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## Revision of the Three Steps Model

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**Abstract:** The current psychotherapy concerns are extracted from the research of INOUE Enryo<sup>1)</sup>, who first used the term “psychotherapy” in Japan in 1904, and MORITA Shōma, who developed systematic psychotherapy approximately 100 years ago. However, current psychotherapy neglects natural recovery (spontaneous or self-healing). Hence, this study revised the Three Steps Model published in 2012 as an approach for victims of the Great East Japan Earthquake based on these identified issues. The significant revision concerns the second step, including its concept and procedure, and the cases wherein the third step is used are discussed.

**Key Words:** Three Steps Model, Inoue Enryo, Morita Shōma, Natural recovery

### Introduction

During the Great East Japan Earthquake in 2011, the Three Steps Model (Table 1) was developed to help victims, especially disaster rescuers and administrative staff (Wakashima, Noguchi, Kozuka & Yoshida, 2012). Since then, this model has been used in clinical practice to assist disaster victims and several other problems.

### Development of Three Steps Model

Approaches to survivors include exposure therapy for post-traumatic stress disorder and eye movement desensitization and reprocessing; however, these are only partial approaches to trauma. The survivors also suffered other mental health concerns, including anxiety about their lives, grief, and helplessness. Hence, the Three Steps Model approach (Wakashima et al., 2012) was built for such victims, which is based on the “normalization” of Brief therapy and follows IASC guidelines for mental health and psychosocial support in emergency settings (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007) and psychological first aid. The disaster rescuers’ approach involved an average of 1.83

sessions per case, or a single session, to develop a sense of security in most cases (c.f. Asai, 2019).

### Inoue Enryo and Morita Shōma

In 2020, I became a representative of the Morita Shōma Study Group, and I read many books and articles on Morita Shōma. (c.f. Nakayama, 2012)

Morita was born on January 18, 1874, and died on April 12, 1938 (Hatano, 2016). The basic theories given by him were thus established a hundred years ago (Morita, 1922/1983). Individuals with a hypochondriac tendency begin with a hypochondriac mood of pseudo-sensory hypersensitivity, direct attention to the body, and increasing sensitivity to the senses. Attention and sensitivity mutually intensify and exacerbate subjective symptoms, causing fixed neurological symptoms such as headaches and palpitations. Morita (1922/1983) named this mental process “*seisin-kōgo-sayō*” (Morita, 1928/1998). For example, Gorman, Liebowitz, Flyer, and Stein (1989) suggested a neuroanatomical basis for panic disorder regarding the maintenance of panic attacks. They hypothesized that panic attacks are caused by the firing of brainstem neurons, which repeatedly stimulate neurons in the limbic system, resulting in a kindling phenomenon that lowers the threshold for excitatory stimuli. The lowered stimuli threshold then

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**Table 1** Three steps model (Wakashima et al., 2012, p. 74–75.).

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<b>STEP①</b>	: Generalization based on empathy that the symptoms and reactions of patient is currently having are natural reactions to having experienced the situation (normalize).
<b>STEP②</b>	: Assuming that PTSD-like reactions often recover gradually over time, we check for any differences in the extent of the problem between the time it occurred and the present time, Support the actions that have been taken so far (do more & compliment).
<b>STEP③</b>	: The more we try to avoid grief and PTSD-like reactions, the more we lose control of them. Therefore, we present interventions that do something different , such as observe to the problem and reactions (reframing & paradox intervention).

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facilitates anticipatory anxiety (Wakashima, Misawa, Ikuta, Matsuhashi & Sato, 1999). Their findings demonstrate that attention to symptoms amplifies sensitivity.

Sigmund Freud was born on May 6, 1856, and died on September 23, 1939. In 1895, he co-authored “Studies in Hysteria” with Josef Breuer and in 1900, he published “Dream Judgment” and in 1917, “Introduction to Psychoanalysis” as a single author. Morita was born 18 years after Freud and died a year earlier. Psychoanalysis is thus considered the first systematic psychotherapy, with theory and practical methods, followed by Morita.

Inoue Enryo was born on March 18, 1858, and died on June 6, 1919. He published “Psychological Abstracts” in 1887, “Lectures on Monsterology” in 1896, and “Psychotherapy” in 1904. Notably, in 1904, he wrote a book titled “Psychotherapy,” even though the term had already been coined. Morita may have been inspired by Inoue. In 1904, Morita published “The Infection of Mental Illness” (Morita, 1904) and “Tosa ni okeru inugami ni tsuite” (Morita, 1904) in the Journal of Neurology, which show Inoue’s influence.

### *Yokai Studies and Psychotherapy*

Inoue’s Yokai studies examine the world’s mysteries through natural science and psychology and aim to eradicate superstitions. For example, he describes the therapeutic effect of praying (meaning “charm”) as a psychic action and that overconfidence in prayers causes superstition.

He states that “...physiotherapy (note: physical medicine) should be combined with this therapy (psychotherapy) to achieve the purpose of treatment...” and “Therefore, I have combined natural therapy and faith therapy and called it psychotherapy” (Inoue, 1904/1988).

### *Focus on Natural Recovery (Spontaneous or Self-Healing)*

In recent years, various psychotherapies have focused on a “Getting the client to do something by the therapist”. However, Inoue believes in a combination of naturopathy and faith therapy, and that current psychotherapy seems to disregard naturopathy; that is, natural recovery.

Current psychotherapy overlooks encouraging natural

recovery, that is, clients’ self-organization, and not interfering with self-healing. In behavioral therapy, the therapist instructs the client to perform behavior A, which is precisely followed. However, in self-organization, the therapist stimulates the client through behavior A and suggests performing behavior A’, B, C, or D, depending on what exhibits resonance. Moreover, the non-direction observed in the person-centered approach suggests that if the therapists’ instructions and ideas contribute to the clients’ problem-solving, then metaphorically speaking, they solve the problem mutually, and the client’s self-organization is not encouraged.

Rogers’ approach may encourage clients to self-organize and improve their problem-solving skills by transmitting unconditional positive attention and empathic understanding, suggesting it values spontaneous healing through visitor-centered therapy. Edward Deci is known for intrinsic motivation research and positively evaluates Rogers’ theory through this perspective.

### *Focus on “Believing”*

Another aspect of Inoue’s psychotherapy is faith therapy, which focuses on beliefs and rituals. Several psychological studies assume that faith is negative. For example, the placebo effect (Beacher, 1955) takes place when a prescribed multivitamin drug shows improvement through the belief that it is an actual drug. Broadly, it refers to any treatment that appears to be a genuine form of therapy, but does not include its substantive mechanism. In other words, the concept is based on the negative assumption of being a human error. In recent years, such belief has been studied as a cognitive bias.

A positive study of the Pygmalion effect (Rosenthal, 1964), although slightly different as a concept, implies that teachers’ expectations improve learners’ performance; specific cases report using ritual intervention (Wakahima & Hasegawa, 2000; Wakashima et al., 2012).

### *Natural Recovery and Change Through “Believing”*

Figure 1 demonstrates natural recovery and changes through “believing.”

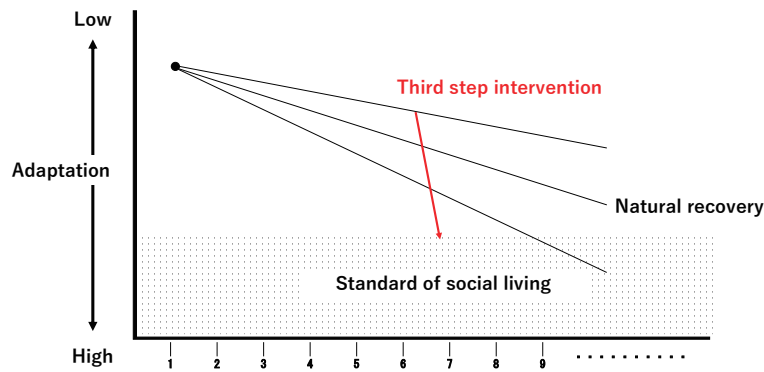


Fig. 1 Natural recovery and change through “believing”.

The horizontal axis shows time (Fig.1). The vertical axis shows adaptation from low to high, or problems (low/high) and symptoms (low/high). The gray area at the bottom signifies the level of social life. Natural recovery represents a figurative linear change. The decreasing level of social life at 8.5 is from natural recovery, while the top has a slower slope and will not reach the level of social life for an extended period. For such slower-slope representing cases, nonlinear changes the third step are necessary such as belief and ritual intervention.

**Revision of the Three Steps Model**

Considering the above pioneers, the Three Steps Model may directly deal with natural recovery. Therefore, this study proposes revising the Three Steps Model based on the above-mentioned ideas. The primary focus of the revision is a greater emphasis on natural change.

**Linear and Nonlinear Changes**

Considering the slope of the linear change and time with the attainment of the adaptive state, when the angle of the slope is curved or at a certain degree, natural healing is vital. Only when the angle of the slope is gentle is the third step introduced as a nonlinear change.

**Second Step**

There are no changes in the first step. But it’s requires the following perspectives to understand the problem. The second step reflects there logical levels: the symptom, problem, and adaptation. It is essential to understand the level at which the client’s natural recovery is reflected. For example, understanding the symptom level of a client with terminal cancer is counter-productive. This is because although their condition may deteriorate, it is unusual for it to improve. In such cases, the clients’ level of natural recovery must be raised from level of the problem to level of the adaptation (Fig. 2).

In the second step, the client is encouraged to speak and share the difficult periods. Subsequently, they are asked to score on average in recent times, with “10” being the worst time and “0” being the last time their lives were regular or the problem did not exist. By setting a time frame for when the problem is at its worst, the therapist can consider things from different viewpoints rather than a single viewpoint. As shown in Figure 2, at a single point, the focus remains on what is lacking (what has not been done); however, a time axis helps capture the unique changes. As a result, the focus shifts to achievement (what has been done). By using three different levels (symptom, problem, and adaptation)

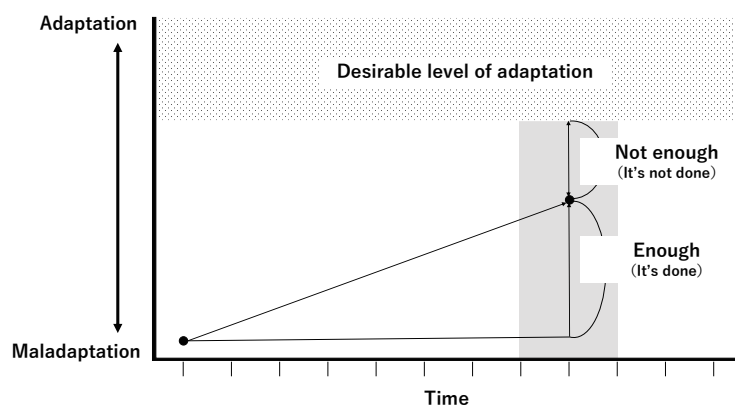


Fig. 2 Adaptation and Time.

for score changes in the second step, most cases indicated that the problems (symptoms and adaptation) substantially changed (by half) than when they seemed worst in the initial interview. The clients become aware of this shift for the first time. When using scaling questions, they are prefaced with “I know it is still hard for you.” Subsequently, they are asked, “What did you do well (i.e., did you do something or stop doing something) that reduced your scores?” The details are then noted, organized, and evaluated to ensure they are helping solve the problem and clients’ are directed to continue them.

For clients who cannot answer the question or are unsure, share that you are recovering over time. Subsequently, after sharing the line slope, the client is asked to predict changes over a month<sup>2)</sup>. If now are the worst time, you can think how will we make it through this time, and you can decide what to do and what not to do to make the best of it. All things are impermanent. After the worst time has passed, the usual method of the 2nd step can be used.

Incidentally, Morita (1922/1983) considers the body and mind as two aspects of the same object and indicates that rest and work are effective for both, suggesting that the worst times can be overcome.

### Third Step

Here, importance is placed on natural recovery and is not interfered with when introducing intervention tasks during the third step. Additionally, when activating children’s behavior who are not attending school, it is better to contact the child who is away from home and ask them to “take the laundry because it is going to rain” than to take on the role of washing the bath. Because, cleaning the bathtub is easily taken for granted by people, and the negative aspects are emphasized. In other words, interventions with a high probability of successful performance are more suitable for clients’ behavioral activation than interventions that tend to emphasize the negative, such as those that are evaluated to take for granted or are likely not viable on an ongoing basis. For example, if the therapist encourages the client to go for walks during a leave of absence due to depression and lack of motivation, this task may not help create motivation and lead to negative points. When a client lacks motivation, giving positive points for performing the minimum required tasks is recommended. Further, intervention tasks must be considered. However, the therapist must prepare positive comments and points, regardless of whether the intervention task was completed. Additionally, it is also desirable to be able to introduce interventions such as those related to neuroception (Porges, 2003) in the third step in the future.

<sup>2)</sup> Human beings adapt, even through violence or behaviorization. Therefore, sensitivity must be maintained that the content is appropriate to capture the level of adaptation, differing through periods.

## Conclusion

The revision of the Three Steps Model is described above. In the Three Steps model, the first and second steps are crucial, while the third step is a local intervention. When local interventions are ineffective, it is vital to reconsider the previous steps. This model is significant because it provides a single-session solution (3S) (Wakashima & Nihonmatsu, 2022) and prioritizes clients’ self-organization.

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## Typology of Conditional Self-acceptance in Association with Positivity and Stress Response

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**Abstract:** Unconditional self-acceptance has been regarded as a desirable type of self-acceptance in rational therapy. However, conditional self-acceptance and its conditions, have not been sufficiently examined and discussed. This study aimed to examine the ways in which conditional self-acceptance is related to stress response and positivity. It examines the types of conditional self-acceptance, the relationship between conditional and unconditional self-acceptance, and the stress response and positive attitude toward life that unconditional self-acceptance fosters. The survey results of 287 university students revealed that conditional self-acceptance was categorized into three levels: high conditional self-acceptance, acceptance-seeking, and low conditional self-acceptance, showing the highest to lowest stress response in the abovementioned order. These results indicate that it is important to foster an attitude of unconditional self-acceptance to maintain optimal mental health.

**Key Words:** rational therapy, conditional self-acceptance, positive attitude, stress response

### *Introduction*

Rational therapy, founded by Ellis (1957), was developed in opposition to psychotherapy that seeks causes in past events, focusing instead on cognitive aspects (Ito, Iwakabe, & Fukushima, 2013). Therefore, it does not consider the goodness or badness of events but rather individuals' irrational beliefs when they perceive events in terms of "I must" and "I should," which lead to inappropriate feelings and behaviors (Takagi & Wakashima, 2019). Based on this theoretical background, an important concept advocated by Ellis is "unconditional self-acceptance" (1980).

### **What is Unconditional Self-acceptance?**

Unconditional self-acceptance is defined as "accepting oneself as one is in any situation, without making value judgments about oneself or evaluating oneself based on socially generalized standards" (Yoshida, Amemiya, &

Sakairi, 2019). According to Ellis (1999, translated by Saito, 2018), when people encounter adversity, they engage in the self-destructive tendency of evaluating themselves as unworthy because of their own mistakes and shortcomings. Therefore, when we encounter adversity, we need to be in a state of mind in which we accept ourselves as stable and do not become self-destructive. In short, unconditional self-acceptance emphasizes not losing one's value as a human being at all times.

Previous research has shown that unconditional self-acceptance has a positive impact on mental health. Those who have unconditional self-acceptance tend to have lower depressive tendencies, stable self-esteem, and higher levels of happiness (Chamberlain & Haaga, 2001a). Japanese studies have also shown a relatively strong negative correlation between unconditional self-acceptance, traits of anxiety, and depression (Yoshida, Amemiya, & Sakairi, 2019). Furthermore, Chamberlain and Haaga (2001a) also reported that unconditional self-accepting individuals were less depressed when they imagined scenarios that evoked negative emotions.

Unconditional self-acceptance is also associated with active attitudes that emphasize personal development,

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present fulfillment, and future growth, necessary for human beings. The theoretical discussion of unconditional self-acceptance contends that if people stop paying excessive attention to the evaluations they receive from others, they will not be preoccupied with self-centered concerns and will be more interested in external matters (Ellis & Harper, 1975 translated by Kokubu & Ito, 1981). It has been shown that unconditionally self-accepting individuals do not react defensively to critical feedback about their performance (Chamberlain & Haaga, 2001b). Therefore, it can be said that those with unconditional self-acceptance (1) maintain their mental health and (2) have a positive attitude toward life.

### Conditions for Self-acceptance

Previous research has highlighted the importance of unconditional self-acceptance. However, conventional research has not discussed the “conditions” of self-acceptance. Ellis (1999, translated by Saito, 2018) classifies human self-acceptance into “unconditional self-acceptance” and “conditional self-acceptance,” rejecting the latter as the opposite of the former and as an unstable means of self-acceptance. For example, when we set conditions for self-acceptance, it may cause us to evaluate ourselves as unworthy, unable to meet all conditions, and afraid of failure or criticism (Ellis, 1973, translated by Sawada and Hashiguchi, 1983). Thus, Ellis argues that we should abandon evaluating our self-worth based on certain standards and aim for unconditional self-acceptance, which recognizes the value of being alive and accepting ourselves as we are (Ellis & Harper, 1975 translated by Kokubu & Ito, 1981).

Conversely, several researchers view conditional self-acceptance in a positive light. For example, according to Kuiper and Olinger (1989) and Crocker, Luhtanen, Cooper, and Bouvrette (2003), humans are capable of conditional self-acceptance by feeling self-worth if they have an “attractive appearance” or “academic ability.” These studies have shown that conditional self-acceptance is possible, revealing a form of self-acceptance that is contrary to unconditional self-acceptance. In addition, the academic achievement condition for self-acceptance is linked to the motivation to study for exams (Crocker et al, 2003). Studies show that acquiring self-worth through achievements strengthens their awareness about improving their current situation (Ito & Kodama, 2006). A growing body of research suggests that conditional self-acceptance, much like unconditional self-acceptance, promotes an active attitude of seeking human growth and progress, thus positively impacting mental health.

### Purpose of This Study

As previously discussed, unconditional self-acceptance has been regarded as desirable. However, there is a lack of discussion on its conditions of self-acceptance. While Ellis

(1999, translated by Saito, 2018) denies the existence of conditional self-acceptance, several other researchers, such as Kuiper and Olinger (1989), Crocker et al (2003), and Ito and Kodama (2006), view conditional self-acceptance positively. Therefore, it is necessary to clarify how conditional self-acceptance relates to unconditional self-acceptance and examine its effect on mental health and positivity. Accordingly, this study proposes to examine the nature of conditional self-acceptance. In particular, we investigate (1) the typology of conditional self-acceptance, (2) the relationship between conditional and unconditional self-acceptance, and (3) the association of conditional self-acceptance with two theoretically assumed positive effects of unconditional self-acceptance: stress response and positivity toward life.

The hypotheses of this study are as follows. First, given that unconditional self-acceptance has been shown to be associated with mental health because it is not self-destructive and leads to a stable psychological state (Chamberlain & Haaga, 2001a; Yoshida, Amemiya, & Sakairi, 2019), it is expected that those with a higher tendency toward unconditional self-acceptance will have lower stress responses expected (Hypothesis 1). Furthermore, unconditional self-acceptance has been shown to be linked to people’s active attitudes (Ellis & Harper, 1975 translated by Kunibun & Ito, 1981; Chamberlain & Haaga, 2001b), and conditional self-acceptance has also been linked to active attitudes, in which people acquire self-worth through the achievement of conditions (Crocker et al, 2003; Ito & Kodama, 2006). In light of the above, it is expected that those with a higher tendency toward either unconditional or conditional self-acceptance will be more likely to value positivity toward life (Hypothesis 2).

## Methods

### Research Participants

We conducted a web-based survey of 287 university and graduate students (76 men, 210 women, 1 unknown). Of these survey targets, 55 respondents with incomplete answers were excluded from the analysis. Their mean age was 20.67 years (max=24, min=19,  $SD=\pm 1.066$ ). We distributed the URL of the survey page to the author’s acquaintances and asked them to respond. In addition, acquaintances who conducted snowball sampling and responded to the survey were also asked to distribute the URL of the survey page to their own acquaintances.

### Survey Period

The survey was conducted between early April and early June 2020.

### Ethical Considerations

The participants were given a complete explanation before being requested to answer the questionnaire. They

gave their informed consent prior to participation and were assured that they could stop answering the questionnaire midway if they found it to be too invasive. In addition, approval was obtained from the Research Ethics Review Committee of the Graduate School of Education, Tohoku University (No. 19-1-042).

## Questionnaire Structure

### (1) Face Sheet

This part of the questionnaire contained items related to students' gender, age, faculty, major, course, and grade.

