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Development and validation of the Japanese version of Family Problem Solving Scale

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ABSTRACT. Family Problem Solving Scale, developed by Ahmadi et al. (2007), is an assessment scale of the problem solving ability of married couples. The purpose of this study was to develop a Japanese version of Family Problem Solving Scale (FPSS) and examine its reliability and validity. A questionnaire survey of 205 married men and women (91 men and 114 women) was conducted. Exploratory Factor analysis found that FPSS was composed of two factors: "Solution orientation" and "Relationship-maintenance orientation". The Cronbach's alpha of Solution orientation was .92 and Relationship-maintenance orientation was .79. Moreover, the two factors of FPSS was positively correlated with Relationship satisfaction, FACES III for marital couples and Solution achievement. These results indicated that FPSS had good reliability and validity.

KEY WORDS: Married couple, Problem solution, Family Problem Solving Scale, Scale Development

Introduction

Recently, problems between couples have become diversified in Japan. These problems between marital couples include domestic violence (DV) and divorce, as well as violence among dating partners, among others. Therefore, the necessity for practical measures, including couple therapy, is increasing.

Previous studies on marital relationships

Most previous studies on marital relationships have mainly examined the degree of satisfaction of positive marital relationships (e.g., Ito, Sagara, & Ikeda, 2007; Moroi, 1996). The degree of satisfaction with the marital relationship is the result of positive marital activities. Therefore, empirical data are significant for identifying factors that maintain good marital relationships. On the other hand, marital couples in need of clinical support usually have a low level of relationship satisfaction, and it is often difficult to identify factors contributing to relationship satisfaction. Therefore, findings on the degree of relationship satisfaction might not be useful for supporting such couples. As a result, there is a need for useful indices to conduct clinical interventions for such couples.

According to the family systems theory, a family as a system exhibits self-control and tries to maintain stability (Hoffman, 1981, translated by Kameguchi, 1986). In other words, families deal with problems to achieve stability as a family using individual methods when faced with problematic situations. This

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tendency might be the same in all dyadic relationships, including married and unmarried couples. Therefore, evaluating problem-solving behaviors used daily in married life would be useful for supporting all couples facing problems. Based on the above, this study focused on the problem-solving abilities of married couples.

Problem-solutions by individuals in interpersonal systems

Individual problem-solving behaviors have been formulated in problem-solving therapy, which is a type of cognitive-behavior therapy. According to Mynors-Wallis (2009), a "problem" is a situation in which a clue to the solution cannot be found, and "problem-solving" is the individual process of finding out methods of managing daily-life problems effectively. Based on the above definition, the typical process of solving problems has been suggested in problem-solving therapy (D'Zurilla, 1986). The first stage is the presentation of the problem, which includes perceptions, attributions, and evaluations of the problem. The second stage is the clarification of the problem, which includes the collection of information related to the problem, understanding the problem, and setting up concrete and achievable goals. The third stage is designing alternative solutions, which needs as many diverse ideas and solutions as possible. The fourth stage is decision making in which the solution with high practicability is selected after evaluating choices of possible solutions, and considering the effectiveness and resources such as time and labor. The fifth stage is the execution of the selected solution and its verification, in which the selected solution is proactively executed, and the results are assessed and revised if necessary.

The same process is considered to be conducted cooperatively in interpersonal systems, including married and unmarried couples. However, in the case of interpersonal systems, consensus building is required between individuals in deciding goals and solutions, which is different from individual problem-solving. Therefore, skills for communicating constructively and progressing towards the solution are required of married and unmarried couples in the process of problem-solving. The problem-solving process between a husband and the wife would go badly if the husband is indifferent or shows strong resistance when the wife constructively makes an effort to solve a problem. Based on the above, in the present study, "problem-solving abilities of married couples" were defined "skills for proceeding with the process of problem-solving constructively, i.e., presenting and clarifying the problem, designing the solution, making a decision, executing the solution, and verifying the results, through communication."

Family Problem Solving Scale

The following concepts are close to the "problem-solving abilities of married couples: relationship-focused coping (Kurosawa & Kato, 2013), conflict resolution strategies (e.g., Pruitt

& Rubin, 1986), and communication patterns (Christensen & Shenk, 1991), among others. Relationship-focused coping and conflict resolution strategies assess stress between husbands and wives as well as specific methods of management in conflict settings. Communication patterns suggested by Christensen and Shenk (1991) have also dealt with communication between two people. Therefore, it might be impossible to measure problem-solving skills through communication by using the above concepts.

The Family Problem Solving Scale (FPSS) suggested by Ahmadi et al. (2007) is an index for assessing the problem-solving abilities of married couples. This scale assesses the problem-solving abilities of marital couples, although the name of the scale includes the word "family." FPSS was developed based on behavior observations in family problem-solving settings and the framework of problem-solving therapy. FPSS is composed of 2 factors and 30 items. The first factor is "Communication," which is related to the expression of individual emotions and smooth conversation between husband and wife. The second factor is "Problem Solving," which consists of items related to the problem-solving processes. The sufficient adequate of this scale was established by Ahmadi et al. (2007); the coefficient of the full scale = .91, that of "Communication" = .87, "Problem Solving" = .83, and the test-retest correlation coefficient after 30 days =.74 for the whole scale, .71 for "Communication," and .79 for "Problem Solving." Moreover, the discriminant validity of the scale was examined with married couples who visited consultation centers. Among them, 27 couples with low marital satisfaction were regarded as the clinical group, and 28 couples that were randomly selected were regarded as the general group. The results indicated significant differences in the total FPSS score and each subscale score, with the general group scoring higher than the clinical group (Ahmadi et al., 2007).

FPSS is useful for examining how married couples try to solve problems through cooperation when faced with problems that cannot be measured using previously described concepts. However, a Japanese version of FPSS has not been developed to date. The development of a Japanese version of the FPSS is considered to be significant for generating findings related to marital relationships.

Objectives of this study

This study was designed to develop the Japanese version of FPSS based on the above background. The reliability of the scale was examined by calculating α coefficients by using the internal consistency of the scale as an index of reliability. The validity of the scale was examined by assessing relationships between the scale and satisfaction, the achievement of problem-solutions, family function, and relational efficacy, and by examining their correlations. It was assumed that each factor would be correlated with positive relationships between the husband and wife because efficient problem-solving by marital couples is facilitated by positive relationships between the

husband and wife. Therefore, it was assumed that significant positive correlations would be observed between the Japanese version of FPSS scores and the achievement of solutions to problems, family function, and family relationship efficacy, which would establish the criterion-related validity of the scale. Moreover, based on Ahmadi et al. (2007), the possibility of discriminating couples with and without problems using the scale was investigated to establish the discriminant validity of the scale.

Methods

Survey period

The survey was conducted from November 2016 to October 2017.

Participants

Married men and women (N=205, 91 men and 114 women, mean age=43.81 years old, *SD*=11.22) participated in the survey. There were 82 marital couples among them.

Procedures

Two types of questionnaires were administered, which included a printed and web-based questionnaire. The printed questionnaires were distributed to students after a university lecture, their parents responded to questionnaires, and responses were collected through the students. The web-based questionnaire was distributed directly to people outside the campus, and the examiners collected the responses. One questionnaire was put in an envelope that could be immediately sealed after responding to maintain independence between husbands and wives; the envelopes were distributed in pairs to husbands and wives. The web-based questionnaire was also administered by (1) giving students the written survey request with the URL of the survey website after a university lecture and requesting students to inform their parents about the URL and ask their parents to cooperate; and (2) notifying people outside the campus of the URL and asking them to respond. The number of participants in the written questionnaire survey was 129, and that in the web-based questionnaire survey was 76.

Survey content

(1) Face sheet: age, gender, occupation, the length of the marriage, and the family structure were inquired.

(2) Items related to problems in marital relationships: (a) the presence of current problems in marital relationships (Yes or No), (b) the content of the problem (free description), (c) the period during which the problem has continued, (d) influence of the problem on marital relationships assessed using a four-point scale ranging from "affected" to "not affected."

(3) Satisfaction with the Marital Relationship Scale: The scale developed by Moroi (1996) was used. The scale is composed of one factor, and six items and evaluations are made using a four-point scale, ranging from 1 (*rarely applicable*) to 4 (*highly applicable*). The total score is regarded as the scale score.

(4) The Japanese version of the Family

Problem Solving Scale (FPSS): The scale developed by Ahmadi et al. (2007) was translated into Japanese and used after obtaining the original author's approval. The translation was conducted following the procedures below; firstly, two examiners, and one translator translated the original scale. Next, a graduate school student that had studied in North America conducted a back-translation. After that, we asked the original author to check the content. Based on the original author's comments, considering the appropriateness of Japanese and ease of understanding, the examiners revised the Japanese translation and developed the final version. The scale is composed of 30 items. Responses are made using a five-point scale ranging from 1 (*not at all applicable*) to 5 (*very applicable*). The mean value was regarded as the scale score.

