

Introduction to Case Study Special Issue-- Case Studies in Japan: Two Methods, Two Worldviews

SHIGERU IWAKABE ^{a,b}

^a Ochanomizu University, Tokyo, Japan

^b Correspondence regarding this article should be addressed to Shigeru Iwakabe, Graduate School of Humanities and Sciences, Ochanomizu University, 2-1-1 Otsuka, Bunkyo-ku, Tokyo, 112-8610

Email: iwakabe.shigeru@ocha.ac.jp

Acknowledgements. Many thanks to Sarah Iwakabe for extensive translation, to Kaori Nakamura for rigorous editorial work, and Dan Fishman for continued support throughout this project.

ABSTRACT

This issue of PCSP presents two contrasting case studies in Japan. (A future issue will present commentary from four prominent psychologists representing various research backgrounds, and the responses to the commentaries by the two original authors.) Japanese clinical psychology has historically emphasized the central role of the case study in psychotherapy and the inseparability of it from practice, research, and training. There is a plethora of case studies published in Japanese academic journals of clinical psychology and many practicing psychologists are engaged in case study activities as a part of their professional development as a result. However, this centrality of focus has not led to the examination of methodological issues associated with case studies. What constitutes a good case study or what kinds of evidence are necessary for a valid inference in case study research are both largely untouched topics. The wide variety of case studies in Japanese psychology form a continuum from one pole consisting of the traditional narrative case study to the other, consisting of a scientifically precise single case design to objectively track the change in targeted symptoms. In this issue, we present two outstanding examples of each type of case study. While different in type, each of the two case studies presented in this issue represents a model of how systematic and rigorous case studies can be conducted and documented as a form of psychotherapy research. We provide these two models (a) to encourage more case studies that meet these methodological standards, and (b) to promote the discussion on differing case study methodologies.

Key words: psychotherapy in Japan; systematic case studies; case study methodology; qualitative research; systematic case studies; clinical case studies

PSYCHOTHERAPY IN JAPAN

Social and Cultural Context

Psychoanalysis and the major approaches to psychotherapy were introduced to Japan shortly after their inception in Europe and the U.S. (Shimoyama, 2010b). However, these were practiced by a limited number of psychiatrists and academics who usually maintained relatively small and informal practices. The need for psychological services came to widespread popular attention in the 1980s when economic growth and the rapid entrenchment of consumerist culture

contributed to changes in social values and to the traditional family unit, as well as to an increase in psychological problems experienced by adolescent children and their families. The main problems at the time were identified as family violence in adolescent children toward their mothers (*katei nai boryoku*) and middle school truancy (Futagami, 2007).

Counseling and psychotherapy in Japan have been rapidly developing and expanding since the 1990s in response to problems in education, such as the sharply growing rate of truancy and bullying in middle schools (Iwakabe, 2008; Iwakabe & Enns, 2012; Nishizono, 2005). In 1995, the Ministry of Education placed one school counselor in each public junior high school where these problems were most severe. This initiative represents the first governmental program involving certified clinical psychologists, the majority of whom consisted of school counselors. In the same year, the Kobe-Awaji earthquake hit Japan's second most populated area. By responding immediately to this disaster with the establishment of a psychological support center for survivors, psychiatrists and clinical psychologists contributed to the social recognition of mental health services (Shimoyama, 2001). The most recent twin disasters of the Tohoku earthquake followed by the Fukushima Nuclear Power Plant meltdown is another crisis for which Japanese clinical psychologists provided organized and continued support by forming a support center immediately after the incident. Nationwide training sessions on trauma care were held. Many psychologists are still involved in a variety of psychological work with survivors of this disaster.

The societal demand for the services of psychologists is increasing in many areas. In the domain of family life, problems related to child abuse in "ordinary families" due to *ikuji-fuan* (child rearing anxiety) prompted The Ministry of Health, Labor, and Welfare to start a series of nation-wide research and intervention programs to support young parents and their children (Minami, 1971). As a result of negative changes in the social climate triggered by a series of economic recessions, psychological problems related to work issues became a major concern. Many organizations started employee assistance programs in order to help workers cope with problems of depression and psychological dysfunction as well as to reduce the increasing rate of suicide due to work related issues such as burnout, power harassment, and office bullying (Ohta, Inadomi, & Tanaka, 2008). *Ikuji-fuan* and work-related psychological dysfunctions are rooted in the social and economic structures that have molded family life in Japan since the 1970s. It is more the rule than the exception that men work overtime with very little time left to get involved in parenting and child rearing activities. Women with families tend to be stay-home mothers with one child in historically anomalous nuclear family units. Their anxiety is intensified by feelings of isolation, a sense of burden, the pressure to educate and discipline their child in the "correct" way but without their husband's involvement, and even feelings of resentment and loss for having their careers interrupted.

The current and future era is often referred to as "an era of mind (*kokoro no jidai*).” Most recently, it has been referred to as an era of depression (*utsu no jidai*). The economic growth of the last 50 years that had brought Japanese people wealth and a high standard of living has undeniably ended. Japan's citizens now face the difficult challenge of reflecting on and reappraising a value system that was heavily tilted toward materialistic satisfaction and had structured their life style and social and gender roles (Kitanaka, 2011).

