Brief Therapy Practice in Japan from 1998 to 2008
-Trends and Future Prospect-

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ABSTRACT. In this study, we reviewed 49 articles (66 cases) of Brief Therapy practice published in Japan from 1998 to 2008. Main focus of this study was to examine the trend of Brief Therapy practice in Japan with the cases classified according to the amount of total sessions, clients’ symptoms and major complaints. We also investigated the application of Brief Therapy technique to consult with other professionals, and to single session therapy and eclectic psychotherapy. Moreover, we reviewed Brief Therapy technique applied by other professionals. Finally, we discussed future prospects.

KEY WORDS: brief therapy, case study, review

Introduction
In recent years, Brief Therapy has been widely used in psychotherapy setting. However, researchers have not examined Brief Therapy practices in Japan. Therefore, we reviewed Brief Therapy cases, which have been published in Japan from 1998 to 2008. The total amount of publications are 49 articles (66 cases)¹). Main focus of this study was to examine trend of Brief Therapy practice in Japan with the cases classified according to the total amount of sessions, clients’ symptom and major complaints. We also investigated the application of Brief Therapy technique to consult with other professionals, and single session and eclectic psychotherapy. Moreover, we reviewed Brief Therapy technique applied by other professionals.

A trend of Brief Therapy
The total amount of published papers
We presented the total amount of published paper from 1998 to 2008 at Figure.1. Comparatively, many case studies had been published from 1999 to 2003. However, the amount of publication has been decreased after 2003.

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Figure 1. The amount of published paper from 1998 to 2008
Total sessions
Next, we sorted out the publications by the total amount of sessions at Figure 2. Most cases were finished less than 10 sessions. Moreover, certain amount of cases was finished with single session.

Figure 2. Total amount of sessions

Major Complaints
Figure 3 showed the publications by major complaints. In the following analysis, we specifically examined the session process and the intervention by major symptom and complaint. We limited to examine the major complaints that had been introduced more than 4 cases. In addition, we examined the cases that were treated with Brief Therapy technique.

Neuroses and psychogenetic symptoms
As interventions towards neuroses and the psychogenic symptoms, effectiveness of the paradox technique has been reported (Aoki et al., 2000; Wakashima, 1998; Wakashima et al., 1999; Wakashima et al., 2000).

For example, Wakashima (1998) reported the case of alopecia. Client (CL) worried about ruminative thought.

Wakashima (1998) presented to CL a paradoxical intervention that “to try to think thoroughly”. In the case of olfactory reference syndrome (Wakashima et al., 2000), CL were asked to observe the time when others noticed that he had bad breath.

Aoki et al. (2000) reported the case of washing compulsion. The intervention for CL was to continue to wash his hand.

Hirose (2000) reported a therapy with mother and child. Child had a special phobia. In the sessions, Hirose (2000) presented a framework that the symptom of the child was existed for "the unity of the family". Hirose (2000)’s intervention aimed to associate the problem of the child with family relations.

In addition, Brief Therapy was applied with muscle relaxation method and "Dohsa-hou" for a psychogenic physical symptoms (Makino, 2006; Miyata, 2003; Nakanishi, 2004; Takahashi, 2000).

Makino (2006) reported the case that CL was obsessively worried about urination. Makino (2006) utilized an "externalizing" technique by naming CL’s symptom of the pollakiuria. This intervention was practiced in line with physical intervention, muscle relaxation.

Nakanishi (2004) has reported the case that CL was extremely tense. Nakanishi(2004)
conducted Solution Focused Therapy toward CL after making CL physically relaxed by having muscle relaxation method.

School refusal and Withdrawal
Ito et al. (1999) proposed for parents to work together on child’s school refusal. This intervention led to parental coalition that was the major factor for solving the problem. In the case of Wakashima et al (2000), school refusal of daughter was improved by reframing treatment. They introduced the framework of "shyness" toward a gruff attitude of father, and of "loneliness" toward a rigid attitude of mother. The aim of this treatment was to reconstruct marital relationship.

Wakashima & Yoshida (2006) reported the effectiveness of “do different approach” for school refusal and domestic violence. They aimed to change the vicious circle that parents tried to teach IP not to behave violently. The intervention for parents was to express their pleasure to child when IP was in good mood. After the intervention, both school refusal and domestic violence had been improved.

Eating disorders
Saito et al. (2005) introduced the case of a daughter with eating disorder (IP). He had sessions only with IP’s mother. He presented three interventions for the family; 1) not to talk about meal and instead of that, talk about father’s mistakes, 2) to give IP the birthday present from father, 3) to convey IP a message from mother that father felt lonely because he did not have contact with IP.