### (2) Unconditional Self-acceptance

The Japanese Version of Unconditional Self-Acceptance Questionnaire developed by Yoshida et al. (2019), with reference to the Unconditional Self-Acceptance Questionnaire developed by Chamberlain and Haaga (2001a), was used to collect data. It consists of two subscales: "Unconditionality" measures the tendency to find value in oneself without making conditional value judgments about oneself; "Stability" measures the tendency to maintain a stable attitude of self-acceptance without fluctuation in one's value to oneself, even when circumstances change or when others negatively influence oneself. The total score of the subscale scores constitutes the "unconditional self-acceptance" score.

### (3) Conditional Self-acceptance

To measure conditional self-acceptance, Uchida's (2008) Self-Worth Scale was used. This scale is the Japanese version of Crocker et al.'s Contingencies of Self-Worth Scale (2003) and classifies events involving self-worth into seven categories. In this study, "conditional self-acceptance" is defined as "accepting oneself only when the conditions for acquiring self-worth are met," and the seven events in this scale are regarded as "conditions" that must be met for self-acceptance. They include: "competitiveness," which implies doing better than others in tasks and skills; "evaluation by others," which constitutes being evaluated positively by others; "physical attractiveness," which means feeling attractive or comfortable with one's appearance; "support from family and friends," which implies being loved by family and friends; "relational harmony," which refers to having good relationships; "academic competence," which means having satisfactory academic performance/good grades; and "being ethical," which means living by ethical rules. The seven subscale scores indicate "conditional self-acceptance."

### (4) Positive Attitude toward Life

The Positive Attitude toward Life scale developed by Ebine (2010) was used. It consists of five subscales: "attitude toward having goals and dreams," "attitude toward self-improvement," "positive attitude," "attitude toward valuing time," and "attitude toward valuing oneself." The total

score of each subscale constituted the "positive attitude toward life" score. Responses to all 25 items were rated using a 5-point scale.

### (5) Stress Response

The 17 items related to general stress response of the Comprehensive Stress Response Scale developed by Asai et al. (2013) were used. The total of each subscale constituted the "stress response" score.

## Results

### Descriptive Statistics

Table 1 shows the mean, standard deviation, and maximum and minimum values of each variable for the entire study sample. The Cronbach's alpha coefficient was calculated to determine the reliability of each variable; it ranged from 0.58–0.91. All variables except "stability" showed satisfactory values. Although it showed a low value, it was used in this study because its reliability and validity were confirmed by Yoshida et al. (2019).

### Typology of Conditional Self-acceptance

Correlation analysis was conducted to determine the relationship between variables (Table 2). Then, to classify each individual's conditional self-acceptance, the respondents were categorized by cluster analysis using the Ward method with the subscale scores as the variable. The mean value of each subscale was calculated and converted to a z-score, and the respondents were classified by cluster analysis using the Ward method with z-score values. First, classification by four or more clusters resulted in more than half of the respondents being classified in the first cluster, and other clusters with less than 5% of the total number of respondents were also extracted. In the two-cluster classification, more than half of the respondents were classified in the first cluster, and as in the four-cluster classification, there was a bias in the number of respondents. Conversely, in the classification by 3 clusters, the number of respondents in each group was classified into approximately 30% of the clusters. Based on the above, the three-cluster classification was adopted because it was less biased and theoretically interpretable.

In addition, to clarify the characteristics of each cluster, the mean and standard deviation scores of the conditional self-acceptance subscales of each cluster were obtained, and a one-way analysis of variance (ANOVA) was conducted among the clusters (Table 3).

The first cluster exhibited a self-acceptance pattern in which all conditional self-acceptance z-scores were negative; thus, we named it the "low conditional self-acceptance group" (Condition L group).

The second cluster, in contrast to the first, exhibited a self-acceptance pattern with positive z-scores for all variables, except "being ethical;" thus, we named it the

**Table 1** Descriptive statistics for each variable.

Variable	Mean	SD	Min	Max	$\alpha$
Unconditionality	3.86	1.28	1.00	7.00	.77
Stability	3.50	1.07	1.25	7.00	.58
Unconditional self-acceptance	3.68	0.98	1.38	6.50	.74
Competitiveness	5.56	1.02	1.00	7.00	.86
Physical attractiveness	4.74	1.12	1.00	7.00	.81
Relational harmony	4.68	1.24	1.00	6.75	.82
Recognition by others	4.80	1.40	1.00	7.00	.85
Academic competence	4.78	0.99	1.50	6.50	.72
Being ethical	4.95	1.07	1.00	7.00	.60
Support from family and friends	5.64	0.93	1.00	7.00	.77
Conditional self-acceptance Total	5.00	0.69	2.38	6.42	.87
Positive attitude toward life	3.69	0.77	1.00	5.00	.95
Goals and dreams	3.97	0.90	1.00	5.00	.85
Self-improvement	3.52	1.06	1.00	5.00	.91
Positive	3.99	0.83	1.00	5.00	.88
Time oriented	3.22	1.02	1.00	5.00	.90
Self-identity	3.70	0.98	1.00	5.00	.79
Stress response	1.80	0.71	1.00	4.35	.90
Anxiety / Tension	2.15	0.92	1.00	4.89	.87
Moodiness / Anger	1.60	0.84	1.00	5.00	.86
Autonomic symptoms	1.32	0.60	1.00	4.75	.73

**Table 2** Correlations between variables.

	1	2	3	4	5	6	7	8	9	10	11
1 Unconditionality	—										
2 Stability	.38 **	—									
3 Unconditional self-acceptance	.86 **	.80 **	—								
4 Competitiveness	.20 **	-.20 **	.02	—							
5 Physical attractiveness	-.17 **	-.30 **	-.28 **	.39 **	—						
6 Relational harmony	-.39 **	-.45 **	-.50 **	.22 **	.34 **	—					
7 Evaluation by others	-.40 **	-.39 **	-.47 **	.12	.34 **	.51 **	—				
8 Academic competence	.00	-.24 **	-.13 **	.49 **	.42 **	.27 **	.28 **	—			
9 Being ethical	-.04	-.23 **	-.16 *	.08	-.01	.24 **	.05	.06	—		
10 Support from family and friends	.24 **	-.20 **	.05	.56 **	.34 **	.35 **	.10	.40 **	.20 **	—	
11 Total conditional self-acceptance	-.18 **	-.48 **	-.38 **	.62 **	.71 **	.71 **	.59 **	.67 **	.32 **	.65 **	—

\* $p < .05$  \*\* $p < .01$

“high conditional self-acceptance group” (Condition H group).

The third cluster exhibited an intermediate pattern of mixed positive and negative conditional self-acceptance z-scores compared with the other clusters. Specifically, the z-scores for “evaluation by others,” “being ethical,” and “relational harmony” were positive, whereas the z-scores for “competitiveness,” “physical attractiveness,” “academic ability,” and “support from family and friends” were negative. “Being ethical” was significantly higher in this group than in the other two groups. It can be inferred that this group considers acceptance by others, such as “accepting oneself by realizing cooperation with others,” as

a condition for self-acceptance. Therefore, we named this group the “acceptance-seeking” group.

**Relationship between Conditional and Unconditional Self-acceptance**

To examine the relationship between conditional and unconditional self-acceptance, a one-way ANOVA was conducted with three groups of conditional self-acceptance as the dependent variable (Table 4). The results revealed that the differences in scores between the groups were significant at the 0.01% level. Multiple comparisons using Tukey’s test showed that the condition L group ( $M=4.22$ ) had significantly higher unconditional self-acceptance

**Table 3** Classification of conditional self-acceptance.

	“Low conditional self-acceptance” group (n=76)	“High conditional self-acceptance” group (n=89)	“Acceptance-seeking” group (n=67)	F value
Competitiveness				
<i>M</i>	5.41	6.09	5.25	
<i>SD</i>	1.23	0.64	0.83	<i>F</i> (2,231)=15.15**
<i>Z</i>	-0.14	0.53	-0.30	2=3<1
Physical attractiveness				
<i>M</i>	4.29	5.62	4.49	
<i>SD</i>	1.23	0.73	0.80	<i>F</i> (2,231)=39.217**
<i>Z</i>	-0.40	0.78	-0.22	2=3<1
Evaluation by others				
<i>M</i>	3.47	5.96	5.35	
<i>SD</i>	1.15	0.70	0.70	<i>F</i> (2,231)=166.19**
<i>Z</i>	-0.73	0.72	0.22	3<2<1
Academic Competence				
<i>M</i>	4.53	5.52	4.41	
<i>SD</i>	1.00	0.65	0.89	<i>F</i> (2,231)=34.01**
<i>Z</i>	-0.25	0.75	-0.36	2=3<1
Being ethical				
<i>M</i>	4.70	4.78	5.38	
<i>SD</i>	1.18	1.10	0.74	<i>F</i> (2,231)=9.96**
<i>Z</i>	-0.23	-0.15	0.40	1=3<2
Support from family and friends				
<i>M</i>	5.41	6.13	5.48	
<i>SD</i>	1.09	0.60	0.81	<i>F</i> (2,231)=14.80**
<i>Z</i>	-0.25	0.53	-0.18	2=3<1
Relationship harmony				
<i>M</i>	3.77	5.57	4.95	
<i>SD</i>	1.26	0.81	0.75	<i>F</i> (2,231)=67.25**
<i>Z</i>	-0.73	0.72	0.22	3<2<1

1=“Low conditional self-acceptance” group. 2=“High conditional self-acceptance” group. 3=“Acceptance-seeking” group

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

**Table 4** Relationship between the three groups and unconditional self-acceptance, positive attitude toward life, and stress response.

	“Low conditional self-acceptance” group (n=76)	“High conditional self-acceptance” group (n=89)	“Acceptance-seeking” group (n=67)	F value
Unconditional Self-Acceptance				
<i>M</i>	4.22	3.16	3.51	
<i>SD</i>	0.94	0.77	0.88	<i>F</i> (2,231)=30.610**
<i>Z</i>	4.22	3.16	3.51	1>3>2
Positive attitude toward life				
<i>M</i>	3.76	3.54	3.74	
<i>SD</i>	0.81	0.80	0.68	<i>F</i> (2,231)=1.777
<i>Z</i>	3.76	3.54	3.74	
Stress response				
<i>M</i>	1.56	2.13	1.86	
<i>SD</i>	0.58	0.79	0.67	<i>F</i> (2,231)=13.668**
<i>Z</i>	1.56	2.13	1.86	1<3<2

1=“Low conditional self-acceptance” group. 2=“High conditional self-acceptance” group. 3= “Acceptance-seeking” group

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

scores than did the “acceptance-seeking” ( $M=3.51$ ) and the “condition” H ( $M=3.16$ ) groups. The “acceptance-seeking” group ( $M=3.51$ ) had significantly higher unconditional self-acceptance scores than did the condition H group ( $M=3.16$ ).

#### **Association of Conditional Self-acceptance with Positive Attitude toward Life and Stress Response**

To examine the relationship between conditional self-acceptance and positive attitudes toward life, a one-way ANOVA was conducted with the three groups of conditional self-acceptance as independent variables and positive attitudes toward life as the dependent variable (Table 4). The results revealed that the effect of conditional self-acceptance was not significant.

To examine the relationship between conditional self-acceptance and stress response, a one-way ANOVA was conducted with three groups of conditional self-acceptance as the independent variables and stress response as the dependent variable (Table 4).

The results revealed that the difference in scores between the groups were significant ( $F(2,232)=13.668, p<.001$ ). According to the multiple comparisons using Tukey’s test, the condition H group ( $M=2.13$ ) had significantly higher stress reaction scores than did the acceptance-seeking ( $M=1.86$ ) and the condition L ( $M=1.56$ ) groups. The acceptance-seeking group ( $M=1.86$ ) also had significantly higher stress reaction scores than did the condition L group ( $M=1.56$ ).

### **Discussion**

The purpose of this study was to (1) categorize the different types of conditional self-acceptance, (2) examine the relationship between conditional and unconditional self-acceptance, and (3) examine the relationship between stress response and positive attitude toward life—two aspects theoretically assumed to be positively influenced by unconditional self-acceptance. The findings are described below.

#### **Characteristics of Each Group**

##### **(1) Low Conditional Self-acceptance Group (Condition L group)**

The Condition L group had negative conditional self-acceptance scores and the highest unconditional self-acceptance scores among the three groups, suggesting that this group is more likely to engage in unconditional rather than conditional self-acceptance. The results of this study support the findings of Ellis (Ellis, 1999 Saito Translation 2018). In other words, the Condition L group is considered to exhibit a type of self-acceptance that is similar to unconditional self-acceptance.

Therefore, it can be inferred that this group has the most favorable self-acceptance as pointed out by Ellis and Harper (1975, translated by Kokubu and Ito, 1981) and Ellis (1999,

translated by Saito, 2018), who rejected conditional self-acceptance and stated the importance of unconditional self-acceptance.

##### **(2) High Conditional Self-acceptance Group (Condition H group)**

The Condition H group showed positive values in all the conditional self-acceptance scores except for “being ethical.” It had the lowest unconditional self-acceptance score among the three groups, suggesting that, in contrast to the Condition L group, conditional self-acceptance tendency is high and unconditional self-acceptance tendency is low. Therefore, from the perspective of Ellis and Harper (1975, translated by Kokubu & Ito, 1981) and Ellis (1999, translated by Saito, 2018), who rejected “conditional self-acceptance” as the opposite of unconditional self-acceptance, the conditional self-acceptance group can be regarded as the group that has acquired the most undesirable type of self-acceptance. In contrast, among the conditional self-acceptance subscales, no significant differences were found in the scores of “being ethical” compared to the Condition L group. Uchida (2008), who created the scale to measure conditional self-acceptance in this study, suggests that ethics and morals are not stable accompanying characteristics because they are not recognized by Japanese university students. Therefore, while this group has a strong attitude of conditional self-acceptance, they are close to the group of students who do not place much importance on ethics as a condition for self-acceptance.

##### **(3) Acceptance-seeking Group**

This group differed from the others in that it showed a mixed conditional self-acceptance score. Regarding the relationship with unconditional self-acceptance, unconditional self-acceptance scores were higher and lower than those of the “Condition L” and “Condition H” groups, respectively, suggesting the moderate tendency for unconditional self-acceptance among the three groups. Furthermore, among the conditional self-acceptance subscales, “being ethical” was significantly higher than the other two groups, while “evaluation by others” and “relational harmony” were positive, unlike with the Condition L group. Of these, “evaluation by others” and “relational harmony” have been shown to be positively related to relationship orientation and cooperation (Uchida, 2008). Thus, it can be inferred that this group places more importance on ethics and morals than do other groups and that the main condition for self-acceptance is acceptance from others, as revealed by responses to question items such as “accepting oneself by realizing cooperation with society and others.” However, Ellis and Harper (1975, translated by Kokubu & Ito, 1981) stated that the belief that one must be loved and accepted by all people is one of illogical thinking. Although this group does not have an extremely conditional attitude of self-acceptance, it can be regarded as a group that engages

in illogical thinking because it emphasizes the pursuit of acceptance from others.

In summary, there are three types of self-acceptance among people: active unconditional acceptance of oneself, acceptance achieving all the conditions imposed on oneself, and acceptance by emphasizing ethics and morals and maintaining cooperation with society and others.

### **Positive Attitude toward Life and its Relationship to Stress Response**

In this study, we also examined the relationship between stress response and positive attitude toward life in their association with conditional self-acceptance. The results showed that no significant differences in positive attitudes toward life were found among the typologies, and only stress reactions were found to be related. From this, Hypothesis 1 was not supported. The reason for the lack of association with positive attitudes toward life is that the Positive Attitudes toward Life scale is not a valid scale to measure active attitudes. Positive attitudes toward life include not only “accepting attitudes” (accepting oneself and life as it is) but also “active attitudes.” They are like the passive, avoidant tendencies toward life seen in modern adolescents, such as apathy (Ebine, 2010). Therefore, while it is seen as a concept that indicates active human attitudes, the complexity of the concept, which includes both receptive and active attitudes, prevents it from functioning adequately as a measure of active attitudes. Thus, the theoretical consideration of unconditional self-acceptance and the active nature of conditioned self-acceptance could not be verified. In the future, it will be necessary to consider other indicators of active attitudes to re-examine these results.

The scores for the stress response were significantly higher among the Condition H, acceptance-seeking, and condition L groups, in that order. Thus, it can be said that those with a lower tendency to use conditional self-acceptance and a higher tendency to use unconditional self-acceptance are less likely to feel stress, thus supporting Hypothesis 2. This result is consistent with the views of Ellis and Harper (1975, translated by Kokubu & Ito, 1981) and Ellis (1999, translated by Saito, 2018), who advocated the usefulness of unconditional self-acceptance. The results also correspond with those of previous self-acceptance studies, which showed that unconditional self-acceptance has a positive impact on mental health. According to Ellis (1973, translated by Sawada and Hashiguchi, 1983; 1999, translated by Saito, 2018), “conditional self-acceptance” leads to the evaluation of one’s self-confidence as worthless in the face of failure or criticism. Therefore, the condition H group, which had the highest stress response, is likely to be trapped in anxiety and depression over failure, which in turn is likely to lead to stress response. The reason stress response was higher in the condition H group than in the acceptance-seeking group is that the former engages in conditional self-acceptance that is satisfied not only

through relationships with others but also through personal achievement. Therefore, there are many factors that affect their sense of self-acceptance. It can be inferred that they are more likely to experience anxiety about failure and criticism.

### ***Significance and Limitations***

This study examined the relationship between the states of conditional and unconditional self-acceptance, while investigating how the former relates to two things that are theoretically assumed to be positively affected by the latter: stress response and positive attitude toward life. Although unconditional self-acceptance has been regarded as a desirable form of self-acceptance, there has been a lack of discussion on the conditions of self-acceptance. Thus, this study examined the nature of conditional self-acceptance in relation to unconditional self-acceptance, classifying it into three groups: the low conditional self-acceptance group, the high conditional self-acceptance group, and the acceptance-seeking group. The low conditional self-acceptance group was shown to have a self-acceptance style like that of unconditional self-acceptance. In addition, conditional self-acceptance was not related to positive attitude toward life but only to stress response. Specifically, those with a lower tendency toward conditional self-acceptance had fewer stress reactions. This result suggests that having an attitude of unconditional self-acceptance is important for maintaining mental health.

Furthermore, it is also suggested that “unconditional self-acceptance” is an important attitude in breaking the vicious circle in brief therapy. In brief therapy, the aim is to identify the vicious cycle of false resolution behavior and intervene to break the cycle and create new patterns of behavior and coping (Hasegawa, 1987). In this situation, those with a high tendency toward conditioned self-acceptance are likely to set conditions for accepting themselves based on the idea that “this is how I should be.” If this is not achieved, individuals are likely to fall into a “vicious cycle” of striving to achieve the conditions while developing illogical thinking and regarding themselves as “unworthy.” Contrastingly, Ellis (1973 translated by Sawada and Hashiguchi, 1983) stated that, although one cannot avoid evaluating oneself at all, an attitude of unconditional self-acceptance that rightly asserts, “I am neither good nor bad, and for the reason that I exist, I am fine” is important in not giving rise to illogical thinking. Therefore, the attitude of unconditional self-acceptance is considered important in breaking the vicious circle of “I must be valuable.” Based on the above, interventions that promote unconditional self-acceptance, especially for neurotic clients that think in terms of “I have to be,” are considered to help breaking the vicious circle. The results of this study suggest that the application of unconditional self-acceptance in brief therapy can be considered.

Finally, there are several issues that remain to be addressed. First, we need to examine the index that measures participants' active attitude. In this study, positive attitude toward life was used as an indicator of active attitude, but the complexity of the concept suggested that it was not related to self-acceptance. Therefore, it is necessary to use and validate an index that can measure active attitudes such as ambition.

Second, we need to determine the scale to be used in measuring conditioned self-acceptance. In this study, we created the concept of conditional self-acceptance and used Uchida's (2008) Japanese version of the accompanying scale of self-worth to measure it. However, since this scale is not a measure of self-acceptance, its validity in measuring conditional self-acceptance is questioned. Therefore, it is necessary to create an original conditional self-acceptance scale or one derived by referring to the items of the Self-Worth Concomitant Scale.

Third, there is a need to explore other classifications, clusters, and so forth. Since this study intended to examine conditioned self-acceptance in an exploratory manner, the classification of three clusters was adopted, considering the validity of the distribution of the number of people in the clusters. Conversely, since other forms of self-acceptance are possible, at least in terms of the number of people, it is necessary to consider other possible clusters in future research based on this study.

Fourth, the developmental aspect of self-acceptance should be considered. It is said that self-acceptance enables one to have an autonomous sense of values and self-image, while also promoting the establishment of self in adolescence (Ito, 1989). In this context, research focusing on developmental changes in self-acceptance has been conducted (Ito, 1991) with junior high school and high school students. While this study focused on undergraduate and graduate students, it is also necessary to examine the conditionality of self-acceptance from a developmental perspective for other age groups.

Finally, we need to consider the differences between clinical and healthy groups. This study was conducted among general undergraduate and graduate students. However, unconditional self-acceptance is a form of self-acceptance that rational therapists encourage in clients who have irrational beliefs such as "I must" or "I should." Therefore, it is not clear whether the present results of a healthy group will be the same as those for a clinical group with psychological problems. It will be necessary to examine the clinical group separately from the healthy group so that the findings of this study can be applied in clinical practice.

