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## **Siblings' Involvement in Parental Subsystems, and Parental Role Expectations and Role Behaviors**

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**ABSTRACT.** This study compared the parental roles of siblings in high functioning families with those in low functioning families. The study was conducted with students from universities A and B in the Tohoku region (N = 374; males = 239, females = 130, gender unknown = 5). The average age of the respondents was 19.72 (SD = 1.30). The results yielded two significant findings. First, for high functioning families, significant correlations were observed between role expectations of the participants and their siblings. Furthermore, marginally significant correlations were observed between participants' self role expectations and siblings' role behaviors. Second, for low functioning families, significant correlations were observed between participants' self role expectations and behaviors, as well as between the siblings' role expectations and behaviors. Significantly higher correlations were observed between participants' self parental role expectations and behaviors for low functioning families compared to high functioning ones.

**KEY WORDS:** Siblings, Role expectations, Role behaviors, Parental subsystems

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### ***Introduction***

A family is an organized, structured system consisting of members such as the father, mother, and children. It also has specific functions, such as organized communication and role patterns, among its members. The interactions among family members define the boundaries of the family system and its subsystems. Minuchin (1974) suggested that when a "clear boundary" is maintained between the parental and sibling subsystems, the overall family system functions well. Therefore, in a system with a clear boundary, certain

information is kept between the mother and father, and they adopt a flexible approach to care for their children. In contrast, when the boundary is broken and one of the siblings is involved in the parental subsystem, problem behaviors tend to arise. In other words, the family system functions well when children can interact in both the parent-child subsystem and the sibling subsystem, but not when the children's interactions are limited to the parental subsystem.

The psychological state of children involved in the parental subsystem has been investigated by assessing "parentification" (Boszormenyi-Nagy, 1973) and the children's feeling of being involved in that subsystem (Byng-Hall, 2002; Kawashima et al., 2008; Hooper & Wallace, 2010). The aforementioned studies have indicated that the mental health of

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children involved in parental subsystems is impaired. Jurkovic, Morrell, and Thirkield (1998) created the Parentification Questionnaire, but it only assesses the behavior patterns and feelings of children, and not the overall family state. Therefore, these studies have not indicated the best available methods to conduct clinical interventions. The parental subsystem is considered to be the condition in which organized communication and role patterns are maintained between one of the children and one of the parents. Therefore, in order to develop a more comprehensive analysis of the family unit, the interactions within this subsystem require examination.

According to Gross, Mason, and McEachern (1958), the main concept of the role in a family unit is “behaviors of individuals corresponding to expectations, depending on their social positions.” In other words, role patterns are a series of behaviors corresponding to people’s expectations performed within interpersonal relationships. Previous studies have indicated that self-cognition is partly defined by role expectations (Kodaira, 2000), self-presentation is restrained (Matsumoto, 2002), and role performances that match role expectations lead to intimate and long-term friendships (Shimotomoai, 2000). These findings indicate that role expectations restrain individual behaviors, implicit rules are eventually developed, and interpersonal systems are maintained when people follow those rules.

In the sibling subsystem, a specific series of patterns are expected. First, rules are

established among siblings through mutual role expectations. Sibling relationships are expected to be maintained by performing role behaviors following the rules, which generates additional role expectations. This type of family system has clear boundaries between the generations and is therefore considered to be functioning properly. On the other hand, when one of the siblings is involved in the parental subsystem, the aforementioned pattern is not observed, because one of the children attempts to maintain a relationship with one of the parents, generating a different series of patterns in the parent-child relationship. Therefore, this type of family system has no clear boundaries between generations and is not expected to function properly. Examining the conditions described above would help quantitatively analyze how conflicts between siblings are created by the involvement of one of the siblings in the parental subsystem, acting as a pseudo-parent (Siewierska, 2010).

A comparative study was conducted that examined the parental roles of siblings in high functioning families and in low functioning families. First, the role expectations and role behaviors of children were examined using the Family Role Scale (Morikawa, 2013). This scale alludes to the Parentification Questionnaire (Jurkovic et al, 1998) for measuring parentification and asks questions about parental and children’s role factors. The former includes items that ask about both emotional and instrumental parental roles played by children. The questions about the instrumental parental roles include items

inquiring about children's obedience to their parents. This scale was considered suitable for the purpose of this study because it has demonstrated internal consistency in previous studies (parental roles:  $\alpha = .723$ , children's roles:  $\alpha = .738$ ). Furthermore, confirmatory factor analysis has indicated the factorial validity of the scale has sufficient fitness to the data ( $\chi^2_{(34)} = 76.93$ ,  $p < .001$ , GFI = .966, AGFI = .946, RMSEA = .054, AIC = 118.931). Moreover, its construct validity was previously examined using the EICA Parent-Child Relations Questionnaire (Tsujioka & Yamamoto, 1976). The results from that study found significant positive correlations between the "parental roles" and "identification," which suggested that children may play both the emotional and instrumental roles of parents and have equal status with their parents. On the other hand, "children's roles" showed significantly positive correlations with "control," which suggested the presence of vertical parent-child relationships, wherein children always obey their parents. In this study, in order to focus on the parental roles of siblings, only the parental role factors of this scale were used. FACES III (Family Adaptability and Cohesion Evaluation Scales- III) (Olson, Portner & Lavee, 1985) was also used in order to measure family function scores. This scale was developed on the hypothesis that independent cohesion and adaptability are curvilinear. In the Japanese version of the scale, however, the concepts of cohesion and adaptability were not clearly defined, and the basic hypothesis of the Circumplex Model

could not be established (Tamura, 1994; Tateyama, 2006). Other studies reported that when cohesion and adaptability scores were high, the satisfaction levels for relationships between husbands and wives, and the overall mental health and psychosocial development of children were also high (Green, Harris, Forte, & Robinson, 1991; Vandvik & Eckblad, 1993). These findings suggested that the higher the participants' cohesion and adaptability scores, the higher their family functioning.

A sibling assuming a parental role has been regarded as a problem in previous studies. However, it is possible that if all siblings in a family play parental roles, the sibling subsystem will be maintained, and they would not be involved in the parental subsystem. Therefore, this study attempted to distinguish this condition from the condition wherein only one of the siblings assumes a parental role by evaluating the participants' self role expectations and behaviors, as well as by observing their natural role patterns.

Based on these previous findings, two research hypotheses were proposed:

H1. Correlations between role expectations and role behaviors among siblings would be higher for high functioning families compared with low functioning ones.

H2. In low functioning families, significant correlations between role expectations and role behaviors would be observed with one of the siblings, compared with high functioning families.

### *Methods*

### *Survey period and procedures*

The questionnaire survey was conducted from September to December in 2012. The questionnaires ( $N = 520$ ) were distributed in class and 477 were returned (response rate = 92%). Before the survey was administered, participants were informed that the survey would be conducted anonymously, in an open-ended style, and that the results would be processed statistically. The same information was included on the first page of the questionnaire. The survey was conducted with those that agreed to the conditions. This questionnaire was approved by the Ethics Committee of Tohoku University.

### *Participants*

The study was conducted with undergraduate students of universities A and B in the Tohoku region ( $N = 374$ ; males = 239, females = 130, gender unknown = 5), with only a few missing values for some of the questions. The average age of the respondents was 19.72 ( $SD = 1.30$ ). Among them, those that could self-report their own and their siblings' family relationships and had relatively stable parent-child relationships (Ochiai & Sato, 1996) were analyzed.

### *Construction of the questionnaire*

First, data for participants' genders, ages, family structures, and lifestyles were recorded. Family roles of the participants and their siblings were assessed using the Family Role Scale (Morikawa, 2013). Participants were asked the following questions: "How much does your family expect

from you?" and "How much do you meet their expectations?" Participants responded on a four-point scale, ranging from 1 (not at all) to 4 (very much). Participants were also asked "How much does your family expect from your siblings?" and "How much do your siblings meet these expectations?" When participants had many siblings, the sibling whose age was closest to theirs was selected as the subject of the questionnaire.

The Japanese version of FACESIII (Olson et al, 1985; Kusata & Okado, 1993) was used to assess the participants' family functions. Family functions, consisting of two factors, cohesion and adaptability, were assessed using 20 items. Participants responded to each item using a six-point scale ranging from 1 (not at all) to 6 (very true).

## **Results**

### *Correlations between roles of each sibling*

In order to see the general tendencies in the data, correlations between the roles of each sibling were examined (Table 1). The results indicated a medium correlation between self role expectations and role behaviors ( $r = .697$ ,  $p < .001$ ), and a strong correlation between sibling role expectations and role behaviors ( $r = .790$ ,  $p < .001$ ). Furthermore, weak to medium correlations were observed between self role expectations and behaviors and sibling role expectations and behaviors. ( $r = .358-.463$ ,  $p < .001$ ).

### *Correlations between roles of each sibling in high and low functioning families*

The differences in correlations between the roles of each sibling in high and low functioning families were examined. When the mean value of cohesion and adaptability was over +1SD, the family function was considered high (high group,  $N = 37$ ), and when it was under -1SD, the family function was considered

low (low group,  $N = 36$ ) (see Tables 2, 3, and 4). Since strong correlations were observed in both groups, the differences in correlation coefficients were calculated using the absolute value of the  $z$  scores (see Meng, 1992 for details of the statistical process).