Kondo (2004) has reported the case that a female student worrying about her insufficient food intake. Kondo (2004) asked her to observe the time when she could eat food exceptionally. In addition, Kondo (2004) asked her to record own feeling after a meal and the time when she could eat food which she could have not eaten before.

Victim support and Crisis intervention
Murakami (2001) reported the therapy toward a victim of sexual harassment. He proposed two interventions; 1) to continue what she had been doing because her answer to scaling questions that the situation improved from negative 100 to 0, 2) to observe the time when she did not suffer from fear of assailant and how she behaved at that time.

Massaki et al (2008) conducted a therapy toward a victim of arson by older brother. Therapists aimed to return CL to a normal life. CL criticized his father because father did not attempt to talk about his brother. Therapists presented the framework that father did not want CL to worry any more. Hence, father had never talked about his brother.

Massaki et al (2008) also reported the case toward a victim of robbery. He shed a light on CL’s existed exceptions and asked CL to set realistic goals. In addition, he worked on physical relaxation by hypnosis.

Kondo (2004) conducted a therapy to CL with hypnosis. In the sessions, Kondo (2004) complimented the part that CL had already worked out well.
Characteristic utilization of Brief Therapy

Brief Therapy for consultation

Brief Therapy was utilized as consultation in school settings (Tsugawa, 2003; Yoshida & Wakashima, 2005).

Yoshida & Wakashima (2005) reported the consultation with mother of a boy with psychogenic fever and school nurse of his school. The intervention for mother was not to talk with her child about his physical condition or fever but talk about television. On the other hand, Yoshida & Wakashima (2005) asked the school nurse to play “janken”, rock-paper-scissors, with the boy before passing a thermometer to him. Boy’s symptom had been improved after the interventions.

Single session Brief Therapy

There have been Brief Therapy cases finished with single session (Omae, 2000, Ichikawa, 2000 Uda, 1999).

Omae (2000) reported Brief Therapy cases finished with single-session. One of Omae’s (2000) CL was a mother of male truant, who complained about the classroom teacher of her son. The other CL was female junior high school student, who had trouble with friends and with attending class because of abdominal pains. One treatment was to evaluate the way in which CL had coped with the problem. Omae (2000) also worked to normalize the CL’s problem and to encourage CL to be optimistic for future.

Utilization by other professionals

There have been cases that other professionals utilized Brief Therapy techniques. (Arikado, 1999; Ichikawa & Miyazaki, 1999; Kaku, 2002; Satake, 2000).

Arikado (1999), a high school teacher, reported the case of a school refusal student. He made home visits to intervene the problem. He conveyed positive messages toward the problem. He also worked on the interaction between parents of the students. As the result of the interventions, the amount of school absence had been decreased.

Ichikawa and Miyazaki (2002) reported the case of junior high school students. The interventions were aimed to elicit existing resources. The treatments were practiced with study support in educational counseling setting.

Sasatake (2000), a family court probation officer, reported the case of male juvenile delinquent, who conducted violence towards teachers. He applied the scaling question toward the boy to change his image of teachers.

In addition, Kaku et al (2002), psychiatrists in general hospital, introduced the framework that the symptoms of a patient as “a physical disease”. As the result of intervention, patient had become to see own symptoms as manageable.

Furthermore, Oshita (2003), a social worker, focused on patient’s existing exceptional behaviors. The aim of the intervention was to change from negative self-concept of the patient to more positive and to stop problem-solving behaviors of the patient.

Utilization in eclectic psychotherapy

Ando (2003) reported the effectiveness of SFA
ITAKURA et al.

(Solution Focused approach) with Rational-emotive behavior therapy to work on an irrational belief of CL.

Kim (2005) showed the effectiveness of the SFA techniques for a battered child with emotional disturbance. In the beginning of the sessions, he conducted play therapy. Subsequently, he utilized play in the therapy as a treatment based on SFA.

Baba et al. (2002) applied SFA techniques to conduct psycho-education for patients of eating disorders and their family in group work setting.

Nakanishi (2004) conducted a SFA based therapy toward the student who had an irrational belief that "my friend should always be happy". As the result of the treatment, the student had noticed the idea as irrational.

Nakajima (2002) reported the cases attempted to integrate SFA with Transactional Analysis and Redecision Therapy.

**Proposing new theoretical frameworks and psychological support system**

As a new framework for Brief Therapy practice, there has been proposed Double Description Model (DDM) that integrates the BFTC model and the MRI model (Wakashima et al., 2000).