The Practice of Psychotherapy

Even though indigenous psychotherapies widely known outside of Japan such as Morita therapy and Naikan therapy have existed for over half a century, the overwhelming majority of Japanese psychotherapists follow major models of psychotherapy developed in western countries. Also, psychodynamic, humanistic and cognitive-behavioral therapies, respectively, have a relatively long history, and are now widely practiced throughout Japan (Kasai, 2009; Kitanaka, 2003). Family therapies and short-term therapies have more recently captured the attention and interest of Japanese psychotherapists. These theoretical schools have formed respective academic associations, which have organized annual meetings and published peer-reviewed journals since the beginning of the 1980s.

Japanese psychotherapists are eager to incorporate new developments and trends from western countries. Many psychologists took training in eye movement desensitization reprocessing (EMDR) after the Kobe-Awaji earthquake in 1995 to work with survivors of earthquake disasters. A number of books and articles have been published on narrative approaches and social constructionism in the last 20 years. Most recently, a number of clinical and academic associations of the so-called “third wave” of cognitive behavioral therapies, such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 2012) and mindfulness training, have been established.

There are two important characteristics of psychotherapy practiced in Japan. One is theoretical synergism. The other is the use of nonverbal tasks. According to a survey of membership conducted by the Japanese Society of Certified Clinical Psychologists (2006), 73.7% of Japanese clinical psychologists identified themselves as having an eclectic orientation, with 51.3% endorsing humanistic as a primary orientation, 42.3% as psychoanalytic/dynamic, 39.7% as behavioral/cognitive-behavioral, and 16.5% as systems oriented. Another survey by Iwakabe and Kanazawa (2006), based on a relatively small random sample (N=183), also revealed similar results, with over 70% of psychologists endorsing an eclectic approach. Interestingly, many of these psychologists are not trained in eclectic or integrative approaches and their eclecticism is based solely on their clinical experience and their professional development. Furthermore, their eclecticism often takes a form of syncretism in that different models and concepts are fused and combined relatively freely without any clear framework or the guiding principles that are central to approaches like technical eclecticism (Lazarus, 1992) or assimilative integration, in which techniques, attitudes and concepts from other therapies are systematically and critically assimilated into practitioner's home therapy (Messer, 2001). Many psychotherapists work in more than two settings that require different approaches. They are exposed to different approaches but are usually not trained long enough in any one approach. This syncretism is very common, as seen in many case studies in which the authors do not clearly state their theoretical orientations or the models they used for the treatment.

Many Japanese therapists incorporate in part of their work nonverbal expressive tasks using media, such as painting, drawing, and clay sculpture. The use of sandbox play (*hakoniwa*) is particularly popular (Enns & Kasai, 2003). The sandbox is used as one technique rather than as the sole method of practice and employed not only for children but also for teenagers and even

adult patients. The popularity of sandbox techniques is reflective of the clinical reality of psychotherapy in Japan. Many psychotherapists work with children and adolescents with interpersonal problems, who are often not comfortable discussing personal problems or verbally expressing their feelings in a face-to-face encounter. Furthermore, culturally based beliefs about language and verbal communication underlie and contribute to the integration of such techniques in therapeutic practice. Some psychotherapists believe that inner feelings may be more vividly and directly communicated by images evoked through these expressive media.

Indigenous Japanese psychotherapies can be referred to as non-talking cures due to the fact that many important therapeutic processes occur through silence and solitary introspection (Reynolds, 1982). These nonverbal features are conspicuous in *Morita* therapy and *Naikan* therapy. These therapies, which are informed by Buddhist values, have also gained popularity outside Japan (Hedstrom, 1994; Reynolds, 1995).

In Japan, the Foundation of the Japanese Certification Board for Clinical Psychologists (FJCBCP) accredits 2-year clinical psychology masters programs and 2-year masters level professional school programs. By 2012, 161 masters' programs and 6 professional schools had been accredited by the FJCBCP (Foundation of the Japanese Certification Board for Clinical Psychologists, retrieved 5/25/2013). The number of accredited schools has grown rapidly since 1996, when this accreditation system was established. Correspondingly, the number of clinical psychologists has been growing rapidly since the mid-1990s, when the graduate training system in clinical psychology was first established. The certification system for clinical psychologists started in 1988 with 1,595 members, and gradually grew to 8,788 by 2001. By April 2015, 29,690 clinical psychologists had been certified (Foundation of the Japanese Certification Board for Clinical Psychologists, retrieved 21/5/2015).

THE ROLE OF CASE STUDIES IN JAPANESE CLINICAL PSYCHOLOGY

Centrality of Case Studies

Case studies are recognized as central to the development of clinical psychology in Japan. According to Noda (2014) who sorted types of articles published in the *Journal of Japanese Clinical Psychology*, the official journal of the Association of Japanese Clinical Psychology (AJCP), over the last 10 years, over 60% of articles were clinical case studies in which the author narrated the course of therapy based on case records, while outcome information varied from case to case. Furthermore, the annual Bulletins of training clinics issued by the majority of graduate schools usually feature a number of case reports by and for trainees and faculty members. The very first issue of *Japanese Clinical Psychology*, which is a commercial journal established in 2001, featured case study methodology and posited it as central to clinical knowledge basis. The issue sold over 7,000 copies. A recent, 2013 special issue of this journal, now called the *Japanese Journal of Clinical Psychology*, is titled "Case Study as Clinical Method," and it captures the multiple roles that Japanese clinical psychology bestows to case study.

