

Creating New Science for Services

~ An Anthology of Professors of Graduate School of Science for Human Services ~

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A Basic Perspective of Development of Remedial Education Programs for children with Autism Spectrum Disorder Through Analysis of Historical Transitions

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1. Introduction

Ten years have passed since this psychological and educational consultation center, whose name is Ritsumeikan Counseling Center, adopted play therapy. During this period, the center has concentrated on creating remedial education programs for children between the ages of two and six who have been diagnosed with autism spectrum disorders (ASD). In particular, working within the accepted “triad of impairments” framework, it has attempted to develop a program to instill the one ability regarded to be the most difficult to cultivate in autistic children: imagination.

The center has also managed the “Duck Club” for eight years. This organization’s mission is to provide children who have completed therapy with a chance to engage in playful activities once a month. Current members include children ranging from ages four to fourteen who are unable to blend in socially and tend to spend time alone at their elementary and nursery schools or kindergartens, but nevertheless look forward to participating in monthly “Duck Club” events.

I have recently been contemplating the possibility of translating the experiences and achievements gained from the aforementioned two efforts into a special remedial education program for autism. These experiences and achievements symbolize a history created by autistic children themselves and can confirm that something as simple as play could be surprisingly consequential. In essence, my aim is to examine how the lives of children who are guaranteed voluntary and enjoyable activity develop over an extended period time.

With this issue in mind, this paper is intended to be something akin to a collection of research observations outlining my personal viewpoints.

2. Re-examining remedial education for autism from the perspective of the life cycle of the disorder

In 1943, Leo Kanner became the first person in history to report a case of autism. Nine years after this development, a case of autism was reported in Japan for the first time by Taeko Sumi in 1952, and Shinichiro Wakabayashi continued follow-up research on this male subject born in 1945 until he was 36 years old (Wakabayashi, 1983).

Although Kanner also continued to track his subject (Kanner, L, 1973/1978), here I would like to focus on Sumi’s subject from the perspective of the life cycle of the disorder, examining his development from time of initial diagnosis to transition into adulthood and how his disorder transformed during this period.

According to the case study, when he was four years old Sumi’s subject was referred to a specialist by a physician at a public health center. From three years of age, the subject began exhibiting self-injurious behavior such as head banging and abnormal behavior such as biting other people. He also began to self-talk meaningless words and display symptoms of echolalia. Although he enrolled in kindergarten at five years and two months, he withdrew at six years and seven months because of deviant behavior. He was unable to understand basic rules such as

waiting his turn when he wanted to play on the swing or slide. He displayed an inability to participate in group activities; for example, he would abruptly walk away during choir singing exercises. He would stand at the top of the slide and urinate indiscriminately in all directions. Plans to attend elementary school at six years and one month were postponed. Around this time, a children's group at a university hospital pediatric psychiatry department agreed to accept and teach the subject, but he was unable to participate regularly in this program. Sumi's report describes the subject's play activities in a hospital room around the age of seven. According to Sumi's observations of the subject at eight years and seven months, although he did not display significant intellectual progress in learning characters or numerals, he was able to remember people's names and promises he had made. For example, when a person would say to him, "I'll bring you a piece of cake next time," he would actually mention the cake at the next meeting. Sumi also reports that the subject had to be given a sedative when, unable to sleep properly, he would become excited and scream loudly. At eight years and eleven months, the subject unofficially entered a school newly established in his community by a center for intellectually disabled children. The subject attended this school until he was 19 years and ten months of age, when he had to withdraw because the center relocated. He commuted there by train and bus by himself. During the first ten years at the center, he learned characters and numerals as well as carpentry and sewing machine use. The subject was well organized, excelling at needlework and making dust cloths, and created very meticulous works of origami such as balloons and cranes. He displayed a strong tendency towards identity preservation. For example, he became the only student allowed to use the employee restroom, and he would always sit in the same seat when using public transportation to commute to school. However, other than these minor traits he did not cause any problems and was reported to be relatively manageable. Nevertheless, when he was 17 years and two months old he began jumping about and screaming loudly as if he were in a seizure. He also began exhibiting aberrant behavior: his nose would bleed, he would masturbate frequently and he would stare closely into young women's faces or touch their shoulders. Therefore, he was again examined at the university hospital psychiatry department and at the age of 20 years and two months began commuting to a private vocational training center for persons with intellectual disabilities established by parents with such persons (management of this facility was later transferred to the city). Here he would precisely measure and stamp metal plates when specifically instructed to do so. On good days he was able to concentrate for five consecutive hours, and during breaks he walked about talking to himself. At 21 years and nine months, he began exhibiting seizure-like episodes of excitation where he would loudly moan utterances such as "wooo, wooo" while violently hitting walls and doors and occasionally breaking glass, jumping about and stamping on the floor, and punching his face intensely with his own fists. These events lasted for about five to ten minutes at a time, and during acute periods occurred several times a day. When he was 23 years and five months of age, the subject was admitted to a psychiatric hospital for about two weeks. However, the seizures-like episodes continued, and when he was 24 years and nine months he was again hospitalized for three months. When he was 25, he was admitted on an in-patient basis to a newly established wing for persons with severely intellectual disabilities at a prefectural welfare colony. He crafted cases for chicken eggs at this facility. His productivity was about half of that of his peers because he would refuse to work from time to time, but he would basically follow instructions regarding needlework, his specialty. Records show that he avoided contact with people at the facility and kept to himself, and that he engaged in self-talk inconsistent with the surrounding circumstances. These self-talks included phrases such as, "How many things, two things, three things," or, "Tokyo, there I'm going to go, Ginza," and, "Father, South East Asia, Europe," which consisted of knowledge he had learned in the past. At the age of 36, he was again diagnosed with Kanner's syndrome (early infantile autism) with the symptoms of autistic isolation, developmental language impairment and identity preservation, the same characteristics observed when he was examined 30 years ago.

At the age of 22 and five months, the subject underwent psychological evaluation at a child counseling center and the results inferred that his mental age was between three years and two months to three years and six months, and his IQ was between 21 and 23. He frequently engaged in stereotypy, echolalia and self talk. He would occasionally become agitated and emotionally aroused but was able to be controlled. There were hopes that with the proper motivation under the right conditions he could be vocationally educated and engage in work proficiently, but it was concluded that he did not have the potential for this type of voluntary activity. The diagnosis at the time was, “comorbid autism and mental retardation with an observation that the current symptoms suggest a stronger tendency toward mental retardation.”

Reviewing this case investigated by Sumi and Wakabayashi, in retrospect detection was late compared to today’s standards and there seems to have been insufficient opportunities for early remedial and general education. However, it is encouraging that the subject was referred to a special medical facility from a relatively early stage and although medical options for these types of disorders were limited at the time, the subject was able to receive relatively proper interventions. Parents and other people involved in the subject’s life sensed from early on that there was something wrong with the child, but did not take any specific action until his abnormal behavior became more conspicuous and he was taken to a specialist when he was four years old. He was unable to adapt to group activities during his preschool years. His progress was fairly steady during his grade school years. However, his behavior became unstable when he entered adolescence and after reaching 20 years of age he was unable to behave appropriately at home and at the vocational education facility, and consequently required psychiatric treatment including drug administration. Records describe how his condition stabilized somewhat at the wing for persons with the severe intellectual disabilities at the prefectural welfare colony, but the basic symptoms of autism did not improve and behavioral characteristics from his childhood period continued to stubbornly persist.

The lifecycle of this case shows again how difficult it is to provide proper interventions to the autistic. There are large differences among individual cases and it is necessary to define problems with due caution. It seems as if this case illuminates present issues surrounding remedial and general education procedures that have been passed down through the years without regard to the limitations of the past. An important priority may be analyzing past case studies such as the one presented to clarify what should have been done at specific points during the life cycle of each case.

Half a century after the first case study of autism in Japan, we have accumulated much experience and findings regarding autism in the fields of medicine, education and welfare, enabling research of a wide range of case studies and, moreover, making it possible to investigate the disorder from the perspective of its life cycle.

The author previously worked at a facility called the “Acorn” School run by the Heian Jogakuin St. Agnes College Institute of Child Education (1985). Established in 1961, this program provided group remedial education three times a week to about ten children ranging from two years of age to the age just before entering grade school, until it closed in 1990. During the 30 years of its history, the “Acorn” School graduated 160 students who are presently in their twenties to fifties. Opportunities to meet graduates become scarce as the years pass following graduation, but reunions are held and I see them frequently when I visit their current centers and institutions for training programs. Presently, there are also two graduates who are staff members of the aforementioned “Duck Club”, a remedial education program which I am also involved in for highly functioning ASD patients from toddler to grade school age. Through these opportunities, I have been able to track and compare the conditions of individuals from childhood to adulthood. More and more people involved in remedial education have known subjects from childhood to adulthood, meaning that the conditions for experimentation and research from the perspective of the autistic lifecycle from infancy to adulthood are rapidly expanding. It is clear that the life cycle of the

disorder can and should be analyzed when perceiving autism through the importance of early detection during infancy, the significance of group education during the transition period from preschool to grade school and during the early years in grade school, the issues involving adolescence from middle to late school age, and the employment support available for junior and senior high school graduates,.

Unlike drug and behavioral treatments, it is difficult to extrapolate the efficacy of remedial and general education from a short time span. Similar to many other educational application and research efforts, efficacy and results of application and research of remedial education for children with autism must be evaluated and assessed from a combination of various time spans including the short-term monthly basis, the middle-term yearly basis and the long-term multiple-year basis. At present, we face not only issues surrounding adolescence and young adulthood, but also issues involving family, marriage and the progressive advancement from maturity to old age. These issues necessitate the development of remedial education programs from the perspective of the life cycle of the disorder and the total lifespan of subjects.

The author (Zang,R.& Araki,H.,2010) reported the history and today's situation of treatment and education for children with autism in China as a comparison study in Japan. The report would give some suggestions for study of children with autism in East Asia area.

3. Interventions in remedial education for autism and their theoretical foundations

Progress in application and research of remedial education for children with autism in Japan has a history of half a century beginning with the discovery of the first domestic case, and several decades worth of interventional practices have evolved during these 50 years. These interventions can be divided into the following three major trends.

The first trend involves remedial education theory based on dynamic psychiatry and specifically its emphasis on ego development. The frequent use of play therapy in playrooms by university affiliated institutions and university hospitals during the early years exemplify this trend. This trend can still be seen today in group therapy and remedial education practices. Furthermore, the rejection of this trend led the way to the adoption of relational and relational disorder theories. The principles of this intervention are based on psychoanalysis. Childcare and educational interventions in early play therapy were moderate and therapists were encouraged to take a passive attitude. The basic objective of this style of remedial education was the formation of interpersonal relations or the improvement of interpersonal relationship impairments. The style is largely characterized by efforts to develop these types of relations in play situations. It stressed voluntary and active behavior to the extent that subject began rejecting guidance from therapists, and this led to interventions that combined this style with behavioral theory described below which emphasized a more active approach by therapists. Individual play therapy based on early principles of psychotherapy was combined with childcare and educational principles to form a style of group therapy. However, for a time this group therapy was concluded to have little short term efficacy compared to behavioral, sensory integration and cognitive therapies. Practice was subsequently limited to university affiliated facilities and university hospitals, and was rejected by most childcare and education facilities for children with disabilities.

The second trend was based on operant behavioral therapy which has its foundations in learning theory. This approach attempted to improve language acquisition and mitigate problem behavior through operant conditioning techniques. The objective of behavioral therapy is the modification of behavior, and active efforts were made to employ this interventional style not only in the narrow confines of treatment and training, but also in learning and daily life. It is said that operant conditioning is effective in inducing internal motivation through reward and punishment. It aims at modifying behavior in learning and daily life through analysis of a subject's behavior as well as adjustments resulting from evaluation of environmental conditions. This approach

obviously does not differ from conventional behavioral analysis, but as situations become more specific, such as in settings for learning and daily life, praise and encouragement from teachers, parents and other individuals becomes more important for formation of internal motivation. The reason why this style is easier to adopt in preschooling and practical education is because it attempts to enhance internal motivation through reward and praise only rather than through traditional conditioning and training processes involving reward and punishment. Regardless of whether the situation is a specific, highly structured remedial education setting or an ordinary setting in learning or daily life, behavioral therapy in the broader definition of modifying behavior is based on behavioral analysis. Another important characteristic is that the process of behavioral modification achieved through training and interventions based on behavioral analysis, is easily observable and highly objective. These two characteristics make this approach acceptable for parents and teachers. However, the following two limitations should be noted. First, the interval between the initiation of therapy and the appearance of results should not be too long in training and interventions based on behavioral analysis. If there are no observable results in several months, a causal relationship between the therapy and the modified behavior cannot be substantiated. Human behavior is very complex and the longer the time it takes to observe results, the more difficult it becomes to establish a causal relationship between therapy and behavioral modification. Second, the relationship between training and intervention and behavioral modification must be general and universal. But excess emphasis on generality and universality may generate stereotypical interventions that disregard the qualitative transition period in the developmental stage, thereby ignoring the subject's internal factors such as temperament, character and other foundations of personality structure, and consequently lead to the monitoring of changes in expressions and emotions only. There are times when this approach is taken too far; for example, behavioral analysis has made instruction of the arts such as music and paintings, which are deeply rooted in internal factors, overly stereotypical. Behavioral therapy is based on the analysis of individual behaviors. Therefore, interventions are based on separate, individualized instructional programs, and in this sense it is difficult to differentiate this approach from individualized educational programs conducted in groups in childcare and educational settings, leading to confusion about educational goals and assessments.

The third trend involves what can be described as educational and life therapy in general childcare and education settings. In these circumstances, group instruction takes priority over individual instruction. In many cases, not only do adults such as teachers act as therapists, but other children in the group also play a therapeutic role as well. It can be said that this approach was actually practiced in childcare and educational settings, regardless of whether it was done intentionally or not, during early integrated childcare and integrated education. This type of therapy involves intervention within groups for daily behavior including going to school, assembling and eating meals and snacks, and for task-based behavior such as eurythmics and physical exercise. These behaviors were combined and mixed, and musical interventions such as singing and hand clapping were performed at certain points during the school schedule such as at assemblies, meals or when the school day ended. This approach stressed the development of children through accumulation of daily experiences, and was thus an educational intervention founded on daily life. Some groups adopted Vygotsky's zone of proximal development as a theoretical basis for this approach, but many emphasized experience instead of searching for any specific theoretical foundations in psychology. Some groups even adopted specific religious or philosophical theories. The common characteristic of all approaches within this trend is an emphasis on applying educational programs used for typical development children to children with disabilities (autism). This resulted in less consideration of individual priorities and disability conditions.

Here I have attempted to divide the influences on interventions for autism into three major trends. There are other types of intervention that do not easily fall into any of these three

categories. Nevertheless, it can be said that interventions influenced by these three trends have, intentionally or not, found their way into childcare and educational settings of the present day. Under these circumstances, from the standpoint of childcare and educational practice, it seems necessary to revisit and methodologically contemplate interventions founded on educational theory instead of psychotherapy.

4. Current issues surrounding autism research and development of remedial education programs for autism

As with other disorders, the study of autism has greatly benefitted from findings in various scientific fields. Indeed, many researchers in scientific fields closely associated with autism such as medicine, psychology and pedagogy are now in the process of critically assessing and re-evaluating conventional theories based on practice. In other words, a new review of theory is underway.

(1) Autism research and learning theory

The most significant influence on autism treatment and education in the field of psychology was the advent of learning psychology in the first half of the 20th century, and until now, the involvement and contribution of learning psychology to autistic research has been enormous. Behavioral therapy based on learning theory, in particular, has played a large role to this extent. Specific interventions employing operant techniques in individual therapeutic settings were quickly adopted at an early stage. Many programs of this time used the stimulus–response model stressed in early behaviorism for language acquisition and other goals. However, language interventions today are moving from psychological to educational approaches. In terms of correcting problem behaviors, many programs of the time used the reward–punishment model in therapeutic settings. However, the adage heard frequently among behaviorist that “specialists can transform people” was criticized as running the risk of mind control that “manipulates the human soul”. In other words, there were demands to clarify a therapeutic framework restricted to “behaviors that should be formed” and “behaviors that should be corrected”. It was important to protect the human rights of subjects by explaining procedures in detail before the commencement of treatment and gaining informed consent. It was also important to design a system that guaranteed the rights of subjects through emphasis on voluntary decision-making and protection of individual rights. From the lesson that generalization and maintenance of results from unreasonable programs and training conducted under unrealistic daily circumstances are unsustainable, tests are currently being performed on training programs that employ as few behavioral restrictions as possible and that closely emulate daily life. This approach, called applied behavioral analysis (ABA), carefully observes and analyzes various behaviors in specific situations in daily life in an attempt to sustain generalization and maintenance of behavioral change. Interventions involving environmental adaptation programs utilizing ABA methods have been widely employed in specific situations in education, employment and daily life.

The TEACCH program created in North Carolina, U.S.A., is one such example. Eric Schopler, a central figure in the development of this program, said the following about interventions, emphasizing his belief that the basic problem with autistic children is that they cannot comprehend the environment around them and that they cannot understand abstract concepts.

“The basic problem with autism is that individuals cannot comprehend their environment. I believe they lack the ability to adequately process information from their surrounding environment.

Furthermore, individuals with autism cannot comprehend abstract concepts. This is related to their inability to understand by providing meaning to information, and is also related to their difficulties in thinking in a structured manner. Therefore, individuals

with autism cannot understand their relationship with society and the information they have received from the environment. This in itself exacerbates the problem.” (Schopler, 1990, p. 36)

From the standpoint of adapting to the environment, the TEACCH program, while presuming that basic impairments associated with autism cannot be disregarded, stresses the importance of environmental restructuring (structuring the physical environment) to minimize confusion and adverse influences from basic impairments. Thus, the program believes that stimuli information from the environment should be structurally comprehensible, specific and simple. This is one of the reasons why the program often makes use of photographs of specific objects and illustrated cards in embroidery work.

The TEACCH program utilizes 1) operant techniques, 2) cognitive behavioral approaches, and 3) social learning approaches. Most central among these is the cognitive behavioral approach. This approach concentrates on forming the ability to comprehend, interpret and integrate information. It assumes that developmental progress and disability levels differ among individuals. As opposed to operant techniques which do not acknowledge developmental stages, the TEACCH program places emphasis on development by employing procedures such as developmental assessment, and in this sense is based on theoretical foundations that can be easily applied to an educational setting. In addition, the program recognizes levels of disability and therefore does not reject the conventional framework of therapy. Furthermore, it adopts social learning approaches such as the formation of social skills and thus possesses the systematic character of a comprehensive program.

The TEACCH program can be viewed as a novel undertaking in the sense that, unlike conventional behaviorism, it tries to combine the achievements of learning and developmental theory. However, it falls short in properly examining comprehension of meaning in relation to the qualitative transition period of development. In other words, it fails to pay attention to and analyze qualitative differences in developmental structures during developmental stages. Furthermore, it does not adequately take into consideration the possibility that the disorder itself may change during the course of interventions. This reflects the situation today where research into the cognitive development of children with autism is still a work in progress and where research into the etiology, development and extinction of the disorder is still insufficient. In addition, from the perspective of educational application, although group interventions in addition to individual interventions are anticipated to play a beneficial role in therapy, group interventions also possess many factors that can confuse behavior during educational application and are thus frequently viewed negatively. This is an issue that should be addressed in the future because, as in other intellectual disabilities, group intervention is believed to have a large meaning and role in personality formation and human development in autism.

As can be seen in the blossoming efforts of the TEACCH program, practical applications and interventions in autism will increasingly employ achievements from both learning and developmental psychology. Therefore future priorities include research into how changes in behavior and cognition caused by interventions and learning influence personality development and other factors within the minds of children with autism, and into the relationship between changes in behavior and cognition and changes in developmental structure. The permeation of developmental theory approaches in learning psychology should give birth to new interventions in the areas of remedial and general education for children with autism.

(2) Autism research and ego theory

In addition to learning psychology, ego theory which stems from dynamic psychiatry greatly influenced the history of autism research. In many cases, discussions of ego theory were always accompanied by theories about mother-child relationships. This is closely related to the fact that in his first case study on autism, Kanner mentioned the mother-child relationship as one of the

causes of the disorder. It is also related to observations that many children with autism tend to become socially isolated. Although there are virtually no researchers today who believe that autism is caused by psychogenic factors such as mother-child relationships, there are still many today who employ the relationship theory approach and consider improvement of interpersonal relationships as the most important goal of remedial education. Furthermore, play therapy is thought to be an effective remedial method for improving interpersonal relationships. Nobuyoshi Hirai describes the role and significance of play therapy in remedial education for autism in the following manner.

“If the etiology of pediatric autism is psychogenic, it is obvious that psychiatric therapy will be effective, but many researchers are skeptical about this approach. Therefore, in terms of the significance of psychiatric therapy for children with autism, the educational issue of how to develop interest in other people within individuals with autism is of great importance and can be referred to as proximity in remedial education. By sharing interest with children with autism and sensing the smallest changes of emotion in their minds, we can begin to develop interest in other people within them...through this, we will be able to detect changes in the minds of individuals with autism and stabilize our relationships with them. Parent counseling to be performed at the same time is also meaningful in the same manner, and has the purpose of expanding the capacity for acceptance”. (Hirai, 1985, p. 242)

During the course of play therapy, the child with autism will begin appealing for physical contact or become obsessed with a specific object. Hirai points out that when the therapist takes on an accepting relationship where she shares the enjoyment the autistic child feels in obsession, a close one-to-one relationship begins to form, the child with autism begins to show interest in his surroundings, and finally training and education becomes feasible.

Nevertheless, the question remains of how to comprehend the internal world of a child with autism in ego theory. Tetsuo Ishii, who has worked on acceptive interaction therapy for autism, indicates that from the standpoint of practical remedial education, development of trusting relationships as well as cognition and emotion are of great importance, and that the following mechanism may be at work in ego development.

“Since emotional human relationships do not form in children with autism, they can acquire neither cultural inclination nor the sensory faculties to process environmental factors, both of which humans normally possess, and therefore live their lives dependent on objects and patterns that produce low stimulation. In other words, their egos do not develop. Many children with autism who have received inadequate remedial therapy or who have been raised in inappropriate environments live improper lives in a vacant condition where they have lost themselves, sometimes in a state of chaos or sometimes in a state of passiveness.” (Ishii, 1995, p. 22)

“...under the circumstances where they have no choice but to fortify their “state to defend their egos”, we are left with the question of how to support these children with autism who suffer in solitude.” (p. 38)

Acceptive interaction comprehensively integrates the following factors: 1) empathetically understanding the child (acceptance), 2) sharing enjoyment (interaction), and 3) mutual acceptance between the child and therapist through mutual self-expression (mutual acceptance). The therapy is based on the operational hypothesis that one will defend one's ego unless one accepts others. The relationship between the therapist and the child is the basically same as the relationship between parent and child or caregiver/educator and child.

Acceptive interaction first leads to the creation of a “safe haven” for interpersonal relationships. Then these interpersonal relationships become the foundation for structuring of a new frame of reference for mind and behavior. Children with autism have a tendency to defend their immature egos from external stimuli through rigid frames of reference for behavior and daily life. Moreover, this framework for interpersonal relationships seems to play a role in defending the

child with autism from external stimuli. The developed frame of reference for interpersonal relationships then becomes the foundation for opening up to the world and nurturing the ego, and therapy requiring self-adjustment and voluntary activities advances. As the new self develops, the conditions enabling the acquisition of a robust ego system (i.e. cognition that can adequately perceive phenomena and an ego with emotions that can reject dislikes and demand enjoyable and likeable things) begin to form. At this point, the therapist encourages the child to observe and perceive realities and phenomena that were rejected or avoided in the past. Although there will be a temporary period of inner conflict, the functions of the ego can be strengthened by overcoming this adverse stage. As a result, the child will be able to confront cognitions that were avoided before.

“The mechanism described below is thought to be activated in the relation between inner conflict and ego development...in my relations with children with autism, I try to motivate them by encouraging them to see reality and perceive phenomena. I anticipate that conflict will arise within them through this “motivation”. In other words, inner conflicts such those between wanting and not wanting to face reality or between accepting or rejecting tasks help the ego recover voluntary control. By structuring this process of conflict → self selection → self decision → execution, the functions of the ego are strengthened and an autonomous self can operate in reality. (p. 67)

In this manner, children with autism can acquire responsive behavior when they are able to partake in behavior that exhibits active adaptation to human and social environments. At this point, a relationship forms that is the exact opposite of defensive behavior based on negative adaptation.

I have just described the process of ego development in acceptive interaction therapy and elaborated on the relationship between ego theory and remedial education for autism. It can be said that this type of approach toward remedial education is in stark contrast to that of the TEACCH program in terms of the relationship between the environment and the individual. The TEACCH program attempts to enhance the potential for social adaptation by structuring the environment in a comprehensible manner and therefore facilitating the child with autism’s understanding of the surrounding environment. On the other hand, acceptive interaction regards acceptance of the conditions that activate the ego defense system as the starting point of treatment, since the ego is underdeveloped in the child with autism. This therapy then attempts to strengthen the ego through interpersonal relationships with specific adults for the purpose of preparing the child to confront the environment.

Although acceptive interaction therapy and the TEACCH program have contrasting views of the environment, they share a commonality in the sense that they both advocate that the relationship between the environment and the individual can be changed by enhancing the cognitive capabilities in children with autism. However, both approaches are still theoretically and practically inadequate in regards to defining the relationship between individual and environment in each stage of development. As with typical development children, the relationship between children with autism and their environment and the meaning of this relationship probably changes at each stage of development, and therefore both approaches offer insufficient discussion in regards to developmental theory.

(3) Autism research and developmental theory

The gradual emphasis in research of the relationship between autism and developmental theory is related to the emergence of the belief that cognitive impairments may be the cause of autism. In particular, research into the developmental changes of the cognitive structure gained momentum in the 1980s when studies of the relationship between “theory of mind” and autism began to appear.

Simon Baron-Cohen (1997), who has conducted research of autism from the perspective of

theory of mind, believes that a major characteristic of children with autism is their underdeveloped capability for “mind-reading”. This does not mean that children with autism cannot acquire the ability to read minds; it only means that this acquisition is slower compared to typical development children. Baron-Cohen proves that children with autism can develop this skill. The focus of research has turned to the questions of why the development of mind-reading capability is slower in children with autism and what mechanisms are involved.

Baron-Cohen’s hypothesizes that the formation of mind-reading can be divided into four stages and has proposed “systems for mind-reading” depicted in the Figure 1. The first system is called the intentionality detector (ID). The ID represents a primitive condition of the mind associated with goals and desires, and is part of basic behavior inherently present in modern human infants. The second system is the eye direction detector (EDD). The EDD detects the presence of eyes or stimuli similar to eyes and like the ID is believed to be present in the relatively early developmental stages of infancy. These two systems exist concurrently. The combination of these two systems leads to the creation of a third system called the shared attention mechanism (SAM), which forms the foundation of a triadic representation. It is believed that children with autism are unable to easily acquire this SAM. The SAM becomes the foundation for the fourth system called the theory of mind mechanism (ToMM), which relates a recognized mental state with the mental state of the agent for integrated comprehension. I will not go into detail about the roles and functions of each system, but I would like to focus on the point that these systems comprise a structure for cognitive development.

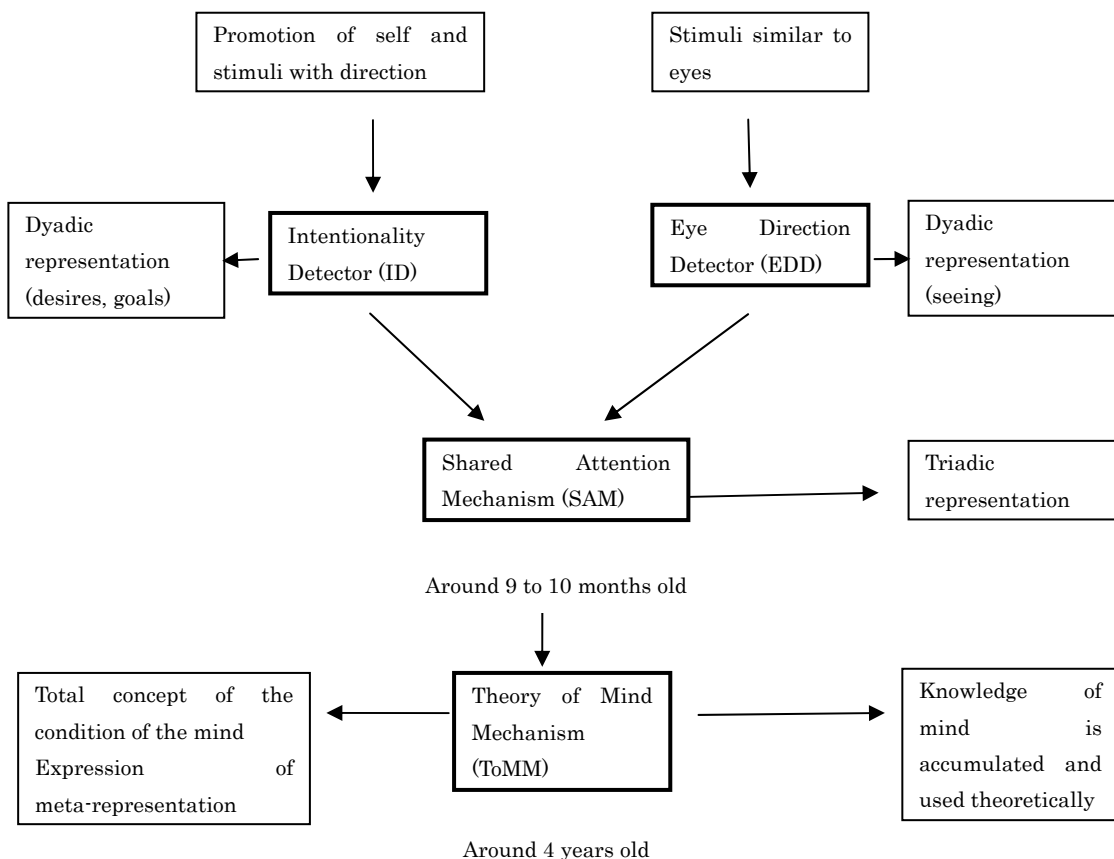


Figure1. Systems for mind reading (Baron-Cohen, 1995 in English; 1997 in Japanese)

For example, if it is posited that SAM formation is weak or delayed in children with autism, then elucidation of this mechanism may make early detection of and response to autism possible.

Furthermore, according to this hypothesis, remedial education should involve procedures to structure SAM. Since SAM becomes the foundation for ToMM, research into the transition from SAM to ToMM should result in the organization of a more precise remedial and general education program.

In the past, the author (Araki,H.,2000a;2000b) has discussed Baron-Cohen's mind-reading hypothesis in relation with Masato Tanaka's theory of hierarchies and stages on reversible operation in human development. I observed that SAM can correspond to what Tanaka calls the transition period from the emergence of a second new postnatal force during the latter half of infancy, to the first stage (one dimensional reversible operation) of early childhood, and ToMM can correspond to the transition from the second stage (two dimensional reversible operation) of early childhood, to emergence of a third postnatal force .

Both Baron-Cohen's mind-reading hypothesis and Tanaka's theory of hierarchies and stages on reversible operation in human development do not directly address remedial education for autism, but the structural elucidation of cognition development may further clarify cognitive impairments unique to autism. Furthermore, understanding the etiology, progression and stabilization of the disorder in relation to the qualitative period of transition in development can release us from the belief that autism cannot be eliminated and move us toward the view that change is possible.

I have just discussed the relationship between autism and developmental theory in association with theory of mind. Relying on theories proposed by Piaget and Wallon, Masako Yamagami (1999) is presently attempting to address the development of interpersonal relationships, such as that seen in attachment behavior, through high-dimensional development stages.

In the practical application of remedial and general education for autistic children, it is often said that the basic constitution of the disorder is resistant to change and that distortions in cognitive development will persist. To understand these concerns in depth and in a progressive manner, it is probably necessary to address issues associated with personality formation and changes in disorder constitution while keeping in mind the fundamental structure of development.

5. Practical application of remedial and general education for autism

More than half a century has passed since the initiation of substantive autism research. An incredible amount of research has been conducted over these last 50 years. Countless schools, institutions and homes have adopted remedial and general education techniques for autism. Nevertheless, it can be said that a comprehensive view of the fundamental structure of the disorder has yet to be seen.

Figures 2 to 5 depict the transition of the structural theories of autism in past research.

Autism was considered to be a domain of schizophrenia until the first half of the 1960s. However, from the second half of the 1960s to the 1970s, the view that autism is not a psychogenic disorder but basically an impairment of the brain became mainstream. It was considered that damage to the brain resulted in language and cognitive impairments and these in turn triggered the various symptoms associated with autism. The 1980s brought the belief that in addition to language and cognitive impairments, abnormal interpersonal relationships also resulted from brain damage. All of these factors were believed to cause secondary impairments and that social and behavioral disorder triggered the various problems observed in adolescence. It was around this period when Lorna Wing and Judy Gould undertook the Camberwell study and proposed the concept of a "triad of impairments" and the concept of an autism spectrum (Wing & Gould, 1979), both of which eventually became widely accepted.

Inhibition in Stimulus-Response Compatibility

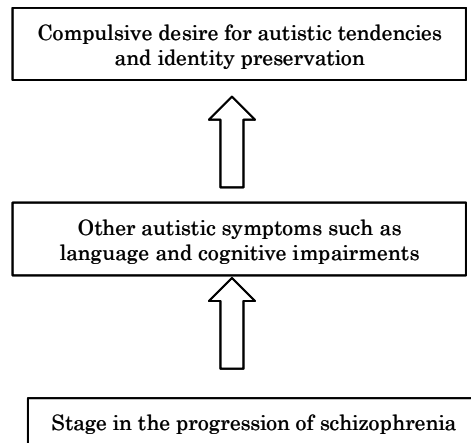


Figure2. Structural theories of autism until the first half of the 1960s

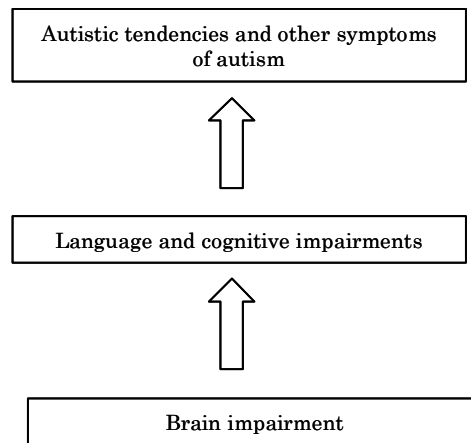


Figure3. Structural theories of autism from the second half of the 1960s to the first half of the 1970s

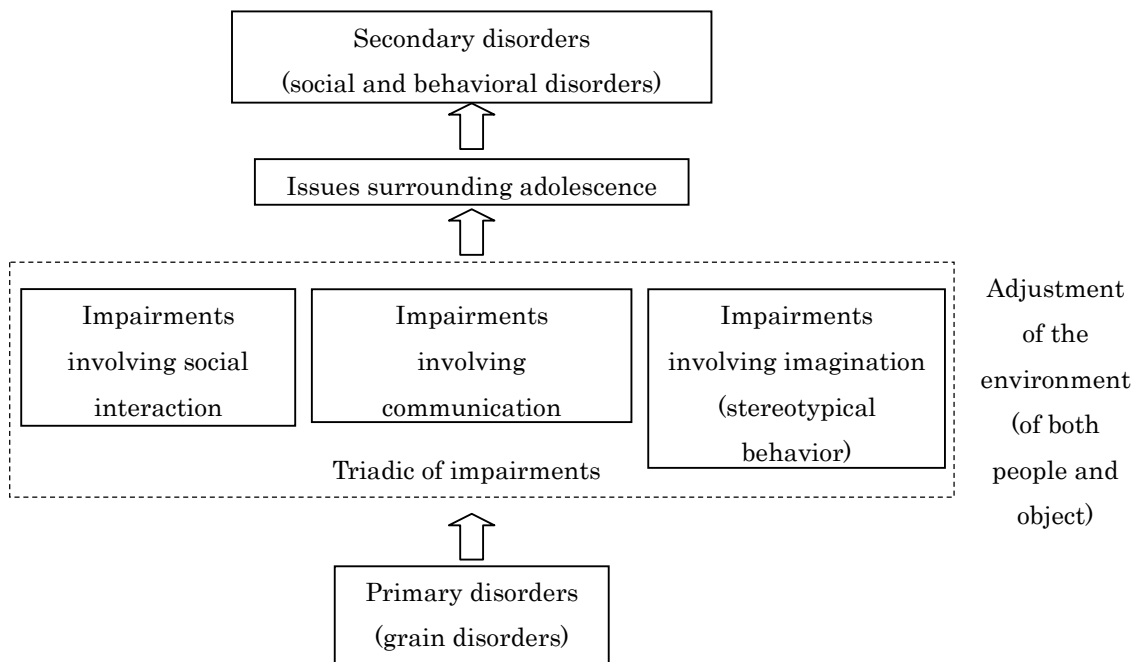


Figure 4. Structural theories of the autistic spectrum from the second half of 1970s to the second half of the 1980s

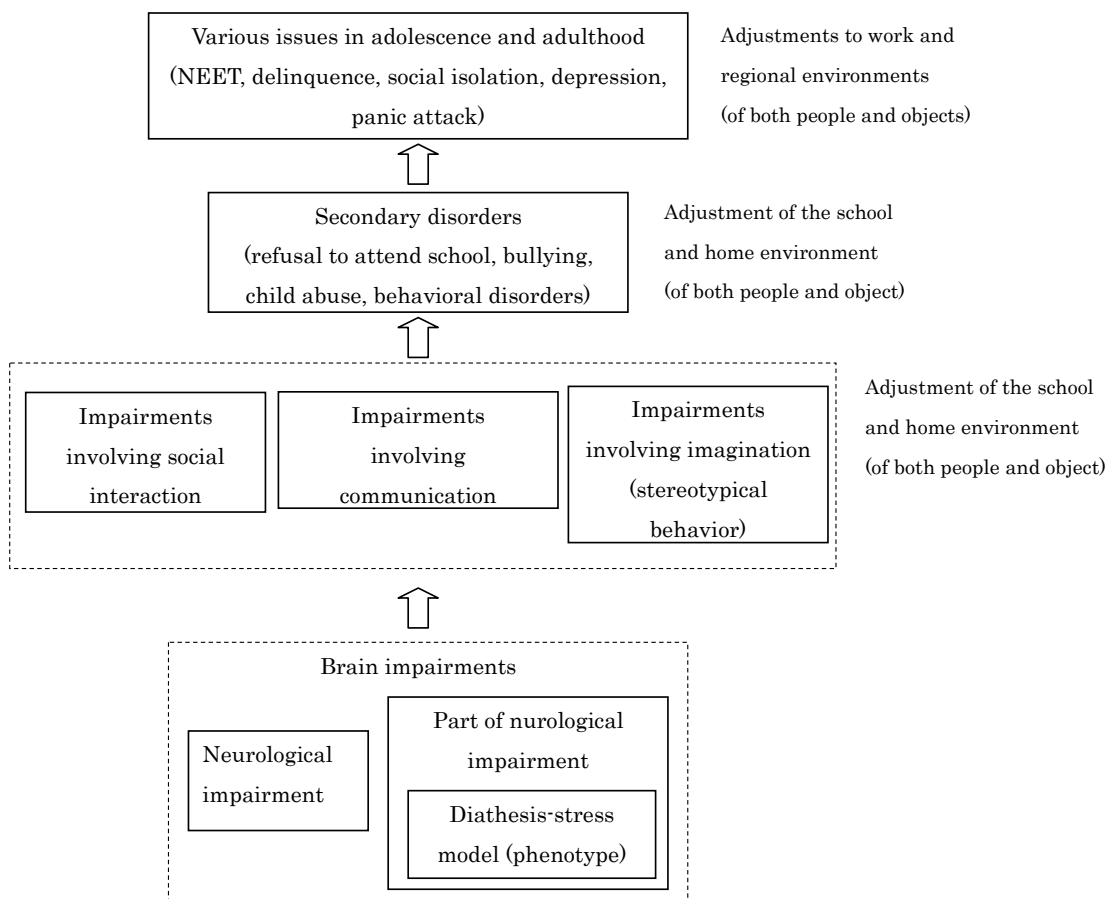


Figure 5. Structural theories of the autism spectrum from the 1990s to the 2000s

The period from the 1990s to the 2000s became a time characterized by significant changes in the views of autism which came about through reassessment of diagnostic criteria. Monozygotic

studies and research at the genetic level, both emphasizing the phenotype of the disorder, advanced during this period. The definition of autism was narrow until the 1970s; however, in the 1990s a clear diagnostic criteria for Asperger's syndrome was established and by recognizing this disorder as part of the autism spectrum, the number of diagnosed children and individuals rose ten-fold (prevalence was believed to be 4 to 5 per 10,000 in the 1970s, but research results released in then 1990s put the number at 30 to 40 per 10,000). In 1990 the World Health Organization (WHO) officially defined the diagnostic criteria for Asperger's syndrome in its International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) and in 1994, the American Psychiatric Association included Asperger's disorder for the first time in its Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Lorna Wing was the first person to adopt the concept of an autism spectrum. The DSM-IV classifies autism and Asperger's syndrome as pervasive developmental disorders. Lorna Wing uses the term autism spectrum in the same manner because the phrase is easier for parents and the disabled individuals themselves to understand.

About 20 years have passed since the range and definition of autism expanded. During this period, the number of individuals diagnosed with ASD (including autism and Asperger's syndrome) has risen rapidly in the advanced psychiatric countries of the United States (Fig. 6) and the United Kingdom. The views of parents and other individuals involved with ASD have also changed significantly.

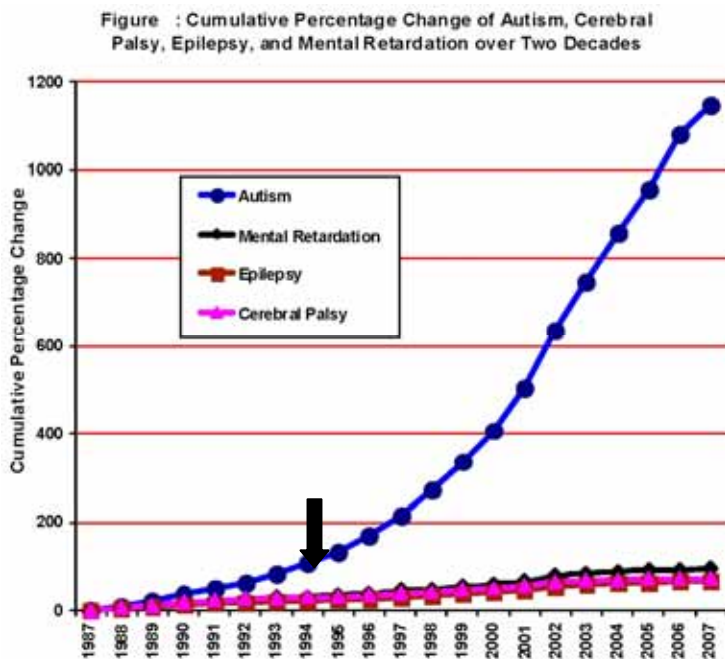


Figure 6. Change in the incidence of autism, cerebral palsy, epilepsy and mental retardation over the past 20 years in California, U.S.A. (Arrows are added by the authoer)

6. Conclusion

Looking back at changes in research and practical application in the field of autism, the 1970s brought about worldwide advancements in infant development studies, and in Japan early detection and treatment during regular infant checkups rose dramatically. Detection during regular checkup at one and a half years of age is no longer remarkable and as a result we now see advancements in early treatment. Consequently, the behavioral outlook of children with autism has improved significantly compared to the past. However, from the perspective of the life cycle of the disorder, many individuals with autism facing adolescence and adulthood can still be seen suffering from secondary disorders which can be alleviated. Therefore, one of the major goals of

remedial education should be impeding this transition to secondary disorders as much as possible.

There has been a trend in recent years to reevaluate the role of remedial techniques provided mainly to young children such as play and sensory integration therapies. These are based on the concept of performing interventions which avoid things that children with autism dislike and introducing things that they find enjoyable. In addition, there are those who believe in the importance of structuring classrooms and other environments to make them more comprehensible to children with autism.

The remedial education approach stated above can become an effective means of preventing secondary disorders when repetitive behavior and panic attacks in children with autism are not perceived as primary symptoms of the disorder itself, but as secondary behaviors stemming from anxiety, underdevelopment of objects of attachment or inability to comprehend the surrounding environment,.

It may be difficult for schools and other facilities to wholeheartedly accept these types of approaches. However, partial adjustments such as reallocating time for special education classes or independence training toward remedial education, are possible. There are children with autism who will calm down if they are put into a “quiet room” when they become excited, which indicates that such situations are manageable even without individuals who have special education training. In other words, schools must become amenable places where children with autism can spend their time safely and comfortably. Furthermore, issues surrounding after school activities are also important. Adjustments must be made so children with autism can have fun in a secure environment throughout the day. As with typical development children, children with autism spend most of their day at nursery schools, kindergartens and grade schools. From the standpoint of the application of remedial and general education, these places where children with autism’s learn should also be enjoyable and safe for children with autism and should not generate anxiety.

The activities with children with autism the author is involved in probably account for only a fraction of their lives. However, observing their anticipation of having fun and watching the children play with one another among mediators who are graduate and undergraduate students acting as therapists and volunteers, I wonder if these children need one other place to go to in addition to their homes and schools.

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Group Psychotherapy for Supporters of Disaster Victims Suffering from PTSD

Nobuko FUJI

1. Introduction

After the Hanshin-Awaji earthquake, group psychotherapy has increasingly been used to prevent PTSD (post traumatic stress disorder). However, the effectiveness of those methods has not yet been sufficiently assessed. In this paper, I will first describe the use of group psychotherapy for PTSD sufferers; second, I will investigate the use of group psychotherapy for supporters of PTSD victims. This section will draw on my experience of running a “disaster and mental health” group for mental health workers. I will consider specifically the use of group psychotherapy for supporters of PTSD victims, and how group psychotherapists can make best use of group psychotherapy.

