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The role of Japanese wives in moderating the association between striving for self-verification and marital relationships

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ABSTRACT. People seek self-verification from others. Previous studies suggest that striving for self-verification (e.g., the disclosure of accurate self-information and the preservation of a sense of coherence about oneself in social relationships) functionalizes couple relationships in Western cultures. However, there has been little research on couples in Asian cultures. The aim of this study is to address this gap by examining 46 heterosexual Japanese couples. Attitudes and behaviors regarding striving for self-verification, stress communication, and trust in marital relationships were assessed using a questionnaire. In contrast to previous Western studies, Japanese couples striving for self-verification had a stronger association between the attitudes of wives regarding striving for self-verification and their own trust and stress communication than that of their husbands. The role of Asian wives is also discussed.

KEY WORDS: *Striving for self-verification, Asian gender, Marital relationship, Stress communication, Trust*

Introduction

People like to maintain consistency of concepts within an individual (Lecky, 1945) because they dislike cognitive dissonance (Festinger, 1962). In line with this self-consistency theory, Swann (1987) proposes that people seek verification from others, because the verification fosters to maintain consistency of self-concepts within an individual. Verification is referred to as self-verification and numerous studies have focused on this subject (Swann, 1997). For example, people who receive self-verification from their partners claim to have more

satisfying relations than those who do not receive self-verification (even if they receive negative self-evaluations) (Weinstock & Whisman, 2004). Previous research also suggests that people reported higher levels of satisfaction when they received self-verification from partners in marriage than during courtship (Swann, De La Ronde, & Gregory, 1994). These studies indicate that self-verification from partners is a key factor in ensuring satisfying couple relationships. Previous studies, however, are largely based on Western couples, so the effects of self-verification in Asian couples are unclear. The present study aims to examine the effects of self-verification in Japanese couples.

To receive self-verification, some people disclose honest self-information to others and try to preserve a sense of coherence about

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themselves in their social relationships. Such behaviors and attitudes are referred to as striving for self-verification (Cable & Kay, 2012). Striving for self-verification is beneficial in intimate relationships. For example, honest self-disclosure and emotional expression to partners functionalizes dating relationships (Brunell et al., 2010). Furthermore, university students who frequently lied to their dating partners were found to be dissatisfied with their dating relationships (Peterson, 1996). These studies suggest that striving for self-verification is also functional in couple relationships.

Striving for self-verification can change according to an individual's situation (Chen, Chen, & Shaw, 2004). For example, when people meet those who belong to the experimentally-constructed same group, they seek self-verification from them. However, when they meet those that belong to another experimentally-constructed group, they do not seek self-verification. These findings suggest that one's striving for self-verification in one situation might be different from that in another situation. In other words, people who live in different cultural environments might have different patterns of striving for self-verification.

Previous studies on this topic mainly focus on Western cultures. One Japanese study suggested that people in dating relationship were likely to receive both positive and self-accurate evaluation from their partner (Taniguchi & Daibo, 2008), but the study did not include marital relationships, so the pattern of striving for self-verification in Asian marital

relationship is still unclear. Many studies suggest that Asian traditional gender roles require women to be compliant rather than vocal in their opinions (Harter, Waters, & Whitesell, 1997; Rehman & Holtzworth-Munroe, 2006). These findings suggest that Japanese women as Asian women would strive for self-verification less than Japanese men (Hypothesis 1).

In Western countries, a man's self-verification striving in a couple relationship is deemed more beneficial than a woman's because such an act by a man is regarded as an extraordinary intimate expression (Brunell et al., 2010). In Asian countries, however, women striving for self-verification might be regarded as representing extraordinary trust to their husbands because such acts are restricted in most Asian cultures (Rehman & Holtzworth-Munroe, 2006). In Asian cultures, when a wife seeks self-verification, she is asking her husband to accept such behavior, even though such behavior is not generally accepted (Sen, 2003). Hence, wives need to trust their husbands when seeking self-verification. In contrast, it is more acceptable and expected that men strive for self-verification in Asian cultures (Fikree, 2004). Therefore, husbands' striving for self-verification is regarded as normal behavior. This gender difference implies different patterns of self-verification in Asian marital relationships. When Japanese couples strive for self-verification, wives trust their husbands more than husbands trust their wives

(Hypothesis 2).

Similarly, striving for self-verification also involves open discussions between a couple, including the expression of one's feelings of stress to the other partner (Bodenmann, 2005). Wives striving for self-verification could be regarded as a display of extraordinary trust. It has been found that wives in Asia express themselves less than their husbands (Rehman & Holtzworth-Munroe, 2006). When they do express themselves, they need to express everything, including stress, within a short period of time because their opportunities for expression are limited. In contrast, husbands have sufficient time to express themselves so their self-expression does not need to include everything at once. Hence, when Japanese couples strive for self-verification, wives express their stress more than their husbands express (Hypothesis 3).

To explore Asian marital relationships, we sampled Japanese couples as one example of an Asian culture (Markus & Kitayama, 1991). To evaluate striving for self-verification in general, we used general striving for self-verification scores (excluding employment-related scores) (Cable & Kay, 2012). To evaluate the trust relationship and expressions of stress, we used trust in marriage (Rempel, Holmes, & Zanna, 1985) and stress communication (Bodenmann, 2005), respectively.

Methods

Participants

Two-hundred and thirty questionnaires were distributed to Japanese couples. Of these, 112

(48%) were completed. While there may be differences between those participants who answered questionnaires and those who did not, we cannot compare these two groups because we did not obtain any information from the latter. Among the 112 respondents, 47 couples were identified. One set of paired data reported the same responses for all questions, so this pair was excluded from the analysis. Thus, the final sample comprised 46 couples (46 wives and 46 husbands).

