

Psychological approach to
Tojisha Kenkyu studies of people
(diagnosed) with mental illness
Tomoe Kodaira¹, Takehiko Ito²

¹Seirei Christopher University, Hamamatsu, Japan

²Wako University, Tokyo, Japan

PS25P-14-398, Exhibition Hall Poster 4, Pacifico Yokohama

Poster presentation in ICP2016 p.231

16:30-17:30, July 25, 2016

Problem: What is *Tojisha Kenkyu* (*Self-directed research*)?



- Tojisha Kenkyu was born from daily activity of Bethel (social welfare cooperation located in Urakawa Town, Japan) members who suffer with schizophrenia and other mental disorders.
- Research topics or themes are mainly from daily issues that the clients (and their family members, and sometimes supporters (social workers, nurses, etc.) face in every day life. Research starts with a question of “What is troubling me?”
- Tojisha Kenkyu treats hallucinations and delusions as most important materials for research findings and solutions for healthier and easier life. Also a person’s success stories are as important as hallucinations and delusions.



Sato, S. et al. (2014). How can Tojishya Kenkyu (self-directed research) deepen student’s self-understanding? :Effectiveness of Tojisha Kenkyu for better understanding of self. SWSD.

Steps necessary to conduct Tojisha Kenkyu (self-directed research)

- 1) **Differentiate between the "problem" and the "person"**: Change how you think about yourself from "I ' m Hiroshi who keeps blowing up" to "I'm Hiroshi who is struggling with the issue of how to stop blowing up even when I don't want to.
- 2) **Create a self-diagnosis**: Don't just use the medical diagnosis but create your own self-diagnosis that encapsulates the meanings and circumstances of what you are struggling with. For example, "Schizophrenia: Runs-out-of-money-by-the-end-of-the-week type." This helps your peers understand what you are struggling with and helps them talk about it. It's an important part of you feeling ownership over your problems.
- 3) **Figure out the patterns and processes of your problems**: There must be some rules that regulate how your symptoms occur, actions that lead to them occurring, or things that lead to problems such as "running out of money."
- 4) **Try to think of concrete ways that you can help yourself or protect yourself and scenarios where you can practice them.**
- 5) **Verify your results.**

(Nakamura 2013: p174; Mukaiyachi 2005: 4-5)

Philosophy of Tojisha Kenkyu

- 1 Study yourself together
- 2 Let's create your unique disease name
- 3 Weakness is strength
- 4 Experience is treasure
- 5 Make the problem shelved
- 6 Not to gaze but to observe
- 7 Recovery of thinking
- 8 Separate the problem and the person
- 9 Subjectivity, Reverse, Counter-common sense
- 10 Daily life space is an important laboratory
- 11 Anytime, anywhere, all the time
- 12 And yet, smile (humour)
- 13 Change the Words
- 14 Change the Behaviour
- 15 Disease also wants recovery
- 16 *Tojisha Kenkyu* not by brain but on foot
- 17 Newer philosophy will emerge further

表2 当事者研究の理念

番号 理念の内容

1	自分自身で、ともに！
2	「自己病名」を決めよう！
3	「弱さ」は力
4	経験は「宝」
5	「苦勞の棚上げ」をする
6	「見つめる」から「眺める」へ
7	「考える」ことの回復
8	「人」と「問題」を分けて考える
9	主観・反転・“非”常識
10	生活の場は大切な「実験室」
11	いつでも、どこでも、いつまでも
12	にもかかわらず笑うこと（ユーモア）
13	「言葉」を変える
14	「行い」を変える
15	病気も回復を求めている
16	当事者研究は頭でしない、足です
17	これからも新しい理念が付け加わる

*（べてるしあわせ研究所・向谷地20）より筆者作成）

Process of *Tojisha Kenkyu* as collective discovery by socialization, externalization, combination & internalization

(SECI model by Nonaka in Ito, 2011)