Table1 Correlations between one's own roles and a sibling's roles

	Role expectations (oneself)	Role behaviors (oneself)	Role expectations (sibling)	Role behaviors (sibling)
Role expectations (oneself)	-	.697***	.463***	.358***
Role behaviors (oneself)		-	.371***	.399***
Role expectations (sibling)			-	.790***
Role behaviors (sibling)				-

\*\*\*  $p < .001$

Table2 Correlations between one's own role expectations and role behaviors in high and low functioning groups

	Role behaviors (oneself)		
	High	Low	$z$
Role expectations (oneself)	.385*	.782***	$z = -2.6599^{**}$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

The results indicated that there were significant differences in the correlations between the high and low groups regarding the relationships between self role expectations and behaviors ( $z = -2.659, p < .01$ ). When it came to the sibling scores, significant correlations were observed between role expectations and behaviors in both the high and low groups,

( $r = .691, p < .001$ ;  $r = .846, p < .001$ ), whereas significant differences were not observed in correlations between high and low groups. Finally, for the relationship between self and a sibling, a significant correlation was found only in the high group between self role expectations and sibling role behaviors ( $r = .303, p < .1$ ).

Table3 Correlations between a sibling's role expectations and role behaviors in high and low functioning groups

	Role behaviors (sibling)		
	High	Low	z
Role expectations (sibling)	.691***	.846***	n.s.

\*\*\*  
 $p < .001$

Table4 Correlations between one's own roles and a sibling's roles in high and low functioning groups

	Role expectations (sibling)			Role behaviors (sibling)		
	High	Low	z	High	Low	z
Role expectations (oneself)	.344*	.330*	n.s.	.303 <sup>†</sup>	.216	-
Role behaviors (oneself)	.053	.207	-	.283 <sup>†</sup>	.201	-

\*  $p < .05$ , <sup>†</sup>  $p < .10$



**Discussion**

In this study, the roles of siblings in high and low functioning families were compared. In high functioning families, significant correlations were observed between role expectations of participants and their siblings. Furthermore, marginally significant correlations were observed between participants' self role expectations and sibling role behaviors, as well as between participants' self role behaviors and those of their siblings. The results indicated that sibling role expectations and behaviors were interrelated, thus supporting H1. In Japan, cohesion and adaptability are not clearly defined (Tamura, 1994; Tateyama, 2006), and the degree of both cohesion and adaptability have been found to have linear relationships with satisfaction in marital relationships and the psychological development of children (Green, Harris, Forte & Robinson, 1991; Vandvik & Eckblad, 1993). This suggests that families with high cohesion and high adaptability function well while maintaining clear boundaries between the generations (Minuchin, 1974). In such families, the sibling subsystem is maintained and the roles of each sibling are correlated. In other words, even though siblings are expected to both play parental roles and conduct parental role behaviors, they are also supposed to share those roles and cooperate with each other. Furthermore, Shimotomoai (2000) has indicated that in order for children to perform role behaviors to meet role expectations, it is necessary for them to maintain friendship while establishing deeper connections with each other.

It has also been observed in sibling subsystems that having role expectations and mutually performing role behaviors might improve the relationship between siblings. This finding coincides with clinical research indicating that when families are high functioning and generation boundaries are maintained, sibling relationships are usually more intimate (Siewierska, 2010).

On the contrary, in low functioning families, significant correlations were observed between the participants' self role expectations and behaviors, as well as between sibling role expectations and behaviors. Significantly higher correlations were observed between the participants' self parental role expectations and behaviors in low functioning families compared with high functioning ones. Though participants' self role expectations were correlated with sibling role expectations, there were no other significant correlations observed between the roles of siblings, thus supporting H2. For this type of family, the correlation between the roles of siblings was weak, whereas the correlation between parental role expectations and behaviors was strong, which suggests that only parent-child relationships were maintained through role expectations and behaviors. In this condition, only one of the siblings was involved in the parental subsystem and played a parental role. This child is considered to be the "parentified" child in the family (Boszormenyi-Nagy, 1973; Minuchin, 1974), and may be more likely to experience depression and anxiety. Moreover, this may hinder their attachment to their parents

(Byng-Hall, 2002; Hooper & Wallace, 2010). Self-cognition is partly developed through role expectations (Kodaira, 2000), and by increasing self-confidence (Kuramoto & Daibo, 2010). Therefore, children who perform parental role behaviors to meet parental role expectations view themselves as playing parental roles. The parent-child relationship is usually re-examined in adolescence (Miyashita, 1996), but it may be difficult for these children to re-examine their relationship, which might lead them to continue being involved in the parental subsystem after adolescence. In this case, their current mental health may be damaged and future problems might develop, such as difficulties in establishing independence from the original family structure and conflicts between the new family and the original family.

Different situations where children play parental roles were comparatively examined, and the interaction in situations where one of the children was involved in the parental subsystem were also investigated. Since characteristic role patterns were observed in this study, it is possible to intervene by changing role behaviors of children in order to change relationships. However, this study did not measure the total number of siblings in the families because it only included the siblings that were closest in age to the participants. For example, if there were three siblings in a participant's family, the ones that were excluded from the survey might still be involved in the parental subsystem. Furthermore, it has been indicated that the psychological effects of assuming parental role

behaviors are different for men and women (Takami, Sato, & Shiwaku, 2009). Therefore, there could be gender differences in the level of involvement in the parental subsystem. It is recommended that future studies take the number of siblings and their gender into account. Furthermore, clinical problems in this field should be further investigated by examining both the mental health of children and conflicts between siblings in conditions where one of the siblings is involved in the parental subsystem.

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## Family Structure and Ownership of a Dog

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**ABSTRACT.** The aim of this research is to exploratorily determine how keeping a dog alters family structures. From samples collected through questionnaire papers and on the internet, 313 dog-owning families were selected as the subject for this analysis. We performed a single-factor analysis of variance (single-factor ANOVA) with the three periods of time; "Before ownership", "Immediately after ownership", and "Present", as the independent variables, and the subscales of family structure; "cohesion" between the parents, the father and children, and the mother and children, and the bidirectional "power" in each relationship as the dependent variables. We found that there was an alteration in the family structure between the time period "before ownership" and the two time periods after ownership, with a noticeable difference in the father's power over children. We discuss the relationship between the act of keeping a dog and the structure of the family.

**KEY WORDS :** Family structure, Dog, Pet.

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### **Introduction**

To have a dog as a member of the family has a significant role in family life. The number of dogs kept in Japan reaches 10872, the number suggesting that 15.8% of all families in Japan have a dog (Japan Pet Food Association, 2013). This number is predicted to increase to 26.8% and it has been said that the number of people willing to own a dog reaches double the number of people who currently have a dog (Japan Pet Food Association, 2013). Furthermore, over 85% of dog-owners treat their dog as a member of the family (Cohen,

2002). The dog is not a mere pet, but a member of the family that becomes a target of affection and attention. In Japan, with the declining birthrate and ageing population, the role of the dog in the family is thought to become more prominent.

Positive effects evoked by the ownership of a dog on the physiological, psychological, and social states of the owner have been suggested (Yokoyama, 1996). Furthermore, Wakai and Matsui (2006) suggest that owners who do not recognize a mutual affection between the dog and themselves reap little positive effect from the ownership of the dog. This suggests that mere act of keeping a dog is not sufficient, and it is the favorable relationship between the owner and the dog that evokes the positive effects on the owner. We consider what choices for the environment and the breed of the dog

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are important in creating a good relationship between the owner and the dog.

The ownership of a dog most often calls for cooperation between family members, and it is expected that this will have an impact on each member of the family in various forms. Cain (1983) suggests that pets act as "glue" in the family, bringing together family members and strengthening the bonds between each member. Froma (2009) suggests that raising a pet, as with raising children, is related to variables such as rules and roles in the family, power in the family structure, borders, clarity of communication and problem solving; thus providing the family system with an opportunity for learning and change. Paul and Serpell (1996) report that compared to children of families without a dog, children of families who own a dog receive more visits from friends and members of those families partake in leisure activities more. In Japan, according to the "Survey on Animal Welfare" conducted by the Cabinet Office in 2010, when asked the positive outcomes of owning a dog the most chosen response was "Nourishment and peace in family life" at 61.4%, followed by "A calmer home environment" (55.3%), "Enrichment of emotional well-being for children" (47.2%), "Enjoyment of raising a dog"(31.6%). It can be deduced from these results that owning a pet has a positive effect on family relationships. However, there is little research on how family relationships are altered through raising a dog. Our aim in this research is to comprehensively discuss what changes are observed in the family through the introduction of a dog into

the family, taking into consideration basic information such as the number of dogs owned, the breed, the environment in which the dog is kept, the family member responsible for the decision to own a dog, and the main care taker for the dog.

## **Methods**

### *Procedures and participants*

A questionnaire survey was conducted on 385 dog-owning families nationwide. The target for this investigation is the typical family who keep dogs as a pet, not professionals who specialize in one breed, such as dog breeders. Of the responses from the 385 families, data with a high number of missing values were excluded and taking the homogeneity of the families into consideration, 313 families with children under 18 were chosen as the target for the analysis. The questionnaire was distributed on the internet and through veterinary clinics across the Tohoku region and data was collected by mail. In addition, we requested ordinary families to complete a survey and collected the data by mail.

## *Measures*

### *1. Basic information*

Age and gender of the participant, family members living together, form of residence (house, apartment, flat), area of residence (suburbs, housing districts, city centers), number of dogs owned, breed and age of the dog, number of dogs owned in the past, keeping environment (indoors or outdoors), the family member who decided to own a dog, the main

care taker for the dog.

