

Welcome to International Journal of Brief Therapy and Family Science

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Toward the Establishment of National Foundation of Brief Therapy

Mr. Naohiro Ono founded the first Japanese formal study group of brief therapy and family science, Tankiryoho Wo Manabu Kai, at Sendai in 1994. There have been established other local study groups of same interest across Japan since Dr. Keizo Hasegawa, a local representative of Mental Research Institute, joined the study group in 1995. Thereafter, we determined to integrate local study groups to create a national organization for the development of brief therapy and family science in Japan. In 2008, we finally founded The National Foundation of Brief Therapy (NFBT), first Japanese national organization of brief therapy and family science. This was fourteen years after the foundation of the first formal study group in 1994. The local study groups have currently become the NFBT's local branches. There have been established nine branches up to the present date; Sendai, Yamagata, Tokyo, Yokohama, Chiba, Nagoya,

Kyoto, Kagoshima, and Fukuoka. The first NFBT's academic conference was held at Tokyo in 2009, where both practitioners and researchers addressed clinical practices and researches.

Launching scientific journals of NFBT

NFBT published first scientific journal in Japanese language in 2009: Interactional Mind. Besides, we decided to launch English language journal "International Journal of Brief Therapy and Family Science (IJBF)" in April 2011. The aim of this journal is to address works conducted by practitioners and researchers from Japan or other countries, especially East Asian countries to all over the world. However, the schedule was postponed because of the enormous earthquake in 11th of March 2011. We would like to take this opportunity to apologize to both Dr. Luciano L'Abate and Dr. Carlos Sluzki for the delay despite their quick offers of invited papers. IJBF is the second English language psychological journal in Japan. Furthermore, IJBF is the "FIRST" English language clinical psychological journal in Japan.

The originality of the IJBF is the easy instruction system for submission, where, clinical practitioners such as psychologists and

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schoolteachers are able to address their unique practices without any constraints. We believe works from individual practitioners are a fertile source of the state of the art of the science. Emphasizing the value of works from clinical practitioners is the concept of this new journal.

Therefore, we welcome manuscript submission of case report as well as research from individual practitioners throughout the world.

Please feel free to submit your works to editorial office!

Contact: Editorial office: ijbf@nfbt.org



Koubun Wakashima, Ph.D.

*Editor-in-chief of the International Journal of Brief Therapy
and Family Science*

About the Editor-in-chief

Dr. Koubun Wakashima is associate professor in the graduate school of education at Tohoku University. He was born in Ishikawa in 1972 and earned degrees at Tohoku University (Ph.D. Education).

He was an editor for many years of the Japanese Journal of School Counseling (2000-), Japanese Journal of Counseling Science(2003-), and Japanese Journal of Family Psychology (2007-).

He is the author and coauthor of over 100 papers in professional and scientific journals and author, co-author, editor, and co-editor of 17 books. Total amount of his publication is over 200.

His research team currently focuses on in the study of social withdrawal, family reunion of battered person and criminals. The other interest of the team is to construct and practice psychosocial support for disaster victims.

As the chief trainer and supervisor of the Brief and Family Therapy training course at NFBT, he has engaged in clinical practice, supervision, and has been a member of regional NFBT branch of Sendai.

Recent Developments in Family Science in USA and Italy

Luciano L'Abate¹⁾

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What has happened in USA since the Founding of the International Academy of Family Psychology in 1990? The purpose of this article is to bring my Japanese colleagues and friends up-to-date about what has happened in family science in USA and Italy since the foundation of the International Academy in Kyoto and Tokyo in 1990. Since then a great deal of water has passed under the bridge of time. Unfortunately, I will not be able to cover advances in other countries because I have not been able to keep up with them.

I will start with giving more personal background and eventually enter into the realm of *theory*, which was my first concern during the first meeting of the Academy in Tokyo, as well as in the realm of *prevention*, which was my second concern then and still is, together with the importance of theory-driven *evaluation* for any kind of psychological intervention (L'Abate, 1990a, 1990b, 1990c, 1990d).

My Family Background and History

I can trace my heritage to my great-grandfather. There are two versions about who he was. One version says he was the cook for the Marquise Grassi family, an aristocratic family that owed land in Lombardy. The other version says he was a Catholic priest whose uncle was the Bishop of Milan, Italy in 1850, a member of the Grassi family. Consequently, if this version is correct, my great grand-father might have been destined to rise higher in the hierarchy of the Catholic church with the help of his uncle.

One day when walking through the streets of Milan, my grandfather, whether a cook or a priest, heard a chorus singing a melody he had never heard before. Curious to know who was singing this melody he entered the building and saw that after finished singing one man got up and read from the Bible. Since, he knew that only Catholic priests were allowed to read from the Bible, after the man finished reading and explained what the Bible meant, he asked the man who is was and how was he allowed to read and explain the Bible. The man told him that he was a follower of Peter Waldo who in the 12th century gave all his money to the poor and his followers were persecuted as heretics by the Catholic Church. This group called

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themselves “Waldenses” or “Waldensians” and were kept inside the Kingdom of Savoy in Piedmont until February 17th 1948 when they were allowed to cross a river and expand in the rest of Italy.

To make a long story short, my great-grandfather converted to being a Waldensian, married a Countess who has been thrown out from a famous Tuscan family, the Capponis, for her conversion to being a Waldensian, and together became missionaries founding an Evangelical Church in Bari, in South Italy which still stands and is still active to the present. They had three daughters, one of which was my grandmother. She married an armator who had a fleet of merchant ships and settled in a palace in Brindisi, Italy, where her husband had an Evangelical Chapel built next to the palace, which still stands but is not active. They had ten grown children, five men and five women. My mother married my father with the understanding that the children would be raised as Waldensians. I was born in Brindisi. My father was a chemical engineer whose family was in the olive oil and detergent business. He had been a pilot during First World War and had remained in the Italian Naval Reserve with the rank of captain. He served during second World War as commander of anti-aircrafts batteries in the Adriatic sea and Greece. He retired with the rank of commander and resumed private practice after coming back to Florence. He also converted to being a Waldensian.

Therefore, I grew up as a Waldensian, a very small minority in a Catholic majority in Italy,

where I learned to sing the same hymns sang in the USA and I grew up in Florence (1931-1948), where, before World War II, my father had a job overseeing the olive yards of Baron Ricasoli, in Tuscany and in the island of Rhodes, that had been given to Italy in between the two world wars. There was an Waldensian Church in Florence, where I was active in the church youth group. After Second World War (1948) I received a scholarship to study in the USA at Tabor College, a Mennonite College in Kansas. The Mennonites are a fundamentalist Protestant church varying in degrees of freedom allowed to individuals. For instance, I had to sign a pledge not to dance, smoke, drink alcohol, or attend movies while I was enrolled there. After I completed a baccalaureate degree with majors in English and Psychology and a minor in Bible (1950), I received a Master degree from Wichita University (1950-1952), where I was introduced to play therapy with children and Rogers' non-directive counseling. I completed my training with a Ph.D. degree from Duke University in Durham, N.C (1956). After receiving this degree, I had to go back to Italy to change my visa from student to permanent resident status. Before leaving, I agree to work as a clinical psychologist in a Mental Health clinic in Greenville, NC, which then facilitated my receiving a preferential visa to come back to the USA.

After two years in the Greenville clinic (1956-1958), I applied and received a Post-doctoral Fellowship in child psychotherapy from the United States Public Health Service at the Psychosomatic and

Psychoanalytic Institute of Michael Reese Hospital in Chicago directed by Roy Grinker, MD, who had been analyzed by Sigmund Freud himself! (1959-1960). I met and married my wife in Chicago. Afterwards, I received an appointment as Assistant Professor in clinical psychology in the Psychiatry Department at Washington University School of Medicine in St. Louis, Missouri (1960-1964). After four years in St. Louis, I received the position as Associate Professor and Chief Psychologist in Child Psychiatry at Emory University School of Medicine in Atlanta. After one year and a half there, I moved to Georgia State University (GSU, 1965) as Professor of Psychology, where I built the first automated playroom in the world (L'Abate, 2009g), and eventually the first Ph.D. in family psychology in the world. During my 25 year tenure at GSU, I mentored 30 Ph.D. and as many master degree students. I retired from GSU in 1990 as Professor Emeritus, but I have been active ever since, publishing about one book a year plus many research papers. For the Japanese readers who want to know more about my play history, they will have to consult my 2009g book about play across the life span.

What Got Me Interested in Family Psychology

I became interested in family psychology while I was taking a course in family sociology for my master at Wichita University (1951). After taking that course, I kept on wondering why was not there a family psychology? In addition to this question, my graduate training at the time was strictly intrapsychic, as if

individuals were living in a vacuum of relation-ships. As I am explaining in the next section, it was my good fortune to realize at the time that there was system theory coming in strongly but not in graduate training. The two major theoretical currents were taught in graduate schools then were only learning theory and psychoanalysis. Only in the 1970s did humanism come into being as the Third Force theoretically. However, under these three forces, systems theory was gaining ground as well but not in graduate psychology programs.

As I had practicing since 1956 working with disturbed and upset children, it became clear to me that a child's problems were extensions of family imbalance and dysfunctionality. It became also clear to me that my clinical practice was completely divorced from empirical evidence, a substantial gap that still exists in the profession of clinical psychology in USA. Therefore, three major issues staid in my mind during these formative years and thereafter: (1) family psychology as a discipline in its own rights; (2) importance of bridging the gap between clinical practice and empirical evidence, and (3) importance of expanding from a limited and limiting face-to-face, one-on-one, talk-based paradigm to allow to help multiple participants at the same time efficiently and responsively using standard operating procedures that are *replicable*. To be replicable these procedures have to be administered in writing not through words. The essence of a science is a cumulative, replicable written record, not words.

My Most Influential Teachers and Mentors

My first psychology teacher at Tabor College was T. H. Schellenberg, who received his Ph.D. at the University of Minnesota and who gave me a good conceptual understanding of psychology. The teachers who were most influential for my moving into family psychology at Wichita University were two Ph.D.s from Indiana University: N. Pronto and D. Herman, who were both followers of J. R. Kantor, the founder of inter-behaviorism -- the view that the immediate context is responsible for behavior to emerge and to survive. This view has lost popularity in USA but interbehaviorism was what I consider the pioneer view of behavior based on relationships rather than on a vacuum.

At Duke my mentor was G. A. Kimble who was a well-known expert in conditioning and learning. There I did my dissertation on transfer of non-sense syllables that showed important gender differences between men and women. At least then, women were allowed to admit to being anxious while men were allowed to deny stoically about being anxious. I followed up this research with two additional research grants from the U.S. Public Health Service at East Carolina University in Greenville, NC and at Washington University in St. Louis, to support the presence of gender differences about the admission of anxiety since childhood. This work culminated with an article published in *Science* magazine (L'Abate, 1980) where I found a quadratic equation between association value and association strength.

Here, however, I was still operating as a

clinician at one hand and as a researcher on the other with a wide conceptual and practical gap between the two. The chance to combine clinical practice with research came by the need to evaluate children at St. Louis Children Hospital within a limited budget (1960-1964). There I was able to train volunteers to administer simple tests, like the Draw-A-Person, the Bender-Gestalt, and other simple tests, while a part-time graduate student would administer the Wechsler Intelligence Scales and projective techniques like the Rorschach and the TAT according to differences in age. I was responsible for interpreting these results and writing clinical reports for referring physicians, pediatricians, neurologists, and psychiatrists (L'Abate, 1964, 1968). When I transferred this method to the Departments of Psychiatry and Pediatrics at Emory University School of Medicine, and eventually at GSU, I was able to evaluate 10 children a week, a number that would have been impossible if I administered a whole battery per child by myself.

The important issue of what I called "The laboratory method in clinical psychology" was that *I never saw the patient*. Interpretation of results was based completely on the notes of volunteers and the graduate students as well as on the objective results from tests. I was also accumulating data that would be useful for research because only standard test batteries were used with every child according to age. In this way I was able to evaluate many more children that I would have to perform the whole process myself and I lowered the costs of each evaluation using para-professional personnel. It

took me 40 years to bring this method to the attention of my colleagues in USA (L'Abate, 2008b), but I am afraid that a great deal of resistance still exists in stressing the expensive and limited face-to-face, one-on-one talk-based paradigm (L'Abate, submitted for publication, 2010c). However, the Internet is bringing down the wall of resistance for both paradigms.

Books that Influenced me the Most

The book that left a life-long imprint in my mind was Korzybski's (1949) *Science and Sanity*. He criticized a great many semantic errors involved in the incorrect use of words that caused a great deal of problems in our society: First of all, he emphasized that: "*The map is not the territory*", that is, words not matter how accurate are a poor representation of concrete reality. Second, he criticized what we call stereotypes and generalizations found in psychiatric diagnoses, whereby we put labels on people that discriminate against their individuality. Calling a person "schizophrenic" and giving another person the same label put both persons in a category that equalizes them according to one dimension while eliminating other dimensions that are important to them as individuals. Third, relationships among individuals are important not what labels we assign to them.

In line with this thinking, Leary' (1957) contribution of a two-factor model based on two orthogonal dimensions of affiliation and power to construct a circumplex figure that accounts for many different relational types was also very important. This dichotomy was

supported by the very influential work of Balkan's (1968) differentiation of two different models of interacting, communal/expressive and agentic/instrumental. Both two factor models become parts of a model in Relational Competence Theory (RCT) explained below. However, I was also influenced by von Bertalanffy's (1964) systems theory, related to balance and transfer of energy and information from one system to another, especially with the notion of corrective feedback that became prominent in Model1 of RCT. More specifically, I was also influenced by Spiegel's (1971) transactions among individuals, families, and societies.

I cannot deny the influence of Broffebrenner's (1977) ecological view that determined the production of an experimental ecological questionnaire to evaluate dimensions usually not covered by typical psychological instruments. Lastly, the most direct and practical influence that composes a whole Model7 of RCT was found in resource exchange theory of Foa and Foa (1974).

What Excites me the Most about Family Psychology

The construction of a relational theory has been my most exciting endeavor in the last 30 and more years since I started to think in terms of theory and theory-related models rather than the unfettered creation of models without any possible connection with each other that characterizes past and recent American blind emphasis on rigid empiricism without any theoretical back-up or background (Cusinato &

L'Abate, in press; L'Abate, 1976, 1986, 1994, 1997, 2003, 2005; L'Abate & Cusinato, 2007; L'Abate, Cusinato, Maino, Colesso, & Scilletta, 2010).

It was my good luck that in 1988 I was invited to be a Visiting Professor at the University of Padova by Prof. Mario Cusinato, who became interested in RCT from its outset and began translating my books and using them as textbooks in his coursework. He was able to recruit and mentor upward of 50 theses and dissertations to evaluate already-existing and creating new, self-report, paper-and-pencil measures derived directly from some models of RCT. Without his creative and unrelenting work, it would have been impossible for RCT to survive in a psychological world dominated by sheer and often-blind empiricism without any theory backing it up (Cusinato & L'Abate, in press; L'Abate et al., 2010).

Over the years since its inception (L'Abate, 1976) I was able to define and refine models of RCT until I was able to reframe it into a hierarchical, pyramidal framework (L'Abate & Cusinato, 2007) finding support for its structure in the position emphasized by Harkness (2007) that to exist and function as a *real* theory, a theory should be framed hierarchically, as evolution in biology. Consequently, I started to think of theory in hierarchical terms, as represented in most complex, human organizations, such as commerce, industry, medicine, military, and religion, where a pyramidal hierarchy is necessary for these organizations to function and to survive effectively.

What Factors Influenced Relational Competence Theory?

All the books I listed above plus others I did not list were the theoretical mass that allowed me to start viewing clinical problems according to models of RCT and assure that most if not all disorders covered in the American Psychiatric Association Statistical Manual of Mental Disorders (Author, 1994) were covered by most models. RCT should cover both functional and dysfunctional relationships in order to qualify as a real theory. We cannot have a theory that covers just functional relationships and another theory that covers dysfunctional ones. Nor can we have a theory for psychopathology distinct from a theory to explain criminality. Not can we have a theory about individuals void of their most relationships in our lives, the family, any more than we can have a theory about the family void of individuals. The theory should and must encompass all aspects of human transactions along relational dimensions rather than frozen, rigid psychiatric categories. Therefore, the scope of RCT is admittedly grandiose and ambitious. However, we cannot try to understand and control complex human problems and relationships according to simple or singular theories and models. Essentially, I began to emphasize what American psychologists have avoided doing all along, and that is: emphasizing the importance of a relational theory to orient and organize research and applications with human beings (L'Abate, 2009d).

Social Problems and Issues

My interest in psychopathology expanded also to finding cost-effective, mass-oriented ways to help functional and dysfunctional populations in replicable ways that require writing at a distance rather than face-to-face (f2f) talk-based (tb) interventions, following the laboratory method clinical psychology (L'Abate, 1964, 2008b). This expansion led to constructing dozens of workbooks covering the whole gamut of functionality to dysfunctionality (L'Abate, 2010b, in press-d), as explained further below.

The Expansion of Relational Competence Theory

This section outlines and updates a formal, hierarchical theory of relational competence (RCT) about socialization in intimate relationships, comprising (Figure 1): (1) three levels of evidence, independent, related, and derived; (2) four requirements of verifiability, applicability, redundancy, and fruitfulness, with the latter requirement implying also longevity; (3) three meta-theoretical assumptions about the Width and Depth of relationships in Settings where relational competence is socialized; (4) three theoretical assumptions about abilities to love and to control through three content-related modalities of Presence, Performance, and Production; (5) five developmental and normative models which include identity differentiation, styles, interactions, selfhood, and priorities; and (6) four applied models derived from meta-theoretical and theoretical assumptions relating specifically to clinical conditions, such

as distance regulation, pathogenic roles, intimacy, and negotiation. Empirical verification of these models has occurred through self-report paper-and-pencil instruments in the laboratory, through enrichment programs in primary prevention, targeted written practice exercises in secondary prevention, and prescribed tasks in tertiary prevention or psychotherapy (Cusinato & L'Abate, in press; L'Abate et al., 2010).

This section, therefore, summarizes a theory of relational competence socialization in intimate and non-intimate relationships formulated according to a pyramidal hierarchical framework. A theory is a speculative framework about a topic that lends itself to empirical validation in the laboratory and to applications in prevention and clinical settings. The formal hierarchical framework comprising the theory includes meta-theoretical and theoretical assumptions. Derived from these seemingly abstract assumptions and constructs are more specific, concrete, and verifiable through clinical and preventive applications. However, as in any organization, all models must show their effectiveness of their own as well as in relationship to the other models of the theory.

In America, theory-building in psychology is not viewed positively (L'Abate, 2005, 2009d) with a great deal of confusion in trying to differentiate among paradigms, theories, and models (L'Abate, 2009e; Renniger & Cocking, 1993). For example, as Valsinger and van der Veer (1993) commented on this negative

Figure 1
Summary of a Theory of Relational Competence in Intimate Relationships

Requirements					
Verifiability	Applicability	Redundancy	Fruitfulness		
Meta-theoretical Assumptions about Relationships					
	Width ¹	Depth ²	Settings ³		
Models	ERAAwC ¹	Levels of Interpretation			
	Emotionality	Description	Home		
	Rationality	Presentation	School/work		
	Activity	Phenotype	Transit		
	Awareness	Explanation	Transitory		
	Context	Genotype			
		Generational-developmental			
Theoretical Assumptions about Relationships					
Models	Ability to Love ⁴	Ability to Negotiate ⁵	Both Abilities ⁶	Contents ⁷	
Dimensions	Distance	Control	Functionality	Modalities	
	Approach/Avoidance	Discharge/Delay	High/Middle/Low	Being/Doing/Having	
DSM-IV:	Axis II, Cluster C	Axis II, Cluster B	GAF* (100 to 0)	* Sexual deviations & driven personalities	
Normative Models of the Theory					
Models	Self-Differentiation ⁸	Relational Style ⁹	Interactions ¹⁰	Selfhood ¹¹	Priorities ¹²
Dimensions	Likeness Continuum	AA/RR/CC	Functionality	Importance	Survival/Enjoyment
a.	Symbiosis/Alienation	Abusive/Apathetic	Divisive	No-self	Vertical: Self-intimates
b.	Sameness/Oppositeness	Reactive/Repetitive	Subtractive/Static – or +	Selfless/Selfish	Horizontal: Settings
c.	Similarity/Differentness	Conductive/Creative	Additive/Multiplicative	Selffill	
DSM-IV	a. Axis I b. Axis II, Cluster B c. No diagnosis	a. Codependencies/addictions b. Conflict high c. Conflict low		a. 100 to 70 on GAF b. 69 to 40 on GAF d. Below 39 on GAF	
Clinical Applications of the Theory					
Models	Distance Regulation ¹³	Drama Triangle ¹⁴	Intimacy ¹⁵	Negotiation ¹⁶	
		Victim/	Sharing Joys,	Structure/Process	
Dimensions	Pursuer/Distancer/Regulator	Persecutor/	Hurts, & Fears of	Authority/Responsibility, Ill, Skill, Will	
		Rescuer	Being hurt, Forgiveness		

Note. GAF=Global Assessment of Functioning (DSM-IV). Adapted from L'Abate, 2008-b.

conclusion:

“This theoretical weakness seems to become increasingly widespread in contemporary psychology with the accentuated empiricist emphasis on inductive knowledge assembly, which is not paralleled with an equal focus on rigor of deductive argumentation. In the theoretical realm of contemporary psychology the tyranny of eclecticism governs, which increases the imminent danger of psychology becoming a non-science at best, and non-sense at worst. Ironically, extensive proliferation of empiricism in psychology leads psychologists to worse (rather than better) possibilities to understand psychological phenomena (p. 35).”

This comment and conclusion about the outcome of blind and uncritical empiricism, without an overarching theoretical framework and the proliferation of empirically-based models without any theoretical connections with each other, was expressed by L’Abate (2005) among many other psychologists asking for a comprehensive theory but not producing one (L’Abate, 2009d).

Hierarchy is just as important in psychology as it is in biology, as well as in any other science, as well as in any complex, commercial, financial, industrial, military, or religious organization, for that matter, allowing one to divide components according to their relative functions and respective position in relation to other constructs or models (Harkness, 2007). Without hierarchy there is chaos and confusion, epistemologically and ontologically, because

one cannot know how a component part functions in relation to other parts of the overall framework (L’Abate, 2009e; L’Abate et al., 2010; Markon, Krueger, & Watson, 2005).

No specific or direct support had been proffered heretofore to explain the hierarchical organization of this framework, an omission that was corrected by L’Abate and Cusinato (2007). Here, we are primarily concerned with the hierarchical structure of the formal theory and secondarily about the overall evidence that is relevant to the validity of its models. The seemingly abstract nature of these models has been reduced to a concrete structured interview for individual verbal administration to couples and families (L’Abate, 2009b) as well as written, interactive practice exercises for wide-scale administration through distance writing and the Internet (L’Abate, 2010b). A complete list of conceptual and research-based secondary references (i.e., chapters) is available in L’Abate (2009a).

Socialization is the process whereby relational competence is articulated, nurtured, molded, and produced by lifelong intimate and non-intimate relationships, by joyful and hurtful events, and by traumatically painful and pleasurable experiences. Relational competence is the totality of an individual’s characteristics and effectiveness in relationships (Cusinato & L’Abate, in press; L’Abate, 1976, 1986, 1994; 1997b; 2003, 2005, 2009d, in press-a; L’Abate & Cusinato, 2007; L’Abate et al., 2010; L’Abate & De Giacomo, 2003). Competence includes how effectively we function in intimate, communal and expressive

relationships that are close, committed, interdependent, and prolonged as well as in non-intimate, instrumental and exchange relationships that are agentic, distant, opportunistic, superficial, autonomous, and possibly short-lived (Bakan, 1968; Brehm, Miller, Perlman, & Campbell, 2002; Clark & Mills, 1979; DeGenova & Rice, 2005).

Socialization in intimate and non-intimate relationships varies along dimensions ranging from functional to dysfunctional styles and prototypes classified by traditional psychiatric classification (American Psychiatric Association, 1994; Davis & Millon, 1995; Krueger & Tackett, 2006; L'Abate, 2005, L'Abate et al., 2010; McHugh & Slavney, 1989). Connections to dysfunctional prototypes anchor and link theoretical models to real life conditions rather than to abstract, hypothetical, inferred, or ideally intrapsychic constructs. These connections attribute dimensional, relational, and contextual meanings to otherwise static, monadic, and non-relational psychiatric categories. RCT, therefore, serves as a framework to understand traditional psychiatric classification according to dynamic relational dimensions rather than according to static, non-relational, categorical lists of symptoms and syndromes (Beutler & Malik, 2002; Dischion, 1999).

RCT includes 16 models (Figure 1) that encompass relational competence socialization in different settings and in different relationships. It is impossible to disen-tangle relational competence socialization from its relationships with intimates and non-intimates,

because relational competence is circularly and contextually the product and producer at the heart of those relationships. Relational competence socialization occurs through continuous interactions with significant intimate and non-significant non-intimate others. Ideally, if at all valid, this theory should apply not only to individuals in relationships but also to dyadic and multi-relational systems, such as couple, family, parent-child, siblings, in-laws as well as to non-intimate exchange relationships.

Models of RCT are supported by evidence bases on: (1) both conceptually similar but *independent* sources (L'Abate, 2005, 2009a, 2009e); (2) *indirect* but *related* evidence, as, for instance in the case of Models 7&14, and (3) *direct* and *related* evidence specifically created to validate most of the other models (L'Abate et al., 2010).

Requirements for Relational Competence Theory

Four major requirements have been demanded of this theory:

(1) *Verifiability* in the laboratory as well as in the clinic, all models of RCT are accountable for themselves and must be evaluated according to criteria of reliability and validity. To be relevant, the theory must be valid in more than one setting, therefore the laboratory setting alone is not sufficient to satisfy this requirement. Models or methods derived from the theory must be replicable also in applied and clinical settings. For instance, thus far, RCT has been expanded to describe and

possibly “explain” play across the life cycle (L’Abate, 2009g), self-help (Harwood & L’Abate, 2010), and hurt feelings in intimate relationships in Model¹⁵ (L’Abate, in press-a).

(2) *Applicability* to both educational, preventive as well as psychotherapeutic interventions with individuals (children, youth, adults), couples, and families, as well as applications in schools, in preventive and clinical settings from different researchers in different settings and even countries.

(3) *Redundancy*, the ability to describe and perhaps explain multidimensional constructs through different versions of the same construct from various models. For instance, psychopathology can be described developmentally according to practically all models of the theory. In another instance, Love is typically a multidimensional construct (Mak & Marshall, 2004; Rempel & Burris, 2005), that is covered (redundantly) by various models of the theory, as distance between people in Model⁴ as a degree of similarity in Model⁷, as Being Present, that is available communally and agentically to self and to loved ones, in how one interacts with intimates and non-intimates at home and outside the home, according to Model¹⁰, how importance is bestowed to self and others, as in Model¹¹, what kind of priorities determine one’s relationships to self and others, as in Model¹², how we share joy and hurts and fears of being hurt with loved ones, as in Model¹⁵.

The same kind of analysis, following the requirement of *redundancy* can be applied to a multidimensional construct of control, as

evaluated by different models. In this way, one could also not only describe but also explain a particular model as viewed from the lens of different but converging models.

(4) *Fruitfulness* is the ability to produce interest and even enthusiasm in researchers not originally connected to the theory in producing research to evaluate the statistical properties of the models in the theory. Longevity is another aspect of fruitfulness, how long does a theory last? For instance, evolution has lasted more than a century, while psychoanalysis has lasted circa a century but it has lost its influence for its being difficult to evaluate empirically.

Meta-theoretical Assumptions

These meta-theoretical assumptions go beyond the theory itself to encapsulate past knowledge. They represent constructs necessary to any theory of relational competence socialization. These assumptions include the Width (Model¹) and Depth (Model²) of relationships as well as Settings (Model³) where such relationships are concretely and directly related to the process of socialization.

Width of Relationships: Model¹

Intimate and nonintimate relationships vary along a horizontal (Width), information processing dimension based on a circular model involving five sequential components: Emotionality, Rationality, Activity, Awareness, and Context (ERAAwC, Figure 1.2). Since Model¹ is basic to this whole volume, it is relevant to explain it in greater detail than all the other models.

Emotionality refers to how we experience and receive information from either inside and outside ourselves, the input of emotionally-tinged cues, stimuli, and events that are related to our emotional experience, that is: our affects and our feelings (Cacioppo & Gardner, 1999). Emotionally neutral stimuli may go directly to *Rationality* rather than *Emotionality*. *Rationality* includes cognitive functioning, intellectual functioning, and emotional intelligence, problem-solving, planning for the future, and temporal perspective. *Activity* includes action and the verbal, nonverbal expression of feelings, transforming them into emotions. *Awareness* includes the ability to introspect and reflect about one's activity, serving as a change-related feedback function on all the other components of the model. *Context* includes how situations and settings are perceived subjectively, independently from the nature of the situation or setting themselves.

Context, as the subjective perception of a situation, interaction, or setting can be viewed also at various levels. For instance, given a meeting of the board of directors in a sport-related organization X, the supra-ordinate, overarching level of the meeting, perhaps even unspoken, would X1, while the agenda for the specific board meeting itself that lies underneath X1 constitutes a second sublevel X2, with board members, old and new, constituting another third sub-level X3. Hence, these three levels organize how the meeting is being conducted. However, if a new, junior member of the board out of the blue, starts

talking about his or her own great tennis skills out-of-context and challenges one of the senior member of the board to a game, who is extremely well-known for his tennis skills, this would be a context-denying and context-discounting behavior that is irrelevant to all three levels of the context. The junior member would be denying and discounting the overall X1 organization, the agenda of the meeting X2, and the difference in age and status between himself and a senior board member X3, showing bad social judgment.

Each component of this model is fundamental to past and present schools of thought: (1) Existentialism for *Emotionality*; (2) Empiricism and Rationalism for *Rationality*; (3) Behaviorism for *Activity*; (4) Gestalt and Eastern approaches for *Awareness*; and (5) Family psychology and Contextualism for *Context*). In psychotherapy: (1) Existential approaches stressing subjective experience would relate to *Emotionality*; (2) psychoanalysis, rational-emotive, cognitive behaviorism for *Rationality*; (3) conditioning and operant approaches would relate to *Activity*; (4) Gestalt therapy would relate to *Awareness*, and (5) family therapy to *Context*.

Each school of thought and each psychotherapeutic approach, conceptually, empirically, or practically emphasizes the hegemony of one particular component over the other four. Emphasis is achieved by fostering and publishing a myriad of publications in that one specific area of interest, each one of the five components. Most if not all models and applications of this theory are derived in part

from components of this model, because these five components, in one way or another and to a certain degree or another, enter in all the models of RCT. This is the reason why this model has been extensively evaluated in Cusinato and L'Abate (in press) and L'Abate et al. (2010), because it is fundamental to all the other models of RCT (L'Abate, 2005).

There are three major characteristics of this model, as shown in Figure 2, and that is: (1) the *size* of each component in relationship to the size of the other four components; (2) the *permeability* of the lines defining each component that would determine (3) the amount of *overlap* among the components. These three variables determine how each component relates to the other four components.

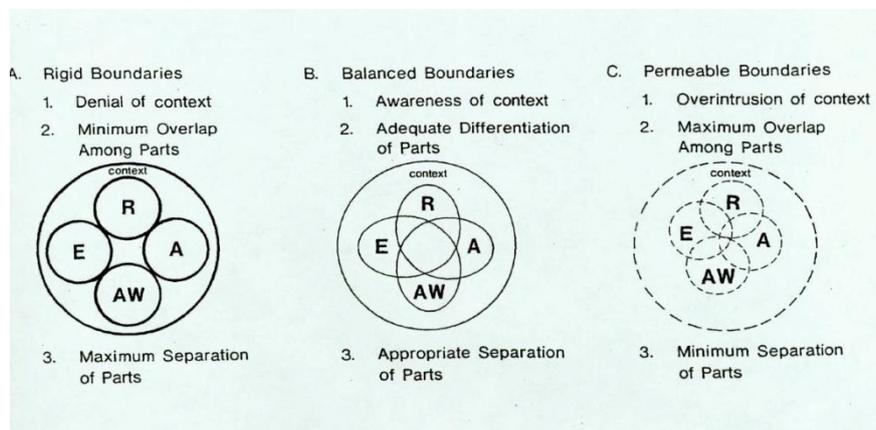
Depth of Relationships: Model²

Complementary to the Width model, levels of observation and interpretation of relationships vary along a vertical dimension of Depth based on a multilayered Model² comprising

description and explanation. Description consists of two sublevels: an easily observable public-presentational facade, what is outwardly exhibited (Clark, Pataki, & Carver, 1996; Metts & Grohskopf, 2003), such as saving face in Japan, and a private-phenotype kept hidden in one's mind or the privacy of one's home. Explanation consists also of two sublevels: an internal genotype, usually inferred or hypothetical, such as id, ego, and superego or self-esteem, (expanded here into observable Identity-differentiation and Selfhood Models¹⁰ &¹¹), and generational characteristics transmitted from one's family of origin, including physical, emotional, and intellectual development. Consistency and incon-sistency between levels and sublevels is crucial to observe and interpret relational competence socialization in different settings. The sublevel of self-presentation or Impression Management is measured with a scale related to this sublevel in Appendix A of Cusinato and L'Abate (in press).

Figure 2

An Information Processing Model



Socialization Settings: Model³

Socialization occurs between intimates and non-intimates in various settings (Model³) related to survival and enjoyment in life, including extra or surplus leisure time (Csikszentmihalyi, 2004). This model includes home, school/work, transit (airplanes, buses, cars, roads, hotels, etc.) and transitory (bank, church, grocery store, barber, beauty salon, etc.) settings. Each setting is a necessary aspect of socialization. How much time and energy is spent in one particular setting? Which relational competence characteristics determine how much time and energy is spent in one setting over another? How are these characteristics reflective of these settings? These questions will be answered by other models of the theory, especially Model¹².

