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From IASCP Faculty “Biodiversity” of the Mind

Kaoru Nishimura Senior Associate Professor, ICU

More attention has been paid to “Biodiversity.” Ecosystem that is maintained through symbiosis has been disturbed by environmental changes and destruction, leading to a great threat for mutual survival and health. It is a world-wide crisis. A similar crisis is occurring in the human psycho-social systems. Human individual needs socializing through understanding others by means of collision as well as nurturance so that he can survive in the human society. It is also a process where he learns how he can utilize various functions within him. Social systems are its soil. For example, religion has developed by getting nutrition from “mental excrement” that is left unassimilated in individuals.

The disruption of this ecosystem ends up with war at the inter-nation level, and other phenomena in our daily life. In these several years, “KY” (*Ku-ki Yomenai*, a Japanese expression meaning ‘unable to sense the atmosphere’) has been common in Japan. This reflects a characteristic of the modern adolescents, who are not willing to assert themselves but to evade conflicts among them, rather than conformity seen in the traditional Japanese society. There a sense of loneliness including inward fear of being isolated is allowed to show, followed with poor interpersonal relation. It must arise from the same soil where people acknowledge the rapid increment of developmental disorders as a problem. Also, although most of depression cases are connected with distress in their lives, they tend to be “medicalized” and understood only as illness. Here too, the impoverishment of human environment, or soil, is observed. Interestingly, depressed people, in the course of recovery, come to be enabled to accept their imperfect self as it is and realize the sadness that has been set aside until then. Now they can acknowledge what was once seen as “inappropriate” turns out to be necessary for the survival and maintenance of the mind. When various inner voices can be heard side by side, it is felt that a life is lived by diverse living

Sand Play Group

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We have the event called “Open House” once a month in the institute. It is open to the public people. Now I would briefly introduce my task as a group coordinator at the workshop hour in “Open House” day.

The “Open House” begins with one-hour lecture, and then after a short break we have an hour of the workshop. At the lecture people assemble in a room altogether. But at the workshop hour, we form three or four small groups where communication among participants would be more frequent and personal experience is taken more carefully. Each group has its own way of spending an hour. I myself have been in charge of an open group since 2007. I have offered a group of *hakoniwa taiken* group, or of a sand play group, which is held every three months. Though it is up to participants which group to take part in, even a sort of regular members exists. The number of members has been around ten.

Sand play therapy is brought from Switzerland to Japan by Hayao Kawai about 45 years ago and has spread among therapists throughout Japan. Normally sand play is for individual therapy in the one-to-one structure, and a client is encouraged to express his/her inner world using various kinds of items such as miniatures, toys, dolls, as well as sand in the frame of the tray. (Fortunately our institute has

many items that have been accumulated since the beginning of the counseling service.) For some clients we even prepare a jug of water to pour at some part of the tray. (The tray is so made as to keep water.)

In the sand play group, situation is very different from that in an individual session, in that members of the group make one tray together while in an individual session one client makes a tray by himself/herself alone. It is suggested that sand play group should be a good opportunity for psychologists to train themselves to be sand play therapists.

I would describe the concrete process of sand play group I offer. A sand tray is set at the center of the room, and beside there are two shelves of items. Chairs are so arranged that they form a circle around the sand tray. And participants watch the process of their making a work in the sand tray together. One member puts one item in the tray, and at the same time gets a touch to the sand if he likes, after another. Usually we take two rounds in an hour. No one could imagine what the world in the tray will be like when his turn comes. And no one knows how it develops after his turn. This dynamism is a great fascination of sand play group. I try to take much time to share the inner experiences they have during the period of two rounds.

(continued on page 3)



Special Topics Phase of Psychotherapy

Beginning Phase

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Surprisingly, only a few studies discuss about "the beginning phase" in which clients adapt themselves to the unique space called psychotherapy. However, in these days, the cases that are suspend only after a few sessions increase. The reason might be that clients in search of psychotherapy demand immediate problem solving dependently since they cannot have autonomous expectation for the time they spend for a gentle change of themselves, or get angry as counter-dependence reaction since they cannot make collaborative relationships with therapists. In response to this problem, I have compiled the theory of process and technique in the beginning phase in "Introduction to Modern Psychodynamic Psychotherapy" which has been published by publishing department of Institute of Psychoanalytic-Systems Psychotherapy in March 2010. Then I would like to show a finding why the beginning phase becomes difficult nowadays.

What I mean the beginning phase is that the process starts from exchanging the agreement of the psychotherapy among client-therapist in intake session till forming the working alliance. The definition of the working alliance is the relationship defined as "a rational collaborative relationship between therapist ego and the patient ego (or client ego), that is operationally intended that patients achieve a working task in psychotherapy based on a treatment agreement, by participating work for the therapeutic goals with therapist". In addition, to form working alliance, it is necessary to remove the "initial resistance" that is resistance to the adaptation to the treatment. The initial resistance is a dynamic more or less occurred naturally. This is because that the homeostasis mechanism of the personality counters to the stimulation of personality change, in other words to enter the psychotherapy field.