2. Group intervention among disaster victims suffering from PTSD

(1) Psychotherapy groups for PTSD

Goodman & Weiss (2000) described the types of group psychotherapy for PTSD as follows: first, psycho-educational trauma groups are highly structured and helpful in the early stages of treatment; they inform patients about PTSD symptoms, the course of illness and available treatment. Second, cognitive-behavioral group interventions focus on changing negative behaviors and practicing new skills. Third, psychodynamic approaches stress insight and promote more adaptive coping through the understanding and resolution of trauma-related conflict. Fourth, rap groups are fora for discussing war experiences within a peer group without an authoritarian leader (this type of therapy originated from treating Vietnam veterans). Fifth, trauma focused groups have the explicit goal of examining the trauma and giving each member the opportunity to reconstruct the history of what happened. Goodman & Weiss then note that when a trauma group is formed, we need a theory regarding members' characteristics and their situations. Individual psychotherapists may consider it better to refer a patient to a group in the following circumstances: a) the trauma is not the first objective of the individual psychotherapy, and an additional venue is required to deal with the trauma is needed to prevent the trauma from overwhelming the first objective; b) the patient desires a form of therapy that focuses deeply on the trauma; c) the patient wishes for a more complete memory of the traumatic event; d) the patient

needs to fight against the social isolation, feelings of shame, or self-depreciation associated with the trauma; e) the patient needs to mend disrupted interpersonal relations stemming from traumatic incidents.

The authors emphasized that regardless of the form of therapy chosen, the aspects of PTSD “uncovering”, and “shoring up of defenses” are most important. They also introduced Herman’s three-stage model of group treatment for traumatized individuals. The first stage is a crisis oriented group which focuses on establishing safety and self-care, encouraging discussion and providing a cognitive framework for each patient’s traumatic event. Psycho-educational and cognitive behavioral approaches are often applied. The second stage is a short-term trauma focused group for time -limited trauma-centered intervention. In these groups, members narrate their traumatic events, retrieve lost memories, and begin to experience appropriate effects. The third stage is a relationship focused group that does not specifically target trauma victims and has an interpersonal focus achieved through long term general psychotherapy group treatment. Herman emphasized here the need for different types of intervention for different phases of the recovery process.

Group psychotherapy for PTSD shares many qualities with group treatment in general including Yalom’s therapeutic factors, 1985, such as “universality” and “altruism”. On the other hand, Goodman & Weiss (2000) especially emphasized that group psychotherapy for PTSD sufferers allows for *en vivo* experiences of how the traumatic experiences affects interpersonal relations. It is then that the other members of the group can help to lessen any guilt and correct distortions.

(2) Group psychotherapy after disasters

Disasters affect the whole community whether that be the neighborhood, school or workplace. This means that groups of people are exposed to the same experience. The distinguishing feature of group therapies carried out after disaster is that they build on people sharing their experiences and feelings. The advantage of such therapeutic intervention for dealing with people from the same community with similar experiences is its cost effectiveness. Dembert & Simmer (2000) distinguish two basic forms of group therapies that are carried out after disasters: 1) acute interventional debriefing groups employed immediately after a disaster, and 2) various forms of support groups. None of these are psychotherapy groups in the sense of fostering intra-psychic changes, since they are aimed at alleviating suffering and improving daily functioning.

Critical incident stress management (CISM) aims at preventing PTSD and is held within 24 to 72 hours after a disaster. It is organized as a 7 step process.

1) Introduction: set the stage for the rest of debriefing by providing guidelines. 2) Fact: allows each member to describe where he or she was when the disaster occurred. Members are encouraged to talk about their experiences. 3) Thought: allows each

member to describe the initial thoughts that occurred once the immediate reaction was over. This process facilitates a transition from cognitive experience to emotional experience. 4) Reactions: allows members to describe what was the hardest to experience emotionally during the disaster. 5) Symptoms: provides for a transition from an emotional domain back to the cognitive domain, focusing on members' experiences of stress related symptoms. 6) Teaching: is very educative in approach, and allows for much discussion and education about stress survival techniques including self-care and reintegration with families, friends and coworkers. 7) Reentry: brings closure to the debriefing through summary statements and facilitates the transition to forward looking thinking and a return to normal daily life routines. The use of CISM has spread in the United States, and Europe, but since its effectiveness has not been properly verified, there have been critical voices. However, Asukai (2008) points out that the experience of talking to others who can relate to a person's situation is in itself meaningful.

The Fire and Disaster Management Agency has designated a process of "diffusing" to instruct workplace leaders on how to manage stress after a disaster, or, as they put it, "tragic incidents." Although this diffusing is not conducted by mental health workers, we consider it to be similar in its role of affecting emotional reactions immediately after a disaster (Fuji, Takabayashi, Tahara, 2006). I consider it necessary for supporters of disaster victims using short group therapy to adapt CISM techniques. This would mean to beginning by describing facts, then turning to discuss, thinking and cognition, next to deal with emotions, followed again by discussing cognition and thinking, and finally summing up their experiences. In this process, victims are enabled to integrate their original emotions with thoughtful experiences. Here it is importance to experience expressing disturbing emotions followed by thinking about their meaning. Once victims become aware of the empowering effect of the experience of dealing with emotions, their need to talk grows, and they will look for further methods of consultation.

Dembert & Simmer (2000) described various support groups as follows: a) standard support groups, which provide psychological education with emotional support as their primary function over many weeks or months. These groups have themes such as "recovery goals" "cognitive mastery" "mourning" and "stress management" b) Topic groups, which are organized around recovery topics, e.g., completion of paperwork for damage and insurance claims or advice on how to pick a building contractor or architect. c) Event groups, which bring large groups of disaster survivors together for a single occasion or event to address an entire community's needs, e.g., an anniversary commemorative event. The beneficial objectives of these support groups are in accordance with Yalom's therapeutic factors (1985). Furthermore, Goodman & Weiss (2000) point out that the group therapists of support groups needs to be flexible, taking an eclectic approach open to change and adaptable

to conducting different types of groups (both short- and long-term). They also have to be able to maintain good communication with community leaders.

3. Groups for supporters

(1) The “Disaster and Mental Health” group

After the Hanshin-Awaji earthquake disaster, we, the Kyoto Society for Group Therapy, held a one day group experience meeting called “Narrating disaster and mental health” annually in July. The group had 35 members in the first year, 23 members in the second year, and has since then continued with about 10 members meeting once a year. In the first several years, the focus of the group was the Hansin-Awaji earthquake experience itself. Parallel to this group, we have held group meetings at the annual Japanese Hospital and Community Psychiatry Association for five years. The fact that group members talked a lot about suppressed feelings made us aware of the sheer need for groups in which members could talk are. Since we began having group meetings in Kyoto, several disasters have occurred, e.g., the volcanic eruption of Usu, the flooding in Aichi, the Tottori earthquake, the earthquake in Chuetsu, and the Noto earthquake. Group members narrated the disasters they had experienced, the meanings of narrating these experiences, and the process forgetting. Hearing about these various disasters, I realized that I had began to feel guilty as I had not gone out to help. These feelings are similar to those we were told about by supporters who felt distressed because of “helplessness” and suffered from “feelings of guilt” after having left the field of support. I became aware of such feeling during the group we held on the 22nd and 23rd anniversary meetings of Japan Association of Group Psychotherapy (JAGP) (Fuji, Takabayashi, Tahara, 2006). Motivated by these experiences, we have held further workshops at annual meetings of the JAGP on groups for supporters after disasters and the problems these supporters have encountered (Fuji, Takabayashi, Tahara, 2007; Fuji, Inamura, Tahara, 2008).

(2) Important matters concerning supporters’ groups

In recent meetings of the group “Disaster and Mental Health” we have encountered cases of persons affected by disasters and tragic incidents in the areas of mental health in the workplace and mental health in the community (Fuji, Takabayashi, Tahara, 2006; Fuji, Inamura, Tahara, 2008). For supporters suffering from secondary traumatic stress, there exists the problem of seeking help because of their professional identity, their self-confidence as supporters, and the workplace hierarchy. We held a workshop on secondary trauma in which we addressed those problems (Fuji, Takabayashi, Tahara, 2007). The workshop consisted of a 60 minute lecture and a 120 minute group experience. In the lecture, drawing on Catherall (1999), I addressed the following points referring to our experiences.

- 1) Because of the victims' identities as professionals, they have problems to admitting their emotional vulnerability. Their workplace environment tends to attribute problems not to the stressful conditions of their work but to the individual weakness of being vulnerable to feelings. As a self-protection mechanism, professionals tend to consider vulnerability to traumatic stress to be a problem of other people face. This creates the problem that traumatized professionals might be marginalized as "weak" within their organization. To address this problem, the group therapist must emphasize that traumatic stress is characteristic for that line of work, and must be treated as a phenomenon which affects everyone.
- 2) Group therapists should be aware of the possibility that a traumatized person might be condemned by the group. If the group therapist considers that the problem is not an individual matter but a group matter, s/he can prevent the movement toward the alienation of traumatized individuals.

Following the lecture, 14 members held a group experience including us, the three conductors (the group therapists). There, members narrated their experiences. One member talked about the event that had motivated her to start a group for supporters. An example of such an event might be an accident at the school or hospital that the person worked at, which had been strictly controlled, leaving the person in a situation where s/he were unable to talk about it freely. In one case, a member who was both a supporter and a victim described how after an accident it had taken a considerable time for her to become aware of her feelings of "helplessness" and "self-doubt". Subsequently a member pointed out that the name of the workshop "Disaster..." was in itself "terrifying." Another member intervened with her experience of going to the atomic-bomb memorial museum in Hiroshima, where she felt terrified. Through such sharing, we were able to deal with the feeling of being terrified in the group. It was this kind of structure which allowed group members to recall and narrate their sufferings and anger to the group. Because the group was oriented toward considering secondary trauma as a problem of the whole group, it became possible for members to narrate their experiences. Thus, it was the feeling experienced by the individual members in a safe environment that they were not the only one who had had such an experience which accounted for the effectiveness of the group.

4. How to make the best use of groups

If clients cannot develop a "sense of security" within the therapeutic framework, it is obvious that they cannot express their feelings. This is the case for both group psychotherapy and individual psychotherapy. This is particularly true in the case of

trauma where clients suffer from the feeling of self-blame and shame. As described in the previous section, if the group members of a group can think together and relate to the individual member traumatized, members can safely talk about their problems. If these conditions are provided, the therapeutic factors, characteristic of specific group psychotherapy, can enable members to find ways of overcoming their trauma. The member can then not only realize that s/he is not alone but also experience the chance to help others, thus gaining insights to objectify their own experience. It is here where the need arises to think about what the therapist can do in this context.

When we as therapists offer to conduct a PTSD group for a community or workplace environment, it is necessary to establish a good relationship with the person or leader responsible for the community's health domain (Goodman & Weiss 2000; Fuji, Inamura, Tahara, 2008). A group therapist can conduct a stable group if there is understanding in the wider social and community environment in which the group is embedded. In my view the group psychotherapist cannot *contain* the group sufficiently if this broader societal understanding does not exist. Furthermore, the author believes that the group psychotherapist has to be a capable manager (Fuji, 2004). Maintaining space and time management and keeping boundaries is more difficult in group therapy than in individual therapy. In addition, in order to continue group therapy, the ability to report or explain the conditions of the group to other staff is of critical importance for the group therapists.

What issues should the conductor take into account after the group psychotherapy starts? This question refers to where the conductors should position themselves within the group. Foulkes (1948) suggested that the conductor has to decide how to take a position within as well as outside the group. If a conductor is part of the group, he or she can feel an affinity with the members. If a conductor is watching the group from outside (in his or her mind), he or she can view the whole group in perspective. For a conductor who feels a member of the group, but who also wishes to observe the feeling of the group, it is helpful to understand the concept of "group-as-a-whole" (Agazarian, 1987). She suggested that a group and the persons within the group constitute a hierarchical and at the same time isomorphically system. Therefore, the conductor must interpret what happens in a group led by his own feeling at that moment. By feeling his or her own anxiety, helplessness, or a sense of security, the conductor notices what the group feels and can therefore recognize whether a member is able to narrate or not. By assuming those functions that members cannot deliver, the conductor is able to create a group which can *contain* group members. An increase in the number of people interested in group psychotherapy should lead to the establishment of better methods of group psychotherapy as a form of effective intervention. This should also improve our knowledge about the effectiveness of group psychotherapy as a form of intervention for supporters.

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Notes

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Mental Support for Mothers of Children with Developmental Disorders

Nobuko ISHII

1. Introduction

The author was in charge of counseling for all mother groups in facility practice involving children with developmental disorders and their mothers, a program aimed at providing early assistance to such children and their families, over the eight years from 1993, when the system of counseling to mother groups was introduced, to 2001, when this program was entrusted to a private institution.

This facility was set up inside the public visiting facility for disabled adults, intended to be the first place for visiting by children who were suspected of having developmental disorders at infant medical institutions etc., and for whom, together with their guardians, some provisions of special treatment and education (Takagi, 1951) were considered appropriate by a child consultation center. The scope of the special treatment and education covered infants between one and three years old who displayed developmental delays and behavioral problems. Therefore, this facility was mainly visited by children with pervasive developmental disorders (American Psychiatric Association, 2000), and their parents. After visiting this facility over one year, the children moved to the full-time nursery school, kindergarten, or facility for special treatment and education, separate from their mothers. At first, this facility practice was mainly targeted at assuring treatment and education for children, and at helping their guardians acquire how to respond to their children; a group counseling system for supporting their mind had not yet been established. However, it was decided in 1993 that counseling should be provided to all mother groups, because mental stability of mothers led to promotion of mental and physical development of their children, and because of requests from the mothers. The author was appointed as a counselor for such mothers.

This paper introduces the roles played by the formulation of an annual program, group counseling and individual counseling, and picture counseling, for mothers in the process of recognizing their children's disorders and acquiring how to respond appropriately to their children's condition, through group counseling as part of practice involving the children and the mothers at the first facility that they visited after being informed of the children's disorders. The paper then discusses desirable mental support for mothers of children with developmental disorders.

Researching desirable mental support for mothers of infants with disorders is

considered to contribute to: 1) helping mothers in the process of recovery from their shock on being informed of their children's disorders; 2) leading the promotion of mental and physical development of children, through stability of mothers and their improved relationship with children; and 3) setting guidelines not only for mothers of children with disorders, but also for people in general who have experienced a major trauma in their lives.

2. Annual Program of Support for Mothers

When the author was allocated to counseling for all the mother groups, it was unknown to her what abilities needed to be acquired by mothers through assistance, or how the groups had to be developed in order to support the minds of the mothers. At first, the author thought that the mothers would be reassured on joining the practice, through formulating a one-year program and presenting future outlook and direction. This annual program had the characteristics that 1) this practice was aimed at providing a secure base for mothers, and then at helping them understand and respond to their children, gradually involving other families and local communities, and that 2) although the author would herself operate the group counseling, the mothers were expected to gradually take over the leadership in group operation. (See Table 1)

Facility Practice Group Counseling Guidance Plan

April ~: Supporting the caretakers

Provide individual counseling;

Before entering the group counseling, understand the biggest concerns of mothers;

In order to establish a trusting relationship, provide individual counseling for all members

May ~ July: Establishing understanding of children and participating by their families

Start group counseling; assure mothers before separation from children;

Provide briefing on the style of group mother counseling;

Lead mothers to the observation room, in order to observe group treatment and education of their children after separation from mothers;

Trace the children's history in order to identify their present developmental status and characteristics;

Lead the mothers to fill the Enjoji Method developmental test sheets, so that they can experience the effects and restrictions of developmental tests, review their past relationship with their children, and utilize such experiences in their future exchanges with their children;

Expand the experience from mother-child relationship to the relationships between

siblings, spouses and other family members, thereby promoting understanding and participation by the whole family;

Also, provide other family members with occasion for observation in the observation room

Summer vacation: Mainly individual counseling (including home visits)

September ~ December: Facilitating the involvement of local communities in child rearing

How children play in the neighborhood, and related concerns;

Start considering what facilities the children should visit from the following year;

Organize a tour to facilities that the children should attend separately from their mothers; Information exchange on kindergartens and nursery schools;

Help the mothers listen to the experiences of mothers who had joined this program before, and have exchange with them;

Support exchange between the graduate follow-up groups and the present practice groups of mothers and children

January ~ February: Supporting further exchange between mothers

Facilitate group counseling planned by mothers;

Mothers determine the required agenda in turn, and manage the groups

March: Helping smooth switchover to the next stage

Provide explanation on follow-up system after graduation, welfare measures, and utilization of specialized counseling institutions;

Lead the mothers' reviews from the day of joining this facility to the present time;

Support the parents' minds toward the next stage;

Second test by mothers for identifying appropriately their children's developmental status, and for confirming how to relate with children in accordance with their developmental stages;

General review of the facility practice; Utilize mothers' input for future actions on both sides

Table 1. Facility Practice Group Counseling Guidance Plan

3. Individual Counseling

Before starting group counseling, the author provided about one hour of counseling to all the mothers. The author met separately with each mother and took time listening to how they arrived at joining this facility practice project, and this became the starting point for establishing a trusting relationship and a place for mothers to feel reassured

and to consult. The mothers told the author how they were informed of their children's suspected disorders, how they were recommended special treatment and education, and how they felt at a loss and decided to attend this facility. In this process, they also talked about their concerns about their children's characteristics, and about difficulties that they experienced in their daily exchanges with their children. Usually, their stories developed to their relationship with husbands and other family members, and to their own history. The mothers' own stories became the focus of the individual counseling. The author paid attention so that the mothers would not regret telling her too much at the outset due to their strong emotions.

A significant problem that mothers faced repeatedly in their mind, whenever they felt at a loss during child rearing, concerned their emotions about how they themselves had been brought up. Every year, over 20% of mothers showed anger while recalling how they had been rejected strongly, dominated or abused by their own parents. One of the mothers said, "I kick my child, then remember that I myself was also kicked as a child, and hate myself for being just like my own parents, whom I have hated so much." After the first individual counseling, mothers commented that they had started to look forward to the subsequent visits, that they felt reassured to have a place where they could talk about themselves and not only about their children, and that they were glad to be able to disclose what they had held within themselves.

4. Group Counseling

Group counseling was provided once a week. Each group consisted of six to eight mothers. Counseling was held over about 90 minutes, mainly through exchange between mothers.

- (1) Understanding the present developmental status of the children, accepting their characteristics, and acquiring how to relate with them in accordance with their developmental levels

In June of the second year after the author had started providing group mother counseling, there was a fierce protest from mothers concerning how the results of the developmental test, which was conducted by the certified psychological testing staff, had been communicated to them. Strong comments were made that the mothers were hurt at the explanation provided after the test, that their children would not develop normally, that they were only hurt and could not see the point of taking the test, and so on. It was only a few months since they had joined the facility practice, with large expectations that their children might somehow develop normally through this practice, and the shock to the mothers was very large. The author recognized that, even though the assessment concerning the children's future development was not wrong, it was still too heavy for their parents to carry, and that the staff had hurt the mothers because they had communicated the results when the mothers were not yet ready. The

author also thought that the anger of the mothers, which was born from being informed of their children's disorders, needed to be addressed sincerely through the group counseling.

The author considered it necessary to incorporate two mutually contradicting elements in providing assistance to the mothers. One of them was to share proactively the mothers' expectations for future development of their children (Tanaka, 1993), which may sometimes be close to "illusion" (Winnicott, 1979). The other was that the mothers should acquire the ability to look at their children carefully and identify their children's present developmental status. To this end, the author proposed an easy developmental test that the mothers could implement on their own, in order to identify their children's actual status of development. Through experiencing a developmental test on their own, the mothers could understand the effects and restrictions of the tests. The author also thought that, by doing this, the mothers would be able to understand that the tests for infants between one and three years old could not forecast their future status as adults. The outcomes of developmental tests are that they identify the present status and characteristics of the children and provide hints on how to address behavioral problems. The author supposed that, even though the actual testing experience could hurt the mothers, it would be very useful in that they could learn how to relate with their children in accordance with the children's developmental levels, and raise their children with a futuristic outlook.

For measurement in developmental testing by the mothers, the Denver Method developmental test (Ueda, 1983) was used in 1994, but the Enjoji Method developmental test (Enjoji & Choei, 1977) was adopted from 1995, because this allowed mothers to identify their children's status more easily. The first test was implemented in June, before the official developmental test was conducted. The second test by the mothers was implemented just before graduation in March, so that they could confirm their children's growth. First, the author explained the process of development, terms of developmental tests and determination criteria, and provided brief studies on development, before the mothers actually implemented the test. Because it was the first experience for the mothers, determination criteria by mothers varied and included overestimation and underestimation. The author tried to minimize the intervention in the mothers' self-evaluation. By the second testing, the mothers had established a mutually trusting relationship, and could therefore share their children's developmental status with each other and discuss the determination criteria openly. This enabled highly accurate identification of the developmental status.

Some examples follow as to how the mothers became able to identify their children's status accurately. For example, one mother had a child diagnosed with a pervasive developmental disorder. She had thought that once her child acquired language, there would be no problem in the child's future development. However, while she was recording her child's daily behaviors in the developmental test chart, she

noticed that her child scarcely made any requests and her language had not yet linked to senses, even though the child was behaving vaguely in accordance with the situation. The mother said, "My child is more delayed in interpersonal relationship and language comprehension than in speaking. I recognized that he is not only late in acquiring language." Other mothers encouraged her, saying "The case is the same with ours," etc. Thus the mother became able to admit that her child had a large delay in language comprehension and interpersonal development, and that his development was substantially imbalanced.

Another mother, who had understood that her child had a disorder, stated, "I tested my own child's developmental status; his interpersonal development turned out to be only nine months. I had thought that I identified his status on my own, and so I was deeply shocked at this result. But this test was done not by others, but by me, based on my own observation... I felt depressed. I had exchanges with other mothers in my neighborhood, looked at several infants of about six months old, and was surprised to see that they could do many things that my child, who is two years and six months old, cannot do. They show fear of unknown persons, and turn to their mothers for help. They look back when they are called, and smile back when they are smiled at. They can do these things even though they are less than six months old. Then I noticed that my mother friends do not exchange with my child very much. This cannot be helped, because he does not respond when he is spoken to or called, and the mothers do not know what to do next. Because of this, there are fewer and fewer persons speaking to him or calling him, which is causing him a larger and larger loss. It was good for me to do the developmental test by myself. I could notice that I myself have to come up with ideas on how to exchange with him to elicit a response." Other mothers in the group shared this difficulty in raising a child with poor interpersonal exchange ability, saying "On my way here in the subway, I see babies, who still cannot even hold up their necks, staring at their mothers continuously. When I was asked whether I could get my child's eyes to meet mine, I answered 'yes'; but the fact is, I have never been stared at like that by my child. I would feel shy if my child stared at me like that, but it would be very pleasing, I guess." The mothers discussed when they could meet their eyes with their children, when they felt close to each other, and other scenes from life with their children, and considered how they could induce their children's power to communicate, how they could have fun together in daily life, and otherwise how to relate with their children.

At group counseling sessions, it was a major concern of mothers how to promote their children's linguistic development. The mothers exchanged opinions vigorously on how they were calling to their children in everyday life and on ideas they were putting into practice. The author was sometimes surprised at the mothers' ideas. For example, a mother, who was advised in a checkup at a health center that she should talk to her child more frequently, would point to every small part of the child's body, saying out its

name, like “tip of the toe, arch of the foot, heel, ankle, calf” and so on, while she washed her child’s body in the bathroom every day. When other mothers were surprised that she knew so much about the small parts of the body, she answered earnestly that she had looked up those parts in a dictionary, because she did not want to teach her child wrong information.

When a developmental problem of a child is pointed out, it sounds to the mother like a problem in her own child rearing. In every year of the program, some mothers continued to talk to their children in an obsessed manner, thinking that talking to their children as much as possible would help them acquire language as soon as possible. In some cases, the mothers displayed characteristics similar to those of their children. The author felt strongly that the advisor must identify and communicate the status of the mother also, in addition to the status of the child.

(2) Supporting mothers’ sorrow

Group counseling became an opportunity for mothers to talk not only about their children, but also about their own difficult feelings which were not easy to disclose even to their own families.

When one mother lamented, “I feel like dying. I don’t feel like doing anything. It is too hard for me to look at my child... While other mothers are so cheerful and positive, I can never feel like that. I just cannot keep wondering how this could happen to me, and what I should do in the future...”, another mother, who had been regarded by others as the most cheerful in the group, replied, “I am only cheerful at this place, during the facility practice. Within my family, if I try to talk with my husband about future concerns, he also starts crying. I put my child to bed, do the washing after dinner, and start wondering why this has happened to me and what was wrong about me, and I just cannot stop crying. At those times, I open the water tap fully and wash the dishes, feeling the water splashing strongly all around me. My face and my clothes become all wet with tears and tap water, but it becomes a camouflage and makes me feel better.”

There is a widely known step model about acceptance of disorders, as the process of recovery from the shock of being informed about disorders (Drotar, Baskiewicz, Irvin, Kennell, & Klaus, 1975). The process varied by mothers, and they did not necessarily go through the five steps of shock: denial, grief and anger, adaptation, and recovery in this order. As was mentioned in the section concerning the mothers’ reactions to developmental tests, they experienced the same emotions again and again. Grief and anger were not necessarily caused by others, but also arose spontaneously within them between the children’s developmental stages and in the midst of daily events. The mothers had anger and grief, and anxiety and depression that were too fierce to hold within themselves. They were put in the midst of chronic sorrow (Olshansky, 1962). As Olshansky stated, this is a natural reaction, and therefore

they needed a place where they could express and accept their emotions safely in daily life. The author saw many times that the mothers, after expressing their emotions at the group counseling, showed more affectionate expressions when they met again and embraced their children.

(3) Assisting independence of parents

The facility practice was supposed to finish in one year. The author hoped that each mother would assume leadership in group sessions in turn, rather than going through the mother group practice with a passive attitude. Starting in 1994, the author proposed to leave the management of the mother group to volunteerism of the mothers, after about the time of setting the next stages for the children. The author asked the mothers to take turns at presenting and organizing the agenda items. Because each mother had endured deep sorrow, they had many things they wanted to express and communicate. Even though many topics were painful and heavy, the mothers engaged in vigorous and earnest discussions. Those comments were received that their experience in presenting their own plans to other mothers, and having such plans understood, was extremely useful when it came to explaining their children's disorders to mothers of normal children and to the children's nurses after they graduated from the facility practice. While these sessions seem to have made an impression on the mothers, the author could also make many findings and learn many things in each session, as to what each mother wanted to ask, and communicate to, other parents.

Many of the agenda items proposed by the mothers were common every year. In the following are presented common topics raised by the mothers. They are categorized into 1) how to respond to their children, and 2) how to accept their disorders. Every year, many mothers overwhelmingly selected, as the very first topic, how they (should) accept their children's disorders.

- How I relate with my child; What do I make a point of doing? I always try to avoid leaving my child to play alone, but I cannot always keep playing with him.
- The child is very slow at acquiring language. His younger brother remembers one word after another, and seems to nearly overtake him. I would also like to hear about the sibling concerns and ideas that other mothers might have.
- How the father takes part in child rearing and housekeeping; the mother and the father's hopes about what the child will be like
- Once a month or so, I run out of patience and kind of abuse my child. After that, I am filled with self-disgust. I'm not a social type, and do not have any particular hobbies. I feel myself to be gloomy. How do you dissolve your stress from staying together with your child all day long?

- Slow children tend to be scolded in comparison with their siblings or with other children in the neighborhood. I want to tell my fellow mothers only good things about my child, without mentioning his problems today.
- Good things and hard parts about this facility practice: Did the mindsets of ourselves and of our husbands change? What findings did we have? What are our hopes for our children in the far future?
- In April, our children will go to the selected facility by themselves. What do you want to do when you are alone?
- Please tell me what you would like your children to do, no matter how wild your dreams are. Tell me about your hopes for your children. Despite his disorder, I want to raise my child with many dreams.
- I feel stressed because people around me do not understand my child and because people say that my child rearing is not good. I also feel reluctant to take my child outside. He eats soil and grass, and runs around screaming. Neighbors stare at him curiously. I feel embarrassed at how people stare at me and my child. I cannot let my child play in my neighborhood.
- I myself was an only child, so I want to have a second child, but I feel indecisive. My first child is slow. How will the second child turn out? What do you think about having a second child or another child?
- When you became pregnant, and when your child was born, what did you want your child to be like? I was brought up by a father who only focused on school achievement, and who always told me that academic abilities were the only treasure that others could not take away from me. I was not successful from the beginning, I feel an inferiority complex about my child, and I feel myself an unhappy person.
- To what extent do you tell your parents and your husband's parents, and your friends, about your slow children? How do they react?
- The doctor told me that my child was disabled. I could sustain myself while I was busy taking a tour of this facility and joining this program, but I was overwhelmed by depression when I stayed home together with my child during the New Year's holidays. I could not keep the term "disability" out of my mind. I received New Year's cards from my friends, with their children's photos printed on them, and I could not feel like doing anything, wondering why this was happening only to me. I know that I am not a good mother, but please help me. My husband does not listen to me; he only says "just stop crying". Nor can I trouble my parents any more.
- There are many difficulties in raising children with developmental delays. Please tell me if there were any useful hints, reassuring phrases or unique recognition that you reached. I went through the saddest and toughest time. My child is slow but seems happy somehow, so I feel kind of okay and stand in

stagnancy. I wonder whether I should address my child more seriously. That is why I selected this topic.

It is selected in the agenda every year how mothers took the opportunity to recover after they were informed of their children's disorders. Answers from mothers included, for example, "I cried so much that I wondered how I could do that without running out of tears", "I read as many books, and watched as many TV programs related to special treatment and education, as possible", "I read a book which said that disabled children are born to parents who can raise them. This may have been a convenient expression, but I was saved by it", "I was saved to hear that a child with muscular dystrophy said that he never hated his parents for giving birth to him, and that he was happy somehow. The happiness that parents assume is not the same as what their children feel. Then, I could change my mind and put aside my own feelings, and just hope that my child would feel happy every day", "I try not to worry too much about the future, and spend every today just like yesterday. Then I find myself laughing and having fun instead of being obsessed with my child's disability", and "I simply concentrate on doing immediate tasks, and I can gradually feel it becoming natural to have a disabled child." It was also often observed that many mothers agreed with each other, saying, "It is the most important thing that we have a place like this, where we can share our feelings, talk about anything we want, and visit periodically. Having a place to talk to and listen to others directly is far better than books or TV programs."

5. Picture Counseling

Verbal counseling alone was not sufficient, because there was a large gap between those mothers who could verbalize their own emotions accurately and those who had difficulty in forming verbal expressions. Therefore, the author introduced the nine-in-one drawing method (Moritani, 1986), which was proposed by Hiroyuki Moritani. In this method, participants are requested to draw one thing after another in each of the nine segments on a sheet of paper, in a cyclic manner. First, a participant starts drawing under a large title, such as "Me". When she finishes, the participant reviews what she has drawn, and gives a more appropriate title. I myself experienced this method, and had an impression that the nine-in-one drawing method (NOD) is a counseling using pictures.

The following section introduces parts of NOD pictures drawn by A, who seldom spoke in the group session, and by B, who behaved as a leader in the group. To both A and B, the author proposed the NOD in the individual counseling. First, they were asked to draw under the title "I", and second, under the title "Family". A, who would usually remain silent with her face down, began to show lively expressions as she progressed with her drawing. She even explained in a clear voice after completing her

drawing, and gave a verbal summary. In the second drawing session, her pictures had vivid expressions, and she added written explanations in each segment, using kanji characters. In contrast, B, who showed logical characteristics, accepted the author's proposal smoothly, but actually found that she had difficulty in drawing. She managed to draw one picture, and then stopped again. She sometimes wrote text on the paper, saying "I cannot draw. Is it okay to write text instead?"

Description: A

According to information from a caseworker at the child consultation center, A had medium-level mental retardation in general. She had been taking an anti-convulsant from the time she was in the third grade of primary school to date. She had a special treatment and education handbook. She was obese and moved slowly. Because it was difficult for her to visit the facility regularly with her child, her parents accompanied her to the facility.

Title given by herself: Memories and What I Love (Figure1)

Explanation by A after drawing

'1) Under the title "I", I remembered at first the house I lived in as a child. I was born in N. We lived on a hill. We could see the sea. I always played with boys on the hill at the back of our house. In those days, I was a tomboy and I was thin. Both my parents worked: father at a coal mine, and mother at an insurance company. We moved to a different place when I was in the first grade of primary school. My parents lost their jobs, and I was bullied because of my different accent. I got fat in the fourth grade of primary school. I was teased "fat, ugly, black pig, smelly" and so on. Even persons I had trusted betrayed me. I no longer talked with others. The bullying continued even after I started attending junior high school. At the part-time high school, some people were kind, but I also had bitter experiences. There, I had a child. Next, 2) the face of my child came to me. Then, I remembered what both I and my child love: 3) flowers, 4) stars, 5) rainbow, 6) the sky and clouds, 7) mandarin oranges, 8) the bath, and 9) albums. I loved to look at photos when I was small.' She said she had fun drawing the pictures.

Title given by herself: Family - "A Day in My Daughter's Life" (Figure2)

Explanation by A after drawing

'Under the title "Family", I only remembered my daughter.' She smiled a little, saying that she did not remember others. 1) pleasure, 2) anger, 3) crying, 4) playing, 5) talking, 6) the daughter, 7) listening, 8) greeting, and 9) sweet

Description: B

Title given by herself: My Present and Child Rearing (Figure3)

Explanation by B after drawing

'Under the title "I", I tried to draw 1) myself at first, but I did not manage to draw my

face. When I tried to draw my face, I remembered my own mother.' B's mother is a saleswoman for cosmetics. She would always make up heavily, and B had never seen her mother's natural face since she had been a child. 'I was confused when I could not remember my own mother's face. I do not like making up, and never wear makeup. But what is my face like? I could not draw it. 2) My mother would come home from work late at night, and my father would fix dinner, and so on. When I was a child, I would eat my meals alone. Father was not a person whom I could consult about serious matters, and I had nothing to talk about with him. My parents had grown up nearby, and then got married. It is just the same as cats and dogs getting together simply because of being nearby one another. My parents are cousins. A doctor said that this marriage between cousins could be one possible cause for my child's delayed development. I have hated my parents since I was a child, and feel that this has happened to me because I have the same blood of those parents. 3) I feel really stressed now from child rearing. I tend to stay alone. I keep my TV on, with only programs in English. 4) Child: my child does not see me as a mother. I myself cannot feel true affection for him. I have no idea, but just she always keep smiling. 5) I think work is easier than child-care. I wanted to keep working. What I am doing now is listed in the points 6) to 9). 6) Reading a book and opening a dictionary; 7) playing the piano at the children's center; 8) typing; and 9) preparing for the Test in Practical English Proficiency, Grade 1. I plan to take the test.'

The author also introduced the NOD into group sessions. On the final day of group mother counseling, the author led the mothers to remember, draw and discuss what they were like around their first grade of primary school, which is considered to be a relatively stable period in general. The mothers looked back to their past, and seemed somewhat surprised. Many mothers commented that, looking back at their past, they recognized that their parents had made various efforts in raising them. Even those mothers who had said that they had had difficulties with their parents, during the individual counseling when they had started to visit this facility, made similar comments. It is supposed that mothers were able to remember that they had received support and had had fun during their childhood, and had not only faced difficulties, when they started sharing memories with each other, and they enjoyed expressing them in a relaxed situation. When a mother can feel that, at least in some part, she herself was brought up with love, it provides her with large energy when she faces difficulties in her own child rearing. This was a suitable event to conclude the one-year facility practice and see mothers and their children off to their next stages. The NOD session therefore became a regular event in this season.

6. Conclusion

People tend to consider providing desirable support in a uniform manner to mothers

who are raising disabled children. The author has, through her eight-year practice at this facility, recognized that every mother is different. In order to support mothers of children with developmental disorders, it is desirable that various assistance measures are presented in many layers and in differing aspects, from which each mother can select the support that is suitable for her. The mothers experience anger and grief continuously, and anxiety and depression that are too fierce to hold within themselves. Having a place where they can express their feelings safely and share such feelings with each other is helpful to retain their mental stability. It also seemed to the author that, when they have an opportunity to take up leadership on their own, mothers gain power to face difficult situations.

Through presenting an annual program, the future outlook became more visible, and mothers were led to plan and manage the sessions voluntarily. Individual counseling provided mothers with an opportunity to re-live their childhood and express the difficulties that they felt as adults. In the group counseling, mothers from different backgrounds could express and accept common feelings that originated from the shared problem. The group counseling relieved their pain because they discovered that they were not alone. Mothers could also exchange ideas vigorously concerning how to relate with their children. The picture counseling shed light, in a non-verbal form, on what had been hidden. For example, A could express an ability that was not like mental retardation, through using picture expressions. She looked back at her own past and could verbalize it by way of pictures. She even told of a dream that she wanted to live separately from her parents and find a job in the future. In contrast, B, who was very active in verbal sessions, could recognize important things that existed, in a non-verbal form, through drawing pictures. Through this process, she could address her own problems.

One mother said at graduation from the facility, "It was very, very hard to learn that my first child, whom I had assumed to be normal, was disabled. But I feel that I have learned so much, thanks to it..." When they join the facility practice, mothers cannot believe that their children are "disabled"; or, they admit that their children may be categorized as "disabled" at present, but they have a strong hope that their children will definitely become normal at some time in the future. While they suffer and groan seriously, mothers acquire the sensibility to notice small growths and changes in their children, find joy in such changes, and wait patiently for their children to grow. Through this process, mothers gradually learn to put aside their hope of making their children normal in some way or another, and learn to raise their children based on understanding of their characteristics, instead of sticking to their developmental speed. As a professional, the author has been encouraged by the power of the mothers, and hopes to continue finding more ways through practice to support their process of regaining confidence.

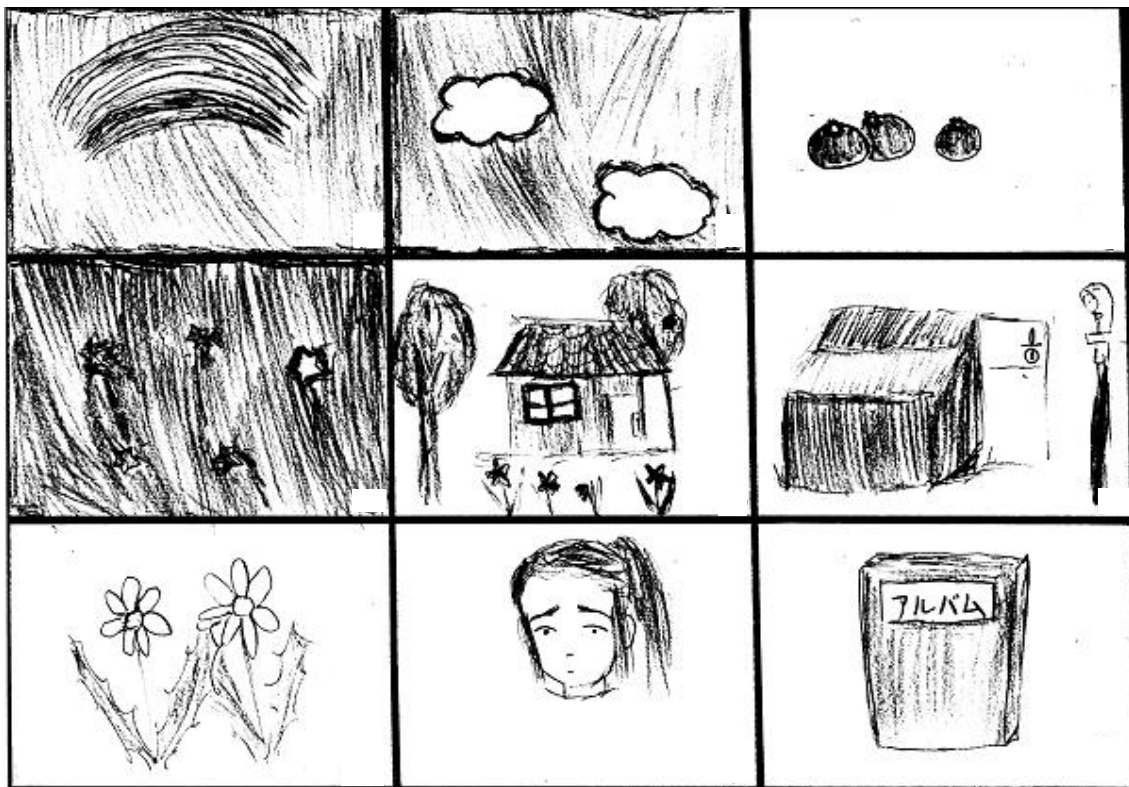


Figure 1. A picture drawn by A “Memories and What I Love”



Figure 2. A picture drawn by A “A Day in My Daughter's Life”

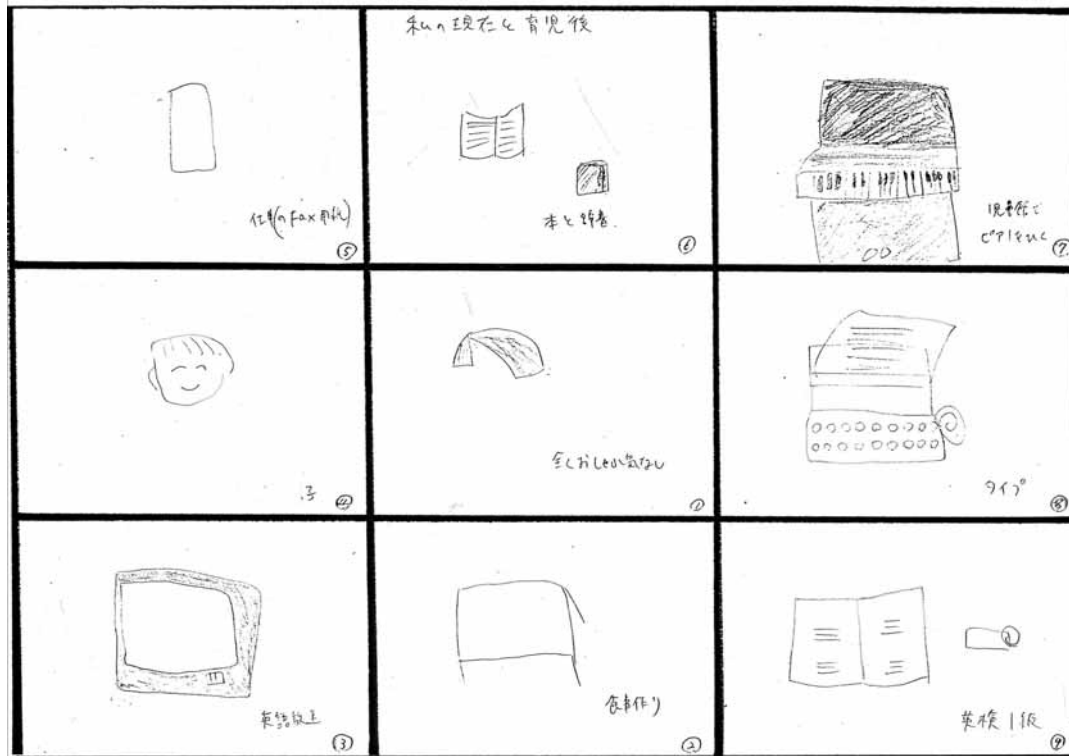


Figure 3. A picture drawn by B “My Present and Child Rearing”

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ASSIGNMENT

木陰の物語

Shiro Dan

It is frustrating to hear that young people have low communication skills.

"What does that mean!?"



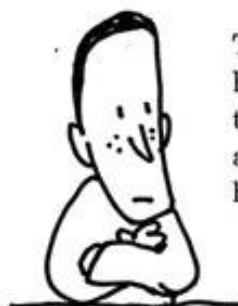
I use "in-depth laboratory teaching" in class where the students perform practical conversation drills each week.

Class has about one hundred students, so it is quite diverse.

I continuously meddle the students about their conceived notions regarding communication from different perspectives.

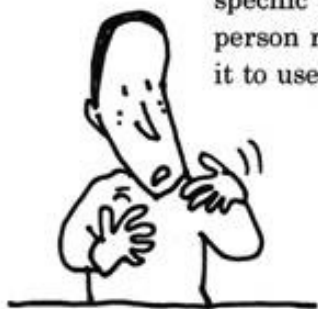


There is one exercise where a student has to come up with something that is troubling him or her, and explain it to an assigned partner, whom he or she has never really met.



This includes problems dealing with their bosses, parents, friends, boyfriends and girlfriends, and so on.

The listener has to give at least one specific advice for a problem, and the person receiving the advice has to put it to use by the next session.



The point is that the listener does not know much about his or her partner.



The more one knows about others' situations, he or she is less likely to speak lightly about them.



Here is one example about a girl who was paired with a guy:



"I don't get along well with my mother."

She is hard working, has a job, and at some point we have become a bit shaky.



This is one of the reason why I chose a university with student housing.



My younger sister is hard working like our mother, and she chose a university near home that she can commute to."

"I haven't gone home in a long time..."

The listener's advice was,
"Try going home this weekend. You
don't need to have a reason. And cook
dinner for your family"



She thought she couldn't do that on
such short notice, but she
remembered what I always said:



"Don't shut down new ideas.
Don't forget that you are
free to be yourself."

That Saturday afternoon, she went
home without giving any notice.



Her family was surprised, but nothing
changed, and time flew by quickly.



"If you're going to come home,
let us know."

On Monday morning, she had to go
back to the university and her family
had to go to work and school.

"I'm making everyone's
lunch for tomorrow."

"What are you doing?"