Theoretical Assumptions

The theory proper assumes that relational competence comprises two basic relational abilities, processes that include the ability to love (Model⁴) and the ability to self-control or self-regulate (Model⁵), with a combination of both models (Model⁶). An additional corollary specifies the contents of both abilities, Model⁷. These abilities imply that in order to love and to control self. There should be prolonged interactions between at least two individuals. Whether positive or negative, functional or dysfunctional, these interactions occur in intimate relationships at home and develop in ongoing non-intimate settings, such as school or work, where prolonged interactions are most likely to occur.

Ability to Love: Model⁴

The ability to love relies on a dimension of *space* or *distance* defined by extremes in approach-avoidance (Cocking & Renninger, 1993). Functionality occurs when approach-avoidance tendencies are balanced. Dysfunctionality occurs when approach-avoidance tendencies are at polar extremes of this dimension. Usually, one's distance and motivation to approach-avoidance are measured by self-report paper-and-pencil tests. In this model, distance is assessed objectively—how much time, how frequently, how often, when and where one approaches or avoids self, a particular person, a setting, a task, or an object? How strong or weak are these approach or avoidance tendencies? Is approach stronger than avoidance or vice versa? At what level of observation and interpretation is either tendency occurring? Does it occur in public or in private? We might need to approach disliked co-workers or neighbors, but we wish we did not have to. What about conflicts in approach-avoidance tendencies? Are the gradients of these tendencies different?

Relational competence includes personality disorders of the DSM-IV (Author, 1994) Axis II Cluster C with exemplary prototypes for extremes in a dimension of distance. These prototypes are defined at one extreme by excessive approach, needing and wanting continual closeness, as observed in helpless dependent or codependent, parasitic personality disorders. Individuals with this disorder approach and rely continuously on others to survive. The other extreme of

distance—avoidance of others—is observed in an increasingly severe continuum of phobias, social anxieties, and avoidant personality disorders (McHugh & Slavney, 1989, p. 135). These prototypes help to define a dimension of distance basic to the ability to love. We approach and want to live with someone whom we love; we approach what we love; we try to avoid (not always successfully!) individuals, activities, objects, tasks, and settings we do not like.

Functionality occurs when approach-avoidance tendencies are balanced according to ages and stages of the life cycle. Dysfunctionality occurs when approach-avoidance tendencies are at polar extremes of this dimension. Usually, one's distance and motivation to approach-avoidance are measured by self-report paper-and-pencil tests (Feeney, 1999; Hess, Fannin, & Pollom, 2007; Impett, Peplau, & Gable, 2005).

Ability to Control Self: Model⁵

The ability to control or self-regulation relies on a dimension defined by extremes in discharge, or disinhibition, at one end and extremes in delay, inhibition or constraint, at the other end (Baumeister, & Vohs, 2004; L'Abate, 1984). Functionality occurs when control tendencies are balanced according to appropriate age and stage-of-life demands (Nigg, Carr, Martel, & Henderson, 2007). Usually, this dimension is measured by self-report paper-and-pencil tests (Gable, Reis, & Elliot, 2000; Mansell, 2005; Roloff, Putman, & Anastasiou, 2003). Here, control is defined

objectively by assessing reaction time, duration, frequency, rate, intensity, direction, and temporal perspective (L'Abate, 2005, pp.181-182; L'Abate et al., 2010). For example, how fast or slow does one respond to internal or external stimuli or events? More specifically, how fast or slow does one approach or avoid another person, activity, task, object, or setting can be directly observed and measured over time without relying solely on self-reports.

The locus of control could be internal or external as shown in prototypes defined by extremes of control. Extreme prototypes for discharge and externalization of the locus of control are observed in Axis II Cluster B personality disorders. These disorders show consistent and sometimes extreme discharge or inadequate controls, as in impulsive antisocial, narcissistic, and histrionic personality disorders. At the other end of this dimension, extremes in avoidance, internalization in the locus of control, and delayed discharge include most personality disorders of Cluster C. Model16 will expand on how control is basic to the structure and process of negotiation and problem-solving (McHugh & Slavney, 1989). Model16 elaborates on how the ability to control self is relevant to negotiation.

Combining Abilities to Love and to Control Self: Model⁶

Constructs highly similar to dimensions of space/distance (closeness, intimacy) and time/control (negotiation, bargaining, problem-solving) are present in a variety of two-factor models (see Figure 3). Originally,

both dimensions were pioneered by Bakan (1968), whose distinction between communal/expressive (love) and agentic/instrumental (control) is still considered relevant to intimate and nonintimate relationships (Jung Suh, Moskowitz, Fournier, & Zuroff, 2004; Mills, Clark, Ford, & Johnson, 2004). By the same token, control is consistently viewed as an agentic exchange rather than as a communal construct (Baumeister & Vohs, 2004).

The same two dimensions appear also in monadic, nonrelational models. For instance, appetitive approach and defensive avoidance tendencies are orthogonal with polarities of discharge/impulsivity at one pole and delay/inhibition/constraint at the other pole. Approach-avoidance tendencies stem from or are related to Emotionality. We approach or avoid according to how consistently or inconsistently we feel toward somebody or something. Discharge-delay tendencies stem from or are related to either limited or excessive Rationality. Impaired Rationality produces quick discharge, as in the impulsivity of Cluster B personality disorders. Excessive

Rationality produces delayed discharge, as in procrastinators and obsessive-compulsive disorders of Cluster C. Furthermore, both distance and control may derive from or relate to different neurological underpinnings (Depue & Lenzenweger, 2006; Patrick & Bernat, 2006). Other components of Model1, namely Activity, Awareness, and Context need to be taken into consideration for a satisfactory description and explanation of this model.

The abilities to love and to self-regulate combine to form Model⁶ yielding four quadrants with three levels of functionality: (1) when love and control are high, they produce the highest level of functionality in relationships; (2) when love is high and control low, or love low and control high, they produce an intermediate level of functionality; (3) when both abilities are low, they produce the lowest level of functionality, that is, psychopathology.

Functionality in human relationships, therefore, is an appropriate balance of approach-avoidance and discharge-delay tendencies that vary developmentally according to realistic task demands at various ages and stages of socialization in the life cycle.

Figure 3

*Two Factors Models of Intimate Relationships**

Space ←————→ Time		
Distance	Source	Self-control
Affiliation	Leary (1958)	Power
Communion	Bakan (1967)	Agency
Communal	Clark & Mills (1979)	Exchange
Intimacy	McAdams (1988)	Power
Affiliation	Wiggins & Trobst (1999)	Control
Cohesion	Olson (1996)	Adaptability
Intimacy	Canary et al., 1997	Control & Power
Connectedness	Harter et al., 1997)	Autonomy
Nurturance	Fehr & Broughton (2001)	Dominance
Support	Franks et al., (2004)	Control
Warmth	Grolnick & Gurland (2002)	Control
Communion	Horowitz (2004)	Agency
Intimacy	Segrin & Flora (2005)	Power
Distance	L'Abate (1986, 1994, 1997, 2005, 2009; L'Abate & Cusinato, 2007; L'Abate & De Giacomo, 2003	Control
Being		Doing & Having
Presence		Power
Love		Negotiation
Proximity	Mikulincer&Shaver, 2007	Activation

Note. Adopted and updated from L'Abate (2009d).

Contents of Relationships: Model⁷

A corollary to both abilities as processes includes a triangular Model⁷ regarding the contents of relationships: what is exchanged among intimates and non-intimates. Contents are exchanged through the Triangle of Living derived from Foa's and Foa's (1974; Foa, Converse, Tornblom, & Foa, 1993) resource exchange theory. Resources include Status (changed to here to Importance, Model11), Love (changed here to Intimacy, Model15),

Information, Services, Possessions, and Money. Conceptually, combining Importance with Intimacy produces a modality of *Presence*, that is, *Being* emotionally, communally, and instrumentally available to self and intimate others. Combining Information with Services defines a modality of *Doing* or Performance. Combining Money with Possessions defines a modality of *Having* or Production. Combining Doing with Having defines a supra-ordinate modality of *Power*, defined as the ability to

control and influence others (Guinote & Veschio, 2010). The latter is democratically negotiated and shared in functional relationships. In dysfunctional relationships power is negotiated ineffectively or not at all. In extremely dysfunctional relationships power is neither shared nor negotiated. Hence, Presence and Power represent different constructs to view redundantly love and control respectively.

However, there are different types and degrees of Power. For instance, one could just control Information (education, newspapers, radios, and TV), or one could control services, such as health care in hospitals and clinics, while banks control money, and industries control the production of goods. In some totalitarian regimes like in North Korea, the government controls all four resources, equal to total and absolute power.

Each modality in this Triangle defines relationships with functional and dysfunctional extremes. There are excesses in either direction in each modality. For instance, when this model is applied to a classification of sexual relationships, sex and sexuality are functional when shared together with fears and anxieties from previous experiences, that is: two people Being Present together with a minimum of demands on performance or production. Extremes in Doing are represented either by disorders of low sexual desire or by excessive emphasis on Performance, as in hypersexuality. Money enters in the use of prostitutes, while possessions include a whole industry of pornography and sexual products (L'Abate,

2005, in press-c).

Extremes in either directions of Being produce extremes in the other two modalities also. Too much emphasis on Being would make it difficult to attend to and satisfy realistic needs and demands requiring Doing and Having. Contrarily, decreased emphasis on Being would increase over-reliance on Doing and/or Having. Extremes in Doing, for instance, can be found in driven, what used to be called Type A, perfectionistic personalities, while extremes in not-Doing can be found in procrastinations and, at the extreme, in severe psychopathologies (Flett & Hewitt, 2002). Extremes in excessive Having are found in hoarders and tycoons, as well as in compulsive shoppers within the larger context of a consumer-oriented, materialistic culture (Grisham & Barlow, 2005). Extremes in not-Having are found in members of some religious orders who give away their worldly possessions sacrificing themselves and their lives to help others in need, like the early Waldenses.

One part of this model, the relationship between Being Present and Having Production, is well supported by extensive research that consistently found significantly negative correlations between measures of materialistic values orientation and measures of well-being, self-esteem, affiliation, and community. Positive correlations, on the other hand, were found between measures of materialistic values orientation and measures of unhappiness, neuroticism, and even depression, among others (Kasser & Kanner, 2004). Measures of well-being, affiliation, and community

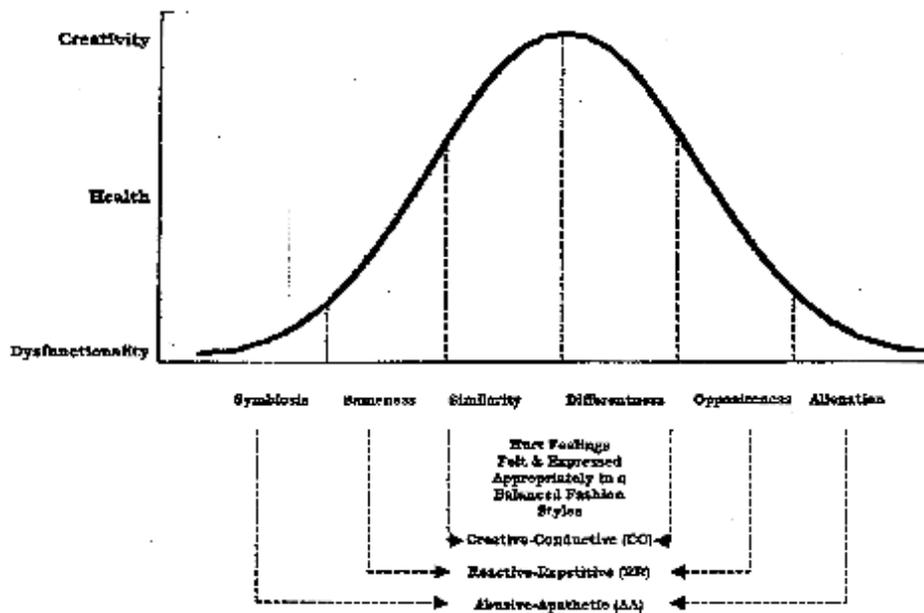
emphasize the importance of Being emotionally available to self and intimates—unconditional love, without requirements of production, performance, problem-solving, or perfection. Negative correlations between the inability to be available to self/intimates (Being) and Performance are evident in driven and perfectionist, obsessive-compulsive personalities where Performance and Production are more important than Presence (Eid & Larsen, 2007).

Relationships among previous models just described is shown in Figure 4.

Models of Relational Competence Socialization in Intimate Relationships

Five major developmental and normative models are derived from both meta-theoretical and theoretical assumptions: (1) Identity Differentiation, (2) Styles, (3) Interactions, (4) Selfhood, and (5) Priorities.

Figure 4 Relationships among Models^{3, 7, 9, 11, 12, & 15} with four Types of Settings and Priorities



Identity Differentiation: Model⁸

Developmental differentiation in identity in Model⁸ (“Who am I?”) is described by a curvilinear dialectical distribution (see Figure 5). Instead of an either/or, similar/dissimilar dichotomy, still prevalent in the extant literature in relationship science (Berreby, 2008; Cole & Teboul, 2004; Deal, Halverson, & Wampler, 1999; Morry, 2005), a Continuum of Likeness comprises six conditions that are dialectically related: Symbiosis, Sameness, Similarity, Differentness, Oppositeness, and Alienation (Cusinato & L’Abate, 2008; L’Abate, 1976, p. 79). As Berreby (2008, p. 318) concluded about the importance of identity as studied in animals: “...the human version can perceive a continuum of USness and THEMness, rather than a simple on or off choice.”

Derivations from these six conditions in a variety of functional and dysfunctional dimensions are included in Figures 5 and 6. The developmental curvilinearity of this model has been validated by Cusinato and Colesso (2008) with functional and non-functional participants. These conditions operate below the level of Awareness (Model¹) but have substantial effects on how we relate with each other including age, gender, educational level, socio-economic status, and ethnicity, as argued repeatedly by Berreby (2008).

Styles in Intimate Relationships: Model⁹

Model⁹ combines dialectically related conditions at either side of the distribution (see Figure 6). Combining Symbiosis with

Alienation defines Abusive-Apathetic Neglectful AA styles, combining Sameness with Oppositeness defines Reactive-Repetitive RR styles (Cunningham, Shamblen, Barbee, & Ault, 2005; Orner & Stolz, 2002), combining Similarity with Differentness defines Creative-Conductive CC styles (L’Abate, 1983). CC styles are the most functional of the three, as found in optimal intimate relationships. RR styles are intermediate in functionality, including Cluster C disorders with regard to internalizations and Cluster B disorders with regard to externalizations. The most dysfunctional AA style includes Axis I disorders, Axis II Cluster A, as in coexisting disorders such as addictions, physical, verbal, and sexual abuse, and extreme criminalities overlapping with psychopathologies.

CC styles are more focused on the present and the future with *relational creativity* being based on the ability to receive, accept, exchange, and use reciprocally corrective feedback (L’Abate, 2009c). This ability to introspect, to be aware of, and to benefit from external corrective feedback is either limited in RR styles or seemingly lacking in AA styles. There is an internal dialogue as well as dialogues with intimates in CC styles, but this dialogue is either defective, deviant, inadequate, or deceptive in RR styles. If there is a dialogue in AA styles, it consists of either self-defeating, repetitively fearful ruminations in internalizations or explosive acting out externalizations (L’Abate, 2005; L’Abate et al., 2010).

Figure 5
Developmental Applications of a Likeness Continuum

	Symbiosis	Sameness	Similarity/Differentness	Oppositeness	Alienation
Functions					
Distance	Extremes in Ap/Av	Ap < Av*	Balance in Ap/Av	Ap > Av**	Extremes in Ap/Av
Control	Extremes in Di/De	De > Di	Balance in Di/De	Di > De	Extremes in Di/De
Positivity/Negativity	- -	- +	+ +	+ -	- -
Interaction	- / -	O	X	O	- / -
Outcomes	Split **	Repetition Status Quo	Growth Change	Repetition Revolution	Split
Characteristics	Folie a Deax	Blind & uncritical Conformity	Enlightened creativity and conformity	Rebelliousness Defiance of norms	Criminalities
Relational Propensities	No-Self	Selfless	Selfful	Selfish	No-Self
Parental Styles	Abusive Permissive	Reactive Authoritarian	Conductive Authoritative	Reactive Oppositional	Abusive Violent
Parental Practices	"I cannot live without you. Live for me."	"Be and do exactly as I do."	"Follow my example but use your head." "Be and do whatever you like to achieve what you want."	"I will do the opposite of what I was told to do by my parents."	"You will be severely punished regardless of how you behave"
Most Likely Psychiatric Diagnoses	Psychoses	Affective disorders Anxieties Dependencies Depressions	None to mild adjustment disorders	Impulse and Character Disorders	Criminalities
Marital or Intimate Relationships	Extremely Variable	Conflictful to very conflictful	Relatively Harmonious	Conflictful to very conflictful	Extremely Variable
Academic Achievement	Very inadequate	Adequate	Adequate to superior	Inadequate	Very inadequate
Resistance to Change	High to very high	Moderate	Little to none	High	High to very High
Identification	"I am you"	"I am like you"	"I am somewhat like you"	"I am different from you"	"I am not" or "I am tough and mean"
Directionality	Internalization Extremes	Internal to Self	Balanced directions	External to Self	Externalization Extremes
Ability to love	Almost non-existent	Inadequate	Adequate to superior	Inadequate	Almost non-existent
Ability to Negotiate	Almost non-existent	Inadequate	Adequate to superior	Inadequate	Almost non-existent
Power Orientation	Anarchic	Dominant-Dictatorial to blindly submissive	Democratic	Autocratic	Anarchic
Identity Formation and Sexual Orientation	Fused Confused	Traditional/Conventional Passive	Active-creative	Unconventional/Non-traditional Active Opportunistic	Rigid Extreme Diffused
Appearance	Disheveled to conventional	Conventional	Individualized	Nonconforming	Uncaring to conforming
Level of Adjustment	Very poor	Borderline to questionable	Adequate to superior	Borderline to questionable	Very poor

Note. Av = Avoidance; Ap = Approach; De = Delay; Di = Discharge.
A split may be intrapersonal, like suicide or mental illness on the symbiotic side, or murder and incarceration on the alienation side.
Interpersonal Ap high, but internal Ap to hurts low

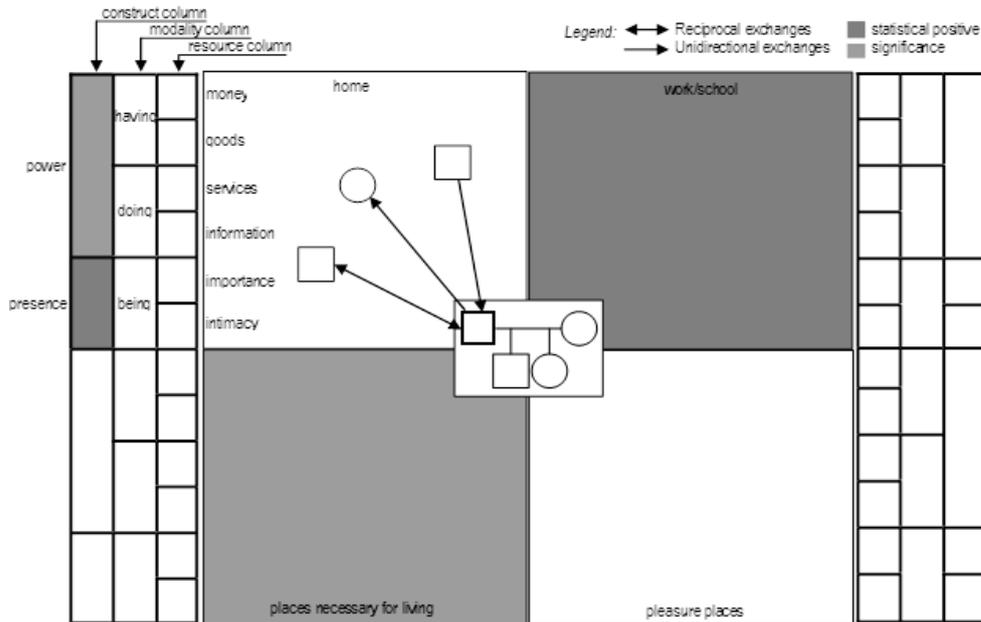


Figure 6 Relationships among Models ^{3, 7, 9, 11, 12, & 15} with four Types of Settings and Priorities*

Constructs	Modalities	Resources	Examples of Resources exchanged by Settings (Model ³)			
	Model ⁷	Model ⁷	Home ³	Work/School ³	Survival ¹²	Enjoyment ¹²
Presence	Being	Importance (Model ¹¹)	Valuing oneself, feelings valued, recognition's of one's goodness and value, feeling as a person who matters	Status related to Job or Profession, Level of education; titles, ranks, & honors	Positive attribution of Importance to self and intimates	Free expression of pleasure to see and welcome family members & intimates
		Intimacy (Model ¹⁵)	Sharing of confidences, joys, hurts, and fears of being hurt, affection, forgiveness of transgressions, emotional closeness	Not included or considered irrelevant or secondary to work/school performance; Avoided as much as possible	Ability to share hurt feelings with self and intimates, forgiving transgressions in self and intimates	Reflecting on one's own positive behavior, sharing confidences with intimates & friends without Doing or Having
Power	Doing	Information	Books, internet, magazines, newspaper, radio, telephone, TV	Knowledge relevant to job, occupational, or professional performance	Keeping up with news and with happenings within one's world & community	Crossword puzzles, brain teasers, virtual pursuit; computer, arts, music, movies
		Services	Cooking, taking care of trash, cleaning chores, fixing house, taking care of bills, cars, taxes, school and work, etc.	Blue- or white-collar jobs or educational or reliable occupational or professional performance	Shopping wisely, keeping within one's budget; planning for the future;	Volunteering, exercising, competing in marathons, walking, sports, etc.
	Having	Goods/ possessions	Car(s), food, furniture, TV, radio, house, second home &/or land, clothing, jewelry, etc.	Work station, size and style of cubicle or office	Avoiding debts by not buying extravagantly	Hobbies requiring manipulation of objects; play, collecting
Money		Bank account, cash at hand, credit card, salary, other	Salary plus bonus, insurance, perks,	Savings, controlled use of credit cards;	Used to have fun, movies, travel theater.	

*Adapted from L'Abate et al., 2010.

Interactions in Intimate Relationships: Model¹⁰

This model derives and includes all three styles CC, RR, and AA expanding them into six types of interactions by including also all previous Models but especially Model⁷. This expansion produces an arithmetical classification according to six rather than three differing in levels of functionality (L'Abate, 2005; L'Abate et al., 2010):

1. *Multiplicative* (x) outcomes occur when interactions between at least two individuals produce creative and integrative personal and relational growth, both within and beyond the immediate demands of that relationship. There are indeed individuals, couples, and families who are not only creative within themselves but are also creative in settings beyond intimate relationships, in addition to fulfilling domestic and school/work responsibilities. In exemplary intimate relationships at home and success at school/work, they exude an overflow of positive contributions to external settings (volunteering in charity, social, fraternal, artistic, political organizations, etc.) with time to spare. These individuals' abilities to love and to self-regulate are strong; they are able to laugh and enjoy life through ritual holiday celebrations and vacations, and their sense of humor is ever present. Intimacy (Model¹⁵), defined as the sharing of joys and hurts, is strong and pervades most areas of people's personal and relational lives. Inevitable stresses, strains, and losses are shared with loved ones as well as victories and triumphs.

Given this definition, we need to include what

settings are necessary to specify multiplicative expansions of *relational creativity* in intimate relationships, not in artistic, professional, or scientific endeavors. Multiplicative interactions occur at leadership levels in at least two to three settings (home, school/work, leisure time activities, charity and community work, etc.). A person who fulfills domestic demands and school/work responsibilities extremely well can excel in leadership positions in external settings, such as social clubs or charities. Multiplicative interactions include ca. 5 to 10% of the population and include what has been called "*relational creativity*" (L'Abate, 2009e).

2. *Additive* (+) interactions between two or more intimate individuals could produce positive change, but not multiplicative growth. Positive change occurs only internally to the relationship. Abilities to love and to self-regulate are relatively high. However, these abilities remain within the confines of home and work and do not overflow beyond those two settings. There is satisfaction and contentment in the relationship, but there may not be a creative spark or integration at higher levels of functioning that expand to settings beyond home and school/work. There is laughter and humor, but these expressions of emotion are perhaps limited to that intimate relationship. Energy and time are devoted strictly to intimate relationships. With the exception of school/work, little else is available or offered beyond those relationships.

Leadership is exerted in the home setting whereas activities outside the home are limited to a submissive follower's role. Such people

make themselves available in passive memberships, belonging to charity organizations, professional associations, or social clubs, but not assuming leadership responsibilities. Intimacy is high but it is usually preserved within the confines of intimate relationships. Both multiplicative and additive intimate relationships rely on CC styles that are highly amenable to change and resilient to inevitable stresses and strains. Both types of interactions are sensitive to and incorporate corrective feedback necessary for change. Circa 10 to 20% of these interactions are included in the population.

3 & 4. *Static (+/-)* positive (3) and negative (4) interactions between two or more intimate individuals could be passively or actively repetitive without change one way or another, neither positive nor negative. The relationship remains the same and neither party profits. Overall, energy and time are not used effectively. There may be some proffered love but abilities to love and to control are inadequate if not altogether missing. Static interactions are characterized by RR styles that under certain conditions may be somewhat amenable to change, such as during periods of crisis and stress, as in statically positive relationships. Intimacy is occasional, short-lived, and limited to special occasions (marriages and funerals), especially in negatively static relationships. Corrective feedback is accepted only under extreme circumstances because it is usually interpreted as criticism. This interpretation limits the individual's chances to change for the better.

These interactions include ca. 40 to 50% of the population depending on what criteria are used to make reliable discriminations among different interactions.

5. *Subtractive (-)* outcomes occur when negative, abusive, and reactive interactions between at least two intimates take away energy and time from the relationship. Sometimes these interactions remaining static, sometimes they lead to personal or relationship break-up, but they are usually refractory to change and require multiple methods of interventions during period of intense crisis. The abilities to love and to control vary from being patently inadequate to completely nonexistent and they may vary between RR and AA styles. In this instance, intimacy is practically nonexistent. Corrective feedback in the form of professional intervention is rejected because it is interpreted negatively as punishment. This interpretation precludes any possibility of change for the better. These interactions include ca. 10 to 20% of the population.

6. *Divisive (/)* interactions are completely negative and produce a breakdown in the relationship, resulting in sudden abandonment, divorce, psychosis, murder, and suicide. An individual's energies and time are expended in unproductive and defeating interactions with intimates and non-intimates. Both subtractive and divisive relationships are characterized by AA styles that make these relationships either not amenable to change, or amenable to change only through various interventions: medication, hospitalization, as well as multiple and

prolonged psychological interventions. The abilities to love and to control are almost nonexistent. Corrective feedback is discounted and ignored as abuse, blaming, and punishment. These interactions include ca. 5 to 10% of the population (Massel, Liberman, Mintz, Jacobs, et al., 1990).

This six fold classification of interactions derives from its three underlying styles seems consistent with a model based on two fundamental dimensions of centrifugal (externalizing), centripetal (internalizing), and mixed stylistic dimensions (Hampton & Beavers, 2004). From these two basic dimensions, derive five health/competence dimensions. These five dimensions further discriminate among five levels of functionality: severely dysfunctional (sociopathic vs. schizophrenic offspring) borderline (borderline vs. severe obsessive compulsive offspring) as in subtractive midrange (behavior disordered vs. neurotic offspring), healthy adequate, and healthy optimal.

Consequently, severely dysfunctional dimensions in this model are similar to divisive and subtractive interactions characterized by AA styles. The midrange dimension seems similar to static interactions with RR styles, and the healthy dimension seems similar to additive and multiplicative interactions with CC styles. Again, many interactions can be viewed redundantly from different models of the theory.

Selfhood: Model¹¹

Model¹¹ is based on the attribution of

importance bestowed on self and intimates as shown through reciprocal care, compassion, concern, and consideration, as in “perceived mattering” or in loving relationships. This attribution leads to four possible propensities in relational competence: (1) when importance is attributed positively to self and intimates, a propensity called *Selffulness* develops; (2) when importance is attributed positively to self but not to intimates, a propensity called *Selfishness* develops; (3) when importance is attributed to intimates but not to self, *Selflessness* develops; and (4) when importance is denied to self and intimates *No-self* develops. *Selffulness* includes CC styles of various types and degrees, as seen in multiplicative and additive interactions. *Selfishness*, in its extremes, is characterized by an externalizing RR style: acting out, aggression, criminality, and murder (Axis II Cluster B). *Selflessness*, in its extremes, is characterized by an internalizing RR style: anxiety, depression, and suicide (Axis II Cluster C). *No-self* is characterized by an AA style, as in severe psychopathology (Axis I disorders and Axis II Cluster A) (L’Abate & Cusinato, 2008).

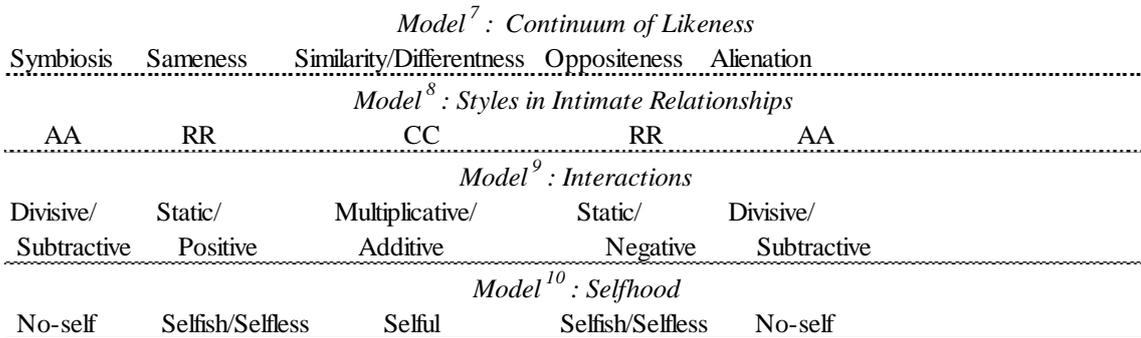
The four relational competence propensities of Model¹¹ integrate not only three levels of functionality (superior, intermediate, adequate), but also disorders in Axes I and II of DSM (see Figure 7). In this Figure, most DSM syndromes are integrated into a whole framework which includes both categorical and dimensional aspects of seemingly disparate disorders. All these descriptive models help us to understand coexisting or comorbid relational competence

disorders as different aspects of personalities in relationships (L'Abate, 2005; L'Abate et al., 2010).

The four relational competence propensities of Model¹¹ integrate not only three levels of functionality (superior, intermediate, adequate), but also disorders in Axes I and II of DSM. In

this model, most DSM syndromes are integrated into a whole framework which includes both categorical and dimensional aspects of seemingly disparate disorders. Relationships among Models^{8, 9, 10, & 11} are shown in Figure 8.

Figure 7
 Relationships among four Models of Identity Differentiation⁷, Styles⁸, Interactions⁹, and Selfhood¹⁰ *



* Adapted from L'Abate et al., (2010).

Figures 8

Relationships among four Models of Identity Differentiation⁷, Styles⁸, Interactions⁹, and Selfhood



Priorities in Relational Competence Socialization: Model¹²

Model¹² includes synonymous constructs such as goals, motives, intentions, needs, and attitudes. Eventually, no matter what construct one prefers, it has to be prioritized according to urgency and importance. Priorities include immediate and long-term plans or expectations based on their reality-orientation, according to realistic age-and stage-related demands: What is more important? What is more urgent (Figure 2)? The two major horizontal priorities in life are *survival* and *enjoyment* in various settings (Model³; Csikszentmihaly, 2004). Vertical priorities include self and intimates (parents, partner, children, siblings, in-laws, friends). Is home more important than work? Are leisurely activities more important than home or work? Priorities are as important as relational competence characteristics for continuous interaction and coexistence with others. Measures to evaluate personal and couple priorities have been published in L'Abate *et al.*, (2010).

Within this Model¹², one must include the contribution of Higgins (2007) concerning individual differences in motivational regulatory processes during goal pursuit between what he called: feeling eager and enthusiastic (*promotion focus*) versus feeling vigilant and careful (*prevention focus*):

“Regulatory focus theory assumes that self-regulation operates differently when serving fundamentally different needs, such as the distinct survival needs of nurturance (e.g., nourishment) and security (e.g.,

protection) ... These different social regulatory styles communicate distinct concerns about getting along in the world. Nurturant social regulation engenders a promotion focus in which self-regulation is concerned with the presence or absence of positive outcomes. Security social regulation engenders a prevention focus, in which self-regulation is concerned with the absence and negative outcomes (p. 518).”

Regulatory focus theory, therefore, is another way to expand on Model¹² by adding priorities of promotion versus prevention in self-regulation, relying also on Model⁵ as necessary to clarify one's priorities. Higgins' two dimensions could be viewed as being orthogonal with the two priorities of life: survival and enjoyment. It would be interesting to expand on this model, since Higgins did not include survival and enjoyment in his research, even though he implied enjoyment in promotion and survival in prevention.

Clinical Applications of Theoretical Models

Limitations of space do not allow a proper expansion of four additional models, all derived from the previous assumptions and major models. Except for Model¹⁶, Negotiation that applies to functional or semi-functional relationships, Models^{13, 14 & 15} apply to dysfunctional and clinical relationships (AA and RR styles (Model⁹), static, subtractive, and divisive interactions (Model¹⁰), Selfishness, Selflessness, and No-self (Model¹¹).

Distance Regulation: Model¹³

This model derives from the assumption of Distance (Mode¹⁴) and includes three roles comprising Pursuer, Distancer, and Regulator, as present in most Cluster C personality disorders. Pursuer involves approach, as in extreme dependence on others. Distancer involves avoidance of others, as in denial of dependence. Regulator involves contradictions in approach-avoidance tendencies (“Come here, I need your help,” “Go away, you did not help me!”), fluctuating inconsistently between dependence and denial of dependence.

