What Gregory Bateson's thought brought about Japanese brief therapy

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ABSTRACT. This article is the summery of the 31st Family Psychological Association independent symposium. We examined the future direction of Japanese-style brief therapy, which does not adhere to a change too much, based on Bateson’s ideology. The contents of each topic provider are as follows. Kousuke Ishii presented the approach of de-addiction to focus on the part which has already been changed. Masafumi Nakamura showed possibility of ‘do different’ based on Bateson’s multiplex description. Hiroki Nagaishi showed the significance of not changing in strong restriction of the palliative care unit. Hiroaki Matsumoto showed the directionality of the resource to entrust a pattern based on Bateson’s redundancy. Finally Kohei Sato who was a designated debater showed significance and a problem of the de-control-like approach as the common point of each topic provider.

KEY WORDS: Bateson, Brief therapy, Family therapy, Psychotherapy, Japanese

Introduction Hiroaki Matsumoto

As is usual with psychotherapy, brief therapy has a textbook-like history. It is the communication theory as a theoretical base and is Gregory Bateson’s double-bind theory that was the opportunity. However, what visible is not all with the history. Bateson headed for Hawaii leaving from MRI that he had been conducting a collaborative research about communication of division disease with in 1963, but the relation with MRI have already been damaged at this time. According to Dell (1989), this situation is not only what's called personal quarrel. It was regarded to be a confrontation exemplifying a clinical viewpoint and an arguing point of the brief therapy about how to grasp things and relations.

The focus point of a group therapy is how to grasp changes, however, it can be a clue to find out the view of Japanese-style brief therapy that does not adhere to a change too much, to turn our eyes on thought and philosophy for Bateson who dared to leave from the binding of communication theory of MRI. This paper is a summery of the arguments by four topic providers and Sato, who was the designated debater, at the 31st Family Psychological Association independent symposium that was planned from the interest in the problem above.

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“Think about Family therapy to entrust to a change”

Kousuke Ishii

In addiction clinical site, there is not little on-site staff who have an awareness that it is hard to associate with alcoholics. No matter how hard they take care of alcoholic patients, the patients cannot do without drinking alcohol. They are betrayed. They are lied to. Repeating such an experience, a feeling of ineffectualness and thought not to be able to care well increase to them, and even a help expert is apt to have an awareness that an alcoholic is hard to care. In such a situation, we tend to think we shall try to control our patients or clients. Although people suffering from alcohol dependence are the people who are trying to control their drinking action but failed it, the staffs are also getting addicted trying to control such people. Thus, an addiction clinical scene is regarded to be a place where a vicious circle is easily caused, that is staffs are engaged in care addictively for the people suffering from addiction. Falling into such a vicious circle myself, I will here suggest that “it is impossible to perform the approach to addiction addictively”, “de-addictive approach is necessary instead”.

Firstly, I will take up Gregory Bateson’s view of change. He is well-known for Double bind theory in 1956, but he left MRI in 1963, then wrote an article ‘The Cybernetics of “Self”’ in 1971 (Bateson, 1971) and summarized the way of thinking and view of change of the group that became a model of Alcoholics Anonymous and Self-Help group to be mentioned later. Bateson died in 1980, but about 30 years later, his daughter Mary Catherine Bateson visited Japan for the 26th meeting of Japan Association of Family Psychology of 2009. It was impressive that she introduced that Bateson had been always telling her “do not try to change the situation, try to see the situation” in his later years (Bateson, M.C., 2009).

AA proposes direction for addiction that is different from the direction to help addictively. In 1935, two alcoholism people called Bill and Bob met, then they established AA. The famous 12 steps begin with the first step, which is “we are powerless against alcohol, and we admitted that we were not able to live just as we wanted to. (AA Japan Press, 1979)” Bateson focused on this unique approach too. In addition, Manabu Saito who were promoting eagerly in our country reports as follows: the alcohol addicts like Bill and Bob appeared from the strongest part of America, that is, a white person, in a middle class and a Christians, and dropped out of it. A way of thinking to regard power belief as insanity started to arise among these people (Saito, 1995). In other words, it is thought that the view that rooted in the society which we must control things by our own power ironically brings up an illusion that we can control even what we actually cannot, and individuals fall into addiction. Our current society in which effectiveness is demanded, and the society in which we have to get over various things by ourselves leads us to the way of thinking “addictive society” that an
American therapist Schaef named (1987). AA is the view that is not addictive, so to speak, de-addictive as an antithesis in such a society in which “we have to control ourselves by ourselves”, but in fact, there are a lot of examples about such a view in our country.