Case study is also positioned as a central activity in academic conferences of the AJCP and in continuing education. The annual conference of the AJCP is quite large, with 5,000 to 10,000 clinical psychologists and graduate students attending. The sessions that draw the largest number of attendees are extended case discussions in which a case presentation is followed with a commentary by a relatively experienced and well-known psychologist. These case sessions accounted for the majority of presentations until two years ago, when the organizing committee of the time decided to increase the number of research presentations. The audience is also interested in observing expert therapists in action: how the expert conceptualizes a case based on the same information that the audience has received from a presenting clinician, and how the expert dialogues about the case with the presenting clinician. There is vicarious learning by identifying with the presenter. In these discussions, psychologists tend to select a terminated “signature case” that was personally and professionally important to the presenter's clinical learning and professional development rather than an ongoing case for which the presenter seeks practical advice. Case presentations, in this sense, have some elements of “initiation.” Learning through cases is central to clinical psychology in Japan.

The Epistemological Underpinnings of Case Study in Japan

Hayao Kawai, a Jungian psychologist and the most influential figure in Japanese clinical psychology, laid out the epistemological underpinnings of case study as a primary method of investigation and clinical learning (2001). He borrows the Japanese philosopher Yujiro Nakamura's idea of clinical knowledge or practice-based knowledge (*Rinsho no Chi*) as the conceptual basis of case study. Nakamura (1992) asserts that knowledge in natural sciences and knowledge in human sciences are fundamentally different. Knowing in natural science prizes direct and objective observation of phenomena by detaching the personal subjectivity of the observer or researcher from the object of observation. He further identifies three central guiding principles of natural science as including universality, logicity, and objectivity.

In the human and social sciences, on the other hand, it is necessary to accommodate the singularity of life phenomena and mutuality of relationship in their epistemological foundation. For this goal, Nakamura proposes another type of knowing, which he calls clinical knowledge or practice-based knowledge, comprised of cosmology, symbolism, and performance. Cosmology is built on the recognition that all natural life occurs only once in the history of the universe and thus each person constitutes his or her own unique existence; therefore, this uniqueness and the novelty of each individual needs to be explored and described. Symbolism is the appreciation of the polysemous nature of things; that each phenomenon often means more than one or even two things at a time and can be interpreted in a variety of ways that are equally valid or meaningful. Finally, performance involves an emphasis on the agentic nature of human existence by focusing on the interaction between the human being and his or her environment instead of viewing the person as an inanimate object. Kawai considers this practice-based knowledge central to psychotherapy, and thus also to case studies, which concern themselves with understanding the potential meaning of events and actions that have contributed to psychological problems, growth, and change. However, Kawai does not completely deny the role of science in psychotherapy. He argues that science, art, and religion all equally but differently contribute to psychotherapy and its case studies.

Kawai also proposed an inter-subjective view of the generalizability of the case study and quality criteria for case studies. Kawai notes that the generalizability of a case study is not limited to matching of the client characteristics and backgrounds, but is enhanced by reaching the realm of inter-subjective universality. When the therapist, and thus the author (and presenter) of the case study has been fully engaged in reflecting the process of psychotherapy and its readers (and the audience) are also actively and deeply engaged to imagine similar past experiences and future scenarios, they are together able to examine phenomena that are not directly observable otherwise. Here, readers are not concerned with the matching of factual information; rather, they strive to capture concepts, themes, and meanings that underlie the factual details of a case. Phenomena of inter-subjective universality are not immediately manifested or expressed directly in text or by language, but they are co-created through this mutual reflexive involvement. Kawai seems to posit the empathic attitude of therapists that allows an imaginary entry into the world of others by activating image, sensation, and past experiences as fundamental in case studies and the increasing the generalizability of the case study.

A good case study, according to Kawai, is similar to a good artwork such as a painting, a drawing, or a novel. Does a case study inspire its readers, provide clues into other cases, evoke motivation to be a better therapist, and move them emotionally? It has to have an artistic impact that evokes inter-subjective universality: The development of an innovative new concept or technique as well as skillful use of it won't be esteemed highly unless a case study has this orientation toward inter-subjective universality (2001, p. 9). The criteria that Kawai raised are similar to the artistic and evocative criteria for qualitative research proposed by Patton (2002). Artistic and evocative criteria focus on aesthetics, creativity, interpretive vitality, and expressiveness. Case studies are considered a form of literary works. Artistic and evocative criteria include a feeling dimension that communicates the truth or the essence of the phenomenon of interest.

The three components of clinical knowledge—cosmology, symbolism, and performance—capture the reality of the practice of psychotherapy and are all intuitively appealing to clinicians. Kawai's view has echoed the sentiments of many psychotherapists who value learning from cases as central to professional development and clinical inquiry and who have been doubtful about the clinical relevance of findings from research in formal academic psychology. Kawai also provided a convincing rationale for their operating worldview that values experiential learning from single cases. His view received the unequivocal emotional support of all Japanese clinical psychologists except for behavior therapists, who advocated objective measurement and controlled research designs.

