

The Art of Communication Through Drawing: The Case of "Mr. R," a Young Man Professing Misanthropy While Longing for Connection With Others

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^c I had the kind suggestions and the support of many people throughout my encounter with Mr. R. Beginning with Mr. R himself, I would like to express my gratitude to all of those people

ABSTRACT

This case study reports the psychotherapy process of "Mr. R," who was 18 years old at the time when the therapy started. A total of 10 sessions were held in a period of six months. As the therapist, I was still at an early stage in my career, in the process of forming an integrative approach, which values an authentic and genuine therapeutic relationship with the client on the one hand, and the client's adjustment to his living environment, on the other. Mr. R initially presented intense aggression and violence toward his family. He had been given a diagnosis of personality disorder, possible schizoaffective disorder, and atypical mental illness by different psychiatrists who had seen him. Because a past attempt with conventional talking therapy and pharmacological treatment did not produce positive results, I attempted to create a therapeutic relationship characterized by genuineness and authenticity, and I used Mr. R's drawings to help him express his emotions. The series of drawings that he created are presented in the article. These depict historical figures who parallel the therapeutic changes that occurred. Over the course of therapy, Mr. R's aggression was alleviated and he started relating to me not through hostility, but through his need for contact and respect. After termination, Mr. R's family members informed me that he had found peace with himself since therapy. I explain the reasoning behind my rather unconventional treatment decisions in terms of (a) contexts surrounding the practice of psychotherapy in Japan at that time; (b) the particular needs at that time of Mr. R, who had dropped out of all his previous treatment; and (c) other factors associated with Mr. R and his family.

Key words: drawing; integrative therapy; Japanese client; therapeutic communication; therapeutic relationship; personality disorder

1. CASE CONTEXT AND METHOD

I became a therapist for Mr. R almost 45 years ago, when I was in my early 30s. At that time, Japan was on the road to economic recovery after the vast devastation and impoverishment resulting from the Pacific War and the decades of conflict that preceded it.

Using the following case study of Mr. R as an example, I will examine how drawing can be used effectively as a communication tool in the clinical setting. In order to maintain confidentiality, I have modified certain aspects of Mr. R's case without altering its clinical essence.

It's important to mention that this case study was first presented as part of the Special Lecture Series of the 23rd Annual Conference of the Japanese Association of Clinical Drawings, at the behest of its Chief Director, Dr. Takahashi Yoriko. One of the regular attendees of this conference was Dr. Hisao Nakai (1984), who made use of a large number of patients' drawings in his clinical practice but published next to none. Dr. Nakai's opinion was that collecting such drawings in a volume amounted to putting the patients themselves on the market. I think that generally he was absolutely correct about that. However, reality is that there are also situations in which thoughts and feelings that are otherwise difficult to communicate through words can be expressed through drawings, and sometimes those drawings can serve as an opening for a communication that is otherwise cut off.

I've had occasion to work with persons suffering from severe developmental impairment and psychiatric disorders in addition to being hearing-impaired. I couldn't use sign language much less written script to communicate with such patients. At a loss for an entry point for communication I discovered the efficacy of the mutual portrait drawing method (Murase, 2005). Drawing has played an invaluable role as a communication channel in my clinical work.

I've had many reservations about using Mr. R's example as an object of discussion. However, when I met R's younger sister after almost 40 years had passed (described in detail in section 8 below), I heard a lot about what positive developments in Mr. R's life since. I'm presenting the example of Mr. R here because I want to think about (1) how we can bring out positive latent possibility even when what we are faced with what at first glance appears to be quite negative (in this instance, Mr. R's violence-focused drawings); (2) how we might take that small point and expand on it, using it as a tool to switch direction toward a better, more comfortable way of living life; and (3) how we might use that tiny beginning to establish and broaden a connection with people and things that were previously disconnected.

For this case study, no standardized quantitative measures were used to track changes over sessions or to evaluate the treatment outcome. At the time when the therapy was conducted, the outcome of psychotherapy was rarely quantitatively measured. The effects of psychotherapy were considered to be far more complex than the client's list of symptoms. It is also because the field was dominated by psychodynamic therapists who did not value these psychological tests. In my practice, psychological adaptation was evaluated from interviews with the client and those who were in a prolonged contact with the client by drawing the holistic picture of the client's life in terms of health and growth. In Mr. R's case, conventional psychological testing might have been resisted since Mr. R was quite suspicious and defiant of the authority. Thus, testing could have been potentially detrimental to the therapeutic relationship, as it might have repeated his past difficult experience with psychologists and psychiatrists. I judged that comparing my impression of the client in relation to behavioral changes that were reported by his parents would give me a better evaluation of the progress of therapy.

Mr. R's case study was based on the extensive process notes that I take after every session. No recording device was used. My notes consisted of writing down important client statements, significant in-session events or interactions, and other important materials that come out during sessions. Although my process notes for Mr R were not a full-session transcript, they were extensive records of what transpired in and between sessions. This was a part of our training and practice at the time as the audio-recording of psychotherapy sessions was considered invasive in general, and particularly with the cases of children and adolescents. In my graduate training at University of California Berkeley on my Fullbright scholarship, it was a part of training to reconstruct the transcript based only on our memory and compare it with the audio-recording of the session, and I had continued this practice after completing my training. This helped me develop better memory of my clients and sessions with them.

2. THE CLIENT

At the beginning of therapy, Mr. R was 18 years old, had been intermittently truant since the middle of elementary school, and had quit school permanently from middle school on. Mr. R spent all his days at home, frequently exhibiting violent and destructive behavior. He had a history of repeated hospitalizations. Upon entering the hospital Mr. R's behavior would change abruptly, becoming uncharacteristically calm and quiet, whereupon he'd be granted discharge. Immediately upon returning home he would once more become emotionally labile and violent. Mr. R had passed through 10 different outpatient facilities. Unable to form even one stable relationship with a psychologist, Mr. R would soon terminate therapy.

3. GUIDING CONCEPTION

The crucial role of a positive working relationship in psychotherapy was pioneered by Carl Rogers in his "client-centered therapy" (e.g., Rogers, 1951). Subsequently, an extensive body of research (e.g., Norcross, 2011) has developed to support the importance of such variables as the therapist's offering empathy, deep regard, and validation in his or her relationship with the client (Murase & Murase, 2004).

One of the important processes in developing and creating a positive working relationship is establishing a strong, open, and genuine channel of communication between the client and the therapist. In my view, developing a starting point for communication with the client is a fundamental theme of our work (Murase, 1996, 1997, 2001, 2003, 2008, 2009; Shinpo, 2012). In R's case drawing was an exceedingly effective medium of communication, so I would like to consider two primary factors in manifesting why drawing can be generally an effective way to communication in psychotherapy (Murase, 2005).

1. Art Appreciation as an Aspect of Everyday Life Versus Understanding and Interpreting Drawings in the Clinical Psychology Profession

In the former, namely, within the context of everyday life, art appreciation is fundamentally a matter entrusted to one's freely determined orientation as an individual (Murase, 1996, 2005). In the latter, where one is engaging with drawings in a clinical psychology,

psychotherapy setting, it is a necessary for the therapist to hold a basic awareness of the overall context of the therapy setting in terms of dimensions such as the time and place of the client's drawings and the zeitgeist underlying the therapeutic practice. To understand the context, it is helpful to answer the following questions:

- What kind of time is this right now according to the client's own terms?
- What kind of time is this in terms of the surrounding circumstances of both client and therapist, and of the relationship between them?
- What kind of time is this in light of the aims of therapy?
- What are the unique characteristics of the clinical space?
- What are the expected roles and functions of each party in that space?
- What understanding and self-awareness does the therapist have of their position and their responsibility within that space?

When drawings are viewed in the course of everyday life, we interpret what is communicated by them from a straightforward, personal perspective. Viewing drawings as a therapist, however, requires a fundamentally neutral stance, wherein seeming "facts" of the picture are accepted in good faith while at the same time we recognize honestly that the thoughts, impressions and sometimes even visceral feelings evoked by drawings are the therapist viewer's own. When these arise, they direct the therapist's concern toward her or his own internal process.

When the therapist appreciates drawings in a personal and spontaneous manner that is implicitly conveyed to the client who did the drawing, there is an accompanying sense for the client of having been accepted as they are. Consequently, the client's tension is soothed, opening up the opportunity for communication and generating the potential for healing and improvement (Murase, 2003).

II. Factors for Establishing Communication

In his work almost 40 years ago on teaching the essentials of clinical practice, Takeo Doi (1973) quoted Goethe's aphorism, "True learning requires the acceptance of what is conveyed, as it is conveyed" to illustrate both the difficulty and the importance of understanding the heart and mind of someone with whom you are communicating intimately. Communication with a client is not just about the manner in which things are expressed; the state of being of the client is also important. When considering communication, it is not enough to think about it at the level of a technique used to convey information; the posture and the capacity of the listening recipient must also be questioned.

In line with Rogers' client-centered model (1961), the fundamental basis of art therapy demands that the therapist maintain a stance of treating the client first and foremost as a person, regardless of how they may seem. The factors surrounding a person at birth—their unique

biological qualities, their parents, their family of origin, their ethnic affiliation, their era and so forth—every single one of these elements are beyond their choosing. The given factors prevailing when we're born are neither equitable nor fair. It is of crucial importance that we remain mindful of this injustice within the clinical space regardless of how the client might initially appear to us, and that from the outset we unconditionally accept the client's existential inevitability. The sense of relief felt by the client when their existence is accepted and affirmed is precisely what encourages them to seek reconciliation with that injustice. Assuming that stance to be the fundamental basis of our work as therapists, and again in line with Rogers, I propose the following guidelines for establishing a good working relationship with a client, particularly a relationship with effective channels of communication (Murase, 1996).

First, as the viewer-recipient of the client's drawn communications the therapist should value verbal linguistic expression by remaining conscious of what kinds of words might best reach the heart and mind of the client. In order to do that, rather than speaking in a manner that simply transmits information, we want to: observe the client's physical state as we speak; take care in our own speech (even if it's simply a whispered aside); think about how what we are saying is being heard by the client; and adjust our speech accordingly. In other words, within the mutual relationship between therapist and client the contents of conversation and the manner of speech occurring within that mutual relationship should be continuously considered and adjusted according to the circumstances of the moment.