For example, in Kamakura period, Dogen who is the founder of Soto school of Zen Buddhism insisted to stop the practice striking with a ‘keisaku’ (encouragement stick), which was common in Zen practice in those days, and remonstrated about forcing a change. In addition, Encho Sannyutei, who was a comic story teller called the great master, was given the name ‘No-tongue’ as his koji (posthumous Buddhist name) by Tesshu Yamaoka who advocated the idea of ‘Ken-Zen Ichinyo’ (swordsmanship and Zen are one and the same). In that idea, it is ideal that the greater master a comic story teller becomes, the less he speaks with his tongue. Originally there is an aspect to give a title of master for the point that even a story teller does not stick to talking well or producing a change in our country. Furthermore, Danshi Tatekawa, who also was a comic story teller and died in 2011, showed the view of Rakugo affirmation of the work (Tatekawa, 1985). That is, it is unnatural to divides what is mixed into this is good or this is bad because it is not important to define what is good is good while what is bad is bad but what is bad is also in human.

In the idea of Alcoholics Anonymous, we do not try to do something by ourselves or change something, but we entrust to a change. In addition, the point of view that “I will cause a change” or “I will operate” is rather undesirable when a change is considered in the culture of our country. Therefore we come back to the first point “is it impossible to help the addicts addictively?”

It is often said that we cannot change other people. However, to be a little more precise, does not it mean “we cannot change other people addictively”? We cannot force other people to change toward a certain direction, but we can change them de-addictively. In this sense, we still insist that “we can change the others” in Family therapy. For example, humor is important in Family therapy. The humor is not a direction but rather a deconstruction that excludes the context. In addition, the surprise homework, which is to try something surprising when you are in the vicious circle and no change happens, is also a de-addiction because it is not to be directed to a certain direction but to try something completely different from the present situation. Especially, Double Description Model (DDM) (Wakashima and Hasegawa, 2000) already includes the essence of de-addictive approach and is focused on again now. DDM is the approach that assumed preventing a vicious circle of MRI and expansion of a virtuous cycle of SDBT to be two main factors connected each other, and the stance of it, that is “small, easy to accept and interesting” without asking any unnecessary control for clients and customizing intervention thoroughly, is de-addiction itself.

Finally I will introduce prayer of the peace that AA members make much account of, which is “God, please give me calmness to
accept what we cannot change, courage to change what we can change and wisdom to distinguish these two”. The sharp look to the control illusion that is going to control what we cannot control is put in here. However, another sentence is probably added here in the de-addiction approach of Family therapy. That is “sensitivity not to overlook what I have been changing”. In other words the characteristic of the de-addiction approach is a viewpoint to assume that we try not to fall into dualism of changeable or unchangeable by paying attention to the part that has already been changed.

“What provided from restriction and description -From Bateson’s epistemology-“
Masafumi Nakamura
The family therapy has developed and progressed based on epistemology including communication theory and system theory of Bateson,G. After having learned biology in Cambridge University, Bateson changed his major to cultural anthropology and engaged in fieldwork in New Guinea, Bali and so on, then he made the range of epistemology widened to cybernetics, system theory and communication theory. From 1952, he performed a study on communication of division disease with Weakland, J and Haley, J from 1952, then Jackson,D joined them and he proposed Double Bind hypothesis afterwards in 1956. It can be said that Bateson’s epistemology became a chance for the paradigm shift from the viewpoint that a mental disease is caused by an individual that conventional psychiatry postulated. It may be said that Bateson showed a dualism thought, the direct causality theory and a concern for controlling in the past books and papers, and had a big influence in various fields, and he is the person who searched a pattern to connect an object with throughout all his life.