Kawai's outline of case study methodology was never fully and systematically developed into a clear methodological framework that defined specific procedures and formats. The intuitive appeal of his theory may have concealed ambiguities within it. Inter-subjective universality, which was considered a more sophisticated form of generalizability than the matching of client characteristics and treatment parameters, relies on the rather ill-defined idea of interpersonal connection between the therapist and readers through conceptual intuition, experiential imagination, and identification and defies a concrete and specific description. Kawai

(2001, 2002) stated that psychotherapy has elements of art, science, and religion but he did not discuss how these elements can be integrated or when one element comes to the fore over the other two. Furthermore, although he often emphasized the similarities between art and psychotherapy, the differences were not discussed. Finally, Kawai's criticism of scientific method is often based on a relatively simplistic notion of natural science, and he did not closely examine any particular research study design.

Contextual Factors Leading to Case-Oriented Structure

The centrality of case study as well as case-based activities in Japanese clinical psychology has been grounded not solely in epistemological considerations but has also been triggered by the socio-cultural context surrounding the development of clinical psychology in 1960. According to Shimoyama (2001), who describes the historical development of clinical psychology in Japan, the Japanese Association of Clinical Psychology was first established in 1964. In the annual board meeting in 1969, members were divided into two opposing groups: one advocating for the reorientation of the association as an activist group to protest the inhumane treatment of mental patients in psychiatric hospitals, and the other group promoting the establishment of a national licensing board of clinical psychology. This original Association was eventually dissolved due to this fundamentally irreconcilable difference. The Japanese Association of Clinical Psychology was reformed in 1973 with those members who had advocated political activism, while the majority of members left the association. The first effort to establish the national license system was put on hold for over 40 years until very recently.

This political upheaval was traumatizing enough to keep clinical psychologists from pursuing activities like the establishment of a national licensure system, building close ties with the rest of academic psychology, and organizing a national level organization. Instead, groups of clinicians periodically gathered to have an extended discussion on specific cases. This became the format for Japanese psychotherapists to communicate, learn, and to build collegial relationships through discussion of specific cases. The Association of Japanese Clinical Psychology (AJCP) was formed in 1982 with 1277 members. Hayao Kawai was elected as the first president. The AJCP started from the series of case discussion meetings, while research-based studies were almost always an exception. The strong emphasis on practice-based knowledge and thus case study, as Shimoyama points out, is partly due to this socio-cultural background behind the development of clinical psychology in Japan.

Criticisms and Challenges

In spite of the fact that the case study is given this central position in theory, research, practice, and training for clinical psychologists, there is surprisingly little written on how to conduct case study research or how to write up case reports. Indeed, there seems to be a presumption shared by many psychologists that articulating specific procedures of case study spoils what case studies are about. This seems related to a cultural emphasis on learning through disciplined observation and reflection. This tendency is pronounced in the area in which expert skills gained over many years are valued as they are in the traditional arts and other specialized occupational training. The basic attitude and mindset of psychotherapists is often taught this way.

Most of these case studies are clinical case studies in which the therapist recounts the process of therapy focusing on specific theoretical constructs that were central in understanding the client's problem as well as the course of therapy. These case studies most often lack a systematic framework of research: there is no clear research question posited, quantitative outcome data is minimally presented, and data gathering and analysis largely depends on the therapist's intuitive judgment. Proponents of case studies distinguish "true" case studies, which address theoretical questions using case materials, from case reports, whose goal is primarily to describe the process of therapy and identify contributing therapeutic factors. However, this distinction is not clear in practice.

Shimoyama (2002, 2010a) warns that this uninformed acceptance of case study as the primary research method may have delayed the development of Japanese clinical psychology and calls for attention to the importance of scientific research methodology. He encourages shaping the methodological criteria of case study research by systematically incorporating guidelines for qualitative research. He also proposes a pragmatic research method in which a model of intervention is constructed from a series of within-case and between-case analyses. Shimoyama emphasizes repeating the process of articulating, testing, and refining a series of working hypotheses until the saturation is reached as a key to control the researcher's bias in examining case materials.

Iwakabe and Koyama (2002) similarly questioned the overall structure of academic and clinical knowledge built from case studies in Japan. They pointed out that case studies are simply scattered in journals and do not form a systematic body of clinical knowledge. They proposed building a systematic case database of published case studies so that clinicians and trainees can search, locate, and refer to case studies relevant to their clinical and training needs. Iwakabe (Iwakabe, 2005; Iwakabe & Gazzola, 2009) also proposed meta-case studies in which a researcher compares and contrasts more than two case studies in order to draw clinical implications for working with specific client problems under specific conditions. Shimoyama and Iwakabe both aimed at developing single case studies into a systematic research program and, in conjunction with this, establishing the validity criteria for case studies by introducing formal qualitative research methods.

Behaviorists Offer a Competing Approach

Behavior therapists in Japan have taken a stance towards case studies that is different from the mainstream of Japanese clinical psychology. Many of these behaviorists are academic psychologists working in educational or clinical settings. They help teachers and parents control specific behavioral problems of children with specific disorders. Their aim is not the solution of personal conflicts, or psychological growth, but rather improving adaptation to the environment by targeting specific behavioral change using applied behavioral analysis. The behaviorists have held up as the ideal the single case experiment designs delineated by Kazdin (1982) and Barlow, Nock, & Hersen (2008). Using this model, the behaviorists have had both a scientific goal—to establish the scientific rigor that was lacking in mainstream case studies in Japan; and also a political goal—to achieve social validation so that psychology can gain recognition from stakeholders such as governmental agencies, educators, and other helping professions.

