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## Self-Actualization and Psychoanalysis

*Ralph B. Mora, Ph.D., Adjunct Professor, University of Maryland University College, Iwakuni, Japan*

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Training in psychoanalytic psychotherapy does not prepare one for the demands of living in an overseas environment where the need to constantly adjust one's expectations and adapt one's preconceived notions are seemingly always in the forefront. I have lived overseas for over twelve years with the bulk of that time in Europe with the past two years spent in Japan. I have had to constantly question what I had been taught. I found that in Italy, the focus on dependence within the family and other social institutions expresses itself in a variety of ways. For example, what Americans call a temper tantrum, Italians term "un crisis psicoafectivo" (a psycho emotional crisis). The response by an American is to ignore the behavior while the Italian attempts to relieve the child of suffering. The result is an independent thinking American who leaves home as soon as he reaches maturity and often lives far from family; while in Italy, unmarried children can stay living at home forever and generally build an extension to the family's home when they marry. In Japan, the need for harmony is expressed indirectly so as to assure that others are not made to feel uncomfortable. In contrast, the American is direct to the point of what would be considered rude in Japan. Results here include a tendency for Japanese to interact with minimal demands on one another interpersonally while maintaining highly formal social demands while Americans tend to be demanding in getting their own emotional needs met with loose social demands. Such illustrations involve second and third order effects in the way individuals, society and communities respond to one another.

Does psychoanalytic theory adequately take such differences into account? When we speak of ego strength does it not rely on our ability to develop within the context of our society and to accept social norms and conventions as defining reality?

The above is meant to highlight some of what I consider to be the most salient questions in clinical practice. Students and teachers need to be aware of how society colors our view of normalcy and how our egos adaptively express such realities. My own experiences first in growing up in a poor, Puerto Rican family in west Harlem in New York City and then as a frontline combat infantry soldier in Vietnam highlight how I have come to understand ego adaptation. As a child, I had no hope in the future. I believed that being poor and from an immigrant background there would be no opportunity for me to achieve anything in life. My experiences in Vietnam exposed me to traumatic situations and events that would plague me for the rest of my life. By the age of 24, I was notably depressed and suffering from combat related post traumatic stress disorder. I was hospitalized at the Veteran's Administration Hospital for almost three months. The following year I enrolled in college and continued for the next eleven years until I completed my doctoral degree in clinical psychology from the Institute of Advanced Psychological Studies at Adelphi University and three years of my own psychoanalysis under Dr. Lydia Seggev. What had occurred throughout that period was a change in my acceptance of an

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alternate reality. I came to see that my limitations were self imposed and that I was in charge of my own emotional growth and development. In effect, I had become aware of a society that was at odds with the one in which I was raised but more importantly I also had to accept the differences as acceptable alternatives to what had been my own reality. My reality had grown to encompass a

world view and not one bound by national or cultural borders. Such a transition is necessary if one is to truly begin the journey towards self-actualization. It is in the pursuit of such a goal that we must learn to understand ourselves and accept the world view inherent in psychoanalytic theory and thought. It is, of course, an ongoing endeavor requiring balance in our hearts and in our lives.

### Cooling Water (reikyakusui)

*Robert Aron, Ph.D., Dean, Program Development, DeVry University, USA*

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During my first two weeks in Maruko-machi almost 40 years ago, I was aware of periodic trembling of the windows and shatters, and assumed this to be the wind, or heavy trucks going by. I paid little attention because everything else around me was much more engaging as I began my first visit to Japan, to be a year-long exchange student in high school.

Equipped with a tiny Vaccari's Concise English-Japanese Japanese-English Dictionary, I constantly looked up words I heard in an attempt to understand or make myself understood -- making my way through weeks in school, and at home with the Tsuchiya family hosting me. Through the flipping of these tiny pages I came to hear many things, including that I was the first American to stay in Chiisagata-gun since the end of the War. My Vaccari's dictionary was with me at all times. Japan greeted me through this little book.

Everything looked different, beautiful, textured, attractive, cooling water from the well, high and ancient castle walls around my school; there was no opportunity to become homesick. It would have been hard to call home anyway as I did not know how to use the local network telephone in the house except to phone one of my teachers.

Every morning I would get a pleasant call, "wake up Bob, it's breakfast time," from Mrs. Tsuchiya. I always liked eggs growing up. The only difference was now it was eggs with rice, seaweed and some soy sauce rather than eggs with

toast. Actually, the taste stuck with me so I continued to have my breakfast eggs this way for many years after I returned to the States. And each time I ate them this way they evoked sweet memories of the singing crickets kept in the Tsuchiya house and my morning ritual. It amazes me what images pop into my head triggered by my experiences of long ago in Japan.

So, too, when a big truck goes by, or the wind rattles the windows, I can be taken back to the first time I heard "jishin ..." I had previously looked up this word for some reason, so I knew what it meant without consulting Vaccari's. Rushing to door jambs was new, but indeed there was much more than a tremble. I did panic, but it was short. I paid attention to all trembles, shakes and rattles differently after that. I also found a way to call home. I needed to call home.

I felt many more earthquakes when I returned to study in Mitaka several years later. They were immediately recognizable as earthquakes to me. If they were big enough, I would rush out into the bamboo patch, even in my pajamas. Someone told me the root structure of bamboo would help stabilize the ground. These quakes were never so big



as to really test this theory, but they added to my cognizance of earthquakes as fear.

Now my friends all over Japan, hundreds of kilometers away from Tohoku, report to me the earthquakes they feel as part of the course of general conversation. In the past they were stoic on the surface about the things that seemed to leave one helpless. We still talk of happy things, but now we talk of everything.