Table 1 shows participants' ages. The mean ages of wives and husbands were 45.4 years ($SD = 14.1$) and 46.4 years ($SD = 15.4$), respectively. The mean marital duration was 18.5 years. All couples had been married for at least 1 year (minimum: 1; maximum: 55; $SD = 15.0$).

Procedure

Two leaders from the local communities in Tohoku (Northeast Japan) and Kansai (West Japan) recruited couples in their communities. Three university professors also recruited couples in Chubu (Central Japan), Kyushu (South Japan), and Tohoku. The leaders and professors asked their friends to participate in our study. Couples who showed interest in participating received questionnaires in October 2014. The questionnaire included separate material for the wives and husbands, along with a self-addressed envelope and instructions to return the questionnaires to the laboratory by December 2014.

Participants received no payment for completing the questionnaire. In addition to their basic information, we collected data on

striving for self-verification, stress communication, and trust.

Measures

Striving for self-verification. The present study used a revised version of the Self-verification Striving questionnaire (Cable & Kay, 2012). The original version of this questionnaire included eight items and assessed attitudes (Do you agree with the following comments?) using an anchored five-point scale (1 = strongly disagree to 5 = strongly agree). The eight items included four general items (e.g., It's worth being truthful with others about my habits and personality so that they know what to expect from me) and four employment-related items (e.g., When looking for a job, I work hard to find a place where people will accept me for who I am). We did not use the four employment-related items because some participants might not be in regular employment. The questionnaire was revised in two ways. First, the four employment-related items were amended to concern marriage (e.g., When looking for a partner, I work hard to find a partner who will accept me for who I am). Second, the revised version also assessed actual behaviors (Do you actually behave in accordance with these values?) using the same five-point Likert scale. Hence, the revised version has two subscales: (1) attitude regarding striving for self-verification in marriage and (2) behaviors regarding striving for self-verification in marriage. The revised version was translated into Japanese by two Japanese psychologists, both of whom had published academic papers

in English and Japanese. Then, the Japanese version of the questionnaire was back-translated by two English–Japanese bilinguals. The final version of the questionnaire was approved by the two psychologists.

Stress communication. We used the subscale stress communication found in the Japanese version (Kawashima, Yoshitake, Matsumoto, & Sugawara, 2014) of the Dyadic Coping Inventory (Bodenmann, 2005). The items were scored using a five-point Likert-type scale (1 = very rare to 5 = very often). The Japanese stress communication was back-translated and has been shown to have good validity and reliability (Kawashima et al., 2014). Higher stress communication reflects better stress communication.

Trust. We used a 17-item trust scale (Rempel et al., 1985) with a seven-point scale (1 = strongly disagree to 7 = strongly agree). Higher scores in the trust scale reflect higher trust in the marital relationship. As with the method used for striving for self-verification, the trust scale was back-translated from Japanese and approved.

Analyses

We compared basic scores using t-tests and correlations using Z-tests. We also compared regression coefficients using chi-square tests. We used the Actor Partner Interdependence Model (APIM: Figure 1) to simultaneously estimate the actor (e.g., a wife's behaviors when striving for self-verification in her marriage affect her stress communication) and partner (e.g., a wife's behaviors when striving

Table 1

Means, standard deviations, and t-tests of all study variables between wives and husbands (N = 46 couples)

	Wife		Husband		<i>Paired-t</i>	<i>df</i>	Cohen's <i>d</i>
	M	SD	M	SD			
Age	45.46	14.10	46.46	15.46	-1.06	45	-0.07
Striving for self-verification attitudes in general	4.10	0.71	4.00	0.74	0.65	44	0.14
Striving for self-verification behaviors in general	3.54	0.64	3.73	0.75	-1.66	44	-0.27
Striving for self-verification attitudes in marriage	4.29	0.66	4.12	0.78	1.35	43	0.24
Striving for self-verification behaviors in marriage	3.68	0.74	3.78	0.62	-0.80	43	-0.16
Trust	4.93	0.90	5.04	0.84	-0.85	43	-0.13
Stress communication	3.60	1.02	3.30	0.83	2.18*	44	0.32

Note. *: $p < .05$, †: $p < .10$

for self-verification in her marriage affect her husband's stress communication) effects of striving for self-verification on stress communication and trust (Kenny, Kashy, & Bolger, 1998). SPSS 21.0 and HAD version 12.240 (Shimizu, 2016) were used for the analyses.

Results

Cultural differences in trust and stress communication

The present data did not include European and American couples so we compared our data with European and American counterparts from previous studies. We compared averages, standard deviations, and numbers of

participants from previous studies with our data using t-tests. Although their stress communication was not significantly different from that of European couples (Ledermann et al., 2010), the Japanese participants showed less trust in their marital relationships (wife $t = 3.2$, $df = 130.1$, $p < .01$; husband $t = 2.8$, $df = 133.3$, $p < .01$) than their American counterparts (Rempel et al., 1985).

Do Japanese wives strive for self-verification less than Japanese husbands?

We compared the score of striving for self-verification between the wives and husbands (Table 1). Table 1 does not show any significant gender differences for striving for

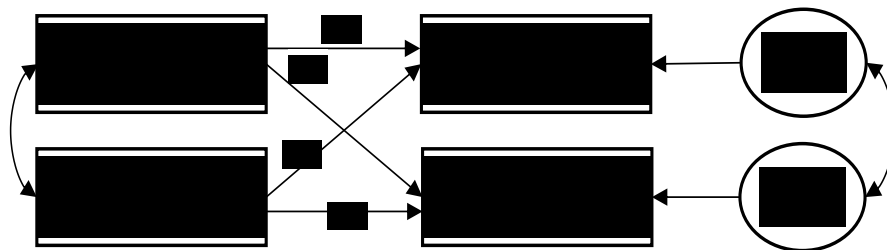


Figure 1

*Actor-partner interdependence model**Note:* A represents actor effect; P represents partner effect.