(5) Items related to the achievements of problem solutions: Three items were developed to examine whether the couple's problem-solving abilities evaluated using FPSS are correlated with the actual achievements of problem solutions. It was assumed that couples with higher problem-solving abilities might have resolved their problems more easily to date. One item, "We have been solving problems related to marital relationships," directly inquired about the results of the solution. The Other two items were related to the intervention methods used in brief therapy based on the Mental Research Institute (MRI) model. MRI brief therapy is called family therapy using a communication approach (Wakashima & Hasegawa, 2000), which is based on the communication theory, including cybernetics, and the systems theory. MRI brief therapy assumes a "problem-attempted solution cycle." It is assumed that in this cycle, current coping behaviors support the problems in systems that have problems. Stimulating the cycle by "doing something different" can crack the cycle and become a clinical intervention (Hasegawa, 1987). When applying this model to actual marital relationships, couples that are falling into a dysfunctional cycle can "do something different," which increases the probability of achieving a solution to the problem. Therefore, it was inquired whether different problem-solving behaviors could be practiced when previous coping behaviors were ineffective, e.g., "When problems are not solved, we changed the previous method and improved the situation." Moreover, an intervention known as "reframing," i.e., perceiving a problem in a different framework, is used in MRI brief therapy to break vicious cycles. Clients inevitably "do something different" by using reframing (Wakashima & Hasegawa, 2000). In applying reframing to actual marital relationships, couples reframe difficult to resolve problem situations by not overestimating the problem, not regarding specific situations as a problem, and thinking that the problem has been solved. Therefore, a question was developed, which inquired whether the significance of a problem can be changed, e.g., "When we feel that a problem cannot be solved by ourselves, we change our way of thinking and then the problem

disappears." These questions were asked in relation to three domains; (a) problems between the husband and wife, (b) problems related to child-rearing, and (c) problems related to parents-in-law. Participants responded to these questions by using a five-point scale ranging from 1 (*Never applicable*) to 5 (*highly applicable*). Moreover, a manipulation check was included for couples without children, which inquired about the degree of imagination. The responses to this were made on a four-point scale, and the responses ranging from 3 (*relatively imaginable*) to 4 (*imaginable*) were used in the analysis. The mean value was regarded as the scaled score.

(6) The Family Adaptability and Cohesion Evaluation Scale III (FACES III) for marital couples (Nagata, 1999): FACES III was used to verify the concurrent validity of FPSS. In the present study, we used "cohesiveness" and "adaptability" as factors for ease of interpretation, although Nagata (1999) used a different factor structure from the original FASES III after conducting exploratory factor analysis. This scale consisted of 20 items. The responses to these items were made using a five-point scale ranging from 1 (*Never applicable*) to 5 (*Highly applicable*). The mean value was regarded as the scale score.

(7) Relational Efficacy Scale: Asano's (2009) relational efficacy scale was used to examine the validity of the Solution Achievement Scale. Asano (2009) requested participants to respond to the scale by assuming that the responses were about a person closest to them. We modified the instructions in the present study so that respondents would respond by thinking about their sibling. This scale consists of one factor and nine items. The responses to the scale are made by using a five-point scale ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). The mean value was regarded as the scale score.

Ethical considerations: Explanations were provided in advance that participation in the study was voluntary and that the participants could stop their participation at any time even after giving their consent. Moreover, participants were informed that their personal information would not be identified. They were also told that participation was not related to academic evaluation by their affiliated institution.

Results

Exploratory factor analysis of FPSS

Factor analysis (Maximum likelihood method, Promax rotation) was conducted on 29 items of FPSS by excluding one item showing a floor effect (6. "We have determined a special place for discussion.") (Table 1)

The analysis was repeated by excluding the items with a factor loading of less than .40 and the items with multiple loads. Finally, a two-factor structure consisting of 25 items was obtained. The cumulative contribution ratio of the first factor was 32.14%, and that of the second factor was 39.78%. The first factor was composed of 11 items included in the "problem-solving" factor of the original version, e.g., "When we have a problem, first we evaluate the problems and then discuss the

Table 1: The results of factor analyzing the FPSS (Maximum likelihood method, Promax rotation)

Item	F1	F2	Commonality	Factor category of the original version (P, C)
F1: Solution orientation(α=.92)				
19. When we have a problem, we discuss the problem thoroughly.	.84	-.28	.55	P
12. When a quarrel starts, we decide the solution to the problem together.	.77	-.19	.48	C
14. When we have a problem, first we evaluate the problem and then discuss the solution.	.70	-.14	.41	P
16. We examine the reasons when the solution doesn't work.	.69	-.01	.46	P
3. When we have a problem, we search for a solution to the problem.	.68	.08	.53	C
8. We plan our life cooperatively.	.64	.06	.45	C
13. We give enough time to express his/her opinion to the partner when having a conversation.	.63	.12	.49	C
10. I proactively practice when I decide to solve a problem.	.61	-.14	.31	P
27. I do my best when I decide to solve the problem.	.61	.09	.43	P
4. We have spent a certain time on communication.	.61	.04	.39	C
2. When we have a problem, we try to increase the knowledge related to the problem.	.59	.10	.41	P
24. When we have a problem, we feel certain that we can solve it.	.56	.14	.42	P
11. We usually find different solutions to a problem.	.56	.07	.36	P
23. We usually try to choose the most appropriate solution.	.56	.19	.46	P
29. I think we should analyze the problem when making a plan to solve the problem.	.48	-.11	.19	P
17. When we have a problem, we leave the problem unsolved.*	-.48	-.09	.28	P
22. I can easily talk about my idea to my partner.	.46	.24	.39	C
7. I can easily express my feelings to my partner.	.43	.04	.21	C
F2: Relationship-maintenance orientation(α=.79)				
18. Our quarrel becomes violent when the solution doesn't work.*	.19	-.85	.60	P
9. When our opinions conflict, we quarrel and finally our relationships get worse.	-.07	-.72	.56	C
28. We get nervous and start a quarrel when talking together.*	.06	-.69	.43	C
1. We talk in a calm tone when we have problems.	.20	.56	.47	C
21. Another problem appears while we are dealing with a problem.*	.04	-.48	.21	P
25. I'm disappointed when my first effort to solve a problem doesn't go well.*	.12	-.45	.17	P
20. When our opinions about a problem conflict, we try to solve it before starting a quarrel.	.20	.42	.30	C
Correlation between factors F1	—	0.51		
Excluded items				
5. We try to ignore our previous quarrels.				C
6. We have determined a special place for discussion.				C
15. When we have a problem, we determine the approximate time to solve the problem.				P
26. When we have a problem, we don't try to solve it rationally.				P
30. Usually, the problem is too big for us to solve.				P

Note 1) Factors in the original version: "P" = problem-solution, "C" = communication
2) * = a reverse-scored item

solution," and "I proactively practice when I decide to solve the problem," among others, and 7 items included in the "communication" factor of the original version, e.g., "When having a conversation, we give enough time to express his/her opinion to the partner," among others. The first factor was composed of three main elements from the perspective of content. Firstly, producing solutions (Item 3, 11, 12, 14, 23), secondly, executing the solutions (Item 10, 11, 12) and thirdly, frankly expressing opinions (Item 4, 7, 8, 13, 19, 22). Therefore, the first

Table 2: Descriptive statistics of all the scales and gender differences

	Total				Men				Women					
	n	*M*	*SD*	α	*n*	*M*	*SD*	α	*n*	*M*	*SD*	α	*t*	*df*
Age	205	43.81	11.22	—	91	44.86	11.21	—	114	42.97	11.21	—	—	—
Years of married life	201	16.33	12.22	—	89	16.26	12.04	—	112	16.39	12.42	—	—	—
Relationship satisfaction	202	19.56	3.79	.94	90	19.56	3.86	.94	112	19.57	3.75	.94	-.30 *n.s.*	200
FPSS														
Solution orientation	197	3.63	.62	.92	87	3.62	.66	.93	110	3.63	.58	.91	-.11 *n.s.*	195
Relationship-maintenance orientation	199	3.50	.69	.79	87	3.48	.66	.73	112	3.51	.72	.83	-.34 *n.s.*	197
FACES III														
Cohesiveness	195	4.06	.69	.92	88	4.03	.66	.91	107	4.09	.72	.93	-.56 *n.s.*	193
Adaptability	195	3.72	.60	.80	87	3.69	.62	.81	108	3.75	.59	.79	-.65 *n.s.*	193
Solution achievement														
Marital problems	127	3.67	.77	.77	56	3.62	.86	.82	71	3.70	.70	.71	-.62 *n.s.*	125
Child-rearing problems	112	3.71	.70	.77	45	3.66	.78	.77	67	3.75	.65	.77	-.68 *n.s.*	110
Problems with parents in law	128	3.56	.82	.82	55	3.42	.85	.78	73	3.66	.80	.84	-1.63 *n.s.*	126
Relational efficacy	195	3.70	.69	.93	86	3.71	.74	.94	109	3.69	.65	.92	.16 *n.s.*	193

Note) n is lower than the other variables in the solution achievement scale, because of the manipulation check.

factor was interpreted as the tendency to try to solve problems through cooperation between husband and wife, which was named the "Solution orientation." On the other hand, the second factor was composed of four items included in the communication factor of the original version, such as "We talk in a calm tone when we have problems," "Our quarrel becomes violent when the solution doesn't work," (a reverse-scored item), among others, and three items included in the problem-solving factor in the original version. Therefore, the second factor was interpreted as the tendency to talk calmly in problem-solving settings and try to prevent deterioration of the relationship, which was named as the "Relationship-maintenance orientation." The factor correlation between the two factors was .51. Cronbach's α of each sub-scale was calculated, which indicated that it was .92 for "Solution orientation" and 79. for "Relationship-maintenance orientation." No gender differences were shown in any of the scales (Table 2).

Reliability and validity of the solution achievement scale

The items related to the problem-solution achievements of married couples were newly developed. Items. Therefore, the reliability and validity of the scale were examined. First, a principal component analysis was conducted to examine the unidimensionality of the scale. In all the problem types (marital, child-rearing, and parents), the values of all the three items were over .70 and loaded on the first principal component with contribution ratios of 69.48%, 68.75%, and 73.39%, respectively. Cronbach's α of each problem type was .77 (marital), .77 (child-rearing), and .82 (parents). Correlation coefficients with relational efficacy were calculated, Which indicated a significant positive correlation with solution achievements of each problem type (marital; $r = 81$, $p < .01$, child-rearing: $r = 53$, $p < .01$, parents: $r = 40$, $p < .01$). The above results indicated the adequate validity and reliability of the solution achievement scale developed in this study.

Therefore, the scale was used for further analysis.