What Bateson concerned about and pointed out can be seen in a clinical situation. It is easy to fall into the thought of dualism or direct causality theory even if we are cautious about it in the clinical scene, and we may receive various restriction unconsciously. Studying Family therapy sometimes brings the binary opposition, “individual (inside of the individual) or system (relation between individuals), and we may be restricted by the problem of the past or internal world especially when a mental symptom and causes of a problem are talked as a past trauma. In this article we would like to think about the new aspect of Family therapy that does not assume the restriction a problem but makes use of the restriction based on Bateson’s epistemology.

(Bateson, 1967)
The picture on the right is what is shown on Bionics of spirit (Bateson, 1967), which was drawn by a painter in Batuan village, Bali Ida Bagus Jati Sura, in 1937. What he wanted to convey by this picture is to avoid fixing of the theme. In the structure of the painting work, Bateson said as follows; this will give an impression of “noisy and restless” to the eyes of the Westerner. To the eyes of psychoanalysts, it looks to be the expression of “uneasiness” and "obsessions", a game of the sexual interpretation proceeds really easily if we are to do so, and he expressed concern for being fixed. I think that even in a clinical scene, we will be able to describe precisely and widely by looking the theme with no fixing idea, and it will lead to see our clients and their story versatility. For example, when a client who has a trauma talks about his/her trauma experience, the viewpoint is usually fixed on the event. It makes our interpretation restricted and makes other parts hard to see, and the story sometimes proceeds by the restricted interpretation. It is thought not by interpreting but by describing, it will be possible to construct a new context and a story such as asking the relation between the trauma and the client.

Next I will explain about restriction and description a bit more on the basis of my experience. When we consider about support for developmental disability including mental retardation, we may be strongly restricted by the diagnosis name or the result (numerical value) of the psychology test and so on. I have seen some cases that the result of a psychology test did not overlap with the condition image until now. Of course, originally a support should be performed based on the result of the psychology test after understanding the condition image, but describing the conversation with the clients and their action makes “to describe = to affirm” and helps to construct the better relationship, which leads to a smooth support in some cases. Because describing will be neglected and the support may dissociate from the condition of the client and when we are restricted by the diagnosis name or the result of the psychology test, I think describing is important. It is thought that describing is useful in the action observation for the client who had a developmental disability including mental retardation not only in a counseling scene.

In the clinical scene, there are some elements hindering a description. At first it is a diagnosis name. When the clients have been diagnosed personality disorder, depression, the developmental disability, we tend to look and grasp based on the diagnosis name. And we tend to treat them for example in a way of listening based on the diagnoses name, which hinders describing. In addition, the experience of the therapists can be what hinders describing. The more experiences they have, the more they listen to the clients’ complaints and their symptoms, comprehend and guess what they think too much and adhere to the way of approaching to the symptoms too much. Although a diagnosis name, specialty an experience can be a guidance, treatment and the clue for it when supporting a client, I think it is important to be conscious of that being
restricted by strong context can make description negligent.

As significance of describing, I think describing definitely will be “Do different” because there is a possibility that describing simply becomes negligent when restriction of the context is strong. In other words it is not an alternative of whether being restricted is a problem or not, but the importance of describing while being restricted.

A problem to be restricted and is the importance of describing it while it is restricted. Bateson said about the stricture of the painting work mentioned above that “it should be seen as the work with double-theme”. It is though that looking at things with the idea of double-theme, furthermore with a wide viewpoint including restriction and description makes alternative wider and richer. In other words, I think not only promoting a change such as suggestion and intervention, but also controlling a change under strong restriction can be “Do different”. I think being conscious of restriction and a description, and stronger restriction make description useful, and new bonus may be provided by watching things without a fixed idea just like ‘both eyes vision’ that Bateson said.

“Life and death and Family therapy -from a look of Bateson-“

Hiroki Nagaishi

Working as a psychologist at a palliative care unit now, I feel that the words such as ‘palliative care’ and ‘life and death’ have a strong binding force. In a framework of palliative care, the relationship with a supported person and the supporter is divided into people who are being supported and people who are supporting, or living people and dying people. There is a paradox that supported person lives for the moment under the context of accepting death while the supporter promotes the acceptance of death for the supported person feeling that death is far off. On the other hand, fortunately, we perform Family therapy which is based on a great epistemologist, Gregory Bateson. In other words world, I think how to catch Bateson’s mental world may include a hint of some kind of support about the life and death from the viewpoint of Family therapy.