Table 2

Correlations among self-verification attitudes/behaviors, trust, and stress communication in Japanese couples (df = 44)

	Wives' α	Husbands' α	1	2	3	4
1.Striving for self-verification attitudes in marriage	.84	.93	.50 *	.76 **	.62 **	.56 **
2.Striving for self-verification behaviors in marriage	.89	.83	.49 **	.31	.71 **	.63 **
3.Trust	.88	.87	.56 **	.45 **	.65 ***	.65 **
4.Stress communication	.88	.84	.25	.31 *	.53 **	.68 ***

Note. Correlations for wives are on the upper diagonal, correlation for husbands are on the lower diagonal, and paired correlations between (wives and husbands) are on the diagonal. The paired correlations are intra-class correlations, whereas the other correlations are Pearson's correlations. ***: $p < .001$, **: $p < .01$, *: $p < .05$.

self-verification. However, overall, the wives' attitudes regarding striving for self-verification showed significantly less support for the concept than their actual overall behavior regarding striving for self-verification (paired $t = 6.5$, $df = 45$, $p < .0001$).

When couples strive for self-verification, do wives trust their husbands more than husbands trust their wives?

A comparison of simple correlations did not show any significant differences (Table 2). However, the APIM produced significant differences (Table 3). There was a stronger significant association between the wives' attitudes regarding striving for self-verification and their own trust than between the husbands' attitudes and trust ($\chi^2 = 4.69$, $p < .05$). Furthermore, there was a significant association between the wives' behavior regarding striving for self-verification and their own trust, but there were no significant difference between husbands' and wives' unstandardized estimates (Table 3).

When couples strive for self-verification, do wives communicate about their stress with their

husbands more than husbands communicate with their wives?

A comparison of simple correlations did not show any significant differences (Table 2). However, the APIM produced significant differences (Table 3). There was a greater significant association between the wives' attitudes regarding striving for self-verification than between the husbands' attitudes and stress communication ($\chi^2 = 19.36$, $p < .0001$). Similarly, there was a greater significant association between the wives' behaviors regarding striving for self-verification and their own stress communication than between the husbands' behaviors and stress communication ($\chi^2 = 14.73$, $p < .001$). Moreover, wives' actual behaviors for self-verification positively predicted their husbands' stress communication, but husbands' behavior actual behavior for self-verification did not predict their wives' stress communication (Table 3).

Discussion

Our study tested the moderator effects of Asian women's roles in the association between striving for self-verification and marital

Table 3

Actor and partner effects for trust and stress communication in relation to self-verification attitudes and behaviors (N = 44 couples)

Parameters	Striving for self-verification attitudes in marriage		Striving for self-verification behaviors in marriage	
	Estimate	Z	Estimate	Z
Actor effects				
$W_{\text{Self-verification}} \rightarrow W_{\text{Trust}}$	0.80**	4.76 ^b	0.88**	6.91 ^b
$W_{\text{Self-verification}} \rightarrow W_{\text{sc}}$	0.81**	10.92 ^a	0.84**	12.43 ^a
$H_{\text{Self-verification}} \rightarrow H_{\text{Trust}}$	0.50**	3.53 ^b	0.55**	2.96 ^b
$H_{\text{Self-verification}} \rightarrow H_{\text{sc}}$	0.12	0.79 ^a	0.34**	2.62 ^a
Partner effects				
$W_{\text{Self-verification}} \rightarrow H_{\text{Trust}}$	0.37*	2.22 ^b	0.23	1.50 ^b
$W_{\text{Self-verification}} \rightarrow H_{\text{sc}}$	0.48**	3.87 ^a	0.44**	3.78 ^a
$H_{\text{Self-verification}} \rightarrow W_{\text{Trust}}$	0.20	1.39 ^b	0.14	0.95 ^b
$H_{\text{Self-verification}} \rightarrow W_{\text{sc}}$	0.06	0.62 ^a	0.22†	1.88 ^a

Note. All estimate scores were unstandardized coefficients. H = husband; W = wife; SC = Stress communication

** $p < .01$, * $p < .05$, † $p < .10$, ^a: $N = 43$ pairs, ^b: $N = 42$ pairs.

relationships. Seemingly, women's striving for self-verification was not significantly different from men's. However, there was a significant gap between women's attitudes and behaviors regarding striving for self-verification in general. This gap suggests that for women, there is a discrepancy between what they want to be and what they actually are. This gap has been frequently reported in public health fields (Fikree, 2004; Sen, 2003) and could be regarded as indicating a gender difference in striving for self-verification in Asia (Rehman & Holtzworth-Munroe, 2006).

As hypothesized (Hypotheses 2 and 3), there was a stronger association between wives' attitudes regarding striving for self-verification and their trust than between their husbands' attitudes and trust. Similarly, there was a stronger association between wives' actual behaviors for self-verification and their stress communication than for their husbands. Furthermore, wives' actual behaviors for self-verification only had a significant partner effect on their husbands' stress expression. Our findings for Japanese couples differ from

previous findings for American couples (Brunell et al., 2010). These results indicate that cultural context and gender roles need to be considered in future self-verification studies (Neff & Suizzo, 2006), as individuals change their self-verification striving depending on their situation (Chen et al., 2004).