Why then, is the beginning phase explained by this definition becoming difficult nowadays? I would like to explain from two points of view, the weakening of "the ability to wait" and "the ability to depend".

The first point to discuss about is the weakening of "the ability to wait". The ability to wait is called "tolerance of frustration" in the term of psychoanalysis. Tolerance of frustration with basic development such as achievement of autonomy in anal phase and secondary autonomy in latency will mature further. However, the effects of weakening in development of anal phase or latency have been seen recently. For example, the abbreviation of toilet training, the deprivation of the field to compete and the change of social system with IT literacy extremely decreased the opportunity to feel the reality as a wall. This means the ability to hold the experience of the joy to control oneself and the hope to feel that one could be

trained if he or she participates in realistic activities under reality principle are getting weak. Kotani shows a chart of drive processing, and this also explains well about the tolerance of frustration. The individual who cannot hold his or her need and desire in the space with time perspective will try to depend on false satisfaction gained from unrealistic and unsocial strategy such as acting-out and internal dramatization when their needs could not get immediate satisfaction. Therefore, clients who have difficulty to maintain the motivation to "adapt to the treatment" which is the power to fight against resistance derived from the weakness of the "ability to wait" increase.

The second point to discuss about is the weakening of "the ability to depend". To identify therapists who embody psychotherapeutic apparatus help clients to adapt to the beginning phase. Initial resistance is minimized when clients find safe space in ground matrix provided by therapists. To identify to such therapists who show therapeutic goal, ground rule and psychological mind, and to "try" to work and feel pleasure to do it also help clients to minimize initial resistance. However, for clients with the immature "ability to depend" which means the immature ability to seek support autonomously, negative transference is easily activated rather than positive transference which is necessary to identify therapists. What I see in these clients typically is the dynamic of counter dependence. It is the feature to rely excessively on assurance of narcissism from outer objects, while at the same time, to reject reactively. The book as previously introduced, "Introduction to Modern Psychodynamic Psychotherapy", will be helpful for further details of this feature. Anyway, the cases, in which clients are demanding to depend excessively on therapists, or they immediately take an attitude of devaluing therapists saying therapists do not understand themselves or therapists are not helpful tend to have difficulty to build a relationship between clients and therapists. The weakening of "the ability to depend" is one of the reasons for such cases to have tendency to suspend.

As above, I described the difficulty in the beginning phase from the aspect of the factor in clients. Taking such current change as significant thing, even though "the ability to wait" or "the ability to depend" is vulnerable, it is therapist's responsibility as a professional to consider theory of technique how we could align with clients with healthy motivation and to conduct good beginning phase. I advance the research of assessment, theory of therapy process, theory of technique toward clients concerned, and I hope this will develop into argument with many colleagues.

Theragnosis

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When I see a potential client for the first time, I ask his/her expectation for psychotherapy. Some people tell a bunch of their diagnoses so far, with saying “I was diagnosed as depression, panic disorder, borderline disorder, depersonalization, and...”

Several questions and thoughts come up to my mind. Why have they got so many diagnoses so far? What was a doctor’s idea if one made more than two diagnoses at the same time? How do they understand the diagnoses they have got? What kind of treatment had been done to them based on the diagnoses? However, I suppose that they might not have been satisfied with the treatment so far because they come here for help now at least.

Then, I will ask what is bothering them now aside from diagnoses with following questions. “What are the obstacles in your life?”, “Are you interested in how the obstacles have been produced on your mind?”, “Are you willing to be proactive to get rid of those obstacles with me, without expecting a magical treatment to remove them at once?”

If the alliance was built between us even if it was provisional, they can be client and I can be their therapist. This judgment will be the first assessment conducted between me and them. Medical diagnosis determines the presence of illness and personality problem, and psychological assessment specifies individual resources and distinguishes one’s abilities which can be the basis of psychotherapeutic work.

During 45 minutes of psychotherapy session, how much changes would be taken place? I say that the dramatic changes will not occur to the client’s symptoms or medical

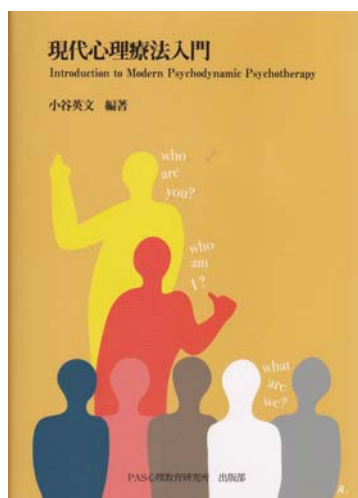
diagnosis such as recovering depression and panic disorder, but to their ongoing psychodynamics. Psychodynamics do not stop. They continue moving no matter how they are small.