Drama Triangle: Model¹⁴

This pathogenic model is based on immediate discharge and inadequate control tendencies (Model⁵). These tendencies, present in most RR and AA styles, include the roles of Victim, Persecutor, and Rescuer, as found in mythology, fiction, religion, politics, and wars (L'Abate, 2009f). These roles occur contemporaneously and simultaneously all at the same time, to the point that a Victim could be perceived as a Persecutor, and the Rescuer as a Victim, with the Rescuer eventually being perceived as Victim or Persecutor. For instance, initially in a relationship someone who perceived herself or himself as a Victim may fall in love with someone perceived as a Rescuer. However, if during the course of the relationship, the Rescuer may become viewed as a Persecutor by the Victim. In this process, the Rescuer/Persecutor may view himself or herself as the Victim of the Victim/Persecutor. Examples of this triangle are found in L'Abate, 2009f, in press-a).

Intimacy: Model¹⁵

Intimacy is defined behaviorally as the sharing of joys, hurts, and fears of being hurt (L'Abate, 2009b, in press-a) rather than defined by self-report, paper-and-pencil instruments (Mashek & Aron, 2004). This definition includes forgiveness of errors and of transgressions (Fincham, 2000; Fincham & Beach, 2002a, 2002b; Friesen, Fletcher, & Overall, 2005). This model involves all five components of Model1 in a circular process, starting with the feeling of hurt (Emotionality) and progressing to the other components of the model (Rationality, Activity, Awareness, and Context). This model derives also more directly from development-mental identity-differentiation Model8 to the extent that feelings of hurt and joy are usually expressed and shared in CC rarely in RR, and never in AA styles. These feelings sometimes are shared at occasions such as funerals and marriages but they are otherwise internalized (Selflessness) or externalized (Selfishness) in RR styles. They are not shared in AA styles (No-self).

Negotiation: Model¹⁶

The process of Negotiation (bargaining, problem-solving) implies a certain amount of control (Model5) and functionality necessary to confront dispassionately emotionally-laden issues (Roloff, Putman, & Anastasiou, 2003). The structure of negotiation and problem solving includes most of the previous assumptions and models. It is more prevalent in CC styles than in RR or AA styles. For instance, to evaluate the structure and process of

negotiation, one must consider a distinction between who makes decisions (Authority) and who carries them out (Responsibility) as well as whether a decision is large and life-changing (Orchestration) or small (Instrumentation) (Levine, 1976). Those two processes must be imbedded in a multiplicative function of three basic factors: (1) levels of functionality between negotiating parties (ILL); (2) abilities necessary to negotiate (SKILL); and (3) motivation to negotiate fairly (WILL).

Research to Support the Validity of Theoretical Models

Research has been conducted since the inception of this theory to support models of relational competence socialization with the creation of models that could be verified (L'Abate, 1976). However, not all assumptions or models of the theory can be directly validated. For instance, Model² about the depth of relationships, is difficult to validate in totality, though its descriptive and explanatory levels can be validated independently, as in the case of the Self-presentational Scale developed and validated by Cusinato (Appendix A). Some models are validated indirectly from conceptually similar theories or models (L'Abate, 2010a). Some models can be validated in the laboratory through test instruments specifically derived from the models (L'Abate, et al., 2010). Some can be validated through enrichment programs for couples and families in primary prevention (L'Abate & Weinstein, 1987; L'Abate & Young, 1987). Other models still can be validated

through Interactive Practice Exercises or workbooks as homework assignments in secondary prevention (L'Abate, 2010c), or through theory-derived prescriptions assigned in psychotherapy or tertiary prevention (L'Abate, 2005, in press-b).

Laboratory Evaluations

A 200-item paper-and-pencil self-report inventory (L'Abate & De Giacomo, 2003, pp. 387-394), derived from models and dimensions listed in Figure 1.2, has been translated into Italian and evaluated by Mario Cusinato and his students at the University of Padua (personal communication, November 5, 2006). Model¹ can be evaluated and partially validated with the Relationship Answers Questionnaire (RAQ), a 50-item, paper-and-pencil self-report inventory whose initial psychometric properties have been reported (L'Abate, 2005, pp. 108-115). This model and the RAQ are being refined and reevaluated by Eleonora Maino and her students at the University of Padova (personal communication, June, 7, 2007). Models²⁻⁶ have been evaluated with the EcoMap (L'Abate et al., 2010). Model⁷, derived from Foa's and Foa's (1974) theory, could be evaluated using the same instruments and tasks (Foa, Converse, Tornblom, & Foa, 1993) and adapted to fit the overall Triangle of Living. Model⁸ was originally evaluated (L'Abate, 2005, p. 371) with the Likeness Scale and the Likeness Grid (L'Abate, 1994; L'Abate & Wagner, 1985, 1988). More recently, Cusinato and Colesso (2008) evaluated and validated this model. Model⁹ has been evaluated with a

240-item Problem-in-Relationships Scale (L'Abate, 1992, 1996) and partially validated by McMahan and L'Abate (2001). Model¹⁰ has not been directly validated.

Model¹¹ has been validated extensively through two paper-and-pencil self-report instruments, the Self-Other Profile Chart (Cusinato & L'Abate, in press, b; L'Abate, 1992, 1997, 2002; L'Abate & De Giacomo, 2003), the Problems-in-Relationships Scale (L'Abate, 1992; McMahan & L'Abate, 2001), and the Dyadic Relationships Test (Cusinato & L'Abate, 2005a, 2005b).

Furthermore, similarities among three different models of relationships, Attachment, Selfhood (Model¹¹), and the Elementary Pragmatic Model (EPM, L'Abate, 1997; L'Abate, De Giacomo, & De Giacomo, 1997) prompted an evaluation (L'Abate, 1997, 2003; L'Abate & De Giacomo, 2003; L'Abate, De Giacomo, McCarty, De Giacomo, & Verrastro, 2000). All three models propose one functional dimension, two borderline functional dimensions, and one clearly dysfunctional dimension. The Adult Attachment Inventory and the Self-Other Profile Chart for Selfhood are paper-and-pencil self-report instruments developed for the models Attachment and Selfhood, in order to evaluate their concurrent validities. The EPM developed the SISCI-I from screen projections of ninety Holtzman's ink-blots (L'Abate, 2003; L'Abate & De Giacomo, 2003; L'Abate et al., 2000). All three instruments were administered to functional and dysfunctional participants. Statistically significant inter-correlations were obtained

from these instruments. The results indicated that all three models focused on the same dimensions but each from different theoretical viewpoints and with different test instruments. In addition, the models were conducted in different theoretical languages and measured in different ways.

Model¹² has been evaluated and validated with the Priorities Grid and Priorities Scale reported earlier (Cusinato & L'Abate, in press-a; L'Abate, 1994; L'Abate & Wagner, 1985). Models^{13&14} have not been evaluated. Model¹⁴ has been evaluated and validated directly with the Sharing-of-Hurts Scale (L'Abate, 2003) and indirectly by the research of Vangelisti (2009; Vangelisti & Beck, 2007) and many others (L'Abate, in press-a).

Promotional, Preventive, and Psychotherapeutic Applications

Promotion means applications that *approach* and deal with relatively competent, healthy populations. Primary preventions means applications that try reduce the risk of future incompetence, that is: *avoiding* incompetence (Higgins, 2007). Tertiary prevention or psychotherapy means face-to-face talk-based approaches to treat and manage severe incompetence. However, with the Internet taking over how mental health services will be delivered in this century, we are going to rely more and more on distance writing through computers and the Internet (L'Abate, 1991, 1992; 1997a, 1999, 2001, 2002, 2004a, 2004b, 2007a, 2007b; 2008a, 2008c, 2010b, in press-d; L'Abate & De Giacomo, 2003).

Promotion of Competence

Interventions have been linked and can improve the three styles of relationships (Model⁹). For instance, even though most CC styles may not need interventions, they could benefit from low-cost vehicles, such as dancing, exercise, massage, and volunteering (Harwood & L'Abate, 2010; L'Abate, 2007c). RR styles need to be differentiated according to Clusters B and C personality disorders. Cluster C personality disorders, for instance, with their proclivity to delay and introspect, can benefit from face-to-face psychotherapy and by additional homework assignments, using various types of writing or nonverbal tasks (Kazantzis & L'Abate, 2007). Once Cluster B personality disorders decompensate in a crisis, these individuals can be helped to deal with their impulsivity and inadequate inability to introspect using written homework assignments. Interactive Practice Exercises developed to increase reflection, introspection, and greater controls could decrease discharge and impulsivity (L'Abate, 1992, 2010b; L'Abate & Goldstein, 2007). AA styles in Axis II Cluster A and disorders of Axis I may need to be confined to hospitals or jails in order to be helped through various therapeutic approaches, including impersonal instruments, such as computers, medication, socio-educational training skills, and group therapies (L'Abate & Harrison, 1992).

Enrichment Programs for Couples and Families

Enrichment programs are written for and can be administered verbatim to functional,

nonclinical couples and families, making these programs completely replicable from one setting to another (L'Abate & Cusinato, 2007). For instance, Model1 (ERAAwC) can be evaluated interactively with the Helpfulness Enrichment program (L'Abate & Weinstein, 1987; L'Abate & Young, 1987). Models^{2, 3, 4, 5&6} can be evaluated through various assignments (L'Abate & Weinstein, 1987). Model⁷ can be evaluated through an enrichment assignment (L'Abate & Weinstein, 1987) as can Models⁸⁻¹⁵.

Workbooks to Promote Mental Health and Life-long Learning

Self-help, mental health Programmed Interactive Practice Exercises or workbooks are becoming an important part of the whole delivery system in primary, secondary, and tertiary prevention. They indicate also an increasing reliance on distance writing rather than on face-to-face, talk-based medium in prevention, therapy, and rehabilitation. (L'Abate, 1992, 2001, 2002, 2004a, 2004b, 2010; L'Abate & De Giacomo, 2003; L'Abate & Goldstein, 2007).

Workbooks fall into three classifications: (1) completely *independent* from models of the theory, such as workbooks based on clinical experience or from models not related to the theory; (2) *indirectly linked* to the theory (Selfish externalization vs. Selfless internalization); and (3) directly and completely *derived* from models of the theory, such as workbooks derived from Model⁸ ("Who am I?"), Model¹¹ (Selfhood), Model¹⁶ (Negotiation), and Planned Parenting (L'Abate,

2010b). Studies of workbooks performed almost 30 years ago and their newly recalculated effect sizes have been reviewed in L'Abate (2004b). A meta-analysis of mental and physical health workbooks (Smyth & L'Abate, 2001) yielded an effect size of $d = .44$ for mental and an effect size of $d = .25$ pages for physical health workbooks, attesting to the cost-effectiveness, mass-orientation, and versatility of Workbooks. These results, plus case studies presented in L'Abate (2010b) indicate how it is possible to help at risk or troubled people at a distance, without ever seeing them face-to-face and talking with them.

Workbooks as a relatively new mental health technology imply or denote specialization in mechanical equipment, including computers and programs that offer systematic evaluation and treatment. By specialization is meant specificity in evaluation and treatment through a particular equipment or program produced to deal with a specific condition (L'Abate, 2010a). By systematic is meant a step-by-step process that allows replicability in standard operating procedures and practices. Both specificity and systematic, replicable procedures are the cornerstone of the scientific method. A procedure or program could be replicable and systematic but without specificity, it may not produce the desired outcome (L'Abate, 2008b). Furthermore, science progresses with the accumulation of written records not just words (Beard, Myhill, Riley, & Nystrand, 2009). As long as talk remains the only medium of communication, as in face-to-face psychotherapy and preaching, it will be

practically impossible to obtain cumulative records and progress on the basis of data that can be obtained only through writing not talk (L'Abate, 2010c).

Given these definitions, workbooks defined as programmed interactive practice exercises qualify eminently as a mental health technology that has emerged and surfaced during the last generation (L'Abate, 1986, 1990, 1991, 1992, 1997, 2001, 2002, 2004a, 2004b, 2007c, 2008a, 2008c, 2010b; L'Abate & De Giacomo, 2003; L'Abate & Goldstein, 2007; L'Abate & Kern, 2002). Together with recent advances in computer technology, the emergence of the Internet, the growing importance of homework assignments (Kazantzis, Deane, Ronan, & L'Abate, 2005; Kazantzis & L'Abate, 2007), the growth of self-help (Harwood & L'Abate, 2010), and emergence of low-cost approaches to promote physical and mental health in their delivery (L'Abate, 2007c), there are now plenty of choices available to both professionals and participants in the mental health field, in the promotion of competence, and in the prevention and psychotherapy of incompetence. The issue remains in finding ways to evaluate participants to help them find which approach will be more helpful and less costly to them than other approaches (L'Abate, in press-b).

These approaches would suggest targeted or step-by-step treatment, starting from the least expensive of professional help first and then moving on to the most expensive treatment, that is: face-to-face (f2f) talk-based (tb) contacts with professionals, especially if least expensive approaches are not working. For

instance, depression in its least severe forms (determined by scores on the Beck Depression Inventory (Katz, Katz, & Shaw, 1999), could be dealt with first by using much less expensive activities such as running, physical therapy, yoga, or meditation. Somewhere in between least and most expensive, f2f tb approaches, interactive practice exercises in workbooks could be used either on their own, or in conjunction with least or with most expensive approaches. Workbooks essentially perform as standardized *recipes*, furnishing professionals with specific ways of helping and intervening that can be replicated from one participant to another. There are no limits on how many times these Workbooks can be reproduced and administered to as many participants as possible (L'Abate, 2010b), just like recipes from a cookbook.

If one particular workbook does not work for a specific condition, let's say depression, one would have to: (1) question the initial reason for referral; (2) evaluate historical and developmental background for the referral; (3) evaluate results from a test battery administered even before seeing (or not seeing) the participant; (4) see whether another, different workbook for depression may be more appropriate than the one originally administered; or (5) administer a completely different, not depression-related workbook that may be more appropriate for the context of the referral, such as one related to over-all functioning rather than a specific workbook related to a diagnosis or to the reason for the referral, as would be the case with Planned

Parenting or Negotiation workbooks (Figure 1).

The use of workbooks in no way eliminates the important functions of professionals. On the contrary, a distance-writing approach requires that more attention be given to an objective evaluation for the referral reason, concern, or symptom. An objective evaluation is an aspect that may differentiate between professionals who chose to practice as artists from professionals who chose to practice as scientists, evaluating participants from the very outset of a professional relationship, after termination of that relationship, and on follow-up (L'Abate, in press-a). In addition to an evaluative function, the professional/scientist needs to evaluate responses to each single workbook and feedback appropriate and specific information about the nature of those responses to participants. This function is implicit in the interactive nature of the process.

Consequently, this conviction (L'Abate, in press-b) would not allow a professional to administer a entire series of Workbooks without breaking them down into one assignment after another, one assignment at one time, with corrective feedback on completion of each assignment, after an Informed Consent Form about the importance of pre-post- and follow-up evaluation is emphasized from the outset of the professional relationship.

Expanding on the Nature of Workbooks

Workbooks as programmed interactive practice exercises are composed by four characteristics: (1) administered in writing at a distance from professionals, in (2) continuous

interactions with professionals who request (3) consistent practices, such as homework assignments, and who try (4) to match Workbooks with the referral question, concern, diagnosis, or symptom.

Programmed

Workbooks are written according to systematic procedures outlined in Figures 9 and 10 to be administered at a distance between mental health professionals and participants, be

participants composed of individuals, couples, or families. In the past, this distance may have been covered though regular mail. Nowadays, distance is covered through computers and the Internet. Being written means that these exercises are completely replicable and extremely specific for determined situations or disorders, as shown in self-explanatory Figures 9 and 10. There is no need to expand on these Figures here because they have been already expanded in previous publications cited above.

Figure 9

*Toward a Classification of Distance Writing Dimensions**

-
1. *Structured* can be *open*, as in diaries or *closed*, as in answering specific questions in writing on pre-established topic, either positive, happy or unhappy memories. Closed writing can be guided or programmed, as discussed in Figure 19.2.
 2. *Goals* could be prescriptive to produce specific outcomes or cathartic to produce discharge of and release from tensions or traumas.
 3. *Content* can be painful, traumatic, neutral, banal, or joyous, emotional, rational, problem-solving, individual, or relational/
 5. *Level of abstraction* ranging from very concrete, i.e., "Write what you ate for breakfast, to very abstract, i.e., "Write about the meaning of life."
 6. *Specificity*, ranging from general, as in an autobiography to extremely specific, concrete, and restricted, such as: "Write about all the clothes you have in your closet."
-

Note. Adapted from L'Abate (2004a).

Figure 10

*A Classification of Distance Writing**

-
- A. *Automatic* was of questionable usefulness as a fad and in need of more controlled research before considering its use.
- B. *Dictionary-aided* basic to many self-help practice exercises (L'Abate, 2007a).
- C. *Expressive*, as in "Pennebaker's Paradigm" writing about hurts and traumas heretofore not shared with others for 15 minutes a day for four consecutive days. The literature on this approach is extensive and available in many old (Esterling, L'Abate, Murray, & Pennebaker, 1999) and new references (Kacewicz, Slatcher, & Pennebaker, 2007; Lepore & Smyth, 2002).
- D. *Focused*, as in autobiographies to be mailed or sent online (L'Abate, 2007c)
- E. *Guided*, as in answering written questions in writing, after completion, for instance, of an autobiography, journal, or other homework assignments.
- F. *Open-ended*, as in personal information gathered through diaries or journals.
- G. *Programmed* as in Workbooks for non-targeted conditions and life-long learning and at risk populations (Figure 12) targeted and psychiatrically diagnosed children and youth, single individuals, couples, and families (Figure 13), single- or multiple-score tests (Figure 14).
-

Note. Adapted from L'Abate (2004b).

Interactive

By this qualification is meant that these exercises cannot and should not be administered without continuous corrective feedback between a professional and a participant. Interactive means that Workbooks are or should be administered after a thorough, objective evaluation of the referring concern, question, or referral reason (L'Abate, in press-a). Furthermore, Workbooks should be administered after an Informed Consent Form (ICF) has been read and signed by all participants. Participants should know what possible consequences or unpredictable side effects may occur in many instances, especially

when dealing with hurt feelings (L'Abate, in press-a) and how important evaluation is in finding which approach is more appropriate for which condition.

Therefore, the ICF should be administered to protect both professionals and participants, since one cannot predict whether: (1) the reason for referral is a real and accurate one; (2) whether the evaluation uncovered contextual aspects of the referral reason that may have not been considered through a subjective interview. For instance, a participant may want help to deal with self-diagnosed anxiety but without an evaluation, the professional may accept uncritically the participant's opinion and administer an anxiety-related workbook. When

anxiety does not decrease on termination of the entire workbook the patient may complain about the professional's incompetence and threatens legal action. On the basis of this reaction, the professional may discover that there may exist a whole delusional, paranoid system that could have been detected from a thorough objective evaluation. An ICF represents the contract between professionals and participants about the use of Workbooks. Copies of such ICFs are available in L'Abate (2010b, in press-b), including also a control workbook with seemingly neutral items to be used for research purposes (L'Abate, 2010b).

Whoever professional chooses to administer Workbooks without a thorough, objective evaluation, a signed ICF, and continuous, exercise-by-exercise professional feedback, should be considered a charlatan and should receive appropriate retribution from professional organizations in which they may belong (L'Abate, in press-a).

Practice

Professionals should be careful to specify how, when, how often, and where Workbooks as homework assignments should take place (L'Abate, 1986), making sure that participants record place and time of occurrence and checking on complete homework before accepting it as given and administering the next assignment. For instance, in my experience with acting-out inmates, some of them tried to get away with as little work as possible. Consequently, they were required to repeat

writing the same exercise until it showed that responsibility was taken in completing the assignment in the best possible manner. Incomplete or irrelevant answers are unacceptable and participants should not be allowed to get away with minimal performance. More instructions about this issue are available in L'Abate (2010b).

In a way Workbooks in and of themselves, allow professionals to evaluate whether there is motivation for change in participants or whether they expect the professional to produce change miraculously without their active participation (L'Abate, L'Abate, & Maino, 2005). In stepped treatment, one could make homework assignments and completion of Workbooks as a pre-condition for seeing the professional f2f through talk (Omer, 1985). The expensive presence of a professional should also be contingent on the completion of the least expensive treatment. This approach is especially useful to evaluate motivation to change in Custer B participants, who may manipulatively use professional help as a way to avoid criminal or legal persecution.

Exercises

Figure 11 includes a self-explanatory classification of workbooks. As in the previous paragraphs, the interested reader can find expanded explanations of this and the two previous Figures in references already cited.

*Classification of Workbooks in Mental Health**

-
1. *Composition of Participants*: singles (adults, children, youth), couples, families, groups.
 2. *Reason for Referral*, i. e., concern(s), diagnosis(es), single versus dual or multiple, problem(s), symptom(s),
 3. *Level and Type of Functionality*: DSM-IV, Reason for Referral, or both
 - a. Functional: No diagnosis
 - b. Externalizations: Axis II. Cluster B (Aboujaoude & Koran, 2010).
 - c. Internalizations : Axis II. Cluster C (e.,g. Millon, Blaney, & Davis, 1999)
 - d. Borderline: Axis II. Cluster A (e.,g. Millon, Blaney, & Davis, 1999)
 - e. Severe: Axis I. (e. g., e.,g. Millon, Blaney, & Davis, 1999)
 4. Practice exercises for *specific symptoms* versus general conditions
 5. *Symptom-free* versus symptom-related & diagnosis-linked
 6. *Theory-derived*, theory-related, theory-independent (Cusinato & L'Abate, in press; L'Abate, 2005; L'Abate & Cusinato, 2007; L'Abate, Cusinato, Maino, Colesso, & Scilletta, 2010).
 7. *Format*: (1) fixed (nomothetic); (2) flexible (idiographic); & (3) mixed (nomothetic and idiographic)
 8. *Style*: Linear versus circular (paradoxical, i. e., Weeks & L'Abate (1982)
 9. *Derivation*: Single versus multiple score tests, i. e., BDI vs. MMPI-2.
 10. *Content*: clinical (addictions, affective disorders, Axis I and Axis II: Clusters A, B, & C etc. and non-clinical, life-long learning for individuals, couples, and families
-

*Adapted from L'Abate, 2004b.

One important aspect of the Workbooks contained in Figures below lies in their being produced from existing, validated test instruments, verified factor analyses, or symptom lists available in the DSM-IV (Author, 1994; Kochalka & L'Abate, 1997). This is another way to indicate that Workbooks are isomorphic with their underlying composition based on validated measures (. Hence, the gap between evaluation and intervention using

Workbooks is greatly diminished, allowing professionals to match treatment with evaluation in ways that would be difficult, expensive, or even impossible to accomplish in f2f tb psychotherapy.

Transforming inert, passive test or factor analyses items or psychiatric symptoms into dynamic Workbooks is a very simple process that apparently has not been thought of until recently (L'Abate, 2010b). This process occurs

in three easy steps:

(1) asking participants to define items of single score tests, or dimensions of multiple score tests, factor analyses, and DSM-IV symptoms lists, if necessary with the help of a dictionary (L'Abate, 2007a), and then give two, possibly concrete, examples of the item just defined, a nomothetic task;

(2) rank-order items just defined according to how those items refer to oneself in order of importance and relevance, an idiographic task that individualizes immediately the sequence to follow in treatment, starting with the item that has been rank-ordered first, moving then to the item rank-ordered second, and so on, until most of the top items (no more than 5 or 6 in my experience) have been administered one by one through

(3) a standard practice exercise (L'Abate, 2010b) where the top item becomes the topic of an intense scrutiny, that is: asking participants to answer queries about the overall nature of that item, its developmental origins, duration, frequency, rate, and functional and dysfunctional outcomes to self and to loved ones.

Sometimes, if the behavior represented in a particular item is strongly ingrained in the individual's affective, cognitive, and behavioral repertoire, participants may be asked to produce and reproduce it at certain times and places to achieve greater control over it, following the principle that: "If we learn to approach and start a troublesome behavior, we can learn to stop it." (L'Abate, 1984), contrary

to many behavioral dogmas. Change starts at the beginning of a process not at the end.

Through this process, therefore, as shown in the Figures to follow, it is possible to transform thousands of passively inert test instruments into active and interactive methods of treatment, linking evaluation with treatment in ways that would be difficult and expensive to achieve in self-help, preventive, promotional, or psychotherapeutic interventions using f2f tb approaches.

Prevention of Relational Incompetence: Workbooks Targeted for Clinical Conditions

Figure 12 includes workbooks that can be used when no specific clinical concern is present or detected but there is interest and motivation to learn more about oneself in individuals, couples, or families. These Workbooks, therefore, could be used in self-help (Harwood & L'Abate, 2010), prevention (L'Abate, 1990), and promotional (L'Abate, 2007d) activities with functional or semi-functional participants, especially those who are at risk for possible breakdown, such a adult children of alcoholic parents. These individuals, couples, and families may not be classified as yet according to a psychiatric label, but they may evidence prodromal characteristics that may foretell future disorders, especially in children.

Figure 12

*Self-help Workbooks for Individual, Couple, and Family life-long Learning**

Individual

- Character Strengths.*
- Emotional Expression.*
- Development of Emotional Competence.*
- Multiple Abilities.*
- Normative Experiences: Form AB5C.*
- Normative Experiences: Form IPIP.*
- Normative Experiences: Form PSC.*
- Priorities.*
- Self-awareness.*
- Self- Others Importance.*
- Social Skills.*
- Speak UP For Yourself.*
- Who Am I?Aspects of Identity.*

Couples

- Premarital Preparation.*
- Relational Quality1.*
- Relational Quality2.*
- Relational Quality3.*
- Relational Styles.*
- Sexual Motivation.*

Families

- Foster/Adoptive Care.*
 - Planned Parenting.*
-

Workbooks for Psychiatric Classification

For borderline or clinical conditions, Workbooks (L'Abate, 2002, 2007b, in press-b) are based on reason for referral, that is, internalization versus externalization, as well as on single and multiple test scores, such as the Beck Anxiety and Depression Inventories, the Minnesota Multiphasic Personality

Inventory-2; or on lists of behaviors, signs, or symptoms derived from factor-analyses and the DSM-IV (American Psychiatric Association, 1994). Space limitations make it impossible to review studies supporting their clinical usefulness. However, complete reviews of research on their effect sizes and applications are available (L'Abate. 2004b, in press-b).

Figure 13 includes workbooks that were derived from list of symptoms in psychiatric diagnoses found in the DSM-IV (American Psychiatric Association, 1994), Millon, Blaney, and Davis (1999) and other sources, showing that through programmed, distance writing it is possible to link evaluation with specific treatment in ways that would be difficult if not impossible to achieve through f2f, tb interventions.

Workbooks from Research with Single- or Multiple-score Tests

Another way to link evaluation with treatment is found in developing Workbooks directly from the items found in factor analyses, single- and multiple-score tests as shown in Figure 14.

Research Results

Research about the effectiveness of Workbooks was conducted from the very beginning starting 30 or more years ago but reported more recently (L'Abate, Boyce, Fraizer, & Russ, 1992; L'Abate, 2004b, pp. 75-92) with unexpected paradoxical and sometimes inconsistent results. For instance, in "...few studies control groups obtained higher gain scores than experimental groups suggesting that this was an important area to investigate in the future" (L'Abate, 2004b, pp. 91-92). To find a more definitive answer, Smyth and L'Abate (2001) performed a meta-analysis of 18 workbooks, 12 in mental health and 6 in physical health. The overall effect size for mental health outcomes was d

= .44 while the overall effect size for physical health outcomes was $d = .25$.

Results from this analysis as well as from the studies summarized in L'Abate (2004b, pp. 75-92) suggest that Workbooks may produce a medium effect size in mental health and a somewhat lower effect size for physical health, even though great variability was present for such outcomes. This effect size was quite similar to the one obtained from a meta-analysis of f2f tb psychological treatment in 90 studies conducted across a broad range of clinical settings (mean $d = .41$; Shadish, Matt, Navarro, & Phillips, 2000).

Here is where costs and cost-effectiveness come into being. If the same results are obtained by two different types of intervention, one would chose the less expensive intervention. This, however, is not a either-or issue but a both/and one. Conceivably, f2f, tb interventions may needed with more severe cases and even in these cases, adding Workbooks may decrease the length of treatment or reduce the possibility of relapse. However, this was not the case with outpatients who received Workbooks in addition to face-to-face, talk-based psychotherapy (L'Abate, L'Abate, & Maino, 2005). Those participants (individuals, couples, and families) who received Workbooks showed a significantly greater number of sessions than those who did not received them. In an inpatient setting, however, Goldstein (L'Abate & Goldstein, 2007), a problem-solving workbooks reduced significantly the length of hospitalization in decompensating women who

complete that workbook versus a control group of women who did not receive it.

Figure 13

*Workbooks for Participants with Psychiatric Diagnoses**

Disorders of Internalization

Children and Youth

Anxiety
Anxiety, Depression, and Fears.
Asperger Disorder .
Depression .
Post-Traumatic Stress .
Separation Anxiety .

Adults

Anxiety .
Depressive Personality.
Loneliness .
Phobias .
Post-Traumatic Stress Disorder .
Procrastination. .
Signs of Depression.

Disruptive Developmental Disorders

Anger .
Hyperactive/Attention Deficit .
Juvenile Troublemaking .
Oppositional Defiant .

Disorders of Externalization in Adults

Addendum to Relational Training .
Anger, Hostility .
Troublemaking .

Workbooks for Conflicting Couples and Families

Children and Families

Bing Eating .
Divorce Adjustment in Children .
Domestic Violence .
Lying .
Shyness .
Stealing .
Temper Tantrums .
Time Out .
Verbal Abuse .

Couples

A theory-derived workbook for intimate relationships .
Arguing or Fighting .
Complaints.
Depression .
Difficulties .
Intimacy .
Sexuality .
Violence .

Families

Hurt Feelings .
Intimacy .
Negotiation .
When Parents Argue: From the Child's Eyes .
When Parents and Child Argue .

*Adapted from L'Abate, 2009c.

Figure 14
*Workbooks from Research with Single- and Multiple-score Tests**

Single Score Tests

Children: Mixed Internalizing and Externalizing Disorders

School Conduct Problem .
School Social Skills .
Unusual or Troublesome Behavior .

Adults

Butcher Treatment Planning.

Axis II Cluster C Internalizing Personality Disorders

Beck Anxiety .
Beck Depression .
Hamilton Anxiety .
Hamilton Depression .
Help-seeking (Dependent) .
Self-suffering (Masochist) .
Serious (Depressed).
What Are My Concerns?

Axis II Cluster B Selected Externalizing Personality Disorders

Anger Expression.
Compelling (Compulsive).
Distinct (Schizoid) .
Exciting (Histrionic).
Non-conformist (Negativistic) .
Private (Avoidant).
Self-interested (Narcissistic).
Unpopular (Antisocial) .
Unusual (Sadistic) .

Mixed Internalizing and Externalizing Disorders

Personality Disorders, Form 1989.
Personality Disorders, Form 1990.
Personality Disorders, Form 1992.

Multiple Score Tests

Personality Dimensions from the MMPI

Personality Dimensions from Neuroticism Extraversion Openness Inventory (NEO)

Personality Dimensions from Personality Assessment Inventory

Severe Disorders

Individuals

Mood Swings
Over-dependency .
Severe Concerns .
Sexual Abuse

Couples

Improving Relationships
Relationship Conflicts
Couple Satisfaction

Families

Profile Form
Functioning

*Adapted from L'Abate, 2009c.

The inconsistency and contradictions found in the area of research with Workbooks cries out for more adequate and controlled research that could be conducted by just one investigator alone.

Treatment and Management of Severe Incompetence:

Homework Prescriptions for Couples and Families. In addition to the workbooks created to deal with severe incompetence, two prescriptions as homework assignments in couples and family therapy derive directly and respectively from Models^{7&15}—Being Present and Intimacy, without requirements for Performance, Production, Problem-solving, or Perfection.

Hugging, Holding, Huddling, and Cuddling (3HC). This prescription is especially useful with families with young children who cannot express themselves. It involves progressive stages of Being physically together without talking. Couples or family members lie down comfortably in the dark in an exchange of reciprocal reassurance of being cared for through prolonged physical contact rather than through talking: hugging, holding, huddling, and cuddling each other without any erotic gestures or intentions (L'Abate & De Giacomo, 2003). This prescription finds its indirect empirical support in the crucial importance of close physical contact (Feldman, 2007), touch (Jones & Mize, 2007), and affection (Gulledge, Hill, Lister, & Sallion, 2007). This prescription is not indicated with severe sexual abuse or

incest.

Sharing of Hurts. This prescription involves partners or family members facing each other, holding hands, and keeping their eyes closed (L'Abate, 1994, 1997b, 2003, 2009c, in press-a). Participants are asked to concentrate on past hurts and verbally express them with their partner or family members. Often partners share these feelings nonverbally through crying. This prescription has been presented in a variety of published clinical reports, not cited here for reasons of space, but finds its indirect empirical support in the research of Feeney (2005), Fincham (2000), Fincham and Beach (2002), L'Abate (2009c, in press-a), and Vangelisti (2009), and Vangelisti and Beck (2007)

Conclusion

There is no question that the scope of this theory is ambitious if not grandiose. On the other hand, human relationships are too complex to be covered, condensed, and encompassed by few dimensions or models. All these descriptive models help us to understand redundantly coexisting or co-morbid relational competence disorders as different aspects and extremes of competence and incompetence in human relationships.

Either by themselves or in conjunction with medical, neurological, psychiatric, and psychological approaches, workbooks can perform synergistic, self-help, preventive, promotional, and psychotherapeutic functions that are either time-consuming and difficult

to perform in f2f tb treatments. Only future research will determine who will be helped by which approach. Fortunately, the field of mental health in the last generation has been expanded by some many different approaches

that will allow professionals to investigate which intervention is more adequate, effective, and specific to deal with particular referral questions, concerns, and symptoms.