2. *ICHIGEKI (Noguchi, Kozuka, Usami, & Wakashima, 2009)*

Assessment of the relationship between family members (between parents, father and children, mother and children) as single items. In our research, out of the four factors suggested in ICHIGEKI, "cohesion", "interests in relationship", "power", "openness", we adopted for simplicity the two factors; "cohesion" and "power" as the main factors in the assessment of family relationship.

## **Results**

### *Basic information*

First we will describe the general trend in the basic information about the family, residence and the dog.

The average age of the participant was 43.06 ( $SD= 5.70$ ). 105 participants (34%) were male (the father), and 208 participants (66%) were female (the mother). 87% of the participants were in their thirties and forties. The average age of the eldest child was 13.72 ( $SD= 3.56$ ), 140 (45%) were male, 173 (55%) were female. This indicates that the eldest children are primarily adolescents.

Regarding the family structure, 85% were nuclear families. 48% had four family members living together, 27% with three family members. As the form of residence, 78% of the participants lived in houses, making up the majority. 60% of the participants live in housing districts, 26% in the suburbs. This shows that the general trend for this sample was

nuclear families living in houses in housing districts or suburbs.

87% of the families owned one dog, 64% owned small-breed dogs and 25% owned medium-breeds. 72% of the families had only owned one dog until present, 81% of the families kept their dog indoors. Keeping small-breed dogs indoors was the general trend for the participating families.

For 71% of the participating families, the family member responsible for the decision to own a dog included the mother or the father, the person completing the survey (applicable for families with members other than the person completing the survey). 29% of the participants completing the survey responded that it was a different family member's decision to own a dog. For 75% of the families, the participant in the survey, the mother or the father, was the main care taker for the dog (applicable for families with members other than the person completing the survey). 25% of the participants responded that another family member was the main care taker for the dog. As a general trend, the decision to own a dog was made by the participant, the father or the mother, or a number of family members including the participant, and that same person became the main care taker for the dog in the family.

Table 1 indicates common breeds of dog owned by each family.

### *Changes in family structure*

To consider how introducing a dog into the family changes family structure, We performed

a single-factor analysis of variance (single-factor ANOVA) on 313 families. The independent variables were the three time periods; "Before ownership", "Immediately after ownership" and "Present". The dependent variables assessed in this analysis were "Cohesion" between the subscales of family structure; parents (mother and father), father and children, and mother and children, and the bidirectional "power" between the parents, father and children, and mother and children (Table 2).

In the results, a significant difference was observed in the following items; cohesion between the father and children ( $F_{(2,624)}=14.06$ ,  $p<.001$ ), cohesion between the mother and children ( $F_{(2,624)}=7.51$ ,  $p<.01$ ), cohesion between the mother and father ( $F_{(2,624)}=6.55$ ,

$p<.01$ ), power of the father over children ( $F_{(2,624)}=186.50$ ,  $p<.001$ ), power of the mother over the father ( $F_{(2,624)}=10.13$ ,  $p<.001$ ), power of the children over the father ( $F_{(2,624)}=16.30$ ,  $p<.001$ ), power of the children over the mother ( $F_{(2,624)}=27.64$ ,  $p<.001$ ). Multiple comparisons (Bonferroni method) revealed that cohesion between the father and children, cohesion between the mother and children, power of the father over the children and power of the mother over the father are greater for both time periods "immediately after ownership" and "present" compared to the time period "before ownership". The power of the children over the father and the power of the children over the mother are greater immediately after ownership than before, and greater in the present than the time immediately after ownership.

Table 1 Common breeds of dog owned by each family

Breed	<i>N</i>
Mix Breed (Mongrel)	43
Miniature Dachshund	43
Toy Poodle	35
Shiba Inu	31
Chihuahua	30
Papillon	14
Labrador Retriever	9
Pomeranian	9
Shih Tzu	8
Miniature Schnauzer	8
Long-coat Chihuahua	7



**Discussion**

In this research, to consider the changes in family structure evoked when introducing a dog into the family, we conducted a survey on 313 families who raise dogs and assessed the alterations in family structure caused by the ownership of a dog, with consideration of basic information such as keeping environment, the family member who decided to have a dog and the main care taker for the dog. Results show that introducing a dog into the family strengthened the cohesion between each family

member. The power of the children over parents, of the mother over children and most notably the power of the father over children showed significant increase.

The reason for the change in family structure, considering the keeping environment, we can assume the influence of the location; the environment of the housing district, with interrelationship with the surrounding community, and houses as the form of residence indicating the abundance of living space.

Table 2 Results for the single-factor ANOVA of family structure for three time periods

	Before Ownership (BO)		Immediately after Ownership (IO)		Present (P)		<i>F</i>	Multiple Comparison
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
	Father-child Cohesion	6.45	1.87	6.73	1.78	6.73		
Mother-child Cohesion	7.22	1.61	7.39	1.53	7.39	1.54	7.51**	BO < IO, P
Marital Cohesion	6.45	1.77	6.64	1.71	6.61	1.93	6.55 **	BO < IO
Power of the Father over Children	5.20	0.86	6.56	1.71	6.54	1.73	186.50 ***	BO < IO, P
Power of Children over the Father	5.76	1.75	5.90	1.74	6.05	1.67	16.30***	PO < IO < P
Power of the Mother over the Children	6.77	1.41	6.84	1.36	6.77	1.42	<i>n.s.</i>	
Power of Children over the Mother	5.86	1.53	6.00	1.57	6.18	1.51	27.64 ***	BO < IO < P
Power of the Father over the Mother	6.17	1.72	6.25	1.71	6.21	1.75	<i>n.s.</i>	
Power of the Mother over the Father	6.33	1.59	6.44	1.58	6.52	1.59	10.13 ***	BO < IO, P

\**p*<.05, \*\**p*<.01, \*\*\**p*<.001

A large portion of the participating families owned one dog kept indoors, and this was the first dog the family had owned. From this, we can deduce that interaction between family members became active, with the dog as the medium, resulting in a significant change in family relationships. Moreover, the same family member whose decision it was to own a dog became the main carer for the dog, indicating that the integrity of the attitude of the person who decided to own a dog becoming responsible to care for the dog is an important contributing factor to the changes observed in family relationship.

Regarding the reason for the increase of the children's power over the parents, in most cases, it can be assumed that the dog is of common interest for family members, and becomes the topic of conversation in communication between family members. Meanwhile, collaboration of family members are promoted through activities such as dog-walking. Moreover with regard to the effect of the experience caring for a dog has on the development of children, Mallon (1992) states that children's emotions of solitude are alleviated through caring for an animal, and they recognize friendship and develop responsibility in their actions. Hayashi (1999) states that through interaction with animals such as dogs, children "gain the ability to understand the pain of others" and "develop self-esteem and perseverance". Through interaction with their dog, children learn many things such as being responsible for their actions. This opportunity for growth and

development and active interaction between family members are thought to contribute to the increased power of the children in the family.

Here we will discuss the results that show the significant increase of the power of the father over the children. In general, it has been noted that there is less interaction between the father and his children during adolescence than there is between the mother and her children or the mother and the father (Sohgon Akao, 2003). Imai (1986) compiled the basic factors of social power in a parent-child relationship. Factors include referent-expert power which depends on the intellectual ability and the wealth of experience of the influencer and identifying oneself with influencers who possess those qualities, and attraction power which depends on affectionate emotions towards the influencer or the sustenance of relationship with the influencer. Noguchi (2007) indicates that there is a positive correlation between the recognition of the father's referent-expert power and attraction power by his adolescent children and an open, honest communication between the parent and child. Through caring for a dog, the father gained the opportunity to interact with his children, and we can assume that as a result of frequent communication with the dog as the medium, the increase in the father's influence was observed.

We have shown in this research the alterations observed in family structure such as cohesion and power through the ownership of a dog. However, it is not merely the act of keeping a dog that results in changes in family structure, factors such as the environment in

which the dog is kept need to be taken into consideration for assessment. Moreover, this research had only one member of the family participating, the mother or the father, with no consideration from the other family members' perspective. Following research should target perspectives of multiple members of the family to assess the state of family structure with regard to the ownership of a dog.

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## Psychological Support for Children from Families of International Marriages

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**ABSTRACT.** This study has the objective to discover the family relationships and support that should exist within families of international marriages. I used the analytical method of extracting, for the purpose of presenting my cases, the portions from the responses of each of the subjects in the three interviews conducted on him/her, portions that applied to the two aspects of support to the children from international marriages --(1) the family relationships within the international marriages, and (2) the support given to the children from international marriages. The results of my study brought to light that in such family relationships, the roles of parents and children had reversed. Furthermore, with respect to the ideal way of support, the children of international marriages, found it difficult to discuss matters with their parents, suggesting the necessity for the supporters to take into consideration the worries and the reality that those children were unable to bear. Furthermore, with respect to the kind of support that should be provided, children from international marriages did not know whether the complications between their parents were those that occurred in ordinary families in Japan. From these circumstances, I perceived the significance in normalizing such situations of the children by having supporters provide them with the help in the form of psychological education.