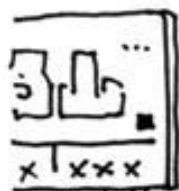


She had set her mind on making
lunches for her family.

The next morning, she prepared lunch
boxes for everyone including herself,
and gave it out with a smile.

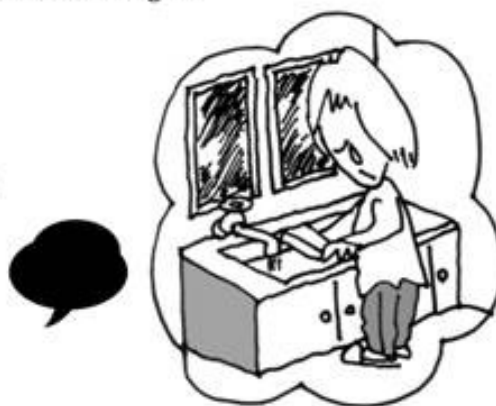


"How odd, I wonder if there will be a storm today", said her mother.



She didn't think such a small action would make any difference, but she felt a bit sad. Maybe deep inside, she did have a small hope.

However, she got a call from her sister late that night.



"When Mom was washing her lunchbox, she was crying..."



Tears fell from her eyes. I felt her mother and younger sister would be more honest to her from now.



When I was reading this, I felt this ungraded assignment had done her a great service .

Science for Human Services toward Continuous Provision of “Support”

— Discussing Science for Human Services Based on Applied Behavior Analysis
through Practice of Student Job Coach

Akira Mochizuki and Naoki Nakashika

*The contents of this chapter is based on the chapter “Science for Human Services toward Continuous Provision of “Support” and “On the practice: “Student Job Coach” as practice and education of human services” in Mochizuki, Sato, Nakamura, and Muto (2010, Eds.), *Possibility of Science for Human Services* published by Fukumura Shuppan, 2010.

1. Function Chain Model and Human Services

1) Re-Examination of “Function Chain Model”

Mochizuki (2007b) presented a work model aimed at increasing the behavioral alternatives available for each individual in the practice of human services, as a chain of three social functions — Assist, Advocate and Instruct, as indicated in Figure 1. In this model, “Assist” is the primary step, in which a new environmental setting is to be established in order to enable certain behaviors at the present time rather than expecting them in the future (prioritizing autonomous activities, instead of waiting for independence). “Advocate” refers to “mand”(requesting behavior) to the society by service provider and the individual, and is targeted at establishing the above setting

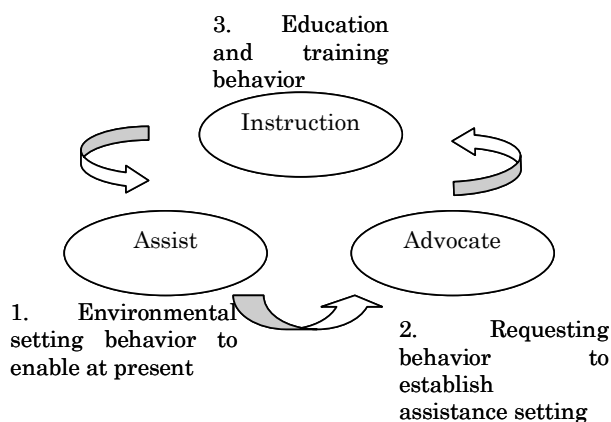


Figure 1. Chain model of human services

steadily in the society for the individual. In this context, “Instruct” is introduced to modify the behavior of the relevant individuals. Order in the chain is highlighted here.

This model was developed as a means for seeking and promoting possible collaboration under the shared goal of increasing the possible alternatives available for the behavior of individuals, and was not intended to “dividing” the works required for any existing organization or discipline, and at the same time, not to deny existing disciplines such as the psychology and study of social welfare (studies of progress in human service work based on this model include Mochizuki, 2007b, and Nozoe and Oda, 2006).

Assistance and Instruction

The policy to prioritize assistance setting is, in fact, not a particularly new idea in the practice of human services. This policy has been commonly adopted at schools and other education sites, as well as in daily child rearing.

The most typical method is to set a goal that is relatively easy to achieve, instead of setting a high-level target at once, considering the present standard of behavior of the relevant individual. This method seeks to approach the final goal gradually, through providing a repeated experience of achievement. This traditional means for behavior shaping is called “successive approximation” or “shaping”; it is also commonly used in animal experiments (Albert & Troutman, 1999). “Assistance setting” here refers to (temporary) relaxation in target setting. In other words, a response topography that is suitable for the relevant individual “at present” is used. Means for communication should not be restricted to oral conversation, something that is utilized by the majority of people; rather, it may also include sign language, icons, AAC and so on. Introduction of such modes that are not often used by the majority is also “assistance setting”, because it provides the relevant individual with a new environmental setting.

In addition to the relaxation of achievement standard, and taking into account the reaction style of the relevant individual, as mentioned above, providing an opportunity for the relevant individual to select own behavior is another typical means for assistance setting. Introduction of opportunity for behavior selection by the relevant individual is consistent with the final goal to enhance behavioral QOL. However, it is sometimes difficult to provide an opportunity for behavior selection at schools etc. (but also see Yamada, 1995; and Sakamoto and others, 2003). It is also common that the assisting person considers that the enhancement of QOL etc. is the “next step” that should follow the improvement in the actual problem behavior that is occurring. In some cases, however, the initial behavioral problem is only dissolved when the available alternatives for behavior increase and new behavior patterns are achieved, even though the behavioral problem of the relevant individual appeared to be very urgent (Oda and others, 2001; Katsuragi and others, 2001). In the case of a student

who had been diagnosed with ADHD, Katsuragi, Kanayama and Mochizuki (2003) not only lessened the initial problem behavior, but also achieved the establishment of an adaptive behavior, which can reinforce both the relevant individual and people around him, through admitting selection of behavior in group activities. The student was very sensitive to winning or losing a group game, and talked and acted rudely in a losing situation. At first, Kanayama and Mochizuki (2003) tried to habituate the student with games by using a method of behavior shaping, through gradual changes in the winning rate. The student behaved reactively, and caused behavioral problems including deviation from the situation. Here, Kanayama and Mochizuki provided the student with two alternatives before a game began — “I participate”, and “I watch”. The student selected “I watch” for games in which he had deviated often. This enabled him to stay in the group during such games. He even started to gradually increase his participation in such games. Kanayama and Mochizuki (2005) introduced a similar assistance setting for a student who had been diagnosed with ADHD and was attending a normal school. This student often went out of the classroom during classes, but Kanayama and Mochizuki did not take any procedure to simply “correct” it as a problem behavior. Instead, they included “going out” in the set of behavioral options available to the student at that time, and instructed him to write down where he was going before he left the class. At first, he attended classes less often after this alternative was introduced, but gradually became able to remain in class, participate in learning activities, and even study with special materials (“Instruct”).

As was mentioned earlier, introduction of such assistance settings must have been tried repeatedly at welfare facilities and schools, presumably by experienced staff and faculty members. It is essential to re-confirm continuously the basic policy that underlies these services — prioritizing autonomous activities — and to respect the existing status. Otherwise, people tend to opt to “Instruct” rather than “Assist”, at a school where the specified curriculum must be fulfilled, or at a welfare facility where specific work must be accomplished within the set timeline.

2) Position of “Advocate”

Advocacy as a Verbal Behavior:

“Advocate” refers to a verbal behavior of requesting society to establish a new environmental setting (i.e. assistance setting), in order to enable the relevant individual to adopt a specific behavior. This advocating activity is an indispensable step for occupational human service staff. It sometimes appears that human services only comprise assistance and instruction. This may be true for parents educating their children, or for human service staff who simply provide one-on-one practice in a medical model, in which attributes of the relevant individual are to be changed, or where his/her adaptation to society is to be promoted. In such cases, it seems that human service work is completed with only assistance and instruction, and that there

is no necessity for advocating that process, especially verbally, to society. However, as was mentioned earlier, human service work that aims at enhancing behavioral QOL pursues continuous increase in alternatives, and therefore sometimes proposes objection or possible change to the existing social or public environment, in order to break through the stabilized relationship between the relevant individual and environment at that time. This step often meets with, and also requires, resistance from various existing practices and systems, which seek to retain the conventional and stabilized environment. Such practices and systems include those that have been established by human service staff, including the very persons who are trying to change them. This conflict also sometimes reflects the differing values that are targeted (e.g. “independence” vs. “autonomy”). Therefore, this advocating work, which requests establishment of a new assistance setting, may be the critical and most difficult step in the chain of human services.

Details of Advocacy:

The function of advocacy as a verbal behavior is that, in the practice of human services, human service staff identify or create an assistance setting as an environmental condition for enabling specific behavior by the relevant individual, communicate it to other persons, and ask for their cooperation in the establishment and achievement of such a setting.

Because advocacy is a (verbal) behavior, it can only be maintained by the consequence that the listeners provide the requested cooperation. The listeners may be colleagues in the faculty at a school, or receiving company staff at a welfare company, targeting transit support for students to be employed. Such listeners should take over the subsequent enhancement of QOL for the relevant individual, in order to retain the advocated behavior.

In order to make an effective request, human service staff as the leaders of advocacy must make a presentation that easily causes behavior modification of the listeners. To this end, some staff shorten their request, or describe it in plain text, because “the listeners would only read the request in about one sheet of A4 paper”. Although such elements of presentation are also indispensable, the essential requirements are that such documents of advocacy are useful in actual supporting activity for the relevant individual by the listeners, and that the work for further QOL enhancement will be “encouraging” (See Deguchi, 1987).

For this purpose, the documents of advocacy must describe what the relevant individual “can” do (“dekiru” in Japanese; Yamamoto and Ikeda, 2007). Here, what “can” be done does not refer to an “ability” of the relevant individual, but to the setting of conditions (assistance) for enabling a specific behavior.

Another necessary element for encouraging the subsequent assisting persons is a portfolio of the relevant individual, indicating what process has led to the present

status, including assistance and instruction. The listeners will feel that the efforts until that time, which achieved what the relevant individual “can” do (i.e. enhancement of behavioral options), should not be wasted. This point is also the reason for proposing the term “career up”, as described in the next section.

2. From QOL Enhancement to “Career Up” — Example of Employment Support

(Note 1)

In this section, it is proposed to use the term “career up”, instead of “enhancement of behavioral QOL”, which has been used so far, in order to express the goal of advocacy. This is intended to emphasize the continuous change taking place in the relative individual. “Change” here, as was mentioned above, does not refer to the “ability” of the relative individual, as was mentioned in traditional therapeutics and education, but to what that individual “can” do in a given setting. It is characteristic that “change” here always involves environmental changes. Therefore, it indicates the direction of support work, including the community within which the relative individual lives.

Resistance to “career up”

The term “career up” initially met with resistance from stakeholders in education and welfare, as well as from companies that employed disabled individuals. Most of the objection from stakeholders in education and welfare was that they were opposed to the word “up”, because it had the implication of forced upward progress, not only by the disabled individuals but also in the work of supporting staff. There were opinions that the upgrading of abilities of individuals, just as in the pursuit of productivity and profit by companies, was not consistent with the goal of support for students and individuals at schools and welfare facilities. On the other hand, the objection from companies was that, while they were still undecided on whether to employ disabled individuals for the first time, the term “career up” only heightened the hurdle for employing disabled individuals, and that “career up” should come only after enhancing understanding about disabled persons and establishing their employment.

Difference between “Placement Support” and “Continuous Employment Support”

In this context, the term “career up”, which includes the word “up” with the implication of upgrading, is used because human services to disabled persons (in fact, to any persons), should not end when a specific standard has been reached, but should be directed at lifelong improvement to a “better” status. It is considered to be more appropriate, for the present support to employment of disabled persons, to examine how to provide such continuous support.

In terms of employment, a “better” relationship between an individual and

society is not only supported by external factors such as remuneration and appreciation (though they are naturally essential factors for living) (See Skinner, 1990), but also requires that the relative individual has opportunities for a specific behavior that gives that individual a sense of fulfillment, and therefore helps him/her to continue that behavior.

Of course, “sense of fulfillment” included in this sense of “career up” has been emphasized as a factor for retaining employees in the workplace, rather than in the education and welfare fields. This refers not only to pay raise and promotion, but also to changing the situation in which the individual can enjoy his/her work more. When a person does a job reluctantly, he or she only volunteers it to the minimum extent of the external requirement. In contrast, employees who have the repertoire of “Kaizen” activities develop more creative work on their own, through improving the environment of work, expressing its necessity, and persuading others toward its establishment, in order to gain the sense of fulfillment. Such activities often lead to increased efficiency, and employee retention also improves at a workplace where such activities are possible. This indicates that the achievement of “career up” is necessary for “continuous employment” of each individual. It is often said that, in order to provide work with a “sense of fulfillment”, it is important to “match” the hopes and abilities of the individual with an appropriate job at the time of placement. In fact, it is even more important to determine what support and follow-up are required for that individual to undertake the job with a sense of fulfillment, after placement.

In order to do this, it is vital to identify supporting methods and environment for the relevant person to maximize his or her abilities, to work with a sense of fulfillment, and to hand over information on such methods, rather than follow the so-called “matching” between evaluated abilities of an individual and job types at the point of placement. In this sense, “support to placement” and “support to continuous employment” have different implications, and the existing support for the employment of disabled persons should be promoted from the viewpoint of continuous employment.

“Support for continuous employment” here does not assume two differing steps, such as focusing more on the subsequent retention rate than on the placement. Rather, it is considered necessary to have the idea of “career up” in the school life of the relevant individual, and to hand over information on the continuous process of the optimum support (i.e. assistance and instruction) that has been provided so far, as the most useful materials at the time of placement. This is a proposal that “career up” and handover of information for its retention (i.e. advocacy) may be used as an expression of human services, across the borders of sites of support, such as companies (employment) and schools (education).

In order to define a position of “science for human services” as a scientific methodology, and as a scientific methodology for specific individuals, methods are required to describe such a process with repetitions, instead of arbitrary accumulation

of episodic descriptions of each individual. Scientific reliability and validity are critical for functional utilization of advocacy, as the most important and difficult verbal behavior in human service activities (in order to encourage assisting persons who take over the support) (Note 2).

3. Summary

As is often the case with most environmental issues, humans tend to react sensitively more to short-term profits than to long-term benefits. Therefore, standards and rules are required to not discontinue human service activities at present. At this time, short-term human service activities are provided through entrustment to occupational human service staff by society. In order to enable these occupational behaviors, it is essential not only to “allocate” part of the resources, but also to set and operate the appropriate environment, toward the achievement of voluntary behaviors by each related individual and the enhancement of behavioral options.

In terms of functions of the behaviors, instead of existing systems or disciplines, this process is categorized into “Assist”, “Advocate” and “Instruct”. In order to achieve continuous practice here, “Advocate” is indispensable as a verbal behavior for putting requests to society. This is because 1) the practical or experimental characteristic of assistance requires partnership with other stakeholders in society, and 2) various life stages of the relevant individuals must be observed in a visible and publicized manner, in order to avoid their “career down”.

To summarize the requirements of science for human services, it is necessary 1) to confirm continuously how to maintain a behavior through aiding, which is hardly maintained on its own (without aiding); 2) for human service staff, who provide aiding continuously, to self-check continuously whether their work is aimed at “dependent autonomy”, which does not exclude self decision by the assisted person; and 3) to confirm that advocacy as requests to society practices the “verbal behavior” with sincerity. It is also an essential part of science for human services to establish a framework for maximizing such functions, as well as a possibility for indicating the unique significance of this science.

In the next section, an example of “student job coach” is indicated, as a practical activity of continuous support for “career up” to disabled persons. This is an attempt by a third sector, beyond the traditional welfare and assistance systems. “Support” here aims primarily at “expressing” necessary assistance setting and optimum instruction setting for each relevant individual, in addition to job training for a specified job type. In other words, this process is targeted at preparing a portfolio of the relevant individual. Will this attempt influence the “format” for further collaboration with the social sector? Does this service-learning contribute to “career up” of the students themselves, through joint work between students (i.e. university) and the social sector?

4. Practice of Student Job Coach

At Ritsumeikan University, the practice of “student job coach” has been in progress since 2004, as a research project of the Institute of Human Sciences (academic frontier research project and open research center project), and as a field work for examining educational methods for undergraduate and graduate students who major in science for human services (Mochizuki, 2007a; Mochizuki, Nakashika, Yamaguchi, Ota and Asano, 2008).

“Student job coach” refers to undergraduate and graduate students who play the role of “job coach” (workplace adaptation assistants), instead of the occupational job coaches, under the supervision of the faculty, and in collaboration with special support schools and welfare facilities.

The roles of the job coach vary, and include the following operations: assessment of procedures and difficulty of work to be performed by disabled persons; assessment of the physical and human environment of a workplace; intensive training at a workplace; continuous support at a workplace; follow-up; and overall planning (Ogawa, 2001). The job coach does not attend to the disabled person for ever. Therefore, “natural support” becomes necessary. Natural support signifies that general employees provide necessary aid for the continuous employment of disabled persons (Ogawa, 2006). In order to enable effective natural support, the job coach should provide employees with information on what support will help disabled persons perform their work easily, and request their help. This is exactly “Advocate” as mentioned earlier.

In the student job coach project, undergraduate and graduate students with basic knowledge and skills of behavior analysis entered into enterprises (i.e. companies) together with persons to be assisted, who included students at special support schools (i.e. schools for disabled children), graduates from such schools, and local disabled adults, and practiced the three steps of human services (assistance, advocacy and instruction), in order to help the assisted persons perform the requested work more easily. These practical research activities were started in 2004, and about thirty cases have been experienced.

1) Ota and others (2005) — Practice as the Start of Student Job Coach

Ota and others (2005) assisted a student in the first grade of high school at a special support school, who received workplace training at the university co-op bookstore (Figure 2). This was the first case of a student job coach (Mochizuki, 2006a and 2006b). The scope included the operations of product inspection, return of books, and making entries in the handy terminal in the backyard. The student job coach first mastered the operations, then prepared task analysis charts in accordance with the relevant student, and started assistance using the total task presentation method. A task analysis of

specific work is presented as a chain of the relevant behaviors. Total task presentation method=refers to a method of leading an individual to practice each link of the chain in order, starting from the first one (Albert & Troutman, 1999). The coach helped the student accomplish each task, providing prompts whenever the student experienced difficulty. During the assistance process, prompts were faded out gradually, in the systematic instruction method. Figure 3 indicates the actual task analysis chart that was used. It indicates what prompts were required in which behavioral units; it also shows that fewer prompts were required as time passed.



Figure 2. Ota and others (2005) on site as a student job coach at the university co-op bookstore, and the student being coached

The coached student was familiarized with the operations through the training over two weeks in the first half and two weeks in the second half, to almost the level of other part-timers. However, it was only possible through various assistance settings created by the student job coach and the staff at the workplace during the training period. It is one of the critical tasks of the student job coach to identify what assistance is needed for the coached student to complete a specific task smoothly. In this case, for example, “product inspection” included the task of input at the adding machine. In this task, staff at the workplace read aloud the prices and the number of books, and the coached student input that information into the machine. The student job coach asked the staff to attach a white sticker on the “000” button of the adding machine, and to say “white” when the last three digits of the figure to be input were “000”. For example, “1000” was to be read as “one, white”; and “12000” as “one, two, white”. Establishment of such a physical setting (i.e. attaching a sticker) and a human setting (reading the figures in a uniform manner) is exactly the work of “Assist” in human services.

In the two weeks of the first half, the student job coach used the prepared task analysis chart together with the coached student, in order to identify the required human and physical assistance settings. In the two weeks of the second half, the coached student actually addressed the work with the identified assistance settings. There was a gap of about one month between the first half and the second half. During

this period, the student job coach proposed the assistance settings that were identified through the first half to the workplace, obtained their understanding (“Advocate”), and provided the coached student with training assuming those settings at the special support school (“Instruct”).

In this manner, the coached student was able to carry out the practiced work smoothly, with the assistance settings that were introduced into the workplace. In this case, the three steps of human services (assistance, advocacy and instruction) were taken through partnership between the coached student, the workplace, and the special support school. This became the model case for subsequent student job coaches.

Before starting this student job coach project, a request for cooperation was made to the management of the university co-op, explaining that this project was aimed not only at training a disabled student, but also at preparation of the master’s thesis by a student of Ritsumeikan University. Through such a process of acceptance, not only the coached student, but also the student job coach, could receive sufficient guidance from the workplace, which was probably impossible at other business sites. In this sense, the work of the student job coach itself was “assisted” by the workplace in this case.

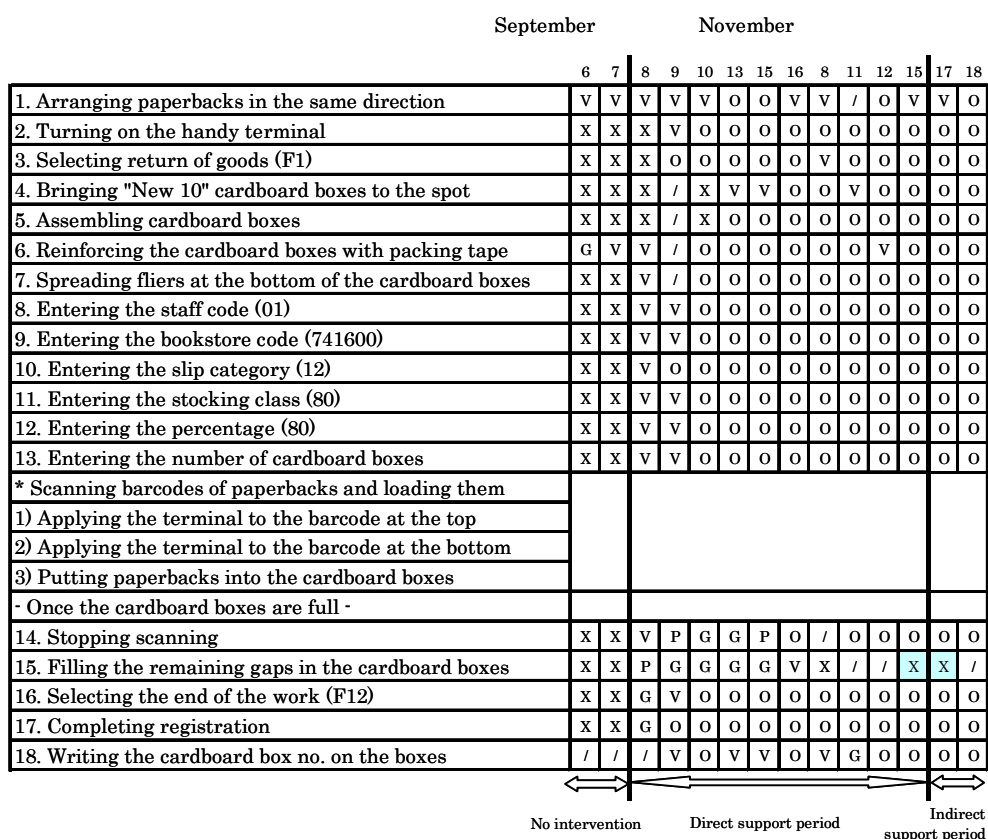


Figure 3. Example of task analysis chart used in Ota and others (2005)

“o” indicates that the student could complete the work on his own. “V”, “G” and “X” refer respectively to verbal instruction, gesture prompt, and coach doing the task for the student.

2) Takeuchi and Others (2008) — Establishing Support Based on Functional Analysis

Takeuchi and others (2008), just like Ota and others (2005), supported training for a student in the high school of a special support school at the university co-op bookstore. It was characteristic in this workplace that the operations and their order differed every day. Probably due to this reason, the coached student would report to the workplace staff, “I finished XX”, and then check, “Next, I should do YY, right?”, at an unnecessarily high frequency. This was considered a problem by the workplace staff. The student job coach analyzed these verbal behaviors during the process of recording, as indicated in Table 1. This analysis assumed a contingency that the reporting and confirming behaviors by the student were made voluntarily due to the uneasy status of not knowing what was to be done etc. as antecedent events, and were reinforced or maintained by agreement etc. by the workplace staff. It must be noted here that these reporting and confirming behaviors, which seemed to be “problem behavior”, were actually very adaptive behaviors. When the student finishes some work and reports “I have finished”, the staff respond “Okay, please go on to the next work”, as a proof that the work that was just finished was accepted (“reinforcing stimulus”), as well as a cue to move on to the next work (“discriminative stimulus”). Therefore, these behaviors are adaptive in terms of appropriate fulfillment of the work. Nevertheless, these behaviors were considered a problem, because “independence” is important at the workplace, and persons are usually required to move on to the next work based on their own decisions as discriminative stimulus, and not based on response and instruction from others.

Table 1. Analysis by Takeuchi and others (2008)

Flow of the coached student's behavior before intervention, and the targeted flow

	Status of the coached student (antecedent event)	Marker (discriminative stimulus)	Behavior of the coached student	What the coached student looks for consequence
Before intervention	Uneasy status without knowing what was to be done	Workplace staff	Reporting verbal behavior	Agreement, nodding, check etc. by the staff
	Lack of confidence about the work to be done	Workplace staff	Confirming verbal behavior	Agreement, nodding, check etc. by the staff
Targeted flow	Uneasy status without knowing what was to be done	Schedule chart	Refer to the schedule chart	Feel relaxed through knowing what was to be done on one's own
	Lack of confidence about the work to be done	Manual	Refer to the manual	Feel confident through confirming the work steps on one's own

Therefore, the student job coach prepared a schedule chart and manual as indicated in Figure 4, and examined their effects. The manual was placed on the work table, so that the coached student could reference it at any time. The schedule chart was posted separately from the manual, and was also accessible at any time. The left column in the schedule chart was left vacant, and a magnet was to be placed at the head of the next work to be done (as “●” in the Figure). The student job coach requested the workplace staff to place the magnet in the right position when they had time (“Advocate”).

●	Adding machine (preparing a receipt with the staff)	2
	Inspection input (inputting the slip numbers into the PC)	3
	Return work (hardbacks)	5
	Return work (paperbacks)	8
	Return work (magazines)	11
	Non-POS input	15
	Putting the shelves in order	16
	Lunch time	
	Going home	

Inspection input (inputting the slip numbers into the PC)

- Affix stamps on all the slips
- Slips → Place in the file in the second drawer from the top
- Stamp → Place in the third drawer from the bottom
- Click [End] on the PC
- Say “I’m finished” to the staff

Figure 4. The schedule chart (top) and the manual (bottom) used by Takeuchi and others (2008)

Figure 5 indicates the times of reporting and confirmation, before and after the schedule chart and the manual were used. During the baseline period, when no assistance setting was provided, the coached student performed reporting and confirmation frequently. These behaviors even increased gradually as the training went on. In contrast, these behaviors decreased during the intervention period, when the schedule chart and the manual were introduced, to a level that was acceptable.

In this practice, the student job coach succeeded in decreasing excessive behaviors that were considered a problem at a place of employment (training), not by assisting in reducing such behaviors directly, but by analyzing the function of such behaviors, identifying substitute behaviors, setting an assistance environment for enabling them, and proposing such an environment to the workplace. This example re-emphasizes that the core of a behavior is not its form but its function (i.e. what

contingency is reinforcing and maintaining the specific behavior) (Bambara & Knoster, 1998).

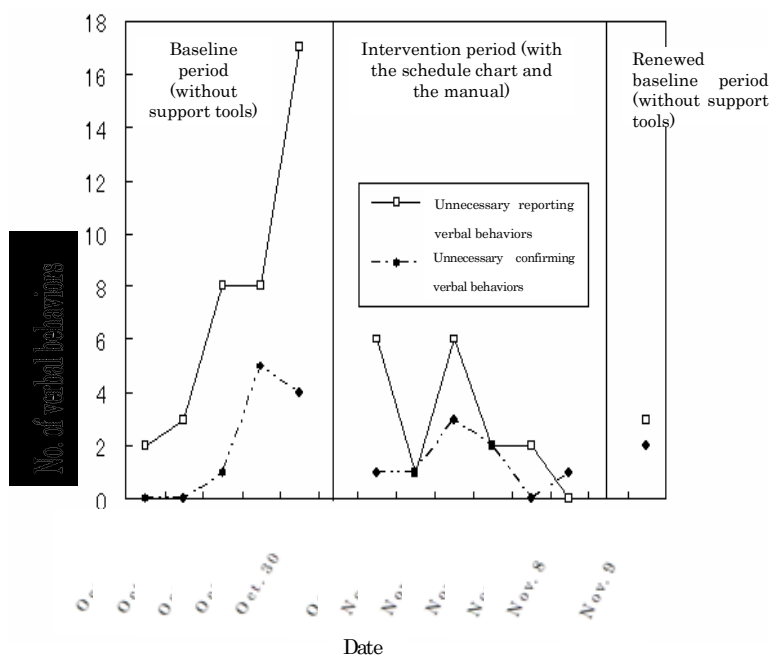


Figure 5. Result of Takeuchi and others (2008) — change in unnecessary reporting and confirming behaviors

On November 2 and 7, there were temporary changes to the work procedures.

This research also serves as a model case for the chain of human services (“Assist”, “Advocate” and “Instruct”), which comprises the setting of an environment for enabling the relevant individual to do what he/she can do at present (“Assist”), requesting that such a setting be established within the environment (“Advocate”), and providing training on the required skills (“Instruct”), instead of focusing on what the relevant individual cannot do, and enabling him or her to do it.

3) Ota and Others (2008) — Functional Analysis and Self-Management

Ota and others (2008) provided assistance to training at an accommodation facility for a second-grade student at the high school of a special support school. The student’s main tasks were to clean and put in order the dressing room beside the bathroom. Just like the preceding student job coaches, they provided systematic instructions on the work based on task analysis. Just as in the preceding cases, one of the problems that occurred during the process was that the coached student took much time in completing the whole work, plus he performed confirmation repeatedly with the staff and the student job coach. This student also had problems in the finishing of each work, such as leaving some areas unclean when performing cleaning work. He reported that he finished the work even with such areas, and this also became a problem.

At first, these two problems seemed completely separate issues that required

different solutions, considering the student’s reactions. As for the finishing problem, suggestions were presented to add new items to the behaviors in task analysis, or that the student may have poor eyesight and could not see small pieces of trash. However, these two issues could be regarded as the same issue, through introducing the viewpoint of “functions of behavior”, as in the preceding cases. The actual method that the student job coach adopted was as follows:

The student job coach introduced a work check sheet as indicated in Figure 6. The coached student entered “○” in the “Finished” column after finishing a specific work. He then checked his own work, and entered “○” in the “Confirmed” column if he judged it had been finished favorably. In this setting, the work itself and its confirmation were separated, so that the coached student could reinforce each behavior separately by himself. The student job coach also confirmed the finishing, and entered “○” if there was no problem, and “ ” if there was a problem. “ ” was used instead of “×” when there was a problem, in order to affirm (reinforce) the work and confirmation by the coached student, instead of denying (punishing) that process. If the confirmations by the coached student and by the student job coach agreed with “○” and “○”, the coached student could select and attach a big sticker. This was also for reinforcement. Even if the confirmations of the two did not agree, the coached student could select and attach a smaller sticker, also for reinforcement (a big sticker was to be selected when the confirmations agreed with “ ” and “ ”, but there was no such occasion).





Name		Work Check Sheet								
		/	/	/	/	/	/	/	/	
Move the lotion etc.	Finished									Finished
	confirmed									confirmed
	Confirmed by JC Code									Confirmed by JC Code
Wipe the mirror	Finished									Finished
	confirmed									confirmed
	Confirmed by JC Code									Confirmed by JC Code
Wipe the washing basin	Finished									Finished
	confirmed									confirmed
	Confirmed by JC Code									Confirmed by JC Code
Return the lotion etc. to their places	Finished									Finished
	confirmed									confirmed
	Confirmed by JC Code									Confirmed by JC Code

Figure 6. Work check sheet used by Ota and others (2008)

Consequently, the confirming behaviors by the coached student decreased dramatically after the introduction of the work check sheet, as indicated in Figure 7. And, it is indicated in Figure 8 that the introduction of the work check sheet enabled the task achievement rate to stay at a high level. Reviewing own work and evaluating its level is one of the methods of self-management (Cooper, Heron, & Heward, 2006; King-Sears & Carpenter, 1999). This example suggests that self-management becomes possible through such assistance setting. Evaluation of one's own work leads to the sense of fulfillment and achievement; it may be applied not only to the workplace in this example, but also to the future workplaces and to the actual life of the relevant individual.

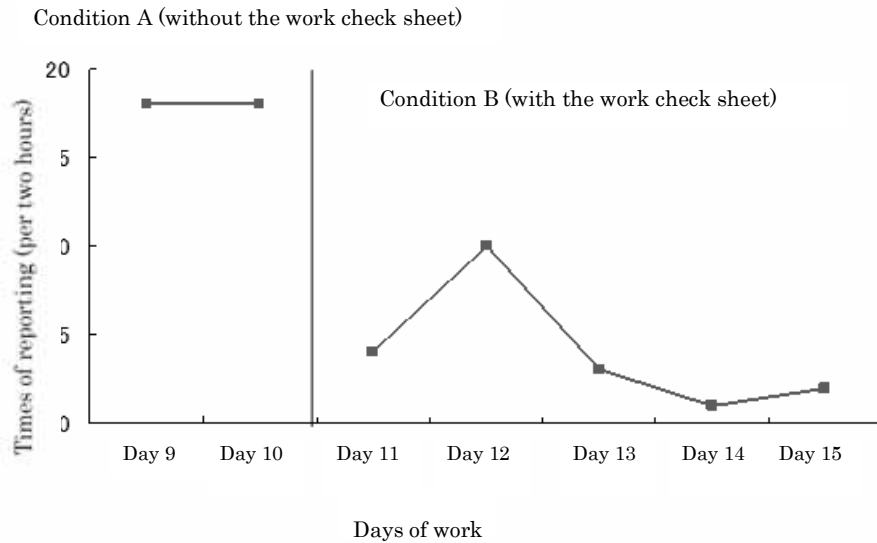


Figure 7. Result of Ota and others (2008), change in the times of reporting

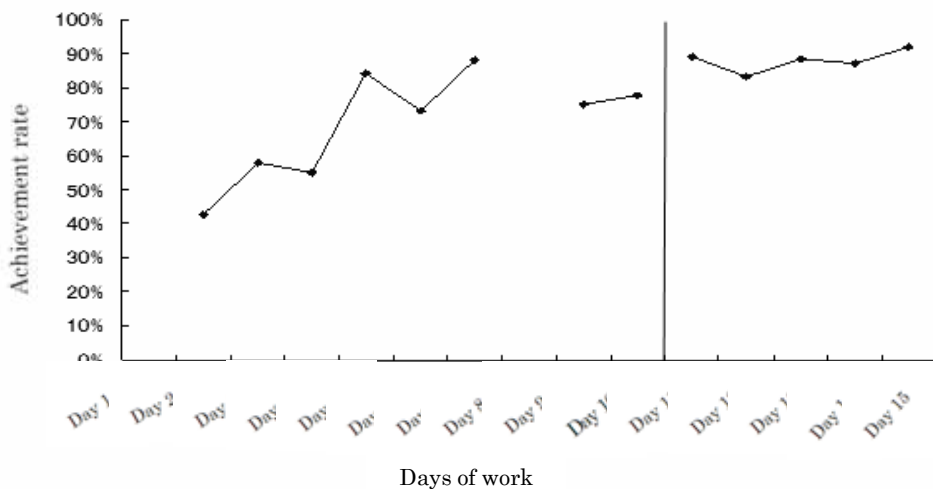



Figure 8. Result of Ota and others (2008), change in the task achievement rate

4) Yamaguchi and Mochizuki (2008) — Task Analysis by the Relevant Individual Herself

Yamaguchi and Mochizuki (2008) provided assistance to workplace training at a hotel for a third grade student of the high school of a special support school. The student was supposed to clean the guest rooms and public spaces. At first, assistance was provided through systematic instruction based on task analysis, which did not lead to independent work. Therefore, the student job coach introduced the review sheet, which provided the coached student an opportunity to review her own work, and the information entered in the sheet was transcribed into the work check sheet, aiming at better work on the following day. The coached student reviewed her own work together with the student job coach. The information entered in the review sheet was transcribed into the work check sheet for the following day by the student job coach. Figure 9 indicates the review sheet and a part of the work check sheet used.



Good Work Today!

Name: _____

Date: _____

	Task	Time	What I did well	What I was praised for	What was pointed out (what I could not do)	What I want to do tomorrow
1		Am				
		Pm				
2		Am				
		Pm				
3		Am				
		Pm				

Task

Cleaning of the guest room <hr style="border-top: 1px dashed black;"/> Check of slippers Check of hangers Check of garbage bags Check of cushions Vacuum cleaning the hall floor of (floor) Vacuum cleaning the hall floor of (floor)	<div style="display: flex; justify-content: space-around; border-bottom: 1px solid black; margin-bottom: 5px;"> < > </div>
---	--

Figure 9. The review sheet and the work check sheet used by Yamaguchi and Mochizuki (2008)

The information written by the coached student in “What was pointed out (what I could not do)” of the review sheet should be transcribed by the student job coach into the work check sheet.

The coached student entered the “What was pointed out (what I could not do)” of the review sheet (i.e. a problem in the work pointed out by the workplace staff, or some work that the coached student thought difficult), which was reflected by the student job coach, into the work check sheet for the following day. Figure 10 indicates the result of this initiative. It indicates that the introduction of the work check sheet and the review sheet raised the independent work achievement rate from a low to a higher level.

In the past cases, all the task analyses were prepared by the student job coaches. The task analysis was sometimes revised during the assistance, but the revision was also undertaken by the student job coach based on records and observation. In this example, the coached student participated in part of the revision of task analysis for the first time. In other words, she generated a discriminative stimulus for her own work. If a person can clarify a point for attention on his/her own, the level of reinforcement is expected to increase through successfully resolving that point. This can also be considered an “establishing operation” that enhances the value of reinforcement on one’s own (Michael, 2007; Naoko Sugiyama, Shimamune Osamu, Masaya Sato, Malott and Malott, 1998). In this practice, the coached student could review her own work, though with assistance, and generate a discriminative stimulus that could be utilized at a future opportunity. It is considered to be self-management that was established with assistance.

5) Content of “Supported Employment” Suggested through the Practice of Student Job Coach

Based on the above practices, points to be confirmed concerning the process of student job coach and employment support can be summarized as follows:

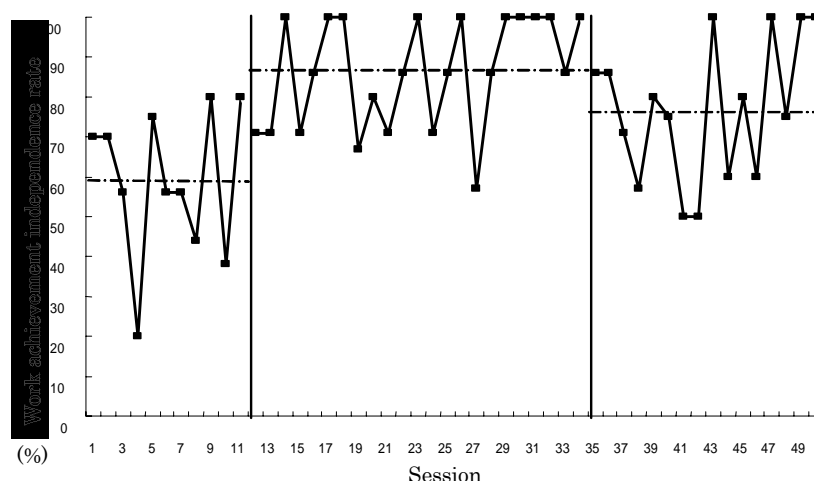


Figure 10. Result of Yamaguchi and Mochizuki (2008), change in the work achievement rate

(1) Content of Human Services Required in “Supported Employment”

From Task Analysis to Functional Analysis

In the practice of student job coach, the viewpoint of functional analysis could be introduced in addition to task analysis. This is the primary point to be reviewed in the work of an existing job coach (Takeuchi and others, 2008). Although task analysis is originally based on functional analysis (Nakashika and Mochizuki, 2010), it is often forgotten at the sites of assistance. For example, Wakabayashi (2009) refers to Ogawa (2001), who was mentioned earlier herein, in his paper reviewing literature on employment support to persons with developmental disorders, and states, “In Ogawa (2001), which provides typical text on job coach, Ogawa introduces in detail ‘task analysis’ and ‘systematic instruction’, which are methods of applied behavior analysis that are used for the instruction and intervention in learning work procedures. However, this text does not state specifically what types of instruction and intervention are effective, and are not effective for people with specific characteristics, in terms of problems other than work step training, such as the correctness of the work result (i.e. product of the behavior) is not assured, even though the steps are correct; work efficiency does not improve; the person walks about during the work; the person hurts himself/herself or sticks to a specific behavior; etc.” Here, Wakabayashi points out that the introduction of task analysis is not sufficient in itself. It should certainly be difficult to resolve all problems through task analysis. However, many guidelines for desirable support concerning, to problems other than work step training, can be established through understanding the concept of behavior analysis at the background of task analysis, and taking appropriate records. This is indicated by the example reported by Takeuchi and others (2008), on the analysis of functions of excessive confirming and reporting behaviors, and on how such behaviors that were considered a problem decreased through setting an appropriate environment.

Introduction of Self-Management

The second stage of progress was that the concept of self-management and relevant skill acquisition were introduced as part of employment support to disabled persons (Ota and others, 2008). In general, “self-management” is considered as a symbol of “independence”, where a person can manage himself/herself independently, without external support. In the context of student job coach, self-management does not simply mean that a person can do his/her work independently. Self-management is considered an important skill because it supports “enjoying working” and “working with the sense of fulfillment”. Through self-evaluating that the work was finished favorably (i.e. “reinforcement”), a person can feel a sense of fulfillment in his/her work, in addition to the fulfillment from external evaluation and remuneration. After years of experience, this was gradually identified as a goal of the student job coach process. If one can feel a sense of fulfillment in his/her work, continuous working becomes no longer painful.

Self-management is not only useful in continuing the same work, but also in proceeding to the next stage (e.g. next training site, new employer, different workplace). This is considered an aspect of “pivotal response” (Koegel and Koegel, 2005).

Another important aspect of self-management is the behavior of preparing task analysis on one’s own, as indicated in Yamaguchi and Mochizuki (2008). This is particularly important in the context of employment. To perform task analysis on one’s own signifies one’s own creativity shown in the work. From the viewpoint of applied behavior analysis, this is called “establishing operation”, through which a person identifies and creates a discriminative stimulus and increases the extent of reinforcement. To be able to have a chance to present ideas of work on one’s own leads to enhanced joy. We feel a strong sense of achievement and fulfillment through analyzing our own work, presenting ideas, reflecting them into actual work, and finding them to be successful. Such a chain leads to the joy of working. In other words, this enables the “expansion of enhancement of behavioral options positively reinforced”, which is an important concept of human services.

(2) Unique Roles of the Student Job Coach System, or the University Sector

One of the characteristics of the student job coach is that, if a coached student comes from a special support school, information on his or her behaviors at the workplace can be fed back to the school as detailed records. Ideally, the next steps for the relevant student should be planned, and activities at normal school classes and the subsequent training sites should be decided, based on such information. The student job coach always tries to provide useful information for these objectives. Nevertheless, it is still rare that such information is actually reflected into the subsequent steps of the relevant student (e.g. selection of training sites, requirements, and in-school activities). In this manner, the student job coach can only help the coached student at the specific workplace that was assigned by chance, in the pursuit of the specific tasks that are required there. Even if the chain of human services, which comprises assistance, advocacy and instruction, functions effectively, it only applies to that specific workplace, and cannot provide the coached student with information that will help him or her in the near future or throughout the lifetime. How can this chain be made effective in the true sense? This is a major requirement that student job coaches must face and satisfy next. Efforts toward this goal have just begun.

With the student job coach, an attempt was made to put up a booth in the university premises and provide training at this booth. For example, Wakai (2008) set up a laundry service booth in the university premises, and provided workplace training to students from a special support school. This school has its own laundry facility in its premises, and students undertake various tasks of laundry service (e.g. reception, laundry, and ironing). Wakai reproduced a part of these functions (reception and return) at the booth in the university premises. In other words, this booth served as an

agent for laundry service. In this attempt, new assistance settings were identified, which could be applied to future situations such as supporting the speeding up of work using a timer.

The flow of simulated work at a booth was taken over by Yoneda (2009) and Takami (2009). Although the coached students varied, the student job coaches could base their attempts on the past supporting experience, introduce successful practices from the beginning, and focus their research mainly on the newly identified problems, thereby enabling systematic assistance.

In the coming years, research will be continued with such booths in the university premises (e.g. laundry service agent, recycling shop). These booths have the characteristics that the same sites can be used repeatedly and that various simulated experiments can be performed in a systematic manner and in accordance with the coached students. This enables practice toward short-term and long-term goals, as specified in individual support plans, which was impossible in the past employment training at external sites and which was repeated on separate and unlinked occasions. Through feeding back information obtained through these attempts into individual support plans, “career up” of the relevant individuals will be promoted with a longer-term vision, thereby further pushing forward the chain of human services (“Assist”, “Advocate” and “Instruct”).

6) Summary

In conclusion, the initiative of student job coach should be examined from the viewpoint of functions for the relevant individuals and for the partner institutions.

For disabled persons, the student job coach is a provider of assistance in the work required at the workplace or training. From a longer-term viewpoint, the student job coach provides instructions on pivotal response including self-management. The coach also maintains and provides records of information for “career up”.

At major supporting institutions for disabled persons (e.g. schools and welfare facilities), the student job coach functions as a provider of information on the establishment of behaviors of the relevant individuals in situations that differ from their normal surroundings. Because the student job coach keeps detailed and exact records during support, their records provide information on the relevant individual, which can be reflected in future support plans. It is also meaningful that the student job coach fills that gap in manpower.