Correlation coefficients between FPSS sub-scales and other scales (validity)

Significant positive correlations were indicated between two factors of FPSS (Solution orientation and Relationship maintenance orientation) and relationship satisfaction (r =.66, p <.01; r =.54, p <.01), cohesiveness (r =.76, p <.01; r =.50, p <.01), adaptability (r =.61, p <.01; r=.39, p<.01), solution achievement (marital: r =.69, p <.01; r = .40, p <.01, child-rearing: r =.48, p <.01; r =.21, p <.05). Solution achievement (parents) indicated a significant positive correlation only with solution orientation (r =.44, p <.01).

Comparisons between the group with problems and group without problems (validity)

Participants that responded to question item (2), (a), “Do you have some problem in marital relationships at present?” affirmatively and having evaluated its effect as 3 (a little) or 4 (rather high) were classified into the group having a problem, and others were classified into the group not-having a problem. A t-test was conducted with the group as an independent variable and FPSS sub-scale scores as dependent variables to examine the discriminant validity of FPSS (Table 3). The results indicated a significant difference in both solution orientation (t（195）=2.66, p<.01) and relationship maintenance orientation (t(197)=4.41, p<.001). The group not-having a problem indicated a higher score for each sub-scale. Moreover Relationship-maintenance orientation (d = .79) had a higher effect size than Solution orientation (d = .47).

Table 3: Comparisons of a t-test between the group having a problem and the group not having a problem

	having a problem			not having a problem					
FPSS	*n*	*M*	*SD*	*n*	*M*	*SD*	*t*	*df*	*d*
Solution orientation	39	3.40	0.69	158	3.69	0.58	2.66**	195	.47
Relationship-maintenance orientation	39	3.08	0.73	160	3.60	0.64	4.41***	197	.79

Note 1) ** p < .01 *** p < .001
2) d is Cohen’s d expressing the effect size

Discussion

Factor structure of FPSS

The results of exploratory factor analysis indicated that the Japanese version of FPSS was composed of two factors; Solution orientation and Relationship-maintenance orientation. The first factor, “Solution orientation," consisted of 9 items included in "problem-solving” of the original version and 7 items included in “communication” of the original version. It is considered that the exchange of each other's opinions is indispensable for Japanese marital couples to solve problems by following the typical steps. Wives are expected to follow their husbands in traditional Japanese martial relationships. Recently, however, equality between husbands and wives because of women’s social progress is the norm, and wives ' opinions are considered essential at home. Given this background, factors related to proper problem solving and frank communication might be related. The original FPSS was developed based on a questionnaire survey conducted with marital couples living in Teran, in Iran. In Islamic

cultures, the roles and rights of husbands and wives are prescribed by law (Kuniya, 2012), which makes it difficult to solve problems through communication according to the situation. Therefore, problem-solving and communication might have been divided into different factors in the original FPSS.

The higher "Relationship maintenance orientation" factor score expresses the tendency for remaining calm when communicating and maintaining marital relationships. Many items related to quarrels are included in this factor, which was absent in the original version, suggesting that Japanese people might be highly aware of the possibility of excited and conflict-ridden communication, including quarreling in problem settings. In East Asian cultures, such as Japan, "interdependent construal of self," i.e., the perception that individuals recognize themselves as existences embedded in relationships with others, is dominant (Markus & Kitayama, 1991). According to Takada, Omoto, and Seike (1996), the interdependent construal of self is divided into two aspects, "worry about the evaluation of others" and "harmony with or adaptation to others." Considering the above background, Japanese couples are assumed to have a stronger tendency to care about their partner's evaluation and adapt themselves to the relationships, compared to couples living in Islamic cultures, which might have resulted in the factor, i.e., "Relationship-maintenance orientation, which is different from the original version."

Reliability and validity of FPSS Japanese version

Cronbach's α coefficients of each sub-scale of the Japanese version of FPSS were as follows; Solution orientation=.92 and Relationship-maintenance orientation=.79, which indicated the sufficient reliability of the scale. Regarding validity, a significant positive correlation was indicated between two factors of FPSS and two factors of FACES III, i.e., cohesiveness and adaptability. Cohesiveness includes items related to cooperative interactions, and adaptability included items related to problem-solving, which confirmed the sufficient concurrent validity of the Japanese version of FPSS. Moreover, the results of a *t*-test between the group (having problems/not-having problems) as an independent variable indicated that Solution orientation and Relationship-maintenance orientation scores in the group not-having a problem were higher than the group having a problem. The mean duration (year) of the problem in the group having a problem was 10.42 years (*SD*=11.15), which was rather long, suggesting that the couples had been suffering from the problem for a long time. It is considered that couples in the problem group have less problem-solving abilities, which prolongs problems. It is possible to discriminate couples with high problem-solving abilities from those with low problem-solving abilities using the Japanese version of FPSS. Therefore, the scale has a sufficient degree of discriminant validity.

Limitations and future perspectives

The three following issues are considered as the limitations of this study and future perspectives; Firstly, the present study lacks the perspective of the family life cycle. This study was designed to develop the Japanese version of FPSS by examining problem-solving abilities common to ordinary marital couples. Therefore, the characteristics of newly-married couples or middle-aged couples were not examined in the study. In the future, components of the problem-solving ability should be examined by controlling for the years of marital life. Secondly, the methods of maintaining relationships were not examined in the study. There are different methods of preventing relationships from deteriorating, including compromising, patience, avoidance, and humor, among others. Thirdly, the types of problems should be controlled in future studies. The participants of the current study were not instructed to assume a specified problem. Therefore, the types and seriousness of the problems assumed by the participants might have been different. It is suggested that future studies should consider examining situational factors such as the degree of conflict and the possibility of manipulating the problem.

Note

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References

Ahmadi, K., Esfandiar, A., Ashrafi, S.M.N., Fateme, R. (2007). Construction and Validation of the Family Problem Solving Scale. *Journal of Applied Sciences*, **7**(24), 3958-3964.

Christensen, A. & Shenk, J.L.(1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology*, **59**, 458-463.

D'zurilla, T.J. (1986). *PROBLEM-SOLVING THERAPY A Social Competence Approach to Clinical Intervention.* Springer Publishing Company. [in Japanese] (丸山晋監訳 1995 問題解決療法　臨床的介入への社会的コンピテンス・アプローチ 金剛出版)

Hasegawa, K. (1987). The family paradox. Saiko Shobo. [in Japanese](長谷川啓三 1987 家族内パラドックス 彩古書房)

Hoffman, L. (1981). *Foundation of Family Therapy*. New York: Basic Books Inc. [in Japanese] (亀口憲治訳 2006 家族療法の基礎理論―創始者と主要なアプローチ― 朝日出版社)

Ito, Y., Sagara, J. & Ikeda, M. (2007). Effects of marital communication on relationship satisfaction-Focused on self-disclosure. Journal of the Faculty of Human Studies, Bunkyo Gakuen University, 9, 1-15. [in Japanese](伊藤裕子・相良順子・池田政子 2007 夫婦のコミュニケーションが関係満足度

に及ぼす影響――自己開示を中心に 文京学院大学人間学部紀要, 9, 1-15.)

Kuniya, T. (2012). Family image in modern Islamic society-based on the analysis of “Women’s World”. Tsuboi Y. & Yamamoto. H. eds. CIAS Discussion Paper Series No.23. Center for Integrated Area Studies, Kyoto University. [in Japanese](國谷 徹 2012 近代イスラームにおける家族像 --連載記事「女性の世界 」の分析から 坪井 祐司・山本 博之 編著. CIAS Discussion Paper Series No.23 『カラム』の時代Ⅲマレー・イスラム世界におけるイスラム的社会制度の設計京都大学地域研究統合情報センター)

Kurosawa, Y. & Kato, M. (2013). Development of a relation-focused coping scale in marital stress settings. The Japanese journal of developmental psychology. 24(1), 66-76. [in Japanese](黒澤泰・加藤道代 2013 夫婦間ストレス場面における関係焦点型コーピング尺度作成の試み. 発達心理学研究, 24(1), 66−76.)

Markus, H. & Kitayama, S. (1991). Culture and the Self: Implications for cognition, emotion, and motivation. *Psychological Review*, **98**(2), 224-253.

Moroi, K. (1996). Perception of equality in assignment of domestic work. The Japanese journal of family psychology. 10(1), 15-30. [in Japanese](諸井克英 1996 家庭内労働の分担における衡平性の知覚 家族心理学研究, 10(1), 15-30.)

Mynors-Wallis, L.(2005). *Problem-Solving Treatment for Anxiety and Depression A Practical Guide.* Oxford University Press. [in Japanese] (明智龍男・平井啓・本岡寛子監訳 2009 不安と抑うつに対する問題解決療法 金剛出版)

Nagara, T. (1999). Communication behaviors promoting good marital relationships. Bulletin of Aichi Shutoku Junior College. 38, 1-21. [in Japanese] (永田忠夫 1999 良好な夫婦システムに影響を及ぼすコミュニケーション行動. 愛知淑徳短期大学研究紀要, 38, 1-21.)

Okamoto, Y. (2015). Transition of couple relationships: Japanese context and problems. Japanese journal of family therapy. 32(2), 12. [in Japanese](岡本吉生 2015 カップル関係の推移（Transition of Couples）：その日本的文脈と課題. 家族療法研究, 32(2), 12)

Pruitt, D. G. & Rubin, J. Z. (1986). *Social conflict: Escalation, stalemate, and settlement*. New York: Random House.

Takada, T., Omoto. M., & Seike, M. (1996). Scale for measuring independent and interdependent view of self, revised edition. Memoirs of Nara University. 24, 157-173. [in Japanese](高田利武・大本美千恵・清家美紀 1996 相互独立的―相互協調的自己観尺度（改訂版） 奈良大学紀要, 24, 157-173.)

Wakashima, K., & Hasegawa, K. (2000). Brief therapy guidebook. Kongo Shuppan. [in Japanese](若島孔文・長谷川啓三 2000 よくわかる！短期療法ガイドブック 金剛出版.)