Secondly, what we're seeking in the therapist's words and manner of speech is a quality of openness and commonality and of clearness and comprehensibility. Both the therapist's words and manner should be, oriented to the world of the individual client. Furthermore, it is essential that the words used by the therapist are truly their own: words that the therapist uses with conviction.

Thirdly, based on the impressions the therapist receives from the drawing and the various thoughts and ideas that emerge, by mobilizing one's knowledge and experience in the moment, and by trying to exercise one's imagination and richly expand upon those impressions, it is then possible to focus on the underlying potential and resilience expressed in the drawings. Through this process a connection can occur even when one might otherwise be apt to consider it difficult to establish communication with a particular client.

The actual developmental process and the factors necessary to the emergence of communication are illustrated in Figure 1. Specifically, Figure 1 shows the development of the communication process between therapist and client as involving at least five steps. As a group, these include the therapist being open to and perceptive of the experiential world of the client; being open to and perceptive of the thoughts, sensations, and visceral feelings that the therapist feels in respond to the client's communication; and using these feelings to respond to the client in words that are "individualized, unique, uncomplicated, and clear."

4. ASSESSMENT OF THE CLIENT'S PROBLEMS, GOALS, STRENGTHS, AND HISTORY

A Sudden, Exceptional Encounter

At the time of my first contact with Mr. R, his prior psychologist therapist was abruptly admitted to the hospital due to fatigue from psychologically bearing Mr. R's intense aggressiveness during therapy. This therapist's supervisor was my husband, Dr Murase Takao, and he had taken over Mr. R's case. At this time university uprisings were a common event worldwide; and as a result, telephonic communication with Tokyo campuses was suspended due to the escalating tensions. For this reason all of my husband's calls were being forwarded to our home. At this time I had no prior preparatory knowledge of Mr. R or his situation.

One evening at around 7 p.m., I was home alone and received a phone call from a Mr. R, who was calling to confirm an appointment with my husband. I explained that my husband was not in and told Mr. R when I was expecting him, but Mr. R gave no indication of wanting to end the call. Personally, I sometimes concluded my own professional calls by being the first to replace the receiver, but because my husband made it a habit to always be the last to do so in his work dealings, I too followed this practice when fielding his professional calls.

Although I confirmed the purpose of his call, Mr. R still did hang up, instead asking suddenly and in a quiet, indistinct voice, "Aren't you lonely at home all by yourself?" Under the circumstances I knew that this was probably a person receiving psychological treatment from my husband, but in the moment I decided to respond to his question personally and candidly: "Just as there are times when we feel lonely when surrounded by a crowd of people, surely there are also times when, even though we're all by ourselves, we remember the connection we have to someone we trust, someone who is important to us, and we don't feel lonely at all then, right?" I heard a groaning voice say, "Umm," through the receiver. Mr. R then said a slow goodbye and hung up the phone.

When I apprised my husband, Dr. Murase, of the phone call I learned that, as mentioned above, Mr. R was 18 years old, had been intermittently truant since the middle of elementary school, had quit school permanently from middle school on, and spent all his days at home. He had a history of repeated hospitalizations. However, upon entering hospital, Mr. R would act uncharacteristically calm and quiet in order to be discharged. Immediately upon returning home he would once more become emotionally labile and exhibit violent and aggressive behavior. Mr. R had passed through 10 different outpatient facilities. Mr. R terminated all his therapy without forming a stable relationship with a psychologist. Moreover, his most recent therapist had been hospitalized after having a breakdown due Mr R's psychological aggressiveness, bringing us to the present state.

Although the nature of Mr. R's psychiatric problems had not been conclusively determined yet, there were suggestions of a variety of possible diagnoses, such as personality disorder, possible schizoaffective disorder, and atypical mental illness. According to Mr. R's primary care psychiatrist, who had prescribed him a small amount of sedative, "Not much can be

expected in this type of case in terms of the efficacy of medication; amelioration of his strongly felt misanthropic distrust is the key.”

Within a few days there was another call from Mr. R. Once again he remained on the line even after I told him that my husband was out. After a period of silence he said,

“You’re a strange person aren’t you, *the lady in Doc. Murase’s home*” I remained silent.

“I’m intelligent; I think my IQ score is probably extremely high,” he declared.

“I see,” I replied.

“I want *you* to give me an IQ test,” he said next.

“My role is just to answer the phone; I couldn’t do something like that,” I replied.

“I definitely want you to give me an IQ test,” he responded.

“If that’s really what you want, why not discuss it with your primary care physician . . . ?” I began.

“Nah, I’ve taken all sorts of tests all over the place already. I want to take *your* test, lady” he said, repeating this answer several times.

I confirmed this intention by interpreting it variously, “So, what you really want to know is your IQ test score? And you want to see a high number result? I wonder, will you feel satisfaction if you can show that high number to other people?”

–“Umm,” he appeared to think for a while as he delivered this answer each time. Eventually he said his goodbyes and hung up.

Before long, Mr. R started making repeated urgent requests to both my husband and his attending psychiatrist that he be allowed to attend therapy with “Doctor Murase’s lady”. Apparently Mr. R also petitioned his parents, with whom he ordinarily did not speak, to help him realize this goal. Until this point Mr. R had spent all his time holed up in his parents’ house, repeatedly breaking things whenever rage overtook him; in light of the seriousness of his pleas, his parents, his primary psychiatrist and my husband all decided that it might be good if Mr. R were to attend therapy with me. At that time I was very much mired in my own complicated and emotionally demanding preparations to resign from work at the university in order to devote myself full time to childrearing and running our household. As I’d flatly refused, finally his father suddenly visited me to demand that I start therapy with his son. I received a sudden request for a meeting from Mr. R’s father.

A Meeting With Mr. R's Father

Mr. R’s father appeared to be a person of high social standing with an imposing and impressive demeanor; although he spoke very politely, his choice of words was somewhat overbearing. As he spoke of barely being able to carry out the very demanding duties under his

responsibility, however, I caught momentary glimpses of a pained, haggard facial expression. After I listened attentively to him for a while, he revealed that

Because of several transfers in my work, Mr. R changed schools 4 times during his 6 years of elementary school. From the 3rd time onward, he would cling to his desk crying, and it was only with great effort that he could finally be led out of the classroom. Now it's as if he has hardened into a lump of distrust, but at the time he must have been so sad and lonely.

He then fell silent, closed his eyes once, and continued,

My wife also hopes that he can have therapy here with you. Up until now he has been to so many hospitals and counseling offices. He has gone to one place after the other, never once establishing a calm and stable relationship with anyone, anywhere. This time, this is what he himself really wants . . .

Reluctantly I replied,

In that case, shall we meet once then? It may well turn out to be quite different from the expectations he has, which after all are based on a couple of very short telephone exchanges. But let's begin with that.

With a somewhat relieved expression Mr. R's father rose from his seat and as he was leaving he told me, mumbling, "My wife has been receiving treatment in psychiatry for a long time now also."

The Family Composition

Mr. R's father described the family composition as follows:

- The father himself, in his late 50s, who was of very high social and professional standing;
- The mother, also in her late 50s, who was a full-time housewife and who had been under longterm psychiatric outpatient care for a long time);
- Mr. R, who had been truant from middle school onward and who had a long history of counseling and psychiatric care; and
- Mr. R's younger sister, who was 15 and a first-year high school student.

5. CASE FORMULATION AND TREATMENT PLAN

At the start of therapy, Mr. R was a highly distressed and impaired 18-year old. Starting in elementary school he had been intermittently truant, had later quit school altogether, and was now confined to home. He was highly aggressive towards his parents, emotionally labile, and at times violent. Previous hospitalizations and outpatient therapy attempts had been unsuccessful in changing his pattern more than temporarily. In fact, when I first saw Mr. R, his prior psychologist had been hospitalized in response to Mr. R's intense aggressiveness during their therapy.

In spite of this dismal picture, Mr. R did show positive signs. As soon as he had been hospitalized in the past, he had become calm and quiet. While this was designed to quicken his release, it also showed his capacity to adaptively alter his behavior in a positive manner. Also, Mr. R showed great initiative and interest in my being his therapist, enlisting his family in this endeavor to convince me, all reflecting his strong drive for communication in his attempt to overcome my initial reluctance. Finally, as I learned in the first session, Mr. R was caught up in a continuous stream of distressing thoughts and feelings, and he expressed the desire to communicate these to a sympathetic listener, albeit in the context of a lot of anger.

Mr. R's pattern of these positive signs in the context of his psychopathological condition fits nicely into Rogers' client-centered model discussed above. Specifically, this model posits that disturbed individuals like Mr. R have positive, self-actualizing strivings underlying their psychopathology, and that the way to reach, encourage, and nurture these strivings is through the therapist developing a respecting, accepting, warm, and genuine relationship with the client as a person in order to facilitate an effective channel of communication with the client. Mr. R's reaching out to me to be his therapist provided a solid foundation for such a channel. In addition, as described above in the Guiding Conception section, in the context of the developing therapy relationship, I frequently employ other means of communication besides talking, such as having clients express themselves in art. In line with this, in Mr. R's case, particularly since he seemed to have such a problem in controlling his anger in verbal communication, I planned on having him employ drawing as part of the therapy.

6. COURSE OF THERAPY

The First Session. A Tiny Bud of Possibility

Wearing black-rimmed glasses, Mr. R was skinny and pale, almost ashen, and he gave the visual impression of being closer to 30 than 18. His expression seemed to be a mixture of anger, frailty, and a lack of suspicion. Momentarily I felt a strange, grim discomfort, until I noticed how he was trying to stop the subtle trembling of his hands with an almost desperate futility. I thought to myself: ¹[He's extremely nervous . . . he's trying so hard not to let it be seen, and it looks so taxing and difficult . . . he must have all the hypersensitivity of a frayed electrical cord . . . although he's clearly emotional he also seems the cerebral type—there's a contradiction in that for him . . . that may be why control is so difficult? . . . That's right, I have to think about him honestly, just as he is.]