**KEY WORDS :** Families of international marriages, Support, Family relationships, Psychological education

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### **Introduction**

The number of international marriages in the sixteen years between 1990 to 2006 has increased by approximately 1.7times. Along with the increase in international marriages, all kinds of problems have been revealed which were not apparent in Japanese married couples. Sano(1998) makes the following inference: "Cross-cultural families, specifically being bi-cultural in nature, have a sense of values based on different languages and customs, so

communication alone between members of such families must be difficult, not to mention how great daily pressure and stress could be. "Kuwayama (1995) indicates that in a family of international marriage, the couples do not speak the same native language, the husband and their family have no interest in the culture of the wife which causes pressure and stress, etc. Precisely because of this kind of families of international marriages that a great deal of problems have emerged. Murry et al.(2001) verifies that the parents' expectations of the roles to be played and the methods of socialization(the way how the individuals acquire the norm, the sense of values, the behavior patterns that were required of the members of the group to which they belonged),

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stress and the awareness of discrimination, etc, influence the development of personality characteristics of the children of minority families. Based on these circumstances, it is supposed that the children of international marriages are influenced to some extent by the sense of values and the background of their parents' culture. Furthermore, given the fact that the "identity problem" has been indicated in the psychological maladjustment to an environment of foreign culture, the children of international marriages are also confronted with their "identity problem". As the support for the families and the children who are dealing closely with such foreign culture, the counseling to deal with foreign cultures is considered. Moreover, with the number of children from international marriages on the increase in the educational setting, I believe that it is vital to examine what such support should be. As apparent from the above, researches have been done dealing with the marital relationship of international couples and researches dealing extensively with the support given to foreign cultures. However, not many studies have been conducted from the clinical and psychological perspectives on the concrete methods of support and family relationships for the children of international marriages.

Given this situation, this study has the objectives to examine the family relationships in international marriages, as perceived by their children, along with which, the examination of 3 cases, focusing on what is desired for the children of international marriages--the support, the counseling for varied cultures and the

support in schools.

In this study, the word "children" is not limited for children who are under age, but as a common name for "children/offspring" of international marriages. Moreover, the word "half" is used in this study to define a child, one of whose parents is of foreign nationality.

### ***Methods***

#### *Participants*

One male and two female in their twenties residing in Japan. Each one has a parent who is a foreign national. These subjects were introduced to the author by a friend.

#### *Procedures*

Semi-structured interviews were conducted on the participants. They were questioned chiefly on their family relationships, languages and cultures from the perspective of identity formation.

The interviews were conducted from August to December in year X. Three interviews were carried out on each subject, with each interview lasting from 50 minutes to 90 minutes. The interviews were separated by one month. With the consent of the subjects, all interviews were recorded on IC recorder.

At the beginning of the interviews, the subjects were asked to sign the consent form, after having received the explanations on the objectives of this study, its significance and the protection of privacy. Moreover, from the perspective of protecting the privacy of the individuals, the text of the recorded "word for word" responses of the subjects will not be

published in its entirety.

### *Analytical Plan*

Due to the fact that the responses of the subjects were extremely revealing of their individuality and their peculiarities, being that the topic was on such minority matter as international marriages, I believe that it is appropriate that they be examined in the context of research cases. The objectives of this study are: 1) the family relationships within international marriages; 2) the support to the children from international marriages, so, as the analytical method of this study, I extracted the portions from the responses in the three interviews for each subject that applied to 1) and 2) and present them as “cases”, followed by their examination.

### *Case Presentation*

The semi-structured interviews, conducted on three different occasions on each subject constituted a “case”. In presenting these cases, the responses of the subjects are given within “”, while the words of the author will be given within < >.

#### *Case 1*

Participant: A, a 26-year old male

Family structure : father (Japanese), mother (Honduran) younger sister and older brother.

A said, “Father was usually not home. Only the three of us, Mom, my younger sister and I, were home. Almost always, I was the one who had to go to the Ward Office to take care of things. When we needed a copy of the family

register, I had to go to get it. I guess you can say that our home was propped up by only half the support that it needed. “ However, he wished that his mother could speak more Japanese, “You see, part of me couldn't help wishing that if she spoke and understood more Japanese, she could have read this and she could have done that and I didn't have to take care of things for her the way I did.... “ Regarding his feelings toward his mother, he said, “I dare say Mom was always somewhat nervous....” He also said that he could not tell whether his worries were caused by his mother's inability to speak Japanese or whether they were the worries shared by the parent and child in a regular Japanese household.

Moreover, to the question-- <Have you ever consulted anyone on your worries?> he answered that he had consulted friends about them, but not for once a parent. “Even if I tried talking to Mom, she wouldn't understand for sure and what's more I don't expect her to understand. These worries of mine... She is a total foreigner.” Words such as these indicated how he felt as a “half”, knowing that there was no way that his worries could be understood by his foreign parent. On looking back, his greatest concern was to try to somehow surmount the difficulties with which he was confronted. A, added that even though he was Japanese, he looked foreign, so those around him made fun of him. In the beginning, he disliked being made fun of, but gradually he came to accept it as an amusement.

#### *Case 2*

Participant: B, a 24-year old female

Family structure : father (Japanese-Brazilian), mother (Peruvian), younger sister and older brother.

The environment of B's family is quite different from that of other Japanese families in that both her parents can neither speak nor write Japanese. Therefore, B often took care of things in the place of her parents. Ever since her elementary school days, she has been somehow relying on herself, not on her parents. "When my parents received letters from school, they couldn't read them, so I simply read them and took care of what was required, relying on my judgement." "For example, before going swimming with our teacher, the consent form required the fixture of seal to indicate parental consent and to confirm the state of my body temperature. I took care of that myself. Kids around me were envious of me." She added, that even now, she is taking care of matters at home and outside of home, matters which should be done by her parents--going to her younger sister's high school as her substitute guardian, taking her to the hospital and circulating the neighborhood bulletin board, etc. " "My family considers me indispensable, you know. That is, as long as we are in Japan. You see, I've got to handle our lives in Japan, as well as to play skillfully the role of ... < the role of forming the connection with your mother?> "That's it. That's why I guess I am indispensable." "Ever since I was quite young, it's been that way, so I'm exhausted. I've had to try so hard...." " I guess I'm resigned to the fact that there is no way out of this situation for me because it's my fate. Besides, it's not that I had

a choice in getting born into this situation... Before I realized it, it was so." B said over and over again that she had no way out being a "half" for good, no matter how much she cried about it or laughed about it. Being aware of her situation, B concluded that there was no use talking about it to her parents, nor did she consult other people about it. "I guess everything comes from my resignation that even if I tried speaking to them, they wouldn't understand.... When it comes to speaking Japanese, I wanted to convey not just the contents but also the nuances, but that was not possible with them. Probably because of that, I have never discussed matters with them. "< Is it faster to take care of things yourself?>

"Well, yes, it's kind of resigning to the fact that it was just that way." Moreover, B stated that it might be better to have a specialist (school counselor) in elementary school and junior high school. "I think that kids like me could find the peace of mind needed, if they had someone who was concerned about them. Getting none at home, the school is the only other place to get such attention. " She felt that in elementary school, "it would be nice if the teacher could look after such kids and do so casually. I think there are kids who can't say they needed some attention, even though they wanted to get help."

### *Case 3*

Participant: C, a 23 year old female

Family structure: father (Japanese) and mother (half of Spanish and Filipino)

C's father is "a stubborn father of the Showa



era” and he is the one who scolds C and her mother is the one who pacifies the situation. Her mother doesn't understand the language (Japanese: a note from translator) sufficiently and C assists her in English. “It seems she suffers severe stress when she doesn't understand what was spoken in Japanese” C said. Also C says that her mother is like her friend. “It has been 22 years since she lived here likewise it has been 22 years since I live here. That's why we feel like we can hang in this country together. We are somewhere in an evenhanded position. Because I started from zero since I was born and she started from zero since she started learning Japanese. We can share hard times and joyful times” says C. To C, her mother is in an evenhanded position and her father is embedded in the Japanese culture. As a whole family “Racially mixed families are totally in a different position” says C. Her father is Japanese, her mother is a foreigner and herself is mixed breed. Apparently even when a problem occurs, each member overcomes it by himself most of the time rather than solving the problem among family members.

“I know that each member has an obstacle which they want to overcome for sure”. As a result, C has been trying to overcome problems without consulting her family. She says although she could overcome as many issues as possible by herself, she still wanted to have a professional (school counselor) who would understand her situation as a racially mixed person when she was in elementary and middle school. What she strongly wanted in a counselor was that s/he would understand that

she was bearing what she couldn't talk to her parents rather than understanding logical things. “After all, I think I want to feel secure like you are okay as you are. It's not unnatural that I get annoyed here.” Ms. C herself didn't have an opportunity to consult anybody. As a result, she was repeatedly hospitalized and released several times for unknown reasons and she often went to the public health center. “You should provide a place where people feel safe. Especially if we don't feel relieved when we go home. Like I feel I have a sea of worries” she said.

### *Discussions*

#### *Family Relationship*

Apparently as A, B, and C have been supporting their foreign mother culturally and linguistically since they were children, it is difficult for children from international marriages to play a role as a child. As Carter and McGoldrick (1980) says “During the childcare period, as the secondary change which is essential to the family, first by adding a child to the couple system leads to a new boundary and role. Especially it is important to devise ways of functioning both the couple and parent systems. Second, to obtain parental roles--- father's role for husband and mother's role for wife is expected. Third, including mother's role or grandparent's role, to reconstitute the relationship with their parents is expected”, they mention the family process about the family relationship development during the childcare period from three different perspectives. From these perspectives, it seems

to be crucial for both parents to obtain their parental roles and set a boundary between parents and children for the children's development. In context therapy, the concept of parent-child relationship reverse phenomenon is named "surrogate parental role". "Surrogate parental role" is the relationship that parents give and children receive is reversed from a young age and children try to comfort themselves and care for their parents as if the parent-child relationship were reversed" (Nakagama, 2010). We suppose that the family environment is prone to the "surrogate parental role" in international marriages. Especially as the culture and language are different between husband and wife, it's difficult to adjust the gap and additionally father is busy at work or mother doesn't have enough vitality to live in Japan thus it's difficult for her to play a role of mother and their children end up with taking the role of "surrogate parental role". And as the roles of parent and child are not distinctive, the boundary between parents and children is likely to become ambiguous.