For workplaces, the student job coach functions as a provider of a totally new viewpoint on those operations that have been performed as routine, such as task analysis and assistance setting. Workplaces may also depend on the student job coach for areas that they cannot support successfully by themselves.

If the student job coach functions ideally, as well as maximally, the desirable goal of this practice should be assistance that will achieve a “win-win” relationship

between all the individuals and institutions that take part in this process. To this end, the key is how to transfer the relevant information. Several institutions are involved in the employment of disabled persons, among which the relevant information is shared. If information is shared in an appropriate manner, it will help “career up” of the relevant individuals; conversely, information that is shared in an inappropriate manner will interfere with “career up” of the relevant individuals. The student job coaches have communicated information to related institutions on the establishment of behaviors in specific contexts. On the other hand, it was rare that such information was provided from other institutions. Effective employment support will become impossible if detailed information on the establishment of behaviors can only be handed over by student job coaches. It will also become necessary for student job coaches to communicate their experiences on information sharing, as a model for institutions that take part in employment support to disabled persons.

Last but not the least, what are the benefits for undergraduate and graduate students who serve as student job coaches? They must also have a “win” in their efforts toward practicing human services that comprise assistance, advocacy and instruction, and toward establishing a “win-win” relationship between all the related institutions. The “win” for the students is that they can learn from this practice. Students who serve as student job coaches are actually acquiring service-learning experiences. In particular, specific steps, such as confirmation of required assistance for the establishment of self-management by the coached student, will help them break through barriers in their own paths, despite the popular belief that modern students cannot even decide their own paths.

Note 1. Part of this section overlaps with the content of Mochizuki (2009), “The Concept of “Career Up”, pages 18 to 19 of “Researches and Examinations Concerning Employment Support for Disabled Citizens”, the Kyoto Employment and Life Support Center for Disabled Citizens.

Note 2. From this viewpoint, examination on the “Journal of Applied Behavior Analysis”, which provides the most specific analysis of assistance settings and quantification of their effects, seems to publish fewer proactive papers that indicate clear subsequent steps (i.e. “career up”) for the relevant individuals. New meta-analysis seems to be required in this discipline.

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Women's Trauma and Resilience from an Ecological Viewpoint

Kuniko MURAMOTO

1. Introduction

While I have engaged in clinical practice for women for 20 years, the core activities have been the clinical treatment of trauma caused by child abuse, sexual assault, and also domestic violence (DV). In the early 1990s, when I started my practice, there was no concept of trauma in Japanese society, and neither abuse nor DV was acknowledged. However, as a result of the grassroots women's movement inheriting the women's liberation movement (called "Lib") in Japan in the 1970s, violence against women such as sexual assault, sexual harassment and DV has been visualized gradually since the end of the 1980s. In the 1990s, following the Declaration on the Elimination of Violence against Women in 1993 at the General Assembly of the United Nations, violence against women was cited as a priority issue in the World Conference on Women held in Beijing in 1995, and the Japanese society eventually started to change dramatically, pushed by the growing awareness in the international community and by external pressure. It should be noted that trauma and PTSD rapidly became well-known terms and the understanding of victim support was improved after the large-scale natural and human disasters in 1995, namely the Great Hanshin-Awaji Earthquake and the Aum Shinrikyo terrorist attack. For me, having claimed the seriousness of the abuse and the trauma to women, such a trend of the times was beneficial and I was pleased with the changes to the law such as the enactment of the abuse prevention law in 1999 and the DV prevention law in 2001.

On the other hand, I am also afraid that the trauma and psychology boom has led to a simplistic understanding of the agonies and ways of life of people, promoted the easy attitude that "trauma can be left to psychological experts," and inhibited serious discussions on the actual situation on women's trauma and on the support for them. When Japanese people lost their sense of direction and began to wander on the streets as a result of the bursting of the bubble economy after the post-war economic reconstruction policy had peaked, they started paying attention to "invisible minds". This can be regarded as the birth of psychologism. As indicated by van der Kolk (1996), it is a progress that the concept formation of PTSD leads to the start of the scientific thought to recognize trauma from the perspective of causality, but life is actually much more complicated.

Based on my experience in clinical practice, I can say that, although experts have their own roles to play, support from close people and understanding from the

general public play more important parts for trauma victims. This paper examines the impact of trauma on women's life, resilience against it and the roles of clinicians, from the ecological viewpoint of community psychology.

2. Trauma and resilience from an ecological viewpoint

Although experimental studies on agonies and psychological damage caused by trauma have been accumulated, affirmative methods for traumatized persons in responding to the trauma and their resilience have not been sufficiently researched, and many issues concerning them are still unclear (Muramoto, 2007). Resilience is a concept that was originally derived from ecology. As organisms have homeostasis, it is considered that the ecosystem also has resilience against environmental changes and that its stability and constancy are maintained because of this resilience. Kelly (1986) employs such an ecological viewpoint in community psychology and claims that the psychological characteristics of persons can be understood most effectively in the ecological context of community, and their responses to events can be understood better by comparing the responses with the values, behaviors, techniques and understanding developed in the community. This is applied to the field of trauma study by Harvey (1996), who argues that the impact of trauma varies across individuals due to the interaction of the three factors of person, event and environment, and that these three factors interact to determine the dynamic relationship between the persons and community and each of the factors creates a different context for recovery.

Even if trauma is caused by the same event, the way of getting hurt as well as the impact is different for different persons. The response to and recovery from the damage are multilaterally determined by the three factors of the person involved, the event experienced, and the environment. While traumatized persons may in some cases seek clinical support, in reality the vast majority of them do not seek such help. We usually have the chance to observe only the groups that have achieved favorable results with support from clinicians. To fully understand trauma, it is necessary to look at the untreated vast majority and identify their conditions after traumatization and the recovery process. Harvey (1996) claims that effective clinical intervention to treat trauma starts with the evaluation employing an ecological viewpoint and that intervention of the community is required so as to support the recovery of the vast majority of trauma victims who do not seek or receive clinical support. For those who suffer from trauma, what conditions are needed to minimize the negative impact and promote recovery?

Several studies have identified factors constituting the resilience of children. Werner & Smith (1982) have pointed out characteristics specific to children who show resilience, such as the maintenance of a positive relationship with their rearers (mainly mothers), existence of rearers in the extended family (such as grandparents), proactive

personality, ability to easily adapt themselves to changes, and positive attitude towards things. The research of Garmezy (1983) indicates, as the features of such children, that they are likable, friendly, cooperative and emotionally stable but not aggressive or defensive, and that they have parents and other close adults who are interested in them as well as a warm home environment. Grotberg (1997) surveyed children of 3 to 11 years of age in 14 countries and prepared a resilience checklist based on the survey. Resilience is composed of three types of factors: (1) “I HAVE” factors (belongings), (2) “I AM” factors (attributes) and (3) “I CAN” factors (abilities). For example, “I HAVE people who love me and help me,” “I AM a good child and am caring about myself and about other people,” and “I CAN handle problems and control myself.” The “I HAVE” factors can be enhanced by the sources of security and friendship, the “I AM” factors by affirmative values and social abilities, and the “I CAN” factors by education, talent and interest. Obanawa (2004) reviewed various studies on the component factors of resilience and sorted them out as shown in Table 1.

Table 1: Component factors of resilience

Environmental factors	Factors provided by the environment of the children (I HAVE Factors)
	Stable home environment and parent-child relationship; harmony between the father and mother; organization and regulations in the home; emotional support outside the home; stable school environment and good academic records; availability of educational, welfare and medical services and religious organizations
Personal factors	Personal factors of the children (I AM Factors)
	Age and sex; empathy; self-efficacy; locus of control; autonomy and self-control; faith and morality; favorable personality
	Factors acquired by the children (I CAN Factors)
	Competence; problem-solving abilities; social skills; impulse control; intellectual skills; patience; humor

* Extracted from Obanawa (2004)

Traumatization due to sexual and other forms of abuse is an event that occurs frequently among women during childhood, and the trauma has long-term impact on their life. If the trauma is left untreated, the symptoms can increase the possibility that the woman experiences new abuse and the negative impacts on their life overlap each other and become more complicated. The impacts of trauma and the recovery from it must be examined from comprehensive perspectives including the life history and environment, personal characteristics, and relationships with others after the traumatization. The women we meet in the counseling room are only a small part of the women who have experienced trauma and suffer from many symptoms. While specialists are needed, it is more necessary to look at the aspects of the impact of trauma and resilience that are hardly displayed in the counseling room and study the community intervention that can improve the resilience of people from an ecological viewpoint.

3. Trauma and resilience observed in an interview survey

Clues for the examination here are obtained from the interviews as part of the “community survey on sexual abuse suffered by women” that I carried out with Yoshiyuki Ishikawa, a sociologist, from 1999 to 2000. The survey was composed of a quantitative survey with a questionnaire and a qualitative survey with interviews, and I was mainly in charge of the qualitative survey. For the details of the survey, see other reports (Ishikawa, 2001; Ishikawa, 2002; Muramoto, 2001; Muramoto, 2002; Muramoto et al., 2002). The outline of the survey is as follows: A survey slip was mailed to 5,000 women in the age range of 18 to 54, who had been sampled from the Basic Resident Register by systematic sampling. At the end of the slip, we asked for cooperation for our interview survey, and eventually interviewed 29 women.

The interviews were based on a structured survey slip. In addition to the question items in the questionnaire, the survey slip contained a detailed list of the items designed for understanding in more detail the history of sexual abuse, overall history of trauma, past and current mental symptoms and their relations to trauma, and treatment records. The questions used were mainly closed-ended, although some questions were open-ended. As the interviews were related mostly to sexual abuse, 100% of the interviewees had experienced sexual abuse, and the ratio of the victims of all types of sexual abuse was higher in comparison with the average reported by the survey with the questionnaire. In addition, the interviewees were asked about trauma from other causes, and a high percentage of them revealed such experiences. Thus, the trauma of the interviewees in this survey was not of only one type, and they had experienced more than one instance of sexual abuse and trauma.

With the data collected in the procedure, I had repeated discussions and meetings with seven research collaborators, and prepared a life history report, life

course sorting chart and event association chart for each of the interviewees (Muramoto et al., 2002) according to the method of life course research (Ohkubo, 1985). To add analysis from a viewpoint of clinical psychology, case studies were conducted with a focus on the profile of the surveyed women, their main trauma and symptoms, and whether or not there had been clinical intervention (Muramoto, 2004). This time, I reviewed the results in more detail with an emphasis on resilience, and identified the following situations.

(1) The ratio of women experiencing trauma in their life is extremely high

Although the interviewees were asked about only part of their experience on sexual abuse, we collected 141 episodes of sexual abuse from the 29 women. They included six cases of incest, five cases of sexual abuse at school, and eight cases of sexual abuse from the partner. In the cases showing dissociation symptoms, there was a potential of more serious unrevealed abuse because the victims tended to have a vague recollection or to underestimate the seriousness of such abuse. Even when the bias of the samples is taken into consideration, it is obvious that many women experience sexual abuse. The questionnaire survey shows that 79.6% of the surveyed women have experienced sexual abuse. Experience of trauma due to causes other than sexual abuse was also surveyed, and 82 women reported such traumatic experiences including abuse, bullying, and incidents and accidents.

(2) Trauma has considerably large impact on the life of the women

As all the surveyed women experienced trauma from more than one event, the causal relationship between the abuse and symptoms was tangled. Still, many of the surveyed showed trauma-related symptoms. As to the symptoms, only 7 of the 29 women reported the existence of none of the three components of PTSD, namely intrusion, avoidance/numbing and hyperarousal, and 4 women satisfied the diagnosis criteria for PTSD at the present time or in the past. In addition, the symptoms specific to complex PTSD, which are not listed in normal diagnosis items, but are common in long-term repetitive trauma, including distrust of others, a sense of powerlessness, inability to build an intimate relationship and loss of hope were reported by all of the interviewees.

(3) The long-term impact of trauma is difficult to recognize, and the abuse endured at an earlier age is more difficult to recognize

An event association chart shows correlations between the time when the abuse was endured and the past and current psychological conditions (symptoms). In this survey, the chart is prepared in a manner that distinguishes the recognition by the surveyed women from the recognition by the analyzer. It has been identified that the victims were able to easily recognize correlations of the trauma with its short-term impact such as shock and disorders right after the abuse but had difficulty in recognizing the

long-term impact. This tendency was especially strong for the victims of sexual abuse at an early age. For example, despite the fact that incest during childhood produces a large number of symptoms, the correlations were recognized by none except one of the interviewees. Many of them said, "I couldn't understand what happened," and were not able to remember details.

(4) When active coping is successful, the trauma response and symptoms are reduced

For the victims of sexual abuse, active coping is very difficult, and even impossible or rather dangerous, depending on the situation. In the four cases of three persons, active coping had been possible and the abuse had had less impact. For example, one of the interviewees had been sexually molested on a crowded train during her high school days. She had asked the molester to stop it but he had not, so she and her friend had dragged him out of the train and taken him to the railway police. She showed no impact of the abuse. On the other hand, in cases that the victims had not been able to move or to resist molestation on a train, the sense of powerlessness and self-disgust was stronger. The three women who had acted quickly against the molestation had common features such as no apparent abuse during childhood, affectionate relationships with the rearers, and self-evaluation of their personality as being "mannish". The questionnaire survey shows that although the impact was generally smaller in the cases of the victims who had been able to resist molestation, nearly one fourth still recognized the impact.

(5) When the victim revealed the experience of the abuse and it is accepted, the trauma response and symptoms are reduced

If the victim had revealed the experience of the abuse to close people and gained understanding and empathy from them, and they had worked to stop the abuse or had been given support for their suffering after the abuse, the negative impact of the abuse was clearly smaller. On the other hand, when the confession had resulted in secondary traumatization such as an accusation against the victim, the recovery was inhibited more than in the case where the abuse had not been revealed. In one instance, the victim had told her parents about her experience of sexual abuse by a stranger, but they did nothing about it. She had then felt that it was meaningless to consult with them, and has since then continuously experienced symptoms of a sense of powerlessness and avoidance. The experience undermined her trust in society, increased hopelessness and enhanced the likelihood that she would not tell anybody about any subsequent abuse that she might be subjected to.

(6) Good relationships with rearers, friends and acquaintances is the source of resilience

When the victim has solid ties with her rearers, she can reveal the abuse and ask them

for solutions, and can also reduce the trauma response and symptoms by gaining understanding and empathy. In contrast, some of the interviewees had had unfavorable relationships with their rearers and had endured abuse for a long time as they had had nobody to consult with. While it is desirable to have good relationships with parents, there were cases where support from others such as relatives, teachers, friends and neighbors functioned instead of good relationships with the parents.

It was also confirmed that attachment and trusting relationships had contributed to the maintenance of the hope to live even if the victim had not been able to talk about the abuse directly. For example, a woman had been abandoned by her mother and also sexually abused by her father. Although she had not been able to tell anyone about the specific abuse, relatives and teachers had cared about her and had helped her become self-reliant quickly. Supporting and supported by her brother, she had become an adult with no trouble and fulfilled her responsibility as a member of the society. At present, although she still shows the symptoms of PTSD, she has a warm family relationship and good relations with neighbors as well.

(7) Trauma during childhood can lead to another trauma and eventually complex traumata

I confirmed that traumatization enhances the vulnerability to trauma from another subsequent event and can lead to complex traumata, whether caused by sexual abuse or by other types of events. Those victims growing under a favorable child-rearing environment are more likely to reveal the abuse and gain sympathy, which can reduce the impact of the abuse and also prevent continued abuse. On the other hand, when traumatization during childhood for reasons such as an abusive child-rearing environment, continued bullying at school and sexual abuse by a teacher had been left untreated, the victims had had difficulty in coping with the abuse due to their low self-esteem, sensory paralysis, distrust of others and a sense of powerlessness caused by the trauma, which had resulted in worsening the damage and the symptoms. In some case, it was judged that the dissociation symptoms attributable to past trauma aggravated the damage caused later and increased the possibility of being involved in an accident. In another case, desperation and a sense of hopelessness seemed to have led to risk factors such as the selection of dangerous partners and engagement in reckless acts. The vicious circle of untreated trauma and new trauma was identified in many cases.

(8) The selection of the partner has large impact on later life

Traumatization at an early stage of life influences the selection of the partner. While there were some cases where past trauma had resulted in the selection of an abusive partner, in other cases the victim had chosen a partner who trusted and supported her. The selection of an abusive partner naturally aggravated the victim's psychological

condition. In contrast, the victim who made a good selection and built a trusting relationship with the partner subsequently recovered at a surprisingly high pace and reduced her symptoms. For example, two of the surveyed women were victims of sexual abuse and had not been able to have sexual relationships with their partners for several years after marriage, but the partners had understood their trauma and had waited without giving pressure. Although the conditions that enable the selection of a good partner have not been identified clearly, attachment to the rearers, friends and acquaintances as indicated in (6) above was certainly one of the keys.

(9) The understanding and values of the community on trauma influence the recovery

In addition to general understanding and values on sex and sexual abuse, the understanding of the public on abuse and abuse victims influenced the cognition and approach of the victims to their own abuse as well as to their recovery. Meanwhile, it has been confirmed that education improves the understanding and cognition of the abuse and reduces the impact. For example, one of the interviewees had suffered sexual abuse in a conservative region where negative values on sex were underlying, and accused herself more seriously due to her wrong understanding of sexual abuse (e.g. there was a “fault” of the victim) as given by the people around her. But she learned about human rights at the university in which she had enrolled after working for a while in the society, and also gained knowledge on women's issues and sexual abuse from lectures at a women's center. Eventually, she corrected her understanding of her abuse, which promoted her recovery.

(10) Victims of sexual abuse hardly consult with specialized agencies, but there is a high demand for counseling

Many of the interviewees had revealed their sexual abuse to nobody, and only in three cases had the abuse been reported to the police. None of the women had sought the help of mental health-related specialized agencies about their sexual abuse. Seven of them had the experience of consultation with specialized agencies such as psychiatrists, psychotherapists and counseling offices, and three still continued their consultation. However, their main complaints in all cases were about child issues, relationships with the mothers-in-law, depression or insomnia; none of them consulted about their past sexual abuse. Although sexual abuse, especially that at an early age, has large impact on women's life, the correlations are not recognized and the victims cannot seek treatment.

On the other hand, there were strong calls for the improvement of consulting offices. The interviewees were asked about the countermeasures they demanded from society, and many of them answered that they called for the dissemination of correct knowledge and the development of the supporting system. Examples of the opinions are: “I wanted knowledge on sexual abuse to be disseminated in the society. The abuse

will have impact on life if counseling services are not used. This kind of survey is necessary.” “I learned much when I participated in a seminar on violence against women. Responses are required from society, including the correction of the traditionally common and wrong ideas about sexual abuse, and the development and improvement of shelters for abuse victims.” “Places are needed where privacy is ensured and victims can talk about anything. I also hope for the improvement of existing counseling offices.” “It is necessary that people know that there are places where we can consult casually in times of need.” “The supporting agencies for the victims are not well-known among the public. It would be effective to just keep pamphlets introducing them at places such as stations and supermarkets.” “There are not many consultation services for the public, and the price is high. It is necessary to survey the actual conditions and discuss countermeasures and supporting activities. It is necessary to improve assistance by public agencies.” The women who had experienced sexual abuse wanted knowledge on abuse and on the places where they could consult casually with a sense of security. Some of the women said that they had accepted to be interviewed in order to make such claims.

4. Necessity of community intervention to enhance resilience

As shown above, life is full of potential causes of trauma, and it is unrealistic that experts respond to all the causes. While it is naturally favorable that no abuse is suffered, it is also essential to work to enhance resilience of the victims by helping them respond to various types of abuse and developing an environment where they can do so.

Based on the idea that trauma during childhood has large impact on later life, it is especially important to work on children. It is desirable that children achieve as many as possible of the “I HAVE,” “I AM” and “I CAN” factors shown in Table 1. This will require a child-rearing environment that ensures the healthy development of children. Although family relationships should ideally be stable, in reality trauma is often caused in family relationships by abuse or/and DV. In such cases, careful support from extended families, neighbors or educational/welfare institutes is desired. Experience of good attachment with any one of the significant others can be a life-changing factor for children. It is also necessary that the adults around children have basic knowledge on trauma and its impact to prevent traumatized children from being neglected with no chance of revealing their trauma. Repeated damage must be avoided by giving treatment to prevent continued trauma and reduce the negative impact, by connecting the children with specialists if necessary. This can be applied even to adults. To realize these conditions, community reform, such as social education and system development, is required.

Marzillier & Hall (1999) indicate community care as a challenge for the

development of clinical psychology, and claim the necessity of cooperation with other types of professionals in the establishment of the healthcare system. Support for the victims of trauma depends not only on counseling by specialists but also on the condition of the community as a whole. From such a perspective, I have engaged in support for child-rearing, cultivation of child-rearing supporters, community intervention for the avoidance of abuse and preventive intervention for children growing up in abusive households, and have reported them. The clinicians involved in clinical practice of trauma have duties other than just counseling. In fact, counseling of victims requires assessment and treatment from an ecological viewpoint as well. It cannot be overstressed that support for the victims comes not from specialists but from people in the community.

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A Multidimensional View of Holistic Education:

From Eastern Perspectives

Yoshiharu NAKAGAWA

1. Background: Holistic Education and Eastern Philosophy

The major fields of my study include holistic education, transpersonal psychology, spirituality, and Eastern Philosophy. The holistic education started in the late 1980s in North America, and I came to know it in the early 90s in Japan. From 1996 to 2000 I had studied holistic education at OISE (Ontario Institute for Studies in Education) of the University of Toronto, Canada.

When I studied at OISE, I came to realize that ideas within Eastern philosophy could contribute to our understandings of human nature and holistic education. I completed my Ph.D. thesis, entitled 'Eastern Philosophy and Holistic Education,' under the supervision of Professor John Miller, a worldly known scholar of holistic education. This work was later published as *Education for Awakening: An Eastern Approach to Holistic Education* (Foundation for Educational Renewal, 2000).

Though I am not a specialist of any particular Eastern philosophy, in these years I have become more convinced that there are ideas coming out of Eastern philosophy which could contribute to the current discussions of spirituality in education. Diverse ideas of Eastern thought have already been introduced to educational theories and practices in the West (DeSouza et al., 2009; Engebreston et al., 2010; Eppert & Wang, 2008; Miller, 2006; Miller & Nakagawa, 2002; Yust et al., 2006).

2. Five Dimensions of Reality

My approach to Eastern philosophy has been strongly informed by the thinking of Toshihiko Izutsu (1983, 1985, 1989), a remarkable scholar of Islamic and Eastern philosophies. He attempted to meet the challenges of the present situation by creating a future-oriented 'Oriental philosophy' ('Oriental' in his usage) as a postmodern philosophy. As a main lecturer, he regularly delivered his ideas at the Eranos conferences (2008a, 2008b).

Izutsu (1983) applied a methodological operation named "synchronical structuralization" to the body of Eastern philosophy. This operation has two phases: The first is to deconstruct different worldviews of Eastern philosophy to identify common strands among them. This hermeneutical speculation is intended to sort out

fundamental structures in the Eastern ways of thinking. The second phase is “subjectification” or “internalization” of those fundamental structures. This involves the spiritual cultivation of one’s own depth-consciousness to directly know the depths of reality as described by Eastern philosophical concepts.

Following his method, I have examined Eastern worldviews that illustrate deeper dimensions of reality than our ordinary perception grasps. By introducing these views to the discussions of education, I have attempted to enlarge the framework of educational theory (Nakagawa, 2006, 2008, 2009, 2010). This paper discusses some of the ideas I have developed through my work. As resources for this paper I make particular reference to Lao-tzu (*Tao Te Ching* translated by Izutsu), Advaita Vedanta from Indian thought, and Ch’an/Zen Buddhism among others.

As Izutsu emphasized, one remarkable feature of Eastern perspectives is the view of “multistratified structure” of reality. He found that many Eastern perspectives are identical in describing reality in forms of multidimensionality. Multiple dimensions in this context cover from the surface level of separate things through intermediate realms to the metaphysical and ontological depths of reality.

For example, Izutsu (1983/1984), in his *Sufism and Taoism*, described a multistratified structure in Lao-tzu’s philosophy (p. 481). Lao-tzu’s *Tao Te Ching* includes: (1) Mystery of Mysteries, (2) Non-Being (Nothing, or Nameless), (3) One, (4) Being (Heaven and Earth), and (5) the ten thousand things. Lao-tzu (2001) says, “The Nameless is the beginning of heaven and earth” (chap. 1, p. 28), and “The ten thousand things under heaven are born out of Being. Being is born out of Non-Being” (chap. 40, p. 104).

I combined multidimensional views of reality in Eastern philosophy with the essential ideas of holistic education and outlined ‘the five dimensions of reality’ as a foundation for holistic education (Nakagawa, 2000). They include:

Objective reality: the surface reality of separate things;

Social reality: the semantic articulation of objective things;

Cosmic reality: the deeper interconnection in nature and the universe;

Infinite reality: the metaphysical and ontological depths;

Universal reality: the integrated whole of all dimensions.

(1) Objective Reality and Social Reality

‘Objective reality’ is the phenomenal world of separate things arising in our ordinary perception where the mode of distinction or differentiation is predominant. We are completely identified with this level in our everyday living. However, objective reality is given to us through the constructive function of the mind that articulates what is given into separate things.

Therefore, objective reality has its own semantic foundation, which is called

‘social reality’ in this scheme. It is the dimension of social interrelation that articulates the phenomenal distinctions (meanings) of things through communicative action.

(2) Semantic Articulation

Concerning this aspect, Lao-tzu (2001) says, “The Named is the mother of ten thousand things” (chap. 1, p. 28). Likewise, ancient Eastern thinkers recognized the mind’s function to give rise to distinctions between things, but at same time they underlined that this function of the mind is the primary cause of our delusive perception, fragmentation, separation, false attachment, and suffering.

The *Awakening of Faith in the Mahayana* (Hakeda, 1967), a classical treatise on Mahayana Buddhist philosophy attributed to Asvaghosha, claims that the appearance of things arises from the “deluded mind”: “Since all things are, without exception, developed from the mind and produced under the condition of deluded thoughts, all differentiations are no other than the differentiations of one’s mind itself” (p. 48). This text refers to two types of Mind: “Mind in terms of the Absolute” on the deepest level of *nirvana* and “Mind in terms of phenomena” on the phenomenal level of *samsara* (or transitory existence of birth and death).

That which is called “the essential nature of the Mind” is unborn and is imperishable. It is only through illusions that all things come to be differentiated. If one is freed from illusions, then to him there will be no appearances (*lakshana*) of objects [regarded as absolutely independent existences]. (pp. 32-33)

In a similar way, Advaita Vedanta holds that ‘ignorance’ (*avidya*) produces phenomenal differences of things. Ignorance here means ‘superimposition’ by the mind, a function which misconceives a partial quality as the whole of existence. Superimposition is the function that articulates primordial non-dual unity into diverse things. Therefore, the phenomenal world of separate things is called an ‘illusion’ (*maya*). Sankara (1979/1992), the greatest saint and thinker of Advaita Vedanta, remarked, “This whole [universe] is qualification, like a beautiful ornament, which is superimposed [upon *Atman*] through nescience” (p. 116).

We project meanings onto things and take the objective reality thus created as the only reality that exists. But the true nature of reality is disclosed only when the mind’s function and the surface reality are suspended and ceased.

In addition to this, on the surface level we ourselves are also articulated into a fragmentary existence or a separate ego. To be freed from this fragmentation in order to recollect the wholeness of our being, we need to liberate ourselves from the dominance of the mind. For this purpose spiritual traditions in the East developed various ways of contemplation and meditation.

(3) Cosmic Reality

Beneath the social reality comes 'cosmic reality' which is an encompassing dimension of nature and the universe. This is the realm of interconnection in which everything is dynamically connected to everything else. Realizing this dimension, we find ourselves in direct communion with nature and the universe. This is also the realm of the 'soul,' for the soul inwardly experiences the deeper interconnection of things.

(4) Infinite Reality

However, cosmic reality is not the ultimate depth of reality. Further there exists 'infinite' depth of reality. Izutsu called this dimension "the absolutely unarticulated" or "the zero point of consciousness and Being." Here I also follow Huston Smith (1976) who regards this reality as 'Spirit' and equates Spirit with 'the Infinite.'

With regard to Advaita Vedanta and Ch'an, Smith (1976) remarks, "Spirit is the Atman that *is* Brahman, the aspect of man that *is* the Buddha-nature.... It is the true man in Lin Chi the Ch'an master's assertion that 'beyond the mass of reddish flesh is the true man who has no title'..." (p. 87).

(5) Unlearning and Dis-identification

Regarding 'the absolutely unarticulated,' Lao-tzu (2001) says, "The Way [*Tao, Dao*] in its eternal reality is nameless" (chap. 32, p. 88). Of this nameless Way, it is also said, "There is Something imperceivable but real, born before heaven and earth. Silent and void, it stands alone, never changing" (chap. 25, p. 73). On returning back to the Way, Lao-tzu provides an important idea for education, which is concerned with 'unlearning.' Unlearning includes the process of dis-identification with what was learned and also leads to the state of 'non-action.' Lao-tzu says:

If one pursues learning, (knowledge) increases day by day.

If one pursues the Way, (knowledge) decreases day by day.

Decreasing, and ever more decreasing, one finally reaches the state of non-action.

Once one has reached the state of non-action, nothing is left undone. (chap. 48, p. 117)

(6) Pure Consciousness as Infinite Reality

Advaita Vedanta maintains that Atman is Brahman. Both of them are unborn, deathless, all-pervading, and all-embracing. The nature of Atman and Brahman is 'pure consciousness' (or pure awareness). Shankara (1947/1975) remarks:

The Atman is pure consciousness, clearly manifest as underlying the states of waking, dreaming and dreamless sleep. It is inwardly experienced as unbroken

consciousness, the consciousness that I am I. It is the unchanging witness that experiences the ego, the intellect and the rest, with their various forms and changes. (p. 68)

The Atman is the witness, infinite consciousness, revealer of all things but distinct from all, no matter whether they be gross or subtle. It is the eternal reality, omnipresent, all-pervading, the subtlest of all subtleties. It has neither inside nor outside. It is the real I, hidden in the shrine of the heart. (p. 69)

Likewise, the *Astavakra Gita* (Mukerjee, 1971/1997), an Advaitic classic, repeatedly makes this point: “You are neither earth nor water nor fire nor wind nor sky. For the sake of freedom know the Self as the embodiment of pure consciousness and the witness of all these” (p. 31), and “I am only pure consciousness. It is only through ignorance that external qualities are attributed (to the Self)” (p. 47).

Sri Nisargadatta Maharaj (1973/1982), a modern Advaitic mystic known for his book *I Am That*, mentions three levels of consciousness involving surface ‘consciousness,’ intermediate ‘witness,’ and primordial ‘pure awareness’:

You are always the Supreme which appears at a given point of time and space as the witness, a bridge between the pure awareness of the Supreme and the manifold consciousness of the person. (p. 64)

Maharaj suggests here an important point. The practice of enhancing witness could bring us to “the pure awareness of the Supreme.” The act of witnessing would eventually lead us to the point where the witnessing self is dissolved into the boundless ocean of pure awareness.

This pure awareness is also called *turiya* (the fourth state of consciousness). Sri Ramana Maharshi (2004), another modern Advaitic mystic, comments on this: “*Turiya* means that which is the forth. The experiencers (*jivas*) of the three states of waking, dreaming and deep sleep, known as *visva*, *taijasa* and *prajna*, who wander successively in these three states, are not the Self [Atman]” (p. 71). The Self witnesses these three states and so it is called the forth.

(7) The Education of Awareness

I have often argued for the practice of ‘awareness’ (witness) in education as well as in spiritual cultivation (Nakagawa, 2008, 2009), and in my discussion I have included the Buddha’s teachings of mindfulness (*sati*), Aldous Huxley’s ideas of the “nonverbal humanities,” and Krishnamurti’s teachings of awareness, for the practice of awareness is a basic way of unlearning conditioned patterns in actions and then revealing ‘direct experience.’ Most importantly, awareness is an essential path to spiritual awakening or

enlightenment (*satori*).

Huxley's (1956, 1962) ideas on the non-verbal education are still valuable for conceiving a spiritual education (Nakagawa, 2002). The "nonverbal humanities" encompass trainings of awareness from Eastern and Western origins such as the Alexander Technique, Gestalt Therapy, Zen, yoga, Shiva's Tantra, and others. Huxley was known for his commitment with Vedanta.

Krishnamurti (1974), who was Huxley's close friend, regarded "choiceless awareness" as the heart of education and meditation. On this point, his idea agrees with those of Advaitic mystics such as Nisargadatta Maharaj and Ramana Maharshi. We find in Krishnamurti's approach to education one of the best examples for the art of awareness.

(8) Silence as the Deepest Reality

It is also important to note that with awareness comes 'silence.' Silence means a mode of existence arising in the no-mind state of awareness. Krishnamurti (1970) often referred to silence of this sort: "A meditative mind is silent...; it is the silence when thought—with its images, its words and perceptions—has entirely ceased" (pp. 114-115). Ramana Maharshi (2004), who was called himself a sage of silence, wrote: "The Self is that where there is absolutely no 'I'-thought. That is called 'Silence'" (p. 42). Lao-tzu (2001) also valued "stillness" in terms of returning to the Root:

Attaining to the utmost limit of emptiness, I firmly maintain myself in stillness.

The ten thousand things all arise together. But as I watch them they return again.

All things grow up exuberantly. But every one of them returns to the Root.

The return to the Root is what is called stillness.

It means returning to Heavenly Command.

The return to Heavenly Command is what is called the Unchanging.

To know the Unchanging is what is called illumination. (chap. 16, pp. 54-55)

(9) Awakening to the Buddha Nature

Ch'an/Zen Buddhism is a way of awakening to the true nature of the self, which is variously called "original nature" (Hui-neng), "the One Mind" (Huang Po), the "True Man" (Lin-chi), or "the Unborn" (Bankei). All of these concepts imply the Buddha-nature, or pure consciousness.

Hui-neng (1998), the sixth patriarch of Ch'an Buddhism in China, emphasized that our original nature is inherently 'pure,' and said, "Buddhahood is actualized within essential nature; do not seek it outside the body.... [I]f your own nature is awakened, you are a buddha" (p. 28).

Huang Po (1958) called the original pure nature “the One Mind.” In Chinese, the word for Mind is *h’sin*, which implies pure consciousness. Huang Po said, “All the Buddhas and all sentient beings are nothing but the One Mind, beside which nothing exists. This mind, which is without beginning, is unborn and indestructible” (p. 29). What is important is to just realize this Mind: “Only awake to the One Mind, and there is nothing whatsoever to be attained. This is the REAL Buddha” (p. 30). The One Mind is “the pure Buddha-Source inherent in all men” (p. 35). “It is by preventing the rise of conceptual thought that you will realize Bodhi; and, when you do, you will just be realizing the Buddha who has always existed in your own Mind!” (p. 38).

Lin-chi (1993) used the term “True Man with no rank” for describing the Buddha-nature: “Here in this lump of red flesh there is a True Man with no rank. Constantly he goes in and out the gates of your face. If there are any of you who don’t know this for a fact, then look! Look!” (p. 13).

The Japanese Zen Master Bankei (1984) termed “the Unborn” (*fujyo*) to describe the Buddha Mind. He talked to his disciples as follows:

Everyone here is a buddha. So listen carefully! What you all have from your parents innately is the Unborn Buddha Mind alone. There’s nothing else you have innately. This Buddha Mind you have from your parents innately is truly unborn and marvelously illuminating. That which is unborn is the Buddha Mind; the Buddha Mind is unborn and marvelously illuminating, and, what’s more, with this Unborn, everything is perfectly managed. (p. 4)

(10) Universal Reality

In realizing the infinite reality, the whole world (objective, social, and cosmic realities) is transformed in the way that something infinite manifests itself through the world. The infinite reality is now unified with the finite world. This I called ‘universal reality.’

Shankara (1947/1975) says, “This universe is an effect of Brahman. It can never be anything else but Brahman. Apart from Brahman, it does not exist” (p. 70). This is called *saguna* Brahman. Advaita Vedanta refers to a paired concept of *nirguna* Brahman and *saguna* Brahman. *Nirguna* Brahman means the ‘formless’ absolute (infinite reality) beyond any qualification, and *saguna* Brahman is the phenomenal manifestation of the absolute in the multitude of beings.

Pure awareness thus becomes one with the entire world. Nisargadatta Maharaj (1973/1982) speaks of this realization of pure awareness: “I saw that in the ocean of pure awareness, on the surface of the universal consciousness, the numberless waves of the phenomenal worlds arise and subside beginninglessly and endlessly. As consciousness, they are all me” (p. 30).

In the same vein, Ken Wilber (1997) writes: “When I rest in the pure and simple Witness, I will even begin to notice that the Witness itself is not a separate thing or

entity, set apart from what it witnesses. All things arise within the Witness, so much so that the Witness itself disappears into all things” (p. 292).

(11) Non-dual Identity between Non-Being and Being

The *Heart Sutra* describes this universal reality in the famous line: “Form is emptiness; emptiness is form.” Nagarjuna (1995), the originator of the Madhyamika philosophy in Mahayana Buddhism, says, “There is not the slightest difference/Between cyclic existence and nirvāṇa. There is not the slightest difference/Between nirvāṇa and cyclic existence” (p. 75).

On Trust in the Mind (Hsin-hsin-ming), by the third patriarch of Ch’an Buddhism, Seng-ts’an, describes the non-dualistic nature of reality: “Being—this is nonbeing, nonbeing—this is being” (Watson, 1993, p. 152). The Japanese Zen Master Dōgen’s (1985) famous words for the students of Zen read:

To study the buddha way is to study the self. To study the self is to forget the self. To forget the self is to be actualized by myriad things. When actualized by myriad things, your body and mind as well as the bodies and minds of others drop away. No trace of realization remains, and this no-trace continues endlessly. (p. 70)

(12) Action in Non-Action

In the universal reality each thing comes to appear not any more as a separate fragmentary existence but as a holistic existence that integrates multiple dimensions within itself. Also, an ordinary action becomes fully wondrous, for it is rooted in and emerges from the depths of reality. Lin-chi (1993) talked to his disciples about ordinariness:

Followers of the Way, the Dharma of the buddhas calls for no special understandings. Just act ordinary, without trying to do anything particular. Move your bowels, piss, get dressed, eat your rice, and if you get tired, then lie down. Fools may laugh at me, but wise men will know what I mean. (p. 31)

Lao-tzu (2001) notes, “A man of superior virtue keeps to non-action, nor is he ever conscious of doing something” (chap. 38, p. 99). It is in this non-action that nothing is left undone. Likewise, Ramana Maharshi (2004) replied to a question about how to attain inaction in the midst of everyday duties as follows:

As the activities of the wise man exist only in the eyes of others and not in his own, although he may be accomplishing immense tasks, he really does nothing. Therefore his activities do not stand in the way of inaction and peace of mind.

For he knows the truth that all activities take place in his mere presence and that he does nothing. Hence he will remain as the silent witness of all the activities taking place. (p. 64)

3. Concluding Remarks

As we have seen, in Eastern philosophy there has been a strong search for fulfillment by realizing the full dimensionality of reality. To realize this full dimensionality, various contemplative paths of radical reconstruction through radical deconstruction have been formulated in the Eastern spiritual traditions. Through the process of radical deconstruction the boundless depths of reality are revealed and so they are embraced in the reconstruction of reality. In this way the Eastern approach recollects the wholeness of the multidimensional reality.

We can now view the human existence as an integration of multiple dimensions. The human being is an integrated whole that involves them all. Based on this understanding, it becomes clear that the child is an existence that already embraces these dimensions. On this point there seems to be no difference between child and adult. An ordinary view sees a child only as a developing being in his or her physical, affective, and cognitive faculties. For the most part educational efforts are focused on helping this development. However, it forms just the surface dimension of the child's existence where individual personality (the body-mind) develops to its maturation.

In the multidimensional view, on the deepest level there always exists an infinite dimension of pure consciousness, Atman, the Buddha nature, or the Way. This dimension has nothing to do with 'development' or gradual growth, for it is unborn, beginningless, pure, ever-present, and unchanging. I believe that the intrinsic task of education as found here is to awaken us to this essential nature of our being.

I have already given examples of Easterners who spoke of education in this orientation. Further examples are found in the writings and educational practice of Rabindranath Tagore (Tagore & Elmhirst, 1961) and in the attempt of integral education by Sri Aurobindo (Aurobindo & the Mother, 1956), both of whom followed the idea of Vedanta philosophy.

Education needs to enlarge itself. As well as helping in the development of individual personality it should help the realization of our innermost essence. Eastern perspectives on multidimensional reality and their significant suggestions of unlearning (dis-identification), awareness (mindfulness, witness), direct experience, and silence are strong ways in which holistic and spiritual education can be attained.

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HERE, ONE MORE TIME

木陰の物語

Shiro Dan

I am not good at sports.
I thought so because I was
terrible at baseball.



I am tone deaf.
The only bad grade I received in
elementary school was music.



However, I was able to play
volleyball and go skiing, so I
realized it was just baseball I
was bad at.



I began to go to karaoke and
realized that I also like singing.



Even so, I still somehow feel I
am bad with sports.

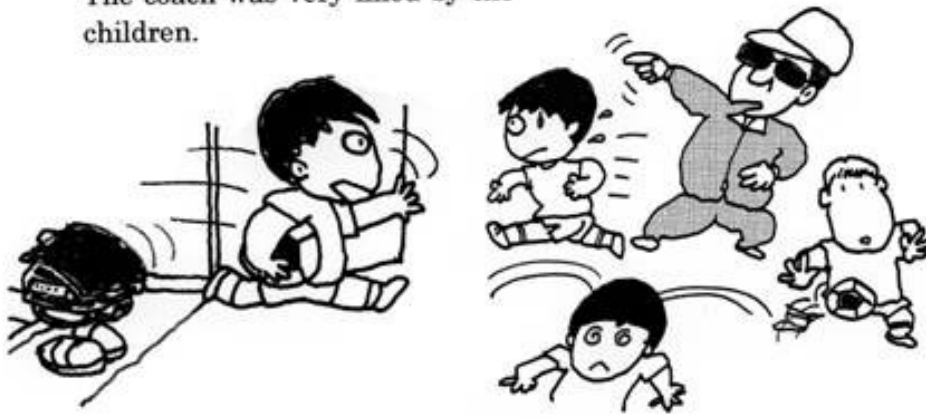
"He joined the soccer club..."



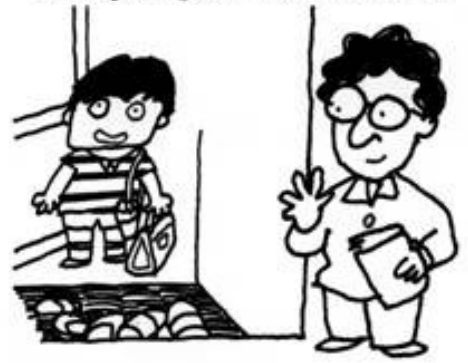
"But he *is* my son..."



The coach was very liked by the children.



"Today, we'll have a match!"
"I'll try to go, if I can make it."



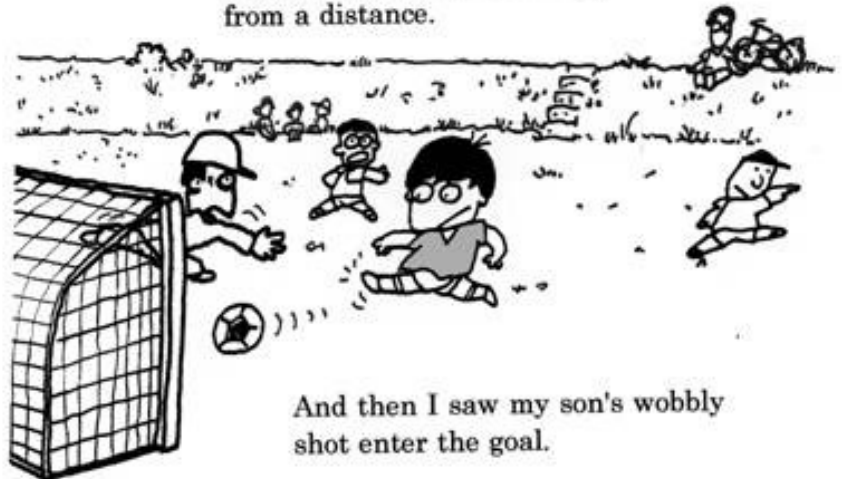
I am thankful to the person who introduced my son to something he can be passionate about.

But this was just a team of kids from gathered from the neighborhood.

I thought, "Well, he does carry my DNA..."



Being shy, I watched the game from a distance.

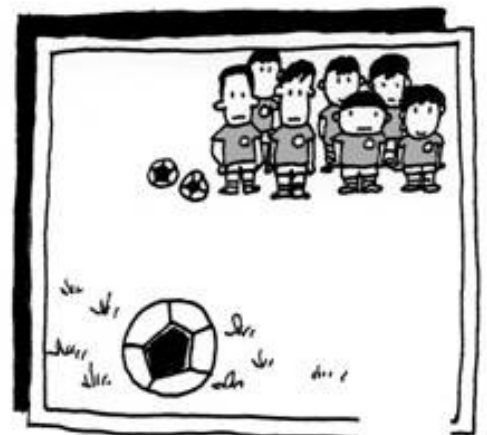


And then I saw my son's wobbly shot enter the goal.

I was so thrilled.
I thought, "This is what it means to be a parent of an athlete!"



Then I was asked to come up with a logo for the team.
I agreed to do so.



As more skilled players joined, the team became stronger, and my son began to participate less and less in the games.

This is the key question.
Would you....

- (1) Ask someone nearby for assistance
- (2) Return to the station
- (3) Continue onwards without hesitation



The answers I receive vary, but (1) is the most popular. Those who answer (2) are almost all male university students.