After making self-introductions I said,

As things went I waited for you to hang up first, and now we've arrived at this unexpected turn of events. I'd like for us to speak honestly so that we can decide whether or not I can be of help. Since you are here because of your own strong desire to be, please do not be reserved in telling me your opinion."

¹ Throughout this case study the text within brackets represent my impressions, feelings and internal thoughts at the time.

With a slightly more relaxed expression, in a low, monotone voice Mr. R began to tell me the following:

In the past several years I have not laughed once. At times when I ought to be sad, no tears come out. I think about all sorts of things in my head, but there's no emotion attached to any of it. Human beings can't be trusted."

[At first blush he appears to be speaking with logic and subtlety, but I sense rigidity there, as if he is constrained by something. He has experienced a profound emotional deprivation that he's tried to endure by somehow cutting off from his feelings, but that is so painfully difficult that he's now in a troubled, conflicted state . . . he's struggling so hard to preserve his composure, he seems to be in agony.]

After talking abstractly about the anger and distrust he felt toward people and society he said,

In hopes of me being able to meet with you regularly, Sensei, my family hired a private investigative agency to look into you and your family background. There wasn't any fault to be found, so even my family agreed to request therapy with you.

[I was surprised and startled at first. However, as I thought about it I realized that it was pretty unusual to want to start therapy with someone on the basis of how they answered a phone call. I suppose one would want to make sure. You'd probably want to pay special thought and attention in a case where the interviewee didn't know anything about the interviewer . . . Maybe it is appropriate to do that kind of investigation after all? . . . it's not unthinkable . . . I adjusted my thinking in this way.]

Mr. R repeatedly stated that he had no trust in people and that he wanted to exterminate them all. While inquisitively examining my expression he asked, "Aren't you frightened?" When I replied, "You state so emphatically that you cannot trust people, and even though this is in a sense a fantasy, I think it must be a very difficult and painful thing," Mr. R muttered, as if he had not anticipated my response, "Everywhere I go people usually find me so creepy. . ."

And with that said, he requested a continuation of therapy. Mr. R spent his days confined to his room, caught up in a constant stream of revolving thought; he wanted to see if he could liberate his feelings, and said that he wanted assistance so that he could become capable of having his emotions return to him naturally. I suggested that rather than doing that through words alone he could draw something—whatever he liked—and bring it in. I also explained to him that by talking while looking at his drawing in his hands, we could prevent our conversation from becoming a superficial discussion lodged in the dimension of abstract ideology; instead, we could increasingly use words rooted concretely in actual living, which could help him regain contact with his emotions. When I made this suggestion Mr. R indicated his willingness to bring in a drawing.

As we will find out, Mr. R had an unusual artistic ability and interest. I did not know this fact until he first brought his drawing to the session. This was an utter coincidence. I suggested

that he bring his drawing to our sessions because our sessions were held at my home where there weren't any expressive therapeutic tools such as a sandbox that could be used to help him express himself. I felt that drawing was a perfect way for him to express some of his emotions that might not be easily translated into words and expressed directly to me in person. Although Mr. R's artistic ability was undoubtedly superb, his high motivation for therapy and enthusiasm to express himself, which often came out in a form of challenging the therapist, helped him develop his ability even more. He spent a lot of time drawing and also adding quotes of people whom he drew in between sessions.

Session 2. The "Hitler and Munch's Scream" Picture (Figure 2)

One week later R brought an A3 sized (11.7 x 16.5 inches) piece of sketching paper on which he had meticulously drawn Figure 2 with a 4B pencil. Carefully regarding my facial expression, he handed it to me. Between Hitler and Munch's "The Scream" he had drawn a row of bared teeth; in the background were numerous bloodshot eyeballs, one of which was dripping downward. At a glance I could see, yes—the intense aggression and trepidation; the loneliness; the terror of the gaze of others; the animus—I could see that he was in a world filled with these things, I had predicted as much—but I was prompted once more to imagine the dreadfulness of his every day. Although Hitler was reproduced with good accuracy, it also had an air of childish naïveté. Moreover, I sensed the positivity in the fact that Mr. R had both the energy and the concentration to complete such a detailed picture.

Amazed to see me gazing quietly at the picture, Mr. R said,

Aren't you frightened by it? Aren't you disgusted? For an entire week, other than sleeping, eating and bathing I've been concentrating on this picture, drawing and erasing and drawing again, over and over until I completed it. Seeing this my mother said 'It's disturbing, don't bring in that picture,' so it's strange to see you staring at it quietly as if you're moved by it.

Hearing this I stated the impressions mentioned above:

Rather than disgusted, I'd say that you must be feeling compelled by a lot of misery to be in a state in which you'd choose this kind of subject matter. At the same time, I'm impressed by the inevitability that made it possible for you to concentrate to such an extent. This Hitler is childlike and kind of cute . . ."

With a mixed expression of relief and anger, R related the following summary:

This past week, I've submersed myself in drawing this picture. The motif is simply what emerged naturally when my hand began to move. In the midst of that my mother was trying to stop me saying that the picture was creepy, that I should stop drawing it and draw something else, that I couldn't submit a picture like that. You sat unmoving, staring silently and intently at it. I adore Hitler. I bought his biography and many commemorative items from a specialty shop—they're my prized possessions. I even have recordings of his speeches. I have a pair of boots like the ones worn by the Hitler Youth. Society says that the Nazis were evil. But there's an element of what they were in all humanity, it's just a matter

of degree. I can't trust people because they lack that self-awareness. I want to annihilate deceitful human beings like that! I've been studying chemistry on my own and I'm thinking about making an odorless, poison gas, but the odorless part is difficult . . ."

As he said all this he peered at me with a thin smile on his face. I imagined, [How miserable it must be to live with such intensely contradictory feelings! Judging by his demeanor and his way of speaking—even from his drawing—it's unthinkable that destruction could be his only wish; surely the reason that he is here at all is because he wants to change this situation.] I told him that I imagined it must be painful to live each day troubled by so much strife. Mr. R stared at me fixedly, looking half-relieved but also as if he were struggling to suppress his emotions. When it came time to leave, his expression had softened.

Session 3. The Stalin Picture (Figure 3)

As he handed me Figure 3 the next session, Mr. R peered into my eyes defiantly and said, "Look at the back, too." The back of the paper was minutely crammed with excerpts from philosophy and ideological history texts glorifying destruction in strident tones. Statements such as, "It is correct to kill off more than half of humanity for the sake of human happiness and prosperity. Slaughter the imperialist spies!," were boldly underlined.

Surprised to see me reading it quietly, Mr. R asked my opinion. Referring mentally to R's story, his gestures and his drawings, I took a moment to imagine his everyday family life, his life history and his other possible experiences. I imagined all manner of desolate and forlorn backdrops, and their relationship to him and the things he was showing me. I resolved to answer him honestly and faithfully, based on what I was seeing before me.

History across all cultures has proven that massacre does not solve the fundamental problem . . . After taking another person's life, surely a tremendously deep sense of guilt wells up from within one's heart that far surpasses the consequences of any rule or law . . .

This Stalin you've drawn here bears a striking resemblance to the real person, and yet he has an expression on his face that almost suggests benevolence. That and the way that you talk to me tells me that you can't really become brutal and cold-blooded . . .

I think that in addition your declaration of strong destructive desires in your speech and in your writing, there's also something very different from all of that which is seeping out as well.

[I was startled by how much the drawing of Stalin resembled R's father; I swallowed my words, but I imagined R's agony in holding such strongly ambivalent feelings toward his father.]

At the end of the session R's expression was a calm one.

A Phone Call Between Sessions

Three days later I received a telephone call from Mr. R.

On my way home after the last session I could still conjure your face and your voice; both were kind and it was comforting. As time passed after I arrived home that memory faded and gradually your face and your voice both became frightening. I got scared so I called. Now that I'm speaking to you the image of your face in my head has changed back to the real one again."

He sounded relieved as he spoke and he soon hung up. From that point onward he would perform these acts of confirmation throughout the intervals between sessions.

Session 4. The "Tulip Transformed Into a Human Face" Picture (Figure 4)

At the beginning of the fourth session R opened the door and exclaimed,

Oh good! It actually is really you here. Like I told you about on the 'phone, as time passes the images I have in my head of your face and your voice turn scary, and I was anxious. I'm relieved now that I see you here, unchanged . . ."

Although he spoke of the irritation he felt toward his father, who's high social standing was a source of pride for him and yet who now seemed like an entity very distant from Mr. R, the conversation was abstract and Mr. R appeared to find the strongly contradictory feelings he held toward his father unmanageable.

Just as with the other drawings up to this point, Mr. R had drawn Figure 4 by allowing his pencil free reign, but he didn't understand himself how what he meant to have been a tulip had transformed into a human face. He said that he himself found it strange.

Just as I had noticed the portrait of Stalin looked exactly like his father, I now wondered if this eerily weird incognito tulip might in fact be Mr. R's image of his mother. If this was so, then Mr. R's image of his mother was even more confused and negative than his image of his father. In that instant the picture made me think that there was something in the relationship between Mr. R and his mother that was far more difficult and painful than between him and his father, and that moreover, he was struggling not to become conscious of it. He spoke briefly of his distorted feelings towards his father and then politely took his leave with a stifled expression.

Mr. R's Mother Requests a Consultation

I held my breath in surprise when I realized that the thought that had flashed through my mind during the previous session with Mr. R was right on the mark: one glance was enough to see that Mr. R's mother's facial expression was identical to the face in Figure 4. Mr. R's mother sat staring at me speechlessly for a while, and then suddenly, as if a dam had burst, delivered the following summary:

My marriage to my husband was disharmonious from the very beginning. I was born to an illustrious provincial family and had always been cherished, but before the wedding I began psychiatric consultation and I've been under continual treatment to this day. Since I have a long history of psychiatric treatment and have found absolutely no relief from it whatsoever, I have no faith in its efficacy, but I go anyway.