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LOSES AT THE CORE OF THE SELF AND THE MERITS OF “PORTABLE FAMILIES”¹

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ABSTRACT. The treatment of a patient who was referred due to hallucinations reveals a world of “magic realism” that is far from infrequent in elderly people with a small and dwindling social network –especially if coming from cultures where the boundaries between the inner and the outer world are fuzzy. Respecting these traits allow for the development of treatment approaches that can evolve satisfactorily without disrupting the patient’s inscription in this dual world.

KEY WORDS: self boundaries, family, hallucinations, culture

Introduction

Our beloved talking cat, an agile acrobat and tender social being who would jump onto my desk whenever I was there and managed to create a space to lie down –pushing away whatever paper, pen or stapler was in his way and purr until falling asleep--, who would climb into the vane of the window outside my studio and look at me while calling imperiously until I would open the door, who would follow my wife and I to whatever room we would end up in, parking himself there sharing the space in good company, was hit by a car and died a month ago, while crossing the street during one of his petted, just being there for the sheer joy of incursions into the neighborhood. Weeks

after his death, reeling with the vacuum of his loss, I still quasi-hallucinate him: I have the sense every now and again that I see his shadow outside my studio window wanting to be allowed into the house after one of his escapades; or I experience him rushing by me in or out when I enter the house. Slowly and steadily, however, at his own pace and mine, he is erasing himself from the world of the present and into the bittersweet world of the memories of the loved ones.

What a fascinating process is that transition, that road frequented by so many of our objects of love no longer there, inaccessible as they are to our seeing, hearing, smelling, touching and being touched by them but lingering just the same for a while. Far from being a cognitive experience, it is a laborious process in which our senses trick us, probably to help us learn the painful experience of letting go.

Many friends who lost loved ones describe a

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similar process: “I sensed that she/he was there, that she/he never left, or had returned”, sometimes as a faint hallucination of their voice, or hearing their characteristic footsteps in the house, smelling a whiff of their preferred perfume, hearing the tingling of their door keys, “almost” seeing them.²

The passage of time may be also a kind and relentless healer for, as the traumatic loss recedes in time, so does the daily imposing presence of the absence. One day we discover that we haven’t been tortured by that feeling of distress throughout several hours, or that we laughed with abandonment at something funny—a discovery that may flood us with guilt, as if that moment of joy or of involvement in our daily living would have affronted or betrayed the object of our sorrow. But that betrayal repeats itself until we realize that we may be able to live a life with at least a modicum of happiness while carrying within us a permanent functional split of the self that may give us the authorization to re-engage into our capacity for joy and creativity³.

² The word that comes to my mind when trying to identify that feeling in its many nuances is the idiosyncratic and perhaps untranslatable Portuguese word *saudade*, derived from the Latin *solitatem*, loneliness, and defined as “a feeling of nostalgic remembrance of people or things, absent or forever lost, accompanied by the desire to see or possess them once more” (Correia da Cunha, 1982.)

³ Needless to say, major and prolonged trauma—years in a concentration camp, months of unending terror—may lead to major splits in our identity, creating selves who end up living in parallel, unable to fuse or even to have areas in common: one moment I am here, with you, a father, a husband, a socially constructive fellow, and at the next moment I am back there, in the concentration camp, witnessing myself stealing

The more skin-bound the construction of the self favored by our culture, the more it will force us to distinguish between whomever we long and wish to hear, see, touch and embrace again, and the vacuum of his or her absence; ultimately, between self and the other. The spartan dictum of a culture that informs us that we are in-dividuals, that the others are “out there” and not part of our self, instructs us also to let go of whatever we cannot retain... and continue with our life. This injunction will be counter-intuitive to, and clash with, the softer injunction emanating from cultures that define our self as enveloping others within its perimeter, that give us permission to rebel against our letting go of the departed by somehow keeping them with us.

The following clinical case will illustrate this alternative, culture-supported, approach to loss, and some consequences of its cross-cultural clash⁴.

Clinical presentation

A few years ago, at an outpatient psychiatric clinic for low income/low-paying insurance patients that I directed within a general hospital in California, I was asked to see a 70 year old bilingual Hispanic (a broad category encompassing people of Latin American origin living in the United States) woman, a well-known patient at the clinic. For the past two years she had been

without remorse bread from a dying inmate (cf. Langer, 1991)

⁴ While retaining her persona, traits of the patient’s description have been distorted in order to preserve her anonymity, in spite of her having authorized me to write about her.

seen by a colleague, who asked me to take over her treatment arguing that, due to my being bilingual and multicultural, I would be better able to connect with her and figure out ways to treat her without falling into the frequent confrontations that he himself experienced with that patient.

He informed me that this lady –whose improbable first name was *Samotracia*⁵--carried a diagnosis of “atypical chronic schizophrenia”, while her symptoms were quite impervious to the neuroleptic medication she had been taking already for the past several months.

I accepted the referral. At the appointed time, in came this rather voluminous Mexican-born woman, with marked Aztec facial features, her long white hair combed into a bun, a strong and coarse voice, dragging herself into my office with some huffing and puffing and greeting me respectfully while maintaining a rather symmetrical stance, shifting to Spanish as soon as I indicated my fluency in that language.

For me --and perhaps for both of us-- it was, so to speak, empathy at first sight. In fact, she reminded me of the rotund and tender aboriginal woman that is central in a mother-and-child engraving by *Clement*

Moreau titled “*Madonna Guaraní*” that I had at home since childhood⁶.

In order to reduce the chances of contamination –that is, to allow my own biases to develop rather than incorporating some colleague’s skews--, I had chosen not to read her rather thick clinical file prior to the consultation. So, after some introductory social graces, I started from scratch: “I haven’t read the previous notes on your chart. I will do it later, but, to begin from a fresh place, in what way, if any, can I be of help?”

Samotracia began by listing in detail the litany of her physical problems and symptoms, from a heart condition to her high blood pressure to a lingering fatigue (the latter probably a combined effect of heart insufficiency, heart medications, and the frequent extra-pyramidal effects of the neuroleptics she had been prescribed.) Her daily life followed a rather tight routine –the highlights being her daily walks in her neighborhood, some social life with neighbors, her frequent contact with her daughters, and her visits to her various health care practitioners. Her diet was balanced, she didn’t drink alcohol, and she

⁵ How come such an utterly Greek and rather unusual insular name was bestowed at birth on this Mexican-born woman was a mystery not only for me but also for her: she didn’t have any satisfactory explanation for why or how her parents, both semi-alphabet peasants, had chosen that name for her.

⁶ The *Guaraní* were the natives of Paraguay and northeast Argentina before the Spanish conquest, and are still a substantial part of that region’s population. To further reveal for the reader some added roots about my empathic connections with this woman through the association she triggered with that engraving, I should add that my nanny—the lady who care for me as a mother-extender since birth on-- was a sweet woman of *Guaraní* origin. A reproduction of the engraving I mention in the text can be found in *Moreau/Meffert* 1978, p.242.

took reasonably good care of her health –leaving aside her lack of interest in reducing her excessive weight. She was followed medically due to her heart insufficiency, which was reasonably well controlled with medication, and psychiatrically for what she called “nerves,” a rather blanket diagnostic category frequently used by Latinos to encompass a variety of pains and aches of the soul. She would smoke one cigarette after each meal, and was not ready to let that habit go, “one of the few pleasures I still can indulge in.”

After she exhausted her letany of symptoms and this sketchy description of her context, Samotracia’s story began to unfold, not as a coherent stream but as a series of anecdotes delivered in the course of many subsequent appointments –I saw her for half an hour once every two weeks during the first three months and then once a month during a total of a year, a total of 15 half hours.

She was born and raised in a very small, tight knit countryside village in Mexico. Her parents were poor farmers, severe –she described being belted frequently during childhood-- but reasonably caring. She portrayed herself as a rather wild adolescent, who married early and shortly afterwards entered illegally into the United States, following her young husband. Both worked as braceros, itinerant hired laborers in different harvests, wandering from job to job until they settled in an agricultural region of California, where they were able to legalize their status as a permanent resident. They

had four children, and she worked hard both to raise her offspring and to make ends meet, especially after she separated from her husband, a man whom she described as alcoholic and physically violent during his frequent weekend binges. She continued with a life of sacrifice, raising her kids while working steadily cleaning houses until, when her bones informed her that her workload was becoming too heavy and her heart began to decompensate clinically, she retired. With her carefully managed meager social security income, some minimal savings, and the occasional economic help from her two daughters, she had lived for the past eight years in a small but pleasant two room rented apartment, open to a forest and located in a safe neighborhood. She had had four offspring, two males and two females. Both sons had died years ago: one was killed in a gang-related shootout during late adolescence; the other, a homosexual musician, had died of AIDS at age 33. The two daughters were alive. The older one, an accountant with a mid-management job in a local firm, lived with her boyfriend in the same city as her mother. The younger one, a police officer, married, doing well in her career, lived with her family several hours drive from her mother. Both daughters maintained frequent phone contact with their mother. The one living nearby had dinner with Samotracia once a week, would exchange phone calls frequently and was available for emergencies, while carefully avoiding interfering with her mother’s

treasured autonomy. The only other family member with whom Samotracia had any contact was a sister, who lived in another region but with whom she maintained phone contact once a week. She had a meager informal social network, consisting of several acquaintances and neighbors, but no intimate friends.

I explored whether she had any religious practices, and she explained to me that she had been raised Catholic, did not attend religious services, but prayed occasionally on her own, as she believed in the afterlife in a rather undefined way. She would joke that some of her beliefs –such as “brujerías”-- were more in tune with creeds permeating her Mexican peasant origins than with any organized religion.⁷⁸

I couldn't agree more about that assertion, especially when Samotracia confided to me, after I gained some of her trust, that her two (dead) sons visited her rather frequently. In fact, beginning several years ago, she told me, her sons would appear three or four times a week, in the evening, after dinner, while she was reading or watching television. The first time one of them appeared, she confided, she was startled and terrified, but slowly she got used to these apparitions and, in fact, currently she enjoyed them immensely. The most frequent visitor was the musician, whom, she confessed almost in secret, had been her favorite. During those

visits they would converse and joke with her while reassuring her that they were all right. Sometimes they would engage in minor mischief just to make her laugh, occasionally “monkey around” and even be a bit annoying and distracting, especially while she wanted to watch undistracted some television program that caught her interest, so she would end up scolding them to stop bothering her. But overall they would be loving and respectful of her, “as they should”, and even tactful so as move to another room to allow her privacy if she wanted to disrobe in order to take a shower or to put on her nightgown. I explored whether she would see them or just hear them, and she answered “Doctor, most of the times I can see and hear them as clearly as I can see you.” They would only visit her during the evening and at home. She would not need to do anything in particular to evoke them in. They just would appear “on their own will”, generally after her dinner, sometimes catching her by surprise. She added that, while she would occasionally mention the visitations to her daughters, she habitually kept these events to herself, as her daughters would tease her about it.

I asked her whether, in her view, they were a product of her imagination, ghosts stemming from another dimension, or any other explanation. She said that she wasn't sure: they were probably produced by her imagination... but perhaps not and, she added quickly, she didn't want to dwell on that question because she feared that

⁷ Samotracia had been raised near El Real del Catorce, San Luis Potosí, a Mexican region impregnated with Toltec wisdom and shamanism.

excessive probing into it may disturb these visits, which she enjoyed and welcomed, even though they were occasionally tainted with the background sadness of knowing that her sons were, of course, dead. And, she added, she had so many struggles and so much suffering in her life that she felt that her current life, including her two loyal daughters and her access to her sons, was like a long-lasting reward... until she would join her boys in the afterlife.

I praised her repeatedly for such a creative way of keeping loved people near her, and didn't probe further on the issue of the materiality of her sons. I should add that, at the end of the first interview, I discontinued all neuroleptics—both the diagnosis and that type of treatment she came with were, in my view, erroneous⁹--, while maintaining, at her

request, a prescription of a low dosage of anxiolytics, which she would take only as needed—as she did, on a rather conservative regime that entailed no risk. As predicted, the discontinuation of the neuroleptics resulted in the reduction of her physical discomfort and her somnolence, without any negative consequence otherwise.

The follow-up therapeutic encounters—that were spaced to once-a-month after the first three bi-monthly consultations-- continued without major incidents during several months. She would attend punctually and in good mood. Our main themes were her relationship with each of her four children, ways of expanding her social network, the support of her health-oriented regime, and a revisitation of episodes of her life. The most challenging situation took place when, to her understandable distress, her landlord told her that she was selling the house and that she would have to vacate her dwelling within the following three-to-six months—as her rooms were an integral part of the house, rather than an independent apartment. Her older daughter accompanied her to this consultation (she had joined the consultations a couple of times before, and had a standing invitation to join us as needed), quite concerned about this disturbance in the otherwise calm routines and steady environment of her mother. and wishing to participate in the discussion about

⁹ A clinical disquisition. Once excluded fever, confusion, use of hallucinogenics, severe sensory impairment such as macular degeneration, and dementia, what Samotraccia experienced could be classified, in the world of Occidental medicine, as hypnagogic hallucinations, that is, hallucinations that not infrequently occur in people in the twilight process of falling asleep (Manford and Andermann, 1998; Ohayon et al., 1996.) However, unlike what is the frequent case with hypnagogic hallucinations, these experiences were pleasant, expected and enjoyed rather than frightening. This trait may place Samotraccia more in the category of LaBerge's "oneironauts", that is, people capable of self-inducing a state of lucid dreaming (LaBerge and Rheingold, 1997.) In turn, she did not meet diagnostic criteria for schizophrenia: beyond hallucinations, she did not display any other major requisite symptoms, either positive or negative,—and her hallucinations were strongly visual rather than predominantly auditory, as is the case of most hallucinations in schizophrenia; and she did not present social/occupational dysfunctions or a story of pervasive developmental disorder. In sum, she was

cognitively, emotionally and socially appropriate at all times, even in the discussion about her unusual encounters with her dead sons. Cf. also Geltman and Chang, 2004.

alternatives. The daughter offered Samotracia to rent a larger apartment with the daughter and her boyfriend so that she could live together. Samotracia, always careful not to become a burden and staking her own independent space, expressed her appreciation but stated her preference to explore some nearby Spanish-speaking retirement community that she had heard of through a friend. In fact, during the following month Samotracia and her daughter visited several places until they visited a semi-independent senior community that both Samotracia and her daughter found satisfactory and a viable option. However, during one of the sessions preceding her move, Samotracia confessed to me that one of her main worries was whether the new place was going to be conducive to her sons' visits – as she put it, “whether the boys would want to keep on coming to visit her there”. I suggested that it would be a good idea to discuss this issue with her sons during their next and perhaps last visit to her old place (I should highlight that for her it was clear that I assumed that her visitors were the product of her imagination, and there was always some level of complicity when the theme was touched.) In fact, the following evening, she told me later, they appeared and tried to calm her down, but she remained distressed about the issue.

For better or worse, and considering her lack of alternatives, she finally moved to her new dwelling. Fortunately, a few days after her move she received in her new apartment

the blessed visits of her sons, who teased her gently about characteristics of the new place as well as her lack of faith in them, until, following what was a relational routine, she told them to move away from the television set because she wanted to watch her favorite program. She felt at home again.

Discussions

Samotracia had been raised in an extended family and a small-town culture where the whole surrounding community was in turn a family extender. A good part of that network was severed when she migrated into the U.S. for economic reasons. She then moved from place to place for many years, which in turn made impossible to develop a stable social network (Sluzki, 1998). Hence, Samotracia was living a reasonably solitary life in spite of her social nature. The loss of her two sons reduced her meaningful family environment by 50%. Nonetheless, somehow she managed to retain a thick family connection, both with her daughters, loyally attached to her, and with her sons --a core bond in Latino families (Falicov, 1998, p.170-72)--, who visited her almost daily.

Half of her surrounding family was composed of, so to speak, apparitions. She knew that. However, while at one level she was aware that her visiting sons were of her own creation, at another she did not experience them as her puppets, but as a presence with autonomy, agency and initiative¹⁰.

¹⁰ That important part of her daily life seemed to emerge from a chapter written in the best style of magic realism, a scene worthy of “One Hundred Years of Solitude” (Garcia Marquez, 1991),

It should be highlighted that, far from being a characteristic to which Latinos can claim exclusivity, this dual inscription in the “out there” and “in here” world of perceptions and constructions seems to happen quite frequently among people stemming from a variety of non-European countries/cultures, especially those with a sedentary tradition and a low level of literacy, currently defined as “developing” rather than “developed” nations.¹¹ This dual process can be aptly explored through the lens of Bakhtyn’s (1981) “dialogic theory,” a worldview where the world is not logically divided into reciprocally exclusive categories, but exist simultaneously in a centrifugal-centripetal (change-sameness, loss-retention) dynamics. This lens is particularly apt to analyze ways in which people out of their original socio-cultural environment negotiate their insertion in the new land, and go through life’s gains and losses meshing apparently incompatible worlds and principles in their daily life (DeSantis, 2001.)

From that perspective, it merits asking, where is the location of the boundary of Samotracia’s (experience of) self? Given that it is a construct essentially born within an intra-personal epistemology, good part of the early literature on the self emerged in the psychoanalytic tradition. Taking as point of departure Kohut’s (1977) description of the self as the cohesive experience of being that regulates the entire

wherein reality and fiction intertwine as part of the real life of the characters in the story

¹¹ Cf. al-Issa’s (1993) lucid discussion on the cross-cultural basis of the development and threshold of hallucinations, as well as the clinical situation described in Sluzki 2004.

person, five clinically significant variables have been described in terms of this experience (Person, Cooper and Gabbard, 2005): I. Sense of boundaries between self and others; II. Self-esteem or self-worth; III. Sense of wholeness and continuity; IV. Genuineness (degree of meshing between the private and the public); and V. Sense of agency. To this could be added what Alan Roland (cited in Falicov, 1998, p.163), named as the “familial self,” a construct that includes close relations as part of who one is.

It would be interesting to analyze Samotracia from this perspective. The value of her sons’ presence in her life is clear: they allow her to retain a sense of wholeness and continuity –and provide her with the peace that that sense brings with it. While she maintains a certain level of awareness that these visitors are the product of her imagination –and therefore they “belong” to her, are part of her self–, she retains a sense of the skin-bound boundaries of her self through her interaction with her visitors as external beings. In fact, Samotracia’s trepidation to move to a new dwelling derived in part from that experience of the autonomy to her apparitions (it is “up to them” to make themselves present), a fear that was congruent with her need not to make too obvious (to herself? to others?) that she controlled their materialization. And her relief at their “visit” after her move provided her with the necessary de-coupling between the apparitions and her skin-bound self that would allow her to perceive them as *bona fide* visitors... while

knowing at the same time that she was the agent, that is, that they were her visitors.

Gergen (1991, especially chapter 7), postulates that, in contemporary, postmodern society, our self constructs and reconstructs itself in its interaction with the myriads of relations in which we are embedded (he called that self a “strategic manipulator of the environment.”) But perhaps this process is not necessarily only a result of the “saturation of our contemporary life” but a universal trait in the construction and retention of our identity, that becomes more challenging when we become immersed in a society where the retention of a stable, reliable, close social milieu becomes difficult, if not impossible. Further, different cultures prepare us differently to deal with those circumstances, either through retrenching the boundaries of the self... or through conjuring and molding the social environment as needed.

The therapeutic endeavor with Samotracia became for me a careful mixture of (a) admiring her creation of a “portable family” that completed her family cocoon and allowed her to receive the modicum of love, connection and devotion she needed to remain nourished in an otherwise socially impoverished world; (b) treating her respectfully, through not legitimizing the physicality of her visitors –she would have felt infantilized by that-- nor disqualifying it –she would have felt alienated from me; (c) involving her four offspring in discussions about family issues, including very pragmatic discussions on how to avoid alienating Samotracia’s older daughter while

not yielding to the daughter’s tendency to overprotect her, as well as how to regulate the “visits of her sons” so as to retain periods of solitude and privacy that Samotracia enjoyed. I would occasionally treat those scenarios as “real” with comments along the lines of “These boys seem overindulged by you. If they would be my kinds, when they do some mischief or bother me I would scold them and send them to sit in the corner until they apologize. Otherwise your spoiling them will end up playing against your autonomy!” while being aware that she did not believe that I believed that those embodiments were other than the product of her fantasy. However, in other occasions I would treat her visions as such, asking her, for instance, “Do they appear as having the age they had when you last saw them in life, or do they appear as growing older as times passes?”; (d) revisiting her life and re-historing it in a way that would reconcile her with difficult periods of her past, including suggesting “conversations” with her sons about periods of their life in which she thought she had been a less-than-perfect mother; and (e) facilitating and stimulating the development of new social connections beyond her meager current one –in which the health and mental health services played an important role, with the inconvenience that it may require the presence of symptoms to access it. In fact, her new dwelling ended up becoming an interesting new resource for her, as it was mainly populated by Latino women, including a couple of acquaintances with whom she progressively developed a closer friendship.

As therapy evolved, I also became without a doubt an important member of her personal social network. Visiting me as she did twice and then once a month was one of the highlights of her social life, and understanding each other within the frame of her history made the conversation easy and, well, familiar. The happy coincidence of her moving to a new dwelling in which sociality was facilitated made my own having to leave that city soon after that –transferring her care to another Spanish-speaking therapist who agreed to follow the same general line in therapy, and discontinuing the treatment-- more tolerable.

Having moved geographically many miles from the region where Samotracia lives, I hope that I am somehow visiting her occasionally, and that those visit evoke in her some tender feelings, as she has done in me through visiting me in this article.

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Brief Therapy Practice in Japan from 1998 to 2008 -Trends and Future Prospect-

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ABSTRACT. In this study, we reviewed 49 articles (66 cases) of Brief Therapy practice published in Japan from 1998 to 2008.

Main focus of this study was to examine the trend of Brief Therapy practice in Japan with the cases classified according to the amount of total sessions, clients' symptoms and major complaints. We also investigated the application of Brief Therapy technique to consult with other professionals, and to single session therapy and eclectic psychotherapy. Moreover, we reviewed Brief Therapy technique applied by other professionals. Finally, we discussed future prospects.

KEY WORDS: brief therapy, case study, review

Introduction

In recent years, Brief Therapy has been widely used in psychotherapy setting. However, researchers have not examined Brief Therapy practices in Japan. Therefore, we reviewed Brief Therapy cases, which have been published in Japan from 1998 to 2008. The total amount of publications are 49 articles (66 cases)¹⁾. Main focus of this study was to examine trend of Brief Therapy practice in Japan with the cases classified according to the total amount of sessions, clients' symptom and major complaints. We also investigated the application of Brief Therapy technique to consult with other professionals, and single

session and eclectic psychotherapy. Moreover, we reviewed Brief Therapy technique applied by other professionals.

A trend of Brief Therapy

The total amount of published papers

We presented the total amount of published paper from 1998 to 2008 at Figure.1. Comparatively, many case studies had been published from 1999 to 2003. However, the amount of publication has been decreased after 2003.

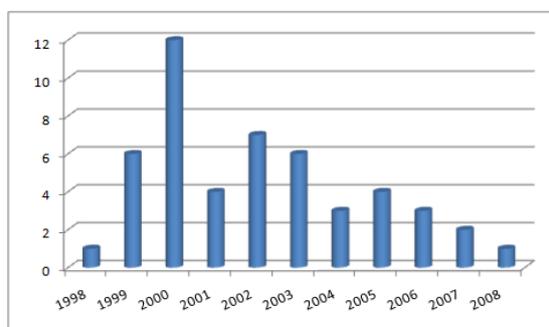


Figure 1. *The amount of published paper from 1998 to 2008*

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Total sessions

Next, we sorted out the publications by the total amount of sessions at Figure 2. Most cases were finished less than 10 sessions. Moreover, certain amount of cases was finished with single session.

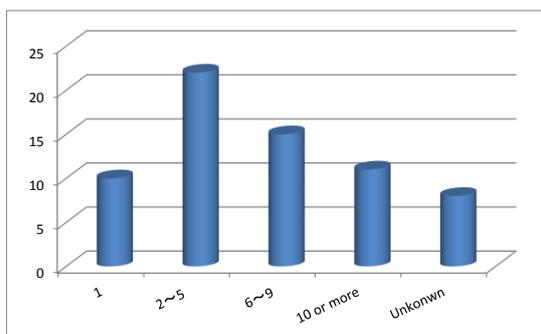


Figure 2. Total amount of sessions

Major Complaints

Figure 3 showed the publications by major complaints. In the following analysis, we specifically examined the session process and the intervention by major symptom and complaint. We limited to examine the major complaints that had been introduced more than 4 cases. In addition, we examined the cases that were treated with Brief Therapy technique.

Neuroses and psychogenic symptoms

As interventions towards neuroses and the

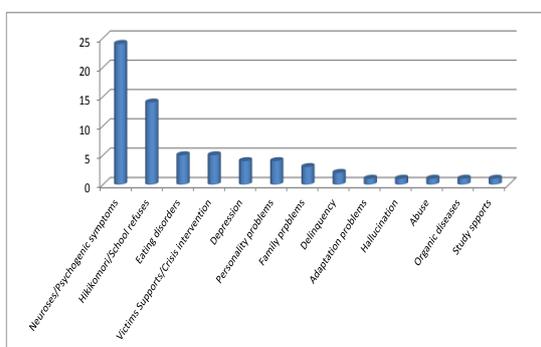


Figure 3. The complaints

psychogenic symptoms, effectiveness of the paradox technique has been reported (Aoki *et al*, 2000; Wakashima, 1998; Wakashima *et al*, 1999; Wakashima *et al*, 2000).

For example, Wakashima (1998) reported the case of alopecia. Client (CL) worried about ruminative thought.

Wakashima (1998) presented to CL a paradoxical intervention that "to try to think thoroughly". In the case of olfactory reference syndrome (Wakashima *et al*, 2000), CL were asked to observe the time when others noticed that he had bad breath.

Aoki *et al*. (2000) reported the case of washing compulsion. The intervention for CL was to continue to wash his hand.

Hirose (2000) reported a therapy with mother and child. Child had a special phobia. In the sessions, Hirose (2000) presented a framework that the symptom of the child was existed for "the unity of the family". Hirose (2000)'s intervention aimed to associate the problem of the child with family relations.

In addition, Brief Therapy was applied with muscle relaxation method and "Dohsa-hou"²⁾ for a psychogenic physical symptoms (Makino, 2006; Miyata, 2003; Nakanishi, 2004; Takahashi, 2000).

Makino (2006) reported the case that CL was obsessively worried about urination. Makino (2006) utilized an "externalizing" technique by naming CL's symptom of the pollakiuria. This intervention was practiced in line with physical intervention, muscle relaxation.

Nakanishi (2004) has reported the case that CL was extremely tense. Nakanishi(2004)

conducted Solution Focused Therapy toward CL after making CL physically relaxed by having muscle relaxation method.

School refusal and Withdrawal

Ito *et al.* (1999) proposed for parents to work together on child's school refusal. This intervention led to parental coalition that was the major factor for solving the problem. In the case of Wakashima *et al* (2000), school refusal of daughter was improved by reframing treatment. They introduced the framework of "shyness" toward a gruff attitude of father, and of "loneliness" toward a rigid attitude of mother. The aim of this treatment was to reconstruct marital relationship.

Wakashima & Yoshida (2006) reported the effectiveness of "do different approach" for school refusal and domestic violence. They aimed to change the vicious circle that parents tried to teach IP not to behave violently. The intervention for parents was to express their pleasure to child when IP was in good mood. After the intervention, both school refusal and domestic violence had been improved.

Eating disorders

Saito *et al.* (2005) introduced the case of a daughter with eating disorder (IP). He had sessions only with IP's mother. He presented three interventions for the family; 1) not to talk about meal and ,instead of that, talk about father's mistakes, 2) to give IP the birthday present from father, 3) to convey IP a message from mother that father felt lonely because he did not have contact with IP.

Kondo (2004) has reported the case that a female student worrying about her insufficient food intake. Kondo (2004) asked her to observe the time when she could eat food exceptionally. In addition, Kondo (2004) asked her to record own feeling after a meal and the time when she could eat food which she could have not eaten before.

Victim support and Crisis intervention

Murakami (2001) reported the therapy toward a victim of sexual harassment. He proposed two interventions; 1) to continue what she had been doing because her answer to scaling questions that the situation improved from negative 100 to 0, 2) to observe the time when she did not suffer from fear of assailant and how she behaved at that time.

Massaki *et al* (2008) conducted a therapy toward a victim of arson by older brother. Therapists aimed to return CL to a normal life. CL criticized his father because father did not attempt to talk about his brother. Therapists presented the framework that father did not want CL to worry any more. Hence, father had never talked about his brother.

Massaki *et al* (2008) also reported the case toward a victim of robbery. He shed a light on CL's existed exceptions and asked CL to set realistic goals. In addition, he worked on physical relaxation by hypnosis.

Kondo (2004) conducted a therapy to CL with hypnosis. In the sessions, Kondo (2004) complimented the part that CL had already worked out well.

*Characteristic utilization of Brief Therapy**Brief Therapy for consultation*

Brief Therapy was utilized as consultation in school settings (Tsugawa, 2003; Yoshida & Wakashima, 2005).

Yoshida & Wakashima (2005) reported the consultation with mother of a boy with psychogenic fever and school nurse of his school. The intervention for mother was not to talk with her child about his physical condition or fever but talk about television. On the other hand, Yoshida & Wakashima (2005) asked the school nurse to play "janken", rock-paper-scissors, with the boy before passing a thermometer to him. Boy's symptom had been improved after the interventions.

Single session Brief Therapy

There have been Brief Therapy cases finished with single session (Omae, 2000, Ichikawa, 2000 Uda, 1999).

Omae (2000) reported Brief Therapy cases finished with single-session. One of Omae's (2000) CL was a mother of male truant, who complained about the classroom teacher of her son. The other CL was female junior high school student, who had trouble with friends and with attending class because of abdominal pains. One treatment was to evaluate the way in which CL had coped with the problem. Omae (2000) also worked to normalize the CL's problem and to encourage CL to be optimistic for future.

Utilization by other professionals

There have been cases that other professionals

utilized Brief Therapy techniques. (Arikado, 1999; Ichikawa & Miyazaki, 1999; Kaku, 2002; Satake, 2000).

Arikado (1999), a high school teacher, reported the case of a school refusal student. He made home visits to intervene the problem. He conveyed positive messages toward the student. He also worked on the interaction between parents of the students. As the result of the interventions, the amount of school absence had been decreased.

Ichikawa and Miyazaki (2002) reported the case of junior high school students. The interventions were aimed to elicit existing resources. The treatments were practiced with study support in educational counseling setting.

Sasatake (2000), a family court probation officer, reported the case of male juvenile delinquent, who conducted violence towards teachers. He applied the scaling question toward the boy to change his image of teachers.

In addition, Kaku *et al* (2002), psychiatrists in general hospital, introduced the framework that the symptoms of a patient as "a physical disease". As the result of intervention, patient had become to see own symptoms as manageable.

Furthermore, Oshita (2003), a social worker, focused on patient's existing exceptional behaviors. The aim of the intervention was to change from negative self-concept of the patient to more positive and to stop problem-solving behaviors of the patient.

Utilization in eclectic psychotherapy

Ando (2003) reported the effectiveness of SFA

(Solution Focused approach) with Rational-emotive behavior therapy to work on an irrational belief of CL.

Kim (2005) showed the effectiveness of the SFA techniques for a battered child with emotional disturbance. In the beginning of the sessions, he conducted play therapy. Subsequently, he utilized play in the therapy as a treatment based on SFA.

Baba *et al.* (2002) applied SFA techniques to conduct psycho-education for patients of eating disorders and their family in group work setting.

Nakanishi (2004) conducted a SFA based therapy toward the student who had an irrational belief that "my friend should always be happy". As the result of the treatment, the student had noticed the idea as irrational.

Nakajima (2002) reported the cases attempted to integrate SFA with Transactional Analysis and Redecision Therapy.

Proposing new theoretical frameworks and psychological support system

As a new framework for Brief Therapy practice, there has been proposed Double Description Model (DDM) that integrates the BFTC model and the MRI model (Wakashima *et al.*, 2000).

Wakashima *et al.* (2000) reported the case that was treated in this framework. The client suffered from panic attacks. During the sessions, Wakashima *et al.* (2000) had trouble to find exceptions for CL's problem. Therefore, Wakashima *et al.* (2000) turned to paradoxical approach, the MRI framework. The

intervention was to ask CL to work differently on the problem.

In addition, Hanada *et al.* (2001) reported the case with CL who had incestuous affairs with father. Hanada *et al.* (2001) applied the problem- interaction model for this case. Problem-interaction model has been proposed based on the findings from basic research. In this case, a problem for CL was not to have a conversation with father about incest. Hanada *et al.* (2001) utilized a tool of writing a letter to talk about the incest with father. Writing a letter required less interaction than having a conversation in face-to-face situation.

Wakashima *et al.* (2000) has proposed Speed of Information Recurrence model, a new framework in system theory. The model involves time concept on the systems theory.

Moreover, Brief Therapy based home visit approach has been reported for truant students (Yoshida *et al.*, 2003).

Yoshida *et al.* (2003) reported the practice of the Mental Communication Research (MCR) project, which worked on truant students and the family. Yoshida *et al.* (2003) maintained that it is effective to support truant students with Solution Teacher, home teacher for truant students. Solution Teacher works on study support of truant students and enhances self-affirmation of the truant student by complimenting them. In the practice of the MCR project, there are also approaches towards parents of truant students. MCR Consultants conducted therapy for parents. The aim of conducting therapy with the parents is to enhance parents' self-affirmation and to

improve marital relationship.

Discussions

In this study, we reviewed 49 articles (66 cases) of Brief Therapy practice published in Japan from 1998 to 2008. Given that findings from examination, we can indicate suggestions for Brief Therapy practices.

First, we can suggest the effectiveness of paradoxical intervention for neurotic symptoms, especially obsession and anticipatory anxiety. Anticipatory anxiety generates more problem-solving behaviors. Therefore, the paradox technique was effective to solve the problem because the treatment provides CL the sense of control toward the symptom.

As for the case of school refusal, the examination of this study indicates the effectiveness of work with the other family members rather than truant student directly. It is especially effective to have sessions only with the other family members when IP is not motivated to visit therapy sessions.