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*Original Paper: Research and Experiment*

## The Effectiveness of a Worksheet Program Based on Solution-Focused Brief Therapy in Decreasing the Function of School Refusal Behavior — A Longitudinal Study of Three Years in Junior High School —

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**Abstract:** In this study, the researchers conducted a Solution-Focused program based on the Solution-Focused Brief Therapy for 128 junior high school students (67 males and 61 females) in their first and second grades. The purpose of this study is to reveal the transition of the function of school refusal behavior scores after the implementation of the program and to examine the relationship between the effects of the “Solution-Focused program” in the first and second grades as well as the function of school refusal behavior in the third grade. A decrease in the function of school refusal behavior was found in a certain number of students after undergoing the Solution-Focused program in the first and second grades. Students who showed a decrease in the function of school refusal behavior throughout the two years exhibited a lower school refusal behavior in third grade than others. Thus, the researchers found that the implementation of the Solution-Focused program using worksheets based on Solution-Focused Brief Therapy is effective in preventing school refusal among junior high school students.

**Key Words:** Solution-Focused Brief Therapy, the function of school refusal behavior, junior high school students

### *Introduction*

School absenteeism has been a serious problem for more than a quarter century; however, many students still experience problems in relation to attending school, especially in junior high school.

Attempts have been made to prevent school refusal behavior by improving the social skills of students by focusing on students with a high risk for school refusal and the effects of classroom conduct (e.g. Ishikawa, 2020; Oguri, 2013; Satake & Koizumi, 2022). However, these efforts focused only on students with a high risk of school refusal or those who tended toward non-attendance at school. Many students tend not to attend school, which refers to students disliking school but enduring classes

and attending school, and being repeatedly late for school. Non-attendance should not be ignored among exceptional students, and there is a need for research focusing on the reasons students have, for disliking school (Kameguchi, 1998).

It has been revealed that students tending toward non-attendance at school have various problems or stressors; they also tend to have difficulties dealing with these problems or asking for help (Kikushima, 1999; Suzuki, 2015; Torii, 2007). Therefore, programs should be implemented to enable students to acquire and improve their coping skills to help prevent school refusal. In this study, the researchers aimed to build effective support for the prevention of school refusal by cultivating the coping skills and providing solutions to students attending school.

In this study, the researchers focused on “solution building,” which is a key concept of Solution-Focused Brief Therapy (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986). Solution building consists of setting well-formed goals within their respective frames of reference, and exploring exceptions (Smock,

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McCollum, & Stevenson, 2010). Despite clients not being able to express their problems clearly, having well-formed goals within their respective frames of reference allows them to reach the solution voluntarily (de Shazer, 1985). Solution building has positive effects on mental health and adaptation (Grant, Cavanagh, Kleitman, Spence, Lakota, & Yu, 2012; Smock, 2014). The researchers believe that cultivating solution building and acquiring skills for coping with problems or stress as well as developing solutions, can lead to the prevention of school refusal behavior.

### **1. The Problem with the Approach of Solution-Focused Brief Therapy in School**

Broadly, Solution-Focused Brief Therapy has been reported to be effective in cases of hyperactivity, problem behavior, egocentric behavior, and poor academic performance (Franklin, Kim, & Brigman, 2012). Practices to remedy such behavior are based on a Solution-Focused approach (e.g., Kurosawa, Nishino, Tsuruta, & Mori, 2015), especially in cases where students exhibit school refusal (Sagami, 2012). Moreover, the “WOWW” (Working On Works) approach, an innovative program for ensuring good quality class education, was developed by applying the Solution-Focused Brief Therapy (Berg & Shilts, 2004). The WOWW approach has been found to be effective in improving students’ absence and tardiness (Kelly, Liscio, Bluestone-Miller & Shilts, 2012), as well as the class atmosphere (Shilts, Bluestone-Miller & Kelly, 2013).

Therefore, Solution-Focused Brief Therapy is reportedly effective in schools. However, there are some problems that need to be addressed. First, it is difficult to conduct a program based on the Solution-Focused Brief Therapy without an expert. There are few reports on the Solution-Focused brief therapies for self-care. Kurosawa (2016), discovered a Solution-Focused Approach using worksheets, but the effectiveness of the worksheets themselves has not been clarified. Thus, a professional coach is required for the WOWW approach. There are reports of using the WOWW approach by challenging teachers directly without consulting an expert (Berg & Shilts, 2004). However, it is difficult to deal with any issues without an expert.

Second, the approach of the focused solution building for problems faced by each student was not conducted at the schools. In the WOWW approach, a coach complements students when they do their best or meet their expectations, but each student has different needs and therefore requires different solutions. A new program would be better for solution building by setting goals and exploring exceptions to solutions not only for the class but also for individual students.

Therefore, the researchers developed a worksheet program based on Solution-Focused Brief Therapy that could be conducted without an expert. This program involves solution-building by setting goals and exploring exceptions with respect to students’ problems to prevent school refusal among

students.

The effectiveness of miracle questioning and exploring exceptions with a work program based on Solution-Focused Brief Therapy was revealed by Takagi and Wakashima (2019). Miracle questioning is an effective form of questioning in which the researchers imagine a situation in which a problem has been solved by setting goals (De Jong & Berg, 2013). Moreover, exploring exceptions and scaling questions through miracle questioning is also effective (Ito 2011). Therefore, in this study, the researchers used scaling questions, miracle questions, and explored exceptions; at the end of the program, the researchers complimented the clients for working things out and taught them how to cope with issues in the future. the researchers developed and conducted the “Solution-Focused program” and examined whether this program is effective for the prevention of school refusal among students.

### **2. The Function of School Refusal Behavior**

To examine whether this study’s program is effective in preventing school refusal behavior, the researchers have to understand the common symptoms related to school refusal behavior and the individual mechanisms promoting it (Ishikawa, Sato, Nomura, Kiyamura, Kawano, Inoue & Sakano, 2012; Kearney & Silverman, 1996; Kearney & Albano, 2007). The researchers therefore focused on functional analysis. Kearney and Silverman (1996), referred to school refusal behavior as child-motivated refusal to attend school or difficulties with regards to remaining in class for an entire day. The definition includes students who do not actually miss school as well as those who miss school every day, and thus it refers to a continuum. Regarding functional analysis, “the function of school refusal behavior” is defined as the cause of maintaining school refusal behavior and includes four functions, namely: avoidance of stimuli that provoke negative affectivity; escape from aversive social and/or evaluative situations; the pursuit of attention from significant others; and the pursuit of tangible reinforcement outside of the school setting (Kearney & Silverman, 1993). When providing support to prevent school refusal behavior, it is important to focus on the function of school refusal behavior and not to focus on the strength of depression (Kearney & Albano, 2007). Focusing on the function of school refusal behavior of students who attend school could help prevent school refusal among students (Tsuchiya, Hosoya, & Tojo, 2010).

### **3. The Purpose of this Study**

In this study, the researchers developed a worksheet program based on Solution-Focused Brief Therapy that could be conducted without an expert and examined whether the program is effective for reducing the function of school refusal behavior among students from three grades in junior high school. Furthermore, this study has three purposes: the first, is to reveal the transition of the score of the function

of school refusal behavior after undergoing the program. The researchers examined the transition of the score of the function of school refusal behavior from before “Solution-Focused program 1-1” to a week after “Solution-Focused program 1-2” in the first grade, and before “Solution-Focused program 2-1” to a week after “Solution-Focused program 2-2” in the second grade. The second purpose of this study is to examine the relationship between the effects of the “Solution-Focused program” in the first and second grades and the function of school refusal behavior in the third grade. The researchers predicted that students whose function of school refusal behavior decreased after undergoing the “Solution-Focused program” in the first and second grade exhibited a lower function of school refusal behavior in the third grade, than those who did not show a decrease or increase in function.

**Methods**

**1) Date Collection and Subjects**

The researchers conducted this study’s survey from September 2018 to December 2020 with 128 students (male:67, female:61) in junior public high schools.

**2) Procedure**

The researchers conducted the program and questionnaire surveys in both the first (2018) and second (2019) grades. In the first grade, the researchers conducted the questionnaire surveys three times and the programs twice; specifically, the “Solution-Focused programs 1” and “Solution-Focused programs 2.” In the second grade, the researchers conducted the questionnaire surveys twice and the programs twice; specifically, the “Solution-Focused program 2-1” and “Solution-Focused program 2-2.” With the first graders, the researchers conducted an extra questionnaire survey to determine their the function of school refusal behavior in a

shorter period because they had just started going to school. The researchers conducted a questionnaire survey during the third year. The survey was conducted by teachers as a morning activity in class. Table 1 shows the questionnaire surveys and “Solution-Focused program.”

**3) Questionnaire**

(i) Cover Page

Participants were asked about their sex, class, and student number. The researchers only asked about the students’ attendance numbers for the first and second grades in the first Questionnaire Survey.

(ii) School Refusal Assessment Scale-Revised for Japanese Attendance at School (SRAS-R-JA) (Tsuchiya, Hosoya, & Tojo, 2010).

The SRAS-R-JA is composed of five components: avoidance of stimuli that provoke negative affectivity (ANA); escape from aversive social and/or evaluative situations (ESE); pursuit of attention from significant others (PA); and pursuit of tangible reinforcement outside the school setting (PTR). The SRAS-R-JA is a 20-item instrument that uses a 5-point Likert scale. Participants were asked to respond by choosing a number from one to five (1=strongly disagree, 5=strongly agree). The SRAS-R-JA was developed for elementary school students; therefore, the researchers used it for junior high school students with the permission of the authors.

**4) Solution-Focused Program**

The researchers created a Solution-Focused program with reference to Takagi and Wakashima (2019), and arranged the layout and sentences such that it was easy for junior high school students to understand. The researchers presented miracle questions and clarifying goals following Kurosawa (2016). See the Appendix for further details. As checklists,

**Table 1** Questionnaire surveys and the Solution-Focused program.

	time	content
First grade	September to November 2018	① 2018 1st Questionnaire Survey
		② Solution-Focused program 1-1 ↓ after about 1 week
		③ 2018 2nd Questionnaire Survey
		④ Solution-Focused program 1-2 ↓ after about 1 week
		⑤ 2018 3rd Questionnaire Survey
Second grade	November to December 2019	⑥ 2019 1st Questionnaire Survey
		⑦ Solution-Focused program 2-1 ↓ after about 1 week
		⑧ Solution-Focused program 2-2 ↓ after about 1 week
		⑨ 2019 2nd Questionnaire Survey
Third grade	December 2020	⑩ 2020 1st Questionnaire Survey

the researchers asked students to respond to the statement and to confirm content validity at each program.

(1) Solution-Focused program 1-1

“Let’s think about your problem”

① Problem

The researchers asked participants to write down the problems they faced in school, and what they were confused about.

② Scaling questions (degree of solution to the problem before starting the program)

The researchers asked the participants about their degree of solution to the problem, ranging from 0 to 10 (10=you are willing to do anything by yourself, 0=you are willing to do nothing by yourself).

③ Scaling questions (degree of ideality for life before starting the program)

Participants had to respond about the degree of ideal life through scores ranging from 0 to 10 (10=your life is very ideal, 0=your life is very hard).

“Let’s think about a small solution”

④ Miracle question

The researchers asked the miracle question “How will your life be if the problem that you wrote in ① is all gone, just like that, by magic?”

⑤ Clarifying goals

The researchers asked about the goals of living. “Please write your goals for living life as if there are no problems as stated in ④. You should set goals such as behavioral positive goals like ‘I will...’ and small goals that you can achieve easily.”

⑥ Doing from now on

The researchers asked students about what they could do or what they wanted to do from now on, based on helpful suggestions.

The researchers informed the participants to “try to do what you write at ⑥” and “seek for what you want to become in life” for the next 1-2 weeks.

As checklists, the researchers asked students to respond to the statement, “I worked seriously and thought of small solutions” by choosing a number from 1 to 5 (1=strongly disagree, 5=strongly agree) to check their attitude.

In addition, to confirm content validity, they had to respond to “I could imagine the situation without any problem and set small goals,” “I could solve every problem and stay motivated,” and “I know how to solve the problem,” to check whether imagining their ideal in the miracle question would clarify their goals.

(2) Solution-Focused program 1-2

Remembering from Program 1 to now

① Scaling questions (degree of solution to the problem after Program 1)

The researchers asked participants about the degree of solution for the problem, similar to Solution-Focused Program 1-1, ②.

② Scaling question (degree of ideals for life after Program 1-1)

The researchers asked participants about the degree of their ideal for life, similar to the Solution-Focused Program 1-1, ③.

③ Coping question

The researchers asked participants who felt like they were nearing a solution to think about why they could be in a better situation and write that down, and asked participants whose degree of problem had not changed to think about why that happened.

“Let’s think positive images”

The researchers asked the participants to learn how to deal with feelings of disgust when they had trouble or problems.

The researchers asked the participants to imagine a person such as an entertainer or a close person or character they liked and write their names. Further, the researchers asked them to imagine and write what word the person or character wrote about would they help you, imagine, and write under what situation.

The researchers asked the participants to write the first two words of the dialogue on their palms and place their palms on their chest while thinking about positive images three times every day (morning, afternoon, and before sleeping at night) for a week.

As checklists, the researchers assessed the participants’ attitudes through scores ranging from 1 to 5, similar to the Solution-Focused Program 1-1.

In order to confirm content validity, participants also had to rate, by choosing a number from 1 to 5 (1=strongly disagree, 5=strongly agree), the items “I tried to seek what I want to become in life,” “I can solve every problem with motivation,” and “I know how to eliminate feelings of disgust” to check whether they thought by applying the Solution-Focused method.

(3) Solution-Focused program 2-1 (class work)

“Let’s think about the ideal class”

① Scaling question

The researchers asked participants about the degree of class ideality from 0 to 10 (10=your class is very ideal, 0=your class is unstable and hard).

② Participants also had to provide the reason for their responses.

③ Miracle question

The researchers asked the miracle question “How would your class change if your classmates had a very nice day, just like that, by magic? What happens in your classroom? Please think and respond by choosing the most positive imaginable situation for the morning, lunchtime, and afternoon.”

④ Clarifying goals

The researchers asked for goals using the same method as Solution-Focused program 1-1, ⑤.

“Let’s think about what you can do”

⑤ Seeking for exception

The researchers asked “We think that your class had time to become, as you had described in ③, and you achieved the goals you wrote set in ④. Please remember and write about what you did, which would be effective for the class. It is okay to write small things, which you have slightly tried. Taking advantage of what, for example, you are interested in, what you are doing, what you are good at, who is important to you, and what is important to you.”

The researchers asked participants to “try if what you wrote in ④ can be achieved even a little,” “seek what you want to become in class,” and “what your classmates should do for the class” during the next 1-2 weeks.

As checklists, the researchers asked participants to rate from 1 to 5, following the same method as in the Solution-Focused program 1-1. In order to confirm content validity, participants also had to rate by choosing a number from 1 to 5 (1=strongly disagree, 5=strongly agree), the items “I could imagine the ideal situation in class,” “I could think about how to make efforts in class,” “I could think about how to improve this study’s class” (to check whether they could imagine the ideal provided in the miracle question and clarify their goals).

(4) Solution-Focused program 2-2 (personal work)

“Let’s think about your problem”

① Problem

The researchers asked participants to write about their problems, similar to the Solution-Focused program 1-1, ①.

② Scaling questions (degree of solution to the problem before starting the programme)

The researchers asked participants about the degree of solution to the problem, following the same procedure as the Solution-Focused program 1-1, ②.

③ Scaling questions (degree of ideality for life before starting the program)

The researchers asked participants about the degree of

ideality for life following the same method as the Solution-Focused program 1-1, ③.

“Let’s think about a small solution”

④ Miracle question

The researchers asked the miracle question, following the same procedure as Solution-Focused program 1-1, ④, by asking the students to choose the most positive imaginable situation in the morning, lunchtime, and afternoon.

⑤ Clarifying goals

The researchers asked for goals, following the same method as the Solution-Focused program 1-1, ⑤.

⑥ Seeking exception

The researchers asked whether the students could achieve the goals they wrote about in ⑤, what they did to achieve them, and the effort they had to put in.

During the next 1-2 weeks, The researchers asked participants to “try to do what you wrote about in ⑤ to see if it can be achieved, even a little bit” and “seek what you want to become in life.”

As checklists, The researchers asked participants to rate the following from 1 to 5 (1=strongly disagree, 5=strongly agree), following the same method as the Solution-Focused program 1-1. To confirm content validity, participants also had to rate by choosing a number from 1 to 5 (1=strongly disagree, 5=strongly agree), using the same method as Solution-Focused program 1-1.

## 5) Ethical Considerations

The survey was conducted as a morning activity in class by teachers with the permission of the Board of Education and the school principal. At the beginning of the questionnaire, it was indicated that the survey was about their school life and it was not a test, and it was okay to not answer what they did not wish to answer and could stop any time they wanted. The researchers asked for a written student number, but the results of the survey were used solely for research purposes. The Research Ethics Review Board of the Graduate School of Education, TOHOKU UNIVERSITY, approved this study (approval ID:20-1-056).

## 6) Analysis

First, the researchers examined the checklist for each program and its content validity. Next, the researchers classified the students into “Low group,” “Middle group,” and “High group” based on the score of SRAS-R-JA at the time of each survey. Then, to classify the students at the same interval as 2018 and 2019, in the first grade, the researchers classified the students by transition of the score of the function of school refusal behavior from the 2018 1st

Questionnaire Survey to the 2018 3rd Questionnaire Survey. In the second grade, the researchers classified the students by the transition score of the function of school refusal behavior from 2019 1st Questionnaire Survey to 2018 2nd Questionnaire Survey. Thereafter, the researchers conducted cluster analysis and classified the students according to their first and second grades. The researchers examined the difference of those clusters in the function of school refusal behavior in the third grade using One-way ANOVA.

## Results

### 1) Checklists of each Program and Content Validity of Program

#### (1) Checklists of Solution-Focused program 1-1

As checklists, the researchers asked students to respond based on the statement, "I worked seriously and thought of small solutions" by choosing a number from 1 to 5 (1=strongly disagree, 5=strongly agree) to check their attitude regarding each program. Students who responded and chose 4-5 were regarded as passed for the check, while those who responded 1-3 were not regarded as passed. Figure 1 shows the distribution of the responses to the checklist. In each program, more than 80% of students passed the check.

#### (2) Content validity of the program

The content validity of each program was examined. Figures 2-5 show the distribution of each program. In the Solution-Focused program 1-1, 78% of respondents answered "4=agree" or "5=strongly agree" for "I could imagine the situation with no problem and set small goals." Moreover, 57% of respondents answered "4=agree" or "5=strongly agree" for "I can solve every problem with motivation," and 63% of respondents answered "4=agree" or "5=strongly agree" for "I know how to solve the problem."

For Solution-Focused program 1-2, 62% of respondents answered "4=agree" or "5=strongly agree" for "I tried to seek what I want to become in life," 60% of respondents answered "4=agree" or "5=strongly agree" for "I can solve every problem with motivation," and 65% of respondents answered "4=agree" or "5=strongly agree" for "I know how to eliminate feelings of disgust." At Solution-Focused program 2-1, 73% of respondents answered "4=agree" or "5=strongly agree" for "I could imagine the ideal situation in class," 77% of respondents answered "4=agree" or "5=strongly agree" for "I could think about how to make efforts in class," and 66% of respondents answered "4=agree" or "5=strongly agree" for "I could think about how to improve this study's class." At Solution-Focused program 2-2, 80% of respondents answered "4=agree" or "5=strongly agree" for "I could imagine the situation with no problem and set small goals," 58% of respondents answered "4=agree" or "5=strongly agree" for "I can solve every problem with motivation," and 63% of respondents answered "4=agree" or "5=strongly agree" for "I know how to solve the problem."