Severe obsessive/compulsive symptoms make housework a burden. I think to myself that I really want to stop doing it, but somehow I keep behaving in ways that rip at and tear apart all my relationships.

My son has a sister 3 years his junior and they get along really well. When I see them interacting happily as siblings it is hard to control the impulse to rip them apart. I get a thrill from setting them up to argue with one another, and I can't stop myself. Caring for them when they were very little caused me great distress.

Our home is falling apart from my son's violent outbursts. I don't know how many of my husband's suits he's destroyed by taking a pair of scissors to them. I constantly have to replace them. I bide my time because trying to stop or scold him has the opposite effect. I've called the police many times, but the moment they arrive his behavior changes completely. My son responds to the police so deftly that in the end the officer suggests that *we're* the ones overreacting, and since we have our honor as parents to protect, I can't seek their help any more than I have until now.

My son hasn't shed any tears lately, but the way he sits in restrained silence giving off a weird air makes me nervous. However, ever since he started coming here—I can't really put it into words well, but something is happening with him. I can't help thinking how strange it is, the way he bustled cheerfully out the door to come here this time—even though he never formed a connection anywhere else no matter how many counseling offices and hospitals he went to. The violence at home has reduced so incredibly. If this is how it's going to be I want him to come more often.

[As I listened quietly, R's mother's overbearing way of talking had softened to a natural tone. By the end of the meeting she was moved to tears.] She then said,

Until now I have received psychiatric treatment and counseling both here and there, but this is the first time I have ever talked about myself or about family matters. This feels like the first time I've ever talked about my feelings. Would it be alright if I came again?

When I replied, "You can come any time you wish," she smiled faintly for the first time and took her leave. My impressions were these: [In all likelihood, during the process of growing up she experienced a lot of hardships that were beyond her control; when she entered into married life that in itself must have been a heavy burden for her. Additionally, she found herself incapable of coping appropriately with housework and childrearing and as a result all manner of significant distortions have occurred, but she has nonetheless struggled in the same ways that all mothers do. She's a lonely person inept in the matters of living, but in her own way she communicates an earnest desire that both the situation—and her son's condition—improve.]

Mr. R's Father Requests a Consultation

In contrast to our first meeting, this time Mr. R's father entered the room smiling, with a serene expression playing on his face. The following is a summary of what he said:

My son's emotional ability to empathize with others has returned. Although he tries very hard to conceal it from the rest of the family, he sheds tears while we're watching television. It's just a few words yet, but he's begun to talk normally with the rest of us.

I can't express it in a single word, but I feel something like admiration for the minutely detailed, uniquely peculiar pictures he's been drawing; but seeing them I've started to remember the details of many past events—things I haven't really thought about before. So I've been thinking about my son's truancy and violence and intense emotional instability and things like that, and I've realized belatedly that he's a sad, lonely child who has been longing for love and affection.”

I was the eldest son in a family of 7 children. Our parents died young, so we were raised in the homes of one relative after another. I grew up living a life of ambitious striving and perseverance, by keeping my feelings in check. I don't understand delicate emotional fluctuations. [At this point his rather majestic-sounding manner of speech had taken on a deeply thoughtful, heartfelt tone.]

Around the time that I was to graduate university I became engaged to a gentle, kind, and intelligent woman, but she died suddenly in a medical accident. In a state of intense shock I threw myself into my final examination results, and allowed myself to be nudged into accepting an arranged marriage. Anyone would've been fine by me as long as they were female. I married my wife in full knowledge that she was emotionally troubled. She was ill and I had decided to try to be of consolation to her, but when we actually started living together it was nothing short of shocking. She was pretty much incapable of running a household and raising babies (at this point he gave a series of concrete examples). My wife was particularly indifferent to my son, and whenever she visited her family home she would bring only his younger sister along. Witnessing this treatment on several occasions, my subordinates at work and other acquaintances would frequently invite my son and me to visit their homes.

When I think about it now it's almost painful how well I understand how he felt back then, but at the time I just thought it was strange and that was the end of it. If we visited a home where the mistress of the house was a kind person and a wonderful chef, my son would fly into a rage once we were home. If it were an average home run by an average wife, my son would behave in a usual manner when we got home. At the time I thought it was odd—wouldn't one be in good spirits having just visited a welcoming, comfortable home? But now I understand so well how he felt then that it hurts: my son was comparing it with his own reality, and he was sad.

I drove myself hard at work and I tried to balance that with caring for my family in the ways that one ought to, but although I advanced well both socially and professionally, I think my efforts in the family sphere were insufficient.

When R was little he would capture lots of insects and rip their heads off or catch a feral cat with his bare hands and stick his finger into its eye, but I ignored all that, thinking it was better for boys to be wild and rough. When I think about it now, though, that's when the signs began to emerge. He changed elementary schools 4 times in the early years and he was so rueful about parting that he'd grab hold of his desk and sob uncontrollably. I was at wit's end just trying to drag him from the classroom. In his last few years of elementary

school his absences increased and by the time he was in middle school he was almost completely truant. He barely graduated middle school.

He's visited all manner of social services agencies. Whenever his mood instability became particularly intense and his violent behavior escalated he'd be admitted to a psychiatric hospital, but his behavior would then immediately change. Because he could converse in a cogent and logical manner, he would quickly be discharged— only to return home where all previous gains were once more lost. Beginning with my office subordinates, my son is truly adept at keeping up appearances in front of others.

My son is physically violent towards me. Although he avoids any contact with his mother, at the same time the house has been torn to shreds and she's had to replace smashed electrical and other household items on numerous occasions. My son's sister, 3 years his junior, achieves high grades at school and is so healthy and so tough that she can nap in the living room even as her brother tears it apart in a crazed rage.

My son's adoration of Hitler began around the time that he stopped going to school entirely. He started collecting commemorative items, listening to recordings of Hitler's speeches with rapt attention and immersing himself in the reading of a variety of convoluted ideological tracts. I think that his many ideological misunderstandings have flourished in the soil of self-satisfaction and the absence of any outside pedagogical guidance.

My son has used the knowledge he's gleaned from books in a confrontational, self-serving manner in order to discredit everyone he's attempted therapy with so far, but it seems that he's the only disappointed one. The situation was such that whenever I'd be thinking that he was just quietly pondering things (maybe that's just how it looked from the outside), there'd be an abrupt, intense outburst of violence.

Although in the beginning I decided to ask your assistance based on what I'd been told by the private investigative firm I'd hired, now that I've seen how my son's condition has improved since he started seeing you, I want to ask your help from the bottom of my heart. Today's conversation is unlike any other I've had in my entire life, and on this occasion I want to tell you that I also want therapy.

[It was clear to me that R's father had confronted many hardships in his life. Although he had presented himself self-deprecatingly as someone incapable of understanding the intricate workings of the human psyche, he actually seemed to me to be someone who had very deep feelings of his own, with a keen sense of awareness and powers of observation. He seemed to notice this himself as he spoke, while I listened, taking everything in. So far—whether in my sessions with Mr. R or now, with each of his parents—I'd hardly asked any questions or even spoken at all, yet it was remarkable how very similar the family life they all described was to what I had been imagining from their individual tones of voice, facial expressions, and postures.]

Session 5. Encountering a New Eye (Figure 5)

About two weeks after Mr. R's parents' separate visits, Mr. R came in and handed me Figure 5 with a dubious expression on his face. He whispered,

It's really strange. Without any intention on my part my hand just moved around the page until this was what it had drawn. I'm really concentrating when I'm drawing. I was not at all conscious of this motif while I drew, it's just appeared on the page. I erased and corrected it many times until I was satisfied with the form of it.

This is such a strange picture. It's like it was drawn with eyes that are totally different than the ones I have in this world. The eye that is there in the place of the blossom on the plant seems similar to the eyes I've had in the world up until now— but the one looking through the crumbling wall as if from another dimension at the young Nazi soldier who's lost confidence and fallen to the ground, or the dead one trying to ascend to heaven and all the other stuff that's in the broken, cracking foreground scene—I can see that that one has a totally different look in it to any I've had in my world so far. In the picture you can see a young Hitler Youth standing there, regretting the past . . . I don't understand why I drew something like this.

I thought to myself, [He's trying not to mention the subject of his family . . . and I'm not asking . . . When I venture, "Your mother is a nice person," his expression suddenly becomes serious and his breathing becomes labored. I just listen quietly.]

As he closed the door at the end of the session R whispered,

Everyone wants a mother who is kind and cultured and who doesn't make a display of things.

[I felt that sunk far beneath the bottom of all of R's intense aggression and the pretence of ideological reason was a deep sadness and loneliness weighing him down.]

R's prescribing physician commented,

As a so-called "atypical" type he's difficult to diagnose, his development has been unbalanced and he's immature, and not much can be expected from the medication (a small amount of sedative) in terms of efficacy for this type. However, his tone has somehow changed. I sense that somehow his feet are planted more firmly on the ground now. This is good. Keep it up.

[Although I do think that I can see changes since my first meeting with R, I also get the impression that if we stopped here those would be fairly superficial. R's experiences of loss and his loneliness are so deeply ingrained that I had a foreboding sense that rather than following an upward progression of transformation, we would soon be facing the difficulties of the next level.]

Sessions 6 . Fear of Transformation (Figure 6)

Just as I'd anticipated, seemingly puzzled by the changes occurring within him despite not having made any conscious effort, Mr. R began spewing destructive, sometimes anarchic rhetoric with an intentional pretence of evil. He spent the intervening weeks voraciously devouring tracts as if preparing for a debate symposium. The backs of his drawings were tightly crammed with confrontational questions and controversial arguments written in minute script. For example, on the back of Figure 6, an elaborately drawn portrait of Machiavelli, he'd

meticulously written excerpts from *Il Principe* (Machiavelli's Monarch Theory) to expound upon the legitimacy of murder and its methods. Mr. R obstinately demanded my opinion of these excerpts, which at the time he insisted were his own beliefs.