In the context of couple therapy in Japan, therapist might need to pay special attention to wife's actual behavior for self-verification in couple because her behavior positively predicted her trust. Furthermore, husband's expression of stress in couple also needs an attention, because his expression of stress might be linked with his wife's actual behavior for self-verification. Enhancement of wife's actual behavior for self-verification and husband's stress expression might be linked with positive marital relationships.

Our study did not find any significant differences in striving for self-verification between husbands and wives. Japanese husbands are more likely to be in regular employment than their wives (Tsuya, Bumpass, Choe, & Rindfuss, 2005), so occupational

differences between husbands and wives might affect our findings. Japanese husbands also work in competitive job environments, so emotional expression might hinder their job performance. In contrast, Japanese wives who did not work might feel free to express their emotion in general. Thus, the occupational status of couples needs to be considered in future research (Cable & Kay, 2012). Still, occupational discrepancy between husbands and wives has diminished in Japan (Ministry of Land, Infrastructure, Transport and Tourism, 2013), so patterns of self-verification in Japanese couples might be subject to change over time.

Our study used a limited sample, which made the present findings suggestive rather than conclusive. Our sample couples were at a wide variety of marital stages, which might affect our findings. Furthermore, our study was based on self-reported answers in a questionnaire, which may weaken our findings. Future research needs to include observational data and use a sample of more paired couples at a specific marital stage.

Despite these limitations, we examined the effects of self-verification processes in Asian couples and found that cultural and gender differences might moderate the effects of self-verification (Neff & Suizzo, 2006). Cultural and gender differences in self-verification could foster mutual understanding about how people's ideals differ according to their living environments.

Ethical Standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

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Approach to a stomachache:

The case of teenager was diagnosed with irritable bowel syndrome.

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ABSTRACT. Irritable Bowel Syndrome; IBS is digestive disorder which causes constipation or diarrhea along with stomachache or discomfort in the abdomen even though no issue on examination of intestines or blood test show and it often happens to teenager. We have clear guidelines from diagnosis to the end of treatment domestically but most of the research on psychotherapy is from overseas and we do not have many researches in Japan. On this report we show the case for session with teenager who was diagnosed with IBS. This is the case where the client stated that he didn't have clear stress but suffered with the sudden stomachache without known reason and found out how to deal with it himself in the process of understanding the symptoms. We had three sessions including intake session and he showed the improvement and the case was closed. We observed the three points – the construction of rapport using noise, humor and confusion and the psychotherapy approach toward IBS and what changed CL's attitude.

KEY WORDS: Irritable bowel syndrome, Psychotherapy, Rapport

Introduction

Irritable Bowel Syndrome; IBS is the digestive disorder the patients suffer with long lasting constipation or diarrhea along with stomachache or discomfort of stomach without any finding from examination of intestines or blood test (Longstreth et al, 2006). According to the online survey with 10,000 people by Miwa (2008) 13.1% of people have the problem and according to Kumano (2004) it often happens to teenager. Also it is noticed that it decreases the quality of life tremendously as IBS symptoms cause huge

damage in daily life (Kanazawa et al., 2004).

The guideline from diagnosis to the end of treatment of IBS is set up (Japanese Society of Gastroenterology, 2014) with instruction on diet and daily habit from a doctor and treatment on digestive organs as the first step and when the treatment on digestive organs shows no effect use the medicine treatment as the second step and when the medicine treatments shows no effect use the psychotherapy as the third step. The effectiveness of various psychotherapy of IBS as group therapy, cognitive behavioral therapy, interpersonal therapy, hypno therapy, stress management and relaxation are seen at abroad (Japanese Society of Gastroenterology, 2014), but it is current situation that we don't have many researches on psychotherapy including case study or comparative

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effectiveness research (Ito & Muto, 2015).

Therefore, on this report we show the case of teenager who didn't have clear stress but suffered with unknown stomachache and found out how to deal with it in the process of understanding the symptoms. In this case we see the improvement after three sessions including intake session and closed the case. Upon publishing this case we got the approval on the phone after the case is closed and had the agreement signed on the document regarding publishing. On the phone, client's mother stated 「He is doing very well.」. We note that some part of the following process of session is amended to keep the privacy without missing the core content.

Session

The following is from the intake session with a high school student (shown as CL hereinafter). He claimed that he is desperate to get rid of impossible sudden stomachache.

History of life, current medical history

The family structure is father (50's, office worker), mother (50's), younger brother (teen, student). CL has the weak stomach from the cradle but 2 years prior to X the stomachache got worsen. In October, X-1 year, he went to see the doctor at internal medicine and he was diagnosed IBS. After that, CL went to department of psychosomatic medicine to received medicine therapy with anxiolytic but the condition didn't get better and stopped taking the medicine. At the beginning CL wasn't positive for session but decided to do so

to free from the pain. The session was done with CL and his mother jointly.

Session process

「 」 is CL's comment, 「 」 is mother's comment, 〈 〉 is therapist (TH hereinafter; the third author)'s comment, 〈〈 〉〉 is associate psychologist in training (STH hereinafter; first author)'s comment.

(Intake session, March 8th, X year)

The patient's main complaint was that he was desperate to stop the sudden stomachache and since the medicine didn't help he came to consultation as 「If I can be free from this pain I like to go for consultation.」. The symptom was similar to the pain with diarrhea and he felt like he needed to go to the restroom urgently. The last few years the condition got worsen than ever. He didn't have particular stress at school nor club and didn't know the cause. When TH asked 〈Isn't stomachache itself the stress, is it?〉 he replied 「It maybe is.」

When TH asked 〈How many sessions do you want to cure your problem?〉 he replied that he didn't care how and he wished to stop it soon but he didn't mind if it takes time as long as he gets better. Also he said what he had tried so far were going to the restroom, taking antidiarrheal or antiflatulent, resting at the nurse's office at high school, going to bed early, and avoiding crapula. The mother's attempt was to give him drinkable yogurt every morning.