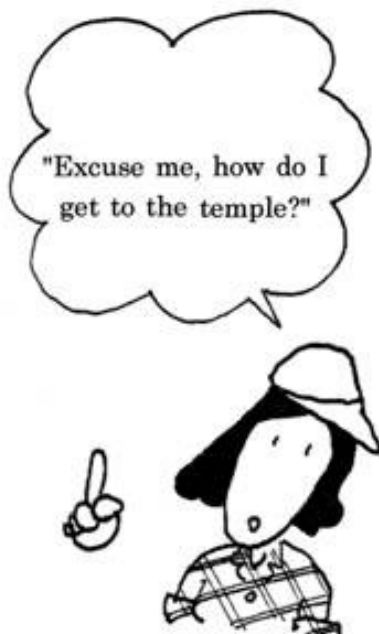


It's like pressing the reset button on a computer game, like starting again from the beginning.

Good number of people that answer (3) are predicted to do so from others.



Most people choose (1), so if it were you, how would you ask?



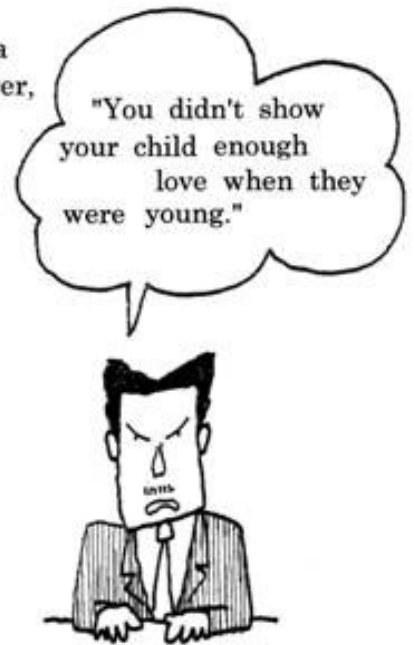
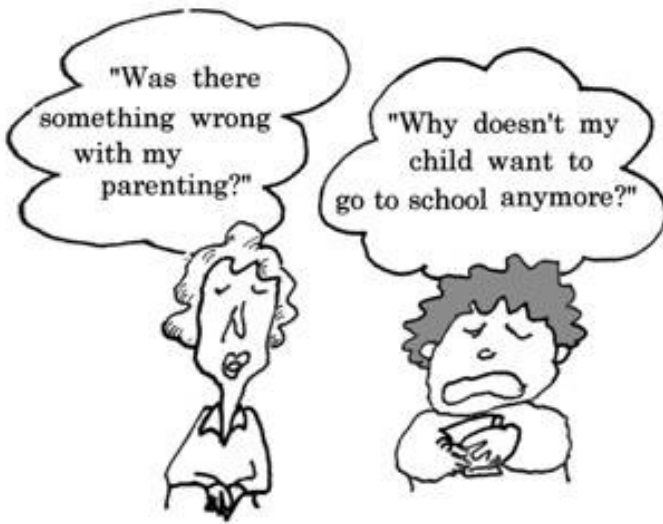
"Excuse me, but I seem to be lost. Why is that?"

Usually when I say this, everyone laughs. They laugh because people don't ask questions like that.



By the way, when I'm counseling, I get the following questions on a daily basis:

Also, counselors, faced with a difficult question, often answer,



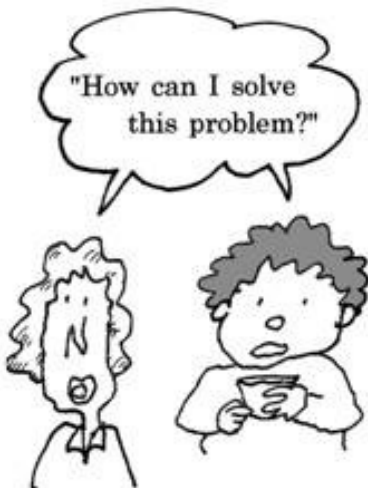
There are people who say such things as if they were the truth, but I reply without hesitation,



What's important here is HOW and not WHY



"Why did this happened?" is something one can think about him or herself. .



I respectfully request you avoid the habit of asking your counselor about the meaning of your life.

What We Need to Know about Offender Therapy:

From the Viewpoint of Clinical Practice

Tadashi NAKAMURA

1. Preface

I will examine the clinical practice for offenders in domestic violence (hereinafter "DV") and in child abuse (hereinafter just "abuse"). Although it is not proper to apply imported practices directly from English speaking society, a new initiative is being promoted for offender therapy theory and judicial clinical practice in the context of Japanese society. I think it is significant to understand such movements and introduce cases from the practice being performed in Japan, although it is still at the initial stage, for the practice of criminal defense and criminal justice.

A policy issue to be discussed is cooperation with family courts, offender rehabilitation administration, and civil affairs. In any case, it will be useful and necessary to establish a system to order offenders to undergo counseling so that they get the opportunity from society to live without violence, and to establish an offender therapy system from a psycho-behavioral perspective, in order to develop and practice the options that enable specific solutions to be applied to newly identified social problems.

In addition, offender therapy must be incorporated into "classification-based treatment" and reflected in the treatment at criminal facilities, in my opinion. In other words, it is necessary to create a program focusing on DV offenders who have a unique psycho-behavioral formation mechanism. I am also convinced of the need, based on my experience in engagement with an existing program to prevent sexual criminals from repeating their offenses. Japanese society has been suffering continuously from DV and abuse, but has not taken sufficient measures to address the offenders or made adequate efforts to support their rehabilitation to enable them to live without violence. The society is bound by traditional judicial boundaries. I will discuss the future image of such Japanese society through comprehensive examination of the design of a social-clinical system and clinical techniques to address violence within generally intimate relationships such as those of parents/children and husbands/wives, and the basic judicial system and psychological principles that support the design and techniques. (Note 1)

2. Social efforts to overcome violence within intimate relationships

To help DV offenders to live without violence, the institutionalization of programs to provide opportunities for rehabilitation is underway at the relevant facilities and in society on the whole. Asian countries also have educational programs for DV offenders. For example, a system to order them to attend lectures to overcome violence is part of the probation system in South Korea. They take the lectures while going to the probation office on a regular basis, and the program covers the eight modules of “opening of the heart,” “understanding of domestic violence,” “understanding of family,” “why domestic violence occurs,” “skills to live without violence: management of anger,” “skills to live without violence: communications,” “alcohol, stress and low self-esteem as obstacles to living without violence,” and “restoration of family ties,” which are further divided into 27 sessions. (Note 2)

When I started the survey of domestic violence in the United States to establish offender therapy for Japanese people in 1994, the country already had programs in place for DV offenders and abusive parents. Since then, a considerable amount of theories and practices have been accumulated on a global scale in this field, including elaboration on the clinical techniques.

The target is defined to be violence within intimate relationships, as distinct from general interpersonal violence, because I place emphasis on relationships and the interactive process in the generation of violence. Family is a typical psychological and social relationship that has a special role and function in the creation and expression of emotions; it also plays an important part in both prevention and generation of violence. This is why I think offender therapy in the form of clinical psychology is also important, in addition to the treatment of offenders according to criminal policy. Offenders develop violence and abuse as a strategy to survive in a stressful society through the beginning of formation of attachment, the development of friendships and the selection of jobs. Such violence and abuse seem to function as their “armor” or, in some cases, as some sort of “self-realization.” In their group work for overcoming their violence, offenders talk about the meaning of violence and abuse as: a sense of power and control and communication methods, violence towards the weak to easily achieve a sense of satisfaction and accomplishment, consideration of sex as a stress reliever, and the catharsis obtained from it. Needless to say, in their lives, they arrange such objects and relationships for self-realization around themselves, organize the objects and relationships as the environment, and act these out to live their lives. The intimate relationships and family relationships serve as an “emotional community” that develops such violence and abuse. The density of the relationships (loss of boundaries with others) generates “asymmetry between victims and offenders (in intimate relationships and similar interactions),” and violence and abuse are created based on the asymmetry. The violence and abuse become “lifestyle habits” in the “cognitive,

behavioral and emotional defense strategy of offenders.” In the closed and confined environment that seems to support such habits, the “survival strategies of the victims” (such as identification of themselves with the offenders, creation of traumatic ties, co-dependence, etc.) are established. Taking into consideration such characteristics of violence and abuse, offender therapy should combine a system to encourage clinical practice for living without violence with supporting techniques.

3. Practice of group works for men to live without violence

Currently, I am involved in clinical practice with a focus on overcoming violence in intimate relationships within two group works: group work for male DV offenders, and family reintegration group work for abusive fathers. The efforts are voluntary because no public system has been established to provide therapy for DV and abuse offenders. Obviously, measures to support victims, such as the protection order system on DV as well as the system for mediation of divorce caused by DV, should work effectively to address violence. Voluntary activities have been launched also based on the idea that a system should be established promptly for another aspect of the measures for offenders as well. The former group work has been organized by a private organization called Men’s Support Room, while the latter practice is a public initiative in cooperation between Osaka Prefecture and Osaka City.

The program for living without violence is based on group works. Group works are a method that has already been established as group mental therapy. An example of appropriate composition for a small-scale group work is eight participants and two instructors. I also engage in programs in prisons to prevent repeat sexual offenses; it is relatively easy to structure proper group works in such programs inside correctional institutes. In contrast, because DV and abuse-related group works have not been established as a system, structuring is extremely difficult and it is hard to secure the required number of participants and number of sessions, motivate their participation, or secure their continuous participation. Thus, the environment for such group works has not been guaranteed. As a desperate measure, semi-structured programs with an open participation system have been developed, in which participation is semi-compulsory (passive participation at the request of their wives or their child counseling centers). As it can be hypothetically assumed that the men/fathers are participating voluntarily, this situation has the effect of promoting the “formation of their sustainable motivation.” The slow and reluctant start is suitable for men. Although traditional clinicians brand them as “unmotivated, involuntary and resistant clients,” I think their attitudes and feelings are fairly natural.

The group works are performed with a two-hour program organized once a fortnight, and the components of the program include cognitive behavioral therapy and rehabilitation, the understanding and acquisition of an anger management method,

strength approach (enhancement of strengths and cultivation of abilities for the self-correction of problems), reintegration of bodies and minds to address alexithymia (promotion of the recognition of emotions to develop empathy towards others), and somatic approach (to integrate physical senses). As a guide for the timing of encouragement of participation, review of the separation of parents and children by the family court once every two years is considered in case of abusive fathers, and the protection order and arbitration period are taken into consideration in the case of DV offenders.

A group work is a “place to restart and practice” communications as the way of living. The aim is to give a chance to restructure the conventional way of living. A selfish way of living to affirm violence and abuse and an idea not to deny violence are reflected in the cognition and behavior, and sensitivity is so low that they can hurt people close to them without a sense of guilt. Therefore, the group work focuses on functioning as a safe place for self-disclosure and alteration. They will experience relationships that they have never experienced. The men in the armor of masculinity who say “a man must always look sharp once he's off his own premises” commonly have many issues which they cannot discuss with friends or colleagues. For example, the somatic approach to confirming mutual trust (work for physical contact and sensitization) reveals that their bodies are uniformly “rigid.” The conversations are also masculine. At the initial stage of participation, some men try to keep at a distance with the suspicion that this program may be useless, and behave in a resistant way using language games. They are not good at recognizing that they live with others or at considering the feelings of people close to them. This is inextricably linked with their insensitivity to their own feelings.

As the group progresses with its sessions and participants continue to carry out self-disclosure, the density of the mutual relationships is increased. They come to present themselves naturally, just as they presumably built human relationships in the past. The stiffness of their minds is massaged away. Through such group work, the issues showing behavioral modification are foregrounded, affirmed and conscientized by making use of the moments in which it can be considered that the communications have worked well. Good alteration is enhanced.

In addition, the conversations are not one-way in this group work. Emphasis is placed on mutual involvement. For example, participants talk about their calmness and their struggles in the preceding two weeks with “I” as the subject of the sentences. Others listen attentively, and then give affirmative feedback without criticism. Due to the open participation system (new participants can join the group at every session), each of those who have participated in previous sessions is always asked to talk about what the group means to him. Even those who have attended many sessions express the meaning with different words each time, and the use of more varied words and contexts in their presentations represents their progress. An empathetic sympathetic

attitude to others, and self-disclosure, begin to become apparent.

Emphasis is also placed on the ritual of “check-in” to and “check-out” from the group. A group work session starts with autogenic training. After a light stretching exercise, participants control their breathing and perform visualization exercises. At the end of the session, all participations express their wish to have a peaceful time in the coming two weeks and shake hands with each of the other members. The person in charge sets the seal on their participation certificates (a system similar to participation in on-the-radio exercises). There is a case in which the system is recognized as a point system (token economy) and used for the reintegration of families. In another program, participants are allowed to meet their children once after participating in two group work sessions, to restore family ties.

Such a group represents a small “society.” As there are no women participants, it is a male “society.” The relationship in the group is called homosocial. In a group work, interpersonal violence and abuse are regarded as a reflection of the collective consciousness of the “society” that maintains a positive stance towards violence and offensiveness (complicity) in the male culture, including the attitude and consciousness to gender issues. The connection to stories in the modern “society” (system to give significance) cannot be ignored. In specific scenes, men will resist in a masculine way and present communications containing “neutralization techniques,” “justification” and “accusation of victims.” In addition, their words unconsciously include “neutralization of the victim,” “communications that make the offender sound like a victim,” “technique to expose the offensiveness of the victim,” “misconception of abuse as discipline,” “deprivation of the dignity of the victim,” and “internalization of the viewpoint of the offender in the victim.” Whichever is included is used as a clue to launch the offender therapy. In addition to an interview for motivation, support to living without violence is practiced to address issues such as relations to emotional expression, difficulties in an intimate relationship and with manhood, distinctive biased conceptions and cognitions and being paranoid about power relationships.

4. Theory, practice and system of offender therapy

The new movement of the practice of offender therapy to live without violence has been set up as a system in other countries. In addition, new concepts such as therapeutic community, problem-solving justice, restorative justice, therapeutic justice, reintegration and social inclusion have been established. Offender therapy (which has a broader concept than judicial therapy) has been systematized as a social model of clinical psychology to support these new concepts. Such a theory of offender therapy emphasizes a new relationship between justice and psychology, with the target of living without violence.

Nevertheless, there are many controversial issues on offender therapy. They

include distinction of criminal needs from non-criminal needs, distinction of dynamic risks from static risks, and what should be emphasized. Examples of criminal needs are pro-criminal attitude and value, the aspects of anti-social personality (e.g. impulsive character), poor problem-solving capacity, alcohol and drug use, feelings of hostility and anger, connection with crime groups, etc. These are conceptualized as dynamic risks and positioned as variables. They are direct targets for the prevention of repeat offenses. Static risks are those variables that are difficult to change; they include gender, age and criminal record. Non-criminal needs are not directly related to the prevention of repeat offenses; they include low self-respect, anxiety, personal anguish and group consciousness of belonging to a group. It is important to focus on non-criminal needs for enhancement of the sense of safety, self-evaluation, valuable life and purpose of life and for establishment of trust relationships with criminals.

In addition, there are ongoing controversies over how to assess and manage risks; whether educational program or clinical program; a claim that the gender theory cannot explain the violence of each man because it is too macro; a claim that the program is meaningless if the diversity of offenders is not considered; how to apply restoration and reintegration to DV; how to relate the conciliation-first principle to DV; etc.

Offenders have a “biased way of living” that affirms violence and abuse — although the degree is variable — to develop a strategy for survival. When the process of being an offender is examined, the intertwinement of macro variables (social environment) such as intimate relationship generated by interpersonal violence (human environment of attachment), distorted manhood, life stresses such as unemployment and divorce, changes in gender awareness, and social changes concerning the human rights of children is identified. When macro factors and personal micro factors are integrated and the targets are approached in the form of intervention and assistance, the integrated factors are recognized as an “abusive personality” in some discussions. I consider such recognition to be useful for the targets of the program. It is significant to specifically look at the targeted “abusive personality” and include non-criminal needs in the targets of support. This serves as the foundation of offender therapy. The institutionalization of new justice contributes to the formation of the framework. To overcome violence, abuse and other deviant behaviors in a broader sense captured by the net-widening of the legalization society, it is necessary to set up the “problem-solving justice.” Behind it, there are non-criminal needs; these are connected to their difficulties of living a life. (Note 3)

5. Postface

It is also a hope that society has in place a program for living without violence. I think this is a precious area of practice because DV, abuse and other problems arising in

intimate relationships are inherently behind many murder cases. Although families and intimate relationships, which are the micro bases of social relationships, are a process of generating violence and abuse, they are more often a place for the formation of persons who are not violent or abusive. I think that this is a good opportunity to visualize the various forces functioning in such a place and establish the offender therapy appropriate for Japan.

Notes

1. For details, see my books such as *Domesutikku Baiorensu to Kazoku no Byori* (Domestic Violence and Family Pathology) (Sakuhinsha, 2001) and *Taijin Enjogaku no Kanosei* (Potential of Personal Support Study) (co-authored, Fukumura Shuppan, Inc., 2010).
2. The description of the program is according to the manual for program instructors presented while I surveyed a probation office in Seoul, South Korea in March 2010.
3. This claim is discussed on a full scale by Donald G. Dutton in *The Abusive Personality: Violence and Control in Intimate Relationships*, second edition (The Guilford Press, 2007). The Japanese version of the whole book co-translated by me is scheduled to be published by Akashi Shoten in winter this year.

The Possibilities of the "Projective Drama Therapy" from the Perspective of Image Projection

Naoko OKAMOTO

1. Introduction

Below is an improvisational scene (referred to below as a "projective drama") performed by an "enactor" (used here on to refer to the person describing things), using a miniature stage and dolls devised by the author:

A wealthy, spoiled boy is taken hostage by a villain, and "Detective A", "Detective B", and "Detective C" go and try to save him. The detectives manage to save the boy, but Detective A is struck down by the villain, and dies. However, the spoiled boy shows no sympathy for the death of Detective A, who died to save him. He haughtily proclaims "My Father is a member of the National Diet, you know", using his Father's influence as a way to justify the death of the detective. Detective C is enraged by this behavior, and begins kicking and punching the spoiled boy.

Detective C: Hey you! Here's a Summer Salt Kick! (Kicks the spoiled boy)

Spoiled boy: Ouch! (Falls over)

Detective C: How was that? Don't you get it, kid?

Spoiled boy: Shoot! Stop! Not anymore! (In a crying voice) Fine, fine! What do you want? Money? It's money, right?

Detective C: Hey! Here's a drop kick! (Kicks the spoiled boy) Bring that great man (Detective A) to life!

I interviewed the "enactor" of this projective drama, which went as follows:
"At first, I was pretty sure that the spoiled boy was just a carefree fool. But, the instant he said "My Father is a member of the National Diet, you know", I decided he was an awful person. I put all of the images of an awful person into him. It was really enjoyable when the detective was kicking and punching the spoiled boy because I felt like I was the one doing it."

Over the past 10 years, on research, I have investigated into the mechanisms and the meanings one's internal world is expressed. As one strategy of the investigation, I used the projective drama. The projective drama uses a miniature stage and paper dolls (referred to below as "character", and the stage has a background scene. An "enactor" freely makes characters appear on the stage, and moves them

around while performing their roles in the projective drama (see Figure 1).



Figure 1. A scene from the projective drama

In the projective drama, one person acts as an "enactor", voicing lines of multiple characters, and moving the characters around to develop a story. Furthermore, as in the case given above, an enactor projects various images onto the characters.

As the research regarding projective drama amassed, it was deduced that the projective drama is not just applicable towards sharing scholarly knowledge, but that it has therapeutic possibilities as well. This paper focuses on the phenomenon of image projection occurring in the projective drama, and an examination of the significance and characteristics of this method of expression.

2. The development of the projective drama

I have used the projective drama for research purposes in over 200 cases. Below are 2 cases (Case 1 and Case 2) of a series of 10 weekly sessions that have notable characteristics in the style of expression. Each session was composed of the projective drama and introspective interview. During the projective drama, the "observer" (referring to the researcher) was seated to the right of and behind the "enactor", partially within their field of vision. The introspective interview was held after the projective drama, and within the discussion, the "enactor" recalled any impressions or emotions regarding the projective drama. The introspective interview had two intended purposes: to obtain an introspective report regarding the projective drama from the "enactors", and to allow them to return from the fantastic world of the projective drama to their real world.

When dividing the 10 sessions of projective drama by their process and themes, both cases had 3 distinct phases. For Case 1, the initial phase was from the first session to the third session, the middle phase the fourth session to the seventh session, and the last phase the eighth session to the final (tenth) session. For Case 2, the initial

phase was from the first session to the fourth session, the middle phase the fifth session to the seventh session, and the last phase the eighth session to the final session.

[Case 1: Taro (assumed name)]

My first impression of Taro was that he was reserved, polite, and had a delicate nature. There was also an air of cynical self-derision in his mannerisms. Taro used abundant gestures, movements, and voices for characters, changing tone and expression to match the scene. Taro freely expressed his internal thoughts in a very lively manner during the introspective interviews.

In the initial phase, scenes included people that idolized a snake that had found its way into the city, but were ultimately attacked by the snake, and they were driven into a panic (first session), a middle-aged man whose wife pursues divorce because of his fixation with skin magazines (third session), and an evil Santa Claus that evades taxes and makes excessive profits (fourth session). These characters were projected negative images, expressing aspects such as frivolity, weakness, and cunning in a manner usually held back in real-life situations, but were portrayed in a comical manner in the projective drama. In the introspective interview, Taro related that these aspects were self-reflective, stating, "It was like I was looking at myself". When the observer asked if he was uncomfortable about expressing himself being observed, he replied, "I can make the distinction that if the characters are used, I am the one talking but I am just voicing their lines, so it is not really me speaking. I feel like I am free to say anything."

In the fourth session of the middle phase, Taro made a Hip-hop DJ character appear with the purpose of thoroughly ridiculing the character's attempts to be extraordinary when they are in fact ordinary, a type of character Taro dislikes. However, from the moment Taro started voicing the lines of the DJ, he found an affinity with the character, and the character also appeared in fifth, seventh, and final sessions. On the other hand, there was a character that calmly responded to an attempted robbery, and another character who upheld his principles. These images projected on the characters are ones Taro found desirable.

In the seventh and ninth sessions of the final phase, characters that fall outside the boundaries of social norms, as well as characters that naturally accept those characters appeared. These characters, as explained by Taro, reflected his desire to live his own life free from social constraints, and without any hesitation freely accept others who live their own lives. In the final projective drama session, the DJ appeared again as the main character, and a party was held where all the previously introduced characters appeared, and there was an implied summary conclusion of the previous projective dramas. In the introspective interview, Taro described that he sensed the observer had a positive reaction to the DJ character during the character's initial

appearance, and had thought, "Oh, it's all right to make him to appear ". Taro then went on to intently describe that the observer's reaction to the DJ contributed to how the character was developed from then onwards.

As described above, Taro expressed those aspects which are his own negative aspects through those characters in the projective dramas in the initial phases. Then, in the middle phase, he unexpectedly embraced these (up to then negatively perceived) aspects by expressing them. In addition, he expressed some positive aspects which he desired to have. In the last phase he went through a process towards accepting aspects that fall outside of conventional social norms. In this process, the thoughts coursing through his consciousness indicated the way Taro wants to live his life. In other words it seemed he was saying, "I want to choose my own path, and not to follow common practice or to worry what authorities or others think of me. I also want to accept people that live in such a way." Through the process of projective drama, Taro identified characters with aspects he found negative (aspects of himself he does not put forward) as well as characters with aspects he found positive. It can be surmised that this projection of negative and positive images were gradually combined in the self of Taro.

Throughout this process, the relationship between Taro and the observer changed as well. In the initial phase, Taro related such thoughts, for example stating (for the third session), "I care about your reaction. So, I intentionally gave the characters funny lines expecting you to laugh at them." However, as the sessions progressed, such his concern was taken down. Upon the appearance of the DJ, he felt that the observer accepted this character, and so he proceeded to observe and develop the DJ character alongside the observer. Through the introspective interviews of each projective drama, he realized various kinds of potential in himself. It could be surmised that in the initial phase, Taro was conscious of the presence of the observer, and felt watched and unable to act freely. While in this state he enacted simple or humorous scenes for the observer to see. It can be thought that as the sessions progressed, Taro came to trust the observer and feel the observer would not reject but accept his expressions, and thus became able to express himself freely.

[Case 2: Ken (assumed name)]

Ken presented a mellow demeanor and an amicable attitude towards the observer. Before beginning the projective drama, Ken meticulously selected characters, as a chess player would decide his next move. Up to the start of the projective drama, Ken maintained this tense, severe mood, but as the projective drama began, Ken proceeded at his own pace and without apprehension. The contrast between the tenseness preceding the projective drama and the laxity that followed during the projective drama left a strong impression on the observer.

The projective dramas enacted in the initial phase were distinctly fantastic in

nature. For example, the course of events on a street during 1 day turned out to be a representation of an individual's entire life (first session), participants in a word linking game change their figures as they move around the 4 corners of a room (second session), and a group of boys stumble across a mysterious world while exploring a warehouse (third and fourth sessions). This fantastic nature was kept consistently throughout all the projective drama sessions. In the introspective interviews Ken related that he himself felt a strong sense of fantasy when enacting these projective dramas.

From the middle phase onwards, Ken represented and reworked events of his past, with appearances by a former girlfriend (fifth session) and a friend who had passed away (ninth session). In the final session, Ken made himself appear in the projective drama as a young man. The young man was wondering around and met a "shadow" trying to make him think about his future. The young man and the shadow then have a conversation about where to proceed from there. In the introspective interview, Ken explained that the man and the shadow were actually two parts of the same being, but they were out of harmony with each other. Only when conversing with each other did they come together into one being.

It could be thought that when Ken made his former girlfriend (fifth session), his dead friend (ninth session), and himself (final session) appear on the stage as characters of projective drama, he was expressing themes very important to himself. While it would appear that these important themes were suddenly projected, the contents of the previous projective dramas such as the progress of time (first and second sessions), similar but different worlds (third and fourth sessions), and death and relive (sixth session), all involve Ken describing his view of the uncertainties of life and of one's lifetime. Even if these important themes seem to be suddenly expressed, it is assumed, small glimpses into his thoughts were presented little by little in the previous enactments. As these thoughts were brought to the forefront gradually, Ken was having a conversation with himself in the fifth and ninth sessions as he projected various images into the characters. Then, in the final session, he was able to look towards his life to be lived from the present onwards.

How did Ken, who expressed themes important to himself through the projective dramas, view the presence of the observer? In the projective drama of the second session, Ken actually played out the word linking game. In the introspective interview, Ken related that when he couldn't think of the next word for the word linking game, he thought about asking the observer for a word. However, after further consideration, he felt that if he asked the observer to join in the world of the projective drama, the world would become unstable, so he refrained from asking the observer. He also stated that the projective dramas he enacted were not stable enough to withstand the improvisations provided by the observer. However, in the fourth session, Ken stated that he felt fantastic during the projective drama, and that due to this sense of

fantasy, he didn't mind being watched by the observer. In the fifth session, while expressing themes important to himself, he stated that he would have felt uneasy expressing these personal themes without anyone present, and that the observer's presence gave him some reassurance. In the ninth session, he said, "If someone isn't there to take in something I express, I feel it would just fly up and scatter into space." There was a gradual shift in the perception of the observer by Ken. It could be thought that for Ken, who highly values his self-expression, the observer is not an obstructing presence, but instead protects the enactor from being swept away while he floats through the world of the projective drama, much like an anchor on a boat. It seems the presence of the observer gave a sense to Ken that he and the observer could take in and hold onto the things he expressed, instead of them being scattered into space.

3. Functions and characteristics of projective drama

It is thought that projective drama has five primary functions. The first function is to promote and bring out the playfulness of an enactor: "activation of playfulness ". The second function is to have the enactor express his/her personal themes: "expression of an enactor's personal themes". The third function is to give an enactor unexpected insight through the process of the projected drama: "discovery of unexpected aspects of oneself". The fourth function is to allow the enactor to recreate and play over events of their past through the world of the projective drama: "reenactment and play over past events". The fifth function is to allow the enactor to express and blow off burdens through expression: "catharsis".

These functions are not solely those of projective drama; they can also be found in the sessions of psychotherapy and play therapy, as well as those in existing arts therapy approaches. However, projective drama also features two characteristics which are thought to further enhance the effectiveness of the five functions listed above.

This first characteristic of projective drama, above all else, is its role-playing and fictive nature. As Taro stated, "I can make the distinction that if the characters are used, I am the one talking but I am just voicing their lines, so it is not really me speaking." In this method of expression, those who want to express something but feel like they cannot as their own selves express them through characters. One's thoughts and images are projected into characters and externalized by speaking for and manipulating characters, and in a way the enactor can encounter themselves through these activities. As for the aspect of taking on roles diverging from one's own self, projective drama is similar to psychodrama and drama therapy. However, projective drama has a greater level of indirectness than playing out a role using one's own body, which can in some cases lower the resistance of enactors to express themselves. It can be acknowledged from numerous cases encountered in this research that the use of miniature dolls as a media makes it possible for enactors to express their important

themes and feelings.

The second characteristic could be the dynamic transition of projected images. In sandplay therapy or art therapy there is a notable degree of image projection into an item or picture, but with projective drama, in giving speech and movement to multiple characters in turn, the image projected can change easily and rapidly. It can be thought that this allows enactors to more easily express their complex emotions, see from the viewpoint of others, and notice aspects of themselves they would not normally realize.

Projective drama holds those therapeutic potentials mentioned above, but like similar approaches, introspective interview and the relationship between the enactor and the observer remain crucial. From the two cases given in this paper, by looking back at the projective drama in the introspective interview with the observer, the enactors were able to notice various things. While the enactors were initially conscious of the observer's presence, the observer ultimately became a reassuring figure. It can be inferred that the introspective interview with the observer prompts the enactor to attach meanings to the various ideas and actions expressed in the projective drama, establishing a relationship between the enactor and the observer. In other words, the introspective interview adds another level of self-reflection and therapy, and this process contributes to the formation of the relationship between the enactor and the observer. It could be assumed that with a deeper relationship between the enactor and the observer, a greater level of therapy can be achieved. As an individual burdened with a self-imposed regimen of "must" and "should" who feels like they would have difficulty relaxing around others, the enactor may liberate themselves from such omnipresent constraints and freely express his/her internal worlds through projective drama. By abandoning the constraints of "must" and "should", the enactor can more freely associate with the observer. It is inferred that the three key players of this interaction, the projective drama, the enactor, and the observer, engage in a deepening, strengthening cycle of growth. An important aspect of this is that this relationship building from projective drama is not limited to the relationship established between the enactor and the observer as mediated by the projective drama; the enactor also achieves new developments and relationships in their daily life that are not mediated by the projective drama. The existence of a phenomenon mentioned above is accurately pointed out by Fujiwara (2001). He describes the interview process modeled on "Triangle Image Method". Fujiwara states that the process of an interview has dualism of working towards an interview's conclusion while internally developing a timeless experiential world. The therapist and the client exist in this dualism, created by the limitations of interviews being of a set duration, combining with the continuity of weekly and monthly repetition. He argues that this paradoxical dualism of the interview process, this undulation back and forth, is the essence of the interview process in psychotherapy. He also points out, "Understanding the interview process, as

well as the intervals between the interviewers, flow continuously together with the client's passage through time and space in the consciousness of their real life, and understanding of this fact is the fundamental issues of human relationships in clinical practice." The observer of the projective drama must not forget that while the enactor lives in the world of the projective drama supported by their relationship with the observer, at the same time the relationship extends into the enactor's real life as well.

4. Conclusion

Projective drama is not a universal approach to therapy. Each client will have different expressive mediums that are effective for them. Projective drama has its possibilities, as outlined above, but at the same time it has issues that need further examination. There are reports that in past observations, when the enactor cannot come up with a line or movement, this leads to negative moods, pressure to perform, and impatience. Enactors have also displayed resistance or embarrassment when asked to perform the projective drama beside an observer they do not know well. In addition, it is thought it may be dangerous for the enactors with fragile egos to express themselves through the projective drama, as they may exceed their intentions or limitations in doing so.

While projective drama, like many other approaches, has its possibilities and limitations, it can be considered an effective approach if the therapist uses it only after examining the client's style of expression, the strength of ego of the client, and the client's relationship with the therapist. Furthermore, meticulous care and attention should be given to the introspective interview process. Along these lines, the author would define the "Projective Drama Therapy" as the projective drama followed by an interview, and would like to apply this method in the field of psychotherapy.

Reference

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The Process of a Therapeutic Approach to a Prisoner

Using Role Lettering

Shigeki OKAMOTO

1. Purpose

In May of 2006, the Act on Penal Detention Facilities and Treatment of Inmates and Detainees came into enforcement. This spurred efforts in each facility to improve guidance targeting reform. As this law came into force, Onuki (2006) argued for the establishment of effective treatment techniques saying that, "Under the new law, we should develop programs based on scientific knowledge for correctional treatment in penal facilities. Based on these programs we should engage in thorough educational treatment and develop the desire for reform and rehabilitation and the ability to adapt to society." In the past penal facilities had been managed focused on the twin pillars of maintaining discipline and prison work. There were no "correctional programs" that were effective treatment methods. Fujioka (2007) emphasized the need to create correctional programs, stating that, "Even though we can say that the importance of education that 'incorporates the viewpoint of victims' has finally begun to be recognized, those methods are highly limited and being applied inconsistently, including methods such as reading letters from surviving family members, watching educational videos or meeting with the family members of victims." Tomiyama (2007) describes correctional programs in penal facilities as being in the development stage, saying that, "Actual programs offering guidance for reform are being implemented on a trial and error basis based on a standard program from this bureau, but it is necessary to make continued efforts to polish and refine these contents such as referring to examples from other facilities." As we can see, through the enforcement of this new law, it would not be an exaggeration to say that remedial education in Japanese penal facilities have finally begun to take shape.

On the other hand, based on a 1977 edition of the Director-General of the Correction Bureau notice "The Management of Juvenile Training Schools", a number of treatment techniques have been adopted as a form of correctional education for youth in juvenile training schools that have been working towards the individualization of treatment for over 30 years. Yoshikawa, et al (1999) points out the effectiveness of treatment techniques in juvenile training schools, saying that, "A variety of techniques are being learned by instructors at juvenile training schools and they are producing results in the treatment of juveniles." Based on his experience offering improvement guidance such as drug addiction rehabilitation and sex crime recidivism prevention

training after the new law came into force, Shimada (2007) states that, "Along with the development of correctional treatment under the Prisoner Treatment Act on Treatment of Inmates, the number of opportunities will continue to increase in which penal facilities should learn from the treatment techniques, etc., that juvenile facilities have been developing together across the country." The treatment techniques that have been systematized in juvenile training schools can also be utilized in penal facilities. It is desirable to verify those results in the future through research on case studies of the implementation of those techniques. One of those treatment techniques is Role Lettering (hereinafter abbreviated as RL). RL, developed in juvenile training in Japan, is a technique of writing letters to a person toward whom a client has negative feelings such as anger, hostility, and hatred.

Wada, et al, who first implemented RL with juveniles reported a case study of their work in 1988 in the Japanese Journal of Correction, a monthly publication by the Japanese Correctional Association. In that publication, they published an implementation manual for RL. Wada, et al, suggest the following two methods:

- (1) The continuous Role Lettering method in which letters are written each day over a 6 - 10 day period (3 - 5 times back-and-forth), an approximately one week break is taken and this is followed by another 6 - 10 day period (3 - 5 times back-and-forth)
- (2) The intermittent Role Lettering method in which a response is written after a break of approximately one week after a letter has been written.

As we can understand from looking at the methods of implementation used by Wada, et al, the priority is placed on a "correspondence method" of always writing a response after writing a letter to a subject. Later, RL spread to juvenile training schools throughout the country and case studies were published, and all of these programs were fundamentally emulating the methods of implementation used by Wada, et al. Taira, et al, (1991) stated that, "We believe it is preferable to achieve 10 or more correspondences to improve the effectiveness of correspondence" and Omura (1993) reports that, "I have patients correspond back-and-forth 10 or more times with one subject to achieve a deeper level of correspondence." It is a shared aspect of all of these case studies that it is necessary to write "back-and-forth" correspondence multiple times.

On the other hand, there are also some voices critical of the effectiveness of RL. Ide (1991) points out the need to improve the level of counseling techniques used by instructors, arguing that, "Many of these youths are only writing a page and a half letter. The depth of these letters remains shallow and end up as little more than a formulaic apology, while on the other hand, it is a reality that there are also many cases which end up only with a unilateral lecture from parents." Based on these issues, Takagi (2006) emphasized the formation of trust relationships, saying that, "The counselor must use great care to build rapport through the counseling and encourage the juvenile to feel comfortable expressing their feelings through writing." As interest

continues to grow in the function of instructors, Takeshita (2003) offers an important point about how to write in RL, saying that, "Role Lettering was taken up throughout the world of corrections in the blink of an eye and is in use now, but has not been sufficiently effective." Having thus predicated his statement, he went on to give his reason, "The meaning of RL has been interpreted too narrowly as 'becoming able to stand in the shoes of another person and see things from their view' and we have somehow lost sight of the aspect of 'a full throated expression of emotion'". Based on the above, I believe that the current issues in RL research include the two points of improving the counseling techniques of RL instructors and creating implementation methods for RL that can spur "the desire to write" in juvenile delinquents and prisoners.

Until now, I have adopted RL for use in educational counseling and student consultations, etc., but for all of my clients this process has begun from the "release of emotions" such as complaints and anger towards the subject and I have not restricted myself to the method of repeating back-and-forth correspondence (Okamoto, 2008, etc.). I have implemented RL by always following close to the feeling that the client "wants to write about". I believe that this method is also effective for correctional education and I use RL in counseling with prisoners. Therefore, the purpose of this research is to verify the effectiveness of RL treatments used in a correctional program for prisoners by a volunteer in prison. Through this case study, I hope to suggest the potential for using RL as a correctional treatment program in penal facilities.

2. A description of the case study

Client: Prisoner, A (Male in his 30s)

Offense: Murder (Long-term prisoner)

Description of the incident: A was a member of a criminal organization. The victim, B, continued to not pay back money borrowed from a company related to the criminal organization that A was a member of, and displayed a defiant attitude which caused a loss of face to the organization. B became intolerable for the organization and A determined that he would take matters into his own hands in order to help the organization. A ambushed B and killed him with a thick blacked knife. The victim B and A were not even acquainted before the crime.

Personal history: His family included his wife and two elementary school aged children (daughter and son). His parents divorced during his early childhood. A was raised by his grandfather for an extended period of time, but after his grandfather died he was placed in a foster care facility. When he was an elementary school student, he was taken in by his father, but this only lasted for a few years. His father left the home and once again he began life in a foster care facility. His father was a member of a criminal organization and, like A, he also committed murder. He progressed as far as enrolling

in high school, but he soon dropped out and after being invited by members of the criminal organization that knew him, A also became a member of the organization. A left the criminal organization for a period of time and married a woman, C, that he was in a relationship with at that time. A shifted from job to job and began working in construction after being introduced to the job by an acquaintance, but soon his relationship with his wife deteriorated and he also quit his job. After this, he once again joined the criminal organization after being invited by old friends that he had associated with as a juvenile delinquent and this led to his committing the criminal act in question.

Counseling methodology: After watching a video created by the Ministry of Justice (featuring a depiction of the sentiments of a victim of a violent robbery and murder) the prisoners were asked to write their impressions and I (hereinafter Co) had a psychological interview with each prisoner (basically one time per week). When the conflicts such as anxiety and anger within A became clear, Co offered advice on the RL issues. Counseling was then done based on the RL written by A.

In order to protect privacy the case study has been amended so that A's identity is not revealed. The permission of the penal facility and A were received regarding the disclosure of this case study.

3. The process of counseling

I will describe the following counseling process centered on the RL written by A. After each RL, the contents of the counseling were recorded. (Quotes from A are marked with quotation marks (" ") and quotes from Co are marked with brackets ([]).

#1 The initial counseling

When Co asked A his reasons for participating in this program, he spoke honestly about his lingering anger with the victim, saying, "In a practical sense, I don't understand how to do this (atonement)," "I have fault in this, but the victim was also to blame." Regarding his impression of the video he had watched, A said that, "I don't really understand the feelings of the mother that had lost her son as a result of murder."

A entered into the criminal organization as a form of work after quitting high school. He reported, "It (the criminal organization) was something that I chose for myself, so it was fun." When Co asked, [What is your personality?], he answered, "I easily become dependent on other people, and follow along if I think it's a good idea" and "I'm short tempered. I've been that way since junior high." He went on saying that, "I ended up this way because my father was in organized crime. I think it's genetics." The counseling transitioned into the issue of his early childhood. A said, "I was raised by my grandfather. I did not receive affection from my father or mother. I liked motorbikes and my friend who invited me into the criminal organization also liked

motorbikes. My friend's mother took very good care of me. I felt the 'warmth of home'." At this point Co advised A, [Was entering the criminal organization really the result of genetics? Isn't it possible that you entered into the criminal organization because you were lonely at that time and your friend and his mother took you in? In order for you to think about the crime that you have committed it may be necessary for you to first look at the 'loneliness' inside you.] In response, A said, "I've never really thought about it that way," continuing, "I feel better after having been able to talk about a lot of things here today."

When Co asked A whether there was anything he was worried about, in response he shared his anxieties, "I think about my wife and kids every day," and "When I entered prison, my wife told me that she would be waiting for me, but lately the number of letters has been decreasing. I wonder if she's really waiting for me. Even so, I can't say what I truly feel. I'm being careful." "I don't know how to love my kids. I don't know how to deal with them when I get out of prison..."

Based on this counseling, Co requested that A deal with two topics for Role Lettering. 1. A would RL about his current anxieties regarding his family. 2. A would RL about his true feelings regarding his victim.

#2

Letter 1 "From me to my wife": A reveals his anxieties about his wife and children.

"C, Will you really wait for me, who has run wild and selfishly done whatever I wanted? Right now, in my life here, I take the reality seriously that you and the kids are waiting for me to come home. It is the most important support for me as I work through everyday. (snip) I'm a little anxious about whether I'll be able to handle our future home life together. I'm worried that in my environment (current condition) I can't do anything worthy of a parent thing for my kids. I wonder if my kids will accept me as a father even though I have committed murder? I worry because I feel overflowing love for my kids, but I honestly don't understand how to be a parent to them. These days I have been thinking a lot about these two things."

Letter 2 "From me to my victim": A expresses his anger against his victim and becomes aware of his atonement

"As the aggressor, I don't mean to blame or desecrate you B as the victim, but why did you act like you were extorting D (Note: an acquaintance of A) and I on that time, on that day and in that place? We didn't know each other and even though we had nothing to do with each other, on that day you... If you want to call it destiny or fate, then I guess that's it, but meeting you like that is what led to these most awful results and you were actually the original cause of all this. If you hadn't tried to extort D, we would be two people that never would've met each other. It never would've led to such horrible consequences like these for you and I. They say that hindsight is 20/20, but here I find myself regretting and regretting and I just can't stop regretting. (snip) I said that it was you that was the cause of all this, but as I write out all of the things

that were in my heart at the time of the incident, I'm now looking into my own heart. When I think about what I was feeling then and what I feel now, I realize that whether it was your fault or not really doesn't mean anything at all. Results are everything in this world. This fate is the result of the behavior I chose. All of the responsibility is mine. I have come to think that this is something that I actually should pay for with my life. The responsibility for ending your life before you could complete it is mine. B, I am truly sorry. Please, I beg of you, forgive me. Forgive me."

When Co asked A about his impressions of the first letter "RL to my wife", he answered honestly, "I feel better having written down what I'm thinking," and "Because I am in prison, a part of me doesn't trust my wife." Co asked, [If you actually sent this letter to your wife, I wonder what she would say.] A answered, "I think she would become angry. I think she would want to know why I didn't trust her. But that is something that makes me happy. That means that at least she cares that much about me." At this point Co praised A, [You have honestly written about your feelings of affection and anxiety towards your wife in this letter.]

A continued by describing the second RL addressed to his victim, "I felt forlorn writing that letter. Until now, some part of me has continued to be angry at him. Through writing this letter, however, I have become able to think just about what I did. If I hadn't done that, this would not have happened. As long as I have pent-up resentment against my victim, I will never be able to atone. I have become able to truly repent about what I did." Co communicated to A the importance of stressing the dissatisfactions and fears built up in his heart and praising him for doing a good job of writing out his feelings. In response, A replied "It's all in the past now," and also, "If I'm angry at someone now it's probably my father." As a result, A decided to make the next RL "From me to my father".

#3

Letter 3 "From son to father": Expressing his anger against his father

"Dad! Dad, why didn't you think about your family? Weren't you able to do that? Did you know about the sad and lonely time I lived through as a child? I didn't get any affection from my father or mother. I grew up without knowing the love of my parents. (snip) When you weren't drinking you were nice and I felt safe and loved you, but when you were drinking you were violent to me, your own child! I hated you when you were that way. (snip) I will not live the kind of life that you lived. I promise that this is the last time I will go to prison. I will make things completely right with my wife and children that are anxiously waiting for me to come home. I swear this fervently to the family that I love and to my own heart. You can rest easy, dad, because in order that I don't ever follow the same path again, I will live my life using your life as a lesson in what not to do. As a principle in my life from now on, I will always think about how I should live and keep my feet on the ground so I can be productive in society.

Co asked about his impressions of what he had written and A replied "I was only able to spend a little time with my father. As I was remembering things I wrote honestly about what was in my heart. Some of those things were pretty hard." When Co asked, [What did you feel while you were writing?] A answered, "I felt that I was angry with my father. I wanted him to treat me like a father should."