### *Support*

From this case, it has become clear that they have overcome the difficulties by themselves without being able to consult their parents from a young age. They have taken measures in order to overcome the difficulties by such as converting to laughter, thinking it's their destiny, or expressing in the way they dress. Supporters need to think of support and understand that children from international marriages are prone to have difficulties

consulting their parents, as a result they have replaced things they couldn't carry with other things when counselors were involved with them in school or counseling settings. Moreover Kurihara (2004) says "In cross cultural counseling, it's necessary to further consideration to give or receive messages and unless they don't understand the client's culture or habit, it's difficult to build trust and solve problems with them". Like B and C mentioned, they feel relieved if supporters are under a similar situation or clients can share their culture so we need to consider the clients' culture carefully when providing counseling. And depending on circumstances, as Inoue (1998) suggests, psychological education should promote awareness, knowledge and skills in cross-cultural settings as a part of essential support in multi-cultural counseling, it would appear to be meaningful to provide support for them including this view of psychological education. Furthermore it should be effective when we give messages by normalizing (as a quantitative problem at normal condition) (Hasegawa, 1987). Like cases 1 and 3, children of international marriages have doubts on whether the conflicts among their parents occur also among Japanese families, or whether the reason why their problems and struggles arise is because they are racially mixed or if even people in a similar situation have similar problems. Supporters can give them a sense of security by normalizing their questions in psychological education.

Additionally, like Okado (1989) says “The foundation for emotional development of school-age children exists within the family relationship. The more calm and warm the family relationship is, the more stable the children become. Adversely, if there are fights constantly in the family and the family relationship is not working out, the children’s emotions become unstable. Basically the family is structurally stable, open communication is taken place, and the absorptive capacity of the family is strong; these are the necessary conditions for emotional development”, he describes the importance of the family support for school-age children. When we support children from international marriages, we need to see the big picture of the family. Namely we might need to not only see the family dynamics of international marriages but provide support to the father and mother now and then.

Morikawa (2009) says “Children from international marriages were typically born and raised in Japan so they don’t have linguistic problems thus they can be ignored”. Like Case 2, there are children who can’t say “Help!” therefore teachers’ care and to place counselors who have developed expertise in cross-cultural counseling in schools should be considered.

### ***Conclusions***

In this study, we discussed the family relationship from international marriages and support. As a result, we discovered that the role of parent-child relationship is reversed and the conflict and family dynamics are revealed due to international marriage families, we obtained

suggestions for the whole family and children that can lead to support. In terms of support, we found their needs of cross-cultural counseling and normalization in educational settings and the importance of knowing how necessary it is to understand the clients’ cultural background.

In addition, from the perspective that cultural differences within international marriages exist, we could characterize the family relationship. However, we couldn’t view the whole perspective based on ethnic cultural background at this time. Therefore further discussion will be required in future research.

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## Solution-Focused Group Therapy Program for Repeated-Drug Users

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**ABSTRACT.** Solution-focused approach was an effective treatment for drug abuse. Solution-focused therapy at the individual level showed treatment effects on drug users, but the therapy at the group level did not. On the basis of systemic therapies, we developed a solution-focused group therapy program for repeated-drug users in a Japanese prison. Our program was constituted of 12 sessions, all of which aimed to help achievement of clients' personal goal and development of clients' motivation to change their lifestyle. The program included collaborative structures to manage clients' aggressive behaviors. Our therapist's manual facilitated clients' solution talk and minimized their problem talk in group therapy. The program contents were also discussed from intrapersonal perspectives.

**KEY WORDS :** Repeated-Drug User, Solution-Focused Approach, Group Therapy, Solution talk.

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### **Introduction**

Drug-related offense was a severe problem. Around 60 % of the drug-related offenses were committed by repeated-drug users in Japan (Ministry of Health, Labor, and Welfare, Pharmaceutical and Food Safety Bureau, Compliance and Narcotics Division, 2010). They suffered from severe mental health problems (Kilpatrick, Ruggiero, Acierno, Saunders, Resnick, & Best, 2003) and bought a large volume of illegal drugs, which became a major fund source of illegal groups (Curtis & Wendel, 2000). Ineffective treatment for them

could facilitate spread of illegal drugs and illegal groups. Therefore, effective treatment was essential not only to maintain their individual mental health, but also to build a peaceful and safe society.

Traditional treatment programs focused on problems of drug users. Therapist confronted clients' problems and made them "hit the bottom". Although these programs became very popular, treatment effects of the programs were in doubt. Actually, recent study pointed out that therapist's confrontation in counseling negatively predicted clients' cessation of drug use (Miller, Benefield, & Tonigan, 1993).

Alternative treatment for drug-related users was Solution-Focused Approach (SFA) [Berg & Reuss, 1998]. SFA aimed to construct solutions in collaboration with the client (De Shazer et al., 1986). SFA focused on the client's resources and emphasized on what each

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client had already done something useful (Kiser, Piercy, & Lipchik, 1993; Miller & Shazer, 2000). SFA's non pathological approach, utilization of clients' resources, and validation of clients' motivation were consistent with motivational interviewing methods, which was also popular in the treatment for drug abuse (Lewis & Osborn, 2004).

SFA also showed treatment effects for drug users. The 60 offenders, including drug users, were randomly assigned to SFA and control groups (Lindfors & Magnusson, 1997). The control group, which did not receive any treatment, committed a new offense after 12 months of their release more frequently than the SFA group. In the same line, 105 cocaine-dependent outpatients were randomly assigned to motivational interview and control groups (Stotts, Schmitz, Rhoades, & Grabowski, 2001). The patients who received both individual motivational interview and detoxication program showed only 18 % of relapse rate, whereas those who only received detoxication program were 36 %. These findings supported that individual SFA was an effective treatment for repeated drug users.

Still, we did not know whether treatment effects of individual SFA were generalizable to group SFA. For example, the 38 substance abusers were randomly assigned to Solution-Focused Group Therapy (SFGT) and control groups (Smock, Trepper, Wetchler, McCollum, Ray, & Pierce, 2008). Participants who received 6 sessions of SFGT were not significantly different from those who received 6 sessions of purposeless individual counseling.

Similarly, the 37 university students with drinking problems were randomly assigned to one of three groups: 1) one motivational interviewing group session with feedback mail on their drinking; 2) mail feedback only; 3) no treatment (Walters, Bennett, & Miller, 2000). Result showed that mail feedback group recovered better than those who received the group session or no treatment. These findings did not support the treatment effects for drug users at the group level.

Miller and Rollnick (2002) reviewed previous findings of motivational interviewing group therapy and clarified three limitations of the group therapy. First, group therapy cannot take enough time for clients' talk. Clients' talk about quitting drug predicted their actual cessation of drug use (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003), so the limited time for their talk might weaken treatment effects. Second, clients also felt difficulties to express their emotion in group, even though therapist's validation of their emotion was a key to motivate clients to quit drug (Miller & Rollnick, 2002). Hence, group therapy might not treat their emotion adequately. Third, therapist felt difficulties to manage group. Because substance use was positively correlated with aggressive behavior, hostility (McCormick, & Smith, 1995) and even antisocial personality disorder (Robins, 1998), many repeated-drug users were aggressive and ganged up to attack other group members and therapist skillfully. Their mass attack was often too strong for the therapist to collaborate with them. Collaboration with them in group session could

be more difficult than collaboration in individual session.

Although treatment effects of SFGT were not confirmed in previous findings, development of a SFGT program had academic and practical values. SFA was regarded as effective treatment program for drug users (Berg & Reuss, 1998), but empirical evidence of SFA was limited (Gingerich, & Eisengart, 2000). Development of SFA program could advance validation of SFA. Furthermore, group therapy was more cost-effective treatment than individual therapy. Effective group therapy program could increase the opportunities for drug users to receive effective treatment.

The present study proposed a new SFGT program for repeated-drug users in a Japanese prison. Our program overcame previous limitations of the group therapy. First, we took 12 sessions to conduct SFGT: The number of group sessions was twice of the previous study (e.g., Smock et al., 2008). The long duration of group therapy secured enough time for clients' talk. Meta-analysis of previous findings also suggested that the number of session positively affected treatment outcomes of drug users (Rubak, Sandbæk, Lauritzen, & Christensen, 2005). The increased number of session should improve treatment outcomes of SFGT. Second, our program also ensured clients' personal talk with therapist. Clients' emotion was facilitated and validated during personal talk. Third, we developed collaborative structure and manual based on systemic therapies, such as Mental Research Institute Approach (Hasegawa, 1997; Watzlawick, Bavelas, Jackson, & O'Hanlon,

1967; Watzlawick, Weakland, & Fisch, 1974), Milan Approach (Palazzoli, & Burt, 1990), and Collaborative Approach (Anderson & Goolishian, 1992). The structure and manual should help therapist to corroborate with clients. Next section, we presented collaborative structure and manual. Then we offered the program contents of our SFGT. Lastly, we discussed our program from intrapersonal perspectives.