I responded to the textual excerpts only as was minimally necessary. While citing examples of actual, experienced fact, I explained that R had quoted from the texts in a distorted manner, as if to use them to justify his own resentments and his desire to attack. I explained the original meanings politely, taking care not to criticize or devalue, and I said that other ways of thinking existed. Giving examples both from everyday lived experience and from literature, I explained that even under difficult, painful circumstances it is possible to think differently and to behave differently.

The conversation somewhat resembled the kind of free discussion common to a university liberal arts history of social thought course, but the basic theme I had in mind was how one may prevent human hatred and anger from resulting in the use of destructive force. Although Mr. R seemed annoyed and frustrated to be listening to opinions that were so different from the ones he was professing, he still appeared to be listening to and considering what I was saying, and he attempted his counter-arguments without becoming agitated.

In Figure 7 he'd drawn a portrait of Joseph Goebbels, and though he began by praising him for having been Hitler's brain and the enormous influence he'd had on Nazism, gradually he started to wonder aloud whether or not having such a high degree of intellect actually brought any meaning to either the world or to Goebbels himself. I detected something resembling doubt in his statements, as if a connection were beginning to form between his way of thinking and reality.

In Figure 8 he'd drawn a portrait of Nietzsche. He explained to me that his hand had moved of its own accord following a vision unlike any he'd formerly experienced in his world, for he had no idea how its composition had come about. The reverse of the drawing was blackened with Nietzsche quotes written in tiny script. Mr. R borrowed from him in such a way as to suggest that he interpreted him quintessentially as a philosopher who recognized the necessity of violence.

Mr. R declared emphatically that Hitler wasn't the evil person that the common people of the world insisted he was, but merely the person who best embodied Nietzsche's thought. Even though no one had ever reached the extent of Hitler's actions in reality, if one were to look deeply inside the heart of humanity one would see the desire to come as close as possible to god, and if that element exists in everyone then its opposite must also, Mr. R expounded. When I gently questioned his use of the third person to continue a controversial argument in a manner completely divorced from himself, Mr. R rose to his feet in a momentary huff, but he soon regained his composure and appeared to become lost in thought.

Session 7: From The World of Ideology and Violence and Into the Reality of Daily Life

Mr. R's mother came in for another session. She spoke less as a mother and more about the personal difficulties of living her life:

“My parents are growing old and I've been thinking of returning to live with them, but I'm obviously not able to expect much of their support. I'm happy that my son has started to settle down, but somehow I'm feeling extremely anxious. My husband is a wonderful, dependable person with a strong sense of responsibility, but I can't remember ever having had a single, straightforwardly honest conversation with him. We've been afraid of my son's violence for so long that it feels like we haven't sat down at the table to eat together as a family even once in the past 5 or 6 years. Most often we each eat separately and alone, standing up.

[I imagined the bleak reality of her life: she had no acquaintances, neighbors or friends with whom she could confide, and her family life was devoid of the kind of exchanges that arise with mutual understanding. It must be so dreary . . . In that instant I decided that it was crucial that these parents have at least one opportunity to sit across from one another at the dinner table and have a genuine conversation. And wouldn't it be meaningful for their son to experience a normal mealtime scene, not one dominated by an abstract debate of the merits of violence?]

At this point I suggested to her that her son and his parents might come to share a meal with my family so that she and her family—particularly the two parents—could try to have the kind of genuine conversation that she'd spoken about. I asked her what she thought it would be like for them to spend time like that together as a family, sharing their thoughts and feelings in an unaffected way. Her face instantly brightened as if a lamp had been lit and she said, “Yes please, absolutely! I would certainly like to have that opportunity—even once.”

[The proposal was one that I made after deliberate consideration. I remained conscious of the need to see that the situation didn't suddenly inflate Mr. R's fantasized longings to the point where he'd become incapable of composing himself emotionally as he had in the past after visiting warm and welcoming ambience of other family homes. On the other hand, I felt it was important for his parents, who in their own way were constantly worried for their child, to have the opportunity for calm, genuine, mutual conversation. I took into consideration both the pluses and the minuses as well as the sorts of things I needed to be careful of in this undertaking.

I have sometimes invited my clients to my home. This was not a conventional practice in Japan at the time, yet it was not strictly prohibited. In my experience as well as my husband's, many of my child and adolescent clients were not able to open up and trust us as therapists unless they were able to relate to us in a personal way. Inviting a client and his family to my own home was an expression of genuineness and authenticity rather than the lack of a boundary. In this case, my intention was to have a joint family session in an open and relaxed ambience. Mr. R rejected almost all psychiatrists and psychologists because they contacted Mr. R. through their professional roles. My intention was to be genuine and be fully present as a person.

I value the therapeutic function of cooking, serving, and having a meal with clients. Food keeps us from staying only on an abstract conceptual world of relating to bring us into a level of communication at a concrete and embodied experiential level. Serving meal reifies affection,

warmth, and compassion. It brings us to the realistic and person-to-person level of contact. I certainly do not invite all clients to my home but when I feel that this way of relating is necessary, I feel little hesitation to do so.]

Speaking of the family's plan to visit my home for supper at the session prior to the visit, Mr. R said guilelessly, "I'm really pleased. I'm looking forward to it."

Communication and the Family Circle (Between Session 7 and 8)

Once seated at the supper table, Mr. R examined the set-up of the room carefully and gazed wordlessly out the window [the sun was just about to set and the colors of the flowers and the trees were illuminated by the remaining light of the dusk.] He had good table manners. I was surprised at how slowly he ate. He would take a tiny amount of food and chew it very slowly. He didn't swallow, exactly: it was more like the food that he'd chewed slowly turned to liquid in his mouth and then trickled down his throat. When I gently urged him to eat normally he responded shyly and in a small voice,

I'm trying to eat slowly so that I can stretch this time out as long as possible. Now for the first time in my life I realize the meaning of words like "family circle" and "evening meal," I know what it means to really communicate . . . [Ah, I see. I casually matched my own pace with R's. On this night supper went on for more than two hours.]

Rather than starting up a theoretical dispute in his usual way, Mr. R seemed entirely absorbed in the enjoyment of the food and the quiet background music. He guilelessly commented on the actual situation around him remarking, "It's delicious," and "That's beautiful." When it came time for the family to take their leave, Mr. R thanked me for the evening with a succinct politeness that I'd never witnessed before. Then, gazing at me steadily he said,

I've begun to notice certain things for myself since meeting you, Sensei, and now I know what all my confusion was about. Possessing a lot of knowledge is a separate thing from true education, and social standing is not the same thing as a person's humanity—the quality of a person's character is not proportional to their social standing . . ."

When I exclaimed my agreement this, his voice rose as he stated emphatically,

Figuring that out and thinking that way is painful for me.

[Ah! Even when transformation takes a positive, desirable direction it's a significant labor for the person experiencing it. I reflected on whether I'd fully appreciated and understood that before.]

Follow-Up to the Family Circle (Sessions 8 to 9)

I received a phone call from Mr. R's parents thanking me for the occasion. They said, "Even though we still find ourselves in a difficult maelstrom, it was a relief to sit at the table and talk together as a married couple. It was a fresh and precious opportunity." Mr. R's father had since made a point of taking a walk with Mr. R each day before work. Mr. R had begun to help

out a little, a relief to his mother who had difficulty making progress with the housework because of her compulsive behaviors.

In the next session after the family dinner, Mr. R reported with a laugh that he'd started to think it might be a good idea to forego his research into the manufacture of poison gas in favor of more regular studies. He observed with a sigh that he was already well behind in that kind of plan, and so he could take up the topic of what his life could be like from here on in for the first time. The topics of our sessions changed to ones like adapting himself to the realities of everyday life and looking toward the future. However, just as had happened in the beginning, after he left our sessions the images he had in his head of my face and how my voice sounded would begin to turn frightening, and the telephone calls and other behaviors he used to confirm how I was in reality became even more frequent and intense than they'd been in the past.

After leaving the session and returning home, the feelings of determination about looking forward and positively pursuing a future in which he coped well with the realities of life would begin to fade, and he would gather all of the feelings that erupted in their place and dispatch them to me in thick documents sent by registered express post. In the addressee field next to my name he would add in bold vermilion letters notes like, "Pseudo-Humanist" and "Trotskyite." When I'd collect the parcels at the post office the worker at the registered letter desk would hand them to me with a wry smile. Inside he'd have written things like,

It is unjust that human beings cannot choose the kind of family they are born into. If only I could become one of the children in Sensei's family, all my problems would be solved in one fell swoop . . . [and] I'm already too old to start now . . . It's too late . . . It makes me so angry . . .

They were all repetitions of these same points. During sessions he would calmly apologize for the rudeness of his letters.

Although his anxieties about the delayed path his life had taken were still present, he would listen obediently to my suggestions that he begin the process where he could, and so he would discuss preparing to qualify to sit the university entrance exams, methods for self-study, and whether he should go to cram school [in those days there weren't any free schools or municipal high schools that offered any flexibility in learning hours as there are now]. There was such a massive gulf between Mr. R's behavior in session and the letters that he sent that it indicated what a heavy, difficult matter it was for him to take in the reality of his own situation. I naturally began to develop considerable respect for the way he managed to remain in therapy, continuing to puzzle through such difficult matters even though it was so very painful for him.

My Trip Leaving Tokyo and Being Away from Therapy

It was around this time that I brought my children back to my own parents' home for our yearly visit [at this time, my resident mother-in-law was weak and ill, so I was avoiding a long absence]. There were no mobile phones back then, but I thought that Mr. R would be fine in Tokyo with both his own parents there, and in any case his violent outbursts had largely come to an end. He implored me to tell him the address of my destination, even if I was only going to be

away for one night, so I told him my parents' address, which was located in a very remote location. He sent me a registered express package timed to arrive on the one day that I was there. The gist of it was, "I imagine you're probably there happily enjoying the harmonious warmth of being surrounded by your family. I want to burn it all down to the ground."