### 2) Distribution of Score of SRAS-R-JA at each Questionnaire Survey

The researchers calculated the total score of the SRAS-R-JA in the 1st Questionnaire Survey in 2018, which was then divided by the number of items. Reliability analysis was performed on SRAS-R-JA, ANA, ESE, PA, and PTR in SPSS. The Cronbach's alphas of the SRAS-R-JA was  $\alpha=.93$ , ANA was  $\alpha=.86$ , ESE was  $\alpha=.89$ , PA was  $\alpha=.87$ , and PTR was  $\alpha=.86$ . They were all reliable. The researchers calculated the mean ( $=1.7040$ ), and  $SD (=0.59142)$  of SRAS-R-JA (mean-  $SD=1.11$ , mean+  $SD=2.30$ , rounded to the third decimal place). Three groups were classified: "Low function of school refusal behavior group" as they scored under 1.11, "Middle function of school refusal behavior

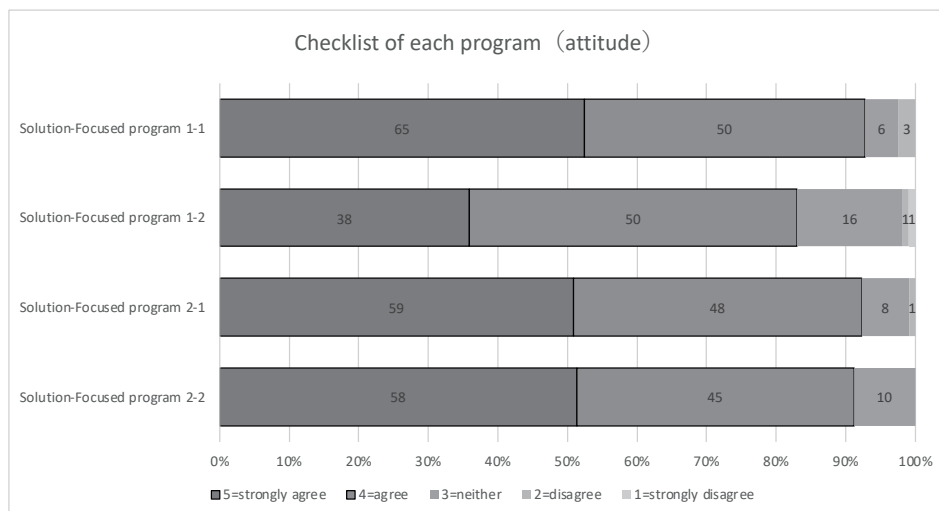


Fig. 1 Checklist of each program (attitude).

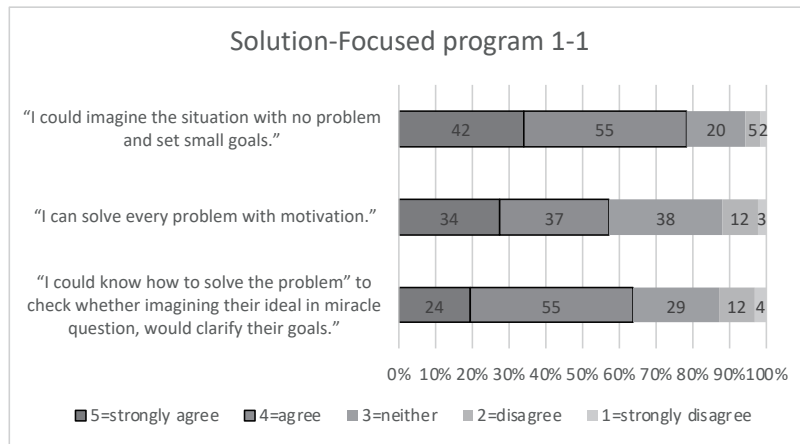


Fig. 2 Content validity of Solution-Focused Program 1-1.

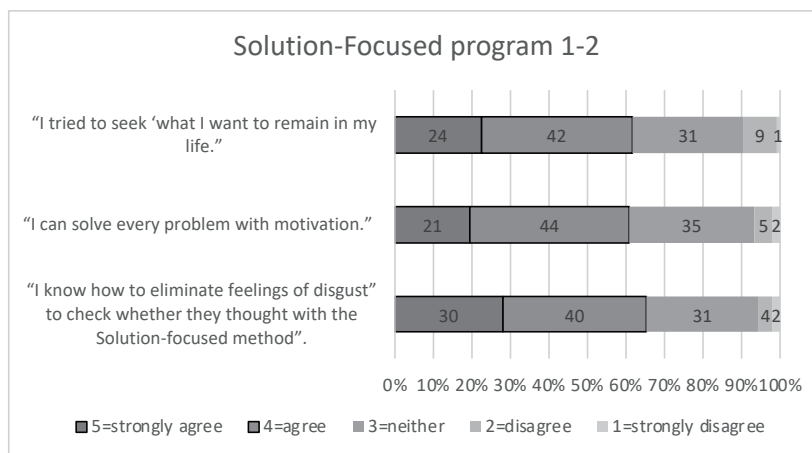


Fig. 3 Content validity of Solution-Focused Program 1-2.

group” who scored from 1.11 to 2.30, and “High function of school refusal behavior group” who scored over 2.30. The researchers used this score range to classify the SRAS-R-JA scores for all questionnaire surveys. Figure 6 shows the distribution of SRAS-R-JA scores for each questionnaire.

(1) 2018 1st Questionnaire Survey

After totaling the answers of 125 people (67 males, 58 females), excluding those who had incomplete answers, 15 people (12%) were in the “Low function of school refusal behavior group,” 94 (75%) in the “Middle function of school refusal behavior group,” and 16 (13%) in the “High function of school refusal behavior group.”

A one-way ANOVA with “SRAS-R-JA,” “ANA,” “ESE,” “PA,” “PTR” as independent variables, and “Groups of SRAS-R-JA” at the 1st Questionnaire Survey in 2018 as the dependent variable was performed. As a result of the analysis (Table 2), a significant difference was found between the groups ( $F(2,122)=139.43$ ,  $F(2,122)=85.30$ ,  $F(2,122)=95.79$ ,  $F(2,122)=21.81$ , and  $F(2,122)=53.57$ , all  $p<.001$ ). As a result of multiple comparisons, all scores were higher in the order of “High function of school

refusal behavior group,” “Middle function of school refusal behavior group” and “Low function of school refusal behavior group.”

(2) 2018 2nd Questionnaire Survey

As a result of totaling the answers of 110 respondents (55 males, 55 females), the passing check of the Solution-Focused program 1-1, and excluding those who had incomplete answers, 19 people (17%) were in the “Low function of school refusal behavior group,” 79 (72%) in the “Middle function of school refusal behavior group,” and 12 (11%) in the “High function of school refusal behavior group.”

A one-way ANOVA was performed with “SRAS-R-JA,” “ANA,” “ESE,” “PA,” “PTR” as independent variables, and “Groups of SRAS-R-JA” at the 2018 2nd Questionnaire Survey as a dependent variable. As shown of the analysis (Table 2), a significant difference was found between the groups ( $F(2,107)=108.54$ ,  $F(2,107)=55.45$ ,  $F(2,107)=63.27$ ,  $F(2,107)=34.06$ ,  $F(2,107)=48.88$ , all  $p<.001$ ). As a result of multiple comparisons, all scores were higher in the “High school refusal behavior group” followed by the “Middle function of school refusal behavior

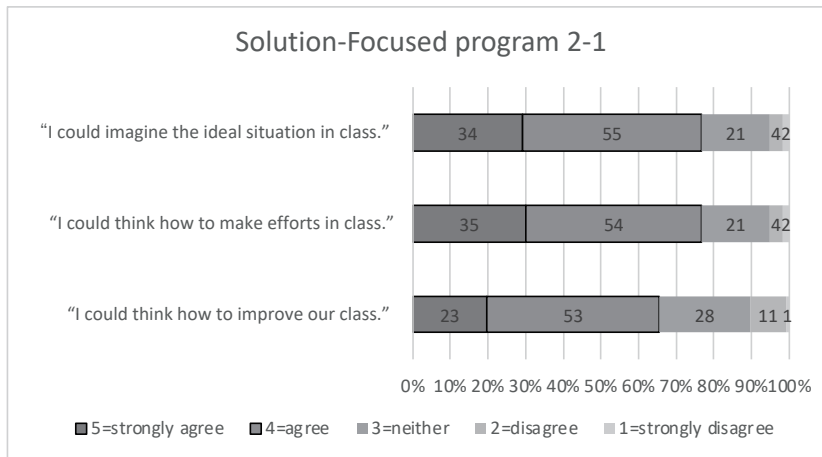


Fig. 4 Content validity of Solution-Focused Program 2-1.

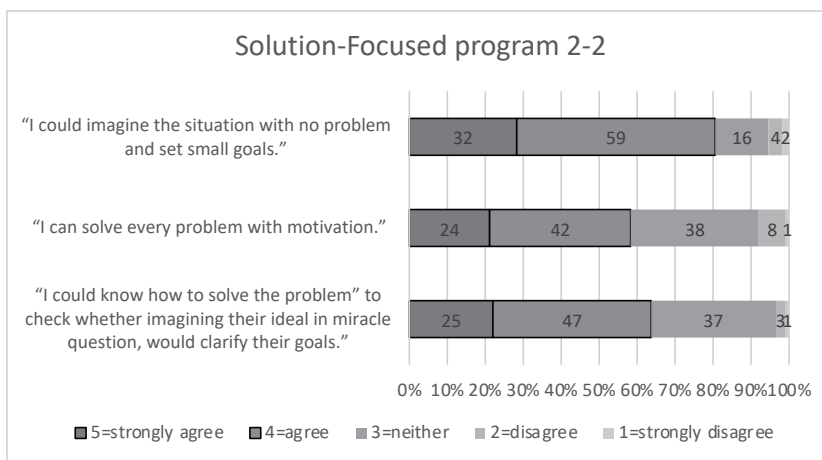


Fig. 5 Content validity of Solution-Focused Program 2-2.

group,” and “Low function of school refusal behavior group.”

(3) 2018 3rd Questionnaire Survey

As a result of totaling the answers of 79 people (40 males, 39 females) with the passing check of the Solution-Focused program 1-1 and 1-2 and excluding those who had incomplete answers, 19 people (24%) were in the “Low function of school refusal behavior group,” 51 (65%) in the “Middle function of school refusal behavior group,” and 9 (11%) in the “High function of school refusal behavior group.”

One-way ANOVA with “SRAS-R-JA “ANA,” “ESE,” “PA,” “PTR” as independent variables, and “Groups of SRAS-R-JA” at the 2018 3rd Questionnaire Survey as dependent variables were performed. As a result of the analysis (Table 2), there were significant differences between the groups ( $F(2,76)=77.10$ ,  $F(2,76)=42.16$ ,  $F(2,76)=28.16$ ,  $F(2,76)=26.83$ , and  $F(2,76)=46.90$ , all  $p<.001$ ). As a result of the multiple comparison, all scores were higher in the order of the “High school refusal behavior group,” “Middle function of school refusal behav-

ior group,” and “Low function of school refusal behavior group.”

(4) 2019 1st Questionnaire Survey

A total of 123 people (64 males, 58 females, 1 unknown) were recruited in 2019.

As a result of totaling the answers of 117 people (51 males, 56 females), excluding those who had incomplete answers, there were 17 people (14%) in the “Low function of school refusal behavior group,” 72 (62%) in “Middle function of school refusal behavior group,” and 28 (24%) in “High function of school refusal behavior group”.

A one-way ANOVA was performed with “SRAS-R-JA,” “ANA,” “ESE,” “PA,” “PTR” as independent variables, and “Groups of SRAS-R-JA” in the 2019 1st Questionnaire Survey as the dependent variable. The results of the analysis (Table 2) revealed significant differences between the groups ( $F(2,114)=170.09$ ,  $F(2,114)=91.37$ ,  $F(2,114)=72.64$ ,  $F(2,114)=28.17$ , and  $F(2,114)=83.79$ , all  $p<.001$ ). As a result of multiple comparisons, all scores were higher in the order of “High school refusal behavior group, order of Middle function of school refusal behavior



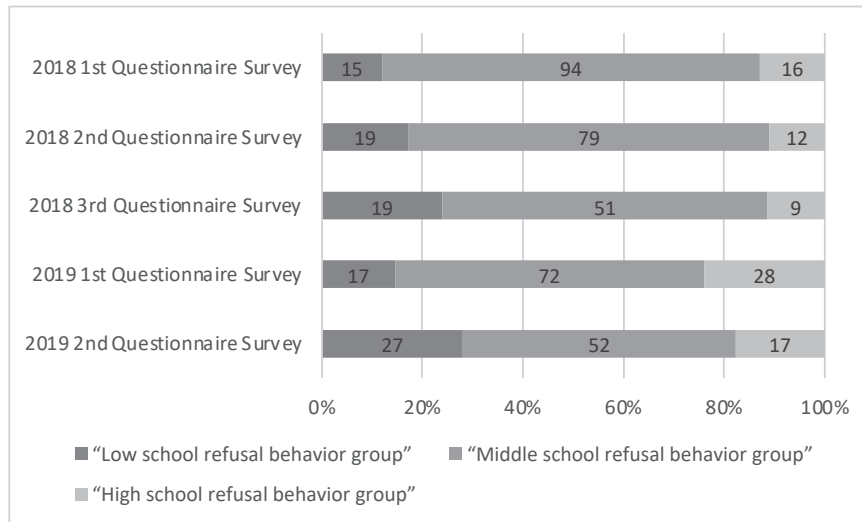


Fig. 6 Distribution of score of SRAS-R-JA at each Questionnaire Survey.

Table 2 One-way ANOVA in the first and secondgrades.

		Low	Middle	High	F value	Multiple comparison	
The first grade (2018)	1st	SRAS-R-JA	1.05 (.04)	1.60 (.27)	2.90 (.64)	139.43 ***	L<M<H
		ANA	1.03 (.07)	1.60 (.45)	3.10 (.76)	85.30 ***	L<M<H
		ESE	1.04 (.08)	1.28 (.35)	2.68 (.70)	95.79 ***	L<M<H
		PA	1.09 (.13)	1.62 (.52)	2.51 (1.17)	21.81 ***	L<M<H
		PTR	1.05 (.12)	1.92 (.61)	3.31 (.91)	53.57 ***	L<M<H
	2nd	SRAS-R-JA	1.03 (.04)	1.59 (.32)	2.80 (.57)	108.54 ***	L<M<H
		ANA	1.03 (.10)	1.57 (.47)	2.90 (.88)	55.45 ***	L<M<H
		ESE	1.03 (.07)	1.30 (.38)	2.43 (.46)	63.27 ***	L<M<H
		PA	1.05 (.11)	1.54 (.45)	2.60 (1.05)	34.06 ***	L<M<H
		PTR	1.01 (.05)	1.94 (.62)	3.27 (1.00)	48.88 ***	L<M<H
	3rd	SRAS-R-JA	1.03 (.04)	1.55 (.35)	2.73 (.55)	77.10 ***	L<M<H
		ANA	1.00 (.00)	1.50 (.45)	2.67 (.81)	42.16 ***	L<M<H
		ESE	1.02 (.06)	1.34 (.43)	2.20 (.51)	28.16 ***	L<M<H
		PA	1.08 (.14)	1.42 (.44)	2.56 (1.08)	26.83 ***	L<M<H
		PTR	1.02 (.09)	1.94 (.68)	3.49 (.96)	46.90 ***	L<M<H
The second grade (2019)	1st	SRAS-R-JA	1.05 (.05)	1.59 (.34)	2.78 (.44)	170.09 ***	L<M<H
		ANA	1.09 (.12)	1.57 (.51)	2.94 (.66)	91.37 ***	L<M<H
		ESE	1.01 (.05)	1.33 (.39)	2.36 (.62)	72.64 ***	L<M<H
		PA	1.04 (.08)	1.51 (.40)	2.25 (.95)	28.17 ***	L<M<H
		PTR	1.07 (.14)	1.94 (.68)	3.56 (.88)	83.79 ***	L<M<H
	2nd	SRAS-R-JA	1.03 (.04)	1.59 (.33)	2.90 (.43)	199.79 ***	L<M<H
		ANA	1.01 (.05)	1.57 (.46)	3.19 (.68)	131.27 ***	L<M<H
		ESE	1.00 (.00)	1.44 (.44)	2.42 (.62)	62.01 ***	L<M<H
		PA	1.05 (.11)	1.47 (.43)	2.45 (1.10)	33.03 ***	L<M<H
		PTR	1.05 (.12)	1.87 (.62)	3.55 (.94)	89.34 ***	L<M<H

Note) Low: “Low function of school refusal behavior group”, Middle: “Middle function of school refusal behavior group”, High: “High function of school refusal behavior group”, SRAS-R-JA: total score, ANA: avoidance of stimuli that provoke negative affectivity, ESE: escape from aversive social and/or evaluative situations, PA: pursuit of attention from significant others, PTR: pursuit of tangible reinforcement outside the school setting, \*\*\* $p < .001$

group, and order of Low function of school refusal behavior group.”

#### (5) 2019 2nd Questionnaire Survey

As a result of totaling the answers of 96 people (51 males, 45 females) who passed the checks of Solution-Focused programs 2-1 and 2-2 and excluding those who had incomplete answers, there were 27 people (28%) in “Low function of school refusal behavior group,” 52 people (54%) in “Middle function of school refusal behavior group,” 17 people (18%) in “High function of school refusal behavior group.”

A one-way ANOVA with “SRAS-R-JA,” “ANA,” “ESE,” “PA,” “PTR” as independent variables, and “Groups of SRAS-R-JA” in the 2019 2nd Questionnaire Survey as the dependent variable was performed. As shown of the analysis (Table 2), there were significant differences between groups ( $F(2,93)=199.80$ ,  $F(2,93)=131.27$ ,  $F(2,93)=62.01$ ,  $F(2,93)=33.03$ ,  $F(2,93)=89.34$ , all  $p<.001$ ). As a result of the multiple comparison, all scores were higher in the order of “High school refusal behavior group,” “Middle function of school refusal behavior group,” and “Low function of school refusal behavior group.”

### 3) Transition of the Score of SRAS-R-JA

The researchers classified the transition of SRAS-R-JA scores in 2018 and 2019. The researchers examined the transition of the SRAS-R-JA scores from the 2018 1st Questionnaire Survey to the 2018 3rd Questionnaire Survey, and that of SRAS-R-JA from the 2019 1st Questionnaire Survey to the 2019 2nd Questionnaire Survey because the researchers classified it at the same interval of 2018 and

2019. The researchers classified the transition of the score of the SRAS-R-JA according to Wakashima, Kozuka, Noguchi, Kobayashi, and Hasegawa (2012). Table 3 presents the classification criteria for the transition of the SRAS-R-JA score.

#### (1) Classification of the transition of the SRAS-R-JA score in 2018 (first grade)

As a result of totaling the answers of 78 people (40 males, 38 females) who passed the Solution-Focused Programs 1-1 and 1-2 and excluding those who had incomplete answers, there were nine people (12%) in (1), “No function of school refusal behavior;” 12 people (15%) in (2), “Decreased;” 47 people (60%) in (3), “Remaining in the middle function of school refusal behavior;” three people (4%) in (4), “Increased;” and six people (8%) in (5), “Remaining in the high function of school refusal behavior” (Fig. 7).

#### (2) Classification of the transition of the SRAS-R-JA score in 2019 (second grade)

As a result of totaling the answers of 92 people (48 males, 44 females) who passed the checks of the Solution-Focused Programs 2-1 and 2-2 and excluding those who had incomplete answers, were: 13 people (14%) in (1), “No function of school refusal behavior;” 17 people (19%) in (2), “Decreased;” 45 people (49%) in (3), “Remaining in the middle function of school refusal behavior;” three people (3%) in (4), “Increased;” and 14 people (15%) in (5), “Remaining in the high function of school refusal behavior” (Fig. 7).

**Table 3** Classification criteria of transition of score of SRAS-R-JA.

(1) “No function of school refusal behavior”	The people who were in the “Low function of school refusal behavior group” at both the 1st and 3rd Questionnaire Surveys <sup>Note 1</sup> .
(2) “Decreased”	The people who were in the “Middle function of school refusal behavior group” at the 1st Questionnaire Survey and were in the “Low function of school refusal behavior group” at the 3rd Questionnaire Survey <sup>Note 1</sup> , or the people who were in the “High function of school refusal behavior group” at the 1st Questionnaire Survey and were in the “Low function of school refusal behavior group” or “Middle function of school refusal behavior group” at the 3rd Questionnaire Survey <sup>Note 1</sup> .
(3) “Remaining middle function of school refusal behavior”	The people who were in the “Middle function of school refusal behavior group” at both the 1st and 3rd Questionnaire Surveys <sup>Note 1</sup> .
(4) “Increased”	The people who were in the “Low function of school refusal behavior group” at the 1st Questionnaire Survey and in the “Middle function of school refusal behavior group” or “High function of school refusal behavior group” at the 3rd Questionnaire Survey <sup>Note 1</sup> , or the people who were in the “Middle school refusal behavior group” at the 1st Questionnaire Survey and in the “High function of school refusal behavior group” at the 3rd Questionnaire Survey <sup>Note 1</sup> .
(5) “Remaining high function of school refusal behavior”	The people who were in the “High function of school refusal behavior group” at both the 1st and 3rd Questionnaire Surveys <sup>Note 1</sup> .