### ***Collaborative structure and therapist's manual to work with repeated-drug users***

#### *Collaborative structure from physical and social perspectives*

Many repeated-drug users were aggressive (McCormick, & Smith, 1995; Robins, 1998), so therapist needed structure that could manage their aggressive behaviors. Our group therapy had two structures (Figure 1). At the former half, group members wrote down their individual answer to program handouts. This structure helped them to be ready to talk about themselves, rather than other drug users. Furthermore, the structure also minimized clients' mindless babble. The structure also helped therapist to talk to each client personally. Therapist's validation of their emotion and facilitation of their solution-focused thinking was effective treatment during personal talk (Miller & Rollnick, 2002).

In the latter half, group members formed a ring and talk about their writings voluntarily. This structure had both positive and negative aspects. From positive aspects, group members



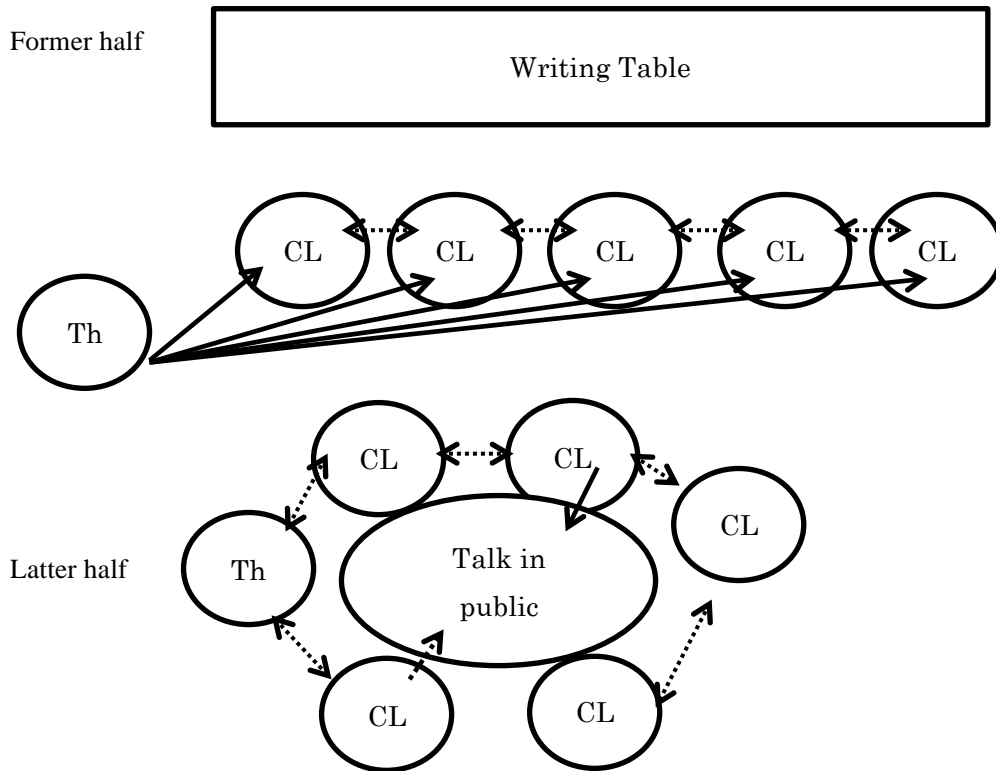


Figure 1 Two structures of Solution-Focused Group Therapy for repeated drug user  
 Note: Th: Therapist, CL: Client, group therapist maximized continuous lines and minimized dotted lines

could facilitate solution-focused talk with each other. From negative aspects, they might facilitate problem-focused talk or get into fight. To prevent their problem-focused talk and fight, therapist needed to manage group communication with care and skill. For example, when one member whispers during another members' talking, therapist needed to intervene in the one as the manager of group communication. Furthermore, some member might communicate nonverbally to the talking. For example, some member shoots another member a teasing glance. At this time, therapist needed to intervene in their teasing. Without

intervention, their discussion could be escalated into a nonverbal fight, which was irrelevant with their solution (Watzlawick et al., 1967). Figure 1 suggests that both structures minimized interaction among members. To prevent escalation of their aggressive behaviors, therapist needed to intervene in their aggressive interaction at the preliminary stage. To manage client's aggressive behavior, group therapy also needed rules. Our programs had four rules (See table 1). Therapist should bring clients into compliance with these rules. Therapist's defense was allowed only if they attacked the rules. Basic explanation was

following: To make group therapy safe, all members should not attack other members (Rule 1). To talk in a safe place, all members should respect other's talking (Rule 2). To secure each member's turn to talk, respect your and the other member's turn (Rule 3). To make the talk meaningful, talk honestly, but do not need to talk everything (Rule 4).

Without these rules, a member directly attacked other members, which harmed collaboration in group. Listening with half an ear to a speaker was regarded as relational aggression to some speaker. When the speaker perceived the aggression from the listener, the speaker harmed the listener in retribution.

Cycle of retribution easily destroyed group collaboration. Furthermore, group therapy needed to ensure each member to talk. Without clear turn, some could talk but others could not. The treatment effects for those who could not talk could be weakened. To focus on clients' actual solution, clients' solution needed to be based on actual experience. Fake story had little impact on their actual solution, so fake story would weaken solution-focused talk.

#### *Therapist's manual from psychological perspectives*

Based on these collaborative structures, therapist had a manual to facilitate solution-focused talk in group therapy. Our manual had three principles. The first principle was to maximize clients' solution talk. Clients' solution talk included clients' benefits of change, cost of the unchanged, optimistic attitudes to change, and commitment to change (Hoyt & Berg, 2006; Miller, & Rollnick, 2002). From social construction perspective, solution talk constructed clients' solvable reality (de Shazer et al., 1986; White & Epston, 1990). Actually, clients' solution talk in counseling positively affected their actual solution (Amrhein et al., 2003), but therapists' encouragement to change was not (Mahrer, Gagnon, Fairweather, Boulet, & Herring, 1994). Therapist's interests to specific theme facilitated clients to talk about the theme (Bavelas, Coates, & Johnson, 2000; 2002), so s/he should maximize their solution talk through showing her (his) interest (Figure 2).

The second principle was to minimize

Table 1. Rules of Solution Focused Group Therapy for repeated-drug users

Rules	Example
1 Do not attack the other members and staffs	Warn when a member attacked another member verbally or nonverbally
2 Respect other's talking	Warn when someone did not listen to another member's talking (nonverbally).
3 Respect one's and other's turn	Warn when someone (verbally) interrupt another member's turn.
4 Talk honestly	Appreciate honesty (verbally)

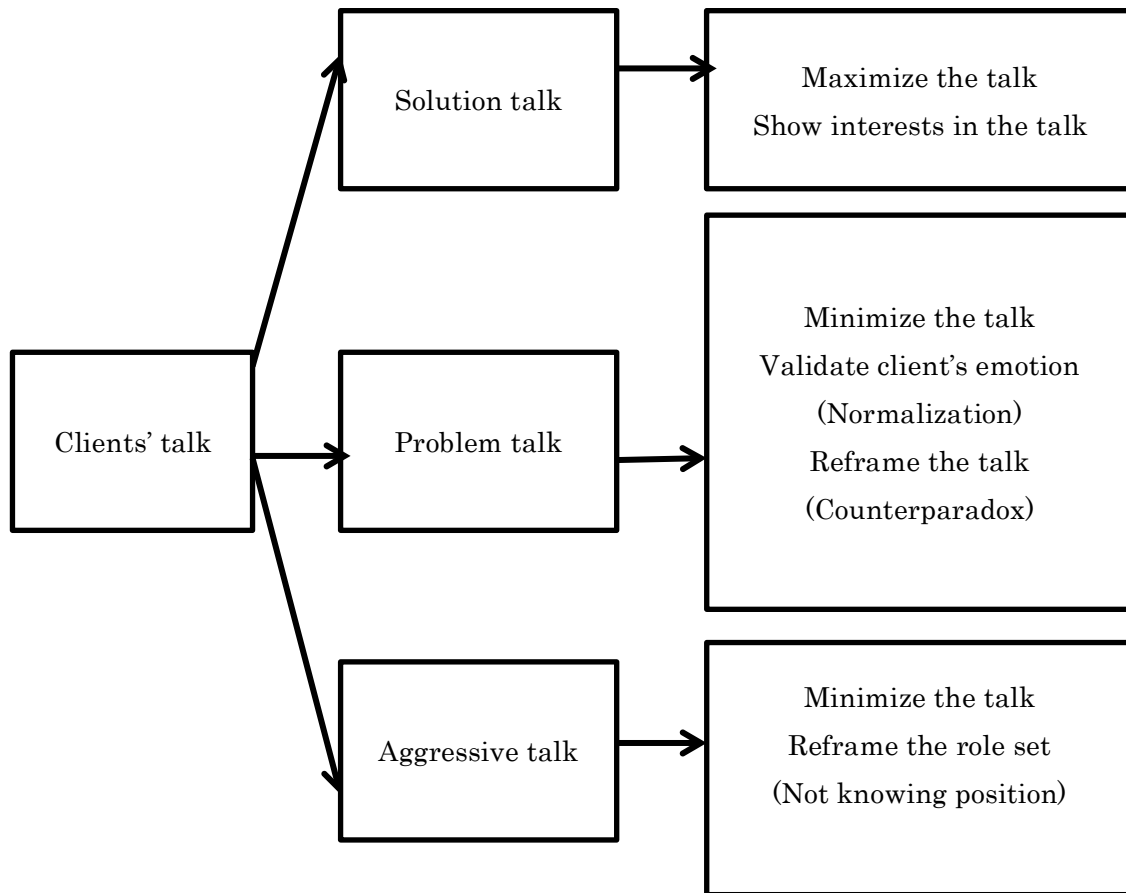


Figure 2. Therapist's manual on Repeated-Drug Users' talk

problem talk, but appreciated and reframed it. Problem talk involved clients' costs of change, benefits of the unchanged, pessimistic attitudes to change, and commitment to the unchanged (Hoyt & Berg, 2006; Miller & Rollnick, 2002). The problem talk constructed clients' problematic reality (de Shazer et al., 1986; White & Epston, 1990). Actually, clients' problem talk in counseling affected their relapse of drug use (Amrhein et al., 2003). Furthermore, one problem talk affects another problem talk in group therapy (Miller, & Rollnick, 2002). For example, clients easily found joy in competition for getting high. These talks were regarded as adverse effects on

treatment (Miller, & Rollnick, 2002), so therapist minimized their problem talk.