When asked about past doctor's visit they said he was diagnosed as nervous tendency

from psychological test at department of psychosomatic medicine. According to CL as he lived self-paced he didn't realize that. When TH asked 〈If there is any advice from mom?〉 she replied that in the beginning she didn't think it was a big issue but she wanted to help him now and wished someone could understand and support his mind. When TH asked CL 〈Your concern is to get well and not your feeling, right?〉 CL replied 「I don't care about my feeling. What I am seeking is not being understood but changing the phenomenon. When TH checked the scale of pain as 10 is the day he had hard time to get up and 0 is the day he had no pain at all he answered that 3 was good day. CL talked about his symptom specifically as 「When I wake up in the morning I feel like I have something in my stomach on-and-off and the pain and discomfort stay there and increase gradually. Then I need to go to the restroom or the nurse's office.」 and explained that he considered the day these pain and discomfort doesn't prevent him from attending classes was 3 and the day it happened a few time was 5 and the day he couldn't even get up was 10. He said he went to the restroom average 5 to 10 times at high school. TH said 〈Most of the people would stay home with that condition.〉. TH asked if he had the stomachache in the past and how long he had the problem, his answer was since he remembered he always had the weak stomach. It was just light pain with the weak stomach before it reached to the current level. So TH explained 〈What I think is that as your doctor said you were nervous you are

conscious of stomachache and get more stressed. In general adolescence peoples, especially in middle and high school, tend to be nervous. But it doesn't last forever and it will end some point. The knee pain is a good example.〉. He claimed when he was into soccer he always had knee pain but the stomach was not bothering him. However after he quitted soccer he started to suffer with stomachache and the knee pain was gone. When TH explained the knee pain caused as his conscious was on it and he seemed to be convinced. Then TH said 〈It looks like we find the direction. What are we going to do now? Instead of gloom you would rather do something fun, right?〉. He replied that 「Even when I am doing something fun I cannot help thinking 『Don't let the stomachache happen.』. So if they said it is because I am nervous I agree with them.」 He said he always focused on one thing like Lego or picture and his focus was on stomachache now. As he didn't pay attention to others he never felt stress from what people say. Once he got upset with the doctor at department of psychosomatic medicine he used to visit since he insisted it was caused by stress. When TH suggested 〈Mom, since you came along let's think about what you could do at home. I am pretty sure you have praised and pampered him but all these didn't help, right? I don't want the physical pain to transfer but how about trying to give him the mental pain?〉. The mother smiled and made gesture thinking about it.

After the break TH made two suggestions

since paying attention to the stomach was giving him stress. 〈Let's see if we can make little progress for you to get 3 more often. First, don't wait until you feel the need to go to restroom. Regardless you need to go or not you should go more often than you need. For example if you usually go 4 times you go 5 times. Second, since you cannot help thinking about it let's try the different approach. You have a sense of discomfort. We call him "Abareru-kun" (The name of Japanese comedian; "Abareru" means "out of control"; "kun" means "Mr."). You want to tell your stomach to stop messing up, right? When you feel discomfort tell him 『Abareru-kun, do whatever you want! I don't care what you do! Come on! Go for it!』. It has been thrown your concentration but you have been handling well so far. Don't worry. We know that you can handle it. So just tell him 『Go for it!』.〉. The mother said she felt easier and CL agreed to try. TH told him 〈Just like the hospital, I want to know if it works. You want to get rid of it quick, right? Come back soon.〉 and made another appointment at the same time and finished the first session.

(Second session, March 24th, X year)

With the intervention from the previous session when TH asked 〈I doubt it but was there any change?〉 he replied that it was better on the first week but it went back to original on the second week. So TH asked the mother 〈So it was better on the first week. Did you realize anything?〉. She said that on the first

week he didn't have problem getting up in the morning and he looked better when he went to school. When TH asked about the pain he explained the duration of the maximum pain was shorten. He also said that the pain had a pattern which certain time after meals he felt discomfort in stomach and started focusing on it and caused the stomachache. When TH asked 〈What do you think made different on the first week?〉 he replied 「I was not sure if it works. I didn't think it will stop my pain. But once I started I felt like I was ready to deal with it. I was looking forward to it. I couldn't wait to give try. I think that made it work.」. He continued with reflection and amendment as 「It stopped working on the second week and I thought it was because I got used to it. So I thought about creating new character.」. When asked if he actually created another character he replied 「No. Since I wanted to tell you the result of this challenge first I haven't done it yet.」. We set the next challenge as to try his idea. When asked his mother about the nurturing tips she said that CL always loved to read philosophical books like Kant and Descartes since he was little and he never had rebellious stage but his younger brother go astray. Since he liked the philosophy, TH asked 〈Based on the theory of Jung it looks like the younger brother is the shadow and the older brother is the self. I am not so fan of Jung but your younger brother might go astray because you are too good. Why don't you try being bad?〉. CL claimed that he never be yelled by his father and even when he had a problem he knew the limit.