Co drew from the letter that A had written, asking, [You wrote that he was violent with you when he was drinking. Wasn't that pretty hard for you?] In response A told Co, "I hated my father. Sometimes he was drinking and got in a fight and then grabbed a knife and left. He started many violent fights. It might have been the drinking that made him do it." Later, A spoke about the incident that his father was involved in, "My father was always fighting when he was drunk and I tried to stop him many times. When my father killed someone, I felt that *my life was over*." Co cared about A's terrible early childhood and demonstrated empathy for the difficulties he faced, [Clearly A, you yourself are also an aggressor, but as you look back at your early childhood you probably went through lonely times and were hurt some of those times. You did a very good job of talking about what was in your heart today.] A began speaking about his father's early childhood saying, "My father's parents also divorced and he didn't know about his real parents. He grew up without knowing their love. He probably did not know how to raise me." When Co praised A saying, [You are trying to understand the background of your father's upbringing. You have caught onto something very important.], A replied that, "I have just realized this recently. I had never thought about that before. I realized this when I was talking to you (Co)." In response, Co once again complimented A for having done a very good job writing this RL. Co proposed that the topic of the RL for the next session be "from father to son" and ended the counseling.

#4

Letter 4 "From father to son": A increases his self-understanding through an apology from the viewpoint of his father

(RL abbreviated. The letter started with, "A, I am truly sorry!" The letter then goes on to endlessly apologize for the things that his father could not do for A as a parent. A also writes about the suffering of his victim's family saying, "I want you to think about the fact that the victim also had a family that was irreplaceable for him just like you." The letter ends with A's father describing his wish from the bottom of his heart that A can be happy saying, "I want you to never follow this road again, and instead to build a happy home with your wife and child."

Regarding this RL, A talked about his true feelings saying, "This is how I want my father to feel. This is all in the past, but I wanted him to hold me (as a small child) in his heart. I want him to think that what he did was wrong. This letter ended up as more of a wish." In response to Co asking A, [After you finished writing how did you feel?], A responded after thinking a short time, "I wanted my father to understand how

I felt." Co praised A saying that he was honestly expressing his feeling of "wanting to be loved". [You have realized something very important.] A responded to this message saying, "This feeling was something that I did not have at all until I started these counseling. These emotions were buried deep down inside me. As I talk with you (Co) and go through these topics, I realize that ' this is what I have been thinking all along."

Co asked, [You have now written four letters and I would like to know what new things you have realized.] To which A responded saying, "The number one thing is that I was starving for affection." "People cannot survive unless they depend on other people. When I was a child, that would've been my parent for me. Now that I've grown up, that person for me would be my friends or my wife. I think that people grow through the support of other people." He added, "My personality was completely egocentric and out of control. I now understand that this came from my parents." Co rewarded A saying, [You did a good job tackling some tough topics.] A responded saying, "I sometimes had to remember unpleasant things but I was able to understand myself better. I think from here on out living my life to the fullest is my atonement."

#5 Stabilizing feelings and changes in self-awareness

It was the counseling after one month. When Co asked A how things had been, he replied, "I have become more proactive in working towards my atonement. Right now my days go by calmly and quietly." He continued, "I have begun to pray from my heart that my victim, B, will rest in peace." Co asked, [I think you have thought deeply about yourself in the counseling that we have had so far. Have you realized anything in this counseling?] To which A responded, "I spoke about my background, which I had not been able to talk about before, for the first time. I feel freed by talking." Also, "I think that I walked the wrong path because I experienced many things between my father and myself. It's not that I am not angry with my father, but I wanted him to be a little more of a father to me. But, I suppose my father wasn't able to do that." "I am now doing to my child what my father did to me. I would like to make it possible for my child to live a happy life."

When Co asked A, [Is there something that you are thinking about right now?], A described his fears regarding his children, "If I tell them everything about my case, I will probably hurt my children. My children are in the upper grades in elementary school and ask me 'why are you in this place?', but I can't answer. There are many things I would like to say, but..." At this point Co asked, [How about writing about exactly what fears you are having right now?], and proposed that the next topic be an "RL with A's children".

#6

Letter 5 "From me to my children": A realizes the *value of life*

(RL abbreviated. A began his letter writing about his appreciation to his children for coming to visit him in prison along with their mother and his desire to live

together with them as soon as possible. Later, he writes about the cases of "bullying suicide" that are occurring frequently, writing that, "Daddy couldn't forgive if you did not value your body." He made an appeal for the value of life, writing "Your lives are not something that are strictly owned by the two of you. You are widely loved and strongly cared about. You are the product of love." A writes his belief saying, "I cannot forgive suicide")

Letter 6 "From my children to me": A experiences is deeper affection by feeling the loneliness of his children

(RL abbreviated. In this letter, A begins writing "Thank you, dad" describing their gratitude that their father loves them so deeply. A also writes about how they feel lonely because they live so separated from their father and appeals at great length about how they "want him to come home quickly".)

Co praised A for having written the RL very well again saying, [You have written about your feelings very honestly.] A explained that "My children know what kind of place this is, but they don't understand what I did. I would like them to understand what I did, but if they hear about it, they will be severely shocked so I just can't talk about it right now." He continued, making an appeal, "It's not that I haven't thought about my family. It's not that I don't appreciate my wife or my children. I didn't think that B would die. I want them to understand that I care about my family."

Based on the text in letter 5, Co commented that [Your deep love for your children comes through. I particularly feel that in your appeal that "suicide is wrong" in response to the increase in bullying suicide]. In response, A said, "I understood the 'pricelessness of life' during this atonement education. If my children's lives are important, then I have to value the lives of others as well." Co told him in response, [You have realized a very important thing.]

Co then asked A about his impression of the RL from the viewpoint of A's children and he answered, "It was difficult to write," and "I entered prison before they learned to speak so I haven't been in contact with them very much. So I couldn't really tell what they would say. I chose to write how I wanted them to feel." At this point Co commented [It is important that you can write about your feelings honestly. I hope that you will value your feeling of love for your children. If you can do that, I think that at some point your children will also understand how you feel.] In response, A nodded with tears in his eyes.

Finally Co once again told A that his atonement was progressing and asked him what he thought of once again writing a "RL with the victim". A agreed.

#7

Letter 7 "From me to my victim": A's awareness of atonement deepens and his determination to rehabilitate

"The anniversary of your death has come again this year. On this day I will participate in the reading of the sutras held in the chapel of the prison. I will pray to

the Buddha, read a sutra and offer incense, asking heaven that you rest in peace. (snip) I have been receiving instruction from a counselor. I have realized that it is better to write down honestly whatever I think or feel each time. With each session, my feelings toward atonement have been gradually deepening. As I have sorted out my thoughts, I have made a firm decision to separate from the criminal organization that was the impetus for this incident and forms the background for my atonement and what happened in this case. I swear with my whole heart not to stray from the path again. My guilty feelings are in mind and as I once again realize the value of human life, I have been able to recognize how I should have truly been all along and the gravity of the crime that I committed. There was a period of time when I thought I might be crushed by my feelings of regret for the crime that I committed, but I swore fervently to never make the same mistake again. I have become able to directly confront and think about the crime I committed without serious thought and the profound guilt I possess. (snip) The reason that I came to the decision to take part in self-improvement instruction in the form of atonement education was because of my thoughts about my position as a father to my children as well as the sense of awareness of my crime. Now, in this society, it is a sad reality that there are young people who readily throw their own lives away before they have lived them. As I think of these children who are the same age as my own children my vision is drawn to how precious life is. Instead of turning to face away from the reality that I took precious life with my own hands, even if it is painful, the most important thing is that I choose to directly face this reality, learn about the preciousness of life and think about human life. I think that this can become a touchstone so I don't make the same mistake again. I sometimes think of your sorrow and it seems as though my chest will be crushed. Even now I cry tears of regret. I use these thoughts that allowed me to realize the preciousness of human life as a lesson to me so that, as I pray that you rest in peace, I will never again stray from the path and will continue on a righteous path from now on."

Letter 8 "From my victim to me": A clearly understands the direction of his atonement

"(First part omitted) There is just one thing that I want you to understand. I want you to know that, just like you, I too had a life with the irreplaceable family that I loved. While you could say I was paying for my mistakes, separating forever from the family that you love is harder than you could ever imagine. When my thoughts go to the family that I left behind I feel an endless sadness. You have a future that I do not have. You have a family. When you have finished your time and finally return to society, I want you to engrave it on your heart that you will never again make the same mistake and cause suffering to the family that you love or breakup the family that you love. During the remaining part of your life, I want you to learn the fact that people cannot live on their own and come to intimately know the warmth of people's hearts, the connections between people, feelings, family bonds and the preciousness and importance of human life. I want you to demonstrate your real worth as a person that

can be useful to other people. I want you to create a comfortable home and commit your whole body, whole spirit and whole soul to staying on the correct path for the family that supports you. Think about the meaning behind your being born as a person. Look at and have affection not only for human life, but the life of all beings and the environment of mother earth. You should have gratitude because your life in this world is not something you own, but rather a gift. With a humble heart that will allow you to contribute even a little bit to society, grow into a person that can pay back even a little bit of your debt to society and never allow my death to have been in vain. Do nothing halfhearted, and walk the path to rehabilitation with a strong will, sincerity and devotion to other people. Do the things for society that I left unfinished and please somehow sweep away my remorse towards the world. Eventually, everybody dies. This happens to all of us equally when the time comes. Until that day comes for you, please live wholeheartedly enough for both of us. This is my humble request to you."

When Co asked A's impression of what he wrote, A answered, "I wrote what I imagined B would say if he were still alive. I think I was able to atone more than I was the last time I wrote (about the same topic). I felt like I was able to really dig in and write." Co told A, [You did a good job writing this. The value of life is communicated here well.] After hearing this, A said, "By writing this I became able to feel the value of life. When I see the incidents with kids these days, there are not a few kids that are throwing away their lives at a young age. All of these kids were born because they were desired. When I think about that, I can really understand the sorrow B felt not to be able to fulfill his life."

A went on speaking with a gentle expression saying, "Until these counseling sessions, I didn't really understand what atonement was. My awareness of my crime was something that I only felt vaguely and I had absolutely no understanding of 'the preciousness of life'. I only reflected on things vaguely and I never thought about the cause, about why I committed this crime. Then you (Co) gave me topics to write about. As I continued to write, I began to dig deeper and think about my own problems not out of duty, but to do this for myself. I now have confidence that I can once again enter society without committing a crime. I have confidence that I can live a normal life." Hearing this, Co told A that, [You have made a valiant effort so far on these topics. Please cherish this feeling as you go forward in life.]

At this point Co asked, [What do you think is necessary for you in order to atone right now?] A thought for a short while and answered, "I must learn the gravity of my crime. In order to do that I must look deep into my origins and stand in other's shoes and think about myself." After praising A's words, Co asked [Finally, is there anything else that you would like to talk about?] A answered, "I am really glad that I was able to write about these last topics you gave me, (Letter 5 - Letter 8). I realized the value of life when I wrote the letter to my children. Finally, when I once again wrote a letter to my victim, I think that I determined the 'course' of my life from here

on. I made many realizations and it has changed me." Here again, Co praised A for making a valiant effort on the RL and showed his appreciation that A's atonement had progressed. Finally, A expressed his feelings of gratitude with a deep bow.

4. Discussion

1. Deepening of self-understanding through the expression of true feelings

In the RL of Letter 1 "From me to my wife", A writes honestly about his fears expressing how he cannot trust his wife and doesn't know how to treat his children. These emotions had been roiling inside A constantly and as A describes saying, "I feel better having written it down," writing the RL achieved a cathartic effect. The RL in letter 2 addressed to his victim particularly deserves attention. In the beginning of the letter, A blames the behavior of his victim, B, saying, "You were actually the original cause of all this." He writes about his aggressive feelings and repeats words of regret. A had not been able to release his anger against the victim, even if he desired to do so and these emotions were instead repressed all along within A. By having been able to express these emotions for the first time he is able to change his cognition to think not about the victim's fault, but only of the crime he has committed saying, "I realize that whether it was your fault or not doesn't really mean anything at all." As a result, as A describes at the end of his letter, A reaches a place where he can apologize from the heart, saying, "B, I am truly sorry. Please, I beg of you, forgive me." As evidenced by what A indicated in the first counseling saying, "I don't understand how to do atonement," before the counseling A had a difficult time facing the crime he committed because his simmering anger towards his victim stood in the way of thinking deeply about the crime he had committed. Because it is not ordinarily accepted for the aggressor to blame the victim, these emotions tend to become repressed. This is not surprising when considering the emotions of the victim. On the other hand, however, correctional education is a place for therapy. By releasing repressed emotions, prisoners can honestly open their hearts, their wounds can be healed and they can begin to face their own problems.

A felt first-hand the importance of honestly expressing his thoughts. In letter 3 he expresses his negative emotions such as dissatisfaction and anger towards his father. In the text of the letter he writes, "Dad, why didn't you think about your family?" and expresses his anger at his father for drunkenness and violent behavior. By expressing this dissatisfaction A's natural emotions became clearer. In other words, unlike his father, A was conscious of the importance of his family and a determination had sprung up within him for rehabilitation as he said, "I will not live the kind of life that you (A's father) lived." In the counseling, A expresses his desire for affection from his father saying, "I wanted him to treat me like a father should." He went further exploring the background of his father's upbringing and even went so far as to express

sympathy for his father saying "He grew up without knowing their (his parents) love. He probably did not know how to raise me." During the process of writing in RL, A was able to express the anger and dissatisfaction that was deep inside him and re-experience the emotions of the past. He was able to reconstruct a variety of stories that had been sealed as a part of his past. A's self-understanding progressed through this process, enabling him to repossess his emotions of "seeking affection" and change his cognition even to the point of allowing him to understand his own father's position.

In letter 4, "From father to son," A begins with a sincere apology from the viewpoint of the father. A also writes in the letter, "I want you to think about the fact that the victim also had a family that was irreplaceable for him just like you," as he faces the suffering of his victim's family. As A thinks deeply about their relationship from his father's perspective, he is understanding the emotions of victim as well. In the counseling he states that, "I wanted people to understand how I feel," and he is able to express his feeling of wanting to be loved by his father. He also becomes aware of the deep realization about himself that, "I was starving for affection." The process of deepening understanding of oneself and others by releasing emotions that had been repressed and thus stimulating the desire for affection is an emotional narrative experienced not only by prisoners, but also by many of the clients that write RL (Okamoto, 2006).

2. A clear understanding of atonement from experiencing the "value of life"

In the "RL with A's children" that happened after the first counseling after a month break, A's awareness of atonement showed a further deepening. In letter 5, "From me to my children" A takes up the issue of the rash of bullying suicides and appeals to his children that "You shouldn't waste the lives that you have received from your parents," and writes that, "You are widely loved and strongly cared about. You are the product of love." We can understand that A himself is experiencing "the value of life" and that children are born with the love of their parents. As A speaks about in the counseling, "If my children's lives are important, then I have to value the lives of others as well." By superimposing his affection for his children and the life of the victim, A is able to feel the importance of his victim's life deeply.

In letter 7 "From me to my victim", from the beginning of the letter A's honest feelings are recorded as he quietly prays that his victim rests in peace. We can also understand from the text of the letter that A is thinking deeply about the importance and preciousness of life and even as he faces an awareness of his crime a natural determination is born within him to walk the "correct path". In letter 8 "From my victim to me", A writes, "...separating forever from the family that you love is harder than you could ever imagine." He is understanding the suffering of the family of the victim and his feelings are strengthening towards the importance of family love and the bonds between people. In the latter half of the letter, A demonstrates an

understanding of the sorrow of the victim whose life was taken. This content demonstrates his determination towards rehabilitation in the form of living positively and contributing to society so that he can "never allow my (the victim's) death to have been in vain." As we can see from his statement in the counseling that, "I determined the 'course' of my life from here on," A understood that he could atone by living his life earnestly even while burdened with the crime he had committed.

The important aspect of these insights is that A progressed through them on his own in the process of writing RL. There are not few cases in which the client begins to feel resistance to writing RL if the progression of the clients own feelings are ignored and efforts are made to "make the client understand" the pain and problems he has caused his parents or the suffering of the victim or if the client is pressed to write from others' viewpoints such as "from the other party to myself" too soon. The client loses their desire to write and this results in a superficial RL. In this case, it was because A was able to write his true feelings to the victim, express his repressed emotions about his father and further write his true thoughts regarding his own children that he was able to think objectively from the viewpoint of others. Finally he was able to sense the value of life and deeply understand the importance of the victim's life on his own. It is not an easy thing to "make a client understand" the feelings of a victim. Rather, it is important to support the client "understanding on their own" the feelings of a victim. In order to achieve this, I believe it is an effective method to first process conflicts with RL addressed "from myself to the other party".

3. The importance of a supporter that can position themselves close to the feelings of the client

Co set the early childhood of A as a topic in response to A referring to "genetics" as the root cause of the incident during the first counseling. This enabled the clarification of the emotion "loneliness" within A. A made realizations as he looked back on his past during this counseling and recognized the importance of thinking deeply about his own inner life. In other words, it is conceivable that this created motivation for him to engage in RL. Most importantly, the RL of letter 1 and letter 2 allowed A to write about his insecurities regarding his family and his negative feelings towards the victim. Because Co was able to empathize without criticizing these emotions, this was a source of healing for A and it is conceivable that this motivated him to write his true feelings and face his problems. After writing his true feelings in the RL, it is easier for the client to be open with his emotions. Expressing repressed emotions for the first time can also sometimes lead to the loss of existing emotional balance. In order to compensate for this turmoil, it is necessary that A possesses a sense of security as a result of support from Co. Takeshita (2007) points out as one of the conditions for the client to face their inner emotions in RL, "the presence of a counselor or supporter who can support them through the difficulty of facing their own inner feelings and problems

and can think through them together." RL is considered to be one form of self-counseling that can be done individually, but for prisoners, it is a very painful task to face their own intrinsic issues. Because of this, the presence of a supporter who can receive their anguish and position themselves close to the prisoner so that the prisoner will be motivated to write RL is necessary.

Finally, I would like to describe the points I considered in selecting the subjects to write RL to and the method of writing RL. Fundamentally, I am clarifying the conflicts within A in the counseling and setting those as the topic for RL. During the initial counseling, A's insecurities regarding his wife and children and his negative feelings towards the victim became clear and I set those as the topics for the first RL. At the counseling one month later, A spoke about his insecurities regarding his children and I set the topic as "RL with A's children". In this way, I focused on the conflicts within A that became clear during each counseling and set the topic appropriately. As I have described earlier, the order I used in writing in relation to the other party in the correspondence is to write "from the client to the other party", fully express the client's feelings and then RL "from the other party to the client" in order to deepen understanding of other perspectives. Even in correctional education, I am fundamentally client centered and I set the topic to follow in sync with the feelings that A writes about.

5. Conclusion

It is reasonable to argue that A in this article had a strong enough ego to review his past and examine himself deeply. More than anything, his strong desire for rehabilitation was a factor in his ability to engage in RL. In the background, the "family support" from the family waiting for A's return also had an influence. Of course, however, prisoners include a diverse group of people that individually are facing difficult issues and RL is not something that can be applied universally. In the future I would like to continue gathering case studies to clarify if it is possible to apply RL to all prisoners. Currently, group work has begun to be adopted in penal facilities. It is a question worthy of consideration how RL can be utilized in individual treatment in collaboration with group therapy. In the future, I will continue the verification of the effects of RL in penal facilities and examine effective methods of implementation.

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Drama Therapy: An Overview and Case Studies

Akeyo ONOE

1. Introduction

This paper was written by the author originally for the “drama therapy” chapter in a book co-authored by creative arts therapists in the forefront of its field in Japan and the U.S. The compact description of its history, principles, aims and benefits, subjects and principal methods in that book has been revised and expanded here. In the second half of the paper I draw on my own work to present four case studies, each with different settings and aims:

1. A session designed to teach communication and interpersonal skills
2. A session designed to deal with mental issues and trauma
3. A seminar designed for learning how to interact with children
4. A therapy session for alcoholics

2. Brief history

The therapeutic benefits of drama and theater have been recognized since ancient times. Aristotle, for example, proposed that tragic theater functioned as a kind of emotional and spiritual catharsis, demonstrating how drama was originally linked inextricably to healing. The basic elements of modern drama therapy can also be found in ancient religious festivals and rituals. It was not until the mid 20th century, however, that drama therapy emerged as a specific form.

A host of individuals contributed to the conception of drama therapy, but foremost among them are Nikolai Evreinov, who practiced what he called “Theatrotherapy” in the Russian theatrical world in the early 1900s, Vladimir Iljine, who pioneered a method known as Therapeutic Theatre, and a Romanian-born psychiatrist by the name of Jacob Moreno. Working in Vienna in the 1920s, Moreno built on the concept of drama as therapy to develop an approach called “psychodrama.” One of the major influences on the development of drama therapy, psychodrama involved the protagonist acting out scenes from his or her life, expressing emotions that previously could not be expressed, gaining new insights and understandings, and developing more fulfilling behavioral patterns. In Britain, where there is a strong tradition of drama education, during the 1950s and 60s individuals such as Peter Slade and Brian Way practiced process-oriented drama for the purposes of education and development among children. In the United States, Viola Spolin used improvisation in her dramatic work in Chicago in the 1960s. It is not possible here to mention all the

others who played parts in the emergence and development of drama therapy, but finally it is worth introducing Gertrud Schattner, the woman who first introduced drama therapy to the United States. Schattner was a Jewish actress who moved to the U.S. from Vienna in 1947 with her husband, a psychoanalyst. After receiving training in psychotherapy, Schattner began practicing drama therapy in schools and at her husband's clinic, and was later instrumental in the 1979 founding of the National Association for Drama Therapy, of which she became the inaugural President.

Drama therapy's theoretical influences include Freudian psychoanalysis, humanistic psychology as conceived by Maslow, Rogers and others, behavior therapy (Skinner, etc.), analytical psychology (Jung), developmental psychology (Erikson, etc.), play therapy (Klein, etc.), and gestalt therapy (Perls, etc.). The theories of acting developed by the Russian Constantin Stanislavski, Artaud in France and Brecht in Germany have also been influential.

Drama therapy thus brings together a variety of sources and theories, and it is impossible to identify any single figure as its originator. Since the 1970s, drama therapy has become recognized both as a distinct field of academic endeavor and a particular form of education, recreation and psychotherapy.

3. Fundamental principles of drama therapy

American drama therapist Sally Bailey argues that play functions as the starting point of the creative process, and that all arts are a form of play, in one sense. The type of "play" that children engage in can be a powerful key to opening up our hearts. This kind of play is a principal, and fundamental, element in drama therapy sessions.

Play is essential to learning, mental and physical health, and stress relief not only for children, but for adults as well. As people grow up, however, they usually engage in fewer and fewer forms of play. Our childhood zeal, sense of freedom, openness, honesty, imagination and creativity could, if retained into adulthood, bring an untold profundity and richness to our lives. It appears that by abandoning play, many adults have lost touch with these attributes; drama therapy, however, encompasses them all, and provides us with opportunities to re-acquire them.

Eleanor Irwin, the first-ever accredited drama therapist of the National Association for Drama Therapy, highlights British psychoanalyst Donald Winnicott's substantial integration of play into therapy for people of all ages. Winnicott argues: "If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to be able to play, after which psychotherapy may begin."

Play is thus a crucial introductory process leading to work at a deeper level. The theater techniques that form a central part of drama therapy sessions could in one sense be conceived as forms of play. This is supported by the fact that the term "play"

can also be used in a theatrical sense.

The prototype for drama therapy is the kind of dramatic play that we all engaged in during childhood. “Make-believe” games such as playing house and playing soldiers allow us to take on the role of a person other than ourselves, while actually expressing our own real-life situations and feelings. This could be seen as a form of naturally-occurring drama therapy. In the “virtual world” they create, children are able to spontaneously resolve their frustrations, realize their desires and access the power of self-healing.

British playwright Oscar Wilde suggested that “Man is least himself when he talks in his own person; give him a mask and he will tell the truth.” This statement is intriguing in that it articulates a fundamental principle behind drama therapy. As American drama therapist Renée Emunah explains: “The theatrical role or character, like the mask, is both protective and liberating . . . Having something to hide behind is a vehicle, rather than an obstacle, to self-exposure.” If we are unable to express our true selves directly, by taking on the “role” of someone else in the virtual world of drama, expression actually becomes easier—this apparent paradox is both a key theory in drama therapy, and a major source of its appeal.

The concept of “distance” between the role adopted and one’s real self is also important. The American drama therapist Robert Landy draws on the work of social psychologist Thomas Scheff to explain this concept. Landy states that we can control our suppressed negative emotions by manipulating distance, and that we simultaneously become onlookers observing our own performances.

Scheff discussed a point of equilibrium between a state in which we are deeply engrossed in and overwhelmed by our own emotions (“underdistance”) and one where we are detached from the experience of those emotions (“overdistance”). He described this as “aesthetic distance.” Drama therapists lead their clients toward a “median point” at which balance is achieved between these two states. Put differently, the median point is where cognitive and affective state of mind exist simultaneously, one where both subjectivity and objectivity can be achieved. My interpretation is that this is also a point at which we can gain a sense of emotional control: we are experiencing our emotions to the full, but at the same time, the self now greatly developed and changed is observing this process of the other self in a broader context. It could also be described as a sense of deep insight—a peace of mind gained from understanding the root cause of a particularly deep or strong emotion, and a feeling of calm and satisfaction at discovering our true selves.

4. Aims and benefits of drama therapy

Renée Emunah posits that out of all art forms, drama is the closest to our everyday lives, and that it offers experiences that are almost identical to reality. Therefore,

drama therapy can expand our repertoire of “roles” for use in real life and new behavioral alternatives.

There is no better way to understand the state of mind and perspective of another person (and especially a person who you find it difficult to understand or with whom you are in conflict) than to act out the role of that person in a dramatic context. In addition, seeing yourself objectively through that person’s role and outlook can often lead to great empathy and understanding, and in some cases even positive acceptance. In this way, it is possible to evolve into an “observing self” and in turn develop improved interpersonal skills.

Depending on the needs of the individual client, another important aim of drama therapy may be to give expression to suppressed emotions, or conversely to contain them. In particular, airing negative feelings and using physical and verbal expression to externalize things usually kept to oneself not only improves a client’s frame of mind, but can also help resolve real-life problems and bring material and physical benefits.

Emunah states that a full course of clinical treatment using drama therapy would require at least 16 to 20 sessions, but a shorter period may be effective for a general client, provided it is possible to tailor the process to the client’s individual needs. In my experience, in many cases problems hidden deep in clients’ minds have manifested themselves and therapeutic benefits have been achieved in just a handful of sessions, and sometimes in just one or two. (Cases I have observed include a long-standing constipation problem being resolved, a frozen shoulder syndrome being cured, a client’s child stopping refusing to go to school, and a client with panic disorder overcoming a fear of riding trains.)

5. Definition and subjects of drama therapy

As discussed above, drama provides a fictional setting in which reality can be experienced and many benefits equivalent in strength to real-life experience, such as a sense of satisfaction when an aspiration is brought to fruition, can be realized. Drama therapy, however, is the intentional use of the so-called “healing power” inherent in drama to alleviate symptoms, provide spiritual healing, or promote emotional development. Drama therapy is used in treatment offered at psychiatric hospitals and other clinical sites, but is also applied to many situations beyond the field of medical treatment.

The National Association for Drama Therapy (NADT) in the U.S. provides the following definition:

Drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. Drama therapy is active and experiential. This approach can provide the context for participants to tell their stories, set

goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced. Participants can expand their repertoire of dramatic roles to find that their own life roles have been strengthened.

Behavior change, skill-building, emotional and physical integration, and personal growth can be achieved through drama therapy in prevention, intervention, and treatment settings.

The sphere of activity (and clientele) of NADT drama therapists is highly diverse, and includes medicine (patients with personality disorders, eating disorders, chronic mental illnesses, substance addiction, post-traumatic stress disorders, etc., as well as terminal patients, AIDS sufferers, etc.), welfare (physically or developmentally disabled persons, elderly persons suffering from dementia, survivors of abuse, people who have lost loved ones, asylum seekers, veterans, prison inmates, etc.), and education.

6. Principal methods

A variety of methods are used in drama therapy, including improvisation, theater games, role-playing, mask work, puppetry, psychodrama, developmental transformation, and self-revelatory performance. In practice these are used independently or in combination as demanded by the participants, aims and venues of each session. Below, I introduce some practical case studies using the improvisation method, in order to demonstrate that even a short drama experience can provide participants with a better understanding of others and a deeper awareness of themselves. The following cases are description of part of a session from four drama therapy series with different subjects each. Case 4 covers a few sessions of a treatment DT series, and is thus dealt with in a little more detail, with background information provided.

7. Improvisation in a session designed to teach communication and interpersonal skills (4th session in a series of 6)

In this scene, “A” (female, played in the session by a young woman) is woken the middle of the night by a telephone call from her friend “B” (female, played in the session by a young man). B proceeds to tell A about her problems: “Things aren’t going well between me and my partner. To make it worse, my boss at work is a real jerk . . . the other day, I found myself starting to hyperventilate . . .” Despite being sleepy, A listens intently to what B has to say. After about two hours, B says “Thanks! It feels

good to get that off my chest. See you,” and abruptly hangs up. A has no time to say anything.

A common initial response from the audience (other participants in the session) was that they were impressed at how well the young man had played the role of a young woman with many troubles (“B”). This demonstrates how participants were enjoying the process of acting out a drama itself.

The man who played the part of B reported: “Playing this role made me realize how caught up we are in our own worlds. I saw that it didn’t matter who was listening: it didn’t have to be A. I myself have experienced B’s position in real life, but at the time I wasn’t aware of how self-centered I was being. Now I see what a tough job it is to listen so intently, like A did.” Many of the participants who observed this scene reported that they had had experiences similar to A, and discussed why A listened so patiently and couldn’t cut the call short. Most agreed that A’s actions were motivated by the thought that “there’s nobody else who will listen: if I don’t, B will go to pieces,” and the desire to feel that “I’m doing something useful for someone.”

While observing the scene, I noticed that the woman playing the role of A looked over to B on several occasions while listening. Of course it is not possible to look at your counterpart in a telephone conversation, but A’s actions made it clear that her attention was firmly focused on B. On the other hand, B looked down at all times while talking, and did not look over to A even once. This body language was a clear expression of the performers’ disposition.

An impromptu repeat performance then took place, in which A did not let B hang up, but instead went on to offer B advice as a friend, saying: “As your friend, I’m worried about you. That’s why I listened to you for a whole two hours.” The woman playing the part of A felt better after expressing her feelings. This session enabled participants to learn about and become more aware of communicative processes, as well as sharing their sentiments with each other, which was beneficial in raising empathy and a sense of fellowship within the group.

8. Improvisation in a session designed to deal with mental issues and trauma (6th session in a series of 10)

After experiencing a major disappointment in interpersonal relations, “C” found it hard to take himself at face value and could not express himself satisfactorily. For a while he became very withdrawn, and suffered health problems as well. At the first session, C projected a certain impotence, a sense that he was not allowing himself to express emotion, and that he was not entirely convinced of his own existence. In the course of our program of fun activities and drama games, I noticed that C gradually became able to express his strong feelings through the medium of the other participants, and that a sense of solidarity developed within the group.

At the sixth session, we conducted an improvised performance in which another participant, D, took the role of a client discussing his problems, actually those of C, with a therapist. C himself played the role of the therapist, a skilled and trusted confidant who responds to the problems presented by D (actually C's own problems). In discussion after the performance, D noted that "when C took on the therapist role, his expression and attitude changed completely. I was surprised by his forceful responses." C himself explained that "giving advice like that gave me a dramatic new awareness, like the scales had fallen from my eyes. I felt intuitively that I was coming up with the right answers, and things suddenly became clear to me." I immediately ask for clarification: "Are you saying that while playing the therapist role you were producing answers that you actually already knew all along?" C responded metaphorically: "Previously I was aware of a kind of narrow stream trickling along slowly, but the drama was like a huge surge of water rushing up from behind, and the trickle has now become a raging torrent." He also observed repeatedly that "when I feel full of energy and get in a very positive frame of mind, the palms of my hands start to tingle. This is the first time I have had this sensation in four years. I feel really refreshed and healed. I'm inspired." What surprised, and pleased, me the most was C's attitude and manner of speech. He was open and full of confidence, manifestly transformed from the person I encountered in the first session. The real C had finally emerged, bright and full of vitality.

9. Improvisation as part of a one-day seminar designed for learning how to interact with children

E, who was suffering from parenting stress, was asked to improvise the role of a child pestering its mother to buy something. Having been told "no, I'm not getting you that" by its mother, the child (E) flopped down on the floor and threw a tantrum, crying loudly and stamping its feet.

E reported that upon returning home after the session, she became aware of a change in her mindset. Throughout her life, E had never aired her own wants in the same way as the child she played in the session, let alone thrown a tantrum. E was astonished by the power of drama, and left wondering what had happened to her in the space of such a short improvisation. This is how E, applying her own profound insight, assessed her situation:

Whatever was tying me up had an extremely strong hold on me, but by acting it out, on some level beyond ordinary thought, I realized: "It's OK for me to be free! I'm allowed to have desires and cravings!" Being released from that invisible force restricting me generated a new kindness within me. The process of allowing myself freedom has rendered me capable of forgiving of others, too.

I am also grateful for everything that has guided me through this long agonizing process. I no longer get quite as annoyed at my child's degree of freedom, either. It's difficult to put it all into words, but . . . it was a really valuable experience.

10. Improvisation in a treatment therapy session for alcoholics

It is estimated that there are 800,000 alcoholics in Japan (according to the International Classification of Diseases, 10th edition), and a further 4.4 million who, although not addicts, can be classed as serious problem drinkers (Ministry of Health, Welfare and Labour survey, 2004). Alcohol addiction is deeply implicated in major social problems such as depression and suicide, but the general public still remains largely unaware of the gravity of the situation.

It was against this backdrop that I became involved this year (2010) in a landmark event in Japan: the first ever full-scale course of drama therapy offered in a half-way house for alcoholics (in this case one for females).

By gradually exposing and leading them to various aspects of play and drama over a series of sessions, even clients whose initial response was "I can't act!" began to approach the improvisation tasks creatively, and with a degree of enjoyment. At one of the sessions, participants were asked to act out roles of "patient" and "doctor", and "patient" and "sponsor" (a more senior person who assists a patient).

My initial observation was surprise at the skill with which the participants act out the roles of "alcoholic patient." As long-term drinkers, of course, they should be good at playing such roles; but it is also important to remember that "drinking" in a dramatic context is vastly different from drinking in real life. Normally, we engage in real-life acts—not just drinking—with no consciousness of our inner selves or our outward appearances. Conversely, when the participants could "act out" their intoxicated selves consciously and intentionally, they showed that they were capable of objectifying the "drunk person" and viewing that person from a detached perspective. This is because acting is not a complete expression of one's natural, real-life self, but in one sense a performance of the "other." In other words, the participants were plainly locating their "intoxicated selves" as "other." This is a very important point.

Another important element is the enjoyment gained and laughter that inevitably comes from the process of acting out and performing in a secure venue surrounded by trusted colleagues. This sense of enjoyment, and the laughter shared with others, also assists in developing "distance from reality."

Participants playing the roles of "doctor" and "sponsor" offered their "patients" vigorous encouragement and pertinent advice, including:

"If you keep drinking, you'll die of cirrhosis of the liver."

"Make a move and go to XY half-way house. There's no other option left for you."

"I'm praying for you."

"You can phone me anytime you feel down."

Participants were offering their "patients" the same kind of advice and encouragement that they usually received themselves. Drama, in which participants use their own bodies and voices, is an authentic experience. The words chosen by the participants, having been articulated by the participants themselves, are thus also "authentic" in one sense.

After several more sessions, we started work on "role inventory" from various points in participants' lives. Participants were asked to look at their lives as "a theater", then, to draw pictures of important characters (others) in their lives, and various different "selves." These pictures were then dramatized.

One client, F, drew a shining path through a forest, leading into the future. In the middle, she placed herself. This dazzling scene gave off a sense of great hope, but at the edges of the image were an angel and a devil.

"Come on, it's fun over here!" the devil (played by me) whispered, to which F herself responded in assured tones: "I already know how much fun it is over there. Just keep quiet for a moment! [The devil involuntarily puts a hand to its mouth and keeps quiet.] Think first about what will bring her [indicating the client herself in the middle of the scene] happiness."

F also introduced some of her ancestors to the scene, saying to them: "I don't know what kind of people you are, but I do believe that you are watching over me. I have always kept you close to my heart. I will keep working through this, so please don't let me down."

Another client who was playing an ancestor role responded on impulse by touching F's shoulder and saying gently and softly, "we'll always be watching over you." Finally, F spoke to the character of herself, withdrawing into her shell whenever things get too hard (a role that was played by another person, hunched down at the far end of the room): "You're not the only one who has rough times. You're not alone—you're in good company, there are people around you who can help. Don't try to deal with things by yourself. Believe in yourself, and move forward."

She finished by proclaiming in a loud voice: "Here I go!" This brought hearty applause from all those present.

In this way, many clients found that as the sessions progressed, they could bring out a self that was considerate and caring (what Renée Emunah calls a "internal nurturing parent"), and increasingly began to express strong encouraging sentiments with a sincerity of attitude and demeanor that had always been within them, but of which they had not previously been aware. This is the "self" that undeniably exists within each one of us. The moment they become conscious of this self, clients truly seem to shine. After the conclusion of the drama discussed above, F had this to say: "By talking to myself in that scene, I realized that I could say things that I didn't think I

could, and that I was able to cheer myself up. It made be happy. It was wonderful. Thank you.” I had never seen F so calm and serene before.

Next, for a different client G, we created a scene where she had fully recovered and was realizing her dreams in life. G was looking back at her present difficulties from some point in the future, so those difficulties appeared in the “past” and already (somehow) resolved. This gave her a completely different perspective.

Drama therapy enables clients to move freely back and forth through time, and between their inner and outer selves. It takes place in an interactive community created not only by the therapist but also by the clients themselves. This is a concrete, physical space, and also an emotional and psychological one. Experiences in this space are comparable to those in the real world, and can express even greater potential.

11. Conclusion

As can be seen from the case studies above, broadly speaking drama therapy has two principal features. There are the merits brought by the process of acting itself, and the merits of working as a group. Drama therapy can be beneficial not only for addicts, but for all types of clients, in the following ways:

- Acting out dramas using a variety of methods facilitates the expression and containment of emotions.
- Creative approaches to resolving problems are developed.
- Interpersonal relations improve, aiding reintegration to the community.

Furthermore, drama therapists guide their groups to become more cohesive, strengthening interpersonal ties and encouraging clients to recover as they grow together with others.

Renée Emunah stresses the fact that drama therapy is a process, rather than a collection of discrete techniques. It was not possible within the confines of this paper to describe the progression of each session introduced, but process as a whole is central to the promotion of healing.

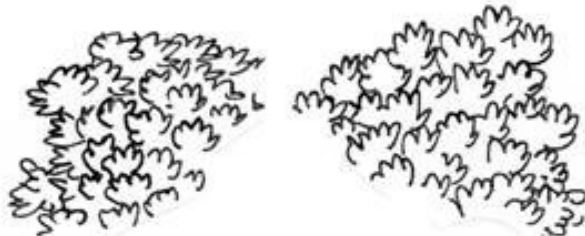
Drama therapy is based on the idea of focusing on and drawing out the healthy elements within each individual. It is not simply a matter of providing solace and making clients feel better. Rather, the key concern is how much the clients can expand their perspective transform themselves. The emergence of a new self, and the use of the new perspective and the power within that self to interact directly and genuinely with others will ultimately lead a fulfilling life: this is the goal to which my work as a drama therapist is oriented.

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TRAVELER WHO LOST HIS OR HER WAY



Shiro Dan

I often tell a story like this
when I am asked to speak at an
event.



Imagine you are suddenly given
a day off from work.

Other family members are
already at work at school.

You are free to do
whatever you want.

You could do some chores or catch up on
your work while at home, but on this fine
day, it's a chance to try something new.



Let's take this chance and go on a day trip
somewhere you have never gone before.

We're here at your usual train
station.



— Do you ever watch emptied —
trains on the opposite track as
they travel away from your
usual destination?

That is the direction we are
going today.
The rush hour has passed.

Because of the time of day and the opposite direction, the train is almost empty.



Anywhere is fine, get off wherever you like.



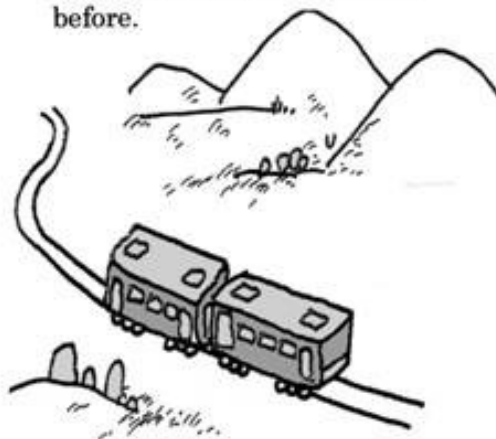
You begin your pleasant journey alone.



Without any specific destination, you let your mind drift and enjoy the scenery passing by.



About an hour later, you should be going through towns and stations you've never seen before.



You don't have any specific destination, so let's go towards a famous local temple, the ones listed on station guide maps.



You've probably walked for good 30 minutes, but you can't find a temple.



What would you do in this situation?

This is the key question.
Would you....

- (1) Ask someone nearby for assistance
- (2) Return to the station
- (3) Continue onwards without hesitation



The answers I receive vary, but (1) is the most popular. Those who answer (2) are almost all male university students.



It's like pressing the reset button on a computer game, like starting again from the beginning.

Good number of people that answer (3) are predicted to do so from others.



Most people choose (1), so if it were you, how would you ask?



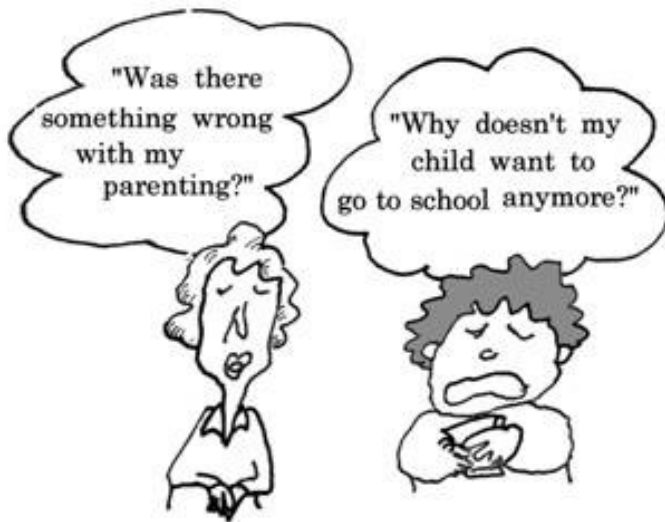
"Excuse me, but I seem to be lost. Why is that?"

Usually when I say this, everyone laughs. They laugh because people don't ask questions like that.



By the way, when I'm counseling, I get the following questions on a daily basis:

Also, counselors, faced with a difficult question, often answer,



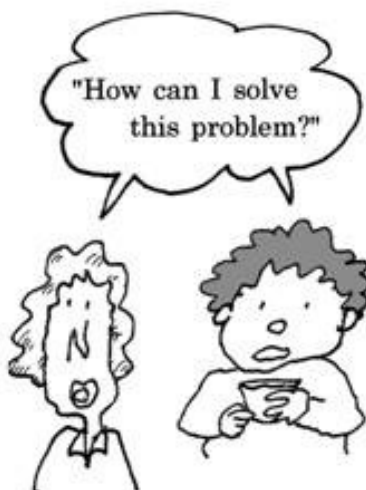
There are people who say such things as if they were the truth, but I reply without hesitation,



What's important here is HOW and not WHY



"Why did this happened?" is something one can think about him or herself. .



I respectfully request you avoid the habit of asking your counselor about the meaning of your life.

Ajase Complex and Naikan Therapy

Isac (Isac Isao) TAKINO

1. Introduction

The idea of the Ajase complex was first advanced by Heisaku KOSAWA in contraposition to the Oedipus complex. It is said that while studying in Vienna in 1932, Kosawa presented Sigmund Freud with a short essay entitled “Two Types of Guilt — The Ajase Complex.”* Freud, however, did not show the slightest interest in the essay. Later, Kosawa established his own practice in Tokyo and devoted his life to psychoanalysis. His Ajase theory was ultimately carried on by one of his immediate pupils, Keigo OKONOGI, who made every possible effort to bring the theory international recognition as an important psychoanalytical concept to emerge from Japan. Okonogi’s endeavor achieved considerable success thanks to the support of Osamu KITAYAMA and others, and in 2001 a collection of essays on the Ajase complex was published(Okonogi&Kitayama2001). Following presentations at several domestic and international psychoanalysis conferences and symposia, the Ajase theory is now quite well known both within Japan and outside Japan as far as in the field of psychoanalysis and psychotherapy.

In addition to my practical work in clinical psychology, I have been interested in the origin and history of psychotherapy as a whole as well as its cultural backdrop its functions and socio-cultural contexts. I have conducted research on the Naikan, a mental training technique almost from the time of its emergence in the early 1970s independently of the fields of clinical psychology and medicine. This is a special type of meditation adapted for general use by Ishin YOSHIMOTO from ascetic practices in Johdo-Shinshu,(Shin Buddhism or True Pure Land School) Amitabha Buddhism to which Yoshimoto had devoted himself to attain enlightenment (Yoshimoto 1965). Though it did not have any base in psychology or medicine, Naikan method started being studied in the context of psychotherapy following its use in corrective education in the 1960s, where it was found to yield significant effects in certain cases, Naikan became the subject of scholarly attention in the field of psychotherapy and medicine as well.

In the course of my own research I became aware that the Ajase complex was present in many of the dramas narrated in the Naikan method, and I presented a conference paper comparing the Naikan method to conventional psychoanalysis. Subsequently, I also produced a study of the Ajase complex and Oedipus complex (Takino 1972,1975,1977,1979).