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< Short Case Report >

Brief Therapy for a Serious Sex Offender

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ABSTRACT. Brief Therapy (BT) has been shown to be effective in criminal population, but its effectiveness on the treatment of sex offenders was rarely reported. This study focuses on the case of one serious sex offender to examine the potential effectiveness of BT in the treatment. The client was a man in his 60s with multiple incapacitated rape offenses against women in their 20s. Seven in-person therapies were conducted within a prison. Therapies revealed that the client's sex crime behaviors were motivated by his personal goal of autonomy. Further, running was found to be an alternative behavior through which his goal could be achieved without engaging in sex crimes. This case suggests that a solution-focused BT approach may be effective in the treatment of sex crime offenders. It also demonstrates the importance of clarifying the offender's personal values and transforming the values to prevent sex offence. Adding treatment protocols to address value transformations may further increase the effectiveness of BT on sex offences.

KEY WORDS: Brief therapy, Incapacitated rape, Pseudo solution, Neutral Judgement on deficiency condition,

Introduction

The prevalence of sex crimes is a societal concern (Hanson et al., 2017). The recidivism rate is high particularly for sex crime offenders (Hanson & Bussière, 1998), so the implementation of prevention programs and reductions in the number of sex crimes were social demands. Meta analysis of prevention programs shows some degree of efficacy, but a proven method has yet to emerge(Schmucker & Lösel, 2015).

The Relapse Prevention Model (RPM) is the most widely-known approach used today.

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RPM frames the sex offence as a coping behavior in reaction to a situation that the offender seeks to avoid(Marlatt & Donovan, 2005). For example, if a sexual offender holds in negative feelings of anger until he is no longer able to bear it, he will engage in sex crime behaviors against women to relieve his negative emotions (Marlatt & Donovan, 2005). RPM is held to be effective: the recidivism rate for sex offences is lower among groups that undergo RPM for a year or more compared to groups that drop out midway through(Marques et al., 2005). RPM is utilized the model of sex crime prevention programs not only abroad, but widely across Japan as well (Asahina, 2007). RPM has been criticized, however, for focusing only on the negative aspects of the offenders

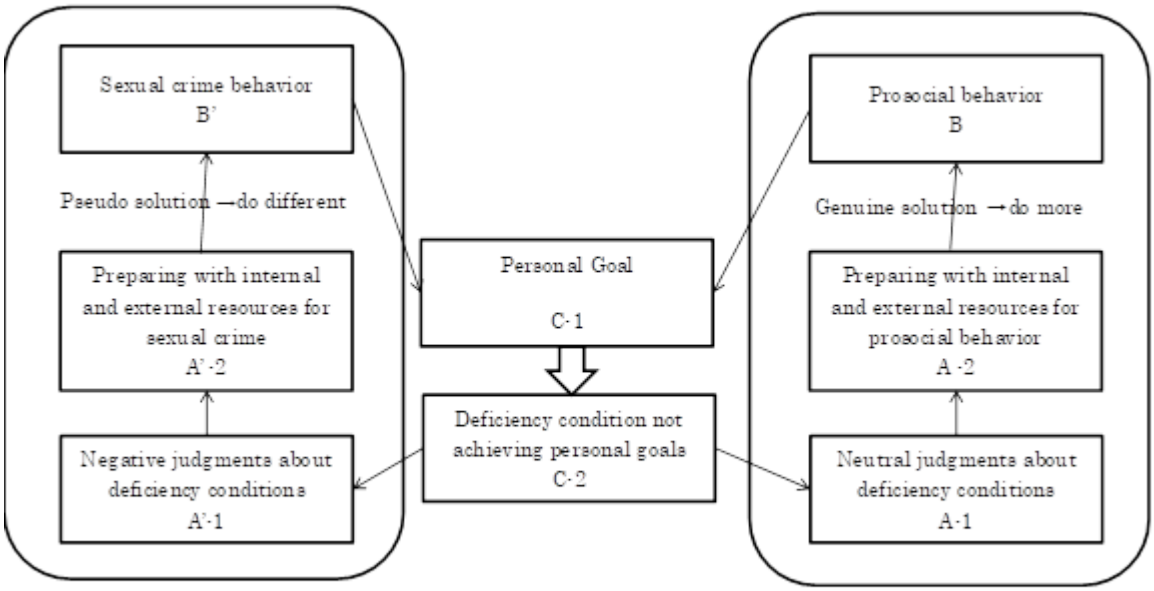

Figure 1. Interpretation of Good Lives Model on Sexual Crime Behavior from Brief Therapy

(Polaschek,2003).

The shortcomings of RPM are improved by the Good Lives Model (GLM), which has been gaining in popularity in recent years(Ward & Brown, 2004). GLM frames offenders' sex crime behaviors as a method for achieving their personal goals (Whitehead et al., 2007). For example, a sex offender might engage in a sex crime to achieve a personal goal of being autonomous without any restrictions imposed by others (Ward & Gannon, 2006). The therapist would acknowledge the offender's personal goal, but point out the error in the offender's method and guide him toward a lawful way to achieve his goal(Ward et al., 2012). As shown in Figure 1, sex crime behavior (B') and pro-social behavior (B) are linked with the same personal goals under the GLM scheme (Ward & Gannon, 2006).

Although GLM is generally discussed within the framework of cognitive behavioral therapy (Willis et al., 2014), it shares three elements with BT (Kim & Franklin, 2009). The first is that therapy focuses on positive aspects rather than negative aspects alone (Shazer et al., 2012). Second, the points for identifying processes behind sex crime behavior (A'-1, A'-2, B' in Figure 1) are the same as for identifying erroneous, pseudo solutions in BT (Schwartzman, 1988). Third, the points for identifying processes leading to pro-social behaviors (A-1, A-2, B in Figure 1) are the same as for the points on which solutions are structured in BT (Berg & De Jong, 1996). These common elements are summarized in Figure 1. The path leading to sex crime behavior represents a state of error, that is, a pseudo solution (A'-1, A'-2, B' in Figure 1), so whenever such a behavioral chain is about to unfold, there must be an intervention to make the client engage in a different behavior(Berg & Miller, 1992). Since pro-social behavior is the

exception for the criminal behavior chain (A-1, A-2, B in Figure 1), the intervention must serve to make the client continue to engage in the same positive behavior (Berg & Miller, 1992).

Programs incorporating GLM are increasingly recommended. Although a number of case studies have come out mainly in the West (Pflugradt et al., 2018; Ward & Gannon, 2006; Willis et al., 2014), research in Japan has been limited to one case study(Yokotani & Tamura, 2018). There is also extremely little literature on the applicability of BT for sex crime offenders. The applicability of BT in criminal population (Franklin et al., 2011; Yokotani & Tamura, 2015a, 2015b), however, suggests that BT may be an effective method of treatment for sex offenders. This study examines this potential through a case of GLM-based BT conducted with a sex crime offender.

Case Summary

Client: Client was male prisoner A, in his 60s, incarcerated at the time of this study in Q Prison. As mental health therapist at Q Prison, he commenced therapies upon being approached by A to talk.

Family history: First-born of two brothers to a father who was a municipal government worker and a mother who was a homemaker in prefectural city B. Married from age 26 to 30; two children. No contact with children or ex-wife since divorce. Engaged and living with fiance after release from previous prison, but fiance called off the engagement and separated after A's recent crimes.

Life history: Enrolled in public elementary, junior and senior high schools in B prefecture. According to A, he ranked around tenth in his class academically and performed at a national level in sports (short-distance track). Moved to C at age 18 and enrolled in the law department of a renowned private university. At age 22, switched to the literature department because there were more women, and studied abroad for one year. After graduating at age 23, worked until age 25 as a cook at a restaurant in his hometown B. From age 25 to 27, trained at a famous restaurant in Kanto district and as well as a restaurant abroad for a year and half. Suddenly began car sales at a major hometown company from age 27 to 31. Married and divorced during this period. Between ages 31 and 40, changed jobs to copier sales with a major company in his hometown B. Simultaneously began offering cooking classes which were free of charge and did not generate any revenue. From ages 41 to 50, employed at a major company in C (unclear job type). Committed fraud at age 50, but was not discovered. Between ages 50 and 51, operated a restaurant in C. Borrowed funds from fiance's father to operate the restaurant. Although A committed shoplifting at this time, he received no punishment (discrepancy with A's own statements). At age 51, A was sentenced to 4 years and 6 months in prison for incapacitated rape and indecent assualt. Another 1 year and 6 months of imprisonment was added for subsequent discovery of the fraud A had committed when he was 50. Incarcerated at P juvenile prison from age 51 to 56. Released on parole at age 56 and returned to his mother's home. Estranged from father since the sex

crimes came to light. Employed at a major hometown restaurant from age 56 to 60. Two incidents of incapacitated rape were discovered at age 60, for which A remained incarcerated at Q prison after being sentenced without a stay of execution.

Crime method: Skillfully approached a woman in her 20s to share food and drinks. Spiked drinks with drugs and committed sex crimes indoors against the semi-conscious woman. All of A's crimes were incapacitated rape crimes since the victims were in semi-conscious states.

Therapy Process

Therapy structure: Therapies were commenced following request for therapy by A. 30-minute personal therapies were conducted in a private room once per month. A prison officer or legal instructor was present during therapies for the protection of the therapist.

Therapy demeanor: A willingly spoke about his background as a chef as well as the process behind his sex crimes, but for the most part, he did not touch on his sales work experience or other crimes of shoplifting and fraud.

Summary of therapy process: Therapies fell into three phases; phase 1 consisted of session#1, building rapport (following which A was transferred to R prison and underwent a half-year of an RPM-based sex crime group therapy program), phase 2 consisted of sessions #2 to #4, in which the process of arriving at pseudo solutions was assessed, and phase 3 consisted of sessions #5 to #7, which focused on identifying and habitualizing solution behaviors.

