that the men had not volunteered for a suicide mission and had died as a result of human error. Their commanding officer had cut too short the fuse on the bomb that they were carrying. Louise Young, *Japan's Total Empire: Manchuria and the Culture of Wartime Imperialism* (Berkeley: University of California Press, 1997), p. 77.

⁵⁰ Steve Rabson, "[The Okinawan Diaspora in Japan at War](#)," *The Asia-Pacific Journal*, Vol. 11, Issue 41, No. 1, October 13, 2013, footnote 36.

⁵¹ For Hayao's criticism of the army's "recreation" policy, see his other studies in *Senjō shinri no kenkyū*; Kempei, p. 47.

⁵² Yasuo Okada, 'Hayao Torao shōden - kaisetsu o kanete,' in *Senjō shinri no kenkyū*, Volume 1, p. 13.

⁵³ Hayao Torao chūi, "Senjō shinkeishō narabi ni hanzai nit suite," April 1938, in Takasaki Ryūji, ed., *Gunikan no senjō hōkoku ikenshū* (Tokyo: Fuji shuppan, 1990), Pp. 35-36; Haruko Taya Cook, "The 'Fall of Nankin' and the Suppression of a Japanese Literary 'Memory' of the Nature of a War," in Fei Fei Li, Robert Sabela, and

David Lu, eds., *Nanking, 1937: Memory and Healing* (Armonk, NY, M.E. Sharpe, 2002), pp. 131-2.

⁵⁴ "Senjō ni okeru jisatsu kito ni tsuite," pp. 19-20, p. 5, pp. 22-23.

⁵⁵ "Senjō ni okeru jisatsu kito ni tsuite," pp. 50-54.

⁵⁶ Hans Pol and Stephanie Oak provide the example of U.S military officials being especially intent on detecting and excluding homosexuals as a danger to morale. Pols and Oak, pp. 2133-34.

- ⁵⁷ Sakurai, pp. 939-42; "Senjō ni okeru jisatsu kito ni tsuite," p. 97.
- ⁵⁸ "Senjō ni okeru jisatsu kito ni tsuite," pp. 97-98.
- ⁵⁹ Junko Kitanaka, "Society in Distress: The Psychiatric Construction of Depression in Contemporary Japan." Ph.D thesis, McGill University. May 2006, Footnote, p. 94, p. 98.
- ⁶⁰ "Senjō ni okeru jisatsu kito ni tsuite," pp. 5-10.
- ⁶¹ Fujii, p. 605, p. 608.
- ⁶² Shimizu Hiroshi, "Tennō no guntai to shōgaisha—kokka sōryoku sentaiseika no chōhei kensa to rikugun kyōkai," *Shōgaisha mondai kenkyū*, Vol. 63, 1990, p. 27, p. 29; Debun Shigenobu, "Maker of Soldiers," in *Japan at War: An Oral History*, ed. Haruko Taya Cook and Theodore F. Cook (New York: Norton, 1992), pp. 126-27; Takashi Fujitani, *Race for Empire: Koreans as Japan and Japanese as Americans during World War II* (Berkeley: University of California Press, 2011).
- ⁶³ Pols and Oak, pp. 2133-34; Simon Wessely, "Risk, psychiatry and the military," *British Journal of Psychiatry*, Vol. 186, 2005, pp. 461-62.
- ⁶⁴ Peter T. Suzuki, "Suicide Prevention in the Pacific War (WWII)," *Suicide and Life-Threatening Behavior*, Vol. 21, No. 3, 1991, pp. 291-92, p. 296, p. 294, p. 293.
- ⁶⁵ There are different estimates of Japanese military personnel taken prisoner. Niall Ferguson provides the figure of 42,543 prisoners of war held by American and Australian forces between 1942 and 1945, which amounts to 0.5% of a total of 8,100,000 troops mobilized. He also notes a drop in the ratio of prisoners to Japanese dead from 1:100 in late 1944 to 1:7 in July 1945. Niall Ferguson, "Prisoner Taking and Prisoner Killing in the Age of Total War," *War in History*, Vol. 11, No. 2, 2004, pp. 190-92, p. 164.
- ⁶⁶ James Dao and Andrew W. Lehren, "Baffling Rise in Suicides Plagues the U.S. Military," *New York Times*, May 15, 2013. (accessed August 12, 2013).
- ⁶⁷ Alan Fontana and Robert Rosenheck, "Traumatic war stressors and psychiatric symptoms among World War II, Korean, and Vietnam War veterans," *Psychology and Aging*, Vol. 9, No. 1, 1994, pp. 30-31; p. 27.
- ⁶⁸ James R. Marshall, "Political Integration and the Effect of War on Suicide: United States, 1933-76," *Social Forces*, Vol. 59, No. 3, 1981, p. 776.
- ⁶⁹ Marshall, p. 775, p. 782.
- ⁷⁰ Yessler, pp. 243-44.
- ⁷¹ "American War and Military Operations Casualties: Lists and Statistics." *The Navy Department Library*. (accessed August 12, 2013).
- ⁷² Yessler, p. 244.
- ⁷³ Thomas Childers, *Soldier from the War Returning: The Greatest Generation's Troubled Homecoming from World War II* (Boston: Houghton Mifflin, 2009).
- ⁷⁴ For example, Lizette Alvarez, "Home from the war, many veterans battle substance abuse," *New York Times*, July 8, 2008; Lizette Alvarez and Deborah Sontag, "When Strains on Military Families turn Deadly," *New York Times*, February 15, 2008.; Erik Eckholm, "Surge in Number of Homeless Veterans," *New York Times*, November 8, 2007. (accessed August 12, 2013).
- ⁷⁵ Aaron Glantz, "Suicide Rates Soar among WWII Vets, Records Show," *The Bay Citizen*, November 11, 2010. (accessed August 12,



2013).

⁷⁶ Briggs.