図3 多次元尺度法 (MDS) による当事者研究の理念の布置図

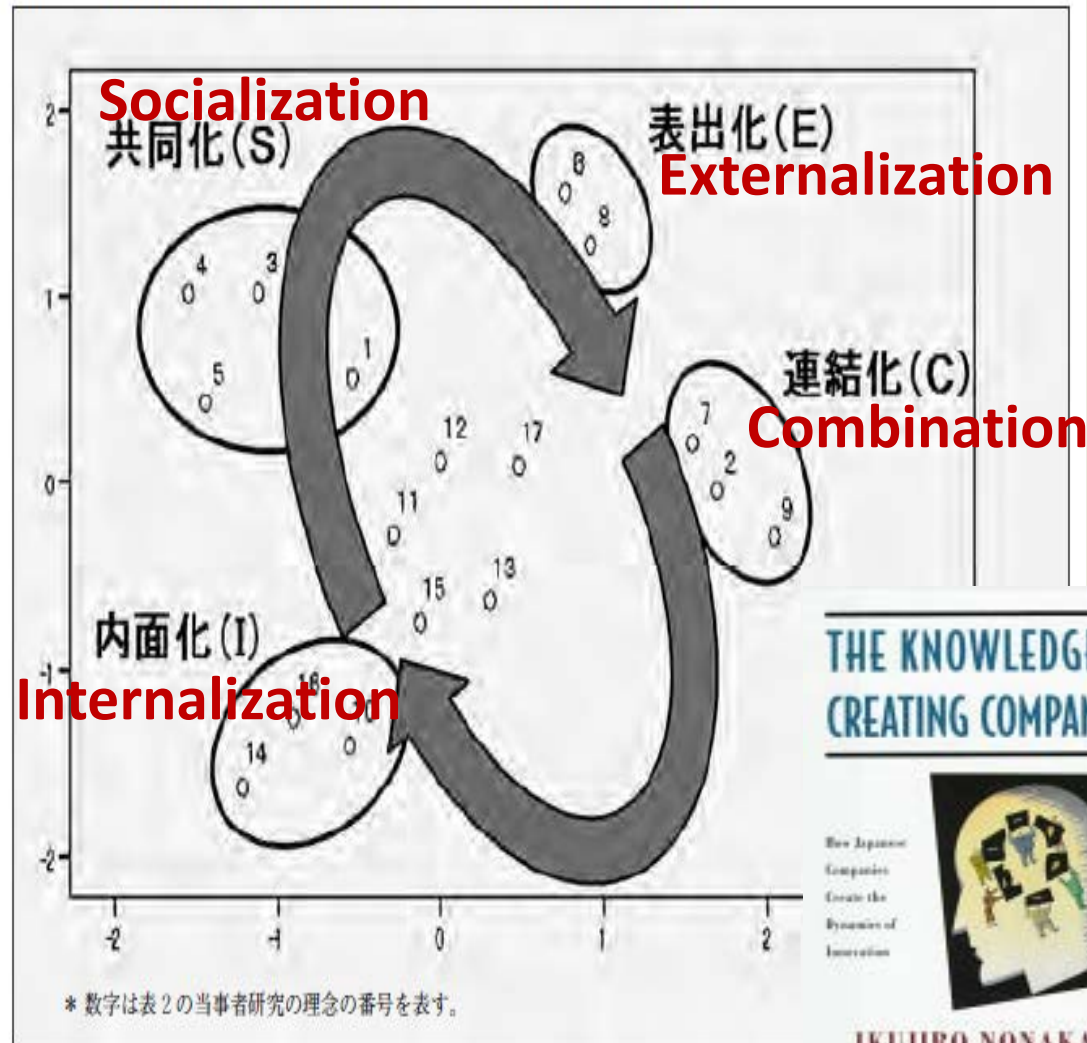
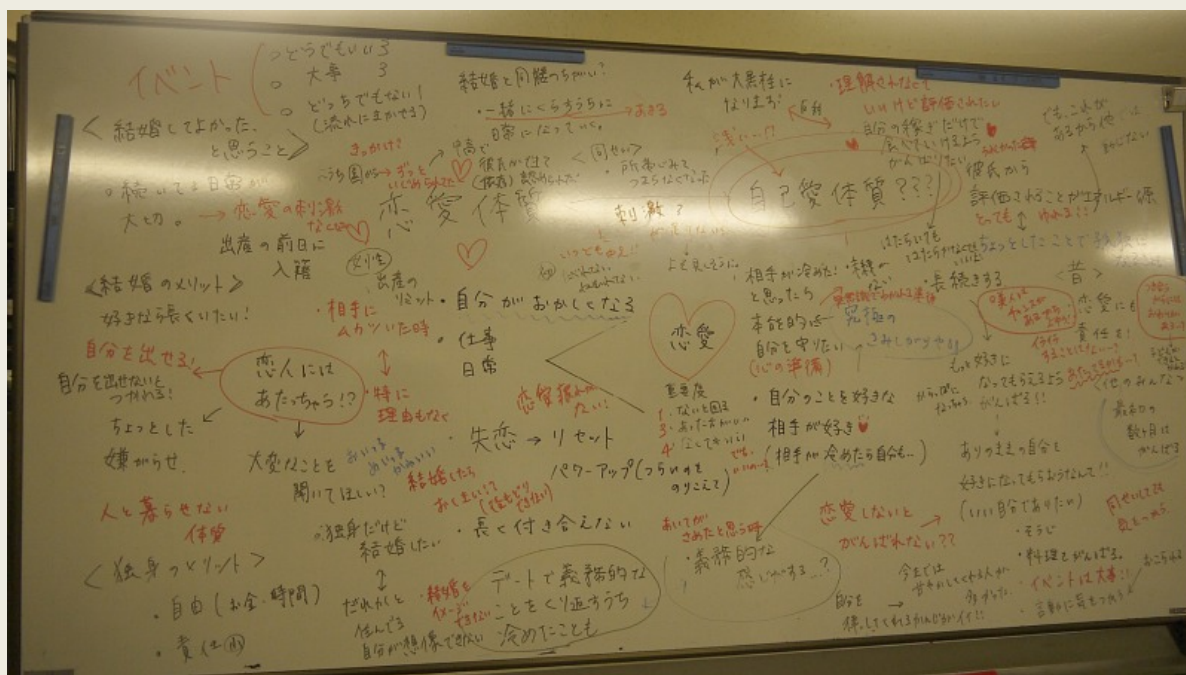