＃1. Building rapport April YYYY (phase 1): A stated that he had no particular worries and just wanted to talk freely. He said he was accused of committing incapacitated rape, but he thought it was consensual. He invited an overly proud 25-year old woman to his home and drugged and raped her. He paid for hospital and taxi fees when she felt ill the next day, but when he thought things were getting ridiculous and refused to pay money, he was accused the next day. When he was 45 years old, he opened a restaurant for 50 million yen in C (prime location in Kanto district), and after it failed, he opened a restaurant in his hometown for 30 million yen. After getting out of prison, he planned to build a restaurant for 10 million yen in D (summer resort area in Kanto district). He would make a lot of money because he could buy wine for about 800 yen abroad and sell it at 12,000 yen in Japan. He had connections at the Japan federation of bar associations from his law student days, and he wanted to file an action against the prison. He also had connections at J (major music label), and women used to flock to him.

A was persistent in talking about his elite educational status, high income, and popularity with women. It was necessary to listen for a while and acknowledge him to build rapport.

Following this therapy, A was transferred to R prison to undergo an RPM group therapy program to prevent sex crime (6 months, 51 sessions; medium density). The program was compulsory and A could not drop out. He experienced insomnia while at R prison and blamed Q prison (for too little food and exercise), and he repeatedly said that he knew a reporter

and would sue for redress. RPM group therapy concluded that A had a habit of searching out women victims and that there was a conflict between his own almighty self-image and how he was seen by others.

＃2 Search for solutions August YYYY+1 year (phase 2): A was upset that he was not informed about his own father's death until half a year after the fact. At that time, he met up with a male friend and two women he had met at a club and then drugged and raped the women. He experienced a sense of pleasure from being able to do as he liked when the women were unconscious, unlike with normal sex. Next, at the time A was running the restaurant in his hometown B (he was in fact an employee and not owner), he drugged and raped a woman he had met at a coffee shop. The woman was unable to go work the next day and was demoted by the shop manager. She then accused A of rape. To attractive women, he gave makeup advice and was attentive. On the other hand, he could be done with unattractive women after one go, so he sought physical pleasure and then suddenly gave them the cold shoulder, and then he ended up being accused of rape.

A seemed to commit sex crimes against women he did not like. Hearing details about the women that A did not like provided insight into the process, that is, pseudo solution, leading to the crime.

＃3 Identifying pseudo solutions October YYYY+1 (phase 2): A said he had always dated models. That was because he had worked at a club where only 50 out of 3000 people could be up on stage, which was a status symbol for the women. If he arranged to get a woman a place on stage, he could have sex with her right away. He had also trained with the track team at a women's college. At the time, there were two men among 400 members. He was having sex every day in his room with his women teammates.

If A meets a cheeky and snobbish woman, he wants to have his way with her. He is completely satisfied if he has sex with the woman in a comatose state. He suddenly changes his attitude afterwards, and that is why he gets accused of rape. When things are going well at the restaurant, he thinks up menus and does physical work, so he does not need to work off his sexual urges. If work is not going well, he cannot come up with ideas and his sexual urges become stronger, and he thinks about having his way with a woman. He is a perfectionist in some aspects, and while this is not a problem when things are going well, he blames himself and runs himself down when things are not going well. For example, when things are going well, he will make variations to the pasta sauce or ingredients (minor item). If about a third of the customers leave a certain pasta unfinished, he will stop serving the pasta itself (major item) as opposed to trying to change it. Then he ends up not being able to serve the lunch menu and he feels cornered.

＃4 Identifying the sex crime process December YYYY+1 year (phase 2): Everything has to go A's way, otherwise he immediately loses confidence. When he was a chef in training, he had to make the boullion, and if the taste was even slightly off, the entire pot

would be dumped out right in front of him. When A had his own restaurant (as first chef), he did not experience much frustration thanks to a capable second chef, but that person left to start his own business and another person became second chef. Dishes handled by that person were returned by customers, so A had to do everything by himself. Also, when A used to run track, he knew what the results would be within the first few seconds. That is why he knows already if there are no results in the early stages.

The therapist inquired: "Isn't a restaurant more like long-distance than short-distance since you need to maintain consistency every day?" A agreed but said things just did not go right for him in his mind.

A's perfectionist thinking was based on the idea that he was no good if he could not control everything exactly as he had planned, and this likely tied into his sex crimes. His personal goal was regarded as perfect control (Figure 2 C-1), and we assume that he tended toward sex crimes when he was unable to achieve his goal (Figure 2 C-2).

＃5 January YYYY+2 years Gentle mother (phase 3): Therapist inquired: "Have you ever felt like you have value even if you are not perfect?" A's father was an elite both in terms of baseball and on the job. A underwent Spartan-like baseball training fit for a rising Giant's player. When he was in elementary school, he had hard ball practice in the early mornings and after school. When he was in junior and senior high school, he also ran sprints in the early mornings and after school. This is why A could run 100 meters in the 10 second range. Academically, he ranked around tenth in his class and served as class president. In that sense, his father wanted perfection.

In contrast, A's mother was easy-going and gentle. A cooked meals himself when he was in junior and senior high school. Even when the food had probably not turned out well, A's mother would say that it was good. She also told him that he had a good sense for it. A was happy to see his mother looking pleased. It was her smile that made him want to pursue cooking. This gentle mother got angry just twice. The first time was when A threw a rock at a beggar when he was in elementary school and his mother strongly reprimanded him for beating up on someone weak. The second time was when A was in junior high school and A was suspected of taking something of a friend's; A's mother got angry with his father because he doubted A, and she said that A would never do such a thing.

Therapist inquired: "What does your mother say when things aren't going well?" A replied that his mother would say "better luck next time," or "unless you die from it, everything else is just a scrape," or "there's nothing wrong with 80%." A's father's perfectionist value system appeared to be influencing A's negative judgment about his deficiency condition where he does not achieve his personal goal (Figure 1 A'-1). His mother's value system could be an alternative to his perfectionism. Mother's values influence neutral judgment about his deficiency condition (Figure 1 A-1). A could reevaluate his values from his mother's perspective. For the next session, Therapist advised A to think about the kinds of things his mother had said to him.

＃6 January YYYY+2 years Digging into mother’s values from life history (phase 3): When A did not qualify for the B prefectural championships in sprints (the coach and everyone else thought he would), his father stayed angry, but his mother watched and waited at home for a while and said supportively, “Maybe the others just worked harder than you . . .” A’s father’s values still strongly influenced A even as a professional chef, and he had been critical of every poorly made dish by his charges. He had even gone so far as to fire two people within a few months.

In contrast, his mother was gentle. She told A that she could not contact him for his father’s funeral because that was what had been requested in his will. But A’s mother said that she would do as she pleased from then on.

The mother’s values provided a different perspective for A’s perfectionism. Since A will continue to attempt sex crimes when things do not go perfectly so long as he holds himself to a perfectionist value system (Figure 2 A’-1), a different value system needs to be re-constructed. Therapist again instructs A to recall his mother’s words to discuss at the next session.

＃7 March YYYY+2 years Habitualizing the solution (phase 3): A met with his probation officer, who was a track and field fan and said that he recognized A from track. The probation officer told A that there were athletic fields near the probation facility (where A was scheduled to go after release) and suggested that A could enter the Master’s (50+) tournament. A wanted to do it. Looking back, A had been running because of his father. He had not run since becoming a chef. Still, he realized that he liked running. He knew that he would not be able to get the times he used to. But there was joy in running. His goal was to finish the 100 meters without injury. He wanted to be in the finals.

The person who won the Master’s at age 80 kept careful track of his daily diet and said that the process was more important than the outcome, and A agreed with that thought. Previously, there had been a 60 meter race at a different prison. Everyone had been worried about him running, but he was fastest by a longshot. Sometimes things do not go well with his cooking, but at times like that he could run to change his mood, and his way of thinking would change. Things had been pooling up inside since he had stopped running.

A’s joy in running was related to a state of being in control (Figure 2 B). His desire to enjoy running within the scope of his current ability (Figure 2 A-1) stands in contrast to his desire to control everything about his cooking (Figure 2 A’-1). Running is a pro-social behavior (Figure 2 B) and is not a sex crime. A’s ability to run fast thus serves as an internal resource (Figure 2 A-2). In providing a space in which A can utilize this internal resource, the probation officer serves as an external resource (Figure 2 A-2). A’s running ability combined with the support of the probation officer would likely encourage A to engage in running and thereby prevent further sex crime behaviors.

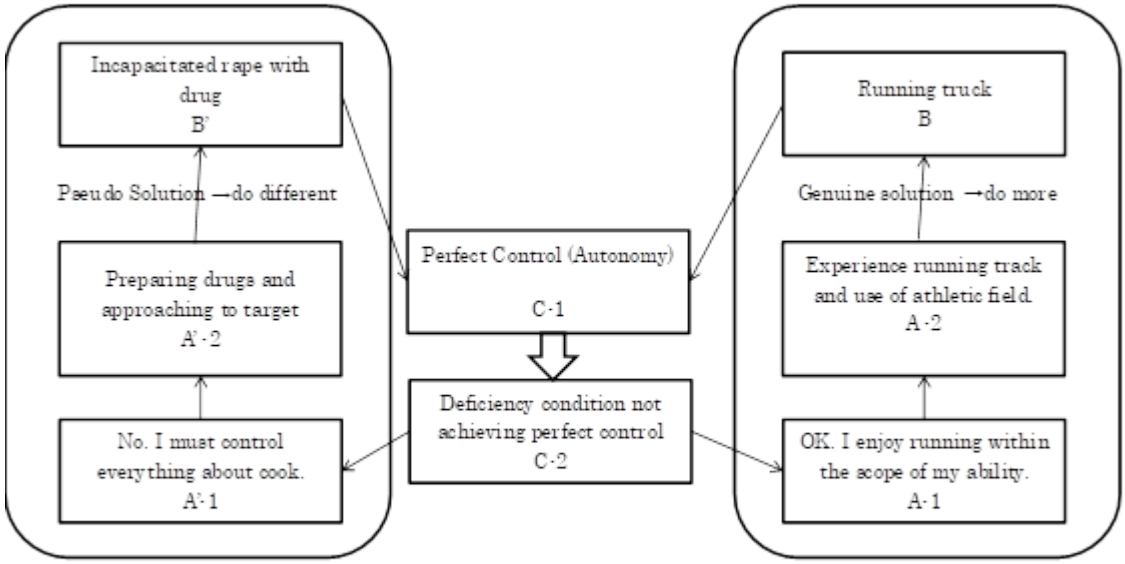

Figure 2. Case Formulation of a Sexual Crime Offender with Perfect Control Goal

Discussion

This study outlined a BT intervention based on the personal goals of the sex crime offender. Previous research has suggested that the personal goals of sex offenders can be split into either autonomy (wanting to be in control of everything) or intimacy (wanting to be intimate with another)(Ward & Gannon, 2006). Intimacy has been cited as a personal goal of sex offenders based on cases in Japan as well (Yokotani & Tamura, 2018). This study illustrates how autonomy is also a personal goal held by offenders. It sheds light on how the GLM (Ward et al., 2012; Ward & Brown, 2004; Ward & Gannon, 2006; Whitehead et al., 2007) and its model for goal achievement (Ward & Gannon, 2006) could be used in a Japanese setting. It also shows which aspects of sex crime treatments can be addressed through conventional BT protocols and which aspects call for protocols that diverge from BT.