Note 1: At the transition of the score of SRAS-R-JA in the second grade, “2nd Questionnaire Survey”

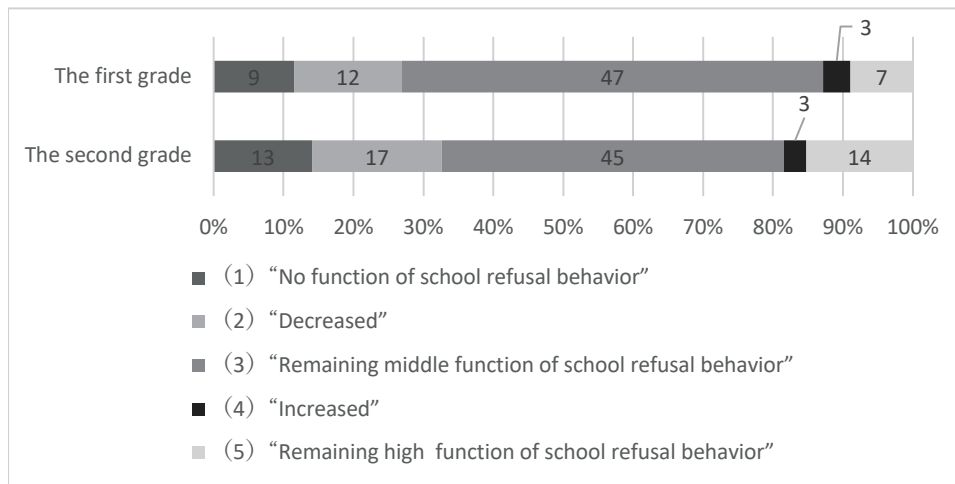


Fig. 7 Classification of the transition of the SRAS-R-JA score.

**4) Relationship between the Transition of SRAS-R-JA Scores after the Solution-Focused Program in the First and Second Grades and the Function of School Refusal Behavior in the Third Grade**

Cluster analysis using the k-means method of the transition of the score of SRAS-R-JA in the first grade and transition of the score of SRAS-R-JA in the second grade was performed to classify the students by the pattern of transition of the score of SRAS-R-JA in the first and second grades.

As a result of totaling the answers of 54 out of 115 people who answered the 2020 1st Questionnaire Survey, passing the check of all programs, and excluding those who had incomplete answers, three clusters were identified. The number of participants in each cluster and the interpretability of the clusters were examined. CLU.1 consisted of ten participants, CLU.2 consisted of 37 participants, and CLU.3 consisted of seven participants.

A chi-squared test was performed with the three clusters as independent variables, and the transition of the SRAS-R-JA score in the first and second grades as dependent variables (Table 4, 5). The results revealed significant differences at the 0.1% level in terms of the ratio of the number of participants with all transitions of scores of SRAS-R-JA.

Regarding to transition of the score of SRAS-R-JA in the first grade, residual analysis revealed that the proportion of participants with "1. No function of school refusal behavior" (40.0%) was significantly higher at the 0.1% level, "3. Remaining in the middle function of school refusal behavior" (20.0%) was significantly lower at the 0.1% level in CLU.1. Regarding the transition of the score of SRAS-R-JA in the second grade, the proportion of participants with "4. Increased" functions (30.0%) were significantly higher at the 0.1% level in CLU.1.

In CLU.2, regarding to transition of the score of SRAS-R-JA in the first grade, residual analysis revealed that the proportion of participants with "3. Remaining in the

middle function of school refusal behavior" (75.7%) was significantly higher at the 0.1% level, the proportion of participants with "5. Remaining in the high function of school refusal behavior" (0%) was significantly lower at the 0.1% level. Regarding the transition of the score of SRAS-R-JA in the second grade, the proportion of participants with "1. No function of school refusal behavior" (24.3%) and "2. Decreased function" (24.3%) was significantly higher at the 0.1% level. The proportion of participants with "3. Remaining in the middle function of school refusal behavior" (0%) and "5. Remaining in the high function of school refusal behavior" (0%) was significantly lower at the 0.1% level.

In CLU.3, regarding the transition of the score of SRAS-R-JA in the first grade, residual analysis revealed that the proportion of participants with "5. Remaining in the high function of school refusal behavior" (71.4%) was significantly higher at the 0.1% level. Regarding the transition of the score of SRAS-R-JA in the second grade, the proportion of participants with "5. Remaining in the high function of school refusal behavior" was 100% and "3. Remaining in the middle function of school refusal behavior" (0%) was significantly lower at the 0.1% level.

Therefore, CLU.1 was designated "Increased in the second grade" because students were remaining at the low or middle function of school refusal behavior in the first grade, but many students increased the function of school refusal behavior in the second grade. CLU.2 was designated "Decreased the function of school refusal behavior throughout two years" because there are many students who were in the middle function of school refusal behavior in the first grade, whose function of school refusal behavior became low or decreased in the second grade. CLU.3 was designated "High function of school refusal behavior throughout the two years" because many students remained in the high function of school refusal behavior in first and second grades.

**Table 4** Cross tabulation of clusters and classification criteria of the transition of the score of SRAS-R-JA in the first grade.

		1	2	3	4	5	Total
CLU.1	Number	4	4	2	0	0	10
	Proportion	40.00%	40.00%	20.00%	0.0%	0.00%	
CLU.2	Number	3	6	28	0	0	37
	Proportion	8.10%	16.20%	75.70%	0.0%	0.00%	
CLU.3	Number	0	0	2	0	5	7
	Proportion	0.00%	0.00%	28.60%	0.0%	71.40%	

Note

1: "No function of school refusal behavior", 2: "Decreased", 3: "Remaining middle function of school refusal behavior", 4: "Increased", 5: "Remaining high function of school refusal behavior"

**Table 5** Cross tabulation of clusters and the classification criteria of the transition of the score of SRAS-R-JA in the second grade.

		1	2	3	4	5	Total
CLU.1	Number	0	0	7	3	0	10
	Proportion	0.00%	0.00%	70.00%	30.00%	0.00%	
CLU.2	Number	9	9	19	0	0	37
	Proportion	24.30%	24.30%	51.40%	0.00%	0.00%	
CLU.3	Number	0	0	0	0	7	7
	Proportion	0.00%	0.00%	0.00%	0.00%	100.00%	

Note

1: "No function of school refusal behavior", 2: "Decreased", 3: "Remaining middle function of school refusal behavior", 4: "Increased", 5: "Remaining high function of school refusal behavior"

We then examined the difference in the function of school refusal behavior in the third grade by these three clusters using One-way ANOVA. One-way ANOVA with "SRAS-R-JA," "ANA," "ESE," "PA," "PTR" of 2020 1st Questionnaire Survey as independent variables, and three clusters as dependent variable was performed. As a result of the analysis (Table 6), there were significant differences between the clusters ( $F(2,51)=12.99, p<.001$ ,  $F(2,51)=14.56, p<.001$ ,  $F(2,51)=12.84, p<.001$ ,  $F(2,51)=5.55, p<.01$ ,  $F(2,51)=4.55, p<.05$ ).

"Decreased the function of school refusal behavior throughout the two years" was significantly lower for "SRAS-R-JA" and "ANA" than "Increased in the second grade" and "High function of school refusal behavior throughout two years." "Decreased the function of school refusal behavior throughout the two years" was significantly lower for "ESE" and "PTR" than "High function of school refusal behavior throughout two years." There were no significant differences with "PA".

### Discussion

The first purpose of this study was to reveal the transition of the score of school refusal behavior after implementing

the Solution-Focused program. As checklists, the researchers asked students to check their attitudes at the end of each program. The attitudes for each program were good because more than 80% of the students passed the check for each program. On the other hand, teachers who conducted the program said regarding the design and layout of the program, that many of the sentences needed to be made more friendly. Therefore, the researchers needed to make it friendlier for junior high school students.

Next, the researchers examined content validity of each program. The researchers showed the proportion of students who answered "4=agree" or "5=strongly agree" for lists of content validity at each program. In Solution-Focused program 1-1, one exceeded 70% and two exceeded 60%. In the Solution-Focused program 1-2, all exceeded 60%. In Solution-Focused program 2-1, two exceeded 70%, and one exceeded 60%. In Solution-Focused program 2-2, one exceeded 80% and two exceeded 60%. Although there the researchers re variations, all of them exceeded approximately 60%, which revealed the content validity of the Solution-Focused program.

Next, the researchers examined the transition of the score of the function of school refusal behavior by conducting the Solution-Focused program in the first and second grades.

**Table 6** One-way ANOVA with “SRAS-R-JA,” “ANA,” “ESE,” “PA,” “PTR” of the 2020 1st Questionnaire Survey as independent variables, and the three clusters as dependent variables.

	①	②	③	F value	Multiple comparison
SRAS-R-JA	1.94 (.75)	1.42 (.42)	2.36 (.44)	12.99 ***	②<①, ③
ANA	2.20 (.92)	1.41 (.53)	2.63 (.67)	14.56 ***	②<①, ③
ESE	1.82 (.73)	1.24 (.45)	2.14 (.30)	12.84 ***	②<③
PA	1.54 (.61)	1.31 (.34)	1.94 (.80)	5.55 **	-
PTR	2.18 (1.12)	1.71 (.78)	2.74 (1.05)	4.55 *	②<③

Note

① : “Increased in the second grade”

② : “Decreased the function of school refusal behavior throughout 2 years”

③ : “High function of school refusal behavior throughout 2 years”

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

Fifteen percent of the students decreased the function of school refusal behavior from the 2018 1st Questionnaire Survey to the 2018 3rd Questionnaire Survey in the first grade. 19% of the students decreased the function of school refusal behavior from the 2019 1st Questionnaire Survey to the 2019 2nd Questionnaire Survey, 19% of the students decreased the function of school refusal behavior. Therefore, there was a certain number of students who decreased the function of school refusal behavior after undergoing the Solution-Focused program.

The second purpose of this study was to examine the relation of effects of “Solution-Focused program” in the first and second grade, and the function of school refusal behavior in the third grade.

As a result of classifying the students by pattern of transition of the SRAS-R-JA score in the first and second grades, the researchers obtained three types of students: 1) students remaining in the low or middle function of school refusal behavior in the first grade, but increased the function of school refusal behavior in the second grade; 2) students decreasing the function of school refusal behavior throughout the two years; and 3) students remaining at a high function of school refusal behavior throughout the two years. As a result of examining the difference in the function of school refusal behavior in the third grade by these types, students with decreased function of school refusal behavior throughout the two years had lower scores for SRAS-R-JA and ANA than other students. Furthermore, students with decreased the function of school refusal behavior throughout the two years had lower ESE and PTR scores. Therefore, this study’s hypothesis that students whose function of school refusal behavior decreased after implementing the Solution-Focused program in the first and the second grades showed lower function of school refusal behavior in the third grade, than those who did not show a decrease or increase, was largely supported.

Consequently, it was revealed that there was a relationship between the effects of the Solution-Focused program in the first and second grades and the function of school refusal behavior in the third grade. The Solution-Focused

program in the first and second grades could be effective in preventing school refusal in the third grade. It can also be said that the researchers were able to present new findings on the following two points:

First, the researchers presented the effectiveness of a worksheet program based on Solution-Focused Brief Therapy. Most of the previous approaches based on Solution-Focused Brief Therapy indicated the effects of the techniques therapists used during Solution-Focused Brief Therapy sessions (Ginjerich, Kim, Starns, & McDonald, 2013). A professional coach is required for the WOWW approach. In this study, the researchers developed a worksheet program based on Solution-Focused Brief Therapy, and the teachers distributed it to the students. As a result, some students who had decreased function of school refusal behavior showed lower function of school refusal behavior in the third grade than other students. Thus, the researchers found that this study’s program based on Solution-Focused Brief Therapy using worksheets, which is not conducted by an expert, is effective for students. This implies that a teacher who is not an expert in Solution-Focused Brief Therapy can work with the worksheets based on Solution-Focused Brief Therapy. Therefore, the approach of the Solution-Focused Brief Therapy can be one of ease and can be a useful service that can provide psychological assistance at school.

Second, the researchers found that it was effective for students to think about solutions to their problems and class ideality. As the approach of Solution-Focused Brief Therapy in school, only the WOWW approach has been applied so far (Kelly, Liscio, Bluestone-Miller & Shilts, 2012; Shilts, Bluestone-Miller & Kelly, 2013). However, in the WOWW approach, the solution is different for each student problem. This study’s approach was different from previous approaches of Solution-Focused Brief Therapy because our program consisted of solution-building by Solution-Focused Brief Therapy for students’ problems and the class. In this study, the researchers found that this approach is effective, and it can be considered a new finding that was not present in previous Solution-Focused

brief therapies.

Also, the effectiveness of miracle questioning and exploring exceptions was revealed by Takagi and Wakashima (2019). In the WOWW approach, the effectiveness of goal-setting and scaling questions was found in schools (Berg & Shilts, 2005). In this study, the researchers present the effectiveness of miracle questions and explore exceptions to goal setting and scaling questions for junior high school students.

### Limitations

First, in this study, “Solution-Focused program” were conducted four times in the first grade and the second grade, but there were many students that were excluded from analysis because they were not clear about the checklist of each program or had incomplete answers. Therefore, when examining the relationship between the transition of SRAS-R-JA scores after the Solution-Focused program in the first and second grades, and the function of school refusal behavior in the third, the number of subjects was 54, which is half of those at the beginning. Thus, it is difficult to say whether the truth in all subjects could be clarified in this study. This was unavoidable because it was a long-term survey of three years. On the other hand, teachers who participated in the program mentioned the design and layout of the questionnaire and said that many sentences had to be made child-friendly. Therefore, the researchers need to make them more friendly and enjoyable for junior high school students.

Second, there was no control group in this study, and thus the decrease in the function of school refusal behavior after the program was identified strictly for the “Solution-Focused program.” It is also conceivable that the function of school refusal behavior naturally decreased or that it was the effect of various factors in school events and school life. Further examination by setting an experimental group participating in the Solution-Focused program and a control group that did not use the program is needed.

Third, the researchers need to clarify the factors which affect the function of school refusal behavior in detail. The researchers should focus on three terms: personal factors, such as solution building and resilience; school factors, such as classroom group structure; and family factors, such as parental involvement. In addition, in this study, the researchers did not conduct an analysis of students’ problems that were identified in the Solution-Focused program. To improve the Solution-Focused program, the researchers should classify the students’ programs and examine the most common problems, and which of them are related to the function of school refusal behavior.

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### Appendix

#### Solution-Focused program 1

初回

年 組 番号:

【はじめに】

これから、困っていることや嫌な気持ちを解決するための『解決志向プログラム』を行います。

一回目では悩みに対する小さな解決について考えてもらいます。小さな解決を考えることで、悩みを解決するためにできることを考えてみましょう。二回目では嫌な気持ちに対する肯定的なイメージについて考えてもらいます。肯定的なイメージを考えることで、嫌な気持ちを解消するためにできることを考えてみましょう。

#### 解決志向プログラム①

##### 困っていることについて考えてみよう

①. 今、学校生活の中で困っている問題（悩みや解決したいこと）を、ひとつ書きましょう。小さな困りごとでもよいです。

②. 上で書いた問題の深刻さを得点化してみましょう  
\* 0: 問題がとても大変で困っている状態、10: 自分の力で何とかやっつけていける状態

0 1 2 3 4 5 6 7 8 9 10

③. 上で書いたような問題がある中で、今の日常生活はどのような状態だと感じますか？得点化してみましょう  
\* 0: 生活がとても大変な状態、10: とても理想的な生活を送れている状態

0 1 2 3 4 5 6 7 8 9 10

初回

##### 「小さな解決」を考えてみよう

④. もしも奇跡が起きて、①で書いた問題が全くなくなったら、どんな一日を過ごすでしょうか。今の生活と何が変わるでしょうか。思いつくことをすべて、箇条書きで書きましょう。  
\* 大きな変化がないと感じる場合は、小さな変化を教えてください

⑤. ④で書いたような生活を送るために、必要な目標を箇条書きで書きましょう。  
なお、目標を設定するときは、次のように考えてみてください。  
■ 「～をする」という行動的な目標  
■ できるだけ簡単にできそうな小さな目標

⑥. ⑤の目標を少しでも実現するために、以下のヒントを参考にしながら、「これからできそうなこと」や「やってみたいこと」を箇条書きで書きましょう。  
【ヒント】  
■ これまで⑤の目標が少しでも実現していたときを振り返り、何が役立つか考えましょう  
■ ⑤の目標を実現するために、「あなたの強み」の中で何が役立つか考えましょう

お疲れ様でした。ここまでの取り組みを生かすために、これからの1~2週間、次のことをやってみましょう。

- ・⑥で書いたことを実際にやってみる
- ・生活の中で「これからも起き続けてほしいこと」を探す

#### Solution-Focused program 1-2

二回目

#### 解決志向プログラム②

年 組 番号:

まずは、前回からの振り返りをしましょう。

##### 前回から今日までの振り返り

①. 初回で書いた問題は、今、どのくらい深刻に感じますか？得点化してみましょう  
\* 0: 問題がとても大変で困っている状態 10: 自分の力で何とかやっつけていける状態

0 1 2 3 4 5 6 7 8 9 10

②. 初回で書いたような問題がある中で、今の生活はどのような状態だと感じますか？得点化してみましょう  
\* 0: 日常生活がとても大変な状態 10: とても理想的な生活を送れている状態

0 1 2 3 4 5 6 7 8 9 10

【前回は解決に近づいたと感じる人】  
・どのようにしてより良い状態になることができたのかを考えてみて、思いつくことをすべて、箇条書きで書きましょう。

【前回から問題の深刻さは変化していないと感じる人】  
・どのようにして以前の状態を維持することができたのかを考えてみて、思いつくことをすべて、箇条書きで書きましょう。

【前回よりも解決から遠ざかったと感じる人】  
・様々なことがうまくいかない大変な時期をどのようにしてやり過ごしたことができたのか、何が助けになったのかを考えてみて、思いつくことをすべて、箇条書きで書きましょう。

↓ ↓ ↓

・  
・  
・

二回目

##### 肯定的なイメージを考えてみよう

悩みごとや困りごとなどの問題が起きると嫌な気持ちになることがあると思います。嫌な気持ちになった時の対処方法を身に付けるために、以下のワークで肯定的なイメージを具体化しましょう。

③. 好ましく感じる人物（芸能人や身近な人）やキャラクターを一人思い浮かべて名前を書きましょう。  
(ここに書きづらい場合は、イニシャルでよいです。それも書きづらい場合は未回答で構いません。)

④. 嫌な気持ちになった時に、③の人物・キャラクターから、どのような言葉をかけて貰うことが役に立ちますか？ セリフを考えてみましょう。  
(なお、書きづらい場合は、最初の二文字だけ教えてください。それも書きづらい場合は未回答で構いません。)

⑤. 嫌な気持ちになった時に、③の人物・キャラクターから、どのような状況で声をかけて貰うことが役に立つか、以下のヒントを参考にイメージを膨らませてみましょう。  
【ヒント】  
■ 場所 (例えば、『自分の部屋』など) ■ ポジション (例えば、『正面から』など)  
■ 声の感じ (例えば、『やさしい感じで』など) ■ 様子 (例えば、『微笑みながら』など)

これからの一週間の中で、以下のことに取り組んでみましょう。

1. 毎日3回（起床時、昼、寝る前）特定の動作（イラストを参照）をしなから④~⑤のイメージを思い出しましょう
2. 嫌な気持ちになった時、特定の動作をしなから④~⑤のイメージを思い出しましょう

特定の動作

1. ④で書きたセリフの最初の2文字を手のひらに指で書く ⇒ 2. 手のひらを胸に当てる



Solution-Focused program 2-1

初回

年 組 番号:

【はじめに】

これから『解決志向プログラム』を行います。一回目ではクラスの目標について考えてもらいます。二回目ではあなた自身の悩みや困りごとについて考えてもらいます。

解決志向プログラム①

理想的なクラスについて考えてみよう

①. 今のクラスの状態を数字で表してみよう  
 \* 0: クラスの状態が不安定で大変な状態、10: とても理想的なクラスの状態

0 1 2 3 4 5 6 7 8 9 10

②. その数字を選んだ理由を教えてください

③. 奇跡が起きて、クラスみんなが素晴らしい一日を過ごしていると思ってみましょう。その時、今のクラスと何が変わるでしょうか。どんなことが起きるようになるでしょうか。朝のクラスの様子、昼のクラスの様子、午後のクラスの様子の中から一番考えやすい時間帯を一つ選んで考えてみましょう。  
 \*大きな変化がないと感じる場合は、小さな変化を教えてください

・ 朝のクラス:  
 ・ 昼のクラス:  
 ・ 午後のクラス:

④. ②で書いたような生活を送るために、必要な目標を箇条書きで書きましょう。なお、目標を設定するときは、次のように考えてみてください。  
 ■ 「～をする」という行動的な目標  
 ■ できるだけ簡単にできそうな小さな目標

1

初回

できることを考えてみよう

⑤. これまで②のようなクラスや④の目標が少しでも実現していた時があったと思います。その時、あなたがクラスのために、やったこと、頑張ったこと、ほんの少しでも役に立ったことを振り返って、箇条書きで書きましょう。  
 【ヒント】  
 \* どんなに小さなことでも構いません。少しでもやってみたことを書いてみましょう  
 \* あなたが関心があること、頑張っていること、得意なこと、あなたにとって大切な人、大切な物など、の中から役立ちそうなことを活かしてみましょう

お疲れ様でした。ここまでの取り組みを生かすために、これからの1~2週間、次のことをやってみましょう。

・ ④で書いたクラスに近づくためにできそうなことを実際にやってみる  
 ・ クラスの中で“これからも起き続けてほしいこと”を探す  
 ・ クラスのためにクラスメイトがどんなことをしてくれているか探す

2

Solution-Focused program 2-1

二回目

年 組 番号:

【はじめに】

これから『解決志向プログラム』を行います。今日は悩みに対する小さな解決について考えてもらいます。小さな解決を考えることで、悩みを解決するためにできることを考えてみましょう。

解決志向プログラム②

困っていることについて考えてみよう

①. 今、学校生活の中で困っている問題（悩みや解決したいこと）を、ひとつ書きましょう。小さな困りごとでもよいです。  
 \* 問題の例: 勉強、部活、家族、友人、学校などです  
 \* もしも問題がない場合は、少しでも変わったら嬉しいことを書こう

②. 上で書いた問題の深刻さを得点化してみましょう  
 \* 0: 問題がとても大変で困っている状態、10: 自分の力で何とかやっつけていける状態

0 1 2 3 4 5 6 7 8 9 10

③. 上で書いたような問題がある中で、今の日常生活はどのような状態だと感じますか? 得点化してみましょう  
 \* 0: 生活がとても大変な状態、10: とても理想的な生活を送れている状態

0 1 2 3 4 5 6 7 8 9 10

4

二回目

「小さな解決」を考えてみよう

④. もしも奇跡が起きて、①で書いた問題が全くなくなったら、どんな一日を過ごすでしょうか。今の生活と何が違って、何をできるようになるでしょうか。起きてから学校に着くまで、学校にいるとき、学校を出てから寝るまでの中から一番考えやすい時間帯を一つ選んで考えてみましょう。思いつくことをすべて書いてみましょう。  
 \*大きな変化がないと感じる場合は、小さな変化を教えてください

・ 起きてから学校に着くまで:  
 ・ 学校にいるとき:  
 ・ 学校を出てから寝るまで:

⑤. ②で書いたような生活を送るために、必要な目標を箇条書きで書きましょう。なお、目標を設定するときは、次のように考えてみてください。  
 ■ 「～をする」という行動的な目標  
 ■ できるだけ簡単にできそうな小さな目標

お疲れ様でした。ここまでの取り組みを生かすために、これからの1~2週間、次のことをやってみましょう。

・ ③で書いた目標に近づくためにできそうなことを実際にやってみる  
 ・ 生活の中で“これからも起き続けてほしいこと”を探す

5

## Development of a Behavioral Scale toward People Who Fail at “Taking a Hint” and a Test of its Reliability and Validity

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**Abstract:** This study aimed to develop a behavioral scale toward other people who fail at “taking a hint” and to test its reliability and validity. An internet survey was conducted with 419 university students ( $M=20.80$  years,  $SD=1.85$ ). The results indicated that the scale had a six-factor structure: Jeer / Tease, Criticize, Follow Along, Ignore, Avoid, and Gossip. Validity was examined in terms of both content and convergence. Reliability was tested in terms of internal consistency, factor invariance, and temporal stability. The results indicated the reliability and validity of the scale.