According to WHO, palliative care is defined as “approach to improve QOL by discovering a pain and other physical problems, a psychosocial problem and a spiritual problem for the patients and their family facing the problem due to a life threatening disease early, preventing and softening the pains by performing appropriate assessment and treatment”. A presupposition of control already can be read in this definition. In addition, as for the life and death (spiritual), it is included in the context called control as well.

Here, I will introduce example 1. A big change was added to the example because of the duty of confidentiality. Seventies, a male, stomach cancer. The patient (afterwards: IP) had an interview many times from the beginning of intervention until just before his death in the context of acceptance of death asking “how is the psychological condition of
the person dying?” and “how should I face with death?” IP was always conscious of life and death in the interview, and had a long hard time thinking about fear or uneasiness for death. The therapist (afterwards: Th) was also kept bound by IP’s question about death he was asked repeatedly; how can he accept death?, how can he be a bit more eased mentally?

Then how did Bateson consider death? In Bionics of spirit (Bateson, 1972), he defined the spirit not as what existing inside a body, but including the connection outside the body. If we think that there is a borderline between inside and outside of our skin and spirit is inside, it means our spirit will be lost with our body. However, if we assume that spirit is not only inside the body but it is made mixed with the route outside the body, a different recognition of death will occur. Not that both body and spirit are lost by death, can we think that the pattern which has been composed our spirit until now is transformed into another pattern by death? The following is also the words of Bateson; “The contents covered by skin spread at random in death, and the routs inside the skin spread at random as well. However the idea will be converted again into books and artworks to continue and keep going round the world. Socrates as the individual discussing energetics of the life have died far back in the past, but it is reliable that his big part is still living in the current ecology of idea as one of its components.” (Bateson, 1970. Form, Subsistence and Difference). Therefore, the idea of myself and the feeling (for life and death) are also the spirit made from the connection with the world outside of the skin including the relationship with the staff helping to reduce the pain, and if we think so, it will be the natural form of our spirit to entrust to spirit (in other words a system and a pattern).

I will show you another example of entrusting to a system and pattern. A male in his sixties, lung cancer. The contents of the interview were mainly about cars which is his hobby from the first, not to mention uneasiness for the disease and life and death. About the disease, life and death, a talk about his hobby or weather, a talk about the sea and scenery watching the see. Various connections were performed including not only words but also what need not to be mentioned. As for this case, unlike example 1, IP spent a lot of scenes and Th also was not restricted by one context.

When we go back to Bateson’s thought above again, it is considered that each idea appearing from various communication and its interaction is the subsystem which constitute IP’s spirit. And it is thought to be important for Th to listen carefully to IP, the spirit appeared in the interaction and subsystem. This is because description is constitution and can a part of spirit what Bateson said. This part of spirit is also a part of IP’s spirit converted in Th, which is thought to be a part of spirit constituting IP’s spirit as well. Furthermore, A part of Th’s spirit converted in IP also constitute a part of Th’s spirit. Therefore, it is thought that trying to convert this pattern here now by some kind of method more than that will cause some kind of tangle in the rule of conversion generation, in other words, it makes
it likely to be put in the double-bind situation. Entrusting to a natural pattern like this, it will be possible that another context other than the restricted context such as palliative care and life and death is constituted. Any kinds of talks are all important. And there is a possibility for Th to be able to get eased by entrusting to conversation. Situation and state are keeping changing. However, the distance between what is changing and what never changes is extending by entrusting to conversation and control a change as much as possible. Then the meaning of what never changes will increase over time.

It is thought that there are two “Do different” in the restriction such as “palliative care” and “life and death”. The first one is “Do different” called curiosity. I think we can keep entrusting to what never changes because there is curiosity. This means that when Th and IP constitute each other’s spirit, curiosity occurs in the conversion generation itself which constitute the spirit. The relation between Th and IP is still somewhat conscious of controlling each other and “change”. Then just it is not curiosity anymore. The curiosity here is the pure curiosity for an unknown thing appearing from the result of each other's natural interaction, and it is very difficult to have curiosity each other, and it is thought to be “Do different” in a clinical scene. As for the second one, what never changes is thought to be be “Do different” itself. Even if the situation changes, the conversation does not always change together. When the situation changes, normally the conversation changes accordingly, and there is an effect of changing it.