However, just as Kosawa was ignored entirely by Freud, my studies were met with complete disregard from Okonogi. This was, in one sense, perfectly natural. For Okonogi, the Ajase theory was a hallowed object, and it was unpardonable for someone other than himself to make first mention of it in a public forum. Worse still, I had presented the Ajase complex not in the context of psychoanalysis, but together with the Naikan therapy, a dubious technique that called to mind “moral education”: no doubt Okonogi thought that such treatment could only diminish the value of his Ajase theory.

However Kosawa himself had always been a devout follower of the True Pure Land School. He is said to have become even more strongly oriented to the ideas of the sect's founder, SHINRAN, towards the end of his life, encouraging his patients to use free association and *nembutsu* invocations, or mindfulness of the Amitabha Buddha. This demonstrates how Kosawa's therapeutic practice of psychoanalysis embraced the idea of “salvation by the Amitabha,” an idea that also underpins Naikan therapy. The Amitabha faith is also the Buddhist tradition that found the most widespread public acceptance in Japan, and is the foundations of Jōdo-shū of Hōnen(mentor of Shinran) and Jōdo-Shinshū of Shinran.

Through his teachings that connected the Amitabha tradition to a way of life, Shinran, originator of Shin Buddhism (though he never claimed it) has come to occupy a special place in the history of religion and philosophy in Japan. Shinran's ideas concerning key themes such as selfhood and desire, being and believing continue to be used or discussed today not only by practitioners of religion, but also by many prominent contemporary philosophers and authors such as Hitoshi IMAMURA(2007) , Takaaki YOSHIMOTO(2009).

By virtue of its origins, psychoanalysis required assiduous assertion of its scientific orientation: the traditional suspicion of anything that smacks of religion rather than science is thus natural. Today, however, the concern with the scientific nature of psychoanalysis is far less obsessive. Spirituality itself, detached from any specific religious tradition, has even become the subject of serious attention from some scholars of psychoanalysis.

Meanwhile, conditions surrounding the Naikan method have also changed greatly. After its emergence, the practice of Naikan therapy was developed considerably through the efforts of Takahiro TAKEMOTO, Yoshihiko MIKI and others. Today there are two academic societies devoted to Naikan, albeit small ones, and more than 40 places around Japan called Naikan Dojo or Naikan Centers. There are also several gatherings and organizations of Naikan practitioners. Naikan has even gained recognition overseas, with several dojos now using the method outside Japan, especially in Austria(Miki, Maeshiro, Takemoto 2007). Although it is only minor and marginal even within Japan, Naikan therapy has come to be recognized alongside Morita therapy as one of the leading Japanese approaches in psychotherapy.

This paper by presenting how Ajase and Naikan both emerged independently in modern Japan, aims to examine one dimension of the history and modern status of psychotherapeutic culture in Japan. It also seeks to contribute to a discussion of how the Naikan method reflects a traditional and primordial frame of mind, and how responsive it is to current changes taking place in Japanese society.

2. The Legend of Ajase and Ajase Complex

H. Kosawa asserted the existence of a “remissive guilt,” separate from the “punitive guilt” that arises from an Oedipus complex, and explained this using the idea of an Ajase complex. Corresponding to Freud’s use of the Oedipus legend, Kosawa drew on the story of Ajase from Buddhist scripture. The following narrative is summarized from 2 articles written by Kosawa(1931,1953)

Ajase was the son of a king of Magadha in ancient India. His mother, Idaike (Queen Vaidehi) fearing the loss of her youth and beauty, wanted to bear a child so she could retain her status. A prophet told her that a hermit who lived in the forest would be reborn as the king's son. The queen, however, wanted the child as soon as possible and killed the hermit, who then entered her womb. Just before being slain, the hermit had told the queen that he would be reborn as her son and curse his father. The queen, fearful of what she had done, tried to abort and kill the baby by delivering from top of a tower. However the baby survived, having only broken his small finger. This baby is Ajase who is nicknamed “Prince broken finger”. However once he had survived this terrible experience Ajase grew up well, the parents, King and Queen, adored him.

But at his adolescence Ajase found himself always depressed for reasons he didn’t understand. One day he learned from Devadatta, eternal rival of Gautama Siddhartha, the Buddha, the secret surrounding his birth and he thought he understood the cause of his melancholia. Ajase became angry with his mother and attempted to slay her, but was dissuaded from this act by a minister. At that moment, Ajase was attacked by a severe guilt feeling and became afflicted with a dreadful skin disease characterized by so offensive an odor that no one dared approach him. Only his mother stood by and lovingly nursed him. Despite his mother's devoted care, Ajase did not readily recover. Seeking relief, Idaike went to the Buddha and told him of her sufferings. The Buddha's teachings healed her inner conflict, and she returned to continue to care for her Ajase. Eventually, the Prince was cured to become a widely respected ruler.

However, this sparked an intense backlash from Buddhist circles. The essential criticism was that although the Ajase story does appear in Buddhist writings, it is not possible to identify the same story in any one of the writings. In all versions it is the

father who kills the hermit, and Ajase already bears a grudge against his father. It is a mere variation on the Oedipus story. This criticism was combined with the accusation that Kosawa had simply constructed the story himself in order to explain a sense of guilt centered on a mother figure. For a time, Kosawa's theory remained almost entirely disregarded.

However, the story was not entirely fabricated by Kosawa. The Amitayurdhyana Sutra (Kanmuryōju-kyō), which does not contain the Ajase myth but does discuss the salvation of Idaike (Vaidehi), held a special place in Kosawa's Shin Buddhist faith. He was also influenced by ideas circulating in Japanese society at the time, and the mythical image of the mother figure in that society actually suited the story better.

Scholars of ancient Greek legend have raised similar objections to Freud's Oedipus complex, and some say Oedipus himself did not even have such a complex. In any case, the Oedipus theory emerged in the first instance from Freud's own self-analysis: perhaps it would be more appropriate to speak of a Sigmund Freud's complex rather than an Oedipus complex. In the same way, many things already known about Kosawa's life, his lonely neglected childhood, confirm that the Ajase complex was born out of its originator's own pursuit of self-analysis and healing.

However, these matters surely do not diminish the general clinical value of the theory itself. Particularly in the case of psycho-social phenomena, a scientific account is a narrative, and just one of many different socially-constituted accounts. In this sense, when evaluating a theory, there is a great deal to be gained from considering how the theory may be connected to the personal history of the individual who espouses it. Such consideration can produce many valuable insights to inform our approaches to specific problems in applying the theory.

Okonogi further developed the Ajase story with little regard to how it originally appeared in scripture. In a book written for non-specialist readers "Ajase complex and the Japanese", Okonogi explains that this complex represents an archetypal mother-child experience, and divides it into three stages. The first is a sense of unity with and dependence (*amae*) towards an idealized mother figure; the second is exposure of the illusory nature of that sense of unity and resultant resentment and aggression by the child; the third is the dedication of the mother after having recovered her motherly traits, and the repentance of the son. Motherhood is a keynote of Japanese society, and Okonogi argues that the process he describes can be appreciated in direct emotional terms by anyone in this society. He describes the Ajase complex as the aggregate of the three elements that appear either positively or negatively across the entire range of Japan specific social and cultural psychological phenomena: "a Japanese-style sense of oneness = dependence and its mutuality," "Japanese-style enmity and masochism," and "Japanese-style remission and guilt."

One point worthy of attention in the Ajase story is, as Okonogi notes, the fact that all elements are mutual and complementary. The story could not subsist as a complete whole, Ajase's progression from unity to enmity to guilt, and the mechanisms of dependence and contrition, would not be possible without the similar progression and mechanism on the part of Idaike. It is Idaike's problems and state of mind that are actually more significant here. The story as a whole is composed around a binomial relationship with the mother and child as a dyad. In other words, rather than existing separately, the two coexist as one entity: it is the activity within this entity that is the story's concern.

In this system of dyadic community, the most important behavioral norm is that of sensing the expectations of one's counterpart and acting in accordance therewith. An unspoken code is shared, and affinity and harmony are maintained as long as no third party intervenes on the same plane. However, such a relationship cannot go on for long time. Once any kind of discordance develops, even if it is trivial in nature, it will immediately set into motion a vicious cycle which cannot be halted, as the overall process is never verbalized. Escaping from this cycle using the regular tools of language becomes practically impossible.

Epitomized in feelings such as "it always ends up like this when I deal with her (or with that guy)," difficulties in dyadic human relationships could finish over with love and hate turmoil, or it may not be decisively tragic, but they appear in many everyday contexts and are felt or experienced by most people at some point. They are liable to entail concealed sado-masochism and addictive mutual dependencies. What can be done to address such breakdowns in communication?

This is precisely what the Naikan method is used for. Deadlocks in interpersonal relations, and particularly problems developing in the context of close mother-child relationships, can be addressed through intervention in the form of concentrated introspection ("Naikan"). Rather than destroying the mother, one is prompted to treat the mother for the first time as an independent entity separate from oneself, and at the same time sublimate the mother as an idealized or sacred object, thereby extracting oneself from the impasse. When this process is solicited by the child himself, it can have an appreciable effect. In case that the client asking some solution about the conflicts with his/her mother, who had already passed away, Naikan meditation can produce a dramatic change in the client. Let us thus turn to the other major theme of this paper.

3. Procedure of Naikan

As noted earlier, the Naikan method is a technique for self-reflection that originated in a training technique used in the Shin Buddhism, and was experientially developed and disseminated by I. Yoshimoto. It appears that in its original form, the practice

demanded deep contemplation of the question: “what will happen when I die?” This religious ascetic flavor has now been eliminated, but ultimately, “salvation of the soul” can still be seen as the core theme. A fairly clear value outlook is thus expressed in the Naikan method.

Naikan in practice can be summarized in the following terms. In a location removed from everyday life and isolated from the outside world, the subject sits quietly and reflects on specific events in his/her past concerning another person with whom he/she has been deeply involved, as a way of reconsidering and reappraising him/herself. This reflection is conducted from the perspective of that other person, and the events are recalled stage by stage as follows: 1) care and kindness received from the person, 2) things done in return for that care and kindness, and 3) inconvenience and trouble caused to the person.

To allow the subject to concentrate more fully on this process, a carer/interviewer attends to the subject’s physical needs such as eating and bathing, and comes every 90 minutes or so to listen to the subject report on his/her progress. These “interviews” usually only last a few minutes each. The interviewer may make a some brief evaluative comments, but basically the aim is simply to check on how the Naikan method is being used and how it is progressing, and to assign the next task (for example: “next, look at yourself in relation to your mother when you were in your first year of junior high school”). The interviewer does not play an interpretive role. In many cases the subject is made to listen to a recording of the tenets of the Naikan method in order to advance the process further, but this is not essential.

In “intensive Naikan,” the subject engages exclusively in the above process from morning till night for a week in succession; there is also “ongoing Naikan” in which the subject, having completed an intensive program, is encouraged to continue using the method for around two hours every day. In most cases the subject will cease using the method altogether after a certain time, but positive psychotherapeutic effects achieved during intensive Naikan sometimes persist long after completion.

The method is normally used for treatment at the level of neurosis. The efficacy of the method, however, hinges on the degree to which the subject internalizes the unique thought processes of Naikan. There are many reported cases of significant results being achieved for psychosomatic disorders, hysterical paralysis and the like.

The Naikan method stands in stark contrast to the techniques of psychoanalysis. Its procedures of self-exploration take place within a rigorous framework that is the antithesis of the free association method. The framing process is oriented to the treatment of problems in a dyad. The identity of the one person providing the reference point for self reassessment is always specified, and it is theoretically impossible to think in terms of relationships with third parties. Furthermore, because the Naikan method focuses essentially on self-reproach and

requires the subject to seek out his/her own faults, it unconditionally places the other party in a position of superiority. Acting in accordance with the other party's expectations is assumed to be a key criterion of value. While psychoanalysis seeks to free the subject from a sense of guilt, the Naikan method actually entails pursuit of that guilt. This is only feasible if it operates in parallel with "Japanese-style remission" as discussed in relation to the Ajase theory.

The person with whom we have been most closely involved in our past will inevitably be our mother (or surrogate). The Naikan method is said to both begin and end with "scrutiny of self in relation to mother." In Naikan, maternal affection is absolute. When assessing "self in relation to mother" following the procedure outlined above, most people will inevitably discover that the "care received" is incomparably greater than the "things done in return," that they have caused endless "trouble and inconvenience," and that they had assumed that their role as beneficiary was natural and never questioned it.

Seen in this light, the Naikan method could be said to involve balancing out the problems arising from a dyadic relationship in which the subject was dependent on the other party (particularly the mother) through the mobilization of a new superior-inferior dyadic relationship. In other words, in the same way the mother figure is envisaged as absolute, the subject idealizes the other party at the same time as renewing awareness of his/her own imposition of dependence; the subject re-assimilates the maternal care provided, while also purging his/her infantile unilateral dependence and scrupulously seeking material for self-reproach. This enables elimination of many of the problems identified by Takeo DOI(1972) as arising from infantile dependence—particularly and primarily the "victim mentality" and the resolution of the vicious cycle within the dyadic relationship. This fundamental process does not, of course, address the dyadic relationship for questioning itself. As revealed by the brief discussion above, it is possible to envisage a close connection between the Naikan method and the Ajase complex.

A case study is called for at this point. Before the Naikan method came to be recognized as a method of psychotherapy as it is today, Ishin Yoshimoto used to visit the Nara Reform School as a volunteer chaplain and use the Naikan method to help rehabilitate juvenile delinquents. This case study is taken from around 1965, when the method was already accepted and being used within the reform school. It is an old case, but this is preferable for the purposes of understanding the basics of Naikan therapy. The text below is not a direct account of the Naikan interviews themselves: rather, it was written by the subject after completion of the treatment, on the recommendation of the interviewer. Nevertheless, it provides a useful insight into how the Naikan method is approached and discussed.

4. The Case of Yohji

The following description is based upon an article (written by Yohji Akiyama himself) included in a review edited by I.Yoshimoto(1969)

Born immediately after the end of World War II, Yohji was an only child, raised by a stepmother after the death of his real mother from illness when he was an infant. He grew up in comfort and did well at school until his father, a lumber merchant, collapsed with pulmonary tuberculosis (when Yohji was in the fourth year of elementary school). Subsequently, his stepmother was forced to work, and the household suffered financially. His father died when he was 15. He says he was saddened by this death, but also resented his father for being so strict. The following year he was shaken to the core by the discovery of two staggering truths. The first was that his “mother” had a lover; the second was that his “mother” was not his biological mother. He became rebellious and evasive, and going against the advice of his “mother” he refused to enter senior high school and instead left home and found a job at an ironworks in a city far away.

Several years later, however, Yohji was arrested for the grave offence of rape and murder, which he committed while intoxicated. The prosecution requested the death penalty, but a sentence of life imprisonment was handed down. Yohji was moved to the Nara Juvenile Training School, but contracted tuberculosis and was hospitalized. It was here that he encountered the Naikan method. Under the guidance of a staff member he engaged in intensive Naikan and ongoing Naikan (and was interviewed by Yoshimoto on several occasions), and ultimately achieved the state of mind expressed in the journal entries reproduced below.

Reflections on myself about my mother (around the 2nd/3rd year of junior high school)

When using the Naikan method, I find that this is the most painful period to remember. My father had already passed away. Without his frightening presence, I used to find fault and argue with my mother often. It was unpardonable to rebel against my mother, to whom I am so greatly indebted, but after losing my father, right up to coming to this training school, I misunderstood and detested my mother.

The day before my father died was a school holiday. I told my mother that I was going to the hospital to see my father, but she said I must not. Looking back now, I can see my mother's love in that statement. I finally understand that she was saying it out of concern for me: my father had a bad case of tuberculosis, and my mother feared that I would become infected if I visited his hospital. I didn't think of that at the time: I misunderstood my mother, detested her, blamed her and rebelled against her. What a fool I was! My father's death must have come as a huge psychological blow for my mother, and she must have been very lonely. But not only could I not comfort her, but in my misguided resentment I chose to ignore what she said to me on the

day of the funeral, her hand in mine: "From now on, it's just us two. Let's stick together." Please forgive me, Mother! When I think of that time and the extent of my wrongdoing, I'm overcome with tears. I was the one at fault.

In my third year of junior high school, when I learned that my mother was not my biological mother, I said something to my mother which a child should never say. While my mother was out at work, I looked in her closet and found my father's naval papers. The name of the person listed as his wife was not my mother's name. In my shock I ran out of our house and went to interrogate my grandmother, and although she tried to conceal the truth, I learned that the person I called "mother" was in fact my stepmother. Subsequently, in the course of rebelling against and quarrelling with my mother I said the unforgivable: "It wasn't you who gave birth to me, so just leave me alone." Now I see the face of my mother drenched in tears after hearing that. In the course of my Naikan reflection I have apologized from the bottom of my heart to my mother, who raised me as her own from before I can remember, and made a pledge to myself never to say such a terrible thing again...

Reflections on myself about my mother (after committing my crime)

In June 1964, on my way home from visiting my cousin in Himeji, I did something that betrayed all the love that my mother had given me up to that point: I committed a heinous crime of rape and murder. I resigned myself to being forsaken by my mother after such an evil deed. But my mother, looking like she had cried all the tears she could, simply said: "I'm waiting here for you" . . .

In September, October and November, whenever there was a trial hearing, my mother would come all the way from Nagasaki to be with me. She engaged an attorney for me, and at a hearing on November 25, she gave evidence in defense of me, despite the gravity of my crime. I am unworthy of such a mother.

Regardless of the fact that I was underage, my crime was a heinous one, and without my mother's sincere appeal in court the sentence might not have been reduced. It was deplorable of me to think, as I did up until now, that I only got off with life imprisonment only because I was underage. I don't know how I can apologize to my mother . . . Mother, I am genuinely grateful. I join my hands together in gratitude for the life I have today.

I find it impossible to express my feelings in words when I think of how my mother went to apologize on my behalf to the victim's family. It must have been heartbreaking for her.

Yohji ends his journal by expressing gratitude towards his illness.

Because of my tuberculosis I have learnt Naikan which brought me the dissolution of my wicked heart toward my mother and her lover. Reflecting now on what happened to me, I think my Father conducted me towards all these things, saying that I should have gotten my mean and filthy heart cleaned up. And I am so grateful feeling my father is watching over me, such an unfilial child, even after the death.

Yohji's tragedy is the embodiment of the Ajase story. The mother has a weight on her conscience, and thus does the child's bidding, while the father remains concealed behind the mother's presence.

There is also an Oedipal problem here. A 14-year-old boy who has lived in an intimate dyadic mother-child relationship experienced three abrupt and remarkably Oedipal events in a very short period of time: the death of his father, the discovery that his mother had a lover, and the revelation that she was not his biological mother. This combination was too much for Yohji to handle. At a time when he was not even capable of controlling the dyadic relationship, he was confronted suddenly with a series of genuine and fully-fledged Oedipus conflicts. He was able to take the first step and leave home, but proceeded to fail in the next stage of the venture. The rape and murder he committed was surely a symbolic "acting out" of his dilemma (in which Oedipal conflicts were superimposed on an unresolved Ajase complex).

Yohji's personal account is a moving one for Japanese audiences, but when read by Western audiences in translation, it appears not to evince the same emotion: instead, it seems childish and naïve, or sometimes inscrutable. For example, Yohji's mother's decision to visit the victim's family and apologize directly would be inconceivable in most Western nations.

Similarly, in contemporary Japan, it becomes rather unusual for prisoners to practice the Naikan method. There are a variety of reasons for this, but one is that when planning programs for their inmates, corrective facilities must now give full regard to the system as a whole, including families and other bodies, and it is no longer conceivable that a prisoner could be reformed simply through the assiduous practice of Naikan which had been quite effective until 1970's. Though in more than a few reform schools the Naikan program is still in the curriculum, and a certain number staff-members are interested in the Naikan method, those committed to the Naikan method are now few and far between.

This waning of enthusiasm for Naikan is not limited to the field of corrective services. This is itself not a bad thing for the Naikan method, because once the initial fervor surrounding a new approach dies down, its techniques tend to develop more substance. However, one issue that is not often discussed is the fact that, in the case of Naikan, procedures are generally conducted at the interviewer's own home. This system cannot be sustained without considerable behind-the-scenes support. The person working behind the scenes is usually the wife of the Naikan interviewer (therapist) at whose home the procedures are conducted. The wife cannot discharge these responsibilities unless she is prepared to devote her life to Naikan. All those associated with Ishin Yoshimoto's Naikan Center would attest to the fact that nothing would have been possible in the absence of Yoshimoto's dedicated wife. This future of the Naikan method is in question as the antiquated gender culture that sustained it in

the past comes face to face with contemporary social changes.

5. Ajase Complex and Pre-pregnancy Ambivalence

Several intriguing discourses have emerged from outside Japan since the Ajase complex theory began to gain international exposure. The most fascinating of these is related to women.

Freud's judgment of the female gender is well known: ultimately, Freud admitted he could not answer the question, "what does a woman want?" The male-centered worldview of psychoanalysis had long been a target of criticism, but in the 1970s a discourse emerged that spoke directly to the core of Freud's ideas. This was the critique of the classical Oedipus theory, the key symbol of phallogocentric thought. Riding on the powerful groundswell of feminism, the Ajase story found a fresh audience. This is because it is clear from the outset of the story that the Ajase complex should be understood not as Ajase's problem alone, but in combination with problems related to his mother Idaike—or even primarily as a problem for Idaike herself. In practice, many aspects of the complex can only be perceived if Idaike is taken into account.

Psychoanalysts such as Joan. RAFAEL-LEFF and Louis FEDER have explored women's complex feelings towards pregnancy—a previously unexamined theme—and observed that by directing attention to the mother, the Ajase theory could be a powerful aid in understanding the pre-pregnancy fantasies and post-pregnancy confusion experienced by women. Ajase's complex is also Idaike's problem; in the case of Oedipus also, the problem presents itself completely differently when seen from the mother's, Jocasta's situation. This much had already been noted by I.Takino when he first proposed that Ajase theory could be linked to Naikan therapy (Takino 1972). Rafael-Leff and Feder took this further, arguing the existence of an important theme even before the beginning of pregnancy (Okonogi & Kitayama 2001). Feder looks beyond the issue of pregnancy, and seeks to apply this to cases such as a client fantasizing prior to an initial consultation with a therapist, the mutual ambivalence of the organization and applicant in the course of undertaking procedures to gain membership in a new group or association, and even the feelings of a psychoanalyst when taking on a new patient (Feder 1980).

The decision to open a Naikan Center in one's own home, welcome clients into it and devote oneself wholly to their care is a major step, and one that differs radically in qualitative terms from the kinds of new beginnings cited above. It is something that demands the same kind of commitment as would a decision to devote one's life to producing and raising as many children as possible.

Naikan's founder Ishin Yoshimoto and his wife Kinu would immediately take in anyone seeking Naikan, regardless of who they were or when they came. They would

conduct interviews during the night for those who practiced Naikan meditation rather than sleeping. Yoshimoto explained: "It's a huge step forward when a mean human being tries to start practicing Naikan—a kind of miracle. So we attend to such people right away, even if it means putting everything else aside." He continued to follow this approach right up until his final years, even when his health suffered as a result. Those who wish to teach the Naikan method are somehow expected to understand and appreciate such a devotion of Yoshimoto: and as the matter of fact, many of those operating Naikan centers made great efforts to do the approach similar to the Founder and some continue to do so. At every opportunity, Yoshimoto would repeat his belief that "introspection through Naikan is the greatest and the ultimate goal of our lives, and one that we should pursue at every moment available to us." (Yoshimoto 1965)

It could give a spiritual depth to believers; however there is no place for ambivalence in this outlook on life. Nor is there even scope for reflection on the manner in which Naikan is practiced. Yoshimoto himself showed absolutely no interest in academic societies, study groups and the like, and virtually never participated in such gatherings except the first Congress of Naikan Association. He did, however, often give lectures to promote Naikan, and spoke with humor and great eloquence. The single-minded devotion to Naikan shown by its founder must be appreciated for its mindfulness and spirituality, but at the same time, in order for Naikan to gain recognition as a psychotherapeutic approach, it is essential to give careful thought to how the method may be applied and improved, as seen from the outside. Naikan sublimates and/or suppresses or even denies human conflicts, and is not subject to the kind of political disputes seen in the psychoanalysis movement. Nevertheless, the Naikan popularization movement has also faced, and continues to face, several perennially demanding problems as it seeks to expand and refine the theories and techniques of Naikan.

In the world of psychoanalysis it is not just "seduction theory" that has been disregarded or even concealed, it is well known that many other ideas and practices of followers, have been subjected to various forms of suppression and exclusion, which produced a lots of tragedies among psychoanalysts. The strength of Freudian psychoanalysis, however, is that wherever there is a risk of expulsion, there emerges always someone who would insist and persist to clarify and confront problematic. This desire to drill through and uncover what is hidden is the most important part of original culture of psychoanalysis—the Oedipus spirit.

There is a decisive absence of this spirit in Naikan. It is informed by a value system where the maintenance of person-to-person relations and group harmony is prioritized over the pursuit of truth, which can be too cruel and no good for those who live the relationships. This, however, can be connected to the feminine principle demonstrated by Oedipus' mother Jocasta in her entreaty to her new husband, the king, to cease his pursuit of the true cause of the epidemic spreading through his land. And

we can say that this is the fundamental principle of Ajase.

It is said that since World War II in Japan more than anything else women have changed. Although today women certainly have the greatest vitality today, it can also be suggested that not much has actually changed in terms of the key themes surrounding female existence. Women may have changed a lot, but the mother-child relationship has not; if anything, urbanization and the rise of the nuclear family has made that relationship more intimate and even exclusive. In the West, the term “domestic violence” is likely to evoke images of an alcoholic husband being violent towards his wife and children, but in Japan, the typical pattern is that of an adolescent boy being violent towards his mother. Following the emergence of this pattern as a major social concern in the 1970s, Naikan-style approaches were reported to be very effective, achieving dramatic results in some cases (note that Ajase himself is a perpetrator of domestic violence).

Now it seems that in Japan social withdrawal (*hikikomori*) has since taken the place of domestic violence as the most serious issue, and that it continues to grow even today. However in many cases it also entails incidences of domestic violence, such as verbal abuse, if not serious violence. It is beyond doubt that in psychological terms, the root of this problem is the absence of the father and the excessively long symbiotic relationship of mother and child. Contemporary technology has made withdrawal even easier, turning children’s bedrooms into fully equipped miniature universes, enabling life to be lived in a virtual world through computers and the internet.

Previously, Naikan therapy was widely effective in dealing with Ajase complex manifested in domestic violence, but today it proves almost totally inadequate to deal with the more mainstream problem of withdrawal among young people (regardless of whether the problem entails domestic violence or not). In the past, individuals tended to become childish and self-centered, developing presumptive dependence (*amae*) as a result of over-reliance on the mother and household. At the same time, however, the poverty of society as a whole and the hardships experienced by parents trying to make a livelihood provided children with a sense of reality, and recognition of one’s *amae*/dependence could thus be cultivated as a major theme in the Naikan method. This sense of reality is less easily experienced in the lifestyles today, and children grow up without developing the capacity for self-reflection that is so central to Naikan. Such young people themselves are highly unlikely to seek out Naikan reflection of their own accord.

People who seek help in Naikan are usually those who have problems at work or within their families. Most family-related problems involve some form of conflict between the person’s own outlook and traditional values. In Naikan, however, through the Naikan center and its leader embodying the sacred mother figure, and through the themes and methods of Naikan meditation itself, the subject is exposed to the idea that

harmony for everyone (and especially oneself) can be maintained if each person takes their assigned role within the groups to which they belong, particularly the family unit. While this strengthens the subject's self-giving attitude (which would be qualified as masochistic tendency in psychoanalytical term) and assuages the problem itself, it can marginalize or even deny completely the conflicts taking place: ambivalence seems passed over entirely. If this is possible it is only because of people's conviction of the essential mutual dependency and therefore ambiguity of human relations in Japanese society which is not based upon monotheism.

Any psychotherapeutic method reflects and is bound closely to its traditional culture and present social conditions. This is particularly true in the case of Naikan therapy, which originated without any sophisticated or scientific background, and has such a strong cultural underpinning. Women today are more active outside the home and think it natural that they should work together with their male counterparts. It is hard to imagine Naikan working effectively to address the problems and concerns of these women.

One thing that can be said with some certainty about the future of Naikan is that if Yoshimoto's original method is followed, Naikan may gain a status similar to that of a traditional performing art, like Noh play but new developments will be difficult to achieve without some important reform. If Naikan can be transformed in a ambivalence felt by modern women, it will be possible to apply it to a range of new problems. If this stage is reached, however, there are some who will say that such a method can no longer be called "Naikan".

* The Japanese version can be read in Kosawa 1953 also in (Okonogi&Kitayama2001) and its modified English version in internet(article of Ramon Ganzarain). However, the original German version was never published anywhere. Who knows where it can be found? It is just another myth concerning Ajase theory.

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ACT in Wonderland

Shinji Tani

1. Introduction

All people have some kind of mental suffering such as worry and anxiety. In some cases, mental suffering creates grave problems in humans in carrying out day-to-day living. To support individuals who struggle with mental suffering, many human-to-human behavioral assistance (human services) techniques based on behavior theory have evolved, from the first generation of behavior therapies, which focus on respondent and operant techniques, to the second generation of behavior therapies (e.g. Cognitive Behavior Therapy: CBT).

Acceptance & Commitment Therapy (ACT) belongs to the third generation of behavior therapies. While ACT shares some traits with CBT, it differs fundamentally from CBT. The most important difference with CBT is in the treatment of cognition. This article describes ACT techniques, which offer new ways of dealing with mental suffering, with a particular emphasis on its defusion technique. Attempts are also made to discuss problems relating to cognition and human services.

2. Characteristics of verbal behavior (from Behavior Analysis view point)

ACT is a form of psychotherapy based on behavior analysis. Behavior analysis viewed cognition as verbal behavior. ACT evolved out of attempts in the 1960s and onward to clinically utilize the insights and knowledge obtained from basic research on verbal behavior

In behavior analysis, the events difficult to be observed from the appearance of a person, such as cognition and emotions, are called “private events”. Scientific approach to behavior analysis considers private events as the subject of research but does not consider private events as causes of behavior. This treatment of cognition is one striking difference between CBT and ACT.

Experimental studies on verbal behavior have flourished since the 1960's. These studies held that verbal behavior, like non-verbal behavior, are influenced and controlled by antecedent stimuli and consequence and thus can be analyzed by using the analytical framework of contingency (Hayes, S.C., Barnes-Holmes, D., & Roche, B., 2001).

Analyses of cognitive functions of a high order, including the language acquisition process, inference and attributions, among others, have been significantly influenced by studies on stimulus equivalence and studies on rules.

Sidman (1994) demonstrated that a relation between two stimuli of no direct trained relationship (i.e. derived relation) emerges after a relationship between arbitrary Stimulus A and arbitrary Stimulus B is established and another relationship between Stimulus B and arbitrary Stimulus C is established (Fig. 1). Sidman (1994) further classified such “derived relations” into three types: reflexivity, transitivity and equivalence, and he termed the emergence of the three types of derived relations as “stimulus equivalence.”

Stimulus equivalence has been the subject of extensive studies on non-human and human subjects, and it is believed to be an ability unique to humans. Arbitrary stimulus-stimulus relations develop into a relation between two stimuli with no direct trained relationship. Furthermore, reactions evoked by a stimulus are transferred via the network of trained relations among stimuli (response transfer). Further experiments also suggest that derived relations and response transfers are also found in complex relations, such as relations expressed in terms of “bigger than” and “better than” (Barnes-Holmes, Y., Barnes-Holmes, D., Smeets, P. M., Strand, P., & Friman, P., 2004).

Verbal behavior that includes the description of contingency is called rules. One can learn how to behave by studying rules, even if one has no direct experience undertaking the behavior in question. For example, the rule “you will be hit when you cross the road on a red signal” deters one from crossing the road on a red signal. The behavior formed by rules is called rule-governed behavior.

The rule-governed behavior is unique to humans equipped with language. While rules do allow one to learn without directly experiencing a contingent event, studies on rules revealed that rules also cause distinctive changes in behavior.

One such change that may be brought by rules is a decrease in one’s sensitivity to actual contingency. Studies pointed out that many animals, having experienced unpleasant or undesirable consequences of certain behavior, are likely to undertake the behavior with less frequency. However, once rules assume control over certain behavior, that behavior may continue even if it brings unpleasant or undesirable consequences.

Findings from empirical studies on verbal behavior, which is considered a relational frame theory, can be summarized as below:

Verbal behavior

- Is arbitrarily determined stimulus-stimulus relations and stimulus-response relations;
- Is derivative;
- Permits response transfers based on relations among stimuli; and
- May reduce one’s sensitivity to contingencies (rule-governed behavior)

3. Analysis of functions

Scientific approach to behavior analysis does not examine manners in which certain behavior is delivered but investigates functions of such behavior. Given a wrist-cutting case, for instance, behavior analysts attempt to analyze what consequences are brought by this act to the environment, rather than the manner in which this act was committed. When dealing with certain verbal behavior, such as one's desire to die, analysts do not examine the content of verbal behavior but analyze what changes are brought to the environment as a result of one's declaration of his/her desire to die.

A simple example is presented below. When a man says he wants to die, his verbal behavior will generate tremendous attention from the environment (i.e. friends worry about him, friends spend more time talking with him, etc.), and may result in: 1) amplification of this verbal behavior or 2) his release from his job or housekeeping duties. Case 1) above is a case in which this particular verbal behavior is maintained as a result of increased attention, and Case 2) is a case that he may be under the spell of negative reinforcement. The two cases reveal different functions that could come out of the same verbal behavior.

ACT is a psychotherapy aimed at analyzing the functions of verbal behavior, which is, by nature, arbitrary, derivative and causes functional transfers. It attempts to give clients new ways of dealing with the verbal rules produced by an individual as a result of his verbal behavior or provided by society (e.g. common sense, customs).

This study explains new approaches to dealing with verbal behavior offered by ACT and examines issues related to verbal behavior in providing human-to-human services, by making reference to a case of a chronic depression sufferer who underwent ACT.

Case study

Aki is a 42 year-old woman living with her husband and two sons. The elder son has autism and had minor trouble with neighbors 10 years ago. Aki has suffered depression ever since. Having undergone CBT and been on anti-depressant medication, her condition improved somewhat but she continued to stay in bed most of the time. Her husband was charged with household chores, which Aki was unable to perform. Aki visited a therapist when her condition aggravated after the death of her father, which was followed by her mother's suicide.

Aki talked about her father's death and her mother's suicide in an emotionless tone but her body appeared tense as she talked. She could not touch any objects associated with her parents (e.g. pictures, mortuary tablets). She also felt strong emotions when seeing or hearing of any events that had something to do with her parents (e.g. Going to Kanto where her parents lived, her children discussing their grandparents).

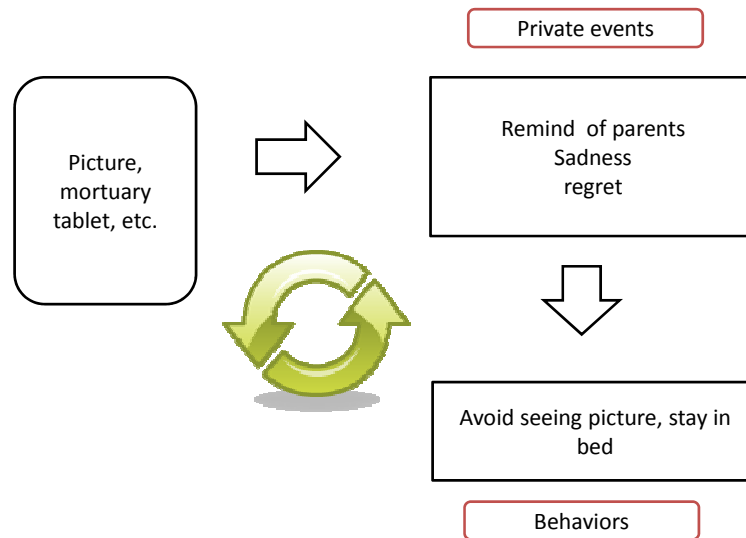


Fig.1 The function of her private events

Figure 1 illustrates the functions of her private events (i.e. her feelings and thoughts toward her parents). The stimuli associated with her parents gave rise to the private events which she tried to avoid, and [such private events] prompted her to behave in such a way that these stimuli could be avoided. The vicious cycle repeated itself and gradually amplified itself (i.e. associated stimuli were amplified), restricting her behavior.

What is crucial here is not the content of her private events but the fact that such private events have functions evoking avoidance and escape behavior in her. Another key problem was that the stimuli that triggered avoidance and escape behavior amplified themselves, suppressing the spontaneous emergence of [other behaviors] in her. In ACT, this state is called "cognitive fusion" (Luoma, Hayes, and Walser, 2007).

Within the frameworks of traditional behavior therapies, several attempts were made to lessen aversive features found in stimuli that trigger avoidance and escape behavior. Desensitization and exposure techniques are some of the representative techniques. Other approaches include response prevention and thought stopping techniques, which are designed to block avoidance and escape behavior.

CBT therapists have attempted to transform irrational or distorted beliefs, which are triggered by aversive stimuli, into rational thoughts (cognitive reconstruction).

Approaches to private events proposed by ACT are different from those embraced by traditional behavior therapies and CBT. Past empirical studies suggested that private events had the characteristic of producing new relations one after another and expanding them without direct learning experiences (i.e. not derived). Private

events are also noted for their difficulty in suppressing private events or distracting from private events. Clinical studies also indicate that the response blocking technique, the thought stopping technique, and the cognitive reconstruction technique may not always work (Beevers, et.al., 1999; Bach, P. A., and Moran, D. J., 2008)

ACT is an attempt to develop a different operant response from ones typically evoked by the private event. A private event has been known to trigger a certain operant response having avoidance and escape functions. This private event ? is? stimuli and responses in an individual (i.e. world in the skin) and the actual surroundings in which the individual is placed are located elsewhere (i.e. world out of the skin). By differentiating the two worlds, a new approach to problems comes into the horizon.

The previous example is used again here. Photos of her parents and other stimuli relating to her parents gave rise to the private events that she attempted to avoid, and the private events in turn triggered a number of spontaneous avoidance and escape behaviors, which were believed to manifest themselves in her condition.

Figure 2 illustrates her response to a TV news report covering a story that took place in the neighborhood where her parents lived. The story, which made her think of her parents, caused her to stop eating and go back to bed.

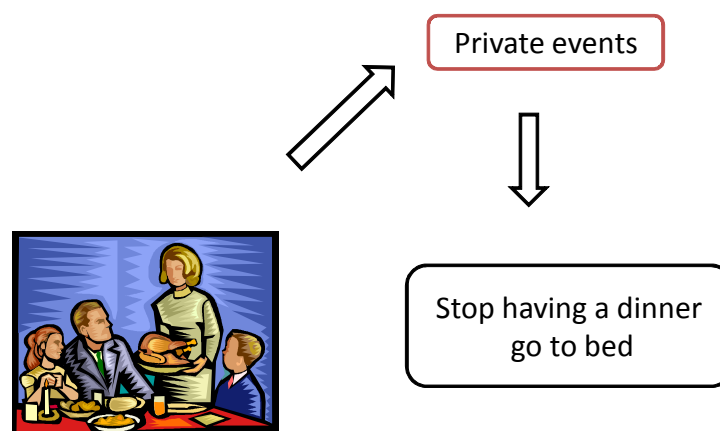


Fig.2 Her behavior and private events

In the given example, ACT attempted to generate a stimulus-response relation that is different from the fixed stimulus-response relation illustrated in Figure 3.

The woman was reminded that other stimuli were also available, including flavors and smell of dinner and conversations that took place during dinner, and these stimuli can trigger other spontaneous responses. The availability of other stimuli could allow her to enjoy family dinner and food, despite the occurrence of some private event that she tried to avoid.

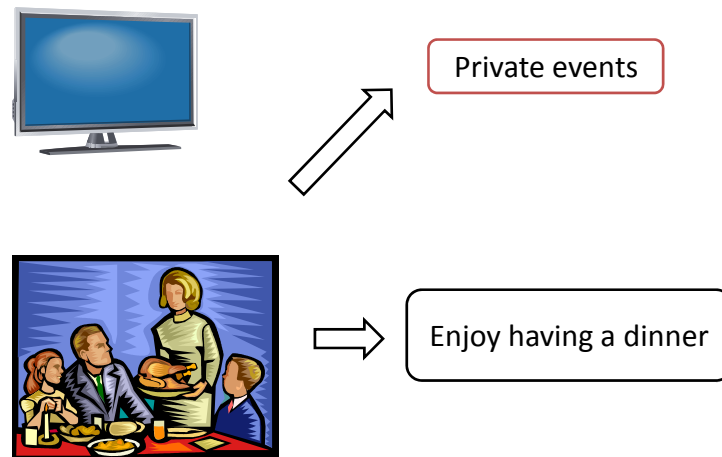


Fig.3 The different stimulus-response relations

In order to establish new relations such as the above, it is necessary to suspend, for the time being, the previous stimulus-response relation induced by this private event. However, it is difficult to let go of escape and avoidance behaviors, which are developed by negative reinforcement.

To achieve the above, ACT was used to make the woman experience the difference between the world in the skin and the external world, that is, the private event that evoked avoidance and escape behavior in her was something that occurred in herself (i.e. world in the skin), which was different from the external world. This attempt is known as "Defusion".

It was discovered that her avoidance behavior affected a wide variety of her actions and manifested itself in her inability to move her parents' photos to an appropriate position, her inability (due to avoidance of the land and train station associated with her parents) to visit her parents' grave in spite of her wish and her inability to see or write her parents' names.

To untangle this state of fusion, the Physicalizing Exercise (Hayes et al., 1999), the Handkerchief Exercise and an exercise modeled after the "Milk, Milk, Milk" Exercise, which instructs clients to write names, were attempted.

In the Physicalizing Exercise, the woman was urged to talk about her feelings and emotions she experienced at the scenes of her parents' deaths and the scenes of their funerals, including the state her mother was in. She was asked to describe the feelings and emotions she then experienced using colors and shapes, which would allow her to "physicalize" them.

It was followed by the handkerchief exercise, in which the woman, having been told that private events were represented by a physical handkerchief, was asked to recollect the responses she made to the private events as they occurred.

Therapist: How did you feel when your parents passed away? Please try to recollect the feelings and thoughts you had. What shape were they in? Were they hard? Were they large? What colors were they?

The woman described the feelings and thoughts about her parents as “something like a thin film, which gradually covers all over me.

Therapist: Please imagine that this handkerchief is your feelings and thoughts. How do you cope with these feelings and thoughts when they visit you? Please show me what you actually do, when they come across your mind.

The woman dropped her head onto the desk with her face down in an attempt not to see it.

Therapist: You do the same thing when these feelings and thoughts come to your mind. Does it work? Did the handkerchief disappear? It didn't. You knew it was out here even when you were covering your face by dropping your head down to the desk, didn't you?

This exercise is designed to recreate, in the counseling room, how the client actually responds to a private event (clinical relative behaviors or CRBs; Kolenberg, R. J., & Tsai, M., 1991) so that the client can observe the private event that the client has tried to avoid from a perspective different from the one previously used.

Therapist: By the way, this handkerchief represents your feelings and thoughts about your parents. You tried to avoid seeing and touching this, but is avoidance really what you want? Do you really want to leave the photos of your parents covered with dust?

Woman: I wanted to chat with my parents while they were still alive. I wanted to tell how my children had grown. I want to tell them by talking to the photos of the departed.

Therapist: I understand that you underwent great pains after your parents' deaths. And you have a lot to tell your parents and you want to communicate with your parents by talking to their photos. When this handkerchief comes closer to you next time, you may be able to act in a different way than what you did just now in an attempt not to face it.

Thus, ACT encourages the spontaneous emergence of new behaviors by emphasizing, through verbal support, that behaviors other than ones that typically emerge are also possible (an ability to respond). In ACT, this step is called “creating space for something new to happen.”

The woman in the above example felt great pains when she saw or wrote her parents' names. To address this problem, a defusion exercise was performed. She was asked to write her parents' names, but she complained that her hand shivered, which did not allow her to write them down.

Therapist: Now, I want you to write down your parents' names here. You can't? Then, you can use Hiragana instead. Well, how about writing their names in Roma-ji?

Woman: I can write them in Roma-ji.

Therapist: Great. Please use Roma-ji then. (After making her successfully write the names several times) How do you feel now?

Woman: I feel nothing special.

Therapist: Did you find writing their names in Roma-ji different from writing their names in Hiragana or Kanji?

Woman: Yes. I felt no anxiety when I wrote their names in Roma-ji.

Therapist: Both Kanji and Roma-ji writings represent the same individuals. But Kanji brings great pains in you while Roma-ji doesn't. Next, please try to enlarge the Roma-ji and Kanji characters in your imagination. Did you notice that both of them are just black dots put together? Now, do you think you can write their names in Hiragana? How are you feeling? Are you feeling differently compared with what you felt before? Please try to write their names in Hiragana as many times as possible on this piece of paper. (After the client wrote down her parents' names about 20 times) How do you feel now?

Woman: I feel all right. I can write them. These are the names of my parents who are very special to me.

In the following session, she reported that she had moved her parents' pictures and mortuary tablets to the proper place and had begun telling her daily thoughts and actions by talking to their pictures. This exercise is a variation of the "Milk, Milk, Milk" Exercise used in ACT (Hayes, S. C., Strosahl, K. ., & Wilson, K.G., 1999).

4. Verbal behavior and psychotherapy

CBT, which belongs to the second wave of behavior therapies, aims to transform the content of verbal behavior by placing strong focus on it. In contrast, the third wave of behavior therapies and ACT in particular attempt to alter the functions of verbal behavior rather than trying to change the content of verbal behavior. Simply put, one's realization that he can free himself from the binding grip of verbal behavior, which is nothing more than verbal behavior, and that he can behave as he chooses, can redirect the verbal behavior that until now induces a certain established set of behaviors (with avoidance and escape functions) to evoke another set of behaviors.