In addition, it might be a key factor to strengthen the marital relationship for improving school refusal. Application of the framework of MRI (Mental Research Institute) model is also recommended in the case of that IP is difficult to participate in the therapy.

As for intervention to psychosomatic symptoms, the physical approach such as muscle relaxation works on effectively. Therapist has better to work on physical symptoms in Brief Therapy framework rather than the problem that is difficult to control and change.

SFA have an effect for crisis intervention including the victim support. SFA has been widely utilized in an individual therapy setting where the focus of the sessions is CL's own problem. We can imply that it is effective to empower CL by focusing on the existing exceptions.

Next, the Brief Therapy framework had been widely utilized as consultation technique in school settings. It is necessary for therapists working in school to give concrete advises to teachers. Consultations based on the Brief Therapy framework are useful to provide coping method to problem because Brief Therapy practice allows teachers to find concrete goals.

The utilization of SFA is reported for most of the single-session therapy cases, and the cases applied Brief Therapy Technique by the other professionals. Especially, searching existing exceptions had been commonly applied the cases finished with single-session.

We can argue that SFA might also be a productive approach in the settings of telephone counseling and child guidance centers. Because most therapy is finished with single session in those settings.

SFA is mainly utilized when applying Brief Therapy with other therapy framework. Since, it is easier to focus on and utilize the existing changes rather than other treatment strategies. Therefore, SFA can be fit with other therapy framework.

Moreover, studies of Yoshida *et al.* (2003) suggest visit help to the truancy was efficient. Recently, truant students have not always been

required to return to school because it has been common for truant students to go to adaptation class, free school, and correspondence course school. Because of the social structure change, school refusal and social withdrawal might have been more prolonged than before. It should not be limited to have sessions in counseling room to support CL but, as home visit, we should be more flexible to work on the problem in Brief Therapy framework.

In addition, Hanada *et al.* (2001) showed the possibility to apply basic research findings to clinical practice. Basic research can provide the validity and its reliability of the interventions for clinical practices and would promote to make revisions of existing framework and generate new therapy framework.

There have still been limited numbers of Brief Therapy cases published in Japan. Therefore, future studies should examine Brief Therapy practice in the other countries to find more amounts of effective interventions.

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- 1) We hand-searched case study from recent issues of key journals (Journal of Japanese Clinical Psychology, Japanese Journal of Counseling Science, Japanese Journal of Clinical Psychology, Psychosomatic Medicine, Japanese Journal of Family Therapy, Journal of Family Psychology, Japanese Journal of Brief Psychotherapy, The Japanese Journal of School Counseling, Japanese Association of Industrial Counseling Journal, Japanese Journal of Pediatric Medicine).
- 2) Dousa-hou is a psychological rehabilitation process to promote education, health, and psychological care of the children with disabilities.

Brief Therapy for Parents of a College Student Not Attending School: Interactive Perspectives of Narrative and Structure

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ABSTRACT. The present case study reports the process of consultation to parents of a student who were not attending college. In addition, it examines the significance of sessions that address the possibility for the treatment system to create a vicious cycle in working on school non-attendance by dealing with parents' narrative and the relational structure for coping which are in interactive relationship. The present case demonstrated the importance of supporting parental problem solving behavior by assessing the communication problem.

KEY WORDS: narrative and structure, brief therapy, not attending school, college students

Problem

A number of college students, in addition to elementary and junior high school students, are not attending schools or attending only poorly. Developmentally, this is a period when one deals with such themes as establishment of self-identity and career choice (Seki & Sakata, 1983), it is conceivable that values concerning college are part of the background of non-attending students. On the other hand, secondary communication problems that non-attendance poses to the student and his or her family can remain similar even when the student is in college.

consultation to parents of a student who were not attending college. In addition, it examines the significance of sessions that address the possibility for the treatment system to create a vicious cycle in working on school non-attendance by dealing with parents' narrative and the relational structure for coping which are in interactive relationship.

Case Summery

(Adapted without departing from the essence)

Clients: father ("Fa") and mother ("Mo").

Chief Complaint: non-attendance of the son who is a college student ("IP").

Referral: Parents were referred by a university counselor to counseling agency of the writers.

Counseling Structure: Approximately once a month, 50 minutes each. Two consultants ("Co") conducted the sessions.

Family Structure

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Fa: business employee; Mo: business employee; older sister: business employee; IP: college student; younger sister: high school student.

Process at College Leading to Referral

After starting college, guidance was provided by a faculty member due to repeated poor attendance in the first year. Guidance was provided in the second year due to difficulty in attaining the junior status based on the credits earned by the first term. Despite friends' encouragement, attendance was not sustained. Junior status was barely granted for consideration of those around him, but since the university could no longer reach IP, it contacted his parents in June. IP did not express the reason for poor attendance, leaving the university unable to provide intervention. To the university counselor, IP talked about communication problems in the family, stating that his parents were never home, they did not eat meals together or prepare meals for him, he had little conversation with them, and that he wanted to leave home as soon as possible.

Counseling Progress

(< > signifies a statement by Co)

#1 July, Year X

It was reported that IP had entered his university with reluctance, and the past non-attendance was discussed. Recently, he had a life in nocturnal lifestyle, spending much time in playing games.

<What have you tried so far to deal with it?>

Mo reported communication difficulty between the parents and IP, for example, an instance in

which he declined her invitation to go for a ride to chat on the way. Fa reported that while he had questioned in strong language what IP had intended to do, he had also given him a letter in a soft tone that life was not only about school, but that IP should not cause the members of his seminar trouble.

#2 September, Year X

It had turned out that IP was not attending classes although he would answer, "I'll go," and "OK, OK," to Fa when he was asked what he was going to do with college. Fa reported that IP did not have a sense of emergency. Even when the parents asked him out, IP would not come.

It appeared to Co that there was a vicious cycle in communication that could be described as "IP's problem becomes serious → parents approach him → IP avoids." Hence, Co commended the parents for the ideas that they had tried to talk to him and gave the Surprise Assignment (Hasegawa & Wakashima, 2002) intended to Do Different (Hasegawa, 1987) by asking that <Fa and Mo do something to surprise IP. It does not matter what.>

#3-4 October, Year X

Conversation based on the Go Slow Paradox (Hasegawa & Wakashima, 2002) was exchanged, including Co saying, <I don't think that there have been any notable change to IP in this short period, but is there anything that has changed since the last session?> In regard to the Surprise Assignment, it was reported that the parents had made a surprise visit at IP's part-time work. Co commended them for that and suggested them to continue to

work on the Surprise Assignment whenever possible.

#5 November, Year X

Continuation of the part-time work and continued conversations between the parents and IP during the rides to and from the work were reported. Fa said about his attitudes with optimism, "I can refrain from telling him what to do. I am now able to watch IP calmly. The important thing is to mentally support and watch. We are growing together with our son."

Co stated a prediction, <As is often the case with adolescents, it might be difficult to maintain a good condition through events such as receiving not so great grades on tests and failing to pass onto the next grade year. How would you deal with these?> Co suggested to <prepare hypothetical conversational tools in case of termination of the part time job.>

#6-8 December-March, Year X+1

It was reported that IP had told the parents that he had found what he wanted to do after graduating from college. Also reported were that IP had increased his hours at the part time work and that conversations between the parents and IP were going smoothly.

Fa planned and carried out a trip abroad with IP, performing the Surprise Assignment. Fa reported that he had learned during the trip that IP could be considerate toward others and renewed his view of IP. Co praised Fa for performing the assignment.

#9 April, Year X+1

It had turned out that obtaining the qualification that was needed to perform what IP wanted to do was not very realistic

considering the balance with the required credits in college. Consequently, according to the parents, IP was again not going to the university. He had been staying up late and not waking up in the morning.

Fa's narrative, such as "You are not motivated," and "This has to stop," suggested a structure in which the current state was conceptualized and attempted to resolve solely based on IP's motivation. Thus, the need was discussed for the parents to communicate without implying to IP that he ought to generate motivation on his own. Co suggested, <Perhaps he is not able to go to sleep until early morning because of some physical conditions rather than a mere lack of motivation.> To address one of such conditions, Co provided psycho-education about the message function of a parental proposal to IP to utilize sleep medicine.

#10-11 May-June, Year X+1

Parents reported handing over-the-counter sleep medicine to IP. IP did not use it, but acknowledged that he had been playing games when he could not go to sleep.

He was going to his part-time work but not to college, and it appeared that the parents were in stalemate. Because Co could only imagine what IP had in mind from parents' reports, Co wrote a letter to IP that it would not move forward without his cooperation and invited him to come to a session with his parents.

#12 July, Year X+1

**With IP attending*

The first half of the session was conducted with IP only. IP directly stated his sentiments, such as that he did not have anything he wanted

to do although he wished he had, he did not enjoy college and he enjoyed his work more, he did not want to take a leave of absence from college, he could study if needed but did not feel like he could work hard, and that he wanted to withdraw from college and work more for the time being. He also stated that that was difficult to tell his parents.

IP's thoughts and feelings were shared with the parents in the parents-child joint session. In the parents-only session, Fa stated that IP had gained self-confidence from his part-time job and that it was ok to be not sure. Mo stated that she actually wanted him to go, but if he would not go, she would accept that.

#13 September, Year X+1

**Only parents attending*

It was reported that IP was not attending college, but he had added another part-time job, and had been talking about colleagues at work. Termination of the counseling was discussed after that session.

<There will be various problems with IP in the future. How would you feel about dealing with them based on the previous experience?>

The parents answered that it would be great if

they could join him at his pace and that they would provide suggestions and assistance, but basically he would be on his own. Fa had become able to state that the communication had been gradually improving, the trip abroad had helped, and that they would be able to deal with problems to some extent. It was confirmed that counseling could be resumed as needed, and the case was terminated.

Discussions

Structure of Problem Solving in the Family and Narrative

In the present case, the following structural change and related narrative development were observed (Table 1). In this case, the structure of parents-child relationship regarding problem-solving and parental narrative seemed to affect each other as above. Parental narrative about IP fluctuated between affirmation and negation, and suggested an interrelationship with the structure. Therefore, Co provided intervention at the structure, while paying attention to the narrative. It appeared necessary to facilitate sessions based on the background structure as well as the parental narrative

Table.1 Structural Change and Narrative Development

[Parents intervene at the last moment→IP gives a stopgap response]
 [I am now able to watch IP calmly]or[What am I going to do if he couldn't graduate in four years?]
 ↓
 [Become able to maintain contact consistently]
 ↓
 [Contact with Fa becomes strong]
 ↓
 [Communication stalemate concerning college]
 ↓
 [Speculate IP's inner side and give meaning to his motivation]
 [Not motivated]
 ↓
 [Apply previous problem solving]

Note. [] represents structure

[] represents narrative

concerning non-attendance at school.

Parent-Child Systems Perspective in Addressing School Non-Attendance

Because in dealing with the problem of school non-attendance, treatment system that presumes changes in IP sometimes creates a vicious cycle, the Go Slow Paradox was introduced between sessions. By sharing the assumption that changes to school attendance rarely occur, other kinds of changes, including those in parent-child relationship, were discussed in the sessions. In addition, relapse of the problem was expected, and what could be done prior to relapse was discussed.

The present case demonstrated the importance of supporting parental problem solving behavior by assessing the communication problem, including the counseling system, that is affected by IP's school non-attendance.

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Use of Solution Focused Approach in Support for Re-employment

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ABSTRACT. In this study, I discuss the effectiveness of solution focused approach in support for re-employment through the case. The client in this case hoped for re-employment while feeling the social anxiety and lost confidence from the unemployment experience of happening one after another. In this case, therapist expanded the solved image the client told. That was empowerment leading to re-employment. The client has begun to imagine actuality different from now through a miracle question. This talk was expanded by the method with the effective humor. That promoted the client talking solved images. That was "Hope and possibility" in the job-hunting for the client. That supported client's re-employment. It is suggested that it is effective to use solution focused approach in support for re-employment.

KEY WORDS : solution focused approach, support for re-employment, solution building r. miracle question, utilization

Problem and purpose

It said that it's difficult that we achieve ego identity by diversification of a sense of values and a cause of depression, internationalization and becoming highly information-oriented. And it's difficult to be aware of the work to wish, and it's also difficult to be engaged in the work to wish.

In a working environment of such modern society, we have to choose a turn and a new route according to the situation.

The psychological support in re-employment is charged with the important role in such modern society. In the solution focused approach, there is a principle "Strong

orientation to present and the future"(Berg & Miller, 1992).

There is "Miracle question" in one of the questions that turn eyes of the client from "Past and problem" in the direction of "Future and solution", and it is assumed that it is the most important question in solution focused approach (Berg & Miller, 1992). Because the client turns feelings in the future, the client can be transformed from the image of painful life to the image of good life. It becomes "Empowerment". It is most important present "Vision of hope and the possibility" from the therapist to the client (Berg & Miller, 1992).

Then, the purpose of this study was to have examined the effectiveness of solution focused approach that supported re-employment through the case.

Outline of this case

The client of this case was 27-year-old woman.

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After graduating from a college of gardening, she got a job in a plant shop. She worked there for 3 years. However, she retired independently because the working condition had deteriorated by the store amalgamation. Afterwards, she got a job in the clerical work for social stability. However, she was made to retire by financial difficulties of the company (work years about one year). Next, she got a job in the clerical work of another company. However, the company went bankrupt by the scandal of the company, and she became the unemployed (work years about one year).

Afterwards, she got a job in the clerical work. However, she was made to be going to retire in three months (probation). She appealed for the waning confidence to a full-time employment in the current experience though she understood the importance of getting to a full-time employment. And she wished the part-time employment and the part-time job.

She felt the conflict, the remorse, and the self-loathing.

Passage of this counseling

<#1 200X.7.>

She felt that the interpersonal relationship in the office was difficult because confidence had been lost by the resignation that happened one after another. She felt the damage feeling that surrounding people thought her to be hateful.

The therapist accepted her and did the miracle question. Then, she said " I will be holding out to something. I will become all-out the improvement of me like work, study, and beauty, etc. I will be such a person who is

positively alive. I'm not doing anything to improve myself. "

The therapist said. "You notice, " I'm not doing anything to improve myself ". You try to improve yourself. Therefore, you came here for the counseling. You are not "Person who is not doing anything to improve" already.

The therapist did such a reframing, and ended the counseling first time.

<#2 200X.7.>

Two weeks later from last time

She reported the job hunting to find employment in the clerical work. Therapist accepted and asked her "How did you work for a long time at a plant shop? (Than other workplaces)" "By what kind of motive did you quit the plant job and take a clerical job?". She said "I felt worth doing and the pleasure in plant work. But when I consulted a friend, the friend said "Plant work is unstable, the work of a clerical job is stable".

And therapist expanded an image in a last miracle question according to her work. Then she said "I'd work with commitment and pride" "I'd look for work besides the clerical job happily" "I don't have to be able to earn much money" "I think it was such feeling relatively when working at a plant store". Therapist gave the task which "inflates the image which became happy" for her (She named this task" delusion talk" while including the positive meaning). Therapist also gave more task "observing myself carrying on job hunting of a clerical job" for her.

<#3 200X.7.>

Two weeks later from last time

She reported "I applied for work of traditional arts and crafts and work of forestry, it was declined because of lack of experience and allergy". She said "I noticed from a last task. The clerical job is stable, but technical technology of a clerical job is also requested. A clerical job isn't the work fit for me finding only the stability. The work I desire needs an effort. And it's serious until that becomes stable. But I'd like to be the latter. I'd like to do the work to feel a heart". Therapist gave task for her "Inflating more delusions and making the delusion reflected actually" (do more).

<#4 200X.8.>

One week later from last time

She said that I noticed through a last problem "I'd do the work appreciated from people" "I'd do the work to give peace of mind to customer's heart" "I'd do the work with which not the work to purchase money, but money comes" "I'd do work on a plant relation" "I'd like to be beautifully (I improve myself, and would like to do the life-style which isn't disrespected.)".

Therapist accepted and said her "Next time, let's do" delusion talk" about your behavior in detail for you to take a step forward more than now".

<#5 200X.8.>

One week later from last time

She said that I hesitated about whether I applied to front business of the long-established store Japanese-style hotel in the hot spring

town.

Therapist noticed that there are training in 3 months and a guidance period to do this work. Therapist recommended her to enter for the work. The aim of therapist was that she has guidance of the interpersonal relationship she doesn't like from a professional of service for 3 months. Therapist advised her to have the job interview which relaxed.

<#6 200X.8.>

Two weeks later from last time

She said "Though it was a job interview, The interviewer explained work one-sidedly". The interviewer would explain business to her subject to the adoption. But she told the interviewer negatively. Continuously, she said negatively "in a front, only man" "An entrance lobby is dirty" "A luxurious flower was displayed, but, it withered up". Therapist changed her remarks using re-framing "When being dangerous, a man protects" "There are no complicated human relations peculiar to lady" "That's worth doing for you who like a plant" "It may be the viewpoint which doesn't notice a man" And therapist praised her "You were observing variously, and it's wonderful".

After that, therapist asked her about good points of the Japanese-style hotel. Then she responded, "A personnel system is clear." "Nature in a base-court is beautiful."

<#7 200X.9.>

Two weeks later from last time

She reported that the pass notification arrived. Therapist praised her who has made an effort so

far. Therapist said to her, "If you won't get to the full-time employment, you should think it was study of an interpersonal relationship. And let's exert ourselves together." And counseling was a finish just in case.

<Developmental report 200X.11.>

Two months later from last sessions

She has come to the counseling room to greet 2 months later. She seemed happy and reported it "I think that I'm turning to service work. Thank you very much for making them notice" "I got 3 thank you letters from a customer over 1 month" "Because I like forestry, the heavy baggage progress and bug extermination are easy for me. Therefore I receive high evaluation" "I'm working happily every day because I also concern management in a garden and a flower arrangement at the front".

2 months later, she has come to the counseling room in a greeting again. Her hairstyle, clothes and make-up changed very much (A dark and serious impression changed completely). And she reported that she got the full-time employment.

Discussions

In this case, therapist expanded the solved image the client told. And the power to the client's change was supported by embodying that the client told. That was the empowerment which leads to re-employment. The client has begun to imagine actuality different from now through a miracle question. This talk was expanded by the method with the effective humor (delusion talk). That promoted that the

client talks solved images. That was "Hope and possibility" in the job hunting for the client. The "Hope and possibility" led the client to forestry and hotel work. That supported client's re-employment.

In solution focused approach, a therapist rarely judges client's want and wish (Berg & Dolan, 2001). Instead, a therapist does the question into which a possibility of the client is expanded, not to restrict the client's choices. This is said to be "leading from one step be-hind". The therapist didn't demand "To take a clerical job." "Work on a plant relation." "To become a regular member." from a client. The therapist didn't deny client's clerical job wish and made an effort toward client's expansion of a solved image and embodiment of the image. I think that was "leading from one step be-hind" for the client. I think the stance which expands a possibility of the client was the empowerment for client's re-employment.

In solution focused approach, it's said that the client often leads a solution independently by the future vision which makes a client satisfied will be the real vision (de Shazer, 1985).

Moreover, in solution focused approach, it's said that If seeming able to use a change before counseling and success in the past, a day of miracle can be carried out easily (Berg & Miller, 1992). In other words, there is important meaning that a client should expand "success in the past".

In re-employment support, I think client's resume is "treasure house of the difference" and "treasure house of false solved circulation". Or it's said that it's one of the valuable resources

which can find success in the past. I think this utilization (attention to the difference) is effective in re-employment support by solution-focused approach.

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An Attempt to Reconsider the Essence of Brief and Family Therapy

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ABSTRACT. This article is a report of two cases applying Double Description Model (DDM; Wakashima & Hasegawa, 2000) based Brief and Family Therapy. Case 1 was an interview with mother whose chief complaint was the relation to her daughter. In this case, we focused on a mother-child dyad system smaller than whole family system. Case 2 was an interview with mother complained her son's problem behaviors. In addition, mother was on bad terms with her husband. Therapists promoted her creative problem solving ability to deal with the problems. We extracted three essences of Brief and Family Therapy by examining the commonalities of two cases.

KEY WORDS: brief and family therapy, double description model (DDM), problem solving

In this paper, we aimed to reconsider the essence of the Brief and Family therapy. We have conducted Brief / Family therapy (B/F therapy) based on Double Description Model (DDM, e.g. Wakashima & Hasegawa, 2000). DDM has two perspectives to deal with CL's problem, one is cutting vicious circle patterns for the problem, which we label as "do something different" (Mental Research Institute (MRI) model; Watzlawick, Weakland & Fisch, 1974; Hasegawa, 1987) and the other is to expand the existed exception of the solution: "do more" (solution-focused model; de Shazer, 1985). High applicability of DDM based B/F therapy derives from this framework, which

makes a room for TH to choose a better perspective from two different perspectives. Prior studies have revealed the effectiveness of DDM based B/F Therapy for symptoms such as school refusal, misdemeanor, child abuse, eating disorder, and depression (i.e. Hasegawa & Wakashima, 2002; Wakashima, 2010). DDM was introduced more than a decade ago. Therefore, we have explored new essences through DDM based B/F Therapy.

We conducted DDM based B/F therapy for two cases in team approach. Team approach meant the therapy structure, which is observed through the monitor by team members in separate room. We conducted a session in 1-month interval for both cases. For Case 1, therapists (TH) were first and fifth author. For Case 2, therapists were second and fifth author.

Case1: Mother who worried about relations with daughter.

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In this case, the client (CL, 40s, housewife) was mother, who came alone to the session. The other family members were father (50s, company employee), and daughter (20s, University student, Identified Patient; IP).

#1 Setting up the problem and introducing the observation task.

TH: What are your goals from our working together?

CL: My daughter is too vulnerable to stand against stress, and she is psychosomatic a little bit.

TH: What is the most worried problem you have now?

CL: I do not understand her (IP), and I get swayed by her moods. She also verbally abuses me. However, when we talk about her boyfriend or clothes, we had not got into quarrels. But, if I told her daughter something negative, she got in a bad mood. She has not experienced a rebellious stage yet because she studied abroad in early adolescence.

TH complimented CL's effort and care. TH introduced to CL the idea that IP is in rebellious stage now. At the end of the session, TH proposed the following task; to observe the time when CL behaves in a subservient way toward IP. TH also told CL that she would be able to establish better relationship with IP because CL had been able to talk with IP positively and find it by herself.

#2 CL's devisal toward relationship with IP

CL: Through observing the interaction with daughter

after #1 session, I become to talk with her (IP) more carefully because I found that I sometimes had told her something negative. As a result, I communicated with her better and she appreciated me for listening to what she was saying.

TH: Your coping was brilliant. You could recover the relationship with her (IP) even if you would get trouble with her in the future.

However, CL informed TH that she had some physical problems.

CL: I do not know whether this problem is menopausal symptoms or fatigues caused by the rapid change of mother-child relation.

TH: We cannot judge whether it is menopausal symptoms or fatigues.

Additionally, TH asked CL to continue observing herself. Case1 was finished at this session.

As follow-up, TH had made call twice to CL. On the phone, CL reported that she was able to live without any major problems although she sometimes went to a physician. She also informed family relationship was better.

Case2: Wife (mother)'s worries about marital relations and son's problem behaviors.

In this case, the CL was wife (40s, mother) who came alone to our counseling. IP was second son (elementary school student). The other family members were father (40s, company employee), and elderly son (high school student). IP had Attention-Deficit Hyper

Activity Disorder (AD/HD) suspect. Moreover, CL had suffered from stress of the job and family, therefore she had taken a leave of absence from her job.

#1 • #2 Making clear the main problems

CL: I have too many family problems and I am confused by the situation.

TH: What is the most embarrassed problem?

CL: Two problems are marital relation and son's problem behaviors. As for marital relation, husband said to me "it is your responsibility" when I told him what had happened in the day. To begin with, I want to talk with husband. As for son's problem behaviors, he had taken to frequently stealing. Moreover, Husband said, "I want to hit you (IP)", and he severely scolded him (IP) for this problems.

TH empathized the hardship of CL, and told to CL that husband accepted to your request. It is important for IP to have parents who have differential parental role; father severely scolded IP and mother talks with IP.

#3 Introducing new framework for CL's image of husband

CL: Husband has been calm down the last session.

Moreover, CL also told TH about various suspected episodes husband's behaviors which are typical of Asperger disorder; obsession with cleanness, and arrangement of time and place. TH judged it was effective to introduce the

view that husband was Asperger suspect rather than the view which CL have had before.

TH: Husband's behavior is because of Asperger disorder, we aim to change from yours negative view toward husband to the idea that husband could not control himself.

CL accepted the framework and TH talked with CL about how to treat him from an onward.

#4 CL's Acceptance of a new aspect toward husband

CL: I subtly taught my children how to treat husband when he got excite, and children practiced it. Children and I withdrew from there when he got angry. He did not worry about such family's behavior. As for son's problem behaviors, he(IP) hasn't caused the problem since he said to me "I stole it with my friends when I got irritated by father's directing."

Before the end of the session, TH told to CL.

TH: You can visit here if you had a problem in the future especially before you return to work.

Discussions

Purpose of this study was to reconsider the essence of the B/F therapy. Three essences are extracted from 2 cases.

Essence 1 picking up the problem that can be managed by Therapist and Client

First point is how to pick up the problem. In Case1, We dealt with not IP's personality but

interaction between CL and IP because CL was embarrassed by relationship with her child. If we applied traditional family therapy idea to CL in #2 of case1, we would have more sessions. The traditional family therapy idea is that dysfunctional Family homeostasis (Jackson, 1965) causes CL's physical symptom. At this point, we examined whether CL managed physical problems or not. In the result, we judged that CL could not treat this problem because it could be menopausal symptom.

In Case2, we examined whether CL managed husband's and son's personality or not. We decided that we treated that how the family worked on the problem rather than we coped with every problem such as IP's problem behaviors and husband's behaviors. By conducting therapy with this idea, TH and CL able to work on a problem together, and CL obtained the expectation and experienced the feeling that the problem can be controllable. Therefore, we, as therapists, need to set the controllable problem to work with CL based on their chief complainant of CL.

Essence 2 Reframing to construct context

Second point is to reframe CL's viewpoint to promote the power of CL and the family and to construct the context that promotes their power. Traditionally, reframing means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the "facts" of the same concrete situation equally well or even better, and thereby changes its entire meaning (e.g.

Watzlawick et al., 1974).

However, in #1 of Case1, we presented to CL the framework that IP did not intend to embarrass you but she was just in a rebellious stage now. We believe that this framework enhanced CL to cope with her problem creatively. In #3 of Case2, We presented CL a new framework that the husband himself was difficult to control himself because he might be Asperger disorder suspect. It is arguable that we easily present to CL the view that husband might be Asperger disorder.

Yet, It was not significant for CL whether husband had the Asperger disorder suspicious or not. The important point was that CL was released from a negative view toward the husband and to promote that CL's communication with husband when CL accepted the idea. We compared two ideas. One idea was CL had negative view toward husband without reason for his behaviors. The other idea was his character was because of Asperger syndrome. We judged the latter profitable for CL than the former. We reframe CL's view, CL became easier to think creatively for the problem and conduct executable behavior.

Essence 3 Promoting of self-organization of client and the family

Essence3 is to promote CL's and the family's self-organization. For Case1, we asked CL to observe the behaviors that CL had already done. For Case2, we focused on the husband's behavior to IP and CL and treated the CL's framework of husband. What we would like to emphasize here is that we have not aimed to

improve the relation between CL and IP. We did have the goal that CL was able to manage the problem by herself, even if CL would get trouble with IP. Similarly, in Case2, we have not aimed to get rid of the problem behaviors of husband and IP. We did have a goal that couples were able to manage the situation that it's problem behavior.

The point is that neither we specify what is CL's problem nor we solves every problem which CL complains. One important point is to present the idea that not TH but CL and the family are the central figures to solve the problem. The other important point is TH empowers self-organization of family. CL and family are required to be self-organized for coping with problem by themselves, which can lead to shorten the session.

By examining the common features of two cases, we have extracted three essences. Finally, we would like to maintain that the essences are the therapist's principle for therapy rather than techniques. To reflect these essences to therapy practice effectively, it is important for TH to show sympathy and acceptance toward problems of CL. By listening CL's words sincerely, TH obtains useful information from CL. Moreover, we emphasize the effectiveness of "do more approach", which esteem what CL has already said or done before rather than to introduce different behaviors to CL.

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A Discussion on a Communication Theory-based Analysis on Manzai Talk

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ABSTRACT. *The purpose of this study is to describe some rich aspects of the interpersonal relationship, for example Manzai Talk, by using the Redundancy-Interactional Patterns Model. The results of analysis suggest that humor in Manzai talk occurs from the difference in redundancy level in its interactional pattern.*

KEYWORDS: *Communication Theory, Humor, Manzai Talk, Redundancy-Interactional Patterns Model*

Introduction

This research study aims to examine the interactive process in Manzai or Japanese stand-up comedy (hereon referred to as Manzai talk), using the Redundancy-Interactional Patterns Model (Hanada, 2006, 2010) as part of a broader explanation of the various aspects of redundancy in interactional patterns proposed by Gregory Bateson *et al.*'s communication theory (Bateson, 1972; Bateson Jackson, Haley & Weakland, 1963).

The Redundancy-Interactional Patterns Model quantitatively draws out a set of patterning, such as "patterning," "pattern prominence," "creating patterns" of human relationships (Bateson, 1972). Information (information quantity, entropy, redundancy) based on the communication patterning derives from various

concepts of theory. Recorded data of the Manzai talk were analyzed and observed using this model, and the occurrence of humor in Manzai talks was examined.

Method

Subjects of this analysis included nine Japanese male comedian pairs (18 males in total) who specialize in dialogue comedy. The recorded data of Manzai talks (hereon referred to as Manzai talk data) and its transcription was analyzed based on the Redundancy-Interactional Patterns Model.

The Redundancy-Interactional Patterns Model proves the compatibility of Bateson *et al.*'s redundancy concept in explaining a pattern as a relation through an examination of Bateson *et al.*'s studies and experiments on communication theory. In detail, when interaction is viewed as a probability process of an order of events such as turn-allocation (Sacks, Schegloff & Jefferson, 1974) in the conversation analysis field, the [rigidity–flexibility] of human relation can be drawn out in a [high–low] level of

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$R = \frac{(H_{max}-H)}{H_{max}}$ in information theory (Please refer to Hanada, 2010 for further details).

Turn-allocation, as explained in a simplest systematics for the organization of turn-taking for conversation (Sacks, Schegloff & Jefferson, 1974), can be divided into two cases: the current speaker selects the next speaker; or a person selects himself/herself as the next speaker assuming that their turn is next. In a conversation, when (a) the current speaker selects the next speaker, it is to “try to draw someone out,” and when (b) a person selects himself/herself as the next speaker assuming that their turn is next, it is to “break the ice.” A simple example is described below.

In this example (Figure.1), a person is selecting himself/herself as the next speaker, assuming that their turn is next, in pairs of 01–02, 02–03, 03–04, 04–05, and so on. At this time, if the interaction were to be viewed as a probability process of an order of turn-allocation, it would be (b) (b) (b) (b), which turns into 1111 by converting to 0 and 1.

01	G:	Monstre!	
02	M:	Cochon!	} (b)
03	G:	Bête!	} (b)
04	M:	Canaille!	} (b)
05	G:	Putain!	} (b)

Figure.1 A dialog between George(G) and Martha(M)

Use Only (b) technique

(Watzlawick, Beavin and Jackson, 1967, p.169; Hanada, 2010, p.81)

When we take a consecutive pair of events, the second event’s entropy is 0 bit and the redundancy is 100% ($R = 1$) when the second event depends on the probability of what was selected in the first event (Simple Markov Process). This study calculated the redundancy of each comedian in the Manzai talk data, based on this method.

In addition, the following has been reported by previous research on redundancy in actual conversation: approximately 50% redundancy in a chat between two strangers, approximately 25% in a chat between two friends, approximately 16% in a cooperative conversation during role play, approximately 25% in a conflict conversation about a real-life problems between two friends, approximately 16% in a cooperative conversation during role play, approximately 25% in a conflict conversation about a real-life problems between two friends, approximately 35% in a conflict conversation about a real-life problems among three friends, and approximately 30%

when these three friends were instructed on where to look during a conflict conversation about a real-life problem (Hanada, 2010).

Results

Results of each comedian's Manzai talk data analysis based on Redundancy-Interactional Pattern Model reveal the following: comedian A was approximately 52% ($R = 0.52$), comedian B was 100% ($R = 1$), comedian C was approximately 66% ($R = 0.66$), comedian D was 73% ($R = 0.73$), comedian E was approximately 58% ($R = 0.58$), comedian F was approximately 68% ($R = 0.68$), comedian G was approximately 68% ($R = 0.68$), and comedian H was approximately 48% ($R = 0.48$).

Discussions and future issues

The occurrence of humor in Manzai talks was examined from two viewpoints on the basis of analysis on and observation of the Manzai talk data using the Redundancy-Interactional Patterns Model. In this research, humor refers to "uke" or a line that is accepted with laughter.

First, let us discuss the foundation of humor occurrence. The redundancy level was much higher in this research study as compared to that of actual conversations in an earlier study. The cause of this heightened level in redundancy was found in verbal and nonverbal elements of a binding process unique to Manzai talk.

The fixation of turn-allocation is notable for the verbal element. This equals the interactional pattern known as Boke-Tsukkomi (the funny

man—the straight man) and the following pattern is repeated:

(a) the current speaker who is the straight man selects the funny man as the next speaker, and (b) the funny man assumes himself/herself to be the next speaker (a Boke-Tsukkomi conversation, for instance (Kokontei, 1989) : (a) "I'm not saying it's bad, but was that woman black (a professional) or white (an amateur)?" (b) "Ah, it was spotted." (a) "You're talking about the dog.").

Aside from the constant turn-allocations, consistent use of paralanguage such as intonation, rhythm, pitch, and unique wording reside in these interactional patterns. As for nonverbal elements, smacking the partner's head (known as "dotsuki"), looking away from the partner, maintaining a distinctive posture, and uniform dressing are some of the contributing factors. The above factors increase the level of redundancy and bind the comedian pair together to establish rigidity; in other words, the pair becomes a fixed form to present themselves in front of an audience.