Questioning the arrival of a registered letter under such circumstances my mother said,

"It's not a physical trespass I know, but still, it's a worry," so I told her the contents of the letter and about the situation in general terms. My mother, a layperson, said quietly and flatly,

That poor young man is a pitiable person and I can imagine what a struggle this is for the people around him, but it is a mistake for you to take this upon yourself without self-awareness of your own capacity and position. You have other responsibilities beyond taking on this young man and you're simply not in the position. Focus on the realities of your situation and as soon as you return to Tokyo you must refuse to continue by explaining that it's impossible for you.

When I protested, "I did refuse initially, but out of necessity . . ." My mother replied quietly, "Judging a situation responsibly is a matter of course." [She's absolutely correct, I thought.]

Mr. R's primary psychiatrist said, "Look how much things have changed already so far! You're in the home stretch now; don't give up."

After I returned to Tokyo I saw Mr. R in the next session (session 9). When I explained to Mr. R that for a variety of reasons I was not equipped to manage his case he said,

You can figure something out if you put your mind to it, can't you? It's us, the clients who are the ones who can't manage anything for ourselves. It's your job to do something to help us!

Reluctantly I agreed to continue therapy but said,

As a third party I can only imagine how difficult transformation is for you, but I think it must be truly painful. However, this is collaborative work; it's not a matter of just me doing something. We can progress forward but only by keeping the goal in mind as we go.

Session 9. My Return to Therapy (Figure 9)

In this session, Mr. R. pointed to his drawing of Marx alongside five politicians from the Soviet Communist Party. Laughing, he said, "I bet you think this is a hateful bunch, don't you? I can understand that . . ." On the reverse he'd written text affirming violence and revolution, but to me he murmured, "Why did I draw an anonymous revolutionary Marxist student among these six famous men? This student was killed in sectarian violence just as he began—too late—to repent." [He was no longer speaking in the confrontational, combative tones he'd used at the beginning of our sessions together.]

All of a sudden he asked me if I'd want to be a soldier. I told him honestly and flatly no. He appeared to be waiting for me to continue speaking so I said,

If there was somebody weaker than me, say an elderly person or a child, then I would risk my life to protect them. I don't have 100% confidence that I'd be able to, but I'd try to . . . Like in the movie, "Gone With The Wind," when the usually reserved and modest Melanie tries to ward off the advancing Confederate troops by firing at them when they approached the house where the women and children had been left behind after the menfolk had gone off to war.

Looking shocked by my response Mr. R asked, "Haven't you ever imagined being a soldier in the regular army, advancing toward the front lines?" I replied,

No, I've never thought of that before, and I never will in the future either. As I just said, I think that I must do my best to protect those that most need safeguarding—I think that's just the usual philosophy of a regular person. If we were facing an acute emergency situation and I absolutely *had* to become a soldier then I guess I'd choose to join the popular resistance. Or maybe I'd be a guerrilla," I laughed.

Mr. R appeared startled by my answer. Seemingly out of nowhere he asked me what sorts of words I thought truly reach a person's heart. I responded honestly and frankly:

"Words that are backed up by actual, realistic action, not words that are ready-made or parroted, but words that emerge from deep inside one's body. In other words, words of substance that are backed up and can be confirmed by one's actual behavior in reality.

R appeared angry but he listened intently.

Putting this interchange in context, it should be noted that at this time Mr. R was helping more around the house and doing a lot more tidying up after himself. He was studying math and English with his father and had begun preparing to sit for the qualifier tests for the university entrance exams.

Session 10. The Last Picture (Figure 10), Integrating Reason and Active Power

Presenting me with Figure 10, Mr. R smiled as he said that I probably knew the reason why this would be the last drawing he'd be bringing. Continuing, he asked, "Guess why it is that I drew a large picture of Mori Ogai in the middle of the bottom of a picture featuring Hegel and Clausewitz?" I replied:

At the top you've placed Hegel to symbolize reasoning and intellect next to Clausewitz, who theorized that war is politics plus power in his book *On War*, which is still read in military academies throughout the world. You've drawn a much bigger portrait of Mori Ogai—author, doctor and soldier—to represent your thinking now: that it's desirable for a person to combine intellectual reason and active power—perhaps even the use sometimes of forceful, active power—in order to lead a balanced existence. That's my guess.

Mr. R nodded gleefully. This time there was nothing written on the reverse side. It caused me to think that although he'd once been restrained by his own violent aggression he was becoming capable of self-control and that he now realized the importance of balanced integration to a person. I thought that Figure 10 showed his feelings of wanting to proceed in an apt, positive and cohesive direction. It also expressed his increased self-acceptance: he was no longer drawing only militant or aggressive Western characters but adding a Japanese figure who was known to be an intellectual and also a soldier. Ogai was also known to be someone who connected Japan with the Western world.

With a bashful expression Mr. R said, "I guess I think it would be good if I could become a balanced, coherent person, kind of like Mori Ogai." Now he was capable of communicating how he thought and felt in a nuanced, expressive way, without going through the drawing detail by detail. At home he'd exchanged his books about the manufacture of poison gas for a collection of reference books in order to study for the university qualifying exams.

There were a total of 10 sessions in the period of approximately 6 months. The appointment for each session was made in a previous session or sometime by a phone call from Mr. R. There were longer intervals between sessions toward the end of therapy. I did not set a fixed appointment time as it was important for Mr. R to take an initiative for his therapy. I also wanted to give him sufficient time for drawing and reflection in-between sessions.

A Call from Mr. R: Striking a Balance While Seeking a Uniquely Personal Path Forward

The violence had ceased a long time ago when one morning R, incensed by an inconsiderate remark made by his mother, smashed apart a household object. Sitting next to his stunned mother he dialed 110 emergency services and reported,

I lost control. *She's* the truly sick person in this house, but since she's a housewife she's important to our family life. Right now I am of no particular use; I only get in the way, so please hospitalize me. If I'm hospitalized, things will get a bit better . . .

He was admitted to a psychiatric hospital of his own volition.

Mr. R passed his days in the hospital as a model patient and was released after one month. After he returned home he once more set his sights on passing the exams, studying independently, and asking his father's assistance when he didn't understand something. At the same time he helped out around the house and once more resumed a calm existence. After consulting with his primary care psychiatrist, it was decided that we'd see how well he could maintain that lifestyle on his own, and after proposing this to Mr. R we decided that we would suspend therapy with the proviso that he could contact me when necessary.

After a while I received a phone call from Mr. R. He praised his father with genuineness:

I've started to talk with my father about a lot of things, not just study-related. I think he possesses a lot of knowledge and understanding. . . .

We often talk about you. Do you know what my father said about you? [It sounded as if he were trying to suppress a giggle as he continued.] I'd be impressed if you were able to guess but it's impossible . . .

I replied that all I was thinking about was how much I hoped that R was passing his days well and moving forward to realize his goals. "My father says that it's a waste that you're a woman since you'd make a great army officer. I think so, too," Mr. R laughed. This telephone conversation was our termination contact. [I heaved a big mental sigh as I was reminded of the long way ahead until Mr. R could work through his remaining issues.]"

Post Termination

Within the year Mr. R sat the pre-examination tests. At the time athletics was one of the required subjects; he passed all of the subjects except that one. His father got in touch with me and explained that Mr. R was told that the salutations he gave to the examining officer at the conclusion of his mat exercises were insufficiently robust, and that he failed because he had not corrected himself obediently. Through the phone Mr. R's father summed up calmly,

My son was uncomfortable because the examiner's attitude suggested that he valued form over substance. My son said that he himself wanted to place importance on the unity of words and action, not just play up to someone. I think he's being a bit obstinate, but he has really recovered to become much more personable, in his own way. He says that he's satisfied that his ability to graduate from high school has been acknowledged more or less, and he doesn't want to bother going through it all again next year just for the sake of passing athletics. I want to respect his own decision about this, considering how much importance he once placed on things like class and academic background and social rank.

For a moment or two I thought it a disappointing near-finish, but I understood it to be the conclusion that they'd reached together as a family and that it was one with which they were satisfied.

Follow-Up Contacts

Four months after termination Mr. R and his mother visited my home unexpectedly. Mr. R's younger sister had graduated high school and would be living in a university dormitory while Mr. R and his parents would be returning to their ancestral home far from Tokyo. Mr. R's father, who had been so successful professionally, would now take up organic farming with his son. The mother and son I saw before me appeared like any other parent and child with a healthily communicative relationship. Mr. R said:

When the time finally came for us to leave Tokyo for good, you were the one single person in this huge place that the two of us wanted to say our farewells to.

[Hearing this I felt a hard-to-describe-feeling akin to the pain which Mr. R probably feels of unbearable aloneness.] Although Mr. R spoke only these few words, his expression was calm and collected. I saw them off from the gate; both mother and son glanced over their shoulders at me several times as they walked on.

After that I intermittently received New Year's greeting cards from them. Occasionally Mr. R would add a note to say that although he occasionally received a prescription from the neighborhood clinic when he was unable to sleep, he was otherwise living a calm life without incident.

7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION

As described above, through the therapy with Mr. R I consulted and coordinated with his psychiatrist, who was monitoring the client's medications and hospitalizations. In addition, towards the end of therapy and in conjunction with monthly Doi Seminars held at the Alumni Association Hall and presided over by Dr. Doi Takeo of St. Luke's International Hospital in Tokyo, I presented a progress report on Mr. R's case. This was partly because it was my turn to present, but also because I'd been told in no uncertain terms that the case was ready for presentation. I was personally filled with much introspective self-reproach about the case because I felt that in conducting the therapy, I had deviated from the acceptable and common practice set as the standard by the renowned psychiatrists present (including Nakai Hisao, Ogura Kiyoshi and Hirose Tetsuya). In fact, all smiled and repeatedly commented, "That was a truly interesting report," and, "I'd consider this case a success." I was surprised and confused by their reaction because I did not get any advice as to how I could have worked with this client in a more acceptable framework of psychotherapy and helping. I was hoping to gain some insight into effective treatment of personality disorders, which was becoming a major area of focus at the time. I took their comments as indicative of their considerateness toward someone who no doubt appeared a little burned out, and as encouragement to reestablish a little breathing space in order to continue thinking through the matters of the case with less uncertainty.