Case studies by behavior therapists have taken a more standardized format of general case study research (e.g., Yin, 2014). The rationale for the choice of a case is clearly stated, beyond the case being of personal significance to the therapist. The assessment information includes objective measures of targeted problems over time such as structured behavioral observation, physiological measures, and self-report questionnaires. Intervention is usually structured or manualized. Finally, a single case experiment design is most often employed to establish the causal relationship between intervention and change in targeted problems. The behaviorist orientation may be apparent in the description of the course of therapy, which tends to remain at the level of objective behavioral description, with minimal inferences into the psychological state of the client. The therapist's subjective experience of the client as well as a description of the relational therapeutic climate tends to be suppressed, as these are viewed as possibly reflecting the biased subjective impressions of the therapist.

THE SPECIAL ISSUE

In this special issue, we are presenting an example of both the narrative and the behaviorist traditions of psychotherapy case studies in Japan. Kayoko Murase's case study of "Mr. R." takes the narrative format of a more typical psychotherapy case study in Japan. Her paper reports a case from about 40 years ago when she was in a relatively early stage of her career. Her case study does not have any quantitative outcome or assessment measures. The treatment structure is loose without a clear treatment contract. The case study includes a detailed description of the therapist's personal reactions to the client. The case study also includes the client's drawings over the course of therapy, drawings that were central to the therapy process. Changes in the images that the client drew—along with qualitatively described behavioral changes in the client's life and life style—are convincingly telling of the powerful transformational processes that occurred in the client.

The other case study of "Taro" by Takashi Muto and Takashi Mitamura is grounded in the behavioral case study tradition. It is a case of Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 2012) with a chronically depressed male client. Their case study in many ways embodies the methodological ideals of single case experimental designs. Changes in symptoms are tracked every session and treatment adherence is established by using an intervention manual. The description of the process of therapy remains at the level of observable behaviors and procedures, with one of the therapist's goals being to largely control or eliminate subjectivity.

As described below, we chose each of these cases for the careful, systematic manner in which each author articulated her or his theoretical approach and spelled it out with a detailed description of the process of therapy. On the other hand, these two case studies represent the two opposing ends of the continuum of case studies, reflecting the schoolism that has long dominated the field of psychotherapy in Japan as well as the methodological heterogeneity of case studies generally. Most recent methodological and epistemological, "mixed methods" developments (e.g., Dattilio, Edwards, & Fishman, 2010; Edwards, 2007; Fishman, 1999, 2005; McLeod, 2010) lay out the strengths of each approach and the differing research questions that they pursue, also showing ways in which these two divergent case study methodologies can be integrated. In line

with this development, our goals in this special issue include (a) introducing systematic, mixed methods case studies in Japan; (b) highlighting issues of quality and rigor in conducting such case studies; and (c) reflecting on the diversity of activities encompassed by the term "psychotherapy."

INTRODUCING THE AUTHORS OF THE CASE STUDIES

Kayoko Murase

Kayoko Murase is one of the most renowned figures in Japanese clinical psychology. She served as the first female president of the Association of Japanese Clinical Psychology and is currently the president of the Association of Certified Japanese Clinical Psychologists. She has authored 10 books and edited over 10 volumes on psychotherapy. Murase started her career in psychology as a probation officer in the family court system working with troubled families and children. In her long career, she attended numerous study groups led by prominent Japanese psychoanalysts such as Takeo Doi (1973) in which she learned through extended case discussions. She has also been exposed to a wide variety of therapy models including Japanese indigenous therapies, such as Naikan therapy. Later she took an academic position at Taisho University. Her active presence in and contribution to clinical psychology in Japan is unparalleled. She often presents her own cases at major continuing education workshops as well as acting as a commentator supporting and inspiring younger psychologists.

Her integrative psychotherapy model is built on her experience in working with children and their families in various clinical settings and for a variety of purposes. Considering that most of the prominent early psychotherapists in Japan have been affiliated with a single theoretical approach, it is notable that Murase chose to maintain her integrative position. Her integrative model has affinity with multi-systemic and common factor approaches. Her model is multi-systemic in that she emphasizes the importance of understanding a client in his or her living context and assessing the realistic constraints as well as opportunities and sources of support. Her emphasis on building a growth-facilitating therapeutic relationship while igniting or tapping into the client's strengths is closely aligned to empirical findings on therapeutic factors (e.g., Norcross and Wampold, 2011). Unique to her books is that they feature complete clinical case studies rather than shorter and more informal case vignettes that focus on illustrating particular theoretical and clinical constructs. Many of them are with children and their families and include drawings and other art works that were incorporated as a part of the therapeutic work. In her case studies, there seems to be a balance between objective and simple descriptive language to capture the course of events in the client's life, including in-session events; and evocative descriptions of *kairos*, in which the therapist and the client connect emotionally and sometimes spiritually and a clear shift occurs.