To achieve this goal, many experience-based exercises are used, including the exercises used to address the suffering of the woman in the above case study, for the following reasons.

First, the client with cognitive fusion is highly likely to develop another set of cognitive fusion, if he is given language-based rules such as directions and instructions. Second, these exercises and metaphors, which are designed to reproduce, in the counseling room, clinical relative behaviors (CRBs) that recur in the client's day-to-day life, give the clients opportunities to learn how to respond to them in different ways. During such exercises, the counseling room is transformed into a mock stage analogous

to the client's ordinary living scenes where he struggles with suffering, and the client is encouraged to carry the new responses learned in the counseling room back home and try them in his day-to-day situations.

5. As human-to-human behavioral assistance

Mochizuki (1999) analyzed human-to-human behavioral assistance from a perspective of behavior analysis and concluded that human-to-human behavior assistance is composed of three elements. These are: Instruction, which consists of guidance and directions that aimed at the transformation of personal skills; Assistance for the introduction of tools that complement skills; and Advocacy seeking assistance from society.

The psychotherapy is basically aimed to change the skill of individual (Instruction). ACT therapist is also expected to give the influence upon the society (Advocate). The verbal behavior describes culture in the entire world, whether prefer or not, it controls upon the individual behavior and the organization. Researchers can provide the stimuli with the society by published the outcome of their research and effect on the society.

The custom and rule are transferred by both of public and private education. These verbal behaviors would limit our behaviors and sometimes cause to continue the behaviors not working (mental problems, behavioral problems such as addiction or abuse).

Children are taught to keep customs and rules in public and private education and their rule following behaviors are reinforced. On the other hand, through their own experiences they have to learn that these customs and rules sometimes don't work in daily life. Children would have more severe experience if education becomes more strict and strong to keep customs and rules.

ACT researchers have been publishing many articles to show the importance of the context not but the content of custom and rule. In wonderland made by language, anything is possible and happens. Maruyama (1983), who is a cultural linguist and a famous researcher of Ferdinand de Saussure, (1857-1913), wrote “シンボルによって過去と未来を作り、「今、ここ」という時・空を超え、不在の現存を知る” (1983, p.68). It means that language can create the past and the future beyond “Now and The present” and we find the existent which is not existent.

People in “Down The Language-Hole” will become to keep the distance from the wonderland and expand the value-based behaviors. ACT contributes to help this by not only for the instruction to the individual but also for the advocate for the society.

I would like to thank Mr. Thomas on reviewing and proof-reading this paper.

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Mindfulness, Acceptance and the Container Image Technique

Kanji TOKUDA

1. Introduction

Container Image Technique (abbreviated below as “CIT”) is the name I have given to a technique of psychological support first conceived by Masui (1987, 1996). It is a kind of imagery technique that involves identifying an unpleasant or painful “felt sense” or “concern” associated with problems that the client is suffered from, and imagining putting such “felt sense” or “concern” in some container and placing it somewhere. In many cases, practicing this technique has been observed to result in a gradual easing of the felt sense, together with decrease or even disappearance of the problems themselves.

I have published several studies concerning CIT (see, for example, Tokuda, 1999, 2000a, 2000b, 2001) to date, but I had seldom taught the technique to beginners in clinical psychology. More precisely, I had been reluctant to instruct it to students who have just started studying psychotherapy. There are several reasons for this.

The technique appears, at first glance, to be simple to use. With a little direction, students would be very quick to grasp the procedures themselves—it would be even possible to learn them relying solely on written texts, with no direct instruction. On the other hand, the technique would not be effective if practiced mechanically. Effective use of CIT requires enough sensitivity to discern subtle changes in the client’s inner experience from moment to moment. A certain degree of clinical experience is essential to use CIT adequately in a psychotherapeutic interview. These aspects made me conscious of such risks of teaching CIT without attentiveness as a growth in the tendency to seek quick and easy resolutions to clients’ problems, and as unreasonable underestimate of the technique caused by its simplistic application with little effectiveness.

Later, however, my former thinking, as outlined above, began to change after I took a step back from the front lines of clinical practice where I had worked for many years and shifted my attention to educating beginners in clinical psychology. Through my experience with CIT, I have considered the fundamental question, “what is psychotherapy?” (Tokuda, 2001) and come to want to tell beginners what I had gained through that experience to beginners, even though I knew that it would be impossible to impart in its entirety. This was connected to both a concern that what I had cultivated would go out together with my death without being come down to anyone, and a hope that those who learned CIT would use it to come up with something

different from my consideration. This is why I now teach CIT to my graduate students.

Furthermore, after being exposed to the concepts of mindfulness and acceptance as essential elements of psychotherapy (Hayes, 2004), I came to think that CIT could be used effectively to teach these concepts to beginners, because CIT is, as I will explain later, the method providing opportunities to experience mindfulness and acceptance in a straightforward and condensed form. Today, I believe that CIT can be used to teach mindfulness and acceptance the essence of psychotherapy experientially.

In this paper I will introduce a case showing how I perform CIT and will describe, using the concepts of mindfulness and acceptance, what happens between the therapist and the client, and within the client's mind, when performing this technique.

2. An Overview of the Container Image Technique

There are many different approaches to CIT. One of its strengths is its flexibility. There are, however, some standard approaches, so I will introduce two of these to outline the procedure of this technique. I have called them "Technique One" and "Technique Two" for the sake of expediency.

The procedure of technique One is as follows: The therapist assists the client, in the process of inquiring the client's chief complaint, with ordering his/her problems (for example, non-attendance at school), and with identifying the "felt sense" associated with each problem (for example, a heavy feeling in the stomach he/she has when thinking about school), then instructs him/her to imagine placing that felt sense in some kind of container and putting it away somewhere appropriate (for example, placing it in a ceramic pot and burying it in the back yard of the school). The procedure of the technique Two is as follows: The therapist helps the client to identify, one by one, specific matters of concern (for example, anxiety over job-hunting, failures at part time work, quarrels with friends) conceived at present (i.e. at the moment of the interview), and then guides him/her to imagine putting each matter away in an appropriate place.

It is also possible for the client to perform Technique Two without informing the therapist of the content of concerns. This is one great advantage of Technique Two: it allows the client to withhold certain secrets from the therapist, thus making the client feel more secure.

3. Mindfulness and acceptance as essential elements of psychotherapy

Mindfulness and acceptance are terms that have come to be used across a range of different fields in recent years. They are multifaceted terms that can be defined in many different ways. In this paper, however, mindfulness is used to mean devoting careful attention to feelings and sensations experienced in the present, while acceptance is used to mean tasting inner experiences and feelings as they are rather

than avoiding them, even if they are unpleasant or painful.

Kandabashi (1990) uses the concepts of “holding” and “disturbing” to explain the essence of psychotherapy, arguing that psychotherapy proceeds in “holding” of the therapist, but, on the other hand, the therapist’s approach usually entails a “disturbing” function, and that the essential process of psychotherapy lies in “natural healing power that begins to work when the therapist’s holds the client’s instability caused by disturbing.” Furthermore, he points out that “holding” and “disturbing” are “two aspects of the same function” (Kandabashi, 1994). The assertions of Kandabashi can be understood in the following terms.

Firstly, the therapist’s “regardful and attentive attitude to the client” (Kandabashi, 1994), as is common in all kind of psychotherapy, makes the therapist direct attention to the client’s inner experiences, being oriented toward the comprehension and acceptance of the client’s those experiences or feelings. Secondly, this attitude affects that of the client towards him/herself, and his/her attitude makes him/her direct attention to his/her own inner experiences and explore them, being oriented toward comprehension and acceptance of his/her own inner experiences. Thirdly, this kind of introspective process, however, makes the client become aware of or directly confront inner experiences to some extent, and thus has a “disturbing” function. In this way, the functions of holding and disturbing are inextricably linked in the therapist’s regardful attitude to the client.

When the above ideas are re-considered using the concepts of mindfulness and acceptance, the following points emerge.

Firstly the therapist’s regardful and attentive attitude to the client arouses the client’s attentiveness to his/her own inner feelings and sensations—in other words, mindfulness. Secondly, however, being mindful of one’s inner self results in disturbing, and this brings out and extends the client’s efforts at holding instability generated by disturbing—that is, the process of acceptance.

In this way, the concepts of mindfulness and acceptance are part of the essential processes of psychotherapy.

In CIT, an equivalent of mindfulness can be found in the careful attention to “felt senses” associated with psychological problems and the “concerns” coming to the surface at the present, while acceptance is paralleled in the act of imagining the container and place to put it, experiencing the felt senses. Thus CIT involves direct application of the concepts of mindfulness and acceptance.

4. The Container Image Technique in practice

In this section I present an example of CIT in practice. I have written about the practice of CIT in several papers to date, but space limitations have made it impossible to present anything more than brief outlines: how to perform CIT in clinical settings

has not been explained adequately. A significant amount of time in psychotherapeutic interviews is often devoted to CIT, but I have found it impossible to communicate this fact in the short space usually allocated to descriptions of it. One of the characteristics of CIT is that the therapist performs this method deliberately and spends sufficient time when treating the client's felt senses and concerns. So, in this paper, I will describe CIT in practice using a verbatim transcription from an actual interview to show such a characteristic of this technique.

This interview was conducted for the purpose of teaching CIT to a female graduate student who was interested in this technique in such a condition that the content of the "concerns" was concealed from the therapist (however, a few revisions have been made, to the extent that they do not affect the substance of the therapeutic process). The transcription is interspersed with comments if necessary, including points to note when practicing CIT. "Th" indicates myself as the therapist, while "Cl" indicates the student as the client.

The therapist began by proposing to try to order some of the client's problems. After obtaining the client's consent the therapist introduced the technique in the following manner, making a conscious effort to speak slowly. This was to encourage the client to be mindful of her inner emotions.

Th 1: Now, please sit back in your chair and relax your body. Just as much as you can. (Checks the client's appearance) . . . Good, that's it. You can close your eyes, or leave them open if you like, but if you don't mind, it might be better to close them. That often makes things easier. (Checks the client's appearance) OK, you'll close them? (**Cl:** Yes.) Now, try to look into your heart for anything that is worrying you or making you uncertain at the moment, anything like that. There is no need to hurry: take your time, and try to identify the things that are causing you concern, things that are weighing on your mind, one at a time. They could be related to your studies, or to your future—that kind of thing. There's no need to tell me what you find, just count how many there are and tell me the number.

Cl 1: There are four. (**Th:** Four?) Yes.

Th 2: You might have missed something, so just to make sure, check again to see if there's something overlooked, just as you might check to see if you've left anything behind before going out somewhere . . . Was there anything else?

NOTE: The "have you missed anything?" technique shown above is one that I often use. This is designed to raise the client's mindfulness.

Cl 2: Nothing else.

Th 3: So, that's four. (**Cl:** Yes.) Now let's give each of those four a name. How about A, B, C and D. (**Cl:** Right.) For the one you named A: which part of your body do you

feel this worry in? For example in your stomach or your chest, or in the middle of your chest, or at the edge of it . . . can you tell where it seems to be in?

Cl 3: Somewhere around my stomach.

Th 4: Around your stomach. OK. Where is it in your stomach? Is it for instance in the pit of your stomach?

Cl 4: Lower down . . . around my navel.

Th 5: Your navel. So A is somewhere near there.

Cl 5: Yes.

NOTE: It is helpful to ask the precise location of the “concern.” The location itself has no particular meaning, but the definiteness of the location is relevant to mindfulness, and also helps the therapist determine how vividly the client is conscious of the felt sense. Besides, the therapist should make notes about the client’s description of inner experience while CIT is going on. Because the therapist has to grasp subsequently what the client is feeling and raise it later on.

Th 6: Now, how about B?

Cl 6: B is . . . in my neck . . . somewhere around the back.

Th 7: The back of your neck. (**Cl:** Yes.) How about C?

Cl 7: C is at the end of my feet.

Th 8: Both feet?

Cl 8: Yes, both.

Th 9: In your toes?

Cl 9: Yes, that’s right . . . No, wait. The whole foot rather than just the toes.

Th 10: The whole of both feet. That’s where C is, right? (**Cl:** Yes.) Now, how about D?

Cl 10: D is in the middle of my chest. (**Th:** Middle of the chest?) That’s right.

Th 11: Now, if you were going to rank these four in terms of how bad they are, how unpleasant they are, which one would come first?

NOTE: There are two reasons why the client is asked to give a ranking. The first is to encourage mindfulness of the relative degree of unpleasantness; the second is to determine the order in which to treat the concerns later. My ironclad rule is to deal with the least unpleasant one first, and work backwards. This approach was inspired by what Nakai (1985) called “the wisdom of the pediatrician: touch somewhere that *isn’t* painful first.”

Cl 11: . . . The worst one is A.

Th 12: A? OK, what’s next?

Cl 12: B.

Th 13: Next? (**Cl:** D.) And then?

Cl 13: C.

Th 14: So, the strongest one is A, then B, then D, then C. (**Cl:** Yes.) Now, starting with the least unpleasant one, C, I would like to find out how each of these concerns feels to you. You said that C was in your feet: what does it make your feet feel like?

NOTE: In order to deal correctly with the internal experiences reported by the client, the therapist must keep a record of what the client says, as noted earlier.

Cl 14: Itchy . . .

Th 15: Itchy. Does that mean it's actually itching, or is it a kind of unsettled feeling?

Cl 15: Unsettled.

NOTE: Try to get the client to verbalize the sensation using as precise language as possible. This is the equivalent of "resonance" in focusing.

Th 16: So it's an unsettled sensation. It probably doesn't feel very good to have that kind of sensation. Let's see if we can find a way to make it a little more comfortable. For example you could put that itchy feeling away in something, or maybe put something over your feet to help relieve it. Try to imagine what might be the best way to make it a little better.

Cl 16: . . . Over my feet . . . (**Th:** Yes, over your feet?) . . . I could put a hot towel or something. That might feel good.

Th 17: A hot towel. OK, now try to imagine that happening. (**Cl:** OK) . . . How's that?

NOTE: Try to give hints at how the concern could be dealt with, using typical examples (see Th 16). There is no need to stick to the techniques of placing in a container or taking it away: respect the client's ideas in this regard. The imagining that takes place at this stage is an experience of acceptance pure and simple. The core component of CIT is this step of visualizing an image of something that contains the felt sense successfully. It is also the source of the name of "Container Image Technique" itself.

Cl 17: A foot bath would be better than a hot towel.

Th 18: Alright, let's make it a foot bath. (**Cl:** OK.) . . . Now how do you feel?

Cl 18: Good.

Th 19: And how's the temperature of the water?

Cl 19: A little hot. It will really warm me up.

Th 20: Now, can you make out what's around you?

Cl 20: The foot bath is near the sea. There are a few other people here, but it's not crowded, it feels tranquil.

NOTE: The questions in Th 19 and 20 are designed to help the therapist to gauge the degree of detail in the client's image, and also to encourage the client to make the image become more detailed.

Th 21: OK, now let's move on to D. You said that you felt D around the center of your chest. (CI: That's right.) What kind of sensation is it?

CI 21: . . . It feels kind of leaden. Murky.

Th 22: Murky. How far does that murky, heavy feeling spread? Is it all across your entire chest, or is it in just one place? Can you give me some idea?

CI 22: . . . Just in the middle of my chest, not right across it.

Th 23: Just in the middle. (CI: Yes.) What can we do about this one?

CI 23: I want to . . . cough it up. Get it out of me.

Th 24: Get it out. If it came out, what would you do? Would you just leave it where it was, or do you feel like doing something else to it after it's out?

NOTE: In situations like this, I used to encourage clients to image the actual process of "getting it out," but later I came to treat the concern as already out, and encourage clients to direct their attention to the container or place rather than the concern itself. This makes the process of dealing with the concern advance more smoothly.

CI 24: If it came out, I'd put it in a box and send it off by courier.

Th 25: What size box would you need?

CI 25: About this big. (Gestures to indicate the size.)

Th 26: A box about 10 centimeters square. (CI: Yes.) What should the box be made of?

NOTE: Asking about the size and material of the container helps in gauging the degree of detail in the image, and also encourages the client to make the image become more detailed.

CI 26: A nice one, like you'd use for a present.

Th 27: A nice one? You'd put it in a nice box and send it off by courier. (CI: Yes.) Where would you send it from?

NOTE: Here again, I am not encouraging the client to imagine the actual process of putting the concern in the box, but assuming that it is already in the box.

CI 27: From a convenience store nearby.

Th 28: A convenience store. Now, where would you send it?

CI 28: To my parents' house.

Th 29: OK, to your parents' house. Can you imagine yourself sending it?

Cl 29: Yes. I've sent it.

Th 30: Alright. Now for B. This was around the back of your neck, correct? (**Cl:** Yes.)

How does it feel at the back of your neck?

Cl 30: Sort of . . . really heavy.

Th 31: A heavy feeling. (**Cl:** Yes.) Do you have this over all of the back of your neck?

Cl 31: Yes, all over.

Th 32: OK. What can we do about this one?

Cl 32: . . . If possible, I'd like it to go away.

Th 33: You'd like it to go away. How could you get it to go away? Throw it away somewhere? Burn it? Assuming you could do anything you like with it, what would you do? Try to think of a way that would satisfy you.

Cl 33: I don't want anybody to find it . . . yes, I think I'd like to burn it.

Th 34: You'd burn it. OK, how would you burn it? Make a bonfire, burn it by flamethrower, throw it into a fireplace?

Cl 34: . . . Hmm . . . I'd make a fire in the open air . . . burn it together with dry leaves and sticks.

Th 35: An outdoor fire. Assuming you made the fire somewhere nobody could see you, where would you like to do it?

Cl 35: Near the place where I used to live when I was in junior high school . . . (**Th:** Yes?) Behind some rocks on the beach.

Th 36: Behind some rocks on the beach? (**Cl:** Yes.) OK, now imagine a good spot to do it.

Cl 36: I've thought of one.

Th 37: Now imagine yourself lighting the fire and burning it.

Cl 37: There was a puff and it's gone. (**Th:** It's gone?) Yes, I burned it in secret, so it disappeared in an instant. I feel refreshed now.

Th 38: Refreshed. (**Cl:** Yes.) Finally we come to A. You said this was around your navel. What sort of feeling is it?

Cl 38: Painful . . . or more like a tight feeling. (**Th:** Tight. I see.) Yes. It's strangely tense.

Th 39: What would make it feel better?

Cl 39: . . . Something like putting a message in a bottle . . . (**Th:** Yes?) And sending it out to sea.

Th 40: Put the tight feeling in a bottle.

Cl 40: Yes, put a lid on it, and let it float out to sea.

Th 41: What kind of bottle would you use?

Cl 41: . . . One like a beer bottle. (**Th:** In both shape and size?) Yes.

Th 42: What color?

Cl 42: A light navy blue. Slightly transparent.

Th 43: How would you seal it?

Cl 43: With a cork.

Th 44: You'd seal it with a cork, and then what would you do? Would you throw it in the sea? Would you take it down to the shoreline and just let it float away? What would be the best way to do it?

Cl 44: I'd take it to a sandy beach or somewhere. (**Th:** Mmm?) And throw it.

Th 45: OK . . . Now have you thrown it? (**Th:** Yes.) What's happened to it?

Cl 45: It just keeps floating.

Th 46: If you leave it alone, where might it float to?

Cl 46: Hopefully out of sight . . . I can still see it some distance off shore. It doesn't float away that easily.

Th 47: Maybe that's the best we can do for now?

Cl 47: Yes, that's right.

Th 48: OK, that's it for today . . . We burned and threw away some of your concerns today: maybe we should go back check how you're feeling now. Do you feel any different from before? Or is it pretty much the same?

NOTE: It is best to keep your treatment of the concerns to whatever is feasible at the time, rather than overstretching. In all cases, the pursuit of complete thoroughness will lead to adverse effects. Hisao Nakai has made this point repeatedly, often citing the 19th century military strategist Karl von Clausewitz's *On War* (see, for example, Nakai, 1982).

Cl 48: The sensation in my feet seems to have died down.

Th 49: I see. What about your chest?

Cl 49: It's still there in my chest, a little.

Th 50: A little. Assuming it had a strength of ten to begin with, what would it be now?

Cl 50: . . . About two.

NOTE: This quantification is a method of getting the client to give a rough assessment of the effectiveness of CIT. It aids the client's self-verification and helps the therapist gauge outcomes. Naturally, the process of the client verifying his/her own degree of change can be connected to mindfulness.

Th 51: So it's still there, but it feels quite a lot better than before. (**Cl:** That's right.) How about the sensation at the back of your neck?

Cl 51: That's disappeared.

Th 52: You feel completely better there?

Cl 52: There's some small remnant, but it's almost completely gone.

Th 53: How about the tightness around your navel?

Cl 53: Well . . . The tight feeling has gone, but the heavy feeling's still there.

Th 54: I see. Was it a tight feeling to start with, and now it's changed to a heavy one?

Cl 54: The heavy feeling was there from the beginning, but the tight feeling was stronger.

Th 55: So maybe you come to notice the heavy feeling more obviously now, as the tight feeling has become fainter?

Cl 55: That's it.

NOTE: Sometimes the therapist may observe that several different sensations overlap, and that as one abates, consciousness of another one grows. This suggests that the client is becoming aware of his/her inner feelings in more detail.

Th 56: It seems that some of the sensations you had to begin with have gone while others are still there, but as a whole, how much do you think they've faded? If, overall, they measured ten to begin with, what would they measure now?

Cl 56: . . . Around five, I think.

NOTE: As shown above, the therapist should not only assess changes in each individual concern, but also how much they have changed as a whole.

Th 57: I see. OK, that's all for today. You can open your eyes now.

The above example show how the internal working of CIT is connected directly to mindfulness and acceptance. For this reason, offering beginners training in CIT will not only aid their intellectual understanding of the concepts of mindfulness and acceptance, but also help them comprehend these concepts in practical terms.

5. Some additional comments

In CIT, dealing directly with felt senses will not always be effective. In some cases it is better not to be overly concerned with felt senses. If, for instance, the felt sense is excessively strong, directing too much of the client's attention to it risks cultivating a sense of intractability in the client (a perception that there is nothing that can be done about the felt sense). In such cases, it is better not to encourage the client to be mindful of the felt sense: instead, the focus should be on imagining the container and place to put it. Technique Two includes the approach not to address the felt sense itself but to treat concerns alone or to imagine a container or place to put a "thought." For example, an obsessive client was largely freed from his obsessions by imagining a place to put them (Tokuda, 2000b). Technique Tow can be performed flexibly like that. It is the great advantage of it.

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Inhibitory Function in Stimulus-Response Compatibility Task and Agingⁱ

Noriaki TSUCHIDA

1. Introduction

This study examines the effects of aging on inhibitory function using stimulus-response compatibility tasks. The effects of aging on inhibitory function have been studied since Hasher and Zacks (1988) first presented their theory on the subject. Hasher and Zacks hypothesized that with the decline of inhibitory function in old age, people turn their attention to stimuli that are unrelated to the target subject. This ultimately results in a loss of processing function for target subjects. Put another way, if inhibitory function declines, working memory becomes less efficient because it is overrun with extraneous information that it is unable to delete.

This theory has been tested across a wide range of fields. In memory research, it has been found that compared to young people, older adults had higher rates of reusing old, irrelevant information. That is, they were unable to suppress information that was related to a previous task, but unrelated to the task at hand (Hamm & Hasher, 1992; Hartman & Hasher, 1991). Similarly, reading studies have shown that reading response time increases in elderly adults when they are unable to suppress distracting material that is unrelated to the stimulus task (Connelly, Hasher, & Zacks, 1991). In the field of language comprehension, Dywan & Murphy (1996) found that older adults read to-be-ignored words, resulting in poor understanding of target texts. Likewise, in experiments testing for understanding of homonyms, older adults were less able to respond to the correct meaning of a word because they could not suppress irrelevant meanings (McDowd, Oseas-Kreger, & Filion, 1995). Finally, studies of selective attention using flanker (Shaw, 1991) and Stroop (Hartley, 1993) tasks have concluded that compared to younger people, older adults are more likely to answer incorrectly or take longer to respond to target stimuli because of an inability to ignore extraneous stimuli.

More recently, there has been an increasing trend in studies that try to analyze different types of inhibitory function (Hasher, Zacks, & May, 1999; Hasher, Tonev, Lusting, & Zacks, 2001). May, Kane, and Hasher (1995) have classified inhibitory function into two types: location-based, and identity-basedⁱⁱ. Experimental tasks for negative priming effects can also be divided into two types. For example, say that a subject is shown a text printed in both bold and normal type, and instructed to vocalize only the words in bold. In this case, the subject must be able to suppress his or her

reaction to information related to the identity of the stimuli (name of the normal type).

In another type of task, say that four stimuli are presented along with four response buttons that correspond to the location of the stimuli. Subjects are instructed to push the button that matches the position of the stimuli printed in bold type, and not to push the button that matches the position of stimuli printed in normal type. In this case, the subject must be able to suppress his or her reaction to information related to the location of the stimuli (position of the normal type). When negative priming effects are measured using these types of stimuli, old age appears to have a strong influence on the ability to suppress reactions to identity-based information, but not to location-based informationⁱⁱⁱ (May, Kane, & Hasher, 1995).

This present study further considers location-based inhibitory function using Stimulus-Response Compatibility tasks (Fitts & Seeger, 1953; Hommel & Prinz, 1997).

The Stimulus-Response Compatibility task requires a subject to press a designated response button when a stimulus is shown. For example, two different stimuli are shown on either side of a focal point on a display screen, and response buttons are set up correspondingly to the left and right. The subject is instructed to press the left-hand button if the stimulus is shown on the right, and the right-hand button if the stimulus is shown on the left. The response time for this kind of task is longer compared to when the response button and stimulus are on the same side (Kornblum, Hasbroucq, & Osman, 1990).

The Stimulus-Response Compatibility task is also known as the directional Stroop task (Diamond, 2002), and has been previously used to test response inhibition (Christ, White, Mandernach, & Keys, 2001). For example, in this type of task, a stimulus is shown on the left side when the subject is instructed to push the right-hand response button. The subject must be able to suppress his or her urge to press the left-hand button that corresponds to the position of the stimulus, and press the right-hand button instead. Similar to vocalization of words in the Stroop task, the Stimulus-Response Compatibility task requires a subject to execute a command while suppressing a more natural reaction to a stimulus. The difference between response times for corresponding and non-corresponding stimuli (the stimulus-response compatibility effect) has been thought to indicate the efficiency of inhibitory function. Put simply, if the difference between response times is small, then inhibitory function is working effectively; if there is a large difference, then inhibitory function is not working efficiently. In fact, when Stimulus-Response Compatibility tasks are performed across various age groups, error rates and Stimulus-Response Compatibility effects are greatest among older adults who presumably have reduced inhibitory function (Christ, et al., 2001).

At the same time, recent attention is being given to the relationship between inhibitory function and the two visual information-processing pathways (Assad, Rainer, & Miller, 1998; Sakagami & Tsutsui, 1999). These studies are based on the

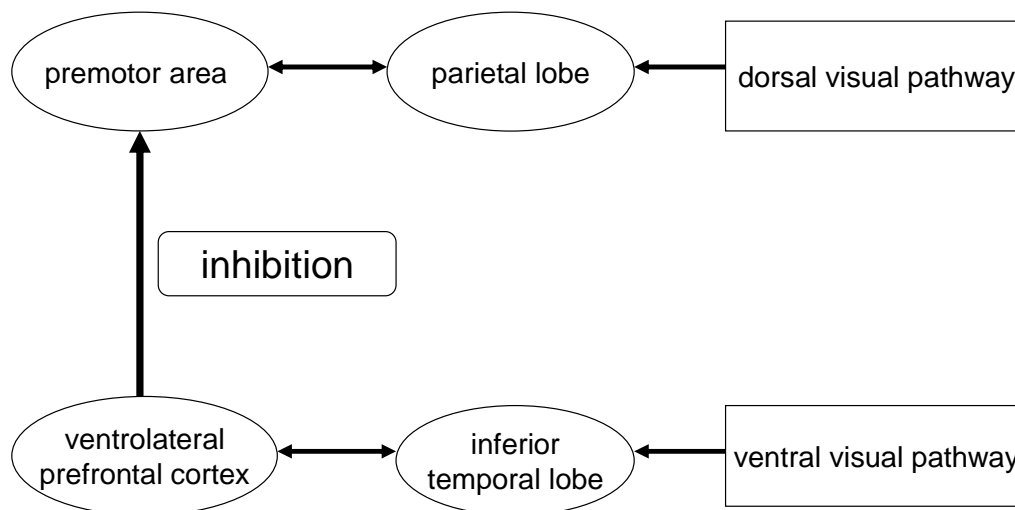


Figure 1. Two visual information processing pathways

Arrows indicate the flow of nerve fibers. Partially revised from Sakagami and Koizumi(2001).

views of Goodale (1995), who posits two kinds of visual pathways: a “where pathway” (dorsal visual pathway) based on positional information of the stimulus, and a “what pathway” (ventral visual pathway) based on the characteristics of the stimulus. From previous research, we know that potential movement prepared in the parietal lobe - premotor area system is then controlled by the inferior temporal lobe - ventrolateral prefrontal cortex system to conform to specific conditions (see Figure 1: partially revised from Sakagami & Koizumi (2001)). For example, Sakagami and Tsutsui (1999) taught monkeys how to perform a go/no-go task using complex stimuli involving color and movement. When neuron activity in the ventrolateral prefrontal cortex was recorded, it was discovered that activity occurred only when reactions related to color had to be inhibited. These results are consistent with anatomical evidence of there being very little projection of visual information processing of movement or position from the dorsal visual pathway, even though within the prefrontal cortex, the ventrolateral region receives color-related information from the inferior temporal lobe (Sakagami & Tsutsui, 1999).

Additionally, in a study of young adults by Tsuchida (2005), it was discovered that errors on location discrimination tasks decreased when tasks requiring attention to stimulus characteristics such as color (ventral visual pathway) were added to the initial location discrimination tasks (dorsal visual pathway). Specifically, both Stimulus-Response Compatibility effects and location discrimination task errors decreased when a further task was added to the original Stimulus-Response Compatibility task, requiring that attention be paid to a non-related characteristic such as color. As shown in Figure 1, we can surmise that control was exercised from the ventral visual pathway on the movement processing of the dorsal visual pathway. This type of activity in the ventrolateral prefrontal cortex during reaction inhibition

has also been confirmed in other neuroscientific studies of humans (Konishi, Nakajima, Uchida, Kikyo, Kameyama, & Miyashita, 1999).

In our research, we have likewise conducted color discrimination tasks in tandem with Stimulus-Response Compatibility tasks for elderly subjects; our data revealed significant differences compared to young adults. This paper will discuss these results and consider their implications for the effect of aging on inhibitory function.

2. Method

Participants: Elderly adults living independently ($N = 42$: 18 men, 24 women: M age = 72.9 years old, $SD=8.2$) participated in the study. All scored higher than 28 points on the MMSE and had more than six years of schooling, with an average of 10.5 years ($SD=3.5$). They were recruited from the area around the university and were paid 1000 yen (approximately \$10) for their participation in the experiment. In comparison, data was collected for fifty university students (14 men, 36 women) with an average age of 22.7 years ($SD=4.1$).

Design: The experiment consisted of one between-subject factor (Young and Old) and 2 within-subject factors (Compatible and Incompatible conditions) \times task (single-task and dual task) design. The conditions were counterbalanced between participants and there was a three-minute break halfway through the testing period. Response latency and the number of incorrect responses were measured as dependent variables. The average correct response latencies for each subject were calculated after eliminating anticipatory responses under 100ms and inattentive responses over 3000ms. The data were analyzed by analysis of variance.

Equipment: Equipment consisted of a DOS/V computer and display monitor, and round response buttons manufactured by Jonan Electric Industrial Co., Ltd. Stimuli were shown on a CRT display (Akia RT145WX) and all trials were controlled by computer (PC9821nb10).

Procedure: In a Compatible condition, participants responded to the location identification task individually by pressing a selected response-button ipsilateral to an indicated stimulus. First, a fixation point was shown at the center of visual field. Then, a red or green circle with a diameter of 4.5cm was shown randomly either on the left or the right of the fixation point at a visual angle of 10.7 degrees. The distance from the fixation point to the participant was approximately 40cm. The appearance rate to the left and right for each stimulus was 50%. Participants were instructed to keep their hands on both response-buttons throughout the experiment and to press the ipsilateral response-button accurately and as soon as possible when a stimulus was detected; then the trial was terminated. The next trial was initiated following a randomly selected Reaction-Stimulus Interval of either 500ms., 1500ms., or 2500ms.

Three different Reaction-Stimulus Intervals were used to avoid anticipation by the participants. After eight practice trials, two experimental blocks (one block=16 trials) were presented with a 5-sec. interval between blocks. In the Incompatible condition, the contralateral response-button to the indicated stimulus was pressed. Number of trials and Reaction-Stimulus Interval in the Incompatible were identical to those of Compatible condition.

Both Compatible and Incompatible conditions were practiced under single-task and dual-task conditions. The dual-task condition consisted of reporting the number of 'red' stimuli among all displayed stimuli after completing each block. 'Red' stimuli were set to appear seven, eight, or nine times in one block of trials. Under the dual-task condition, participants pressed the selected response-button depending on the location of indicated stimulus, and this task was loaded with the additional task of counting and remembering the number of times stimuli of a certain color appeared.

3. Results

The response latencies and incorrect response rates for each of the task types are shown in Table 1. In regard to response times, there were significant main effects between Compatible and Incompatible conditions ($F(1,90)=161.73, p<.01$) as well as an Stimulus-Response Compatibility effect. There was also a significant interaction between age and Compatibility·Incompatibility ($F(1,90)=13.67, p<.01$), and there was an especially large Stimulus-Response Compatibility effect (difference between Compatible and Incompatible) seen in the elderly group. There was also a significant difference between the old and young groups for overall response time as well ($F(1,90)=99.83, p<.01$). Based on Hartley and Kieley (1995), the Stimulus-Response Compatibility effect was calculated from the response time rate (incompatible response time - compatible response time / compatible response time), showing a significant difference by age factor ($F(1,90)=4.44, p<.05$). From this data, it can be surmised that the Stimulus-Response Compatibility effect increases and inhibitory function declines in the elderly. These results confirm the findings of Christ et al. (2001). Overall, the Stimulus-response Compatibility effect decreased for the dual task ($F(1,90)=28.25, p<.01$). However, by group, this decrease occurred only among young people ($F(1,49)=9.49, p<.01$) and not the elderly ($F(1,41)=0.88, n.s.$).

There was a significant difference between Compatible and Incompatible conditions for incorrect response rates ($F(1,90)=45.39, p<.01$), and the incorrect response rate increased for Incompatible tasks. There was also a significant interaction between age group and Compatible · Incompatible conditions ($F(1,90)=8.47, p<.01$): there was no difference between age group for Compatible conditions ($F(1,90)=0.40, n.s.$), but there was a difference between age group for Incompatible conditions ($F(1,90)=8.84, p<.01$). Further, there was a significant

Table 1. Mean and standard deviations for reaction times (ms.) and error rate (%)

			Reaction time (ms) ^a		Error rate (%) ^b	
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Young	Single	Compatible	410	32	1.0	3.0
		Incompatible	494	69	2.6	3.6
	Dual	Compatible	506	101	0.5	1.1
		Incompatible	560	134	1.0	2.5
Old	Single	Compatible	536	86	0.2	0.9
		Incompatible	671	114	3.9	4.4
	Dual	Compatible	714	114	1.6	2.2
		Incompatible	831	190	3.4	3.7

a. Significant effects for aging ($p < .01$), compatibility ($p < .01$), concurrent task ($p < .01$), aging×concurrent task ($p < .01$), aging×compatibility ($p < .01$) and compatibility×concurrent task ($p < .05$)

b. Significant effects for aging ($p < .05$), compatibility ($p < .01$), aging×concurrent task ($p < .01$), aging×compatibility ($p < .01$) and compatibility×concurrent task ($p < .01$)

interaction between age group and single task·dual task ($F(1,90)=7.62$, $p < .01$) (See Figure 2). An analysis of the interaction shows that there was no significant difference by age group for the single task ($F(1,90)=0.24$, *n.s.*), but that there was a significant difference by age group for the dual task ($F(1,90)=16.02$, $p < .01$). While the incorrect response rate on dual tasks declined in young adults ($F(1,90)=7.56$, $p < .01$), it increased in the elderly, although not significantly ($F(1,90)=1.33$, *n.s.*)^{iv}.

There were no participants in either the old or young group who miscounted 'red' stimuli more than twice in each block of the dual-task, indicating that all participants were able to adequately perform the dual-task.

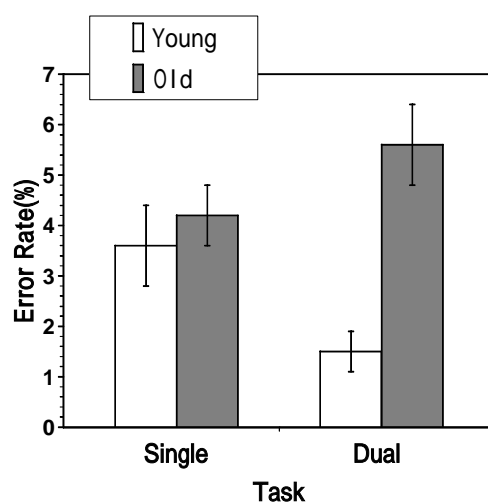


Figure 2. Mean error rates for single task and dual task.

Error bars indicate standard error.

4. Discussion

To summarize the above results, (1) it can be surmised that, based on Stimulus-Response Compatibility effect and incorrect response rate data, inhibitory function is decreased in older adults compared to young adults. However, there was no difference between age groups for incorrect response rates on the single task. As May, Kane, & Hasher (1995) have noted, it is possible that compared to other inhibitory functions, location-based inhibitory function is not affected by age when performing simple single tasks. However, (2) there was a large difference between age groups for incorrect response rates on the dual task. There was a decline in incorrect response rates on the dual task in the young adult group alone, as well as a decline in the Stimulus-Response Compatibility effect with respect to response time. It is highly likely that inhibitory function increased on the dual task in the young adult group. On the other hand, in the elderly group, there was no significant difference between single tasks and dual tasks for either Stimulus-Response Compatibility effect or incorrect response rate.

One possible explanation for this is that the pathway between the inferior temporal lobe and ventrolateral prefrontal cortex (see visual pathways in Figure 1) is affected by age, resulting in decreased inhibitory function. The frontal cortex is thought to be one region that is strongly affected by aging (Raz, 2000; Stuss & Benson, 1986), and it is possible as well that the networks between brain regions change when the prefrontal cortex is affected by aging (Cabeza, McIntosh, Tulving, Nyberg, & Grady, 1997). In other words, it is possible that the pathway between the inferior temporal lobe and the ventrolateral prefrontal cortex is influenced by aging, as a result of the effects of aging in the prefrontal cortex.

As discussed earlier, previous research has indicated that potential movement prepared in the parietal lobe-premotor area system is then controlled by the system connecting the inferior temporal lobe and ventrolateral prefrontal cortex to conform to specific conditions (Sakagami & Tsutsui, 1999). In young adults, this system became active when it was faced with color discrimination tasks, resulting in an increased location-based inhibitory function. In elderly adults, however, this same system was affected by aging and not functioning efficiently. When a color discrimination task was added, we can hypothesize that adverse effects (e.g., longer response time) occurred do to strain on information processing resources. That is, aging had affected the conditions that would normally act to increase location-based inhibitory function.

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Notes

ⁱ This study was supported by the Grant-in-Aid for Scientific Research (C), Japan Society for Promotion of Science, No. 15530438

ⁱⁱ There is another analysis of the inhibitory functions that categorizes it into three types (Hasher, Tonev, Lusting, & Zacks, 2000): (1) Access function, which is related to selective attention, (2) Deletion function, which inhibits activation of once relevant but now irrelevant information (3) Restraint function, which inhibits reactions that are easily activated but are inappropriate to the task.

ⁱⁱⁱ There is one study suggesting that the negative priming effect does not change with age (McDowd, 1997). Opinions regarding this have been divided. Negative priming effect might be highly dependent on the content of the assigned task.

iv The rate of incorrect reactions in elderly people under compatible conditions was higher, and they were affected by dual tasks. In an experiment in which the presentation order of compatible and incompatible conditions was counterbalanced, participants to whom the incompatible conditions were first assigned had to switch tasks when they were assigned compatible conditions. Moreover, they were simultaneously loaded with a dual task. As a result, the rate of incorrect reactions should have increased. This tendency was observed only in elderly people. However, the interaction was not significant ($F(1, 90) = 0.255, n. s.$) suggesting that the tendency for this reaction to occur was not statistically significant.

A Life You Did Not Choose

木陰の物語

Shiro Dan

"Those bruises on his arm, that's abuse you know." The helper assigned to the father accuses the man of this.

"Horrible, isn't it?"

"They're his own parents!"

I heard a many comments like these. I began wondering about this situation



He's not married?

An elder son, single, and almost 50?

Why is he living with his parents?

Does he have any siblings?

What kind of place do they live in?

Is he just living off his parents?

Or is it the parents who couldn't let go?

Maybe the son also has a disability or disease?

What is he doing for work? How are they affording their living?



These questions kept nagging me.

"Do you have a moment?"



I dropped in for a chat.

The parents were in their mid-70s and the elder son was 48. He has a brother and a sister.



The brother had gotten a job, gotten married and moved out. It was same for his sister.

Later she got divorced and returned home for a bit, but now lives in the city by herself.



"What happened to your parents, what caused their condition?"

He said that his mother had a stroke in her early 60s. Right now she can take care of herself, but that's about it.



His father had a cerebral apoplexy at age 70 which left him partially paralyzed, and now he is on a wheelchair.

He was told about rehabilitation, but he doesn't seem to be interested



There are not many women who would become the wife of such a farmer these days.

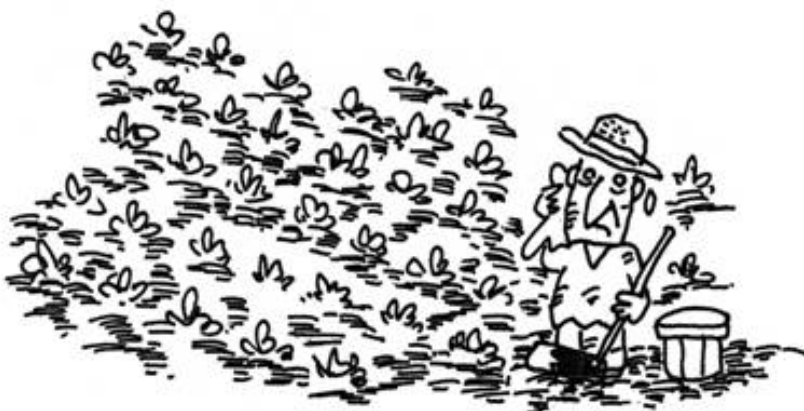


His brother and sister had left home to go to school and study; they moved on to live their own lives.



The elder son remained single and was left with responsibility to take care of his parents.

I'm sure it was not entirely his will to leave his job at town hall. He is jealous of his siblings who left home doing what they chose to do.



It has been 10 years since his mother gotten a stroke.



The elder son, who has tried so hard, is being called an "abuser" by the helper.



There's no doubt he wanted his father to stay healthy.



Though it must be hard for the afflicted, it was also hard for the elder son.



The father is completely dependent on others.



The elder son was strict to him so he would do what he can do on his own.



"Can't you be a little more gentle?!"

His siblings also called him an abuser for this.



"How dare you say such things when you're hardly ever here!"



They're probably right. But this whole situation makes me think. Someone who is trying his best is being accused.



There must be many other people like him: living the life they did not choose and being misunderstood from others.



Those people are out there today, quietly continuing their hard work.



Creating New Science for Human Services

~ An Anthology of Professors of Graduate School of Science for Human Services ~

Research Themes

ARAKI, Hozumi	Professor	Developmental Psychology	Research on qualitative turning point and developmental security on human development / Developing a treatment study program for children with developmental disabilities
DAN, Shiro	Professor	Family Therapy	The practical side of family support
FUJI, Nobuko	Professor	Clinical Psychology Group Psychotherapy Community Psychology	Application of group psychotherapy in the community care
ISHII, Nobuko	Professor	Clinical Developmental Psychology	Clinical practice on maternal and child
MOCHIZUKI, Akira Doctor of Psychology (Keiogijuku University)	Professor	Studies of human behavior and welfare Applied behavior analysis	Behaviorally educational welfare supports for people with disabilities
MURAMOTO, Kuniko Ph.D.(The Union Institute)	Professor	Clinical Psychology Women's Studies	Women's trauma
NAKAGAWA, Yoshiharu Ph.D. (University of Toronto)	Professor	Clinical Pedagogy	Studies in Holistic and Integral Approach
NAKAMURA, Tadashi	Professor	clinical sociology social pathology clinical social science	Research on Clinical sociology
OKAMOTO, Naoko Ph.D. (Kyoto University)	Associate Professor	Clinical Psychology Expressive Therapy	The meaning of "drama" in the context of clinical psychology
OKAMOTO, Shigeki	Professor	Clinical Psychology Clinical Pedagogy	A mental state of delinquencies / Research on the effectiveness of Role Lettering

ONOE, Akeyo	Professor	Drama Therapy Group Dynamics	Clinical application and development of drama therapy to Special populations with addictions, trauma and disabilities
TAKINO, Isac Doctorat d' Université (Université Paris 5)	Professor	Group Dynamics Family Studies Comparative Psychotherapy	What is important for learning and maturity for individuals and groups?
TANI, Shinji Doctor of Psychosomatic Disorder studies (Tsukuba University)	Professor	Applied Behavior Analysis	Comprehensive support for people with disabilities and their families
TOKUDA, Kanji Doctor of Education (Kyoto University)	Professor	Clinical Psychology	Research on imagery psychotherapy
TSUCHIDA, Noriaki Doctor of Human Science (Osaka University)	Professor	Developmental Psychology	Aging and Cognition

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