The second issue is the point of humor occurrence. Humor, in fact, did not occur solely from an increased level of redundancy in interactional patterns, which is the foundation of Manzai talk, as mentioned in the first point of discussion. This means that a Manzai talk must be somewhat predictable by retaining its high level of redundancy and simultaneously be unpredictable by surprising the audience. The order of turn-allocation in Manzai talk data and observation suggest that temporarily reducing the level of redundancy, or creating randomness

in the Manzai talk can create humor. It was observed that such a method for switching the gear in interactional patterns caused a reduced redundancy in Manzai talk data. For example, a two-way Manzai talk becomes three-way by including the audience (known as “Kyaku-ijiri” or playing the audience), or the role of Boke–Tsukkomi can suddenly reverse to break the established interactional pattern in order to reduce the level of redundancy.

The above two points suggest that humor in Manzai talk occurs from the difference in redundancy level in its interactional pattern. The difference, as pointed out by Bateson (1972), functions as information while influencing the audience, and the method of creating the difference itself is what brings out the comedian’s character.

As challenges in the future, it is critical to continue to broaden and refine data concerning the findings obtained from analyses and observations in this research, and to specify connections between the findings and clinical cases for practical applications.

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A Study of Examining the Effect of Both Self-determinative Behaviors and Family Relationship History to the Current Basic Psychological Needs of Child. -Cross-national Comparison between China, Korea and Japan-

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ABSTRACT. The purpose of this study was to examine the effect of two “early developmental period” factors on the current basic psychological needs (autonomy, competence, and relatedness) and compare the results cross-nationally between China, Korea and Japan. Two “early developmental period” factors are family relationship and self-determinative behavior. Questionnaire research was conducted. Research participants were Chinese, Korea and Japanese university students ($N=631$). Results of cross-national comparison revealed that 1) Japanese families are less cohesive than Korean and Chinese families, 2) Chinese behave in less self-determinatively than Koreans and Japanese, and 3) Koreans have higher basic psychological needs than Chinese and Japanese. Next, we examined the effect of cohesion and self-determinative behaviors on basic psychological needs for each early developmental period. We also examined the cross-national difference of the results. This study found that 1) for Japanese, cohesion among family members is more linked with relatedness than Chinese and Koreans, 2) for Koreans, the current basic psychological needs are related with cohesion among family members at elementary school age and self-determinative behaviors at both junior high school and high school age, 3) only for Chinese, competence is associated with cohesion among family members and self-determinative behaviors. This study shows the cross-national differences for family cohesion, self-determinative behaviors, and basic psychological needs among three Far East countries.

KEY WORDS: family relationship history, self-determinative behavior, basic psychological needs, cross-national comparison

Introduction

Self-determined individuals choose their

behaviors without any external influence and interference. In self-determination theory, Deci and Ryan (1985; 2000) have maintained that three basic psychological needs (autonomy, competence, relatedness) should be met to nurture self-determination. In Japan, there have been some researches examining the frequency of child’s self-determinative behaviors (ex.

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Kamiya, et al., 2010). However, researchers have not examined the effect of self-determinative behaviors on the basic psychological needs of child.

Besides, family relationship might have impact on self-determinative behaviors based on the findings from prior research. Therefore, effect of self-determinative behaviors on psychological needs (autonomy, competence, and relatedness) should be examined with family relationship.

The purpose of this study is to examine two “in early developmental period” factors to the current basic psychological needs (autonomy, competence, and relatedness). Two “in early developmental period” factors are family relationship and self-determination. We also aimed to compare the results cross-nationally between China, Korea and Japan.

Procedures

Questionnaire research was conducted. Research Participants were Chinese, Korean and Japanese university students. After excluding participants with missing data, we conducted the analyses on the following data; 237 Chinese (76 men [$M=21.34$ years] , 161 women [$M=20.47$ years]), 225 Korean (102 men [$M=21.84$ years] , 123 women [$M=20.88$ years]) and 169 Japanese (73 men [$M=21.82$ years] , 96 women [$M=21.62$ years]).

Measures

1. Family cohesion

We applied cohesion subscales from Family Relation History Graph (FRHG: Wakashima et

al.,2010) .

2. Self-determinative behaviors

We applied short version of self-determinative behaviors scale (Kamiya et al, 2010) . Four factors of self-determinatives behaviors are Time Management, Unusual Occasion, Career Choice, and Play.

3. Basic psychological needs

We applied basic psychological needs scale (Tanaka et al, 2003) . Three factors of basic psychological needs scales are autonomy, competence and relatedness.

To take into consideration “the early developmental period”, we divided developmental period factors into 5 periods; 1) lower grade at elementary school, 2) higher grade at elementary school, 3) junior high school, 4) high school, and 5) the present. We mentioned 1) lower grade at elementary school to 4) high school as “early developmental period.”

Participants were asked to answer their self-determinative behaviors for early developmental periods, from 1) lower grade at elementary school to 4) high school, FRHG for all 5 developmental periods, and basic psychological needs at the present.

Besides, we asked the degree of recall about each early developmental period, and we excluded the low score samples for analysis.

Results

Factor analyses on scales

First, we conducted factor analyses on self-determinative behaviors scales for 4 “early developmental periods” and basic

psychological needs scales for the present. (see Table.1).

Besides, we conducted mean score of each subscales of self-determinative behaviors, basic psychological needs and FRHG. As for mean score of FRHG, we added cohesion score of three dyads (father-mother, father-child, and mother-child) and divided the score by 3.

Cross-national comparisons of measurements between China, Korea, and Japan

We examined cross-national comparison of family cohesion and self-determinative behaviors. We conducted Kruskal-Wallis test for the data that were not normally distributed. Whereas, we performed one-way analysis of variances (ANOVAs) for the normally distributed data. Multiple comparisons were also

performed when the results of Kruskal-Wallis test or ANOVA was significant.

The results were presented at Table 2 and 3.

Cross-national comparisons of the effect of family cohesion and self-determination on basic psychological needs by developmental period

Finally, we performed two-way ANOVAs on 3 factors of basic psychological needs for 4 early developmental periods, respectively.

Independent variables were cohesion of FRHG (High group/Low group) and self-determinative behaviors (High group/Low group). Main effect and simple main effect test were also performed when the result of two-way ANOVAs was significant. The results were presented at Table 4 to 6.

Table.1 α coefficients of each subscales of self-determinative behaviors and basic psychological needs by developmental periods

	Self-determinative behaviors			
	Time Management	Play	Career Choice	Unusual Occasion
Lower grade at elementary school(4factors structure)	$\alpha =.77$	$\alpha =.70$	$\alpha =.60$	$\alpha =.60$
Higher grade at elementary school(4factors structure)	$\alpha =.75$	$\alpha =.68$	$\alpha =.70$	$\alpha =.55$
Junior high school(3factors structure)	$\alpha =.68$	$\alpha =.60$	$\alpha =.64$	—
High school(2factors structure)	$\alpha =.59$	$\alpha =.59$	—	—

	Basic psychological needs		
	Autonomy	Competence	Relatedness
The Present(3factors structure)	$\alpha =.74$	$\alpha =.82$	$\alpha =.76$

Note. factor analyses were conducted by developmental period

Table.2 The result of Kruskal-Wallis test and Mutiple comparison

	Japan		Korea		China		X^2	Multiple comparison	
	M rank	N	M rank	N	M rank	N			
Family cohesion	Lower grade at elementary school	269.46	148	303.39	199	278.87	222	4.15 n.s.	
	Higher grade at elementary school	291.12	164	323.67	218	315.65	241	3.24 n.s.	
	Junior high school	249.33	142	276.84	203	308.08	218	11.57 **	K = C > J
	High school	259.77	167	304.63	223	368.77	244	36.92 ***	C > K > J
	The present	227.09	170	352.71	225	354.57	244	58.95 ***	K = C > J
Self-determinative behaviors of lower grade at elementary school	Time Management	289.00	148	336.84	199	235.86	222	41.27 ***	K > J > C
	Play	302.68	148	312.78	199	248.31	222	19.15 ***	J = K > C
	Career Choice	292.97	148	317.96	199	250.14	222	18.60 ***	J = K > C
	Unusual Occasion	245.47	148	332.91	199	268.41	222	30.37 ***	K > J = C
Self-determinative behaviors of higher grade at elementary school	Time Management	343.71	164	368.16	218	239.62	241	66.13 ***	J = K > C
	Play	339.38	164	339.29	218	268.68	241	24.02 ***	J = K > C
	Career Choice	318.38	164	349.10	218	274.10	241	20.42 ***	J = K > C
	Unusual Occasion	277.16	164	360.82	218	291.55	241	26.28 ***	K > J = C
Self-determinative behaviors of junior high school	Time Management	337.94	142	305.65	203	223.54	218	51.34 ***	J = K > C
	Play	305.02	142	308.72	203	242.12	218	25.98 ***	J = K > C
	Career Choice	311.09	142	295.43	203	250.54	218	14.55 **	J = K > C
Self-determinative behaviors of high school	Time Management	381.59	167	319.01	223	272.25	244	46.28 ***	J > K > C
	Play	336.08	167	331.71	223	291.80	244	13.20 **	J = K > C

Note. **p<.01, ***p<.001 J = Japan, K = Korea, C = China

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Table.3 The result of ANOVA and Mutiple comparison

	Japan (n=169)		Korea (n=225)		China (n=244)		F	Multiple comparison
	M (SD)		M (SD)		M (SD)			
Autonomy	4.61 (0.88)		5.02 (0.79)		4.56 (0.78)		21.60 ***	K > J = C
Competence	3.51 (1.09)		4.34 (0.85)		4.26 (0.82)		47.16 ***	K = C > J
Relatedness	4.53 (1.01)		4.94 (0.73)		4.47 (0.83)		20.58 ***	K > J = C

Note. ***p<.001 J = Japan, K = Korea, C = China

Table.4 the result of two-way ANOVA and main effect for Japan

Self-determinative behaviors	Family cohesion		Low group		Main effect			Multiple comparison
	High group		High group	Low group	Family cohesion	Self-determinative behaviors	F (comparison of simple main effect)	
	M (SD)	M (SD)	M (SD)	M (SD)	F (comparison of main effect)	F (comparison of main effect)		
Lower grade at elementary school	Competence	3.68 (1.04)	3.60 (1.12)	3.63 (0.96)	3.30 (1.15)	0.95	1.31	0.51
	Relatedness	4.88 (0.78)	4.70 (0.85)	4.45 (0.99)	4.15 (1.11)	10.10**	H > L	2.40
	Autonomy	4.67 (0.85)	4.57 (0.98)	4.74 (0.84)	4.60 (0.87)	0.12	0.69	0.03
Higher grade at elementary school	Competence	3.61 (0.98)	3.58 (0.99)	3.45 (1.16)	3.44 (1.13)	0.78	0.02	0.00
	Relatedness	4.90 (0.76)	4.74 (0.74)	4.54 (1.03)	4.14 (1.09)	11.03**	H > L	3.82†
	Autonomy	4.61 (0.83)	4.60 (0.85)	4.74 (0.88)	4.48 (0.97)	0.00	0.00	0.91
Junior high school	Competence	3.57 (0.93)	3.53 (1.06)	3.54 (1.10)	3.54 (1.31)	0.00	0.01	0.01
	Relatedness	4.95 (0.67)	4.70 (0.84)	4.51 (1.01)	4.38 (1.00)	6.37*	H > L	1.60
	Autonomy	4.72 (0.84)	4.34 (0.85)	4.86 (0.84)	4.51 (0.99)	1.11	5.97*	H > L
High school	Competence	3.46 (1.06)	3.67 (0.99)	3.54 (1.02)	3.62 (1.35)	0.01	0.56	0.12
	Relatedness	4.95 (0.74)	4.42 (0.93)	4.54 (0.91)	4.02 (1.23)	6.48*	H > L	11.22**
	Autonomy	4.71 (0.86)	4.43 (0.82)	4.77 (0.85)	4.31 (1.01)	0.05	6.19*	H > L

Note. †p<.10, *p<.05, **p<.01, ***p<.001 H = High group, L = Low group

Table.5 the result of two-way ANOVA and main effect for Korea

Self-determinative behaviors	Family cohesion		Low group		Main effect			Multiple comparison
	High group		High group	Low group	Family cohesion	Self-determinative behaviors	F (comparison of simple main effect)	
	M (SD)	M (SD)	M (SD)	M (SD)	F (comparison of main effect)	F (comparison of main effect)		
Lower grade at elementary school	Competence	4.44 (0.81)	4.37 (0.86)	4.41 (0.72)	4.21 (0.79)	0.72	1.49	0.32
	Relatedness	5.11 (0.74)	5.09 (0.63)	4.98 (0.63)	4.71 (0.82)	6.63*	H > L	2.05
	Autonomy	5.22 (0.78)	5.03 (0.75)	5.19 (0.69)	4.97 (0.69)	0.18	4.13*	H > L
Higher grade at elementary school	Competence	4.38 (0.77)	4.33 (0.90)	4.47 (0.95)	4.23 (0.79)	0.00	1.42	0.67
	Relatedness	5.20 (0.62)	4.95 (0.64)	4.93 (0.80)	4.71 (0.72)	7.27**	H > L	5.88*
	Autonomy	5.17 (0.70)	5.01 (0.81)	5.23 (0.82)	4.75 (0.79)	0.88	9.11**	H > L
Junior high school	Competence	4.36 (0.77)	4.24 (0.84)	4.58 (0.87)	4.28 (0.91)	1.20	3.01†	0.56
	Relatedness	5.07 (0.69)	4.90 (0.82)	5.09 (0.78)	4.80 (0.61)	0.14	5.08*	H > L
	Autonomy	5.22 (0.64)	4.93 (0.68)	5.35 (0.72)	4.81 (0.91)	0.00	15.36***	H > L
High school	Competence	4.32 (0.68)	4.26 (0.86)	4.57 (0.82)	4.22 (0.99)	0.84	2.98†	1.59
	Relatedness	5.09 (0.62)	4.85 (0.75)	5.11 (0.74)	4.68 (0.71)	0.64	12.24**	H > L
	Autonomy	5.19 (0.73)	5.03 (0.72)	5.21 (0.63)	4.65 (0.97)	2.77†	11.90**	H > L

Note. †p<.10, *p<.05, **p<.01, ***p<.001 H = High group, L = Low group

Table.6 the result of two-way ANOVA and main effect for China

Self-determinative behaviors	Family cohesion		Low group		Main effect			Multiple comparison
	High group		High group	Low group	Family cohesion	Self-determinative behaviors	F (comparison of simple main effect)	
	M (SD)	M (SD)	M (SD)	M (SD)	F (comparison of main effect)	F (comparison of main effect)		
Lower grade at elementary school	Competence	4.13 (0.98)	4.33 (0.73)	4.39 (0.61)	4.14 (0.85)	0.08	0.07	4.28* n.s.
	Relatedness	4.50 (0.92)	4.57 (0.79)	4.56 (0.78)	4.35 (0.79)	0.47	0.40	1.62
	Autonomy	4.59 (0.88)	4.52 (0.71)	4.68 (0.65)	4.48 (0.84)	0.06	1.79	0.47
Higher grade at elementary school	Competence	4.33 (0.92)	4.31 (0.85)	4.29 (0.76)	4.14 (0.75)	0.97	0.69	0.34
	Relatedness	4.56 (0.80)	4.45 (0.79)	4.48 (0.91)	4.39 (0.84)	0.38	0.72	0.01
	Autonomy	4.67 (0.78)	4.52 (0.86)	4.66 (0.77)	4.46 (0.73)	0.15	3.07†	0.07
Junior high school	Competence	4.48 (0.72)	4.06 (0.89)	4.34 (0.74)	4.03 (0.73)	0.64	11.69**	H > L
	Relatedness	4.68 (0.69)	4.39 (0.98)	4.43 (0.79)	4.46 (0.78)	0.69	1.25	2.00
	Autonomy	4.81 (0.64)	4.38 (0.93)	4.73 (0.71)	4.32 (0.73)	0.52	15.92***	H > L
High school	Competence	4.53 (0.76)	4.23 (0.78)	4.28 (0.80)	4.01 (0.83)	5.06*	H > L	7.32**
	Relatedness	4.60 (0.77)	4.51 (0.85)	4.64 (0.70)	4.20 (0.85)	1.65	6.64*	H > L
	Autonomy	4.88 (0.68)	4.49 (0.75)	4.70 (0.78)	4.19 (0.71)	6.38*	22.47***	H > L

Note. †p<.10, *p<.05, **p<.01, ***p<.001 H = High group, L = Low group

Discussions

Results of cross-national comparison revealed that 1) Japanese families are less cohesive than Korean and Chinese families after higher grade of elementary school, 2) Chinese behave in less

self-determinative way than Koreans and Japanese across the all developmental periods, and 3) Koreans have higher basic psychological needs than Chinese and Japanese in the present. Besides, the result showed that there are only 4

significantly different variables out of 13 variables for self-determinative behaviors between Korean and Japanese. Previous studies showed the difference between Japan and Korea in terms of self-determinative behaviors (Choi & Arai, 2003; Kato *et al.*, 2010). However, this study did not replicate the result. It might be because we asked participants to answer their self-determinative behaviors retrospectively. On the other hands, both Choi & Arai (2003) and Kato *et al.* (2010) asked the current self-determinative behaviors.

Second, we examined cross-national differences of the effect of family cohesion and self-determination on basic psychological needs by developmental period. The results of Japanese showed that cohesion among family members is linked with relatedness across all developmental periods, and there are some associations between self-determinative behaviors and basic psychological needs only after junior high school. The result of Koreans showed that family cohesion is linked with relatedness before higher grade at elementary school whereas not after junior high school. Self-determinative behavior of Korean is linked with autonomy throughout all developmental periods and also associated with relatedness after higher grade at elementary school. The result of Chinese showed that family cohesion and self-determinative behavior are linked with each basic psychological needs after junior high school but not before higher grade at elementary school. Given that findings, we can indicate that family cohesion and self-determinative behavior are associated with

competence across three Far East countries.

One difference between three countries was cohesion among family members; Japanese is linked with basic psychological needs across all developmental periods but Korean is related only before higher grade at elementary school and Chinese is related only at high school. There was also difference between three countries for self-determinative behaviors. Korean is linked with basic psychological needs across all periods but Japanese and Chinese are related for after junior high school. As for competence, only Chinese is associated with cohesion among family members and self-determinative behaviors.

This study shows the cross-national differences about cohesion, self-determinative behaviors, and basic psychological needs among three Far East countries. However, we have not mentioned any specific reasons for the differences yet. Our future subject is to examine cross-national difference of socio-cultural factors; family relation, self-determinative behaviors and nurturing attitudes in home and school settings.

Acknowledgements

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- Wakashima, K., Kozuka T., Itakura, N., and Usami, T. (2011). Simultaneous and Cumulative Family Relationship: Examining with ICHIGEKI. *International Journal of Brief Therapy and Family Science*, Vol. 1, No.2, 104-110.

Simultaneous and Cumulative Family Relationship: Examining with ICHIGEKI

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ABSTRACT. This study examined family relationship from two perspectives; multi-generation and family history. Multigenerational family study was participated by mother from middle generation (N=132). Result of multi regression analysis on father-child cohesion in multigenerational family showed that only grandparental generational family relationship from father's family of origin predicted father-child cohesion. Historical family relationship study was conducted with Family Relationship History Graph (FRHG). Research participants were late adolescents (N=108). The results showed that declining of mother-child cohesion did not lead to decline maternal power in family, while, father lost power in family along with declining cohesion with child. Multi-regression analysis on the current father-daughter relationship revealed that both the current and immediately before the current mother-child relationship were predictive of the target family relationship

KEYWORDS: Family History, Family Relationship, Family Structure, Multi-generation

Introduction

Family is a relationship system based on complex interactions. Family system is formed by both simultaneous and cumulative family relationship. We referred simultaneous family relationship as the present family relationship including multi-generational family relationship. Cumulative family relationship is regarded as a historical family relationship from past to the present.

The purpose of this study was to offer innovative methodologies to comprehend the current family relationship from both concurrent and historical viewpoints.

We obtained large amount of results. We, however, mentioned only the results on father-child cohesion due to space limitations.

Study 1:

Three-generational Family Relationship

The purpose of study 1 was to examine father-child cohesion in multigenerational family relationship. We distinguished three generations; first generation (G1) was referred as grandparents, second (G2) as parents, and third (G3) as child's generation. Mother from G2 generation was applied as research participant. If there were two or more children in a family, the participants were asked the family relationship with first-born child.

Methods

Procedures and Participants

Data were drawn from 132 Japanese middle

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class working mothers (G2). The mean age of the participants was 42.44(SD±8.37). 63 of them had son as first-born child, and 65 having daughter, and 4 did not fill out the question. Mean age of first-born child was 14.22.

Measures

We assessed four domains of family relationship applied from Inventory for Character of Intra-Inter Generation in Kinship (ICHIGEKI; Noguchi *et al*, 2009), which was devised to measure family relationship comprehensively with smallest items.

Cohesiveness - Cohesiveness was measured for each subsystem by single item. *Power* - Power was measured for each subsystem bi-directionally by two items; for instance, two items measuring power relationship for father-child subsystem were father's power on child and vice versa. *Interest* - single item assessed interest relationship between dyad. Interest was measured the amount of dyadic connectedness only for benefit. *Openness* - single item for openness for dyad assessed communication about them to other family member. All items were rated on 6-point Likert-style scale for 17 dyads in family.

Results and Discussions

First, we conducted multiple regression analysis on father-child cohesion. Predictor variables were the other family relationships (see Figure 1).

Results showed that both marital and mother-child cohesion positively predicted the target variable. These results reflected the fact

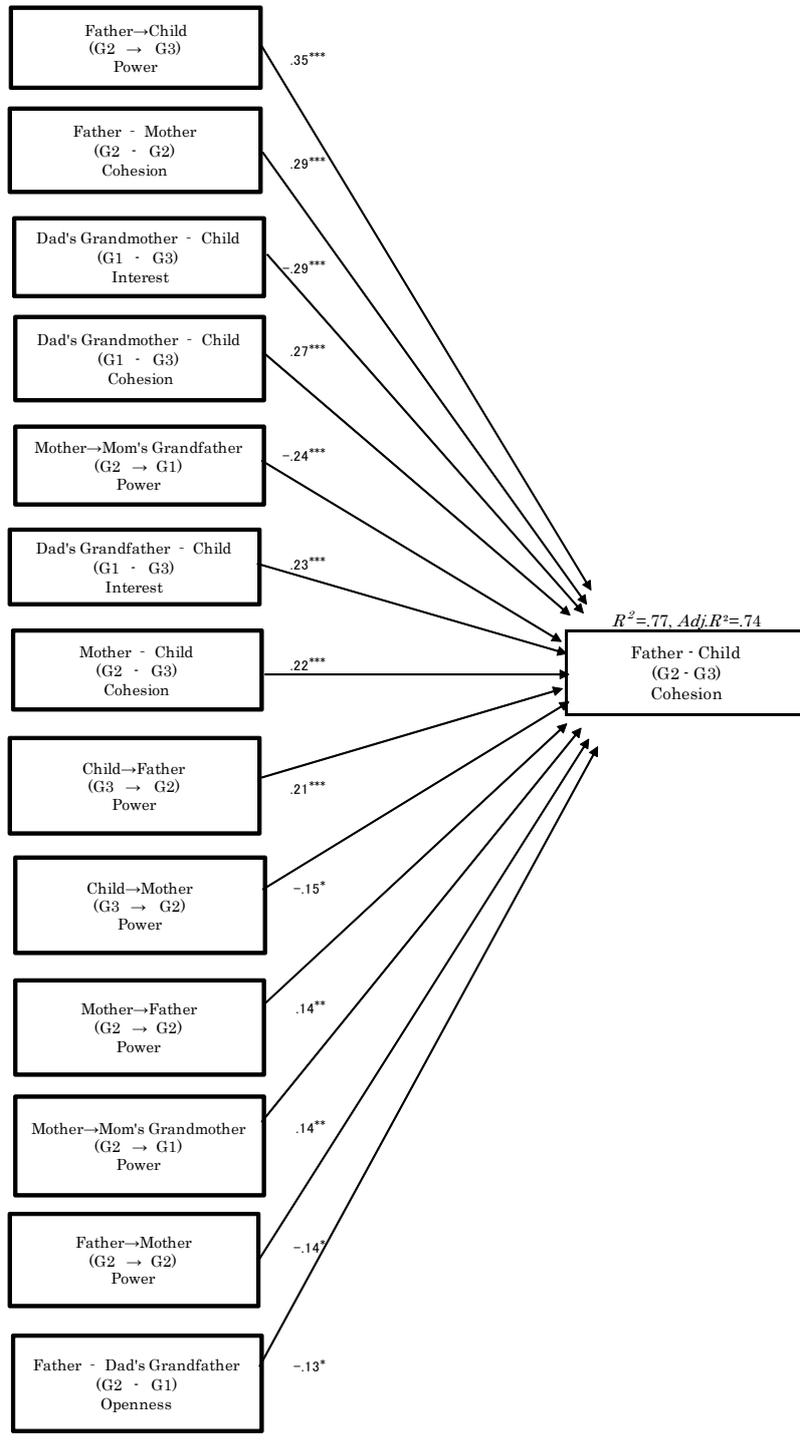
that each dyadic cohesiveness in father-mother-child triad influences each other (Erel & Burman, 1995). Therefore, both mother-child and marital cohesion may become more cohesive by strengthening the father-child bond. Likewise, bi-directional power relationship between father and child positively predicted the father-child cohesion. The result suggested that adolescent should possess the equal power with father to strengthen their bond. Moreover, father-child bond was predicted by low child power on mother, low paternal power on mother, and high maternal power on father. Based on these results, mother should maintain certain power over father and child for mediating their relationship. Finally, relationship between grandparents from father's family of origin and child predicted father-child bond. That is, only father's family of origin may exert influence on father-child cohesion.

Overall, mother is likely to get involved in father's family line when father and child are cohesive. It means that mother connects with grandparents from father's family of origin. To mediate the relationship between mother and grandparents in their family of origin, father is a key figure. Father considering mother's position in his family, in return, is mediated his relationship with child by mother.

Study 2:

Historical Family Relationship

We conducted Study 2 to examine the association of the current family relationship with past family relationship. Regarding with



* $p < .05$ ** $p < .01$ *** $p < .001$.

Figure 1

Regressions Predicating Father – Child Cohesion from the other family relationship variables

historical family relationship, we considered past family relationship as a reconstructed impression in the present since we did not focus on what it was exactly like at that time.

Methods

Procedures and Participants

Participants were 108 University and Vocational School Students; 34 men and 74 women. Mean age was 20.6 ($SD \pm 3.93$).

Measures

Family relationship history

Family Relationship History Graph (FRHG) (Wakashima et al, 2009) that each participant drew a graph to measure the successive change of impression for family relationship from 3 years of age to the present. In the present study, we applied FRHG to assess three dimensions of family relationship; 1) *dyadic cohesiveness*, 2) *each individual power in family*, and 3) *family related stress*.

In our analyses, we used FRHG data only the period when child's age is from 3 to 19.

Analysis Plan

First, we clarified the mean score transition from 3 to 19 years of age. Furthermore, two multiple regression analyses were conducted on 1) family-related stress at the present and 2) father-child cohesion at the present. Predictor variables were 1) All time family relationships, and 2) All time family relationships except father-child cohesion. As for multiple regression analyses, we did not conduct analyses on male participants' data since we

obtained only inadequate amount of data to gain sufficient statistical power.

Results and Discussions

First, we calculated mean score for each variable to examine the developmental change (Figure 2). Based on the trajectories, we compared father-child and mother-child relationship. For mother, declining of cohesion with child did not result in losing power in family, while, father lost power in family along with declining cohesion with child. This difference might reflect the fact that mother does not lose her power in family even though she is not able to maintain cohesive bond with her child. Prior studies have shown that mother usually has frequent contact with child. (e.g. Shek, 2006) However, Father, in many cases, has less contact with child than mother. Therefore, to exercise his influence on child, father might be required to have an intimate relationship with his child.

Next, we conducted factor analyses on each FRHG index to divide the continuous data from 3 to 19 years into meaningful time periods. Subsequently, Multi-regression analysis (stepwise) was conducted on family related stress. The predictors for family related stress were the current father-daughter cohesion ($\beta = -.49, p < .001$) and father's power when daughter was from 16 to 18 ($\beta = .47, p < .001$). Thus, family related stress related to the current relationship and immediately before the current with father for female late adolescents. This result might reflect the findings that influence of parent-child relationship in childhood is

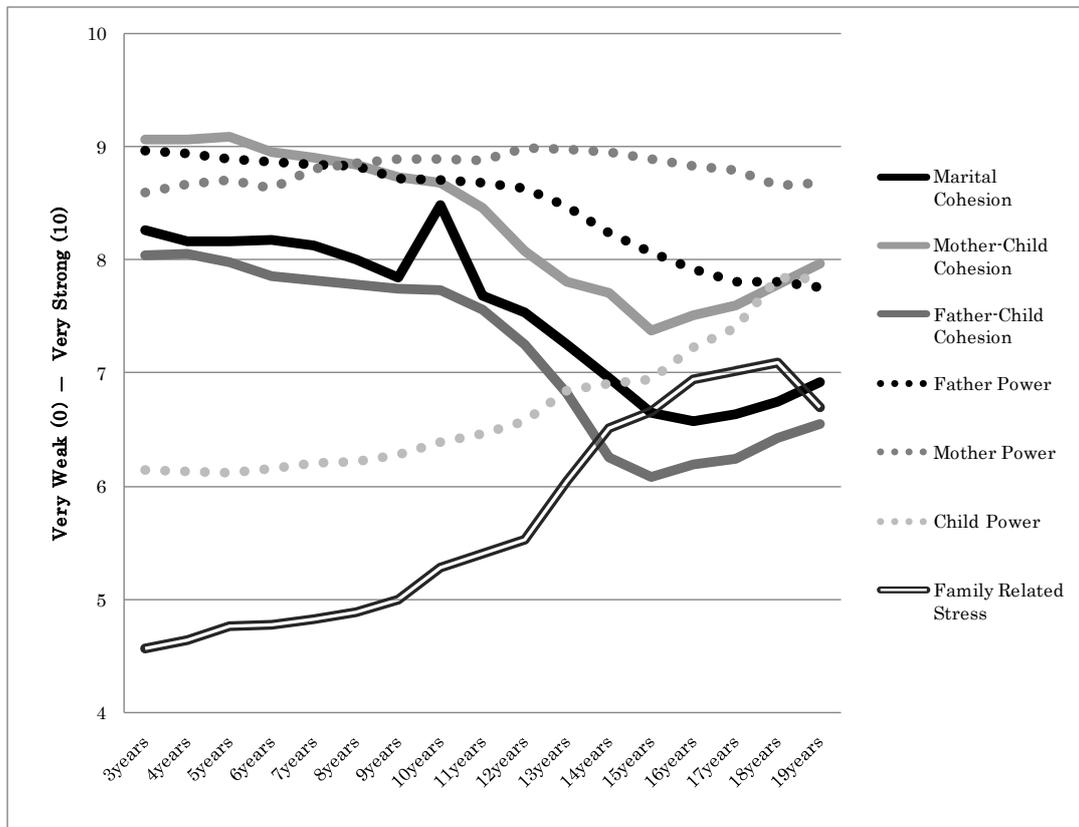


Figure 2

Estimated Trajectories of each family relationship quality

defined by experiences in later developmental stage (Luthar, *et al*, 2000 ; O'Connor, 2003)

Next, we conducted another multiple regression analysis on the current father-daughter cohesion (Figure.3). The result showed that both the current and immediately before the current mother-child relationship were predictive of the current father-child relationship. These results might reveal the strong inter-relatedness between father-child and mother-child relationship. Regarding implication for clinical practice, we suggest focus more on the current family relationship than past such as early childhood when treating family with child

problem.

General Discussions

We presented a part of results for understanding family relationship by two innovative methodologies. We confirmed inter-relatedness of father-mother-child triad from both studies. In study 1, importance of equal power relationship between father and child for father-child cohesion was found. The results of the study 1 also suggested that cohesive father-child relationship is supported by mother's mediating role between them. In

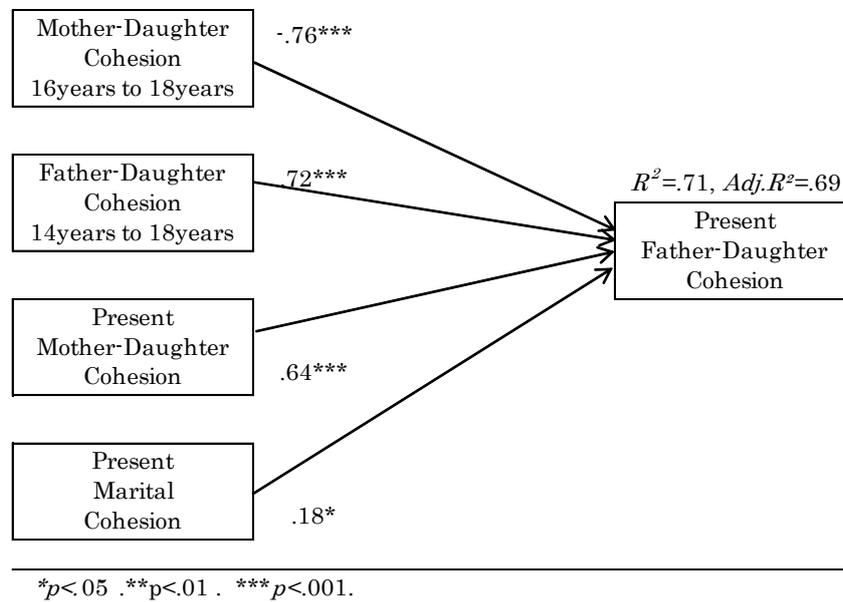


Figure 3

Regressions predicting the Present Father-Daughter Cohesion from Both Historical and the Present Other Family Relationships

study 2, we found the current and immediately before the current family relationship possessed major influence on the current target family relationship than historical family relationship such as those in early childhood.

