Psychological approach to
*Tojisha Kenkyu* studies of people
(diagnosed) with mental illness
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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
Process of *Tojisha Kenkyu* as collective discovery by socialization, externalization, combination & internalization (SECI model by Nonaka in Ito, 2011)
当事者研究の部屋
Snowball effect of distress
A formulation in Tojisha Kenkyu

I have no place to settle
I am lonely

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

The initial feeling is now invisible

I hate it!

“Why you do it?”
Friends
Family
Workplace
Recovery principle of rolling stones
A formulation in Tojisha Kenkyu

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):

Events: What happens
- I become aware of the lump
- I have thoughts I don’t want
- I am aware of others around me

Thoughts: How I interpret the events
- My thoughts are being transmitted
- People might attack me

Beliefs: about myself, my thoughts, others and the world
- I am vulnerable
- I am a bad person
- Others are dangerous
- The world is not a safe place
- I need to be vigilant for others trying to harm me

Life experiences
- Bullied at school
- Physical assaults
- Involvement in criminal activity

Responses: What I do when this happens
- Doing things that make me feel safe in the short term but prevent me checking things out
- Avoiding people
- Trying to control my thoughts, behaviours, avoidance, thought control strategies, drug use, reassurance seeking and checking, hypervigilance to threat

Feelings: How I feel
- Anxious
- Stressed
- Angry
- Emotionally aroused
- Tense

Figure 2.6 Jack’s longitudinal formulation
‘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.

‘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,