Takashi Muto and Takashi Mitamura

Takashi Muto is a professor of clinical psychology at Doshisha University in Kyoto. His clinical and research career started with behavioral work with autistic children and children with special needs. His work was based on applied behavioral analysis and other behavioral

techniques focused on scientific rigor and social validity. Later, he studied at the University of Nevada in the United States with Steven Hayes, the developer of ACT. Muto then introduced ACT therapy to Japan. He has translated major works of ACT into Japanese and has written introductory books on ACT. He has also written a series of outcome-oriented case studies that track change in targeted symptoms over time. Muto established the Japanese Association for Contextual Behavioral Science, which is dedicated to promoting ACT by disseminating treatment manuals, assessment tools, and other clinical resources. His presence in Japanese clinical psychology, which is dominated by Jungian and psychodynamic therapists, is unique and brings a whole new dimension to the discipline.

The case discussions that are so valued and enjoyed by Japanese clinicians are usually conducted as verbal presentations based on a written summary of sessions. In his teaching, Muto is generous in and open to showing the videotapes of his sessions to allow the audience and students to observe the therapist in action. Video demonstration and the use of videotaped sessions are still very uncommon in Japan. Muto is paving a new way to bring transparency to psychotherapy.

Finally, Takashi Mitamura has a somewhat similar background to Takashi Muto. He started out his career in the area of applied behavioral analysis. He has an extensive list of publications on assertiveness training, particularly for parents with children with developmental disorders. Mitamura has most recently published a series of articles on ACT with Muto and their collaboration is growing.

TWO DIVERGENT CASE STUDY DESIGNS

The two case studies presented in this special issue illustrate the continuum of case studies in Japan. On the one hand, there are narrative case studies like Murase's case of "Mr. R.," which attempt to capture the richly subjective world of the client and the inter-subjective experience of being in the therapeutic relationship. The therapist captures the *kairos*, the defining moments of change that stand out in the extended course of often long-term psychotherapy. The focus is not only on describing episodes and events that occurred during the course of therapy, but also on reporting the therapist's subjective experience and reflection, which provide readers with a sense of the therapeutic climate and the meaning of episodes and events, allowing readers to vividly feel the ambiance of the therapist's office and giving a possible framework of interpretation.

The case study that Murase contributes to this issue comes from over 40 years ago when formal psychological services were not well established, just as psychological problems associated with family and adolescent children started to increase. Her description of the social milieu of the time helps readers appreciate the social context in which this client was seen. The loose treatment structure was not necessarily an exception at the time, and therapists frequently needed to accommodate the client's rather unusual requests.

Although Mr. R. comes from a very specific family environment in the particular socio-cultural context of Japan, his drawings are filled with images and symbols that go beyond

the boundary of time and space of this case: historical figures such as Stalin and Nietzsche (with a swastika on his arm) immediately evoke feelings and images in any reader of this case study. This case study opens a window to a world that is larger than the life of a single person, while providing the visceral feelings of being with this particular client. This allows readers to approach and discuss issues that concern the understanding of human psyche and the whole endeavor of psychotherapy, making this case relevant to the understanding of other cases coming from cultural, social, and historical contexts that are different from those of this case. This is probably very similar to what Kawai (2001) called inter-subjective universality.

Muto and Mitamura's case study of "Taro," a chronically depressed man, is an exemplary example of a case study in which the systematic measurement of process and outcome in therapy trace the trajectory of change. Depression has become a social and economic menace to Japanese society. Japanese mental health experts as well as the media are focused feverishly on a new type of depression, sometimes referred to as an "unspecific" or "immature" type (Hiraki, Iwakabe, Fukushima, 2011). This new type of depression is commonly seen within younger generations of workers who are narcissistic, interpersonally immature, and vulnerable to stress. There is much speculation about contributing factors, which points to the disintegration of traditional social systems. However, there have been few outcome research findings published on its treatment in the Japanese population. Detailed and careful case studies are very much needed to promote productive academic examination of the issue of treating depression in our country. Muto's case of Taro is an invaluable step toward establishing the tradition of systematic case studies in Japan.

A variety of process and outcome measures were used to allow the examination of outcome in the case of Taro. The therapy is based on the ACT treatment manual, and adherence to the manual was formally monitored. This is a relatively clearly defined case of depression. Formal, systematic, objectively focused monitoring of the progress of therapy consisted of ongoing feedback by the client on standardized quantitative questionnaires and on a behavioral measure of activity level.

Muto also maintains objectivity by how he describes the therapy process. He communicates what happened during the sessions, yet keeps his impressions and interpretations of in-session events to a minimum. His disciplined way of reporting the transactions between the therapist and the client is partly a critique directed toward the unrestrained subjectivism of traditional case studies in Japan, in which the authors tend toward sentimentalism, uncritically equating their subjective impressions of the client as a factual description and taking an all-knowing, authoritative position overseeing what is happening in the therapy room (Muto, 2012). Thus Muto remains at the level of a behavioral description. However, it is important to note that this approach consequently leaves out the information that may be valuable in providing readers with a sense of the session. Such knowledge relies on the subjective experience of the therapist as the main informational source. In addition, Muto's use of in-session exercises such as using the tea ceremony suggests that there are cultural factors operative in his treatment that may be overlooked when the focus of case study is limited to observable and quantifiable behaviors. The practice of psychotherapy is always embedded in the context of specific culture. Buddhist influence on ACT might be more significant than

recognized. It might have contributed to the choice of this theoretical approach to begin with.