Prior research has pointed out that there are more multi generational residences in Japan than in other developed countries (Kashiwagi, 1998). Despite the fact, few Japanese researchers have examined three or more generational family relationship (Kawai, 1998; Ikuta et al, 2007).

Previous findings showed that grandparental generation has influence on younger generation for many areas; (e.g. child's problem behavior (Brook et al, 2002), sexual abuse (Leifer et al.,

2004), divorce (Amato & Cheadle, 2005), anorexia nervosa (Canetti et al, 2008). Most of the previous studies, however, focused on past multigenerational family. Therefore, future research should focus on the current multigenerational family relationship because our study suggests that the current target family relationship might be influenced by both the other current family relationship and immediately before the current.

This study proposes some suggestions to overcome the methodological problems for understanding simultaneous and cumulative family relationship. More data might be required to confirm the results in future study. Furthermore, future research should examine

family relationship from several different family members' viewpoints.

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Examining Family Transition with the Current Narratives

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ABSTRACT. Family Relationship History Graph: FRHG (Wakashima *et al.*, 2010) is a measure to assess the transition process of family relationship with the current narratives. The purpose of this study was to examine the validity and reliability of the FRHG. We also aimed to investigate general developmental process of family relationship with the FRHG. The results showed concurrent validity for FRHG as a measure of cumulative family relationship was evident and the FRHG scores had moderate temporal stability after an interval of 1 month. In contrast, the FRHG scores were not temporally stable after 4-month interval. As for family transition process, the results indicate that developmental change of family triangle in adolescence differed by child gender.

KEYWORDS: Family Relationship History Graph, Family Relationship, Reliability, Validity, Family Transition

Introduction

Family Relationship History Graph: FRHG (Wakashima *et al.*, 2010) is a measure to assess the transition process of family relationship with the current narratives. First purpose of this study was to examine the validity and reliability of the FRHG. We also aimed to investigate general developmental process of family relationship with the FRHG.

Validity of the FRHG

To determine the concurrent validity of the FRHG results as a measure for transition of family relationship, we correlated mean scores of FRHG subscales with those of the other

parent-child cohesion measure, which was applied from National Family Research of Japan (NFRJ98, 1999).

Methods

The data was drawn from 287 university students in Japan (95 men, 192 women: $M = 20.24$ years, $SD = 1.53$).

Measures

Family transition process was measured with Family Relationship History Graph : FRHG (i.e. Wakashima *et al.*, 2010) which measures the developmental change of three domains of family relationship from 3 years of age to the present : dyadic cohesion, power, and stress. Adolescents were asked to draw a line to rate the transition of each subscale in a figure with 11-point Likert scale ranging from “*very weak*” to “*very strong*”. Three dyadic cohesions are cohesion of father-child,

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mother-child, and father-mother dyad. Three powers are that of father, mother and child. Two stresses are family related stress and friend stress. To examine concurrent validity, we applied two subscales of the FRHG; father-child cohesion and mother-child cohesion.

Family relationship development the data was obtained for each developmental stage cross-sectionally by National Family Research of Japan 1998, NFRJ98 (1999). We used average scores of two parent-child relationships from 3 years to 20 years to correlate with the transition of parent-child cohesion of FRHG.

Results and Discussions

We correlated the FRHG and the NFRJ98. Table 1, 2 respectively shows the results. Concurrent validity for FRHG as a measure of cumulative family relationship was evident; FRHG subscales had high correlations with scores on a related assessment, the NFRJ98 (.92 for father-child cohesion and .76 for mother-child cohesion). However, the present results are specific to parent-child cohesion. Future research should assess the concurrent validity of other subscales of FRHG.

Reliability of the FRHG

Next, we examined the stability of the FRHG. We assessed the two test-retest reliabilities of the FRHG by comparing answers across the two questionnaire researches conducted with 1- and 4-month intervals. We chose to assess reliabilities at these two intervals because each represents a potentially different assessment.

Methods

Using data collected from university students in Japan, we examined both 1-month and 4-month test-retest reliabilities of the FRHG. 31 university students participated for 1-month test-retest reliability (13 men, 18 women: $M = 20.45$ years, $SD = 0.62$) and 14 university students for 4-month (6 men, 8 women: $M = 23.00$ years, $SD = 2.04$).

Results and Discussions

Regarding 1-month test-retest reliabilities of three dyadic cohesion subscales, the correlation coefficients were significant and of moderate to high magnitude throughout the developmental period (*range* .36-.89 for father-mother

Table 1 Mean Scores for and Correlation between Father-Child Dyad of FRHG and NFRJ98

	Age of the child																	<i>r</i>
	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
FRHG	8.12	8.11	8.05	8.01	7.97	7.91	7.83	7.71	7.62	7.39	7.03	6.70	6.58	6.61	6.65	6.93	.92**	
NFRJ98	3.93	3.98	3.88	3.92	3.88	3.92	3.90	3.93	3.84	3.92	3.80	3.69	3.72	3.70	3.62	3.72		

Note. ** $p < .01$.

Table 2 Mean Scores for and Correlation between Mother-Child Dyad of FRHG and NFRJ98

	Age of the child																	<i>r</i>
	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
FRHG	9.19	9.19	9.20	9.09	9.05	8.97	9.19	9.04	8.65	8.47	8.17	7.92	7.79	7.85	7.87	7.93	.76**	
NFRJ98	3.90	3.84	3.84	3.94	3.92	3.86	3.89	3.91	3.87	3.87	3.84	3.63	3.84	3.73	3.73	3.70		

Note. ** $p < .01$.

cohesion; .43-.81 for mother-child cohesion; .57-.84 for father-child cohesion : Table 3). Likewise, father power subscale of the FRHG was found to have moderate to high 1-month test-retest reliability across the time (range .30-.87). Meanwhile, mother power and child power mostly exhibited moderate degree of 1-month reliability (range .32-.69 for mother power; .38-.67 for child power : Table 4).

Regarding 4-month test-retest reliabilities of three dyadic cohesion subscales, most correlation coefficients were significant and of moderate to high magnitude at early childhood and late adolescence, whereas, not were from late childhood to middle adolescence (Table 5). Likewise, father power and child power of the FRHG were found to mostly have moderate

4-month test-retest reliability across the family transition period (range .46-.78 for father power; (range .33-.81 for child power). Meanwhile, mother power exhibited low to moderate level of 4-month reliability (range -.28-.78 : Table 6). The results of this study showed that the FRHG scores have moderate temporal stability after an interval of 1 month. In contrast, the FRHG scores were not temporally stable after 4-month interval. However, generalization of the results should be limited because the analyses were conducted with small sample. Future study should re-examine the test-retest reliability of FRHG with larger sample.

Table 3 1-month test-retest reliability of 3 cohesion subscales of FRHG (N= 31)

		Age of the child																	
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Dyadic Cohesion	father-mother cohesion	.36*	.42*	.47**	.64**	.64**	.63**	.61**	.66**	.74**	.59**	.62**	.72**	.81**	.85**	.89**	.86**	.71**	.89**
	mother-child cohesion	.76**	.79**	.82**	.76**	.81**	.77**	.69**	.43*	.72**	.76**	.72**	.71**	.72**	.78**	.74**	.70**	.55**	.67**
	father-child cohesion	.64**	.68**	.71**	.73**	.67**	.69**	.63**	.79**	.78**	.70**	.57**	.59**	.61**	.82**	.81**	.84**	.81**	.81**

Note. *p<.05 . **p<.01 .

Table 4 1-month test-retest reliability of 3 power subscales of FRHG (N= 31)

		Age of the child																	
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Power	father power	.69**	.69**	.68**	.69**	.74**	.72**	.72**	.60**	.69**	.67**	.73**	.30	.84**	.72**	.87**	.85**	.87**	.69**
	mother power	.33	.34	.34	.36	.32	.33	.43*	.46**	.48**	.56**	.46**	.40*	.37*	.43*	.54**	.62**	.69**	.64**
	child power	.50**	.51**	.51**	.45*	.43*	.42*	.42*	.38*	.47**	.48**	.50**	.52**	.50**	.54**	.51**	.51**	.59**	.67**

Note. *p<.05 . **p<.01 .

Table 5 4-month test-retest reliability of 3 cohesion subscales of FRHG (N=14)

		Age of the child																	
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Dyadic Cohesion	father-mother cohesion	.52	.51	.56*	.60*	.42	.16	.24	.13	-.06	.21	.41	.27	.60*	.78**	.85**	.61*	.76**	.63*
	mother-child cohesion	.71**	.70**	.70**	.45	.45	.46	.44	.40	.34	.34	.53	.52	.54*	.46	.25	.27	.67**	.61*
	father-child cohesion	.58*	.57*	.54*	.46	.41	.43	.43	.33	.34	.47	.61*	.68**	.69**	.81**	.65*	.63*	.83**	.65*

Note. *p<.05 . **p<.01 .

Table 6 4-month test-retest reliability of 3 power subscales of FRHG (N=14)

		Age of the child																	
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Power	father power	.68**	.69**	.69**	.71**	.73**	.69**	.68**	.64*	.63*	.62*	.53*	.73**	.73**	.47	.57*	.48	.50	.46
	mother power	.44	.44	.46	.41	.33	.35	.31	.22	.18	.12	.02	-.13	-.13	-.13	-.08	-.16	-.12	-.20
	child power	.41	.41	.41	.41	.44	.47	.48	.63*	.65*	.73**	.42	.21	.20	.51	.53	.58*	.48	.55*

Note. *p<.05 . **p<.01 .

General family transition and family stability by gender of child

Methods

Research participants were identical to those of study 1. We applied the FRHG scores from 3 years to 19 years considering robustness of the result based on the differences of the number of age by which participants answered.

We also applied the same methodology as Sattin and Klackenberg’s (1992) in order to obtain more robust results of family stability with the FRHG. We aggregated the annual data using wider time intervals, 3 years. 3 years averaged scores of FRHG subscales were subtracted those from the average score of next 3 years to create one score of family stability.

Results and Discussions

Figure 1, 2 shows the transition of mean scores for each subscale of the FRHG by child’s gender. Table 7, 8 presents stability of family relationship by child’s gender.

This study confirmed that regardless of gender of the child, decline in parent-offspring cohesion were limited to early and middle adolescence, with no changes or improvements in family relationship quality before onset of adolescence and after middle adolescence. This result was consistent with prior longitudinal research (e.g. Feinberg et al., 2003) Furthermore, we found that child-opposite gender parent cohesion was weaker than child-same gender parent cohesion. This finding is in line with the research showing that mothers’ and fathers’ relationships with sons

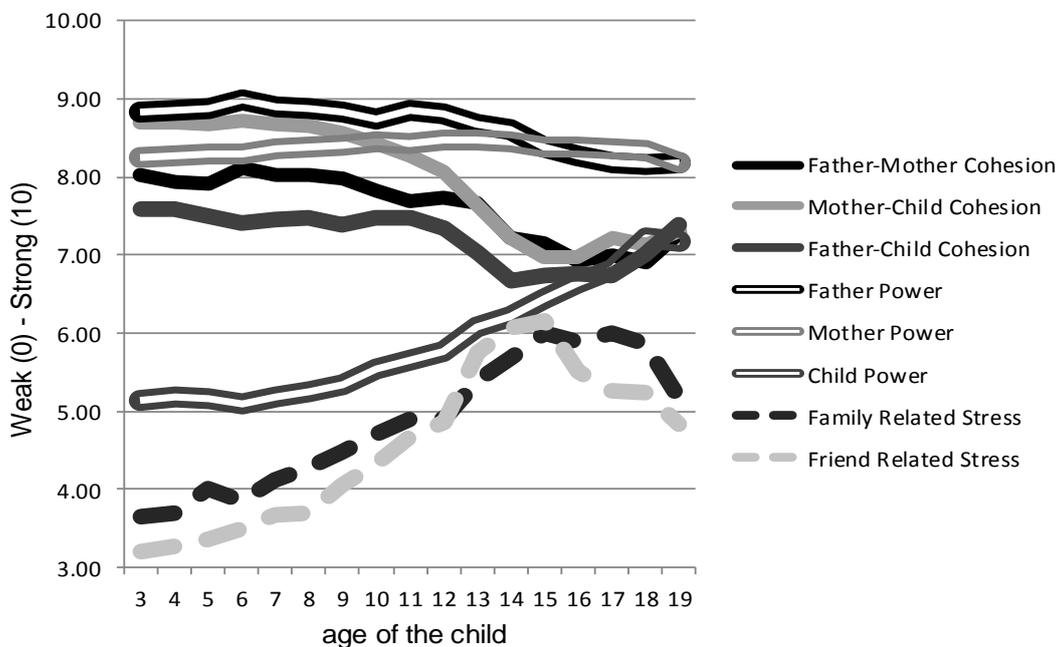


Figure 1 Estimated trajectories of FRHG subscales for men (N=80)

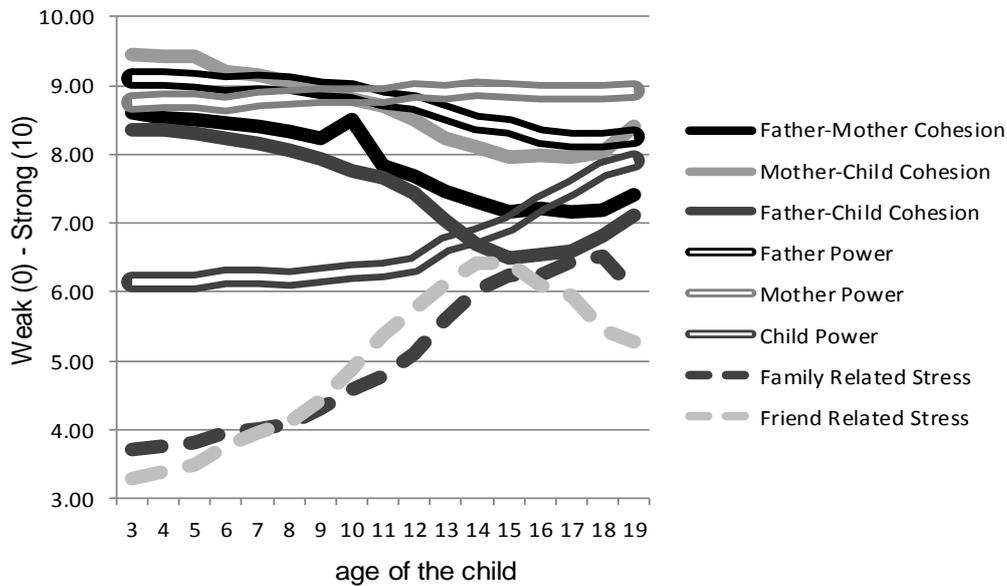


Figure 2 Estimated trajectories of FRHG subscales for women (N=166)

Table 7 Family relationship stability for male adolescents (N=80)

			Age of the child					
			3-5	6-8	9-11	12-14	15-17	18-19
Dyadic Cohesion	Father-Mother	3 years average	7.96	8.05	7.83	7.54	7.04	7.10
		Stability		.09	-.22	-.29	-.50	.06
	Mother-Child	3 years average	8.69	8.68	8.42	7.64	7.06	7.23
Stability			-.01	-.26	-.78	-.58	.17	
	Father-Child	3 years average	7.56	7.45	7.45	7.01	6.75	7.19
		Stability		-.11	.00	-.44	-.26	.44
Power	Father	3 years average	8.86	8.92	8.81	8.70	8.28	8.17
		Stability		.06	-.11	-.11	-.42	-.11
	Mother	3 years average	8.27	8.35	8.43	8.46	8.38	8.26
Stability			.08	.08	.03	-.08	-.12	
	Child	3 years average	5.16	5.17	5.51	6.02	6.62	7.20
		Stability		.01	.34	.51	.60	.58

Note: For stability, scores greater than .50 or less than -.50 are shown with boldface. 2 years average score is created for 18 - 19 years.

Table 8 Family relationship stability for female adolescents (N=166)

			Age of the child					
			3-5	6-8	9-11	12-14	15-17	18-19
Dyadic Cohesion	Father-Mother	3 years average	8.55	8.40	8.19	7.48	7.18	7.29
		Stability		-.15	-.21	-.71	-.30	.11
	Mother-Child	3 years average	9.43	9.14	8.83	8.28	7.97	8.23
Stability			-.29	-.31	-.55	-.31	.26	
	Father-Child	3 years average	8.34	8.15	7.79	7.05	6.54	6.97
		Stability		-.19	-.36	-.74	-.51	.43
Power	Father	3 years average	9.09	9.04	8.90	8.61	8.28	8.23
		Stability		-.05	-.14	-.29	-.33	-.05
	Mother	3 years average	8.76	8.79	8.86	8.92	8.91	8.93
Stability			.03	.07	.06	-.01	.02	
	Child	3 years average	6.15	6.21	6.29	6.63	7.25	7.84
		Stability		.06	.08	.34	.62	.59

Note: For stability, scores greater than .50 or less than -.50 are shown with boldface. 2 years average score is created for 18 - 19 years.

and daughters differ in their level of warmth (Russell & Saebel, 1997). The results indicate that developmental change of family triangle in adolescence differed by child gender. For girls, cohesion with mother remained higher than two other dyadic cohesions after the onset of adolescence. On the contrast, for boys, three dyadic cohesions in family triangle became equal level from the beginning of adolescence. Past research has shown that family transition process occurs at adolescence (Kotaka, 1998). This study adds a finding on the literature of family transition by showing that development of dyadic cohesion in family triangle at adolescence differs by child gender but not that of family member power.

A limitation of the present study should be considered. The present results are specific to general family transition process. Future research should focus on difference of family transition processes across the current family types in order to detect the determinants for better family relationship in later developmental period.

Acknowledgements

This study was supported by grants to Koubun Wakashima from Japan society for the Promotion of Science (2010-2011).

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Predictors for Marital Cohesiveness in Three-generation Family

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ABSTRACT. The purpose of this study was to unfold the complicated mutual link in the family. Specifically, we report how marital relationship relates with other dyads in the three-generation family (first generation (G1) was referred as grandparents, second (G2) as parents, and third (G3) as child's generation) with Inventory for Character of Intra-Inter Generation in Kinship –“ICHIGEKI”-. Result of multi regression analyses on wife-husband cohesiveness in multigenerational family revealed that seven dyadic relationships are predictive of marital cohesiveness in three-generation family.

KEYWORDS: Multi-generation Family, Marital Relationship, Cohesiveness, ICHIGEKI

Family is a system based on complex intercommunication. Therefore, it is not easy to understand how a specific dyad relates to others. Wakashima, *et al.*(2010) showed the empirical way to examine the association between dyads in the family, but two limits can be pointed out to their methodology. First, it is difficult to reach any conclusions because they obtained excessive amounts of result. Second, there are large amount of potentially predictive factors to examine the dyadic relationship in multigenerational family. Hence, the analysis should be performed for participants of each family type.

To overcome the limitations, we focus on the

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most core factor, marital relationship for an assessment of three-generation family (first generation; G1 was referred as grandparents, second generation;G2 as parents, and third generation;G3 as child's generation). It is important to recover marital relationship for clinical treatments, because this relationship relate to not only themselves mental health but also the other family members' mental health, especially child's mental health (Kawashima, *et al.* 2008). Therefore, to explore predictors for marital relationship is useful for clinician who helps families.

Methods

Participants

Research participants were Mother from G2. If there were two or more children (G3) in a family, the participants rated the family relationship with first-born child.

Measures

We assessed dyadic cohesiveness as family member's inter-relationship in multi-generational family with cohesiveness. Cohesiveness-Scale was applied from one of the subscales of "Inventory for Character of Intra-Inter Generation in Kinship" (ICHIGEKI; Noguchi *et al.*, 2009). ICHIGEKI was devised to measure 4-domains of family relationship (Cohesiveness, Power, Interest, and Openness). Noguchi *et al.* (2009) pointed out that Cohesiveness is most core domain in ICHIGEKI. Cohesiveness was measured for each dyadic relationship by single item which were rated on 6-point Likert-style scale ranging from "very weak" (=1) to "very strong" (=6). In this study, 17 dyadic relationships in three-generation family (see Figure1) were rated with Cohesiveness-Scale.

Procedures

Data were drawn from 167 Japanese middleclass working mothers. The mean age of the participants was 43.89. Our purpose of this study was to reveal the way to effective family intervention to improve marital relationships. Hence, we selected low marital cohesiveness families based on questionnaire response ($M=4.41$), and then, 81 families whose score of the marital cohesiveness was in 1-4 ranges were chosen as objects of analyses.

Results

We conducted four multiple regression analyses on wife-husband cohesiveness. Analysis plan is shown at Figure 2. We gradually added the entering variables to reveal the dyads that significantly relate to marital cohesiveness on four different unit of family system.

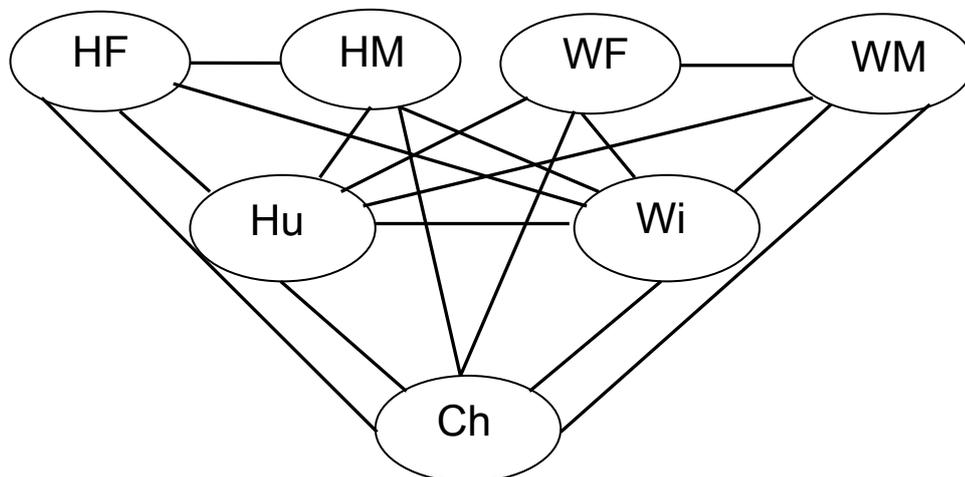


Figure 1. 17dyads in three-generation family

※Note HF: husband's father, HM: husband's mother, Hu: husband, WF: wife's father, WM: wife's mother, Wi: wife, Ch: child.

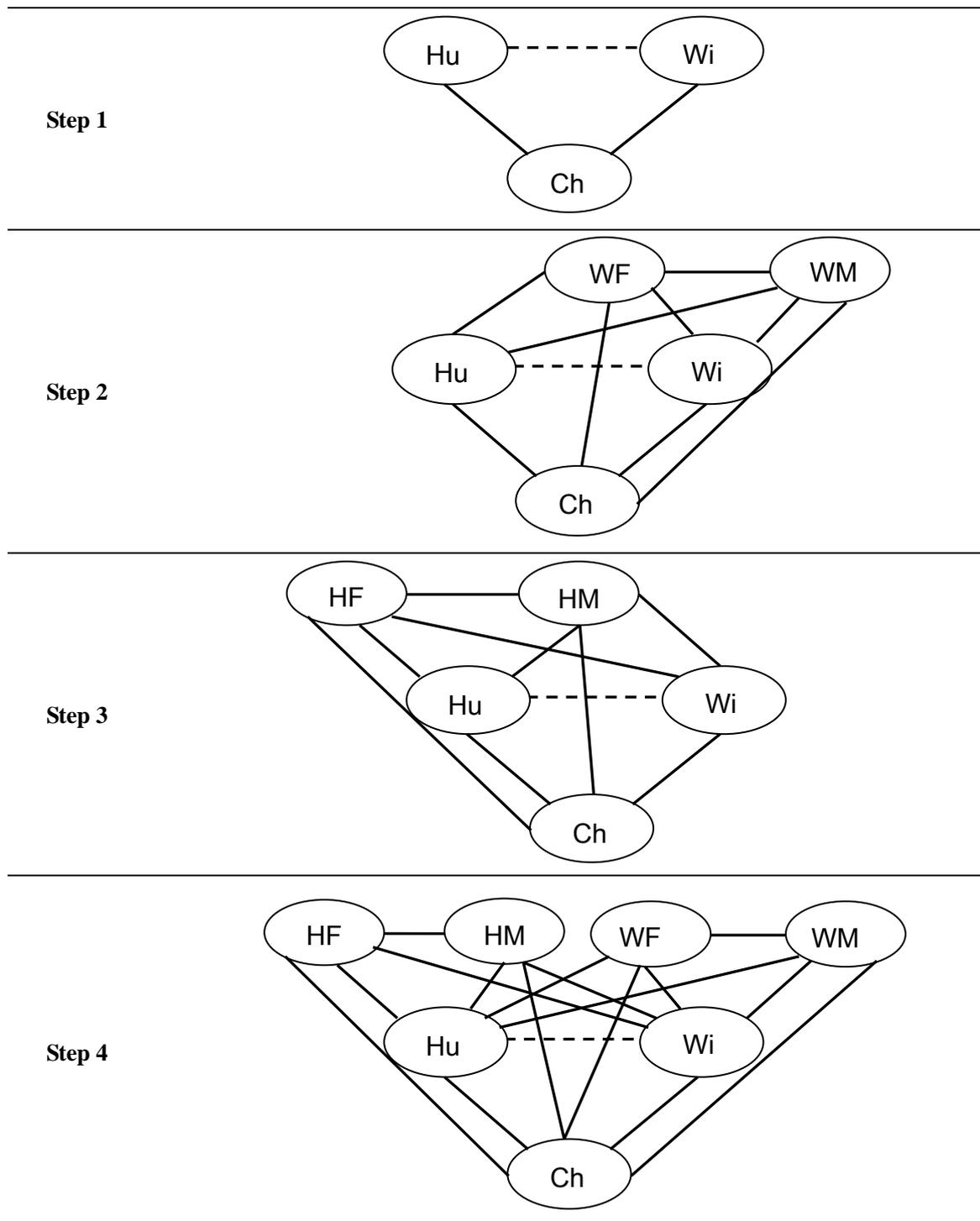


Figure 2. 4 analysis plans of this study

※Note Solid line: Predictor variables , Broken line: Criterion variable
 HF: husband's father, HM: husband's mother, Hu: husband,
 WF: wife's father, WM: wife's mother, Wi: wife,
 Ch: husband's and wife's child.

First, we conducted multiple regression analysis on marital cohesiveness for analysis 1. Predictor variables for analysis 1 were shown at Step 1 of Figure 2. We presented the supported regression model at Figure 3.

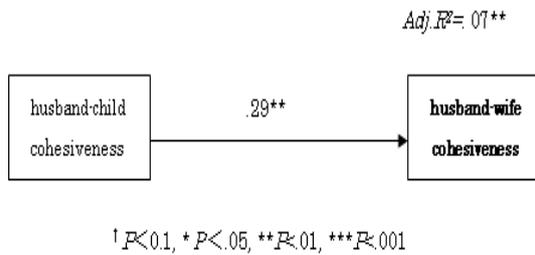


Figure 3. The result of analysis 1

Second, we conducted multiple regression analysis on marital cohesiveness for analysis 2. Predictor variables for analysis 2 were shown at Step 2 of Figure 2. We presented the supported regression model at Figure 4.

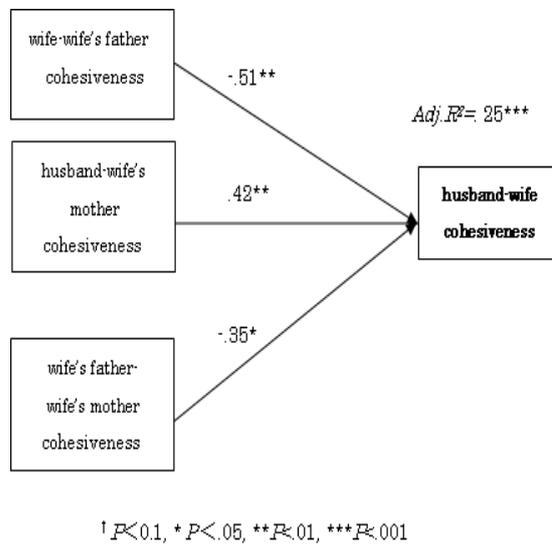


Figure 4. The result of analysis 2

Third, we conducted multiple regression analysis on marital cohesiveness for analysis 3.

Predictor variables for analysis 3 were shown at Step 3 of Figure 2. We presented the supported regression model at Figure 5.

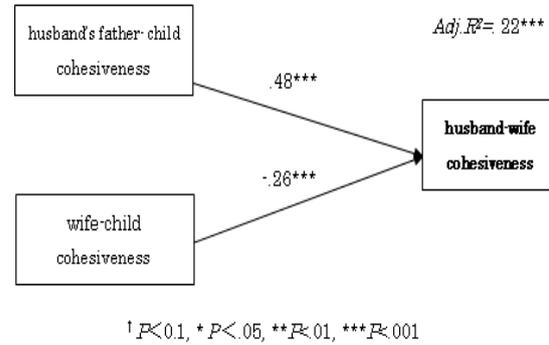


Figure 5. The result of analysis 3

Finally, we conducted multiple regression analysis on marital cohesiveness for analysis 3. Predictor variables for analysis 3 were shown at Step 3 of Figure 2. We presented the supported regression model at Figure 6.

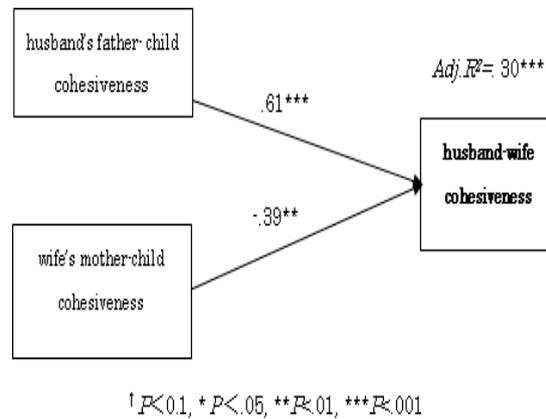


Figure 6. The result of analysis 4

Discussions

In this study, we focused on cohesiveness factor that was suggested as the most core factor in “ICHIGEKI” (Noguchi *et al.*, 2009) and low marital cohesiveness family.

In this study, we revealed dyadic cohesions in three-generation family that relate to marital cohesiveness. Seven dyadic relationships are the significant predictors for marital cohesiveness (see Figure 7 and Figure 8).

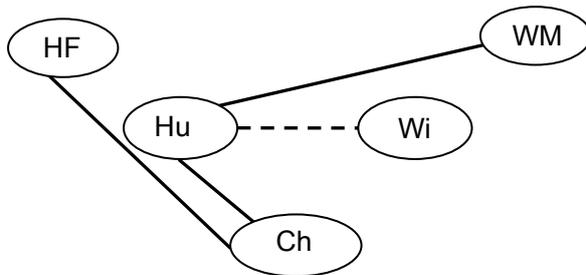


Figure 7. Dyads positively related to marital cohesiveness

※Note Solid line: Predictor variables
Broken line: Criterion variable
HF: husband's father, Hu: husband,
WM: wife's mother, Wi: wife,
Ch: child.

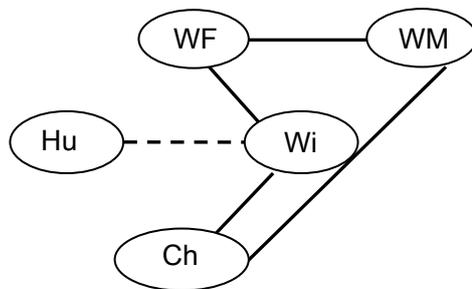


Figure 8. Dyads negatively related to marital cohesiveness

※Note Solid line: Predictor variables ,
Broken line: Criterion variable
Hu: husband, WF: wife's father,
WM: wife's mother, Wi: wife,
Ch: child.

On account of the space limitation, it is difficult to discuss about all results in this study. Based on our results, we should focus on larger family system (i.e. three generational family) to intervene marital relationship.

Nozue (2008) pointed out that problems between married couples may occur resulted from unsolved problems in their family of origin. However, the results of this study were limited to dyadic cohesiveness between mother and her family of origin. Therefore, Nozue's suggestion can be limitedly applicable to mother's family of origin.

Moreover, the result of this study shows that G1-G3 relationships as well as G1-G2 relationships are important as predictive factors for marital relationships. Given that findings about G2-G3 relationships, it should be cautions to consider two parent-child relationships (husband-child and wife-child) as identical factors for marital relationship.

Future study should explore the nature of the communication, which can determine the quality of dyadic cohesiveness and should examine the causal relationship about those results for proving applicability of clinical intervention.

Acknowledgements

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Correlates of Family Structure Transition with Depression in Family Caregivers of Dementia

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ABSTRACT. This study examined family relationships between care receivers (CRs), primary caregivers (PCGs) and secondary caregivers (SCGs) from the perspective of Cumulative Family Relationships and considered how this relationship has changed over the years, as well as whether there is a difference between these changes and the depression of PCGs. Participants were 170 PCGs who were caring in-home dementia CRs. The results of ANOVA and t-test showed that 1) Family Structures Transition were statistically significant, and 2) Family Structure Transition differed according to the degree of depression. These results suggested that Family Structure Transition should be considered when designing intervention strategies and assessment.

KEY WORDS: family structure transition, depression, family caregiver, dementia, cumulative family relationships

Background

With the advent of Japan's elderly society, problems such as depression stemming from care giving, elderly abuse, and burnout are drawing significant attention. Providing adequate support for caregiving families in dire circumstances is becoming a pressing issue. However, we are still in the initial stages of searching for support avenues within the policy, in society, and in research. Moreover, we currently have not accumulated an adequate amount of comprehensive knowledge about the family as a whole.