**Key Words:** “Taking a hint,” Japanese culture, group norm, behavior

### *Introduction*

The formation and maintenance of norms are essential to human group life (Kameda, 2015). The formation of group norms maintains order in the community and enables group members to lead a smooth social life (Fehr & Gächter, 2002). On the other hand, it also has a dangerous aspect: those who deviate from the group norm are attacked or excluded from the group (Silver, 1994). The type of norms emphasized in a society or group is said to depend on the cultural sphere to which the group belongs (Gelfand, Nishii, & River, 2006), and the group norms that people in Japan have been argued to emphasize are “Taking a hint” (Sato, 2002).

### **“Taking a Hint” in Japan**

“Taking a hint” is defined as “perceiving the desired behavior in a given situation from the social context, including the facial expressions and relationships of the people present, and behaving accordingly” (Koiwa, 2022). Behind Japanese people’s emphasis on “taking a hint” is their communication system that emphasizes social context. According to Hall (1976), there are two aspects of communication : content and social context. The weight of the ratio varies according to culture. Hall (1976) describes

Japan as an example of a “high context culture” in which social context is more important than content. However, some studies have criticized Hall’s (1976) theory (Cardon., 2008), as many attempts to directly model Hall’s (1976) high/low context theory have failed. However, there have been many cultural psychological studies comparing Western and Oriental people. For example, Kitayama & Ishii (2002) reported that Americans judge others’ emotions based on verbal information, whereas Japanese place more emphasis on auditory information. Kim & Sherman (2007) showed that Westerners prefer to express themselves more than Orientals, whereas Orientals place more importance on avoiding verbalizing their own thoughts. Furthermore, Ambady, Koo, Lee, & Rosenthal (1996) reported that Westerners varied their mode of expression depending on the content of the topic, whereas Orientals varied their mode of expression depending on the relationship between speakers. Thus, there is a wealth of evidence that indirectly support Hall’s (1976) theory that communication in Oriental communities, especially in Japan, emphasizes social context.

Most studies that have pointed out the importance of social context have examined it as a strategy for survival without being excluded from the group (Takahashi et al., 2009). On the other hand, it has recently been reported that Japanese have an aspect of expecting others to behave in a way that is sensitive to the facial expressions and emotions of others (Hashimoto, 2019). Therefore, it is assumed that “taking a hint” is emphasized in Japanese groups in a situation where social context-oriented communication,

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which was originally conducted on one’s own initiative, is now functioning as a group norm of what one has to do.

### **Problems and Vicious Cycles Related to “Taking a Hint”**

Nevertheless, the importance of “taking a hint” as an important norm in Japanese groups causes two problems. The first is the occurrence of aggressive behavior toward those who fail in “taking a hint.” Studies of group norms show that Japanese tend to be intolerant to deviators as they call *Yosomono* (Stamkou et al., 2019; Sato, 2001). In addition, Japanese communities try to maintain a group by actively removing any person who disturbs its order (Setagawa, 2002). In fact, people who fail at “taking a hint” tend to be criticized or excluded in Japanese school settings (Doi, 2008; Naito, 2009). The second problem is that “taking a hint” has become an object of feared. Many Japanese people have difficulties in relationships due to fear and anxiety, or interpersonal fear (Shimizu and Kaizuka, 2002). Furthermore, because Japanese people tend to reject new group members, exclusion from a group is more damaging in Japan than in other countries (Sato, 2002). Therefore, Japanese adolescents are concerned about how they are perceived by those around them and whether they will be judged as failing at “taking a hint” (Koiwa and Komatsu, 2020).

When such social problems are viewed from the perspective of brief therapy, it is necessary to focus on the coping behavior toward the person who failed in “taking a hint.” In the systems theory of brief therapy and communication theory, when problems occur in the interpersonal system, some kind of coping is done (Hasegawa, 1997). This coping is called “first order change” or “false resolution,” and is assumed to function in a direction that causes a vicious cycle and exacerbates the problem (Watzlawick et al, 1967; Hasegawa, 1997). Applying the theory of brief therapy to “taking a hint,” the following situations can be envisioned. First, in Japanese groups, the system is maintained by mutual “taking a hint,” and failure leads to fluctuations in the system. Therefore, group members are expected to take all types of measures in response to the failure. A vicious cycle is assumed as failures and coping becomes patterned, e.g., aggressive coping escalates and becomes problematic as bullying, or the binding force of “taking a hint” as a group norm becomes stronger. Therefore, based on the theory of brief therapy, it is important to understand how the other group members react toward the person who fails in “taking a hint.”

### **Failure in “Taking a Hint” and the Communication Label**

The present study is a psychological investigation of the behavior toward a person who fails in “taking a hint.” Because “taking a hint” is a norm determined by the social context, it is necessary to control the assumed social context in order to conduct the investigation. In previous studies, many situations have been created and examined in

which people are judged to have failed in “taking a hint.” First, Oishi (2009) investigated situations in which many Japanese adolescents believed that they failed in “taking a hint.” According to the study, modern adolescents perceive scenes in which only one person seems to be having fun and not listening to the serious discussions of the group members as a failure in “taking a hint.” Next, based on Oishi’s (2009) findings and Bateson’s (1972) theory of communicative labels, Koiwa et al. (2020) examined situations in which many adolescents judged that they failed in “taking a hint.” According to Bateson (1972), we assign labels to our communication: for example, “this is a playful interaction,” “this is a serious (non-playful) interaction,” and so on. The sender of the communication chooses a posture, gesture, facial expression, voice inflection, etc., that the receiver can label appropriately. According to Bateson’s (1972) theory, the receiver of the communication instantly labels whether the communicative intent of the sender is playful or non-playful (serious), based on the social context of the conversation and the non-verbal utterances of the sender. Using Bateson’s (1972) theory, Koiwa et al. (2020) attempted to control the social context for a scene. Specifically, they set up four scenes in which playful and non-playful interactions occurred in a friend group, and one of the group members failed to read the implied communication labels correctly. The results showed that more than 90% of the adolescents judged each of the words and actions as a failure in “taking a hint” and over 90% of the adolescents judged each behavior as a failure in “taking a hint.”

### **Behavior toward Others Who Fail in “Taking a Hint”**

Previous studies have examined attacks and punishments against people who deviate from group norms. First, Molho et al. (2020) investigated words and actions considered inappropriate in daily life as behavior deviating from the norm and clarified the aspects of punishment. The results suggest there are two forms of punishment for such a person: direct and indirect attacks (Molho et al., 2020). In addition, Molho, Twardawski, and Fan (2020) examined the relationship between the severity of punishment and aggressive behavior and found that direct punishment was a more severe form of punishment.

There have also been several studies on the behaviors toward the person who failed in “taking a hint.” First, Oishi (2009) conducted an exploratory study on the behaviors that Japanese adolescents choose to exhibit toward a person who failed in “taking a hint,” based on a free-description survey of Japanese adolescents. Based on Oishi’s (2009) study, Komatsu and Koiwa (2019), itemized behaviors toward a person who failed in “taking a hint,” and factor analysis revealed three factors of the behaviors: Mention, Ignore, and Follow Along. After making modifications to the items in Komatsu and Koiwa (2019), Koiwa et al. (2020) conducted a factor analysis of the behaviors toward

a person who failed in “taking a hint” and extracted four factors: Jeer / Tease, Criticize, Follow Along, and Ignore. Furthermore, Koiwa and Wakashima (2021) conducted a factor analysis of the behaviors after adding items related to Gossip and Avoid to the four factors of Koiwa et al. (2020); subsequently, six factors were identified: Jeer / Tease, Criticize, Follow Along, Ignore, Avoid, and Gossip.

### Study Purpose

As previously discussed in this paper, “taking a hint” is the social norm at the center of Japanese people’s closed interpersonal relationships. When the problems occurring in the Japanese group are viewed from a brief therapy perspective, it is important to measure the behavior of group members toward those who fail to “take the hint.” Consequently, conventional studies have examined situations in which people determine that they failed in “taking a hint” and the behaviors of these people. However, the following three points remain unaddressed. The first is the need to create a definitive measurement tool for behaviors associated with failure in “taking a hint.” The items used in previous studies varied and were revised in order to determine the appropriate number of factors. The second is the need to examine the validity of the tool. It was not confirmed in previous studies whether each item appropriately measured the behavior toward the person who failed in “taking a hint,” and there was a lack of procedures for examining the validity of the scale. The third is the need to examine the aspects of punishment. In existing studies of group norms, behaviors based on the perception of inappropriateness are considered punishments for deviant individuals (Molho et al., 2020). The severity of punishment has also been examined (Molho et al., 2020). Research is necessary to examine the behavior toward a person who failed in

“taking a hint” and their viewpoint regarding recognition of inappropriateness and the severity of punishment.

The purpose of this study was to develop a scale for behaviors toward others who fail in “taking a hint.” First, the items based on Koiwa and Wakashima’s (2021) six factors of Jeer / Tease, Criticize, Follow Along, Ignore, Avoid, and Gossip were created, and the factor structure and items included in the scale were determined based on factorial validity. Next, the reliability of the scale was examined in terms of its internal consistency and temporal stability. In addition, the validity of the scale was examined in terms of content and convergent validity. Then, the relationships between the perceptions of inappropriateness and necessity of severe punishment and each behavior were examined, as were the characteristics of each punishment.

### Study Hypothesis

Because content and convergent validity were examined in this study, it was necessary to first define each behavior and discuss the variables that are expected to be theoretically relevant in the scale. The definition of each factor is shown in Table 1.

First, based on humor studies (Maki, 2008; Keltner et al., 2001), we defined Jeer / Tease as an act of provoking or attacking another person verbally, while showing that this is a playful interaction through nonverbal means, such as facial expressions, tone of voice, and gestures. In addition, a scale exists to measure a person’s humor orientation in which “teasing” is classified as aggressive humor (Ueno, 1992). Therefore, it is predicted that those who have an aggressive humor orientation often choose Jeer / Tease as a way to respond to a person who fails at “taking a hint.”

Second, based on Koiwa et al. (2020), Criticize was defined as the act of directly referring to the negative feel-

**Table 1** Predicted factors and their definitions.

Predicted Factors	Definition	Example Item
Jeer / Tease	The act of provoking or attacking another person verbally, while showing that this is a playful interaction through nonverbal means, such as facial expressions, tone of voice, and gestures.	Teasing A directly on the spot.
Criticize	The act of directly referring to the negative feelings or thoughts one has toward another in order to convey them to the person.	Directly pointing out that A’s statement is not appropriate.
Follow Along	The act of behaving so that others can understand the position and circumstances of a person.	Casually telling other friends that A may have had their own circumstances or reasons for behaving as they did.
Ignore	The act of actively avoiding involvement with the person who failed in “taking a hint” in the situation.	Ignoring A’s comments on the spot.
Avoid	The act of continuing to actively avoid involvement with the other even after the scene ends.	Even after that, trying not to talk to A by oneself.
Gossip	The act of talking maliciously or defamatory without the person in question being present.	Talking about A behind their back.

ings or thoughts one has toward another in order to convey them to the person. It is assumed by Molho et al. (2020) that to Criticize a person who failed in “taking a hint” corresponds to direct aggression. Research on aggressive behavior has identified two types of human aggression: extrinsic aggression and relational aggression (Isobe et al., 2007). Direct aggression is assumed to be related to the extrinsic aggression tendency (Isobe et al., 2007). (Isobe et al., 2007). Criticism is also considered to require assertion, and in particular, self-assertion ability (Harada, Yoshizawa, & Yoshida, 2007). Therefore, it is assumed that adolescents with high self-assertion ability often choose Criticize.

Based on Sugiman (2013), we defined Follow Along as the act of behaving so that others can understand the position and circumstances of a person. In studies on conflict, it has been reported that those who are highly cooperative are able to forgive their opponents (Fukumoto et al., 2019). On the other hand, cooperativeness has three aspects: cooperative problem solving, cooperation orientation, and harmony orientation, but cooperative problem solving indicates cooperativeness in the social context of conflict situations (Tobari et al., 2019). Therefore, it is speculated that adolescents with a high propensity for cooperative problem solving will choose to Follow Along.

Next, we defined Ignore and Avoid. Based on Eriksson et al. (2021), Ignore was defined as the act of actively avoiding involvement with the person who failed in “taking a hint” in the situation, and Avoid was defined as the act of continuing to actively avoid involvement with the other even after the scene ends. In normative research, deviators from the norm are regarded as “alien others” in the group (Silver, 1994). In addition, the tendency to refuse involvement with heterogeneous others is called the heterogeneous rejection tendency and has been examined psychologically (Kosaka, 2010). Therefore, adolescents who have a tendency to reject others are thought to be more likely to Ignore or Avoid others.

Finally, based on Eriksson et al. (2021), we defined Gossip as the act of talking maliciously or defamatory without the person in question being present (Eriksson et al., 2021). Since Gossip is a kind of relational attack (indirect attack) (Archer & Coyne, 2005), it is assumed to be related to relational aggression (Isobe et al., 2007). Therefore, it is predicted that the relational aggression of the sender is positively correlated with Gossip.

## Method

### Procedure

We recruited the participants through a crowdsourcing service. Among the monitors owned by Crowd Works, a crowdsourcing service provider in Japan, we recruited university, vocational school, short-term university, and graduate students between the ages of 18 and 24.

In this study, we examined the behavior of a person who

failed at “taking a hint” by using the assumptions of the scene method (Koiwa et al., 2020). The first questionnaire used a scene in which A did not listen to the conversation and the second questionnaire used a scene in which A made the situation worse. Participants who were presented with the first questionnaire were included in Sample 1 (hereinafter referred to as S1), and those who were presented with the second questionnaire were included in Sample 2 (hereinafter referred to as S2).

To examine temporal stability, this survey was conducted twice. Those who responded to the survey at Time 1 (hereafter referred to as T1) were followed up one month later at Time 2 (hereafter referred to as T2).

### Subjects

In T1, 208 students in S1 and 211 students in S2 participated in the survey, totaling 419 students (201 males, 215 females, 3 gender non-responses,  $M=20.80$  years,  $SD=1.85$ ). There were 39 students in S1 and 49 students in S2 who participated in T2, totaling 88 students (32 males, 55 females, one gender non-response,  $M=20.75$  years,  $SD=1.46$ ). The participants were paid an honorarium after confirming that there was no duplication of responses in S1 and S2 and that the survey was completed correctly. The gratuities were JPY 100 for T1 and JPY 60 for T2.

### Survey Period

The survey was conducted between October and December 2021, including T1 and T2.

### Survey Contents

**Aggressive Humor Orientation** We measured respondents’ aggressive humor orientation as a convergent validity measure of Jeer / Tease. The Aggressive Humor Orientation Scale (Ueno, 1993) was used in the survey; the measure consists of eight items and respondents were asked to answer using a 5-point scale from 1 (Not applicable) to 5 (Applicable).

**Aggression** The aggression of the respondents was measured as a convergent validity measure for Criticize and Gossip. An aggression scale used in previous research was used in the survey (Isobe and Hishinuma, 2007); the scale consists of two subfactors, external aggression and relational aggression, with 19 items that participants were asked to rate using a 5-point scale from 1 (Not at all applicable) to 5 (Frequently applicable).

**Self-assertion** As a measure of convergent validity for Criticize, we measured respondents’ self-assertiveness. Self-assertion, a subscale of the Social Self-Control Scale (Harada et al., 2008) was used in the survey; the scale consists of 13 items, and respondents were asked to rate them using a 5-point scale from 1 (Not at all applicable) to 5 (Frequently applicable).

**Cooperative Problem Solving** As a measure of the convergent validity for Follow Along, we measured the

respondents' cooperativeness. Cooperative problem solving, a subscale of the Multidimensional Cooperativeness Scale (Tobari et al., 2019), was used in the survey; it consists of six items and respondents were asked to answer using a five-point scale from 1 (Not at all true) to 5 (Often true).

**Tendency to Reject Heterogeneous Others** We measured respondents' tendency to reject heterogeneity as a measure of convergent validity of Ignore and Avoid. The tendency to reject otherness, a subscale of the Attitude toward Otherness Scale (Kosaka, 2010) was used in the survey; it consists of 11 items, and respondents were asked to answer using a 5-point scale from 1 (Not at all applicable) to 5 (Very applicable).

**About A** In the survey, the person who failed at "taking a hint" was designated as "A." As in Koiwa et al. (2020), participants were instructed, "A is the same gender as you. A is a member of a group of friends with whom you are working, and you have known them for about six months. You talk to A when you are with your friends, but you rarely talk to them alone."

**Failure in "Taking a Hint"** We used the assumptions of the scene method to examine the situation. Consistent with Koiwa et al. (2020), we presented "a scene in which A did not listen to the conversation" for S1 and "a scene in which A made the situation worse" in S2 (Table 2).

**Behavioral Scale toward People Who Fail in "Taking a Hint"** We developed 42 items to measure behavior toward people who fail at "taking a hint," based on Komatsu and Koiwa (2019), Koiwa et al. (2020). Participants were asked to answer on a 6-point scale from 1 (Not at all) to 6 (Very much) for each item.

**Aspect of Punishment** In order to examine the punishment aspect of each behavior, the participants were asked to respond to two questions regarding their perceptions of inappropriateness and severity of the punishment. The first two questions were about inappropriateness and respondents answered using a scale ranging from 1 (I do not think it is inappropriate at all) to 6 (I think it is very inappropriate). Next, regarding the severity of the punishment and based on Molho et al. (2020), we asked, "Do you think that A should be punished severely?" and respondents answered using a six-point scale from 1 (Totally disagree) to 6 (Very much agree).

**Manipulation Checks** Three manipulation checks

were conducted from three perspectives: 1) whether the participants were able to imagine A, 2) whether the participants were able to imagine a situation in which A had failed at "taking a hint," and 3) whether the participants judged A's words and actions as incapable of "taking a hint." Respondents answered all three questions using a six-point scale from 1 (Not at all) to 6 (Very much).