Both Murase's case study of Mr. R. and Muto's of Taro are comprehensive, systematic, conceptually coherent, and clinically relevant, while at the same time they are methodologically very different. This fact raises fundamental questions regarding the case study method. In the pragmatic case studies put forth by Fishman (2005), the goal is to integrate elements of these two case study methods to deepen the understanding of a case. This requires us to recognize the strengths of both approaches and explore ways to integrate elements from both methodologies, while reconciling some of the major methodological differences. This is a very challenging task. The two case studies appear to be based on different paradigms of research. Muto's case study is based on the post-positivist paradigm: establishing the objectivity of the inquirer to minimize bias, securing the validity of the data by rigorous methods of data gathering and analysis, and establishing internal validity by demonstrating a strong connection between the treatment and outcome at termination and follow-up.

Murase's case study is a traditional case study that relies on the therapist's reflection about case materials over time. A qualitative research methodology that provides a systematic framework to the data gathering and analysis was not used. It is, however, possible to evaluate some aspects of the quality of Murase's case study using the criteria of qualitative research. For example, credibility (also known as internal consistency) can be achieved through strategies like prolonged engagement with participants; persistent observation in the field; the use of peer de-briefers or peer researchers; negative case analysis; researcher reflexivity; and participant checks (Morrow, 2005, p. 252). Murase's case study presents a variety of episodes that show the complexity of the client change process, and her prolonged and repeated reflection on the case also contribute to an examination of alternative interpretations of case materials. In evaluating Murase's case study, what Patton (2002) calls "artistic and evocative criteria" might also be helpful. Her case study is evocative and moves readers. Her observations are enriched as she reports her subjective and visceral experience of being with the client. An important future task for case study methodologists is to develop a coherent framework in which these types of differing quality criteria can operate without contradicting one another.

To critically explore some of the wider ramifications of the two case studies, in a future issue of PCSP each of the case studies will be commented on by two prominent clinical psychologists—one non-Japanese and one Japanese; and in turn responses to these respective commentaries by each of the two original authors will also be presented.

REFERENCES

- Barlow, D.H., Nock, M.K., & Hersen, M. (2008). *Single case experimental designs: Strategies for studying behavior change (3rd ed.)*. Boston: Pearson.
- Dattilio, F. M., Edwards, D. J., & Fishman, D. B. (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and practitioner in psychotherapy Research. *Psychotherapy: Theory, Research, Practice, Training*, **47**, 427-441.
- Doi, T. (1973). *The anatomy of dependence*. New York: Kodansha International.
- Edwards, D. J. A. (2007). Collaborative versus adversarial stances in scientific discourse: Implications for the role of systematic case studies in the development of evidence-based practice in psychotherapy. *Pragmatic Case Studies in Psychotherapy*, **3**(1), Article 2, 6-34. Available: <http://pcsp.libraries.rutgers.edu>
- Enns, C. Z., & Kasai, M. (2003). Hakoniwa: Japanese sandplay therapy. *The Counseling Psychologist*, **31**, 93-112.
- Fishman, D.B. (1999). *The case for pragmatic psychology*. New York: NYU Press.
- Fishman, D.B. (2005). Editor's introduction to PCSP – From single case to database: A new method for enhancing psychotherapy practice. *Pragmatic Case Studies in Psychotherapy*, **1**(1), Article 2, 1-50. Available: <http://pcsp.libraries.rutgers.edu>
- Foundation of the Japanese Certification Board for Clinical Psychologists, Shitei-daigakuin /Senmonshoku-daigakuin Rinsho-shinrigakusenkou (course) ichiran (List of FJCP-Accredited Programs). http://www.fjcbcp.or.jp/shitei_2.html (retrieved 5/25/2013, in Japanese).
- Foundation of the Japanese Certification Board for Clinical Psychologists, Rinsho-shinrishi towa (What is a Clinical Psychologist?). <http://www.fjcbcp.or.jp/about.html> (retrieved 21/5/2015, in Japanese).
- Futagami, N. (2007). *Boryoku ha Oya ni Mukau: Ima Akasareru Katei nai Boryoku no Jittai*. [Violence is directed at parents: The reality of family violence finally revealed.]. Tokyo, Japan: Toyo Keizai Publishing.
- Hayes, S.C, Strosahl, K.D., & Wilson, K.G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change (2nd edition)*. New York: The Guilford Press.
- Hedstrom, L. J. (1994). Morita and Naikan therapies: American applications. *Psychotherapy*, **31**, 154-160.
- Hiraki, N., Iwakabe, S., & Fukushima, T. (2011). (Eds.). Shinseki Utsubyo Chiryō Shienron: Utsu ni Taisuru Togo Apurochi. (*The theory and practice of treatment and psychological support for depression in the new era: Integrative approaches to treatment*). Tokyo, Japan: Kongo Publishing.
- Iwakabe, S. (2005). Pragmatic meta-analysis of case studies. [in Japanese]. *The Annual Progress of Family Psychology*, **23**, 154-169.
- Iwakabe, S. (2008). Psychotherapy integration in Japan. *Journal of Psychotherapy Integration*, **18**, 103-125.
- Iwakabe, S., & Enns, C.Z. (2012). Counseling and psychotherapy in Japan. R. Moodley, U.P. Gielen, & R. Wu (Eds.), *Handbook of counseling and psychotherapy in an international context* (pp. 204-214). New York: Routledge.

