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From IASCP Faculty

Passing Down the Mind to Live Together with Others: "ICU Seminar for Clinical Practice in Psychology and Education"

Kaoru Nishimura Senior Associate Professor, IASCP, ICU; President, The ICU Association for Post-graduate Training in Clinical Psychology

Since 1992, two-day intensive seminar titled "Seminar for Clinical Practice in Psychology and Education" has been conducted every year. It has been sponsored by "The ICU Association for Post-graduate Training in Clinical Psychology" to provide beginner psychologists with post-graduate training since 2001. Actually, however, mid-level and experienced professionals are willing to join this seminar. Moreover, not a few professionals from outside of ICU participate in it. In June 2010, we held the 14th annual seminar.

One of the characteristics is that both "use of the brain" and "use of the self" are required on the basis of the concepts of psychodynamic psychotherapy and group psychotherapy. There are case seminars and workshops, most of which are held in small groups in the form of experiential and participatory training. We also have whole-group sessions to foster a sense of community for professionals in different fields.

Almost twenty years have passed since we started; it is a great pleasure to have a large membership of graduates with different skills and thoughts

in various contexts. For them, presenting his or her own case at this seminar is evaluated as an act to prove to be full-fledged. The pathway to become a professional for the human mind is steep and narrow. Evidence-based practice sometimes gets ahead of the clinician's "self". I hope our efforts, even if not so large-sized, will remain significant, working as a place to examine his or her mind as a mental profession, to come back in case of getting lost, and a milestone toward expertise.

Special Topics The 14th ICU Seminar

Outline

ICU Clinical-Educational Psychology Seminar (hereafter called ICU seminar) is the program of "The ICU Association for Post-graduate Training in Clinical Psychology" (hereafter called Association for Post-graduate Training). It is the program provided for those who have master's degree as a post-graduate training. Since it is not enough for those who have just finished two years master's course to gain sufficient ability for clinical work, the association has a viewpoint that there should be the continuous training opportunity after finishing master's degree. Therefore Association for Post-graduate Training provides the seminar of clinical training once a year.

The 14th ICU seminar was held at International Christian University for two days on 26th and 27th of June, 2010. Over sixty participants gathered on those two days. Most of participants were young like graduates and

graduate students of ICU and psychotherapists of ICU Psychological Consulting Services, but also senior clinical psychologists and nurses participated for training.

Regarding program, case study was held on the first day and clinical training workshops were on the second day of the seminar. In the case study of the first day of the workshop, presenters were expected active participation for deeper understanding of the case and participants were expected to make comments for the discussion of the case as one of the team members. In the last session of the day, the group session called "Integration" was held and participants looked back the experience in that day and learned something out of it.

On the second day from morning to evening, there was the workshop which trained clinical techniques. Nine workshops were led by the experts in their areas.





Beginning of the workshop, each participant could not achieve the task but by having tried “One more time!” and polished their techniques. Also what was impressive was that each trainer vividly told the interesting essence of clinical work and training.

Each participant joined the training according to one’s

ability level and learned something out of it through two days. By holding the seminar every year, participants are able to check how much one improved the clinical ability through a year. It is very meaningful for this kind of seminar to be continued. ICU seminar will be held at the last weekend of June in 2011.

On Presenting the Case Examination at the 14th ICU Seminar

Nanae Kurita Research Associate of IASCP

On the 26th and 27th of June 2010, when the ICU campus was surrounded with beautiful early summer greens, I had an opportunity to present the case examination at the 14th ICU seminar.

As I looked back, my life as a clinical psychologist was working at the student counseling center where only two clinical psychologists are working each day, supervisions, and studying mostly by myself, and I could see more of my clinical issues and what I should conquer, but was struggling a lot to deal with them. I wanted to get some clues to move one step forward, and that was why I decided to present the case examination.

At the case examination session, I could discuss the client as a whole living person, the relationship with her, and what kind of object I was as a clinician through interaction with the seminar participants. Although I could reach some theoretical and intellectual understanding, what I got from the experiencing level had even more of an impact on me.