表2 当事者研究の理念

番号	理念の内容
1	自分自身で、ともに！
2	「自己病名」を決めよう！
3	「弱さ」は力
4	経験は「宝」
5	「苦労の棚上げ」をする
6	「見つめる」から「眺める」へ
7	「考える」ことの回復
8	「人」と「問題」を分けて考える
9	主観・反転・“非”常識
10	生活の場は大切な「実験室」
11	いつでも、どこでも、いつまでも
12	にもかかわらず笑うこと (ユーモア)
13	「言葉」を変える
14	「行い」を変える
15	病気も回復を求めている
16	当事者研究は頭でしない、足です
17	これからも新しい理念が付け加わる

* (べてるしあわせ研究所・向谷地20) より筆者作成)



Snowball effect of distress

A formulation in Tojisha Kenkyu

苦分の雪だるま理論

The initial feeling is now invisible

Loneliness

I have no place to settle
I am lonely

Rolling

Rolling

Smiling with
Fear on
others evaluation
Passiveness, &
Self-negation

Drugs

I hate it!

Violence
Withdrawal

Other
Personality

“Why you do it?”
Friends
Family
Workplace



Recovery principle of rolling stones

A formulation in Tojisha Kenkyu

安心して
絶望できる人生

向谷地生良
mukaiji shigeru
浦河べてるの家
urakabeteru no ie



I am a ragged rock,
but I am OK.
Let's go with peers

“Ouch!”
Fighting,
Crying,
Helping, and
being helped

Sadness,
Loneliness,
Weakness,
Banging
each other

Together with
comfortable
peers

Polished smooth
stone

Formulation by UK psychologists and Tojisha Kenkyu in Japan

JOHNSTONE & DALLOS 2014 Formulation
in Psychology and Psychotherapy (2nd ed) ROUTLEDGE

How Dan came to understand his problems

A formulation identifying vicious circles
(the arrows represent what leads to what):

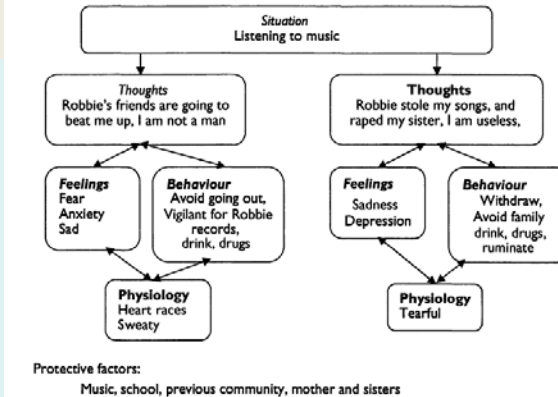
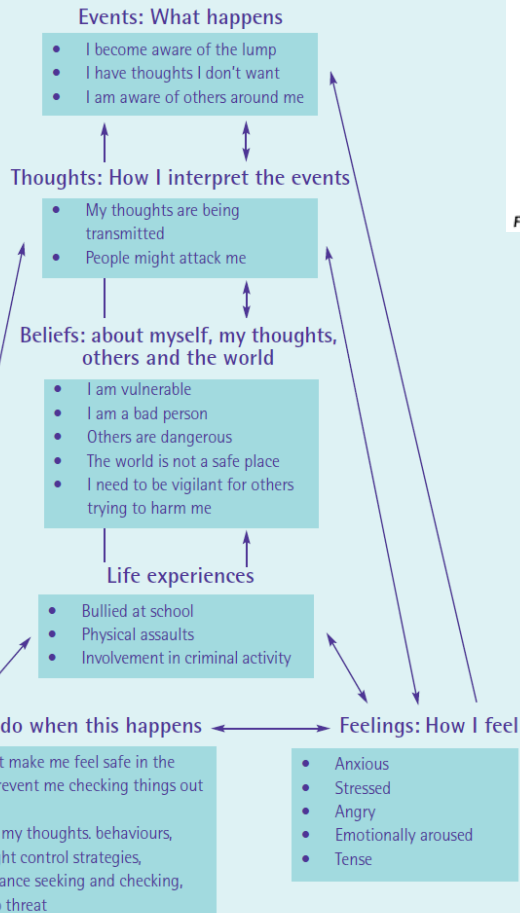
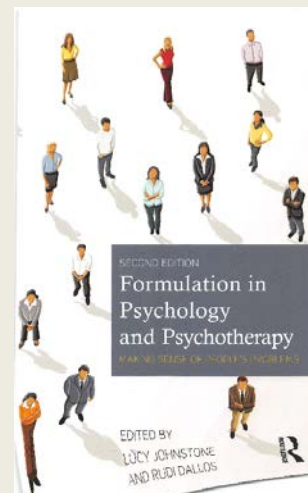
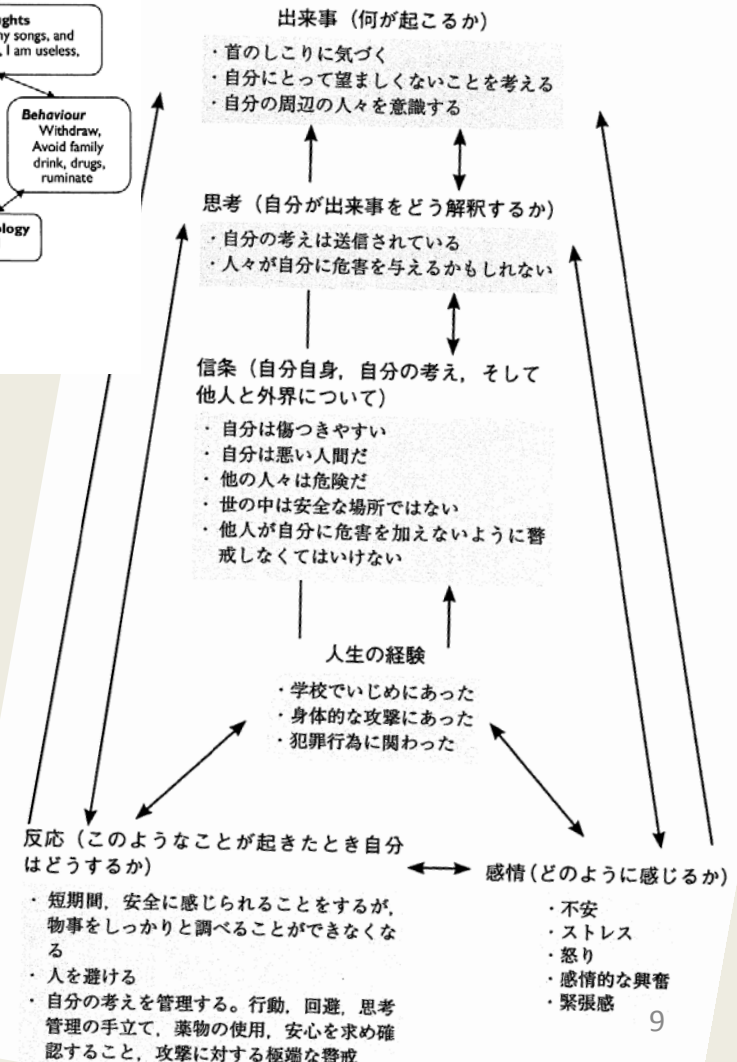