When asked again 〈When did you start having stomachache?〉 he said he always had weak intestines and had been taking antifatulent and it bothered a lot when he ate greasy foods. He also said bread and salad didn't bother him much but he used jam only with particular brand. According to the mother he only ate the same foods every day and always drunk "gogo-no-kohcha"(the bottle of sweet tea) after the meal and went to the restroom. The mother said he was stubborn so TH explained to her 〈Do you know the psychologist, Freud? I don't like him much as he makes strange comments but he mentioned that a person who has the anus problem tends to be stubborn or obsessive.〉. Both the mother and CL seemed to have remembered something. CL said 「I can eat only certain things and I like to go to the restroom at certain timing. If not, I don't feel good.」. When TH asked when he had the maximum stomachache he replied it was in the morning and before bed. In the past two weeks after the previous session he had three sleepless nights. He also said that the stomachache attacked him when his mind wandered off and trying to control it unconsciously gave him stomachache even he had no stress. On the other hand, It never happened when he was in sleep but always happened right before the alarm goes off and there was no regularity.

After the break, when TH suggested 〈We think we need to work on compulsive neurosis rather than irritable bowel syndrome. We believe that resolving the compulsive neurosis will cure the stomachache. The department of

psychosomatic medicine prescribed you the tranquilizer but the medicine for compulsive neurosis is not tranquilizer but antidepressant. We think it is the reason the medicine didn't work. However A's (A is CL's name) condition is not severe enough to diagnose as compulsive neurosis so we will leave the medicine treatment as final resort. So for this time as a challenge I want A to try his own idea. Additionally, I'm sure you can think by yourself but can you possibly change the time for meals and the restroom after the meals?〉. CL showed the hesitation 「It is difficult.」. As TH explained 〈We suspect that your life style rhythm and pattern maintains the stomachache. I also repeat the same routine every day. But it's ok. Fortunately I have no issue with stomachache.〉 he said 「I see. I will try.」. TH told him 〈It is going to be very difficult. It's a big challenge. You can give it a twist. Please let me know how it went next time.〉 and finished the session.

(Third session, April 11th, X year)

Just as the previous session TH started as 〈I don't expect a big difference but if there was any change...〉 CL reported that from the previous session there were three days he had difficulties but he didn't care much about stomachache any more. When asked his mother 〈How does he look to you?〉 she replied 「He looks much calm. Most of all, I can see he wants to change himself. First, he doesn't drink "gogo-no-kohcha" he has been regularly drinking any more. I have a 2 liter of bottle in the refrigerator just in case he wants

it.」. 「That is right. The previous challenge to change the daily routine made that change.」. When TH asked as he saw the progress 〈What do you think to make this change?〉 he showed the change of attitude 「I believe the way I think has changed. I used to wonder why only my stomach has problem but now I think this pain is restriction. You know that I have this stomachache. But because of this I can focus when I study. But a person who has no stomachache has the restriction as they don't have the problem. It is like they cannot do what I can. Now I can think as everybody has disadvantage and mine is this.」 TH told him 〈That is great. You discovered what the counselor does. Should you (to STH) get the discount on counselor fee? You are thinking that you can deal with stomachache.〉. When asked the opinion from his mother she gave a positive evaluation as she was worried about the future and independency of CL but she had hope now.

When asked for going forward 〈You probably can handle everything by yourself now but is there anything I can help? Do you need anything?〉 he said 「Well, if someone gave me the direction I can try it. So if you could give me the trigger like the next step.」. When he said 〈Ok. You shouldn't tell people that you are making progress. You can make the stomachache as a good excuse to skip the boring class.〉 CL told the episode that he had been using the stomachache as an excuse 「Yes. I have used the trick before. Some cases it was true though.」. 〈Really? You can continue using the excuse even you don't have

the pain.〉 「Ok. I think I can manage time more effectively in that way. I wanted to get rid of stomachache but now I am just hoping to reduce the pain. I will make stomachache useful.」 〈Ok. I gave you the next step. I'm sure you can handle it now. Let's not make the next appointment. You can come back if the condition gets worse.〉. He gave the last intervention and closed the case.

(Follow up, June 7th, X year)

STH called the mother and asked 〈〈How is CL doing lately?〉〉 and she explained that CL told her 「It doesn't bother me anymore.」 and it didn't look like he was suffering with stomachache at all and he was not having any difficulties on daily life. She also explained that she used to be anxious about his future but the worries disappeared through the sessions. She said that CL didn't listen to people neither talked to them prior to session but the fact he talked about himself at the sessions were significant. She recommended him to offer the same approach to other patients like CL at consultation. She said 「We will come back if we need help again.」. STH told her to do so and ended the telephone conversation.

Discussion

This is the case study where they performed the session with teenager who was referred from department of psychosomatic medicine as the medicine treatment was not helping the client's condition. The following is the discussion from three points which are construction of rapport using noise, humor and

confusion and psychotherapy approach toward IBS and the effect to CL's attitude.

Rapport construction using noise, humor and confusion

At psychotherapy including counselling the rapport which is the trust between therapist and client with acceptance and empathy is the most important element (Yamaguchi, 2013). Especially on IBS therapy it is noticed that the effect of a placebo which 「counterfeit medicine」 brings the desirable results is shown with the average 40% of patients and proves that patients 「sense of security」 and 「hope」 to health aid or therapy increases the effect of a placebo (Ford & Moayyedy, 2010). With this aspect when performing counsel with IBS patient it is important to create rapport quickly to make the therapy effective. It is explained that the acceptance attitude of therapist at conventional counselling formed rapport with client (Yamaguchi, 2013). Wakashima and Hasegawa (2000) are pointed out that rapport can be formed quicker with noise, confusion and humor. In this case study TH approached CL who had doubt on healing stomachache at department of psychosomatic medicine by asking 〈In how many sessions do you want to stop the problem?〉 〈The stomachache itself must be your stress.〉 〈Your feeling is not the point but you just want to stop it, right?〉. That was totally different approach than he had seen at department of psychosomatic medicine and it caught his interest for treatment and created rapport smoothly. Also the approach to the mother as 〈I don't want the physical

pain to transfer but how about trying to give him the mental pain?〉 was the humor toward her based on CL's comment 「I never experienced mental pain.」. As the result of these techniques TH gained the trust from both CL and his mother at the first session. As shown above the communication with humor, noise and confusion helped to relax at the session and could even ease the seriousness on problem and it resulted to increase the possibility for client to accept the intervention (Iwamoto and others, 2016).