BT strives to have the client constantly construct images of achievable solutions (Schwartzman, 1988; Shazer et al., 2012). This approach has proven effective for clients with depression in previous studies (Kim & Franklin, 2009). Likewise, the approach in this study was to have the offender construct a situation in which his personal goals could be achieved without engaging in sex crime behaviors. The case suggests that the simple BT model for constructing an image of an achievable solution (Berg & Miller, 1992) may provide a method of treatment not only for depression clients, but for sex crime offenders as well. That is, conventional BT can be applied as is to sex offenders insofar as the construction of solutions.

On the other hand, one of the flaws in conventional BT is that the path to a pseudo solution and the path to a genuine solution may completely diverge in the end (Berg & De Jong, 1996). In this study, there was partial overlap

between the path to the offender's genuine solution and the path to his pseudo solution (see Figure 2). This indicates that the path leading to a offender's true solution (pro-social behavior) is more difficult to discover in comparison to the path for depressed clients (active behavior). In the same vein, previous research has posited that concrete changes at the behavioral level are what lay the path to solution (Shazer et al., 2012). In the case presented here, however, changes at the personal value-determining level were shown to lead to genuine solution (Figure 3). This point speaks to a need to address and partially transform the client's value system to reach genuine solution when working with sex crime offenders (Pflugradt et al., 2018). It also indicates that treatment of sex offenders requires a longer period of time to allow for value transformation as opposed to conventional behavioral transformation.

The study has several limitations to note. Foremost, this was a single case from which we cannot draw general conclusions. The success of the treatment was moreover unclear given that no follow-up was conducted. Even assuming that the treatment was effective, the client was highly intelligent and therapies with less able individuals would not be likely to flow as smoothly as they did in this case. Finally, considering that the client's conversational content changed subsequent to his 51 sessions of RPM, the impact of RPM should be thoroughly assessed (Marlatt & Donovan, 2005; Marques et al., 2005).

Despite these limitations, in contrast to research illustrating a need for prolonged individual therapies in the case of sex offences (Hanson et al., 2017), this study demonstrated how a pseudo solution can be identified and replaced with an alternative solution over a limited period of seven sessions. It provides a foundation for the use of a BT framework in the treatment of sex crime offenders and expands the potential applicability of BT beyond what has been suggested in previous research (Franklin et al., 2011; Yokotani & Tamura, 2015a, 2015b). Findings from this study will ideally contribute to the prevention of sex crimes and reduce the number of both offenders and their potential victims (Hanson & Bussière, 1998).

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References

Asahina, M. (2007). Approaches to sex offender treatment: A post-relapse prevention model (special issue: A new understanding of sex crimes) [In Japanese]. *Addiction and Family*, *24*(3), 199–205.

Berg, I. K., & De Jong, P. (1996). Solution-building conversations: Co-constructing a sense of competence with clients. *Families in Society*, *77*(6), 376–391. https://doi.org/10.1606/1044-3894.934

Berg, I. K., & Miller, S. D. (1992). *Working with the problem drinker: A solution-focused approach*. W W Norton & Co.

Franklin, C., Trepper, T. S., McCollum, E. E., & Gingerich, W. J. (2011). *Solution-Focused*

Brief Therapy: A Handbook of Evidence-Based Practice. OUP USA.

Hanson, R. K., Babchishin, K. M., Helmus, L. M., Thornton, D., & Phenix, A. (2017). Communicating the results of criterion referenced prediction measures: Risk categories for the Static-99r and Static-2002r sexual offender risk assessment tools. *Psychological Assessment*, *29*(5), 582–597. https://doi.org/10.1037/pas0000371

Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, *66*(2), 348–362. https://doi.org/10.1037/0022-006X.66.2.348

Kim, J. S., & Franklin, C. (2009). Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review*, *31*(4), 464–470. https://doi.org/10.1016/j.childyouth.2008.10.002

Marlatt, G. A., & Donovan, D. M. (2005). *Relapse Prevention, Second Edition: Maintenance Strategies in the Treatment of Addictive Behaviors*. Guilford Press.

Marques, J. K., Wiederanders, M., Day, D. M., Nelson, C., & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's sex offender treatment and evaluation project (SOTEP). *Sexual Abuse*, *17*(1), 79–107. https://doi.org/10.1177/107906320501700108

Pflugradt, D. M., Allen, B. P., & Marshall, W. L. (2018). A gendered strength-based treatment model for female sexual offenders. *Aggression and Violent Behavior*, *40*, 12–18. https://doi.org/10.1016/j.avb.2018.02.012

Polaschek, D. L. L. (2003). Relapse prevention, offense process models, and the treatment of sexual offenders. *Professional Psychology: Research and Practice*, *34*(4), 361–367.

Schmucker, M., & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: An international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, *11*(4), 597–630. https://doi.org/10.1007/s11292-015-9241-z

Schwartzman, J. (1988). Continuities and discontinuities in the family treatment of substance abuse. *Journal of Psychotherapy & The Family*, *3*(3), 105–125. https://doi.org/10.1300/J287v03n03_08

Shazer, S. de, Dolan, Y., & Dolan, Y. (2012). *More Than Miracles: The State of the Art of Solution-Focused Brief Therapy*. Routledge. https://doi.org/10.4324/9780203836484

Ward, T., & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, Crime & Law*, *10*(3), 243–257. https://doi.org/10.1080/10683160410001662744

Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-

regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, *11*(1), 77–94. https://doi.org/10.1016/j.avb.2005.06.001

Ward, T., Yates, P. M., & Willis, G. M. (2012). The good lives model and the risk need responsivity model: A critical response to Andrews, Bonta, and Wormith (2011). *Criminal Justice and Behavior*, *39*(1), 94–110. https://doi.org/10.1177/0093854811426085

Whitehead, P. R., Ward, T., & Collie, R. M. (2007). Time for a Change: Applying the Good Lives Model of Rehabilitation to a High-Risk Violent Offender. *International Journal of Offender Therapy and Comparative Criminology*, *51*(5), 578–598. https://doi.org/10.1177/0306624X06296236

Willis, G. M., Ward, T., & Levenson, J. S. (2014). The Good Lives Model (GLM): An evaluation of GLM operationalization in north American treatment programs. *Sexual Abuse*, *26*(1), 58–81. https://doi.org/10.1177/1079063213478202

Yokotani, K., & Tamura, K. (2015a). Solution-focused group therapy for drug users in Japanese prison: Nonrandomized study. *International Journal of Brief Therapy and Family Science*, *5*(2), 42–61.

Yokotani, K., & Tamura, K. (2015b). Effects of personalized feedback interventions on drug-related reoffending: A Pilot Study. *Prevention Science*, *16*(8), 1169–1176. https://doi.org/10.1007/s11121-015-0571-x

Yokotani, K., & Tamura, K. (2018). A case study of applying the good lives model to a severe sexual offender [In Japanese]. *Addiction and Family*, *34*(1), 66–74.

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< Short Case Report >

Brief Therapy for Parents Troubled by the Independence of Their Daughter with Gender Dysphoria and Previous History of Eating Disorders

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ABSTRACT. Eating disorders are common to young women and have a high mortality. As there is a wide range of variations of the types of eating disorders, psychosocial treatments are provided in conjunction with pharmacotherapy. Especially family therapy is supposed to be effective because supports from the family have significant effects on the patient's recovery. On the other hand, the patient has gender dysphoria with symptoms similar to disgust for one's own femininity and also the relationship between these two symptoms is pointed out.

In this paper, we report the concluded case where we conducted the interviews of four times in total with the parents of the daughter (IP) with gender dysphoria and previous history of eating disorders by using brief therapy. We are going to consider this case from 5 points: (1) Diagnoses of a vicious circle of the family, (2) Discoveries of the family resources and exceptions, (3) What changed the family system and led to problem solving, (4) Family's acceptance of gender dysphoria, and (5) Future issues.

Key Words: Brief Therapy, Gender Dysphoria, Independence, Reframe, Paradox

Introduction

90% of the patients of eating disorders are young women in their teens to thirties and the rate of their mortality in Japan is 7% and extremely high. Psychosocial treatments play a central part and pharmacotherapy plays a peripheral part (Nakai, 2016). Many of the patients often feel some pain or loneliness before the onset of symptoms and a low self-estimate is considered to be inherent in them (Takakura, *et al.*, 2017). Family relations are often understood as important background factors of eating disorders and the Center for Eating Disorder Research and Information (2019) supposes that "the family response after the onset of symptoms is largely involved in the prognosis and the effective support from the family contributes greatly to the patient's recovery.