Figure 2.6 Jack's longitudinal formulation



ダンが自分の問題を理解するに至った過程
—悪循環を識別するフォーミュレーション—
(矢印の方向は何が何を導いたかを示す)



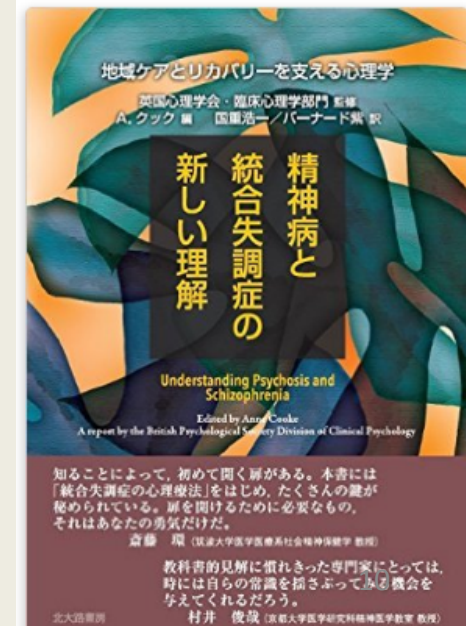
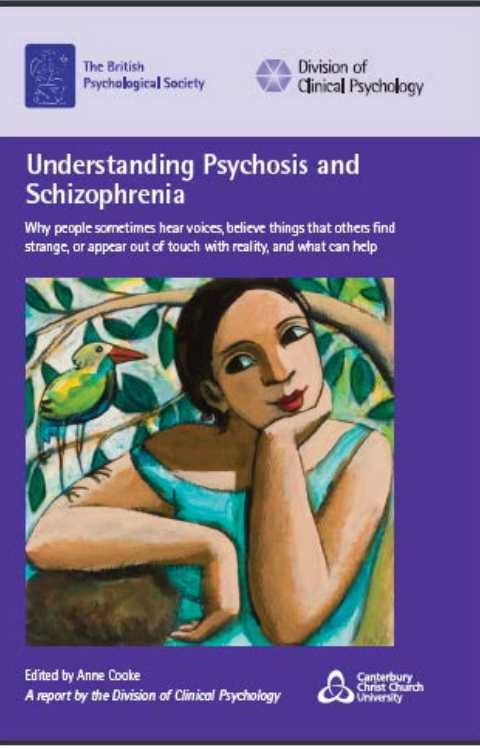
‘Tojisha Kenkyu’ in Japan and ‘psychological formulation’ in UK