Then, the Instructional Manipulation Check task (hereinafter referred to as the IMC task) created by Masuda, Sakagami, and Morii (2019) was used to select the defective responses. This task was created to detect respondents who answered without properly reading the instructions. In the task, the instruction "Do not choose any option and proceed" is hidden in the instruction text, and the respondent is required to click the button labeled "Next" without answering the item.

### Ethical Considerations

At the beginning of the survey, we clearly stated the purpose of the survey, that consent was based on the individual's free will, that the survey would be conducted anonymously, and that no personal information would be given to outside parties. This study was approved by the Research Ethics Review Committee, Graduate School of Education, Tohoku University (Approval No: 21-1-040).

## Results

### Selection of Analysis Targets

Responses for seventeen respondents detected by the IMC task were excluded from the analysis. Next, 56 respondents who answered that they "Not at all," "Not," or "Not so much" could imagine the person who failed in "taking a hint" or the scene where it occurred were excluded. In addition, we excluded the responses for 25 respondents who answered "rather agree," "agree," or "very much agree" to the item "Do you feel that A's words and actions are capable of 'taking a hint'?" Responses for the remaining 321 participants (S1: 165, S2: 156, 155 males, 164 females, two gender non-respondents,  $M=20.68$ ,  $SD=1.91$ ) were included in the analysis.

### Item Selection and Factorial Validity

To examine the factorial validity and items included in

**Table 2** The two scenes presented in this study.

Present to S1: The scene in which A doesn't listen to you	During break time, you were talking with your "group of friends," when one friend said to you in a serious tone, "Actually, there is something that has been bothering me lately..." and told you about her recent problem. While all his friends were thinking of solutions to his problem with serious expressions, only A started to share his boastful story with a cheerful tone.
Present to S2: The scene in which A made a scene	During recess, your "group of friends" was chatting and laughing. The leader of the group made a joke about a past mistake. All the members of your "friend group" were laughing at the joke. However, only one person, A, did not laugh and said, "What's so funny?"

the scale, confirmatory factor analysis was conducted using AMOS (version 20.0) (Table 3). RMSEA of less than .10 and CFI of .90 or more were set as the acceptable range of goodness of fit. First, a model with a six-factor structure (Model 1) using all 42 items was created. Since the CFI was greater than .90, items were deleted from the model based on the standardized coefficients for each of the six factors. As a result, 17 items were deleted and a model with a six-factor structure was created using the remaining 25 items (Model 2). The results showed that RMSEA was less than .10, and CFI was greater than .90, which increased the goodness of fit.

Next, to examine the validity of the six-factor structure, it was compared with a model that assumed a five-factor structure. First, based on Komatsu and Koiwa (2020), in which Jeer / Tease and Criticize were assumed to be the same factor, we tested a model in which Jeer / Tease and Criticize were integrated to form five factors (Model 3). In addition, a correlation analysis of each factor was conducted (Table 4), and since the correlation between Gossip and Avoid was high, a five-factor model (Model 4) was created by assuming they belonged to the same factor. As a result, the fit of Model 2 was higher than that of Models 3 and 4, and it was confirmed that the Behavioral Scale for People Who Fail in “Taking a Hint” had a six-factor structure.

Finally, considering the correlations, a model with a covariance between the error variables of Item13 and Item19 was assumed (Model 5). As a result, the goodness of fit of Model 5 was the highest and was used as the final model in this study. The items in the final model and the standardized coefficients are listed in Table 5.

**Table 3** Factorial Validity Examination.

	GFI	AGFI	CFI	RMSEA
Model 1	.726	.693	.860	.075
Model 2	.850	.815	.918	.071
Model 3	.731	.672	.827	.103
Model 4	.717	.660	.831	.101
Model 5 (last model)	.863	.832	.923	.067

\* $p < .05$ , \*\* $p < .01$

**Examination of Content Validity**

To confirm the content validity of the items included in the scale, one clinical psychologist and four master’s course graduate students majoring in clinical psychology were asked to complete the questionnaire. The definitions of the items were presented and the respondents were asked to rate them on a four-point scale (1=not at all relevant, 2=not very relevant, 3=somewhat relevant, 4=very relevant). The items were selected for the survey if the ratio of the respondents who answered that they were related (“somewhat related” and “very related”) was four out of five. Consequently, all items included in the final model were adopted, and the items included in the scale were judged to have a degree of content validity.

**Review of Convergent Validity**

To test convergent validity, correlations with variables that were expected to be related were examined. The results showed that aggressive humor was positively correlated with Jeer / Tease ( $r = .45, p < .01$ ), assertiveness and extrinsic aggression were positively correlated with Criticize ( $r = .24, p < .01$ ;  $r = .23, p < .01$ ), relational aggression was positively correlated with Gossip ( $r = .39, p < .01$ ), cooperative problem solving was positively correlated with Follow Along ( $r = .20, p < .01$ ), and heterogeneity rejection tendency was positively correlated with Ignore and Avoid ( $r = .33, p < .01$ ;  $r = .40, p < .01$ ). Statistically significant correlations were found with each of the variables assumed to be theoretically related.

**Internal Consistency**

For each subfactor, Cronbach’s alpha coefficients were calculated. The reliability coefficients for T1 were  $\alpha = .92$  for Gossip,  $\alpha = .90$  for Criticize,  $\alpha = .88$  for Follow Along,  $\alpha = .88$  for Ignore,  $\alpha = .90$  for Avoid, and  $\alpha = .85$  for Jeer / Tease. The reliability coefficients for T2 were  $\alpha = .93$  for Gossip,  $\alpha = .90$  for Criticize,  $\alpha = .88$  for Follow Along,  $\alpha = .85$  for Ignore,  $\alpha = .92$  for Avoid, and  $\alpha = .87$  for Jeer / Tease.

**Invariance of the Factor Structure**

To confirm that the structure of the scale was consistent across the assumed situations, we examined the universality

**Table 4** Relationships among variables.

	Jeer / Tease	Criticize	Follow Along	Ignore	Avoid	Gossip	Inapprop riate	Severity
Jeer / Tease	-.	.37**	.09	-.01	.16**	.44**	.10	.08
Criticize		-.	-.04	-.03	.28**	.30**	.38**	.36**
Follow Along			-.	-.02	-.16**	-.07	-.32**	-.29**
Ignore				-.	.59**	.30**	.30**	.20**
Avoid					-.	.66**	.38**	.48**
Gossip						-.	.25**	.45**
Inapprop riate							-.	.44**
Severity								-.

\* $p < .05$ , \*\* $p < .01$

**Table 5** The behavioral scale toward people who fail at “taking a hint”.

	Factor name (T1/T2)	Standardized factor
<b>Jeer / Tease (<math>\alpha=.85/.87</math>)</b>		
(24)	Teasing A directly on the spot. その場で直接, A さんのことをからかう	.866
(6)	Jeering A directly on the spot. その場で直接, A さんのことをいじる	.741
(34)	Attacking A directly on the spot with a sense of humor. ユーモアを交えながら, その場で直接 A さんを攻撃する	.729
(18)	Making fun of A's comments on the spot. A さんの発言を, その場で茶化す	.719
<b>Criticize (<math>\alpha=.90/.90</math>)</b>		
(22)	Directly pointing out that A's statement is not appropriate. A さんの発言が適切でないと, 直接指摘する	.914
(32)	Telling A directly that their behavior is not good. A さんに直接, よくないと伝える	.868
(16)	Paying attention to A's comments directly and clearly. A さんの発言を, 直接はっきりと注意する	.832
(37)	Directly accusing A of wrongdoing. 直接, A さんの非をとがめる	.737
<b>Follow Along (<math>\alpha=.89/.88</math>)</b>		
(33)	Casually telling other friends that A may have had their own circumstances or reasons for behaving as they did. A さんにも事情があったのではないかと, ほかの友人たちにさりげなく伝える	.884
(40)	Casually telling other friends that A may not have had bad intentions. A さんには悪意がなかったのではないかと, ほかの友人たちにさりげなく伝える	.864
(23)	Casually telling other friends that A may have had some ideas for why they behaved as they did. A さんにも考えがあったのではないかと, ほかの友人たちにさりげなく伝える	.787
(38)	Making comments to other friends in defense of A. A さんを擁護するような発言を, ほかの友人たちに対してする	.669
<b>Ignore (<math>\alpha=.88/.85</math>)</b>		
(7)	Ignoring A's comments on the spot. その場の A さんの発言を無視する	.831
(1)	Pretending not to hear what A said at that moment. その場の A さんの発言が聞こえないふりをする	.691
(19)	Avoid mentioning A's comments as much as possible on the spot. A さんの発言に, その場で極力ふれないようにする	.654
(13)	Refraining from saying anything in response to A's comment. A さんの発言に対して, その場で何かを言うのを控える	.486
<b>Avoid (<math>\alpha=.90/.92</math>)</b>		
(30)	Even after that, trying not to talk to A by oneself. その後も, A さんに自分から話しかけないようにする	.853
(14)	Not inviting A to the next play date. A さんのことを次の遊びに誘わないようにする	.838
(20)	Even after that, treating A in an indifferent manner. その後も, A さんにそっけなく接する	.806
(35)	Even after that, trying not to react to A's words and actions. その後も, A さんの言動に反応しないようにする	.799
(22)	Even after that, consciously avoiding any relationship with A. その後も, A さんとの関わりを意識的に避ける	.721
<b>Gossip (<math>\alpha=.92/.93</math>)</b>		
(15)	Talking about A behind their back. A さんの陰口を言う	.878
(36)	Complaining about A in their absence. A さんのいないところで, A さんに関する愚痴を話す	.875
(31)	Talking about A's unfavorable characteristics in their absence. A さんのいないところで, A さんの好ましくないところについて話す	.871
(9)	Saying something ridiculous about A when they are not around. A さんのいないところで, A さんを馬鹿にするようなことを言う	.826



**Table 6** Results of simultaneous multi-population analysis.

	GFI	AGFI	CFI	RMSEA
Model 0: S1	.826	.789	.927	.066
Model 0: S2	.798	.753	.902	.078
Model I: Placement invariant model	.804	.764	.908	.052
Model II: Measurement invariant model	.798	.765	.905	.052

of the factor structure by conducting a multiple population analysis in which each group was subjected to confirmatory factor analysis (Table 6). First, deterministic factor analysis was conducted for each group in S1 and S2 (Model 0), for which different scenes were presented. The results showed that the degree of fit was acceptable in both groups and that the six-factor structure fit consistently, even in samples presented with different scenes. In addition, the influence indices of each factor on the observed variables were significant in both groups.

Next, we created a placement-invariant model that assumed that the factors are measured with the same observables, even if the populations are different (Model I). We also created a measurement-invariant model that assumed that the factor loadings on each observation variable were equal (Model II). The goodness of fit of both Model I and Model II was acceptable, with CFI above .90 and RMSEA below .10, but the discrepancy between the two models was significant ( $\chi^2(19)=34.64, p<.05$ ). Therefore, we adopted an allocation-invariant model and rejected the measurement-invariant model. This indicated that factor loadings differed across populations, although the factors were measured with the same observed variables even when the populations differed.

### Investigation of Temporal Stability

Correlation coefficients between the T1 and T2 scores, which were administered after 4 weeks, were calculated. The results showed a strong positive correlation between Jeer / Tease and Criticize ( $r=.70, p<.01; r=.77, p<.01$ ), and a moderate positive correlation between Gossip, Ignore, Avoid, and Follow Along ( $r=.59, p<.01; r=.49, p<.01, r=.68, p<.01; r=.59, p<.01$ ).

### Examining Aspects of Behavior as Punishment

To examine the punishment aspect of each behavior, the relationships between the perceptions of inappropriateness and severity of punishment were examined. For the perception of inappropriateness and behavior, a positive correlation was found with Criticize, Gossip, Ignore, and Avoid ( $r=.38, p<.01; r=.25, p<.01; r=.30, p<.01; r=.38, p<.01$ ). Teasing showed no correlation, and Follow Along showed a negative correlation ( $r=-.32, p<.01$ ). Next, we examined the relationship between behavior and the perceived severity of the punishment given to a person who fails to read the situation. Positive correlations were found with Criticize,

Gossip, Ignore, and Avoid ( $r=.36, p<.01; r=.45, p<.01; r=.20, p<.01; r=.48, p<.01$ ), respectively, and negative correlations were found with Follow Along ( $r=-.29, p<.01$ ).

### Consideration

This study focuses on the behavior toward those who fail in “Taking a hint,” from the perspective of brief therapy, in which the behavior by group members toward those who fail causes a vicious cycle. And the purpose of this study was to create the Behavioral Scale toward People Who Fail in “Taking a Hint” and examine the reliability and validity of the scale. The validity of the scale was examined from the viewpoints of factor, content, and convergent validity. First, from the results of confirmatory factor analysis, it was confirmed that the scale had a six-factor structure of Teasing, Criticize, Follow Along, Ignore, Avoid, and Gossip. Next, the results of judgments by a third party indicated that a high percentage of all items in the factors were consistent with the definition of each behavior. From these results, it was determined that this scale had a degree of content validity. Correlation analyses with other indices indicated that aggressive humor orientation was significantly related to Jeer / Tease, assertiveness and external aggression to Criticize, cooperative problem solving to Follow Along, heterogeneity rejection tendency to Ignore and Avoid, and relational aggression to Gossip. Although the correlation coefficients between “cooperative problem solving” and “Follow Along,” “assertiveness,” and “extrinsic aggression” and “Criticize” are low, the significant associations found between each of the variables assumed to be theoretically related, suggest that the scale has a certain degree of convergent validity.

Reliability was examined from three perspectives: internal consistency, invariance of the factor structure, and temporal stability. The alpha coefficients of each factor for T1 and T2 were .80 or higher, indicating satisfactory internal consistency. The reliability coefficients were sufficiently high, indicating that each item of the scale had internal consistency. The results of the simultaneous analysis of other populations for S1 and S2, which presented different situations, showed that the model that assumed that the factors were measured by the same observables was a good fit, even though the populations were different. Therefore, the evidence indicated that this scale is effective even when other situations judged to be failure of “taking

a hint” presented. Furthermore, the reliability of the scale was examined using a test-retest method, and a correlation between the two surveys was shown. The results indicated that the scale scores were stable over time.

In summary, these results indicated that the scale has validity (factorial, content, and convergent validity) and reliability (internal consistency, factorial invariance, and temporal stability).

### Traits of Behavior toward Someone Who Fails in “Taking a Hint”

Next, among the six factors, we examined behaviors that have aspects of punishment for the person who failed in “taking a hint.” Since a previous study (Molho et al., 2020) treated the behavior toward a deviant person as punishment based on the recognition that his or her words and actions were “inappropriate,” the present study examined the relationship between the recognition of inappropriateness and behavior. The results indicated that the four communicative behaviors—Criticize, Ignore, Avoid, and Gossip—were significantly related to the severity of punishment as well as the perception of inappropriateness. For the severity of punishment, the correlation coefficients from high to low were for Avoid, Gossip, Criticize, and Ignore. For the perception of appropriateness, the correlation coefficients from high to low were for Ignore, Avoid, Criticize, and Gossip. Notably, Avoid was more strongly related to the severity of punishment than Criticize. However, in terms of the perception of inappropriateness, both Avoid and Criticize were associated with the same level of punishment. In previous normative studies, the punishment assumed to be severe was direct aggression (Molho et al., 2020), but the results of the present study are inconsistent with those of previous studies. We speculate that this result was related to the closed nature of the Japanese community, in which intergroup mobility is likely to be disadvantageous, and exclusion from the group is considered significant (Takahashi et al., 2009). Therefore, indirect punishment may be more likely to be used as severe punishment than direct mention.

### Significance and Challenges of this Study

This study examined the issue of “taking a hint,” which is assumed to be a group norm emphasized by Orientals (especially Japanese). When the social problem of “taking a hint” was considered from the perspective of brief therapy, it was necessary to examine the behavior of those who failed to do so. In this study, a scale was developed to measure the behavior of those who failed at “Taking a hint.” In addition, validity was confirmed from the perspectives of both content and convergent validity, and reliability was examined from the perspectives of internal consistency, factor invariance, and temporal stability. The scale developed in this study may help to elucidate the strong binding force of “taking a hint” and the bullying phenomenon against those who fail

to do so.

On the other hand, several issues remain to be examined with this scale. The first relates to the limitations of the research method. In this study, the assumption method was used, consistent with Koiwa et al. (2020), to control for the behaviors that the respondents assumed to be failure in “taking a hint”. Second, the number of subjects in the study was limited. As most of the studies on which the present study was based were conducted with university students (Koiwa et al., 2020; Oishi, 2009), the present study also targeted university students who were friends in late adolescence. Third, it is necessary to examine cultural differences. The theoretical basis of this study is a communication system that emphasizes social context, a characteristic of Eastern cultures. In Eastern societies, there is abundant evidence that many group members engage in social context-oriented communication as a survival strategy (Kitayama & Ishii, 2002; Kim, 2002; Kim & Sherman, 2007; Ambady et al., 1996). However, there are no studies that directly show that Orientals expect other group members to “take a hint” and attack those who fail to do so, compared to Westerners. In addition, the results of the present study also showed that exclusion was used as a severe punishment, and the possibility was considered that this result is specific to closed Japanese communities. In order to examine whether the importance of “taking a hint” as a norm and aggression against deviators are phenomena unique to Japan, we hope that the present scale will be useful to other countries and be utilized in an international comparative study, thereby revealing important findings in comparative cultural psychology.

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## Therapeutic Assessment with Brief Therapy: A Single Case Study of an Elementary Student's School Refusal

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**Abstract:** Psychological assessments, such as intelligence testing, have two aspects: gathering information for treatment and therapeutic assessment, which directly link psychological assessment to patient assistance. This study examined a therapeutic assessment session using brief therapy questioning techniques, focusing on interaction and circular causality. In one particular case, this method was applied in the pediatrics department to a girl who was not attending school and her parents. The results indicated that the child's problem system changed significantly after one assessment session and one feedback session, followed by two follow-up sessions in which the chief complaint was resolved. This study examined a particular case, and although there are limitations to this study due to the absence of a control group and its focus on a single case, it remains important and worthwhile to examine the implementation of therapeutic intelligence testing for children using brief therapy perspectives.

**Key Words:** therapeutic assessment, brief therapy, school refusal, pediatrics

### *Introduction*

Brief therapy has a background in communication theory (Watzlawick et al., 1967) and systems theory (Bertalanffy, 1969), where problems are not specifically attributed to individuals. Instead, a therapist intervenes by identifying interpersonal interactions as vicious cycles that occur in the system in which the problem is maintained (De Shazer, 1985; Wakashima, 2019). Therefore, it is possible to resolve problems such as school refusal, even in the absence of the individual, through interventions with parents and the school, and its effectiveness has been reported in a variety of cases (e.g., Hasegawa, 1987; Hasegawa, 2005; Wakashima, 2010; Wakashima, 2019).

Brief therapy takes the position of not being concerned with determining the cause of the problem and is incompatible with psychological testing, which has a background of linear causality and is often viewed as separate from therapy when psychological testing is conducted. Hasegawa

(1987) divided the brief therapy interview procedure into four steps: 1) listening to the problem, 2) determining attempted solutions and exceptions, 3) defining specific treatment goals to be achieved, and 4) intervention. and stated that steps 1-3 are conducted as a whole, moving back and forth during the interview.

The therapist uses multiple questioning techniques with patients and their families to facilitate therapeutic conversations and construct solutions. How you define a problem in an interview is important (Wakashima, 2019). For example, questions to start are asked early in the interview to understand the problem and the patients' vision of the solution and to capture the direction of the interview goal (Wakashima, 2010).

Regarding feedback from psychological tests, Itakura (2009) discussed the possibility of new reality construction through feedback based on the theory of social constructivism and the narrative model perspective. In other words, feedback from psychological testing has the potential to constitute a new reality using the test results as a resource, as the interaction between the tester and the patient unfolds. By highlighting the positive aspects of the patient and what has already been done through the feedback process, it contributes to a new reality configuration. It also highlights the importance of paying attention to

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the “how” in communicating results; it is the aspect of the relationship, not the content.

During pediatric psychological consultations in Japan, there is an increased need for developmental assessment and intelligence testing is often performed as an adjunct to diagnosis. For example, a consultation where the chief complaint is school refusal involves the evaluation of physical symptoms and follow-up for treatment but may also call for intelligence and psychological testing to scrutinize the presence of background illness (Japanese Society of Psychosomatic Pediatrics, 2015).

Intelligence testing is not only a diagnostic aid for developmental disabilities but is also conducted to understand the child’s abilities and characteristics and to develop treatment and support plans. While some studies (Fujiwara, 2009; Kataoka et al., 2012) argue that the intelligence test results are fed back to families and schools, and that positive changes are obtained for children, such as “the school’s response has improved,” there are also cases where tests are used only for diagnosis and understanding of characteristics, and are not effectively used to address the patient’s chief complaints.