It was formerly reported that as the support using family therapy focusing on symptomatic relief of eating disorders, the focal point was shifted from the family seeing IP with eating disorders as "a strong-willed, rebellious, adolescent girl" and that the changes in the family system were promoted by defining another problems and intervention was made (Minuchin, 1978). Also in Japan, there are case reports by Nakamura, *et al.* (1988) of changes

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in family structures caused by strengthening alliance between husband and wife in the context of "independence" of IP (identified patient). There is another report by Hatayama (2018) that as the supports for the family of eating disorders, the supports were provided for the mother suffering from her daughter with eating disorders using systems approach and it is known that the family therapy is effective in eating disorders.

On the other hand, the existence of gender dysphoria is reported as risk factors of eating disorders. Vocks et al (2008) points out that female-to-male transsexuals are apt to be highly conscious of the restricted diet or fears of eating, which can become the risk factors in eating disorders. In Japan, Hashida, *et al.* (2013) report that giving examples of hospital care for eating disorder, gender identity disorders of biological women hating femininity are more likely to develop eating disorders hating femininity and the relationship between gender dysphoria and eating disorders is suggested.

Though, as mentioned above, it is often reported that family therapy for the family including IP with eating disorders is effective, we can hardly find the reports of family therapy for IP with gender dysphoria and previous history of eating disorders.

The purpose of this paper is to report the concluded case where with the team approach of brief therapy to the parents whose daughter has gender dysphoria and previous history of eating disorders, we provided brief therapy of double description models of making a diagnosis of vicious circles of the interaction between IP and her parents (MRI), looking for exceptions, expanding them and intervening to make them the virtuous circles (SFA) and after conducting 4 interviews the problems were solved and also the purpose of this paper is to consider the effectiveness of supports for eating disorder. When reporting this case, after providing the client (hereinafter called Cl) with explanation and getting Cl's understanding, we obtained written consent form Cl. Besides, we have made some changes in a part of the information in consideration of privacy.

Case Example

Cl is the parents who worry about their daughter with eating disorders. They came to the brief therapy research institution introduced by other psychological services offices. The family consists of a married couple (Cl), their eldest daughter and their second daughter (woman in her twenties). The chief complaints is that they wants to consult us how to deal with IP continuing to vomit up what she has eaten.

(1) Structure of Interview

The interviews were basically conducted on a monthly basis for one hour in the brief therapy research institution. The interviews by the therapist (hereinafter called Th) were conducted in the form of live interview where a therapist team monitored live through a video camera, taking time-outs and obtaining advice from the team. Doi acted as the main therapist and Mogi acted as the sub-therapist. The time-outs were taken in the middle of the

session, the team had discussions and made intervention at the end of the session referring to the opinions of the team.

Course of treatment

“ ” indicates the parents’ statement, < > Th’s statement, ≪ ≫ the therapist team’s statement, and ‘ ’ indicates others’ statement.

Session #1 February , X year

The parents came to interview. IP used to be so good at all sports since her childhood that she was expected to compete in the Olympics but when she became a junior high school student, problem behaviors such as cutting her face with a cutter or shoplifting came to be recognized probably due to the stress of sport club activities. However, she went on to distant high school on a sports referral. When she was a sophomore in high school and came home from school, she kept on eating and vomiting all morning. The father said, “We did not notice in her junior high school days because it is hiding behind the veil, but she may have been greatly shocked in the world of competition as she was admitted to high school on a sports referral. I think that is why eating and vomiting became severe.” Her current height is 152 cm and she weighs 40 to 50 kg. The parents said about IP, “She looks rather slim and does not look skin and bones like a person suffering from eating disorders.” Additionally, she has felt gender dysphoria since her adolescence and in her senior year of university she had a mastectomy. The mother said, “I accompanied her surgery.” After graduation, she got a position as a PE teacher in a junior high school but toward the end of the summer vacation she became unable to go to work and she quitted the job in December, X－1year. After that, she left her home without telling her family. The family can contact IP, but they became worried to hear the grandmother’s doctor say, ‘While at home she is all right but such child may run into drugs when she goes outside.”, so they came to consult. The parents said, “We want IP to receive counseling from a professional, too.” Also the mother said, “I think IP has both woman and man in her, so she understands both feelings and becomes nervous. I think it makes her uncomfortable.” At the same time, the father said, “She was selected the All Japan member and the Olympics are in sight. We expected too much and gave priority to sports. I think she tried too much not to disappoint her parents’ expectations. I think she was actually crying for help.” It is said that she told her parents that she wants to coach sports from April, X year.

In a time-out, following the advice of the doctor who is a member of the therapist team, we diagnosed that there is no medically major problem and shared with the team the policy to proceed with the interviews toward searching not symptomatic relief but redefining the problem.

After a time-out, we therefore told the parents reframing “a problem daughter who left home” to “a daughter who is making life for herself and trying to live independently”, and we suggested to them, <Let’s think together about what we should do to let IP ask her parents’ advice before she “causes trouble”.>.

Since the father said, “She comes to tell me when she has something to consult with.” and also the mother said, “I think she respects her father.”, we made intervention by saying to the father, <Tell IP that Th said ≪Your daughter is down to earth. She thinks a lot about herself and can conduct herself.≫.

Session #2 March , X year

When we asked the father about the changes after the last interview, he said, “No special change.”, but the mother said, “IP came home to prepare for going to A Prefecture. At that time I told her about the counselling contents and later LINE came which said, ‘Thank you for going to counselling.’” The father said that he told IP the counselling contents after the mother told them. The parents told that IP was going to go to A Prefecture with her same-sex partner and since IP said at the time of housing contract, ‘You may come if you want to.’, the parents accompanied them. The mother said, <When she wants us to accompany, she speaks like that, so I make it a point to go.> When Th said in return, <When she is in need, is she willing to act on her own? >, the mother said, “Yes, she is.” When the father said, “She tends to act as she wishes.”, Th did reframing saying, <She has a proper way of thinking.> and then the mother said, “As she always reports after the event, I get upset but she may have some energy to live.” However, the mother said anxiously, “The toilet stinks after vomiting, so if she gets used to live with the partner and vomits at home not outside, I’m afraid the partner will become sick.” The father said about her vomiting, “She may vomit instinctively because she cannot run fast if she gains weight, but as she is taught the importance of eating (tries not to vomit too much), I think she keeps it in mind. When Th asked, <Does that mean she herself makes adjustments?>, the father answered, “Maybe so.”.

During the time-out, the team gave some opinions: ≪The parents doesn’t treat IP as a son. How far can they accept IP as parents?≫, ≪As it is very stressful for IP to live in the tough sports world, the father’s role becomes important.≫, ≪It is very challenging for a woman to live as a man. The parents may as well be worried more.≫, ≪It is necessary to understand IP’s pain to use women’s toilet or pains to circle ‘Female’ in a resume.≫ ≪As the repot of today’s interview, how about for the parents telling IP “IP tries to be independent and it is far more challenging than ordinary independence.≫ ≪It’s natural for the parents to worry about IP. I hope they will master how they worry.≫

After the time-out, we complimented the parents that they could act in consideration of IP, told the team’s opinion to them and suggested to them, <Let’s think together how the parents worry about IP.>. The mother said, “We want to know how we support IP, so we really appreciate it.” Then Th told them, < IP is in a triple handicap, namely “the problem of independence, “the sex problem” and “the problem of tough sports industry”. > and Th reframed “a problematic daughter” to “a child trying to confront difficult independence”. At

the same time, Th told them, < It is natural that you worry as IP is in such a tough situation. I think some parents worry more in such a situation like this.> and applying joining to the Anxious parents, reframed from “the parents who failed in raising a child” to “the parents who brought up a daughter with gender dysphoria”. As the report from the parents to IP of today’s counseling, we made intervention by saying, <Tell IP that “We were told by Th that our child is trying to be independent more difficult than ordinary independence.” > and saying, < Please observe the situation at the time.>.

Session #3 April , X year

When we asked about the change after the last interview, the father said, “The day to go to A Prefecture has come, but she shows no sign of going, so I told her to take her and then she went there smoothly.” In response to this, the mother said, “My husband can tell her in a calm manner while I tell her directly.” and she looked delighted that IP moved for a new job. When Th asked about the difference between the previous job and the present one, the mother answered, “I think it was tougher for her to be a school teacher because she had to be a woman at school under the gaze of other teachers, students and their parents. I knew it when I heard the toilet problem here. I’m a little relieved to know that she had a room in her heart when I saw her touched by looking out at the scenery on the way to A Prefecture. Even if she fails, now I think it’s all right because she made decisions for herself.” The father said anxiously, “This is my first time to send my daughter out because I have left it to my wife until now (in her high school and university days). I feel anxious.” The father said about gender dysphoria, “I think that having a partner can’t be helped. I want her ‘to live to be herself’ for the moment. I always tell her that I’m on her side all the time” and the mother said, “I wonder that various things will begin from now. I think that she as a man can’t complain if she gets stressed because she think it too feminine. I’m going to encourage her to send SOS signals and I think I have to wait for her.” Then, Th said, “I’d like to ask the team how we should create the situation where IP can consult us in case anything happens. During the time, please think about it, too.” and took a time-out.

After the time-out, Th asked, “What did you discuss?” and the mother said in tears, “We’d better stop being forward, thinking about my daughter. If she is determined, it is no use being forward. It can’t be helped if she fails when she decides for herself. It may be none of our business. “To wait” may be important. I would like to wait.” and beside the mother, the father listened to what his wife said, nodding many times.

In response to what the mother said, Th told them that the parents’ opinion and the team opinion agreed, saying, <I think it is wonderful to wait. To tell the truth, the team couldn’t provide any better idea.>. Moreover, we made intervention by saying, <We have one suggestion. After this, please make the next appointment. If any serious problem does not

occur by the next appointment day, will you cancel the appointment? I would like both of you to spend the money for the counseling fee and the transportation expense for celebratory meals. > and the parents answered, smiling, “All right.”.

Session #4 June , X year *This time, the mother and IP’s elder sister came to interview.