Where is the bamboo forest, where are the walls to keep everyone safe, where are the wells for cooling water memories? I think these things need to be carefully constructed, lovingly, together, recognizing that any and maybe every shake may recall darkness. Even those with great inner strength, who have always let helplessness drip away, may not be immune to extensive trauma. Great and lasting care is prescribed for all.

## Psychotherapy for Professionals

*Kengo Takeno, Ballpark Co., Japan*

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How can we “psychotherapists” catch the microscopic elements in the moments of the therapy sessions and how can we verbalize them? Above all, it’s important that we do not ignore the elements but deal with them. In the sessions, some microscopic elements are happening, wavering, and flashing, within us or the client. We stay alert and catch them with our taut and supersensitive nerves. To exaggerate a bit, it’s like recognizing the sound of a pen dropping on the carpet. Then, with courage, we verbalize that.

This repetitive process is the most exciting part of “psychotherapy for professionals.” Sometimes, some associations just come to my mind for just an instant and soon it disappears. I want to catch it, but it’s already gone. It’s like the decisive moment in a tense and real fight. My clients are always fighting in their daily activities such as professional sports or business, where their rivals will beat them without mercy if they let down their guard. It would then be beyond repair. When psychotherapists talk with clients as one professional to another, we cannot do the right job if we don’t exert all our strength into the session. We should verbalize what comes to our mind in the moment of inspiration. We need this kind of “active attitude.” We should always brush up our sensors, keep a certain degree of freedom in our minds, and be sharp.

And we start the psychotherapy sessions.

We must do psychotherapy actively. It’s not good if we listen to what the client says first, and then deal with what was said in a passive manner. We should make our brain traffic faster and faster when we talk with our clients. Both the client and therapist work together to make progress in psychotherapy. In some cases, we can recognize that the client is about to say something before he or she says it, and we offer an interpretation at the same time. In this process, it’s too late if we analyze after listening to what the client has said. I think that the dialogue in psychotherapy is like an exchange process between the therapist’s and client’s simultaneous analytic processes.

When we acquire this active attitude, we can work at a higher level. Also, the client can perform better and better, beyond the boundaries of common sense. The method of achieving this is the “Psychotherapy for Professionals.” It’s very exciting for us to break out of our shells and challenge what would be thought impossible. When we have the sense of alertness to catch the microscopic changes, the boldness to verbalize that, and the activeness that is at the base of psychotherapists’ attitudes, we can do a fine job, and it will defy common sense.

## A report of clinical practice:

### From a short-term therapeutic institution for emotionally disturbed children

Ryosuke Nomura, *Short-term Therapeutic Institution for Emotionally Disturbed Children "Aiikuen"*, Japan

What images do you have of short-term therapeutic institutions for emotionally disturbed children? Perhaps it is more difficult to picture them as clinical work settings compared to hospitals and schools.

So I am first going to illustrate short-term therapeutic institutions for emotionally disturbed children. Then, I want to discuss my clinical practice and tasks, which I always feel the institution face. .

The Child Welfare Act in Japan states that "A short-term therapeutic institution for emotionally disturbed children shall be a facility intended for admitting children with mild emotional disturbance for a short term or having them commute there from their guardians in order to cure their emotional disturbance, as well as intended for providing consultation and other assistance to those who have left there." This law requires that professionals such as a physician, psychotherapist, child care-worker, nursery staff, clinical nurse, dietician, cook, teachers (if there is established classes) be placed. At these institutions, the staff works together and conducts an "integrated environmental/milieu treatment," combining the following three fields: livelihood support, educational support, and therapeutic support.

"Livelihood support" is provided mainly by a child care-worker and nursery staff, dealing with daily living inside the institution. The children reside in the institution and so share their daily lives with staff members, wherein they develop a sense of trust toward others, a sense of safety in a group, by receiving real care and having relationships with others.

"Educational support" is a learning support, given in classes inside the institution or adaptation classes. Having the opportunity to relearn is important in insuring a child's future and promoting his or her self-esteem.

Lastly, I will explain "psychological support" by giving an example of my work as a therapist at "Aiikuen". One of the roles as a therapist at Aiikuen is providing outpatient psychotherapy at a rehabilitation center, the affiliation of Aiikuen . Most of the time, children are admitted through here; meaning that a therapist carry a role of meeting children first in the institution. Therefore a therapist is responsible for as-

sessing children through outpatient psychotherapy, introducing Aiikuen to the child, and sharing with him or her therapeutic tasks which we set to treat. A therapist also conducts psychotherapy for all the children and their guardians at Aiikuen. There are a few purposes for doing psychotherapy with the guardians, and here I would like to put particular emphasis on their participation in psychiatric interview itself as it represents their willingness of committing to treatment. Although treatment at these institutions is carried where children are separated from their guardians, the ultimate goal is for the children to live with their guardians. Hence, the guardians are also asked to participate in the treatment, rather than leaving it all to the institution after their children's admission. I believe this guardian's willingness to participate in the treatment is critical to the short-term therapeutic institution for emotionally disturbed children. If guardians ended up depending on the institution without committing to the treatment, their children could be easily abandoned, resulting in a situation where children cannot return to their homes. Recently, there has been an increase in the number of abused children who come to these institutions. These cases show a parent's poor motivation for treatment and would likely to fall into the situation described above. This may lead to a discontinuation of the treatment at large, "family reintegration", which the institution aims for. In this case, the institution can no longer serve as a therapeutic facility, instead it becomes an orphanage. In order to carry its original function as a therapeutic facility, the institution is left with a task of keeping a relationship with these guardians and helping reintegrate their family, especially in the growing number of abused cases.

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