However, their problem talk reflected their emotion about their drug use. Their emotional expression was a key to enhance their motivation to quit drug, so therapist needed to validate their emotion. Normalization to their response was a way to validate their emotion. For example, when client said that "I cannot stop using drug", therapist replied that "Your feeling is exactly right. Many clients have your feeling when you try to quit drug. It takes a long way, so take your own time."

Furthermore, their problem talk needed to be reframed as facilitator of group therapy rather

than impediment of the therapy. Showing respect to clients' honesty was the best way to validate their emotion and reframe the problem talk (Figure 2). For example, when client said that "I get high when I use drug. Why not use?", therapist responded like that "You are very honest. Your honesty was very important for therapeutic treatment, because your actual feeling is a key to understand your actual situation." This therapist's response was counter paradox (Palazzoli, & Burt, 1990). If the client had talked his problem, he would commit to group therapy. If the client had stopped talking problem, the therapy could focus on solution talk. The group proceeded whether he would talk problem or stop talking problem. Most clients stopped talking problem, when therapist responded with the counter paradox.

The third principle was to minimize aggressive talk, but reframed it (Figure 2). Aggressive talk included client's attack to therapist, therapy, and other group members. Many group members tried to challenge therapist's authority. For example, "Are you repeated-drug user? (Therapist says no). You cannot understand our problem." "Talking in a prison is ineffective because drug use occurred outside of the prison". Therapist's defense against group member was the worst way to solve these aggressive talking. Actually, therapist's defense was ineffective on treatment (Miller et al., 1993).

The best way was "not-knowing position". Not-knowing position was therapist's learning attitudes to the clients' problem (Anderson, &

Goolishian, 1992). The attitudes came from assumption that therapist did not know many things about clients' problem, so therapist needed to learn from the client who was the expert of the problem (Anderson, & Goolishian, 1992). Hence, therapist needed to say "I cannot understand your problem fully. The person who can understand your problem is you." "Talking is very weak in anyway, but some members say the talking has very strong impact on their problem. Still, I do not know exact effects, actually." These responses made group free from debate about the authority of therapist.

Clients' aggressive talk also presumed that the therapist was an expert to solve their drug problem and they did not know how to quit drug. Therapist not-knowing position changed their presumption, because the responses implied clients' role as an expert speaker about drug use and therapist role as a listener about the drug use (Anderson, & Goolishian, 1992). These implied role set decreased their challenge to therapist's authority, because authority of their problem was not therapist but clients. Furthermore, these role sets facilitated collaborative communication between clients and a therapist.

### ***Program Contents of Solution-Focused Group Therapy for Repeated-Drug Users***

With collaborative structure and therapist's manual, our program offered 12 sessions, all of which aimed to help achievement in clients' concrete goal and to enhance their motivation to change their current situation. Every session included individual feedback mails from

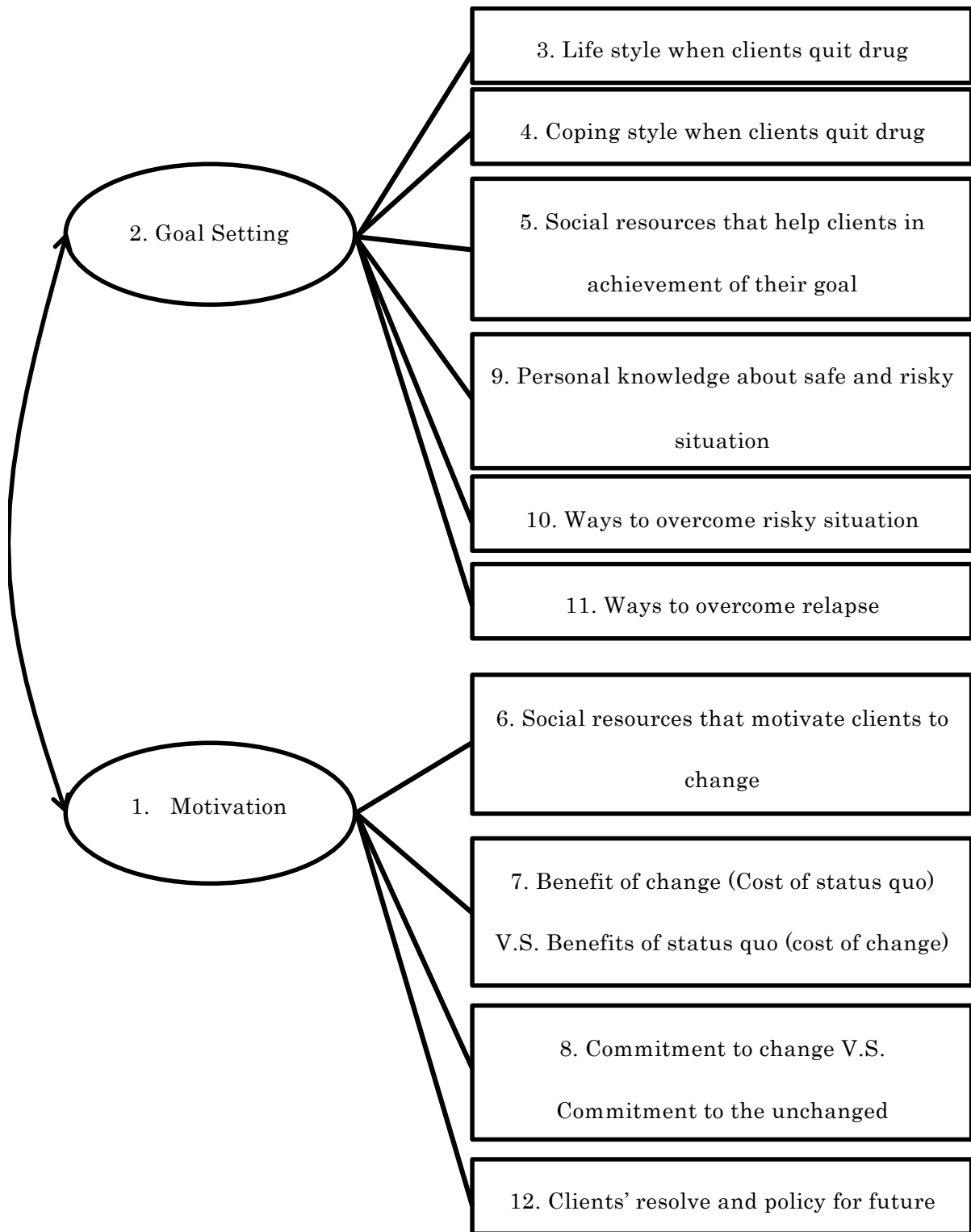


Figure 3. Solution Focused Group Therapy program for repeated-drug users

therapist to them (Walters et al., 2000). The mails focused on their personal solutions. Figure 3 shows the schema of all sessions. The cores of our program were clients' concrete goal setting and development of their motivation. Figure 3 shows that all sessions were linked either of the two cores. Still, concrete goal setting affected clients' motivation and vice versa (Kiser, Piercy, & Lipchik, 1993), so all sessions linked with both goal setting and motivation practically. We described achievement in clients' goal first and enhancement of their motivation next.

#### *Achievement in client's goal*

Clients' goal was defined by their ideal lifestyle after a few years of their release. The goal should neither be limited in drug use nor in their jail time. Drug use was regarded as a lifestyle problem (McLellan, Lewis, O'Brien, & Kleber, 2000), so their goal needed to be set within their daily activity in society. Their goal also need to be concrete, which could be evaluated by them and therapist (De Shazer et al., 1986). The 2nd session asked their ideal goal after the release. The question covered a wide variety of daily activities (Table 2). Their goal was also utilized to scale their current situation (Table 2).

Furthermore, achievement in concrete goals required concrete methods. Therefore, following sessions facilitated them to find their concrete methods which they had already utilized [Table 2] (Miller & de Shazer, 2000). For example, the 3rd session asked duration while they did not use drug. Their accumulated

experience to stop using drug was the most powerful resources. Therapist needed to explore clients' experience in detail. The detailed description of their lifestyle revealed their concrete methods to detach themselves from drug. The 4th session focused on their coping behavior. Emphasis was on what each client had already managed to cope with drug using. The coping behavior should be derived from each client's experience. Therapist needed to keep not-knowing position. The 9th session asked exception when they did not use drug in spite of risky situation. Therapist needed to extract exception from each individual experience. The 10th session focused on client's personal processing, so their exception was smaller than the exception on 9th session. The smaller their exception is, the more they could use easily (Hasegawa, 1997; Watzlawick et al., 1974). Hence, therapist collaborated with clients to find their smallest exception. The 11th session asked coping behaviors of relapse. This session focused on client's personal experience how they stopped relapse.