Psychotherapy approach toward IBS

Basic intervention policy on brief therapy is 「make change to prior solution trial」 (Iwamoto and others, 2016). In this case study it shows several interventions but they are all based on this intervention policy.

CL in this case thought 「Oh, what am I going to do?」 when the pain occurred and focused on the pain and this sequential pattern made the problem worse. However if TH advised CL 〈Not to focus on the pain.〉 it could cause the risk to actually focus on the pain paradoxically. Therefore TH used the paradox intervention to fight against this negative cycle by giving the humorous name to the stomachache 『Abareru-kun』 and tried to create more pain. The intension of this intervention was to cut off the negative cycle by creating the noise when he started to have the visual with stomachache. In the past CL had the negative cycle as stomachache-automatic conception-focus but now he simply thinks about stomach and gets the noise including the

visual of 『Abareru-kun』 and the scene at the session (『I remember my counselor told me to think about Abareru-kun.』) . Since the noise is inserted in the pattern we can predict how to handle the stomachache can be different. Also CL reported on the second session that he believed the reason for symptom improvement was 『I felt like I was ready for the pain. It was like I was looking forward to it and wanted to try the challenge. I was like “Come on, hurry!”』 This showed that presenting of challenge itself was considered to had changed the CL's attitude and situation against symptoms.

At the end of second session CL mentioned about obsessiveness on life pattern. In particular, he ate the same meals, drunk the same sweet tea after the meals and went to the restroom to prevent stomachache. So we assumed this rigid life pattern maintained the stomachache and suggested the intervention to change the pattern. In this case TH explained the idea but as CL had high apprehension and applied skill we expected him to come up with the best idea from the explanation.

At the third session he reported the change of life pattern as 『I don't drink the tea after meals anymore.』 and changed his thoughts to 『I don't pay attention to symptoms anymore.』 『I consider the pain is just one of the restriction.』 『I want to make a good use of stomachache.』 .

As above CL's IBS symptom indicated the significant improvement but TH advised at the last session 〈Not to tell people that you got better.〉 . This paradox intervention is based on the benefit of symptoms. The benefit of

symptoms is the benefit only accompany with symptoms. The complete cure will bring CL the social liability and burden to change the life pattern. The intervention to keep using the symptom is to avoid the burden and to help corresponding to the daily life naturally.

What makes the change to CL's attitude

In this case study CL explained the reason of visit was 『I like to go to the consultation if I can be free from this pain.』 at the first session but at the third session he said 『I like to make a good use of stomachache.』 and reported the big difference of his thought. As pointed out by Ito and Muto (2015) on this IBS therapy the psychotherapy was used since the medical treatment didn't work and all psychotherapy cases on IBS patients had experience of failure on treatment. Indeed the client on this case explained that he received the medical treatment at department of psychosomatic medicine but didn't see the progress and we believe that he felt helpless on symptoms and hopeless on therapy. We believe that what makes the big different on CL's attitude in this situation was his own fundamental high ability and understanding on symptoms. At the first session CL was totally lost and didn't know what to do with mysterious stomachache which no examination of stomach shows the issue and had no idea of the stress the doctor diagnosed as the reason. With CL in this situation TH listened to him about the details on symptoms and explained the mechanism of symptoms with specific examples. CL's high ability of understanding was shown on the second session

after he practiced the suggested challenge and commented 「I felt like I was ready to deal with it. It was looking forward to it. I couldn't wait to give a try like "Come on, hurry!"」. I think that made it work.」 without TH telling him the intention he recognized it. With the next challenge he also found out the intention and practiced it in his own way.

As shown on these points CL from this case study had high apprehension and applied skill fundamentally as well as making action on challenges. However, we believe that as he had no idea how to approach the mysterious symptoms he felt helpless. Therefore, once he got the better understanding on the symptoms he was able to think about how to tackle the issue and make a plan to find the better way to deal with the pain. These aspects showed that psychotherapy didn't prevent his ability to solve the problem and worked as the trigger to exert his fundamental skills.

Conclusion

Lastly, it indicated that IBS gives the effected individual extremely huge burden with its unclear reason and big influence on daily life. Additionally, the percentage of effected individual proves that this is not rare condition in any way. According to the therapy, psychotherapy approach appears to be very important due to big psychosocial influence. On the other hand, the current condition is that we don't have many researches into treatment of psychotherapy for IBS and it is difficult to say that we offer enough knowledge of clinical practice. This is also the reason we need to

continue the inquest report through case example to accumulate knowledges.

Addition

Special thanks to the client A and A's mother who agreed to disclose the case study!

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Solution-Focused Approach to Suicide Prevention
— Report on the 8th conference of National Foundation of Brief Therapy —

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ABSTRACT. This paper is a brief report on a lecture and workshop, “SFA to suicide prevention” in 8th conference of National Foundation of Brief Therapy held on November 26th and 27th, 2016 at Utsunomiya. A lecturer, Dr. Heather Fiske, gave the workshop on how to encourage clients to get productive choices and to overcome crises of their life: therapists should focus on the slight difference between “intolerable now” and “just barely tolerable after all,” highlight clients’ strengths to keep on living, and not only refrain from suicide but change their frame of problems.