• Commonalities

- Based on dialogue and narrative
- Cognitive-behavioural approach
- Interactive approach
- Visualization of results

• Differences

- Client- Therapist dichotomy
- Cooke 2014 Understanding Psychosis and Schizophrenia. British Psychological Society (A.クック 編 2016 精神病と統合失調症の新しい理解 北大路書房)



Open dialogue in Finland

©Cook, 2014 Open Dialogue:

Where services use this approach, as soon as someone is referred workers ask for their permission to arrange regular meetings.

Meetings could include mental health staff, the person themselves and all those around them including family members, employer, neighbours and friends. The meetings offer a chance for all those involved to listen to each other and take seriously each other's understanding of what is going on. All decisions are made at these meetings. It is reported that within such services, fewer than a third of people are prescribed neuroleptic medication.

©Saito, T. (2015).

©Mukaiyachi (2015).



‘Tojisha Kenkyu’ in Japan and ‘open dialogue’ in Finland

◎Commonalities

Community based

Group based

Dialogical process

Opening of information of weakness

Equality between professionals and nonprofessionals

Collective approach

◎Differences

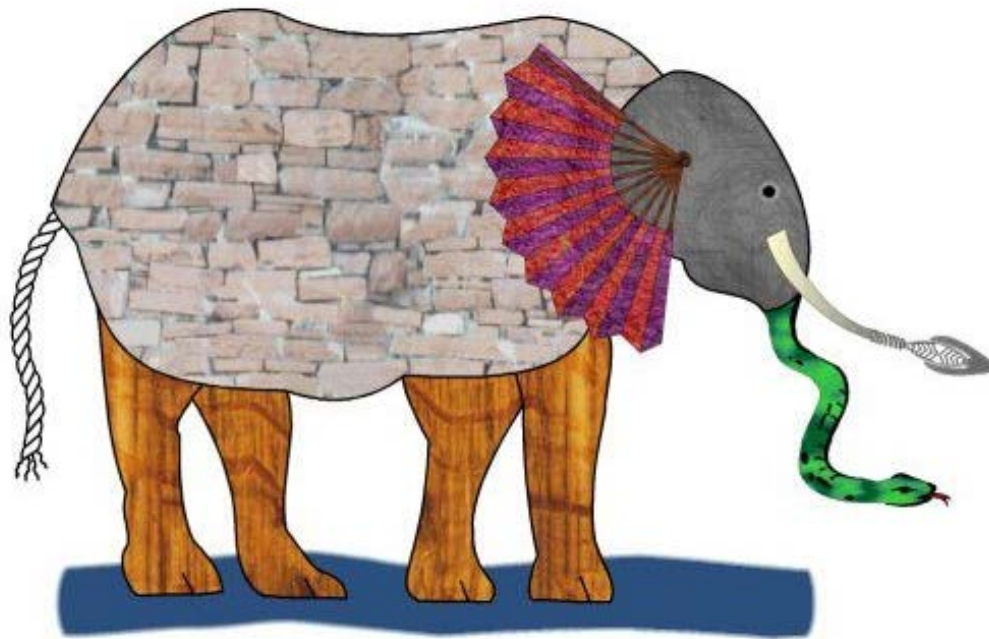
Family based vs. Non-family based

Open dialogue within vs. open to audience



Limitation and Conclusion

THE BLIND MEN AND THE ELEPHANT



John Godfrey Saxe's (1816–1887) version of the famous Indian legend,