Characteristic dynamics appear mostly in the first few dialogues during the session. “It’s very hot today”, “Has that figure been around for a while?”, “It was a long week for me”...Are these client’s simple words? Actually, these might be usual as client’s first words, but these must be significant. How the therapist can respond to these words? How will the client reply after the therapist’s words?

Therapist can give the time to the dynamics occurred here and now and make space for the analysis: What kind of stimulus did I get? How did I respond to that? How can I understand myself responding in that way?

Theragnosis (coined term from “Therapy” and “Diagnosis” by Bach, G.R.) is an effective technique to lead the client to look at, understand, and analyze their own subtle movements of psychodynamics. Theragnosis does not interrupt psychotherapy process and continues to delicate diagnosis with examining the understanding and hypotheses. The first assessment must be changed during theragnosis process. If the therapist and the client can share the changes, that would be their achievement in their psychotherapy.

Simply put, theragnosis is an interesting and vivid way to understand the client’s ongoing psychodynamics by themselves without labeling or defining themselves at a certain moment.



Kotani, H. (Eds.). (2010).
Introduction to Modern
Psychodynamic Psychotherapy.
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Sand Play Group (continued from page 1)

At the beginning of the session, I ask participants to be aware of their inner reaction in the process of their making a work as much as possible. They have much to talk about their emotional reactions that have been unexpressed verbally in the process. They are interested in the emotional experiences of the other participants when discussing. Some are similar each other and some different. Both seem to be stimulus for them. A fantasy in the whole drama in the sand tray could be shared by majority of the group or by minority of the group. It is not a rare case that the fantasies presented by majority at first were overwhelmed or threatened later by a fantasy of a person. The relationship among fantasies varies from case to case.

What they talk eagerly are not sufferings in their everyday lives, but fantasies might relate to them in some way or other. Sharing those fantasies could be therefore an important moment for the group and for the individual at the same time, which seems very interesting to me. Apparently a participant expresses only a personal fantasy, but the group experiences a drama formed by personal fantasies intertwined with each other at various levels. I am sometimes considering such a possibility that they might show knowledge of significance about some pattern hidden in our psyche, though it might appear only to be scattered independent and trifling personal fantasies.

Dynamics of Individual, Group, and History

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Individual is born in a family, where group identity as well as unresolved trauma of his parents' generation is transmitted to him through a form of nurturing specific to the ethnic group or culture. Later, encountering numerous social incidents in the rapidly changing era, he learns to place himself in his society.

Erik H. Erikson once noted: "... the psychoanalyst in training must learn to study the historical determinants of what made him what he is before he can hope to perfect that human gift: the ability to understand what is different from him" (Erikson, 1959, p. 45). Not only psychoanalysts but all professionals engaged in psychological support should aim to work on a basis of scientific thinking and be sensitive to history and culture as well, I believe.

I myself belong to a generation that was exposed to the news about the Vietnam War and student activism, went through the Oil Shock, and saw social movements gradually calm down when we were in childhood. In my adolescence, among the whirlwind of violence in many schools, "Shirake (apathy)" flourished widely. In my college days, Japan entered the bubble period, when "self-actualization" was misperceived as selfishness and veneer of social success. Despite of a lot of the exhilarated youth, "student apathy," "otaku," or "cult" discomfited the society in some ways. It is characterized by distrust of the real world, weak sense of bond with others, introverted aggression, and privately fantasized satisfaction. Behind that, it seems, lies the defeat of the Second World War, the frantic efforts of the society for economic growth to cover a sense of humiliation, and

the consequent inhibition of humanity and the generation gap. (In the works of Haruki Murakami, that process is hit off, so that sympathy is raised from all over the world.) It is quite understandable that that led me to aiming to be a clinical psychologist. That is an example of how dynamics of individual, group, and history is intertwined.

This summer I was invited to the 63rd workshop sponsored by the Foundation of the Certification Board for Clinical Psychologists, where the participants from all over Japan were divided into small groups by generations and asked to discuss what the major incidents were to each generation. They raised interesting incidents and events such as blacking out words and sentences on textbooks after WW II, a typhoon disaster, a bankruptcy of a large company, the marriage and retirement (and divorce and return) of famous singers, and a series of murders by a boy; each of which characterizes each generation. It felt like they wanted to talk more, and I felt like asking them of the motivations and the historical context that urged each generation to "help people."

I have to add one important social event for us, clinical psychologists in Japan: a traumatic event of the Japanese Association of Clinical Psychology having fragmented over National Certification issues in the days of the late 60's student activism, which later produced the Association of Japanese Clinical Psychology. We may not have worked through the traumatic experience yet. Some difficult problems of de-socialization inherent in academism and issues around professionalism still remain unchanged. With institutionalization, we are at risk of being built in a huge vested-interest structure (a series of power struggle has already started). Now we should acknowledge the words of Erikson to accomplish our task of freeing human beings to assert his freedom in a fundamental sense.



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