KEY WORDS: *Suicide prevention, SFBT, Conference report*

Introduction

The 8th conference of National Foundation of Brief Therapy was held on December 26th and 27th, 2016 in Utsunomiya, Japan. In the conference, Dr. Heather Fiske was invited as a lecturer who is a practitioner of prevention for suicide from the viewpoint of Solution-Focused Brief Therapy. She had a lecture on her specific practice to suicide prevention. This paper is a brief report on the lecture and workshop.

In Japan, although the number of suicides has passed a peak, there are around 24,000 suicides a year. This number is a high level among developed countries. Particularly, suicide of the young is a serious problem, so it can be said to be one of the biggest problem in 21st century. This workshop gave a new

perspective and a chance to consider how helpful and effective SFBT can be to suicide prevention.

Suicide Prevention and SFBT

Human beings potentially have a disgust for pain, blood, and death. Some, however, commit suicide against the feeling. This is because they who are about to commit suicide believe that killing themselves is the only solution to all of the problems. For suicide prevention, thus, therapists should intervene to reframe clients’ problems and to find another solution except suicide.

Among various psychotherapy, one of the effective approach to suicide prevention is SFBT. This approach can help people even facing a challenge to acquire the meaning and hope to live on. It can also bring clients’ strength, resource, and way of coping with their problem so far, to give a light on the possibility

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for their future and an alternative goal.



Photo 1. A scene from the lecture

Practice in Suicide Prevention

There are specific descriptions on practice of SFBT to suicide prevention below.

1) Helpful Strategies 1

It begins with listening to client's story. Not just listening to him or her, but exploring "what is his strength," "what resource does he have?" and "what success has he experienced?"

2) Helpful Strategies 2

After listening, the therapist feedback that the client has strength, resource, and success. In addition to that, therapist suggests that there are various choices in life and client may have the ability to produce them. Then, the reason to live now — not the reason not to die but to survive — is required to be confirmed and enforced.

3) Helpful Strategies 3

However, most clients who think of committing suicide look at only a part of the incident because of being in the midst of problem, have biased ideation, or overestimate a negative point. They think, for example, "this

problem will be interminable," "I cannot change this awful situation," and "I cannot bare this hardship." But are these exactly true? There will be a possibility that that problem is a temporality, something already changed, or the client has overcome more trouble than now. Therapists have to change the clients' words "interminable," "unchangeable," "overcontrol," and "intolerable" into "terminable," "changeable," "controllable," and "already overcome several challenges," and to offer clients with a larger view.

Especially, solution-focused questions as "why have you got along with such situation without suicide?" "how can you cope with your problem?" have a cue to notice exception, clients' strengths, and their network. These questions help clients to shift their focus to other aspects from their biased cognition. At the same time, these questions also show that therapist appreciate client's agony and pain to thinking of suicide, whereas therapist believe client's strength for potential change.

4) Helpful Strategies 4

Given that the reason to live on, exception, strength, resource, success, and experience of coping with a hardship emerge in the dialogue with a client, therapist ask more about them and outline the situation and episode with concrete descriptions.

5) Helpful Strategies 5

Asking about relationships in the network sometimes enables the client and therapist to find a new hope. Therapist, for example, ask questions focused on the relationships as "is there someone who disapprove of suicide?"



Photo 2. A scene from a role-play at the workshop

“tell me more about that person,” and “what will that person say for you?” These conversations may develop such hope as the client would like to do something for that person. On the other hand, scaling-question can search the specific way of keeping the present situation: what to do for maintaining that point. With turning up the strength, resource, and ability to succeed overlooked by the client, therapist construct a bridge to way of surviving and a strength to overcome such hard situation.

6) Helpful Strategies 6

It is essential for a therapist to dialogue with a client in the standpoint that the client should have other choices and the ability to generate a change. This perspective enables therapist to identify client’s strength and resource through some questions: “how long can you tolerate when you want to commit suicide?” “what can you do to let the thought of suicide pass away?”

7) Helpful Strategies 7

Based on the knowledge of client’s strength, resource, and success finding from the conversation, therapist reconstruct the frame of

client’s problem from “the problem that there is nothing to do for solution” to “the problem that there is a little hope.” Specifically, therapist can easily review the problem with these logics: “the client has not enough skills,” “an infinite amount of task exceeds client’s coping capacity inevitably”, and “it is just a trouble”. This way of thinking produce other standpoints that “getting skills may bring the solution”, “the problem can be resolved by decreasing tasks,” “the client just had a hard luck”. These standpoints lead spontaneously new means to solve the problem.

8) Helpful Strategies 8

As an important point at last, do not forget appreciation for family and friends. It is also necessary to support the client’s family member to refrain the client from committing suicide.

Conclusion

In SFBT for suicide prevention, therapists focus on a vital difference between “intolerable any more” and “just barely tolerable,” and a strength which makes a client manage to live. Then, therapists show clients a specific way to overcome a hardship, and encourage clients to confirm that the person who take the steps is the client himself, and the client have the ability to do that. This enables client to generate a hope even in the hard situation, and take another choice but suicide. It can be said that suicide prevention by SFBT facilitates not only restraint from a thought of suicide, but also reframing of a problem, offering of a constructive choice in life, and negotiating of the challenge. This viewpoint had a lot of

influence on our practice to suicide prevention.

We would like to make a most cordial acknowledgment to Dr. Heather Fiske for such a grateful lecture.

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