8. CONCLUDING EVALUATION OF THE THERAPY'S PROCESS AND OUTCOME

Therapy Process and Outcome at the End of Therapy

As described above, Mr. R entered therapy as an 18-year-old high school drop-out who was spending all his time isolated at home, not communicating with his family, frequently behaving in a violent and destructive manner, and being periodically hospitalized when he got too far out of control. He said that he wanted "to annihilate deceitful human beings" and that towards this end was focused on studying chemistry on his own in order to make an odorless, poison gas.

The therapy process is reflected in a series of drawings he created over the sessions which reflected his move from carefully drawn pencil portraits of historical figures associated with violence and domination, like Hitler, Stalin, and Machiavelli, through a transformation in his experience of and attitude towards the world, such that the final picture was of three portraits: two smaller ones of Hegel, representing reasoning and intellect, and Clausewitz, representing political power; and one larger portrait Mori Ogai, representing an integration of literature,

medicine, and soldiering, to reflect Mr. R's present thinking. It is noteworthy in this transformation that the early portraits associated with violent individuals were all European, and the last portrait of Mori Ogai was the first Japanese individual that he drew.

While standardized quantitative inventories were not used to measure Mr. R's outcome, there are many indicators of positive change right after Mr. R's therapy, from his self-statements about a more prosocial stance towards the world; to studying for and basically passing his high school exams; and to much better relationships with his mother, father, and sister. Mr. R's longterm outcome is reflected in material learned in an unexpected contact with Mr. R's sister, described below.

Longterm Follow-Up Report from Mr. R's Sister

It had been almost 40 years since I'd first met Mr. R, and I was delivering a lecture in a provincial town. I was in the anteroom of the lecture hall when a lady with a warm, serene air about her approached me saying that she'd come to offer her greetings; and standing close by her side was a refreshing-looking young man.

I'm Mr. R's younger sister. Back in those days everyone thought of me as a calm, stable person in the face of my older brother's ferocious rampages. But in reality, I saw how my brother behaved and how much it pained my parents, but I also saw that there wasn't anything I could do; I was truly terrified by the uproar of our lives and I didn't know what would become of any of us . . .

But it was really a marvel: As soon as he met you, my older brother—who had wreaked so much continual havoc—gradually began to change into quite literally an entirely different person. Watching this from the sidelines I was relieved and happy, but at the same time I thought, "Why? How?" It was all so uncanny.

Ever since, I've been thinking how I'd like to meet you and find out, but lacking any point of contact in the meantime, I married and started a life far from Tokyo. I thought that someday I would like to thank you but I carried on with that wish unfulfilled.

Then I saw a handbill announcing a lecture open to the general public so I came with my son here, who's a graduate student. He wanted to come along with me to hear your lecture because we've often spoken together of the trying experiences I had in the process of growing up, and how after my older brother met you he became capable of thinking of how to live his life in accordance with reality.

My parents are both quite old now, but they're well. My older brother is now engaged in farming and supervising construction.

She also mentioned that her son was thinking that he wanted to work in a social services agency once he'd completed graduate school.

I had the heartfelt wish that Mr. R and his family could spend all their days well, and at the same time I felt as if a little light had penetrated the place where I had held a near-continuous

feeling of regret ever since I had reported on this case in Dr Doi's seminar. The seminar had been such a great opportunity to evaluate what I did with Mr. R and also to learn better ways of dealing with similar issues, but this didn't happen. At the same time I was turning over in my mind anew the loneliness harbored deep in the bottom of the hearts of Mr. R and the family members who supported him and struggled in pain at his side through all those stormy years.

Conclusions

The following is a list of problems and challenges that I've held in conscious thought continually since the therapy session process with Mr. R. Of course these existed for me in my work preceding his case also. At the time, however, I was quite inexperienced. Note as context that I was just beginning my psychotherapy career at the time and some of my own uncertainties in the case that I write about were due to my own inexperience. Furthermore, I was in the process of preparing to take a lengthy leave of absence from my career, and I took on my work with Mr. R reluctantly and from a position of feeling that I had little energy to spare for the task. I faced this process by maintaining a strong focus despite my uncertainties, and by honestly questioning myself continually at every step of the way, with the following types of questions:

- How am I best able to receive with care the message communicated by this drawing of Mr. R, without being held captive to any previously held framework or posture?
- What are the kinds of words that will reach Mr. R's heart? Am I able to use the words that will aid him at this moment and in this place—and do I have that vocabulary?
- What considerations are necessary so that, together with this client, I can share an honest understanding of the inescapable facts before us, even when sometimes the content is harsh?
- How do I accurately perceive my own time, place, and position in a way that ensures that when pressed into performing to the upmost of my ability, I do so within responsible boundaries and while remaining cognizant of my position?
- What are the necessary cautions I must exercise in order to accurately grasp—neither over- nor underestimating— my own capacities?

Nothing can be lacking when carrying out an accurate assessment of a client's background situation. One needs to gather information about the current situation and the roles and functions that other organizations have played. For example, an intake session is necessary so that factual background information can be gathered as soon as possible. However, one wants to abstain from the kind of therapy session where the client is burdened inappropriately by too many intrusive questions at a time when their frank feelings are yet unsettled. It is of course important to consider how one should listen. As a therapist it is important to ask oneself what a desirable way to be is in order that the client will naturally and voluntarily begin to talk about things, whether those are mundane things or things they might otherwise want to keep secret, or things that may seem momentarily disadvantageous to discuss.

What are the necessary factors for finding an entry to communication with a client with whom it is difficult to form a connection because of vast differences in how they were raised, the situation that they're in, their interests, or a variety of other functional characteristics? I've yet to definitively gain complete answers to this question. Rather, the reality is that I stumble along in the clinical space in this moment and at that moment, every second thinking and grasping and responding—in the moment. However—and to repeat to a certain extent what I wrote at the beginning of this paper—I offer the following, which I think are the basic points necessary to responding to these questions without too much wavering:

1. Maintain an attitude of treating the person *as a person* (e.g., see Rogers, 1961).
2. Maintain an observing eye with a broad field of vision. Exercise one's imagination in a grounded fashion by utilizing the general arts and building richly upon experience.
3. Always keep it in mind to use words that are grounded at both abstract and concrete levels, words best able to truly reach the client's heart, for example, use words that remind you yourself of a sense of reality and the feeling of being present; use the words that you find when you dig deeply inside yourself.
4. Be open-minded with theory and method. Consider things with versatility and a multi-faceted approach as necessary. In the beginning, don't approach matters in terms of theory or methodology; first take the pulse of the situation before you, then apply the method that best conforms to it. Think beyond the boundaries when the time calls for it.
5. Don't confuse the aim with the method.
6. It's imperative to have an appropriate understanding of the problem or the pathology, but it's just as important to notice the latent possibilities and strengths in the individual client.
7. Maintain a good balance between first-person, second-person, and third-person stances. Maintain the necessary objectivity while allowing yourself to be emotionally connected.
8. Try to grasp the entire situation as well as the focus of the moment.
9. Therapists should pay honest attention to and note honestly the visceral sensations, emotions and thoughts that arise within them.

In sum, conducting best practice psychotherapy in my view demands an integration of theory, method, objectivity, and personal involvement. As part of these components, of particular importance is having understanding, empathy, and respect for the client as a person and for the client's experienced world.

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Figure 1. The Process In Which Communication Is Generated