I regained the sense that there are a tremendous number of things which are unknown, or yet not verbalized, but still there and moving, in the client, in myself, and in the space where the client and I am in through the discussion. Some participants were repeatedly asking me “aren’t you being overeager?” or “what kind of object did your client experience you as, and what object did you try to be?”,

and that brought me the opportunity not to just understand what is going on in the case, but also actually experience my issues here and now in the case examination.

Moreover, through this discussion, I could also re-acknowledge the importance of the therapist being the clear object when he or she sees people suffering, and especially suffering young adults and late adolescents.

My trainer sometimes said that clients come to psychotherapy not alone by themselves, but they bring a variety of internal objects behind them. As I could have the chance to share the time and space with the other psychotherapists and clinicians to think about my client and our treatment process, I felt that they joined in my own internal object world as clinicians.

There are many things I received from the case examination, but I also feel that my continued effort and experience is necessary to obtain more, and that will bring me to exchange the benefits with participants more, in such a precious opportunity. I would like to express my gratitude to the ICU seminar board who gave me such a chance, and also the participants who shared their time and energy with me, and I hope to find another opportunity in the near future to have more exciting times together.

Report of Case Discussion in 14th ICU Clinical-Educational Psychology Seminar

Toshinori Hanai ICU, IASCP

In the past several years, I have presented my cases in ICU Seminar for Clinical Practice in Psychology and Education (ICU Seminar). The purposes of my presentation are following: 1) reviewing the case development and discussing the result by reporting all session process together, and 2) making sure the change and growth in my clinical ability and brushing up my clinical tasks.

This year, I presented my case again and had 70

minutes for presentation and discussion. Chairs of the case discussion were Masahiro Nishikawa, the associate professor of ICU graduate school, and Yukio No, the director of Institute of Psychoanalytic-Systems Psychotherapy.

The case I presented this time would end in several sessions. We discussed the achievement so far, and the works and tasks I and my client could do for separation process. Although I cannot describe the case details here,





the development of the alliance between me and my client, and the process that the client had regained his psychologically safe space were confirmed as the achievement through the presentation and the discussion. Moreover, a new hypothesis of the client's object relations was formulated. In several sessions, my client and I had talked about the object that came from my free associations. I had felt that the object had some influences on him, and it had some meaning. However, I had not been able to analyze that meaning enough. The discussion to improve understanding about the object was very exciting for me.

Then, based on the achievement of the therapy and the new hypothesis of the object relations we discussed, we continued to consider what I and the client could work in the last few sessions. We discussed my lack of

preparation and my sense of guilt for separation as counter resistance derived from my own conflicts. We also talked about counter transference that had been caused by the client's object relations. I could reaffirm the significance of clear separation, in that my client would experience the new object relations, and I felt I could brush up my clinical tasks.

This was the 4th case presentation for me in ICU seminar, and I felt my developments in the following two points: 1) I could present my treatment strategy and what I actually did in the sessions methodically and 2) I could answer the chairs' questions with my plans and designs though I often became silent to their questions before. I obtained energy for my next steps by experiencing deepness of clinical practices and discussions. In closing, I would like to appreciate this important opportunity.

Workshop "Introduction to Psychoanalytic Psychotherapy"

Tomoko James Clinical Assistant of IASCP

The 20th century saw the dramatic development of psychoanalysis, which now has come to provide us with extensive knowledge and scientific skills not only in the areas of medical treatment, but also in education, management, society, culture, politics, and even in general peace studies. However, as the trends in cognitive behavior therapy and evidence-based approaches have become stronger in recent years, I feel there are less of those who pursue the psychoanalytic approach as a form of psychotherapy in the narrow sense of the term. I chose this simple title in giving my workshop at the ICU seminar. That is because I feel, considering how busy today's society is, studying psychoanalysis can be once again very meaningful, for it teaches us about the richness of our internal world, and the fun in exploring it.

Psychoanalytic psychotherapy is the basis of psychotherapy employing verbal communication. We learn some of it when we, working in those fields that aim to promote human growth such as clinical psychology and mental health, are taught the basic knowledge and skills. But the theory is difficult and vast, making it hard for many to understand it properly and make full use of it. So I aimed to come face-to-face with the essence of psychoanalytic psychotherapy, focusing mainly on the simple Oedipus theory.

All the participants who gathered were those much interested in what is "psychoanalytic." The eight participants included men and women of all ages, and I believe the gathering itself was enough to form an oedipal space.