- Iwakabe, S. & Gazzola, N. (2009). From single-case studies to practice-based knowledge: Aggregating and synthesizing case studies. *Psychotherapy Research*, **19**, 601- 611.
- Iwakabe, S., & Kanazawa, Y. (September 2006). *Professional development of clinical psychologists (2): Difficulties encountered by clinical psychologists and their coping strategies*. Paper presented at the Association of Japanese Clinical Psychology 25th Annual Convention (in Japanese).
- Iwakabe, S., & Koyama, M. (2002). On the role of scientific research in psychotherapy. [Japanese] *Journal of Japanese Clinical Psychology*, **20** (5), 443-452.
- Japanese Journal of Clinical Psychology. (2013). Special issue: Case studies in various practice settings of clinical psychology. *Japanese Journal of Clinical Psychology*.
- Japanese Society of Certified Clinical Psychologists (2006). *Dai 4kai "Rinsho-shinrishi no doukou narabini ishikichousa" Houkokusho (Report on clinical psychologists' recent trends and opinions, No. 4)*. Tokyo: Author. (in Japanese)
- Kasai, M. (2009). The role of Japanese culture in psychological health: Implications for counseling and clinical psychology. In L.H. Gerstein, P.P. Heppner, S. Áegisdóttir, S. A. Leung, & K. L. Norsworthy (Eds.), *International handbook of cross-cultural counseling* (pp. 159-171). Thousand Oaks, CA: Sage.
- Kawai, H. (2001). The significance of case studies. *Japanese Journal of Clinical Psychology*, **1**, 4-9.
- Kawai, H. (2002). Rinshoshinrigaku no Kenkyuho [Research methodology in clinical psychology]. *Japanese Journal of Clinical Psychology*, **2**, 3-9.
- Kazdin, A. E. (1982). *Single-case research designs: Methods for clinical and applied settings*. New York: Oxford University Press.
- Kitanaka, J. (2003). Jungians and the rise of psychotherapy in Japan: A brief historical note. *Transcultural Psychiatry*, **40**, 239-247.
- Kitanaka, J. (2011). *Depression in Japan: Psychiatric cures for a society in distress*. New Jersey: Princeton University Press.
- Lazarus, A. A. (1992). Multimodal therapy: Technical eclecticism with minimal integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 231-263). NY: Basic Books.
- McLeod, J. (2010). *Case study research in counseling and psychotherapy*. London: Sage.
- Messer, S. B. (2001). Introduction to the special issue on assimilative integration. *Journal of Psychotherapy Integration*, **8**, 1-4.
- Minami, H. (1971). *Psychology of the Japanese people*. Toronto, CA: University of Toronto Press.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, **52**, 250-260.
- Muto, T. (2012). A treatment-evaluation of Acceptance and Commitment Therapy for an adult with chronic depression: Toward bridging between traditional case reports and randomized controlled trials. [Japanese]. *Japanese Journal of Psychosomatic Medicine*, **52**, 810-818.
- Nakamura, Y. (1992). *What is clinical knowledge?* [Rinsho no Chi toha Nanika]. Tokyo, Japan: Iwanami.
- Nishizono, M. (2005). Culture, psychopathology, and psychotherapy: Changes observed in Japan. In W-S. Tseng, S. C. Chang, & M. Nishizono (Eds.), *Asian culture and psychotherapy: Implications for east and west* (pp.40-54). Honolulu, Hawaii: University of Hawai'i Press.

- Noda, A. (2014). Case study as research method: Systematic case study research. *The Bulletin of Center of Clinical Psychology and Counseling at Ochanomizu University*, **16**, 45-56.
- Norcross, J.C., & Wampold, B.E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness, 2nd ed.* (pp. 423-430). New York: Oxford.
- Ohta, Y., Inadomi, H., & Tanaka, G. (2008). Shokuba no Mentaru Herusu no Genjyo to Mondaiten. [Current status and problems of mental health in the workplace]. *Health Science Research*, **21**, 1-10.
- Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods. (3rd. Ed.)*. Thousand Oaks, CA: Sage.
- Reynolds, D. K. (1982). *Quiet therapies. Japanese pathways to personal growth*. Hawaii: University of Hawaii Press.
- Reynolds, D. K. (1995). *A handbook for constructive living*. New York: William Morrow.
- Shimoyama, H. (2001). Nihon no Rinshoshinrigaku no Kadai] Challenges to Japanese clinical psychology]. In H. Shimoyama & Y. Tanno (Eds.), *Koza Rinshoshinrigaku [Seminars in clinical psychology]* (Vol. 1, pp.121-134). Tokyo: Tokyo University Press.
- Shimoyama, H. (2002). Peculiarity of Japanese clinical psychology. *Japanese Journal of Clinical Psychology*, **2**, 15-19.
- Shimoyama, H. (2010a). *The Making progress in clinical psychology*. [Korekara no Rinsho Shinrigaku]. Tokyo, Japan: Tokyo University Press.
- Shimoyama, H. (2010b). Clinical psychology in Japan: Toward integration inside and recognition from outside. In H. Shimoyama (Ed.), *An international comparison on clinical psychology in practice: West meets east* (pp.55-68). Tokyo: Kazama Publishing.
- Yin, R. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.