#### *Enhancement of client's motivation*

Drug use was a lifestyle problem (McLellan et al., 2000), so their motivation to change their current lifestyle was the most important factors to prevent their drug abuse (e.g., Miller & Rollnick, 2002). To enhance their motivation, therapist needed to focus clients' "solution talk" (Hoyt, & Berg, 2006), because their desire to change could be socially and linguistically constructed through solution-focused communication (Miller, & Shazer, 2000).

Table 2. Program Contents of Solution Focused Group Therapy for repeated-drug users

Session	Key questions
1	1-1.Tell me the reason why you join the group? 1-2.Tell me anything that you tried to stop drug?
2	2-1.After a few years from the release, how you like to be? (Living place, Friend, Family, Job, Hobby, drug, other) 2-2.After a few days from the release, how you would be?(Living place, Friend, Family, Job, Hobby, drug, other) 2-3.Make sure the differences of lifestyle between 2-1 and 2-2 and the things you like to do. 2-4.Scale your situation between 1(the worst situation) to 10 (the best situation like 2-1).
3.	3-1.Tell me the longest duration while you stopped drug use. 3-2.How you carry out your daily life at that time(Living place, Friend, Family, Job, Hobby, drug use, drug dealing, weekdays, weekends )? 3-3.How you carry out your daily life when you use drug (Living place, Friend, Family, Job, Hobby, drug use, drug dealing, weekdays, weekends )? 3-4.Make sure the differences between 3-2 and 3-3 and the things you like to do.
4	4-1.Tell me the longest duration you stopped drug use. 4-2.Because drug affect your body, your body abruptly induces you to use drug. Tell me the situation you are induced (scene, time, place, people, drug, antecedents). 4-3.How you managed to stop using drug, even though you were induced?
5	5-1.Tell me a person who you have contact via mail or meeting (exclude prisoners). 5-2.Tell me concrete helps from the person which facilitate the achievement of your goal. 5-3.Lets' draft a letter to the person.
6	6-1.Tell me your very important person, with whom you have or had affectionate bonds. 6-2.How the person lead your life? Please explain concretely. 6-3.If you talked with the person about your drug use, how the person respond to you? Please write down your imagined response from the person.
7	7-1.Tell me the benefits to use drug. 7-2.Tell me the costs to stop drug. 7-3.Tell me the costs to use drug. 7-4.Tell me the benefits to stop drug. 7-5.Let's discuss the pros and cons of the drug use (You are the cons).

- 8
- 8-1. Tell me your attitudes toward taking drug (e.g., I cannot stop taking drug).
  - 8-2. Tell me the evidence that support your attitudes.
  - 8-3. Tell me your attitude toward stopping drug (e.g., I like to see my grandchildren in “clean”).
  - 8-4. Tell me the evidence that support your attitudes.
  - 8-5. Let's discuss the pros and cons of the status quo (You are the cons).
- 9
- 9-1. Tell me the most frequent situation you use drug (Time place, person).
  - 9-2. Although you were in the most frequent situation, you did not use drug. What's the difference? (Big differences, middle differences, small differences)
  - 9-3. How you utilize these differences?
- 10
- 10-1. Tell me the situation a long while ago you use drug. (time place, person, thought, emotion, behavior, drug)
  - 10-2. Tell me the situation a short while ago you use drug (time place, person, thought, emotion, behavior, drug)
  - 10-3. Tell me the situation an instantly short while ago you use drug (time place, person, thought, emotion, behavior, drug)
  - 10-4. Although you were in the most frequent situation, you did not use drug. What's the difference? (Big differences, middle differences, small differences)
  - 10-5. How you utilize these differences?
- 11
- 11-1. When you had been released from the prison, how long days (months or hours) you did not use drug?
  - 11-2. Tell me your life style at that days. (Living place, Friend, Family, Job, Hobby, drug use, drug dealing, weekdays, weekends )
  - 11-3. After you used the first drug, how long days you did not use drug?
  - 11-4. Tell me your life style at that days. (Living place, Friend, Family, Job, Hobby, drug use, drug dealing, weekdays, weekends )
  - 11-5. What are differences between 11-2 and 11-4.
  - 11-6. How you utilize these differences.
- 12
- 12-1. How will you carry your daily life after the release?
  - 12-2. Tell me your effective methods to stop drug use. (Living place, Friend, Family, Job, Hobby, drug use, drug dealing, weekdays, weekends, time place, person, thought, emotion, behavior, drug)
  - 12-3. Scale your current situation from the perspective of your ideal goal.
-



Furthermore, their desire to change was more powerful predictor of their actual change than their reasoning of the change (e.g., Amrhein et al., 2003). Hence, therapists needed to validate their emotion to facilitate their emotional expression, including desire. Following session mainly focused on validation of their emotion and facilitation of their solution talk.

For example, the 1st session asked their reasons why they join group therapy. The most important thing was validation of their reasons. Any reasoning could be a signal of their emotion. Therapist's validation of their emotion facilitated clients' emotional expression (Kiser, Piercy, & Lipchik, 1993). Furthermore, personalization of their reason was also important. Personalized reasoning helped clients to notice their personal emotion. The 6th session asked their social resources who motivated them to quit drug. Especially, their significant other, such as grandmother and children were very effective to express their desire to quit drug use. Actually one offender said that "I cannot stop the drug for myself, but I can stop for my child". The 7th session asked both benefits and costs of their drug use. The 8th session also asked pessimistic and optimistic attitudes to their drug use. After summarized their answers, the therapist took a role of supporters to use drug, whereas group members took a role of opponents to use. Group member talked from opponent perspective. Therapist facilitated their opponent talk from supporter's perspective (Miller & Rollnick, 2002). When some member took a role of supporters, therapist needed to intervene

with the member to take opponent role. The discussion could reveal their ambivalent attitudes: They wanted to stop the drug, whereas they like to use drug (Miller & Rollnick, 2002). Furthermore, they could talk their solution (Hoyt & Berg, 2006). The 12th session asked their plan to carry out their daily life and scale their current situation. Members could project their own voice to stop drug use. Facilitation of their voice was the most effective way to enhance their motivation (Amrhein et al., 2003).

### *Discussion*

Our program was based on systemic therapies (Anderson & Goolishian, 1992; Hasegawa, 1997; Palazzoli, & Burt, 1990; Watzlawick, Bavelas, Jackson, & O'Hanlon, 1967; Watzlawick, Weakland, & Fisch, 1974), so the program could be described well from interpersonal perspectives because systemic therapies emphasized interpersonal communication. Still, the program might not be described well from intrapersonal perspectives. In this section, we discussed the programs from intrapersonal perspectives.

### *Clients' perspective*

From clients' perspective, using drug was pleasures of the moment. Clients did not think about future and past at the moment when they used. They just sought present pleasure. In other words, their short-sighted decision could foster their drug use. Still, their short-sighted vision might be slightly changed into long-sighted vision through SFA. This is

because SFA facilitated them to view their future and to notice their successful past experience (de Shazer, 1986). This approach might help them to make decision not only from present perspectives but also from future perspectives. When they think about drug use, they could make decision based on their future plan. Most of them did not want to get into jail again and wanted to carry out their daily life outsidess of the jail. Hence, their long-sighted vision could be an inhibitor to drug use.

Moreover, drug users did not take care about significant others at the moment when they used drug. They used drug only for themselves. In other words, their decision to use drug was made according to their egocentric thinking. However, their egocentric thinking might be slightly changed into other person-oriented thinking through our program. Our program helped them to explore their significant others. Most of them did not use drug in appearance of their children and parents. The significant other could be deterrent to use drug. Those who always think about their family might use drug less than those who did not.

#### *Therapist perspective*

Repeated-drug users were aggressive (McCormick, & Smith, 1995; Robins, 1998) and ambivalent (Miller & Rollnick, 2002), so therapist felt difficulty to collaborate with them. Especially when they attacked therapist verbally or they relapsed to use drug, therapist felt anger and distress. The simple expression of these feeling was confrontation with clients. Therapist's confrontation was a kind of

counterattack to them, so the confrontation was exhalation of therapist's anger, rather than clients' one. Hence, the confrontation might be effective to therapist's mental health, but not clients' mental health. Although previous studies suggested that collaborative relationship with clients were key to treat them (Berg & Reuss, 1998; Miller & Rollnick, 2002), the ways how to collaborate with them and how to manage their aggressive behaviors in group were not discussed well. Our program described collaborative structures and therapist's manual to maximize their solution talk and to minimize their aggressive behaviors in group therapy. These structures and manual could promote effective group therapy and protect therapist from drug users' attack.

#### *Limitations*

Our study focused on male drug users. Hence, our program might not apply directly to female drug users. This is because female drug users often had specific family roles, such as child care (Marsh & Miller, 1985). Programs for female drug users needed several sessions about their current family relationships. Furthermore, our program cannot apply to drug dealers directly. Because drug dealers make money through drug, they would lose job if they had stopped drug (Curtis & Wendel, 2000). Their working styles and environments needed to be considered in future programs.

#### *Conclusion*

Despite these limitations, we developed a solution-focused group therapy program, which

was currently applied in a Japanese prison. Treatment effects of SFA was reported clinically (De Shazer, 1984; De Shazer et al., 1986), but not empirically (Gingerich & Eisengart, 2000). Empirical examination of SFA was necessary to be utilized as a primary treatment modality in broad areas. Detailed description of our treatment program could help to examine the effects of SFA in broad areas. Empirical evidence of SFA could offer effective treatment for repeated-drug users in broad areas and downsize the number of drug use in society.

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