Wakashima et al. (2000) reported the case that was treated in this framework. The client suffered from panic attacks. During the sessions, Wakashima et al. (2000) had trouble to find exceptions for CL's problem. Therefore, Wakashima et al. (2000) turned to paradoxical approach, the MRI framework. The intervention was to ask CL to work differently on the problem.

In addition, Hanada et al. (2001) reported the case with CL who had incestuous affairs with father. Hanada et al. (2001) applied the problem-interaction model for this case. Problem-interaction model has been proposed based on the findings from basic research. In this case, a problem for CL was not to have a conversation with father about incest. Hanada et al. (2001) utilized a tool of writing a letter to talk about the incest with father. Writing a letter required less interaction than having a conversation in face-to-face situation.

Wakashima et al. (2000) has proposed Speed of Information Recurrence model, a new framework in system theory. The model involves time concept on the systems theory.

Moreover, Brief Therapy based home visit approach has been reported for truant students (Yoshida et al, 2003).

Yoshida et al. (2003) reported the practice of the Mental Communication Research (MCR) project, which worked on truant students and the family. Yoshida et al. (2003) maintained that it is effective to support truant students with Solution Teacher, home teacher for truant students. Solution Teacher works on study support of truant students and enhances self-affirmation of the truant student by complimenting them. In the practice of the MCR project, there are also approaches towards parents of truant students. MCR Consultants conducted therapy for parents. The aim of conducting therapy with the parents is to enhance parents’ self-affirmation and to
improve marital relationship.

Discussions
In this study, we reviewed 49 articles (66 cases) of Brief Therapy practice published in Japan from 1998 to 2008. Given that findings from examination, we can indicate suggestions for Brief Therapy practices.

First, we can suggest the effectiveness of paradoxical intervention for neurotic symptoms, especially obsession and anticipatory anxiety. Anticipatory anxiety generates more problem-solving behaviors. Therefore, the paradox technique was effective to solve the problem because the treatment provides CL the sense of control toward the symptom.

As for the case of school refusal, the examination of this study indicates the effectiveness of work with the other family members rather than truant student directly. It is especially effective to have sessions only with the other family members when IP is not motivated to visit therapy sessions.

In addition, it might be a key factor to strengthen the marital relationship for improving school refusal. Application of the framework of MRI (Mental Research Institute) model is also recommended in the case of that IP is difficult to participate in the therapy.

As for intervention to psychosomatic symptoms, the physical approach such as muscle relaxation works on effectively. Therapist has better to work on physical symptoms in Brief Therapy framework rather than the problem that is difficult to control and change.

SFA have an effect for crisis intervention including the victim support. SFA has been widely utilized in an individual therapy setting where the focus of the sessions is CL’s own problem. We can imply that it is effective to empower CL by focusing on the existing exceptions.

Next, the Brief Therapy framework had been widely utilized as consultation technique in school settings. It is necessary for therapists working in school to give concrete advises to teachers. Consultations based on the Brief Therapy framework are useful to provide coping method to problem because Brief Therapy practice allows teachers to find concrete goals.

The utilization of SFA is reported for most of the single-session therapy cases, and the cases applied Brief Therapy Technique by the other professionals. Especially, searching existing exceptions had been commonly applied the cases finished with single-session.

We can argue that SFA might also be a productive approach in the settings of telephone counseling and child guidance centers. Because most therapy is finished with single session in those settings.

SFA is mainly utilized when applying Brief Therapy with other therapy framework. Since, it is easier to focus on and utilize the existing changes rather than other treatment strategies. Therefore, SFA can be fit with other therapy framework.

Moreover, studies of Yoshida et al. (2003) suggest visit help to the truancy was efficient. Recently, truant students have not always been
required to return to school because it has been common for truant students to go to adaptation class, free school, and correspondence course school. Because of the social structure change, school refusal and social withdrawal might have been more prolonged than before. It should not be limited to have sessions in counseling room to support CL but, as home visit, we should be more flexible to work on the problem in Brief Therapy framework.

In addition, Hanada et al. (2001) showed the possibility to apply basic research findings to clinical practice. Basic research can provide the validity and its reliability of the interventions for clinical practices and would promote to make revisions of existing framework and generate new therapy framework.

There have still been limited numbers of Brief Therapy cases published in Japan. Therefore, future studies should examine Brief Therapy practice in the other countries to find more amounts of effective interventions.

References


BRIEF THERAPY PRACTICE IN JAPAN FROM 1998 TO 2008


2) Dousa-hou is a psychological rehabilitation process to promote education, health, and psychological care of the children with disabilities.