In addition, although regional differences in Japan exist, demand for psychological evaluations is high relative to supply, and medical institutions are facing prolonged waiting periods for psychological consultation (Goto et al., 2018). This limits the number and amount of time that can be realistically spent on psychological assessment and treatment. This study examines the possibility of assessment sessions that use a brief therapy perspective.

There are two paradigms of psychological assessment: informational and therapeutic assessment (Finn & Tonsager, 1997).

Information assessment is treated as gathering information for treatment and is often distinguished from subsequent psychotherapy. In other words, a therapist conducts tests primarily for diagnosis, treatment and treatment planning, evaluation of treatment effects, and deeper understanding (Finn, 2007), and psychotherapy is conducted afterward. A common comment of parents of children who have been tested for developmental counseling is that they were only tested and not given counseling, which is likely because assessment and subsequent treatment are often differentiated.

In contrast, therapeutic assessment involves linking psychological assessment directly to patient assistance. Finn (2007) described therapeutic assessment as primarily an attitude toward psychological assessment, stating that the goal of assessment is to help create positive change in the patient and those around the patient, and that it is not tied to any particular procedure, technique, or philosophy and can be practiced in a variety of ways. Three examples of this practice are presented below.

### **Therapeutic Assessment (Finn, 2007)**

The Therapeutic Assessment Center in Austin, Texas, has created a semi-structured collaborative assessment approach called Therapeutic Assessment (TA). The TA model consisted of the following six steps: 1) first session, 2) conduct standardized testing, 3) assessment intervention session, 4) summarizing and discussion session, 5) provide written feedback, and 6) follow-up. In the first session, the patient’s assessment questions, that is, patient problems and questions they wished to clarify during the examination, were asked, and the assessment was conducted around these questions. During the feedback session, the therapist and the patient discussed and confirmed the results. Feedback is provided in writing in addition to verbal explanations. Follow-up sessions are conducted, as required.

### **Therapeutic Assessment with Children (Tharinger et al., 2009)**

Tharinger et al. (2009) proposed therapeutic assessment with children (TA-C) as a way to intervene with the whole family as a client for problems presented by children. The TA-C reported a reduction in symptoms, an increase in a positive family environment and positive emotions, and a decrease in negative emotions for both parents and children as a result of the five steps and nine sessions.

The five steps of the TA-C consist of: 1) forming the assessment questions, 2) testing the child while parents observe, 3) family interview session, 4) summation/discussion session with the parent, and 5) feedback to the child.

Step 1 usually involves meeting with parents only. During this step, the therapist collaboratively structures the issues, questions, and conflicts that the parents have about their children, their relationship with their children, and what they would like the assessment to address. It also gathers background information on parental questions and establishes a safe relationship between parents and therapists.

In Step 2, the necessary tests are performed, scored, and interpreted according to the manual, and aspects of collaboration with parents are reinforced by using one-way mirrors and other means to allow parents to observe their children during the tests.

Step 3 involves a family session to test possible interventions to help parents develop a more systemic view of their child’s problems in terms of case overview.

Step 4 involves sharing the test results with the parents to develop a new understanding of the child’s issues and questions and to support any emotional reactions generated by the results.

In Step 5, the test results are communicated as an allegory or metaphor appropriate to the child’s developmental age.

### **Collaborative WISC-IV Feedback with Parents (CFP) (Kumamoto, 2020)**

In Japan, Kumamoto (2020) proposed Collaborative

WISC-IV Feedback with Parents (CFP), which consists of two sessions, considering that few sites can implement the standard six steps of TA. CFP includes the essence of TA: working with the patient and discussing the test results with the patient. The CFP will interview the parents, develop assessment questions, and conduct testing with the child in Session 1. In Session 2, individual results are presented in writing to the parents, and ideas for coping are discussed in collaboration with the parents.

In Kumamoto's study (2020), 17 children with developmental disabilities and their parents participated in the CFP and were tested in the first session, followed by a second session of feedback, approximately one week later. Three months later, a questionnaire was administered to the parents. While there were no changes in the children's behavior during this period, the parents' mental health problems were reduced, as were their inefficient child-rearing behaviors toward their children. It was noted that there was no improvement in the child's problematic behavior and that many parents asked for further advice and ongoing support sessions as a result.

Based on the above previous studies, to conduct intelligence testing as a TA, it is important to construct assessment questions with the parents during the initial interview and to communicate the results in feedback sessions, emphasizing interaction rather than a one-way explanation of results from the therapist. In addition, it may be useful to consider assessments and interventions that view the family and school as a system that constitutes the child's problems, since it is often not the children themselves but their parents who report the chief complaints.

This study reports a case in which the child's problem system changed significantly after one assessment session and one feedback session, followed by two follow-up sessions in which the chief complaint was resolved and discusses the implementation of therapeutic intelligence testing for children.

### **Ethical Considerations**

Verbal and written consent were obtained from the parents and patients for the publication of this case. The Ethics Review Committee of the Nursing Department of Kushiro City General Hospital approved this study.

### ***Case Description***

Case: X (3<sup>rd</sup> grade elementary school girl)

Chief complaint: She could not go to school alone because she was afraid of being seen by others.

Visitor to a hospital: Father, Mother, X

Developmental history and current medical history: She lived with her parents and an older brother. No specific problems were observed during early childhood. At the beginning of elementary school, she had difficulty separating from her mother when going to school. In the

2<sup>nd</sup> grade of elementary school, the school closed because of COVID-19. Since then, she has been unwilling to attend school for an increasing number of days, triggered by events such as "forgetting something" or "the teacher getting angry with the whole class." After moving to 3<sup>rd</sup> grade, she was unable to sit in the same classroom as her peers due to psychological issues, and her absences increased even more. The situation did not improve, and she and her parents visited the pediatrician at Hospital Y. The pediatrician ordered a psychological assessment for selective mutism, separation anxiety disorder, and school refusal by the therapist. The therapist works in the pediatric department of Hospital Y.

### **Session 1 (120 minutes)**

Visitor: Parents, X.

### **Assessment Interview**

When the therapist asked about the current problems, the parents mentioned that X was not able to sit in the classroom and continued to attend school in a separate room.

X said she was inclined to study with classmates, but when she arrived at school, she was not able to enter the classroom. When asked about the problem in more detail, X said that she went to school every morning with her mother and met Teacher Z at the school's entrance, but whenever there was a class or assembly that she did not like, she froze up on the spot. X was able to calmly enter the schoolbuilding if she was told she could take a break from her weak subjects.

X did not participate in the subjects or assemblies she disliked. The therapist praised X's ability to participate in school, even partially, and confirmed her goals for this psychological consultation. Her mother expressed hope that X's anxiety would go away, and she would be able to confidently attend classes in the classroom. X said, she wanted to go to class and play with her friends. When the therapist identified the current problems, X mentioned that the classroom was noisy, that she had anxiety entering the classroom, and that she was fine when leaving the house but suddenly became more anxious when entering the school building.

An exception was that she could attend morning meetings in her classroom with Teacher Z. When Teacher Z was not present, she did not enter the classroom but stayed alone in a separate room.

The following assessments were performed: WISC-IV (Japanese version of the Wechsler Intelligence Scale for Children, Fourth Edition), Picture Vocabulary Test-Revised (PVT-R), Parent-interview ASD Rating Scale-Text Revision (PARS-TR), Social Maturity Scale Third Edition, and Japanese version of the ADHD Rating Scale-IV home version (ADHD-RS IV).

After the examination, the therapist repeatedly praised

X's ability to continue attending school in a separate room, while relying on her teacher. The therapist also told the mother that X needed to challenge her anxiety to meet her goals and consider where she could start. In response, the mother expressed her cautious attitude, saying, "I don't have to force X too much, do I?" The therapist asked her to observe X's condition from this perspective.

### **The Test Results**

WISC-IV; FSIQ83, VCI62, PRI78, WMI118, PSI102. PVT-R, evaluation point 4 (delayed). PARS-TR: Peak in early childhood 16, Childhood Present 26, ADHD-RS IV; Inattentive 6, Hyperactive-Impulsive 5. Social Maturity Scale Third Edition, Social Life Quotient 77.

The pediatrician diagnosed her with autism spectrum disorder (ASD) and notified her parents. No medication was administered.

### **Session 2 (two weeks later)**

#### **Feedback Session (30 minutes)**

Visitor: X's parents

The therapist asked how the past two weeks had been going. X's mother shared Session 1 feedback with Teacher Z. Later, X would go to the classroom with Teacher Z to submit a handout. Until then, Teacher Z had delivered X's handouts to the classroom. Teacher Z asked X to participate in the evacuation drill, but X was able to participate. The therapist praised X for trying new things.

#### **Feedback on Inspection Results**

The therapist informed the parents about X's intellectual level, and strengths and weaknesses in her cognitive abilities. The parents' understanding of ASD was confirmed, and a supplemental explanation was provided. As an assessment of the problem it was determined that X's verbal comprehension index and perceptual reasoning index were at a mildly delayed to borderline level, suggesting that there are situations in which she has difficulty in understanding situations and reasoning. In addition, it is thought that the characteristics of ASD include difficulty in responding to new situations, perfectionism, and other obsessive-compulsive traits, and that anxiety and a desire not to fail due to these traits are strong obstacles to challenging behaviors with which they have difficulty. The therapist informed the parents that she may be too cautious, and as a result, have fewer opportunities to try new things, which may make it difficult for her to gain self-confidence.

The following three concrete measures were proposed: 1) to alleviate X's anxiety, explain in a way that allows her to visualize. Owing to weakness in language understanding, it may be more difficult to understand than people around you think, 2) encourage her to participate in a few of the activities she does not want to do by devising ways to participate, and 3) incorporate vocabulary and communication training in the time spent in separate classrooms. Both parents were

convinced of the results and anticipated sharing the strategy with the school; however, they still wanted to continue with follow-ups.

The therapist and parents discussed and scheduled a follow-up session seven weeks later.

### **Session 3 (after seven weeks)**

#### **Follow-up Session 1 (40 minutes)**

Visitor: Parents, X.

First, there was an interview with the mother for 30 minutes, and then a 10-minute interview with all participants. The mother talked about a significant improvement with X's problem. X now spends more time in a separate classroom next to the main classroom where she can still hear the lesson. The classroom teacher was able to easily move between the classroom and the adjoining classroom, and had more time to interact with X. The number of teachers involved with X increased and X was given opportunities to engage with other children. X was resistant at first, but gradually became accustomed to the idea of spending time together in the separate room.

The therapist praised the mother's involvement with the school and X's efforts, and asked about current problems. The mother expressed her concern that the pace of the next step was too fast. Asking the mother for details of her concern, she said that she was worried that since X is the type of person who cannot say no, she would say "I can do it" even if she is forced to do so by Teacher Z's suggestion. She was concerned that if X pushed herself too hard, she would not be able to return to school again.

The therapist normalized the mother's anxiety by telling her that not rushing is important, because she will practice these things repeatedly. The therapist told the mother to continue with the challenge, after sharing her concerns with the school. The mother agreed to consult Teacher Z. A second follow-up interview was scheduled one month later.

### **Four Weeks after Session 3**

The appointment was postponed because X prioritized school events.

### **Session 4 (seven weeks after Session 3)**

#### **2<sup>nd</sup> Follow-up Session (30 minutes)**

Visitor: Mother, X

In the first week of the new semester, X spent all day in the classroom, but in the following week, she was absent as a reaction. After that, she took classes in the classroom every morning.

The therapist complimented X on the challenge of exploring the right pace and the increase in what she was able to do as a result. Once again, upon reviewing the current problem, the mother said that X seems to have trouble communicating what she wanted to say to the teacher. Asking for details, X had prepared a notebook so that she could write down what she wanted to say and show it, but she had



difficulty choosing the right time to show it to the teacher. The therapist advised them to communicate this problem with the teacher. Additionally, referring to the test results, it was identified that X had weaknesses in vocabulary and communication skills.

The therapist suggested that communicating requires practice and that they should make intention cards for common matters, and both the mother and child agreed. The mother said that follow-up interviews would not be necessary for a while because of X's current good condition, and the psychological consultation was paused.

### *Discussion*

In this study, we assessed and provided feedback on the problems presented by the perspective of the child's interaction with the family and school, while administering an intelligence test to a case of continued school refusal because of strong symptoms of anxiety. The problem was resolved. The following is a discussion on the implementation of TA using intelligence testing, mainly for children.

#### **Test Results as One of the Components of a Circular Causal**

TA begins with a session with the patient and their family to discuss the problem and expectations for the inspection, followed by an inspection using standardized methods. During TA-C (Tharinger et al., 2009), only the parents come in for the initial visit and collaborate with the therapist to discuss issues, questions, and conflicts that the parents have about their child, their relationship with their child, and what they would like to see during the assessment. The therapist then gathers background information about the parents' questions. Time is spent on this part of the program to build a safe relationship between the parents and therapists (Aschieri et al., 2012). In addition, tests are performed once or twice a week for 1 to 1.5 hours each time (Finn, 2007). Thus, previous therapeutic assessments involved repeated testing as necessary to search for answers to the assessment questions. However, in Japan, institutions that conduct multiple psychological testing sessions are limited. In addition, the psychological tests to be conducted in Japanese medical institutions are ordered by doctors, and the test battery is often determined prior to the therapist's interview with the parent or client. Therefore, assessment questions are usually limited to what can be measured by the tests already available. That is, it is necessary to construct a therapeutic assessment based on a predetermined examination in a limited amount of time.

In general, intelligence and developmental testing gathers information about the cognitive aspects of the individual client for diagnosis and understanding of the condition from which measures are derived, but the information obtained from test results is a limited aspect of the client in the testing room. Mitani (2014) proposed that developmental

disabilities are a product of characteristics and social barriers, indicating the need to understand the adjustment of children with developmental disabilities to society. In this case study, the results of the psychological test were considered one of the components of the problem maintained by the interaction between the client's characteristics and the environment. This made the test a resource not only for gathering information for diagnosis and understanding the pathophysiology but also for considering direct and indirect interventions for assessment questions.

#### **Creating Assessment Questions Using Brief Therapy Questioning Techniques**

Tharinger et al. (2009) set up a parent-only interview day to develop assessment questions, carefully discussing issues that parents have about their children and their own conflicts with them, and organizing what they would like the assessment to address. Kumamoto (2020), however, interviewed parents, created assessment questions, and conducted the inspection in the first session. In this case, as in Kumamoto (2020), the interview, development of assessment questions, and testing were conducted in the first session; however, the difference was that the mother and child were interviewed in the same room. We would also like to emphasize that, in creating the Assessment Questions, we used a questioning technique that focused on aspects of the current problem and its interaction with the environment.

To develop the assessment questions, a brief therapy interview technique of starting questions is used (Wakashima & Hasegawa, 2018), searching for solution efforts and exceptions to problems, compliments to client resources, and what has already been achieved. When asked the starting question, both parents and X hoped that X would participate in the classroom. They wanted to explore how they could do this. A vicious cycle was observed, in which the mother and teachers dealt with X's anxiety and distress by removing anxiety so as not to make X anxious, which strengthened X's tendency to avoid anxiety. However, we found exceptions, such as situations in which the prospect was clear or she was with her mother or Teacher Z X was able to participate in the group. In the first session, the mother and child shared the question of what to do about wanting to enter the classroom but feeling too anxious to do so, after which the inspection could be conducted.

In many cases in Japan, when conducting assessments centered on intelligence testing, the time allotted for the session is the time to conduct individual testing of the child and interview the parents. To create assessment questions in a situation where time is limited, it was considered that the brief therapy approach was effective in identifying the current problem and then exploring the vicious cycle that maintains the problem and its exceptions.

### Follow-up Sessions

The sixth element of TA is a follow-up session held 1-2 months after written feedback to assess progression. Kumamoto (2020) conducted a mailed questionnaire survey three months after the two sessions, with no follow-up interviews. As a result, parents reported the following benefits: they learned about their children's cognitive characteristics, were able to devise supportive measures, became aware of ways to support their children, and their own anxiety and feelings toward their children changed. However, the children's problematic behavior did not decrease, and requests for more advice and ongoing sessions were made.

In this case study, the analysis and interpretation of the test numerically revealed the areas in which X needed support, which could be shared with her parents. Understanding that X had ASD was also helpful in gaining support from others. These results are similar to those of previous studies (Kumamoto, 2020, Fujiwara, 2009, Kataoka et al., 2012.), where the analysis and interpretation of the test results have a certain therapeutic effect. However, prior cases did not mention follow-up sessions. After the feedback session, although the problem was already showing improvement and the future direction was shared with the parents, they strongly desired continued follow-up. Therefore, the timing of the follow-up was discussed in collaboration with the parents and was set at two months.

At the first follow-up session, we kept a solution-focused approach in mind and identified improvement and good circulation since the feedback session. The parents requested further follow-ups, but the appointment was extended. Seven weeks after the first follow-up session, good circulation was maintained.

In the second follow-up session, X's communication issues were discussed and the session reaffirmed the feedback report. In many cases, clients do not fully understand the results of intelligence tests at one point, but in this case, the client had the opportunity to review the results again four months after the feedback.

The follow-up interviews were considered effective in terms of supporting the change to a good circulation system and reaffirming the findings and measures communicated in the feedback sessions.

### Limitations and Conclusion

In addition to the session process, in this case, the patient and parents' high motivation for treatment, parents' consultation with the school, and the school's cooperation, as well as many resources, contributed to a swift improvement. In cases with fewer resources and greater difficulties, it may be necessary to follow up with counseling as a treatment after feedback, or to connect the patient to support resources such as social welfare. In addition, because of the single case report, there are limitations in demonstrating the

effectiveness for other cases.

Nevertheless, this study revealed that intelligence testing sessions, often conducted for informational purposes, can be therapeutic for patients and their families. It was also suggested that focusing on the current problem and its interactions and viewing the individual test results as an element of the system that maintains the problem, may be effective for conducting therapeutic assessments within a short time period. In addition, although individual factors are not emphasized in brief therapies, the objective presentation of these factors through standardized tests is thought to be a resource that can promote behavioral change in clients and their families. Many cases require therapeutic assessment and ongoing treatment. However, having a therapeutic approach to the examination sessions may help meet the needs of clients seeking psychological support, improve the effectiveness of treatment, and shorten the duration of treatment.

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## **Brief Therapy Conversations: Exploring Efficient Intervention in Psychotherapy**

Hoyt, Michael F. and Cannistrà, Flavio

Routledge, 2023, 194 pages, ISBN 978-1032310282

Reviewed by: Keigo Asai

The book under review provides a “brief” study of both the theoretical and practical aspects of brief therapy. However, it is by no means a “brief” read. While the book delves into various topics, including therapeutic relationships, diagnosis, mindset, technique, logic, and history, I found the chapter on mindset (Ch3) particularly fascinating.

In this chapter, Dr. Hoyt states that “mindset is expectation or hope,” and that the brief therapy practitioner is able to conduct one or fewer interviews because he or she accepts the brief therapy mindset. This is blissfully obvious, but how aware are we of this in everyday therapy? I also felt that a greater emphasis on this kind of mindset could lead to single session therapy (SST).

Furthermore, Ch3 examines the difficulty of departing from the model. While this is understandable, I also felt that it does not necessarily apply to brief therapy, as is practiced in Japan. In particular, in the training we conduct at the National Foundation of Brief Therapy in Japan (NFBT), we use both a solution-focused approach (SFA) and an MRI approach as models, and in some cases, we also study Minuchin’s structural family therapy. Therapists can be said to take the stance of not sticking to one model; for example, if the SFA model does not work for a case, they may consider MRI, or if the MRI does not intervene with the client, they may use the structural family therapy model and intervene with the family.

The book also discusses the shift from what is right to thinking about what is useful. In brief therapy and SST, the importance of pragmatics is described by Cannistrà (2020) as well as Wakashima (2019), who views pragmatism along the axes of “effective or counterproductive” and “right or wrong.” This is the most important feature of a brief therapy.

On the other hand, pragmatics is important, but is it all to be denied to be faithful to a psychotherapy model? In Japan, there is a traditional idea in training called “Shu-hari,” which has three stages of mastery: the fundamentals, breaking with tradition, and creating one’s own techniques. If we follow this line of thinking, then, because we have mastered fundamentals, we can take a pragmatic approach

away from the fundamentals, can we not? Because this was a conversation between two therapists who were proficient in both brief therapy and SST, I felt that I would like to read a more detailed discussion on training for beginners.

Part 1 of the book, written in a conversational style based on recorded conversations between Drs. Hoyt and Cannistrà, covers various topics related to brief therapy. The friendly and warm tone of the conversations makes the reader feel as though they are present while also providing valuable insights. Part 2 contains the papers on SST by Dr. Hoyt and Dr. Cannistrà. I had already read some of the papers presented in Part 2 before this book was published, but reading it again in light of Part 1 seemed to have deepened my understanding of its contents.

To sum up, this book is an essential read for both beginners and experienced therapists who seek to enhance their understanding of brief therapy. The chapters are well structured and thought-provoking, and the conversational style in Part 1 makes for an engaging and insightful reading. Overall, this book is a valuable resource for clinicians interested in brief therapy and its practical applications.

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