In the morning exercise, we made a circle and practiced free association all morning. I don't think it is too difficult to imagine how interesting and hard this group was for the participants—and how, on an experiential level, each participant felt the difficulty, resistance and excitement of doing this. This involved two steps: first, we let our free associations flow out and, second, we spoke them out loud. Many oedipal wishes, fears, and needs emerged from our many associations, reveries, soliloquies, and discussions.

With this oedipal mood as our ground matrix, in the afternoon, we turned to a psychotherapy case of a female adolescent and then repeated role-play exercises. In the process of this exercise, the attendants were instructed by the trainer to make specific verbal interventions using such keywords as "love," "anger," and "sex." The trainer's instructions were words that were thrown in from outside of the person's personality system. Due to this, various developments were seen and, in the end, each attendant seemed to be facing his or her own clinical tasks once again. The workshop ended there.

I wouldn't be surprised if some of the attendants were left with some frustration afterwards because the workshop consisted of few discussions and closing remarks. As the trainer, however, I feel that this turned out to be a good workshop in which each attendant was able to plentifully touch upon and relish his or her Oedipus in their own way. It was an enjoyable day, feeling lively and excited. And this is the clinical attitude that I emphasize the most as a psychoanalytic psychotherapist.



Recommendation for Free-writing

Noriaki Tomabechi Professor, IASCP, ICU

I like the word “Endurance makes you strong.” However, I am not really the patient type. I have tried to keep a diary several times when I was a student, but I often quit after three days. Still, I seem to have a feeling that I want to record something, and have tried various ways. Once, I used a notebook titled “One Line a Day”, which metaphorically stood for one deed a day, and I kept writing in it for over a year. For the past 10 years or so, when there are things that I thought of or things that I want to keep record of, I make a note along with the date using my computer. A note of whatever comes to mind. I call this free writing.

When I read back through my notes, a lot of them are records of cases that had felt difficult for me. There are also records of interviews that I thought went particularly well or was interesting. Other notes are on phrases that I came across in books that are worth recording. As for the notes on difficult cases, thinking through the case and trying to identify where the difficulty lies and writing about it, is an attempt to sort out my own feelings.

Regarding the books I read, for example, the following phrase from “The Job of a Stage Director (written in Japanese)” by Tamiya Kuriyama, captured my attention. “Conversation on stage is not about how you say your line, it is about how you see the situation and how you hear the sound and meaning of the words spoken by other person, and how you feel and react towards those words, from which arises your next words.” I was impressed by the fact that despite the existence of an already written and prepared script, it is stressed upon that one should first closely observe and listen to the other person. There are many parts in this book where it would be appropriate to replace “the job of a state director” with “the job of a counselor”.

The following conversation is part of the record for the second counseling session with a senior female university

student. < > indicates words spoken by the author, and “ ”, by the client.

<Is there anything you would like to talk about?> “I have always been influenced by people, but I think it is important to act according to my own value system”<What do you think, having said that?> “I think that you probably think that what I say is not important (she mumbles)”<That is not true. Maybe it’s you that thinks that?> “No, because I have been thinking about this very seriously (she starts to cry).” (Conversation partly omitted) <Why are you crying?> “I think not being able to trust people made me lonely. I have never cried in front of people.(she seems to be genuinely crying)”<Does that mean you trust me? Even if its only this bit?(makes a small circle with fingers)> “I don’t distrust you, but I don’t trust you. (she laughs)”



After this record, there was a memo that said “Listen to the feedback. Pay attention to how things are said as well as what is said. Listen from various angles (in a 3-dimensional manner). Adjectives→verbs. Content→be aware of the determinant. Evaluate the sense of individuality”. “Adjectives→verbs” is about how to turn the client’s words from adjectives into verbs. “Content→be aware of the determinant” is an association from the Rorschach Test, and indicates the necessity to not only listen to what is being said, but to explore where the client is coming from and what the client wants to do about it. All of these are connected to evaluating the client’s sense of individuality.

These days I have been reaffirmed of the fact that “Counseling is dialoguing”. Thus, in counseling, how to converse is in question. Within the dialogue, I endeavor to inquire in a way that widens the client’s perspective and allows the client to use his or her ability to the fullest in a well-balanced manner.

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