Just when we thought it had come to end as the appointment of interview in May was canceled, an appointment was made in June. This time, the mother and IP’s elder sister instead of the father came to interview together. When Th asked them the reason for coming to interview, the mother said, “There is no particular change, but we came to inform the present situation. My husband has a plan today and I came here with my elder daughter who went to A Prefecture (IP’s lodgings) instead.” When we asked the elder sister how IP was doing, she answered, ‘IP herself has not changed. She shares a room with her partner. I don’t know whether she vomits or not, but when I was with her at night, she went out for 30 minutes, saying she went out to telephone and she didn’t come home. I think she probably vomited.’ I checked the IP’s weight change and she answered, ‘She is firmly tightened owing to running and exercising, but I don’t think that she lost her weight.’ I asked the mother about waiting and the mother answered, ‘While waiting, IP contacted us, so I think the minimal contact would be better off.’ The elder sister said concerning IP’s independence, ‘She seems to be independent.’ and the mother said in response, “I think she wants her independence to be admitted. IP’s life is free and unsettling but there is hope. There may be no reason to be sad as I can see some hope.” Then, the mother said happily, “I have a plan to go to A Prefecture shortly with my husband and IP says, ‘Why don’t you stay at my lodging?’. I think IP has room in her mind to say such things.”

After the time-out, accepting the team’s opinion, Th said to reconfirm, “We are proceeding with the counseling as we think the purpose of your visit today is to report. Is that really OK with you?” and the mother answered, “It’s OK with me to have come here to report.”

Then, in regards to the future, we made intervention by letting them to choose the better suggestion from the following two: < You make the next appointment and if no problem occurs, you cancel the appointment and you and your husband go out for a meal spending the money.> and <You continue to “wait” and if something happens, first you think together with your husband. If it doesn’t work, you make a renewed appointment. > Since the mother chose the latter, we ended the interview.

Discussion

This case example deals with the interviews conducted with the parents whose daughter (IP) has gender dysphoria and a previous history of eating disorders, using a team approach of brief therapy. In the following, according to the process, we discuss (1) diagnoses of a vicious circle of the family, (2) discoveries of the family resources and exceptions, (3) what

changed the family system and led to problem solving, (4) the family's acceptance of gender dysphoria and (5) future issues.

(1) Diagnoses of vicious circle of the family

The chief complaint was to have a counselling session to deal with IP who continues to vomit what she has eaten. Th's made a diagnosis that there are certain patterns, that is to say, though, the efforts to solve problems are made as the problem-solving behaviors, "the mother says a lot of things anxiously" to IP repeating bulimia nervosa, "IP continues to behave selfishly (leaves home) without consulting IP's parents". To prevent it, "the mother further continues to nag", but to avoid her mother, IP continues to behave more selfishly. We assume that such a pattern is a vicious circle among the family. Behind this there are regrets of the parents that their too much expectation for IP in her childhood led to IP's bulimia nervosa and we can see that they see IP's leaving home to be independent as part of her problematic behaviors.

Moreover, as another vicious circle, it was considered that it was difficult for the parents to understand IP's gender dysphoria and false problem-solving behaviors to aim at "independence as 'a daughter'" and "parents bringing up 'a healthy daughter" were repeated.

(2) Family resources and exceptions

During the interviews, the mother took the initiative in talking and the father took little lead to talk but he was cooperative. We thought it was a resource that the couple faced in the same direction to support Cl. When we drew out information along the context of the mother, feeling empathy with the mother's feeling, we knew that IP had strength to be independent by finding the job and earning her living for herself though IP had left home.

As an exception, the fact emerged that "When IP is in need, IP herself sometimes asks for help without the parents' having to say anything." and "IP refuses to listen to what the mother says, but she sometimes listen to what the father says.". Then when Th focused on these exceptions and tried to expand them, the father too far apart approached IP and the mother too close moved away from IP. Then the parents realized the importance of keeping an appropriate distance from IP and they are thought to have reached the solution of "waiting".

(3) What changed the family system and led to problem solving

In this case example, IP existed in the family as "a problematic daughter" with gender dysphoria and eating disorders and all the parents' problem-solving behaviors were conducted in the context. So Th's created the positive meanings that IP is "a child trying to confront difficult independence" in spite of a triple handicap (the problem of independence, the sex problem and the problem of tough sports industry), and we redefined the value of IP with the parents. Also the redefinition of IP's problem means reframing the existence of the parents from "the parents who failed in raising a child" to "the parents who brought up a daughter with gender dysphoria". It is thought

that by Th's continuing dialogues with the attitudes of not seeing IP as a problem, the parents' feeling of remorse was relieved, the vicious circle of false problem-solving behaviors was broken out and the changes in the family system took place in a short time.

These mean that Th's conducted the interviews in the positive context of "IP's independence" not focusing on the symptoms of gender dysphoria and eating disorders as problems. By Th's continuing to focus on the family's hope and desired image of solution not focusing on only the problems, it is presumed that the virtuous circle was established in the family system.

(4) The family's acceptance of gender dysphoria

Here, since there is a difference between the father's acceptance of gender dysphoria and the mother's, we discuss separately.

In the first interview, the mother told us in a bland tone that she had attended IP's mastectomy and IP became naïve and painful because IP had both woman and man in her. This showed that the mother could not accept enough IP's gender dysphoria. In the second interview, we told the mother specifically how hard it was for a woman to live as a man such as IP's pain to use women's toilet or pains to circle 'Female' in a resume. In the third interview, the mother told that in the last interview she could realize IP's pain of having to work as a woman at school.

In the first interview, the father referred to the parents' too much expectation and IP's pain caused by intense competition in the sports world, but he didn't tell about gender dysphoria. However, in the third interview, he told that he wanted IP to live life in her own way and that he was always on IP's side.

By Th's setting up the place sharing values of gender dysphoria, discussions concerning gender dysphoria arose between the couple. It is thought, as a result, the association of the couple became strong and the family system to support IP was reconstructed.

(5) Future issues

As future issues, it is necessary to define the adaptation to eating disorders of brief therapy. In this case example, the severity of eating disorders was assessed under the instructions of the doctor and the adaptation of brief therapy was conducted after being guaranteed. Eating disorders are a fatal disease and we think it is important to discuss carefully the adaptation of brief therapy in cooperation with doctors.

Also in this case example, it is presumed that one of the background factors of eating disorders was the acceptance by the family of gender dysphoria. There is a report (Suzuki, *et al.*, 2001) that a poor "acceptance of femininity" acts on "self-esteem" and brings "a tendency to eating disorders". In the future clinical practice, we think it is necessary to deepen further understanding that the degree of acceptance by the family and the person herself of gender dysphoria relates to the symptom of eating disorders.

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References

Hatakeyama, T. (2018). Let's Support "Interesting Family" in Clinical Site!! : Systems Approach Making Good Use of Aids (10th) Growth of Child with Eating Disorders and Mother at Family Meeting, Nursing Technique 64 (11), 1100-1103. [in Japanese] 畠山とも子（2018）. 臨床現場の"気になる家族"を効果的に支援しよう!!：援助に生かすシステムズアプローチ(第10回)家族ミーティングにおける摂食障害の子どもと母親の成長 看護技術 64(11), 1100-1103

Hashida, K., Tamura, D., Satoh, Y., *et al.* (2013). Two Examples of Gender Identity Disorder with Complication of Eating Disorder Experienced at This Department (Oral Presentation, The 71st Japanese Society of Psychosomatic Medicine, Abstract of Oral Presentation of Tohoku District Regional Meeting) Psychosomatic Medicine 53 (8), 790. [in Japanese] 当科で経験した摂食障害を合併した性同一性障害の２例(一般演題,第 71 回日本心身医 学会東北地方会演題抄録）心身医学 53(8), 790.

Minuchin,S., Rosman,B. & Baker,L. (1978). *Psychosomatic families; Anorexia nervosa in context*. Harvard Univ. Press. Translation supervised by Fukuda, S. (1987). Family of Anorexia Nervosa – Family Therapy of Psychosomatic Disease, Seiwa Shoten [in Japanese] 福田俊 監訳（1987）. 思春期やせ症の家族―心身症の家族療法 星和書店

Nakai, Y. (2016). Guideline for Eating Disorder Treatment, Psychosomatic Medicine 56 (2), 120 -126. [in Japanese] 摂食障害治療ガイドラインについて 心身医学 56(2), 120-126.

Nakamura, H., Saitoh S., Suzuki, K. (1988). Experience of Family Therapy for Parents Troubled by Their Daughter's "Abnormal Eating Behavior", Edited by Shimosaka, K, Akitani, T, Family Therapy Case Study 1 Eating Disorders, Kongoh Shuppan. [in Japanese] 中村はるみ・斎藤重司・鈴木浩二（1988）. 娘の"食行動の異常"に悩む両親に対する家族療法の経験 下坂幸三・秋谷たつ子編 家族療法ケース研究１ 摂食障害 金剛出版.

Center for Eating Disorder Research and Information (2019) Treatment of Eating Disorder. [in Japanese] 摂食障害全国基幹センター 2019 摂食障害の治療 http://www.edportal.jp/pro/treatment.html (Obtained on March 30, 2019)

Suzuki, M., Itoh, Y. (2001). Acceptance of Femininity and Eating Disorder Tendency in Young Women – Self-Esteem, Body Satisfaction, Heterosexuality as Medium – The Japanese Journal of Adolescent Psychology 13, 31-46. [in Japanese] 鈴木幹子・伊藤裕子（2001）. 女子青年における女性性受容と摂食障害傾向―自尊感情,身体満足度,異性意識を媒介とし

て― 青年心理学研究 13,31-46.

Takakura, O., Suzuki, C., Yamashita, M., *et al.* (2017). Eating Disorders as Stress-Related Disorders – Disease State and Therapy - Psychosomatic Medicine 57 (8), 797-804

Vocks,S., Stahn,C., Loenser,K. & Legenbauer,T. (2009). Eating and body image disturbances in male-to-female and female-to-male transsexuals. *Archives of Sexual Behavior* 45(3), 575–585.