Purpose

Incidentally, the composition of a "family" is a crucial issue that needs to be assessed in research on caregiving families (Hiraizumi, 2011a). Wakashima *et al.* (2010) and Hiraizumi (2011a) has provided the ways of assessing a family. Wakashima *et al.* (2010) has stated that a family is a "system based on relationships through intricate mutual interaction." Two perspectives for understanding this are as follows: a) Simultaneous Family Relationships, meaning a family's current relationship and b) Cumulative Family Relationships, meaning a family's relationship from the past until the present. In addition, they assert that a comprehensive understanding of the family through these perspectives makes it possible to conduct research for improving the effectiveness of family support. Furthermore, Hiraizumi (2011a) have explored the

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relationship between care receivers (CRs), primary caregivers (PCGs), and secondary caregivers (SCGs) from the perspective of a) Simultaneous Family Relationships and observed the positive impact of this relationship on the stress responses of PCGs. Considering this, the purpose of this study is to examine family relationships between CRs, PCGs, and SCGs from the perspective of b) Cumulative Family Relationships and consider how this relationship has changed over the years, as well as whether there is a difference between these changes and the depression of PCGs.

Methods

Procedures and Participants

In September 2010, we conducted a self-administered questionnaire survey in a prefecture in northeastern Japan. Participants of the survey were Family Caregivers (PCGs) providing care in the homes of the elderly who are or may possibly be afflicted with dementia. 480 questionnaires were distributed to facilities and offices within the prefecture, and 170 completed sheets were collected (35.4% response rate). The sample was selected on the basis of the following points: 1) whether there was no systematic deficiency, 2) whether the level of care required was certified need level 2 or higher, or 3) behavioral and psychological symptoms of dementia (BPSD). The final number of subjects was 140.

Measures

The structure of the questionnaire focused on (a) basic information (age, sex, relationship, and level of symptoms); (b) changes in family

structure: Inventory for Character of Intra-Inter Generation in Kinship (ICHIGEKI), (Kozuka *et al.*, 2008; Noguchi *et al.*, 2009), and (c) Depression: CES-D Japanese version (Shima *et al.*, 1985). Family structure has defined as the structure of the relationship between CRs, PCGs, and SCGs; in addition, it measured by three factors: *Cohesiveness*, *Openness*, and *Power*. The instructions asked subjects to recall situations “before beginning to provide care (BC)” “immediately after beginning to provide care (ABC)” and “the present (P)”. “Before beginning to provide care” refers to the one-year period from when care was unnecessary to the point where the patient has certified as needing care. “Immediately after beginning to provide care” refers to the one-year period of care giving after the patient was certified as needing care. “The present” refers to the point at which the survey had conducted. The questionnaire asked respondents to rate their family structure on a scale of 1 to 10 (1=extremely weak, 10=extremely strong) during these three time periods.

Definitions

Care receivers (CRs) defined as elderly people who are or may possibly be suffering from dementia and live at home. CRs were limited to those who had certified as needing care and used daycare, at-home nursing, or other care services. Primary caregivers (PCGs), on the other hand, defined as those family members who provided maximum care in terms of time and content. Secondary caregivers (SCGs) defined as those family

members/relatives who provided care for CRs equal to PCGs in terms of time and content. Based on the purpose of this study, which focuses on several bilateral relationships, we did not exclude the respondents who answered SCG as family members/relatives who lived in distant areas.

Results

The average ages of CRs, PCGs, SCGs were 85.68 years (SD = 7.52), 60.42 years (SD = 9.65), and 55.85 years (SD. = 13.41), respectively. There were 111 PCGs (79.3%) who had SCGs, and 29 PCGs (20.7%) who did

not had SCGs. Including PCGs, the average number of family members who lived in the same household was 3.85 (SD. = 1.65), the average number of years of care provided was 5.95 (SD = 3.91), and the average number of hours of care provided a day by PCGs was 8.47 (SD = 5.63). Specifics on the statistics were mentioned in Hiraizumi (2011b). Prior to the main analysis, respondents were grouped into “normal” and “depression prone” based on the CES-D scale cut-off point, and a Family Structure factor score was calculated separately. Results are shown in Figure 1-3.

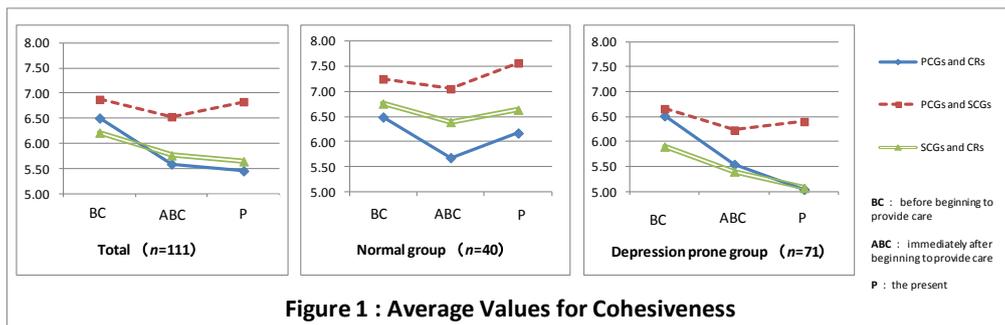


Figure 1 : Average Values for Cohesiveness

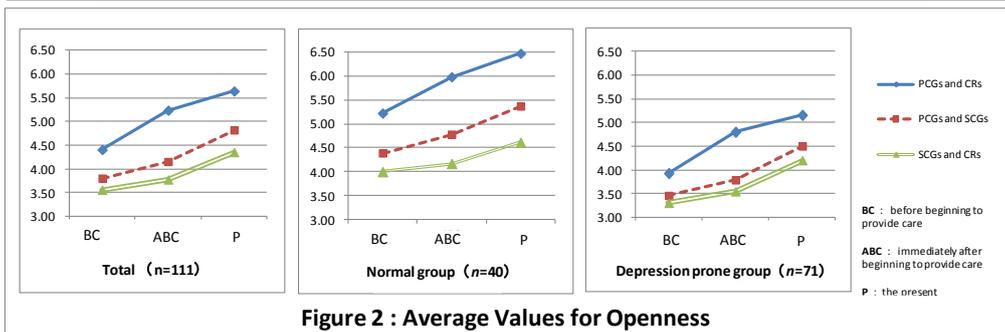


Figure 2 : Average Values for Openness

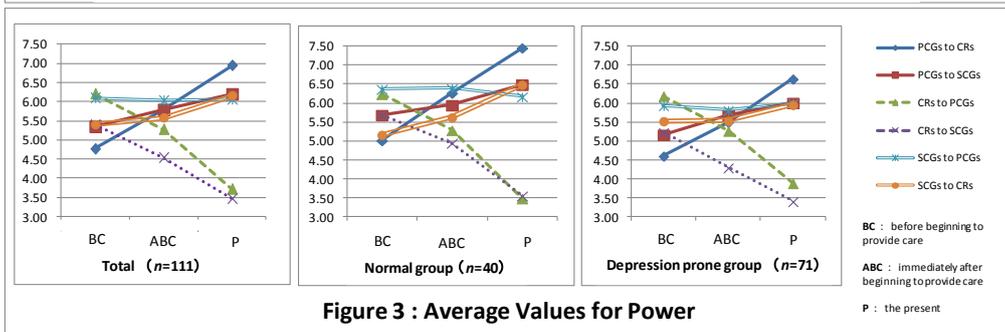


Figure 3 : Average Values for Power

Next, we conducted an ANOVA (comparison between subjects, 5% level) using the Family Structure factor score for both normal and depression prone groups at each of the three points in time as variables to examine if there are any changes in the Family Structure. Results demonstrated that Family Structure factor scores are significantly different for both normal and depression prone groups in the three time periods. Furthermore, both normal and depression prone groups shared the following changes: 1) PCGs' *Openness* increases, 2) PCGs' *Power* increases, and 3) CRs' *Power* decreases. In addition, *Cohesiveness* between PCGs and CRs declines

in the depression prone group, while *Power* of SCGs over CRs increases in the normal group. Results are shown in Table 1 and 2.

Next, we conducted a t-test on the Family Structure factor score variables for both normal and depression prone groups in order to detect any differences between the groups. The result showed differences between the normal and depression prone groups in 1) *Cohesiveness* among family members from the time immediately after beginning to provide care to the present and 2) PCGs' *Openness* from before beginning to provide care until the present. Results are shown in Table 3.

Table 1: ANOVA Results for Family Structure Scores at Three Time Periods for Normal Group

	① BC		② ABC		③ P		<i>F</i> value	main effect
	M	(SD)	M	(SD)	M	(SD)		
Cohesiveness								
PCGs and CRs	6.49	(2.62)	5.68	(2.37)	6.17	(2.87)	$F(2, 39) = 2.023$	<i>n.s.</i>
PCGs and SCGs	7.24	(2.31)	7.56	(2.29)	7.05	(2.32)	$F(2, 39) = 1.349$	<i>n.s.</i>
SCGs and CRs	6.76	(2.95)	6.39	(2.88)	6.63	(2.97)	$F(2, 39) = 0.791$	<i>n.s.</i>
Openness								
PCGs and CRs	5.22	(2.94)	5.98	(2.65)	6.46	(2.91)	$F(2, 39) = 5.511^{***}$	③ > ①
PCGs and SCGs	4.39	(3.07)	4.78	(3.02)	5.37	(2.97)	$F(2, 39) = 8.162^{***}$	③ > ② = ①
SCGs and CRs	4.00	(2.99)	4.17	(2.97)	4.61	(3.01)	$F(2, 39) = 3.665^*$	<i>n.s.</i>
Power								
PCGs to CRs	5.02	(2.69)	6.27	(2.71)	7.46	(2.63)	$F(2, 39) = 19.055^{***}$	③ > ② > ①
PCGs to SCGs	5.69	(2.79)	5.95	(2.49)	6.49	(2.68)	$F(2, 39) = 4.845^*$	③ > ①
CRs to PCGs	6.24	(2.99)	5.29	(2.66)	3.49	(2.71)	$F(2, 39) = 17.857^{***}$	① > ② > ③
CRs to SCGs	5.68	(3.17)	4.95	(2.99)	3.56	(2.77)	$F(2, 39) = 15.487^{***}$	① = ② > ③
SCGs to PCGs	6.37	(2.55)	6.39	(2.38)	6.17	(2.45)	$F(2, 39) = 0.459$	<i>n.s.</i>
SCGs to CRs	5.17	(2.66)	5.63	(2.71)	6.49	(3.23)	$F(2, 39) = 7.037^{***}$	③ > ② = ①

(*n* = 41) * $p < .05$, ** $p < .01$, *** $p < .001$

BC : before beginning to provide care

ABC : immediately after beginning to provide care

P : the present

Table 2: ANOVA Results for Family Structure Scores at Three Time Periods for Depression Prone Group

	① BC		② ABC		③ P		F value	main effect
	M	(SD)	M	(SD)	M	(SD)		
Cohesiveness								
PCGs and CRs	6.51	(2.45)	5.54	(2.28)	5.04	(2.97)	F(2, 68)=9.972***	① > ② = ③
PCGs and SCGs	6.66	(2.57)	6.23	(2.46)	6.40	(2.76)	F(2, 68)=1.345*	n.s.
SCGs and CRs	5.90	(2.56)	5.40	(2.50)	5.07	(2.83)	F(2, 68)=3.982*	n.s.
Openness								
PCGs and CRs	3.93	(2.92)	4.80	(2.92)	5.16	(3.24)	F(2, 68)=6.373*	③ = ② > ①
PCGs and SCGs	3.46	(2.55)	3.79	(2.51)	4.50	(2.87)	F(2, 68)=9.640***	③ > ② = ①
SCGs and CRs	3.30	(2.72)	3.54	(2.67)	4.20	(2.92)	F(2, 68)=5.707**	③ > ② = ①
Power								
PCGs to CRs	4.61	(2.83)	5.50	(2.72)	6.64	(2.95)	F(2, 68)=23.135***	③ > ② > ①
PCGs to SCGs	5.17	(2.79)	5.69	(2.76)	6.01	(2.78)	F(2, 68)=6.520**	③ > ①
CRs to PCGs	6.19	(2.61)	5.27	(2.66)	3.89	(3.06)	F(2, 68)=33.465***	① > ② > ③
CRs to SCGs	5.23	(2.92)	4.30	(2.72)	3.41	(2.70)	F(2, 68)=23.061***	① > ② > ③
SCGs to PCGs	5.94	(2.63)	5.81	(2.51)	6.00	(2.65)	F(2, 68)=0.484	n.s.
SCGs to CRs	5.53	(2.81)	5.54	(2.61)	5.96	(3.07)	F(2, 68)=1.897	n.s.

(n=70) * p<.05, ** p<.01, *** p<.001

BC : before beginning to provide care

ABC : immediately after beginning to provide care

P : the present

Table 3: t-Test Results for Normal and Depression Prone Group Family Structure Scores

	before beginning to provide care			immediatly after beginning to provide care			the present					
	Normal group	Depression prone group	t-value	Normal	Depression prone group	t-value	Normal	Depression prone group	t-value			
	M (SD)	M (SD)		M (SD)	M (SD)		M (SD)	M (SD)				
Cohesiveness												
PCGs and CRs	6.49 (2.62)	6.51 (2.45)	n.s.	5.68 (2.53)	5.54 (2.28)	n.s.	6.17 (2.87)	>	5.04 (2.97)	1.956*		
PCGs and SCGs	7.24 (2.31)	6.66 (2.57)	n.s.	7.05 (2.32)	6.23 (2.46)	1.732 [†]	7.56 (2.29)	>	6.40 (2.76)	2.270*		
SCGs and CRs	6.76 (2.95)	5.90 (2.55)	n.s.	6.39 (2.88)	5.40 (2.50)	1.901 [†]	6.63 (2.97)	>	5.07 (2.83)	2.756**		
Openness												
PCGs and CRs	5.22 (2.94)	>	3.93 (2.92)	2.243*	5.98 (2.65)	>	4.80 (2.92)	2.116*	6.46 (2.91)	>	5.16 (3.24)	2.128*
PCGs and SCGs	4.39 (3.06)	>	3.46 (2.55)	1.727 [†]	4.78 (3.02)	>	3.79 (2.51)	1.869 [†]	5.37 (2.97)		4.50 (2.87)	n.s.
SCGs and CRs	4.00 (2.99)		3.30 (2.72)	n.s.	4.17 (2.97)		3.54 (2.67)	n.s.	4.61 (3.01)		4.20 (2.92)	n.s.

(Normal group N = 41, Depression prone group N = 70) , † p<.10, * p<.05

t-values are only given for variable pairs that had a statistically significant average score.

Statistically significant differences in average scores for variable pairs are indicated by "<."

There were no statistically significant differences in average scores for the three time periods for the power factor, and thus, these values were excluded.

Discussions

This study examined the relationship between Family Structure Transition and depression in family caregivers of dementia. Results showed that 1) Family Structures Transitions were statistically significant, and 2) Family Structure

Transition differed according to the degree of depression. These results suggested that a unique change occurs in the structures of families who faced with the problem of caring for an elderly relative. Moreover, we can predict PCGs' depression from developmental

change of family relationships and thus intervene at an early stage. Future study should report a short term and/or family therapy practice with viewpoint of this study.

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An Idea of Compliment for “Tickling” Mind

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ABSTRACT. The purpose of this study is to try proposing the idea and analyzing about clinical usage of compliment, which heavily weighted in the Brief Therapy. Maruta and Ishii (2008, 2009) has been proposed “Tickling” as one of the ideas about compliment. The demonstrative study was defining “Tickling” as a compliment which was due to finding resource in the bitter reality based on the three effective conditions about intervention “small, acceptable, and funny” suggested by Hasegawa(2005). This study was conducted by using questionnaire, and searched the main factor of tickling and how it effects on feeling of comfortableness and process of cognition. From the result, some factors of tickling were clarified about their influence. Since the influence of titillating feeling with “tickling” could confirm, importance of “tickling” as contrive of compliment was shown that the tickling changes intrapersonal level of comfortableness and cognition regarding problem for positive way.

KEYWORDS: Tickling, Compliment, Change

Purpose

An Idea of Compliment for “Tickling” Mind

The purpose of this study is to try proposing the idea and analyzing about clinical usage of compliment, which heavily weighted in the brief-therapy, by demonstrating the compliment. Maruta and Ishii (2008, 2009) has been proposed “Tickling” as one of the ideas about compliment. The demonstrative study was conducted by using questionnaire, and defining “Tickling” as a compliment which was due to finding resource in the bitter reality based on the three effective conditions about intervention

“small, acceptable, and funny” suggested by Hasegawa(2005). The result shown that “Tickling” contains the senses of ticklish, accepted, and reality affirmative, and when the ticklish was sensed, the process of cognition toward problem tends to change as positively. The purpose of this study is to search the main factor of tickling, and how it effects on feeling of comfortableness and process of cognition.

Method

Participants

Participants were chosen from university students. There were total of 254 participants, and 232, including 52 males and 180 females, became an object after excluding data of missing value. This study was conducted in November to December in 2008.

Questionnaire

The questionnaire that consisted of 3 scales

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was made referring to the scale that Maruta and Ishii(2008) had produced based on preparatory investigations and previous study of (2004). The composition of the questionnaire is 1) demographic profile for each participant which included gender and age, 2) three brief settings of the students who have certain maladaptive problems (factor between individuals : having difficult to make friends, left behind study, juvenile delinquent who gets incomprehension), 3) comfortable criterion that must be answered from student's standpoint about comfortableness of school, 4) tickling(compliment) scene from teacher to the particular student, 5) another comfortable criterion that must be answered from student's standpoint about after he or she get tickling, change acknowledgment regarding problem

scale that is about how one's cognition about problem has been changed, tickling recognition scale that measures the feeling after ticklish word was given, and 6) free response.

Results

1. Ascertain the factorial structure for each scale and calculate subordinate scale score

The factor analysis for tickled recognition

The 3 factor structure was considered to be valid after 18 items were analyzed by principal factor method. The final pattern of factor and the correlation between factors after execute promax rotation are in Table1. Each factor was named; ticklish factor was the first ($\alpha=.91$), remaining the status factor was the second ($\alpha=.91$), and empathy acknowledgment factor was the third ($\alpha=.80$).

Table 1

Factor analysis of recognition of tickling scale				
	I	II	III	
feel bashful	1.01	-.21	-.01	.74
feel ticklish	.96	-.01	-1.10	.81
feel embarrassed	.83	-.02	.07	.72
feel won the praise	.66	.24	-.04	.69
feel proud of myself	.57	.18	-.05	.48
feel encouragement	.41	.32	.12	.56
feel to be able to accept myself	-.08	1.00	-.05	.82
understood	.04	.79	.03	.71
able to think objectively	.09	.75	-.17	.52
feel relieved	.18	.72	.00	.73
feel ok to being myself	-.15	.66	.04	.34
feel being affirmed from others	.17	.48	.21	.60
feel getting understand from others	.27	.42	.28	.73
feel not getting understand from others	.02	.04	-.80	.59
feel denied from others	-.08	.14	-.79	.56
feel not at home	.15	-.10	-.76	.57
correlation factor	I	II	III	
I	—	.74	.49	
II		—	.65	
III			—	

The factor analysis for comfortableness scale

The 3 factor structure was considered to be valid after 17 items were analyzed by principal factor method. The final pattern of factor and the correlation between factors after execute promax rotation are in Table2. Each factor was named; positive feeling factor was the first ($\alpha=.89$), growth factor was the second ($\alpha=.90$), and relax factor was the third ($\alpha=.84$).

The factor analysis for variation about cognition regard problem

The 3 factor structure was considered to be

valid after 30 items were analyzed by principal factor method. The final pattern of factor and the correlation between factors after execute promax rotation are in Table 3. Each factor was named; feeling of solved problem factor was the first ($\alpha=.89$), and problem deterioration factor was the second ($\alpha=.79$). Since the third factor was configured from only 2 factors, it was excluded from the data.

Table 2

Factor analysis of comfortableness scale

	I	II	III
like to stay at classroom	.99	-.08	-.08
have good time at classroom	.96	-.14	.01
fun to stay at classroom	.74	.13	.08
make friends	.64	.28	-.16
get cheerful feeling	.55	.29	-.01
uninteresting to stay classroom	-.37	-.16	-.04
muster motivation	.07	.85	-.08
have someone to talk to	.02	.85	-.07
able to set goal	-.04	.82	.06
feel looked after from someone	-.02	.81	.06
mentally growing	.07	.50	.29
being able to feel relax	.10	-.17	.91
being able to stay myself	-.06	.13	.79
being able to stay calm	.08	.01	.79
not being able to obedient myself	.19	-.03	-.50
feel comfortable	.23	.08	.45
correlation factor	I	II	III
I	—	.68	.63
II		—	.57
III			—

Table 3

Factor analysis of acknowledgment variation on problem				
	I	II	III	
motivated to solve problem	.89	.03	-.25	.75
considering to change own behavior	.88	.02	-.25	.74
ways to approaching problems has been changed	.86	-.09	-.16	.74
found the things which should be done	.82	.12	-.05	.63
if I get the same problem in future, my behavior will change	.81	.08	-.12	.62
there should be something that I can do to solve the problem	.80	.04	-.04	.62
got confident myself about solving the problem	.80	-.15	.05	.74
I can understand the problem clearly	.78	.25	.06	.59
the way of thinking has been changed	.77	.01	-.03	.58
I admit that my behavior has a point for improvement	.76	.26	-.22	.59
felt relieved	.75	-.15	.12	.69
the connection between the problem and myself have been changed	.74	-.01	.13	.60
countermeasure toward problem has been settled	.73	.13	.04	.52
got new opinion	.71	-.09	-.08	.52
I believe that I can do a lot of things	.70	.08	.04	.49
feel fine	.70	-.10	.18	.63
understood the importance of problem	.68	.13	.21	.52
feel secure	.67	-.22	.10	.62
reduced anxiety level	.66	-.20	.19	.65
being able to organized own feeling	.66	-.23	.14	.63
reduced stress level	.63	.00	.23	.51
found the exceptional behavior in myself that leads good result	.63	.03	.16	.45
increased stress level	-.10	.90	.09	.80
feel depressed	-.02	.82	.20	.59
feel confused	.10	.66	.14	.37
realized seriousness of problem	.27	.54	-.18	.39
problem became unconcern	-.11	.18	.77	.50
feel fine even if I have problem	.23	.10	.63	.46
correlation factor	I	II	III	
I	—	-.22	.21	
II		—	-.40	
III			—	

In addition, subordinate scaling score was calculated from average score of recognition of tickling scale, comfortableness scale, and acknowledgement variation on problem scale, based on obtained raw score of subordinate scaling data from factor analysis. The average

score and standard deviation of each subordinate scaling is shown in Table 4.

2. Discussions about correlation and causation

Cross correlation about tickling recognition scale, comfortableness scale, and

acknowledgement variation on problem scale is shown on Table 4. Also, in order to discuss the influence about comfortableness scale and acknowledgement variation on problem scale from three subordinate scaling score in tickling recognition scale, multiple regression analysis was conducted based on each subordinate scaling score of comfortableness scale and

acknowledgment variation on problem scale as a dependent variable. The result is shown on Table 5. The path diagram based on multiple regression analysis is shown Figure 1. In the Figure 1, correlation of subordinate scaling score about tickling recognition scale was also stated. Although correlation between independent variables was exceedingly high,

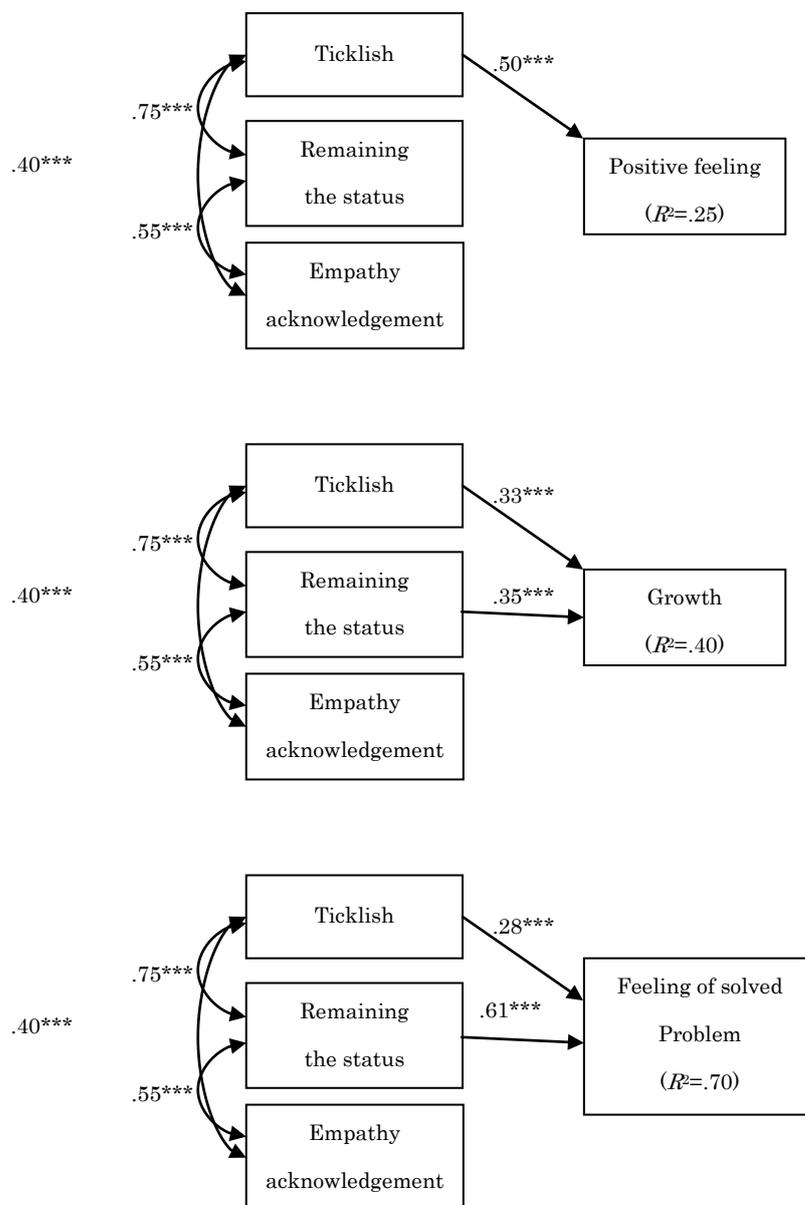


Figure 1. Path Diagram

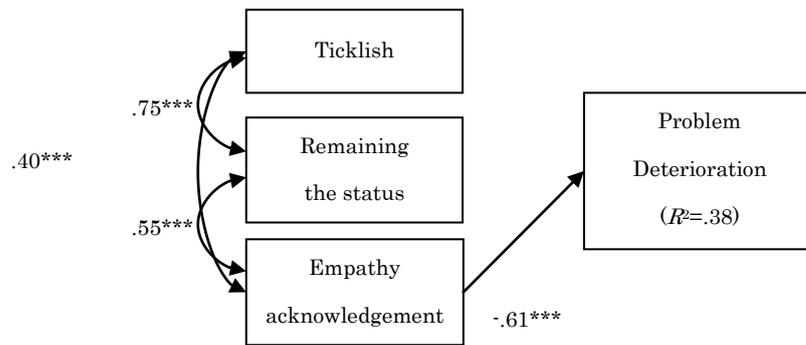
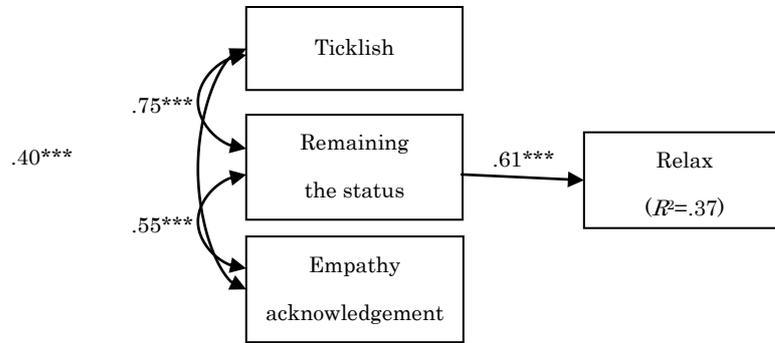


Figure1 (Continued). Path Diagram

the variable of VIF and CI was not indicated multicollinearity. The result of multiple regression analysis, standard partial regression towards positive feeling about ticklish indicated significant, but there was no significance between the remaining the status and empathy cognition. Also, ticklish and remaining the status toward growth indicated significant, but level of significance could not found from empathy cognition toward growth. The

remaining the status toward relax showed significance, but no significance was shown ticklish toward empathy cognition. Ticklish and remaining the status toward sense of resolution indicated significance, but ticklish toward empathy cognition did not shown significance. Empathy cognition toward deterioration of problem showed significance, but no significance was founded in remaining the status toward ticklish.

Table 4

Descriptive statistics and correlation coefficient about subordinate scale score

	Standard Value	Standard Deviation	Minimum Value	Maximum Value	Correlation Coefficient		
					Ticklish	Remaining the Status	Empathy Cognition
Ticklish	2.67	1.10	.00	5.00	—		
Remaining the Status	3.05	1.02	.00	5.00	.75***	—	
Empathy Cognition	3.54	.96	.00	5.00	.40***	.55***	—
Positive Feeling	2.30	.91	.00	4.33	.50***	.44***	.21***
Growth	3.07	1.06	.00	5.00	.59***	.60***	.35***
Relax	2.74	.91	.00	5.00	.40***	.61***	.36***
Sense of Resolution	2.75	.97	.00	4.86	.73***	.81***	.41***
Deterioration of Problem	1.71	.90	.00	4.25	-.19	-.32	-.61

* : $p < .05$, ** : $p < .01$, *** : $p < .0001$

Table 5

Result of multiple regression analysis

	β				
	Positive Feeling	Growth	Relax	Sense of resolution	Deterioration of Problem
Ticklish	.50***	.33***	-.12	.28***	.07
Remaining the Status	.14	.35***	.61***	.60***	.03
Empathy Cognition	.01	.34	.03	-.06	-.61
R^2	.25***	.40***	.37***	.70***	.38***

* : $p < .05$, ** : $p < .01$, *** : $p < .0001$

β : Standard partial regression

Discussions

From the result of this research, some factors of tickling were clarified about their influence. First, titillating feeling with “tickling” made change the negative feeling about maladjusted environment, increased motivation about growth facilitated the transition of problem solving. Second, the feeling about maintain the same status increased relaxation and motivation about growth in maladjusted environment, and facilitated the change of problem solving. Finally, the recognition secured empathy suppressed impression about deterioration of problem. Since the influence of titillating feeling with “tickling” could confirm, importance of “tickling” as contrive of compliment was shown that the tickling changes intrapersonal level of comfortableness and cognition regarding problem for positive way.

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The switch of Self-efficacy: from Undesirable Behaviors to Independent Learning

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KEYWORDS: Brief therapy, Problem behavior, Paradoxical intervention

Problematic behaviors

“A” was mental retardation boy who went to elementary school. As he adapted to the school and gradually enlarged the field of activities, he started to slip out of his classroom during class. Moreover, when he went along the corridor, he turned off all lights in the floor.

His mischief continued because he enjoyed reaction of others such as a stir and a rebuke. That situation was considered as a vicious circle.

Character of boy “A”

To put it briefly, he was very humorous boy. He had a little vocabulary because of mental deficiency. However, he used to play the fool by acting in funny manner such as hitting his forehead on a door and a pillar. Therefore, he always grabbed attentions from both class teacher and classmates. In addition, he played with toy (paper-made cellar-phone) alone,

when he finished lunch earlier than other classmates. The pattern of the interaction was always unilateral.

Our support policy to “A”

His class teacher had tried to control his behavior. However, his effort had not been succeeded. In actuality, he was pleased with his teachers’ reactions. In addition, other children mimic his behaviors. Hence, class teacher was not able to manage his class. Team meetings were held to discuss course of supporting plan of “A”.

Policy of supporting plan

Given that his characteristics of communication, class teachers tried to increase the visual information in his classroom environment (on the desk and wall, and so on). The intervention aimed for “A” to be able to have a prospect of plan of the classes and the activities. We expect the intervention bring him a feeling of belongingness to his class.

Class teacher stopped prohibiting “A”’s behaviors. Instead of that, he focused to change “A”’s behaviors to be more desirable. Besides, class teacher was asked to work on building a

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good relationship with “A”s by sharing various feelings.

Interventions from class teacher to “A”

Teacher (T): Hi, A. Is it ...difficult...? Can you do that...? Is it too difficult for you ...?

Boy A (A): What, What is it? What should I do?

T: It's interesting and exciting thing! ...Now you used to push the light switch once...only once... “Clack!”... It is too easy for you! So, can you push it more? ... For example... twice! “Clack, clack!” I think very exciting. Do you think so? But it is it too difficult for you to do that? Not “Clack”, but “clack, clack”.

A: O.K.! It's easy for me! I will be able to do that!

T: And...in addition to this..., whenever you succeed with this big project, please tell me. O.K.? Can you do that, too?

A: O.K.!

----- A few days later -----

A: I could do “clack, clack”!

T: Really? It's wonderful! Good job! Yeah!

(High-five)

Change of “A”

- (1) “A” become to talk to a class teacher for reporting “clack, clack”.
- (2) Conscious of practicing “clack, clack”, he became to act independently, which can lead to better perceptual-motor coordination
- (3) Compliments from class teachers led “A” to leave his seat less time
- (4) He noticed the change of his friends' reactions to his action. Since, he experienced that his friends said “thank you!” even though he intended to play trick on them.

Afterwards, desirable behaviors were increased in various settings (class, lunch break, and event). That happens in line with increasing high-five with class teacher. His undesirable behavior of pushing switches almost disappeared.

Discussions

For “A”, it was easier to understand class teacher's suggestion with onomatopoeia than that with spoken words. Therefore, the expression “Crack!” was suited for him. Before the intervention, he tended to behave based on emotion and his selfish standard. However, positive interaction with class teacher brought him some changes; enjoying various activities with others in the class and behaving with awareness to presence of others. These changes were a reliable proof of self-awareness, independency and sociality.