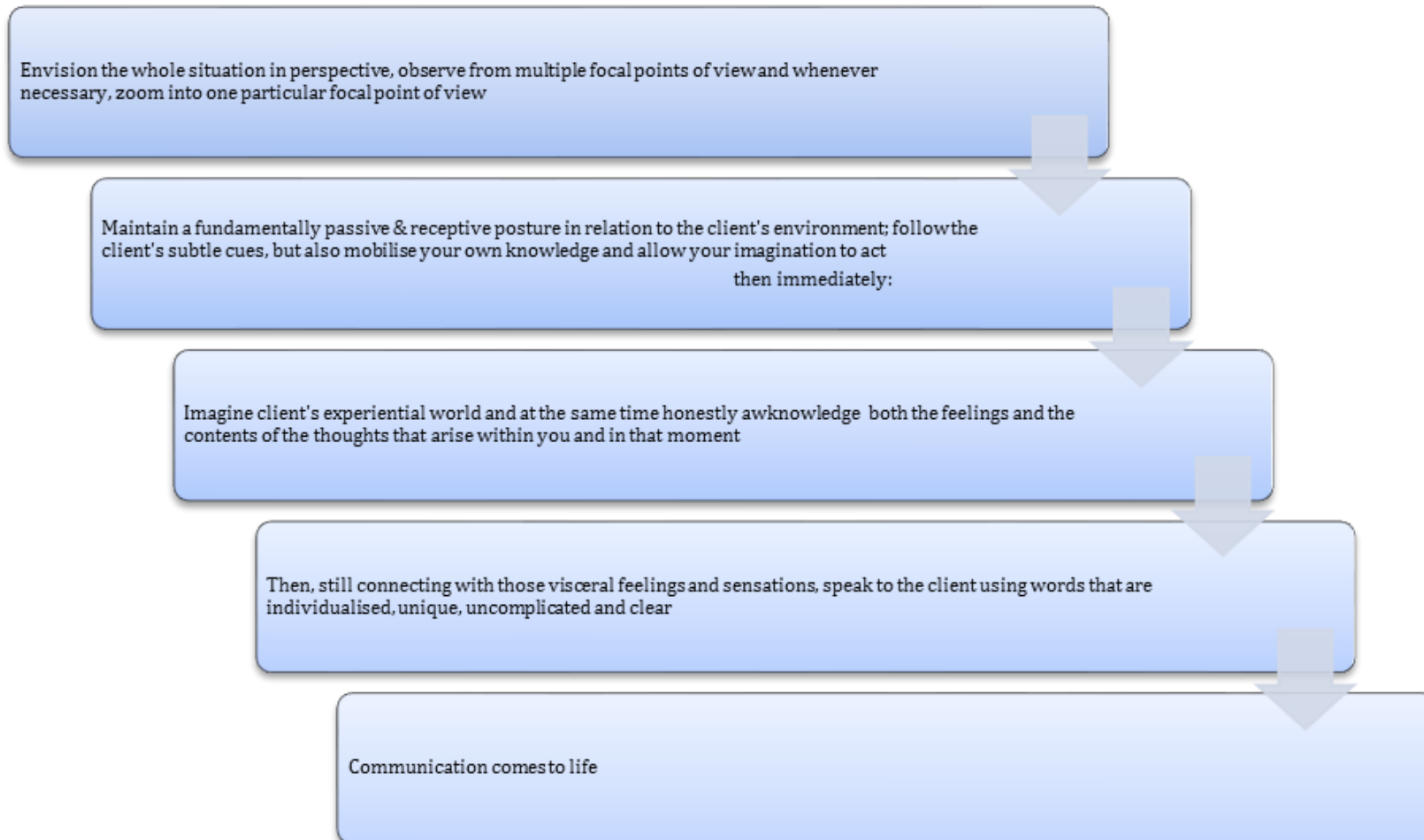


Figure 2

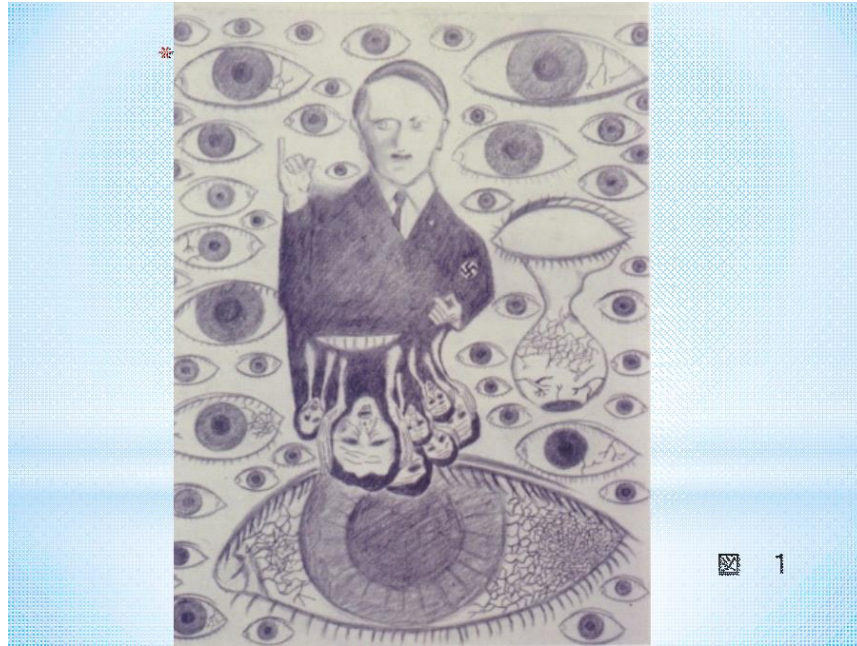


Figure 3

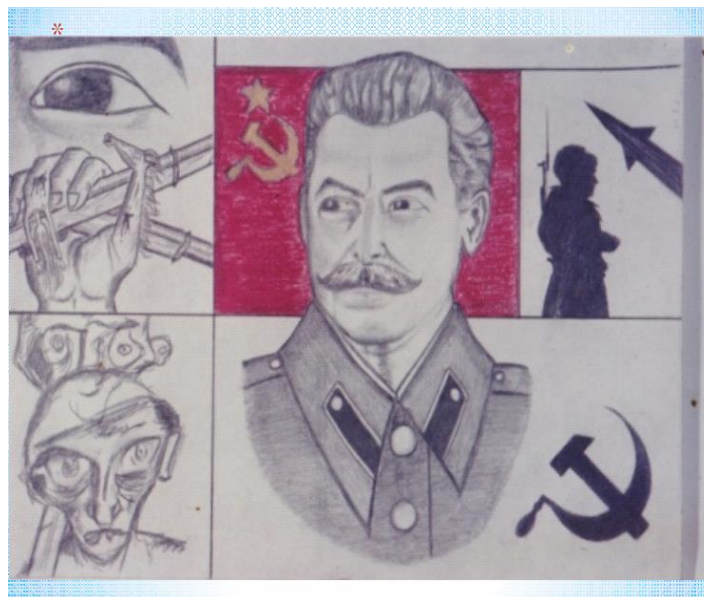


Figure 4

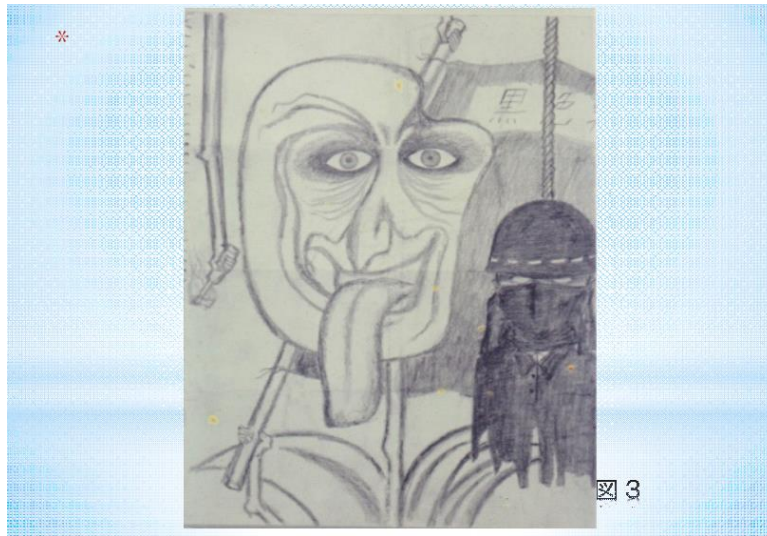


Figure 5



Figure 6

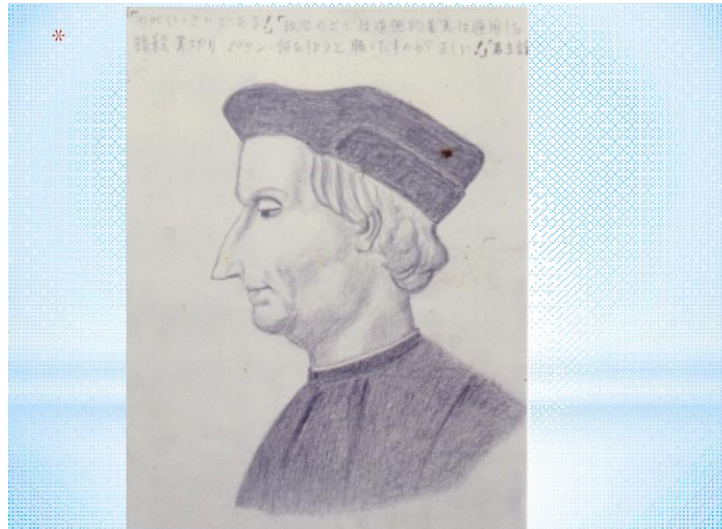


Figure 7

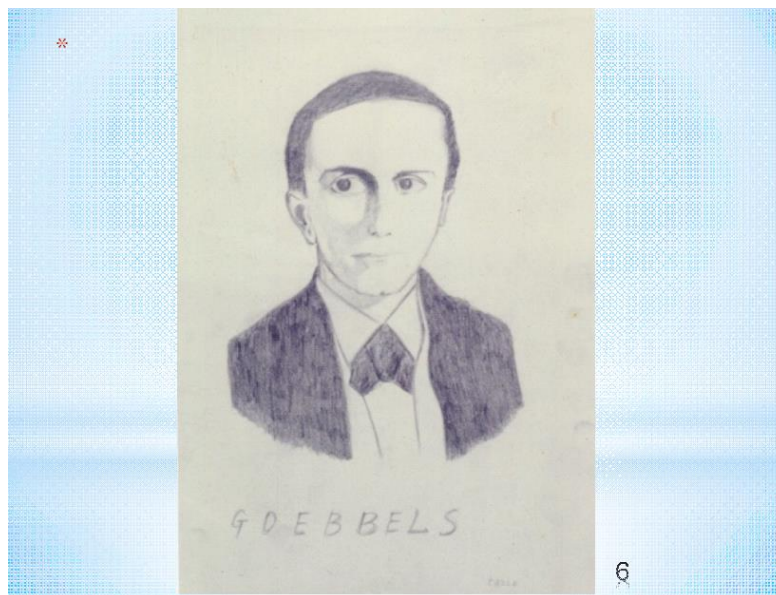


Figure 8

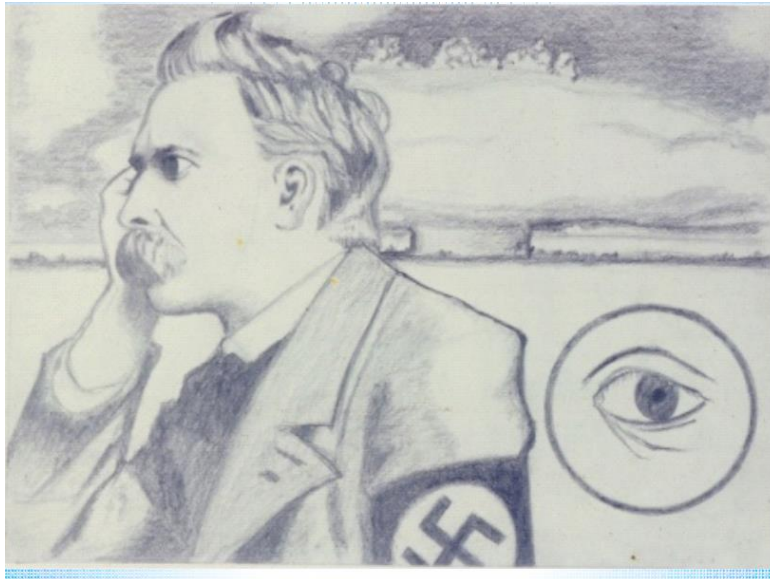


Figure 9



Figure 10