The words by Bateson “do not try to change the situation, try to see the situation” may be a message questioning the recognition for the change again.

“Resource found by ‘entrust to a pattern’”

Hiroaki Matsumoto

As the resent trend of Brief Therapy, there are the shift from a compliment to a summary seen in BRIEF which is developing a solution-oriented approach in the United Kingdom (Shennan & Flanklin, 2012), focusing of “Do more” (Wakashima, 2011), and the approach of narrative and solution on which Yoshikawa insists (2014). As the background of these, there are introspection, a feeling of difficulty and discomfort for over-emphasizing of the solution. As a directional clue of SFA in future Japan in this situation, I reexamined “Resource” concept based on Bateson as a start. Resource is a concept of SFA which makes power of the client oneself be focused on from a viewpoint of resources and their nature. It is generally used in a clinical scene like “this is a resource for the client”. However, there is not a little doubt to seeing resource fixed. In addition, because the resource concept was focused on after the presentation of the exception in SFA, there is the impression that the relation between both of them is slightly vague. The resource is divided into the external resource which is usable in the surrounding environment like schools and parents and the internal resource such as integrity of the person oneself, a positive viewpoint or so. But it is said that the external and or internal reality can be mixed
easily (Kawai, 1994). In the first place, is it appropriate to apply this classification in Japan?

According to Kawai who sorted out the type of Japanese and Western stories, the pattern of the Western stories have introduction, development, turn and conclusion, and the separation of a narrator and the listener is clear. For example, that is a story of a hero who goes for adventure, defeats a monster, gets a higher social position and then marries a princess and lives happily. On the other hand, as for Japanese narratives and folktales, they had basically been passed down orally, their authors are unknown, the contents are easy to change slightly and they have no punch line or lesson, which sometimes make people feel deluded. For example, there is a pattern of “ban of ‘No seeing’”, which is, a woman suddenly forces herself upon a man and they get married, but the man breaks the ban seeing what he is not allowed to, then the woman leaves him and everything goes back to nothing at last. In the West where “integrity” is made much of, a fault and an evil are excluded and cut off separately. In Japan, on the other hand, “totality” that is achieved by rather accepting an evil is considered to be important with maternal society theory as the background. In this way, the way of thinking to root in a Japanese story which does not stick to clarity as a story, not always distinguish in and out or good and evil can be a clue of the outlook on resource which is useful in a clinical scene in Japan.

One of the clues to think about a resource from Japanese-style context is short poems system literature such as Tanka, Haiku and Senryu. As an example, I will introduce “Shinsai senryu”(meeting publishing Minamisanriku “Shinsai senryu”, 2013) that was shown at a meeting for rationing of goods at Asahigaoka-district in Minamisanriku-cho and healed the The Great East Japan Earthquake victims. As a senryu has the restriction of 17 characters, the subject is easy to be omitted. By this restriction the subject is always omitted structurally if it is “I”. Therefore a Senryu with “I” as the subject is structurally. In addition, though it is assumed that a Senryu has a humor in it, but the sense of humor is not always needed. For example, like a following Senryu which arose people’s sympathies the most after the earthquake, there was a feeling that could be expressed straightly especially in a Senryu; “Massive tsunami, Swept everything away, What a fool”

In the case of the West, the power of the individual image is relatively more important. However, especially in Japan it may be necessary to reconsider the presumption of the internal image in individuals itself when based on the story view mentioned above. That is, an individual does not always have to come up with an image. In Shinsai Senryu, which has 285 poems in all, the similarity of the chosen term such as a big tsunami, revival and the name of each area is significant. In addition, there were some replying poems forming a pair like follows; “I’m in trouble, Need a wife, As relief supplies” and “This in what, Impossible, A wife supply”. In this way, the repetition in the wide meaning beyond the poem including
the repetition of the same words and theme is meaningful in Senryu.

In other words, in Senryu, the framework of pattern to support originality of the phrase functions as a resource in a wide meaning. Not affirmation as the topic but describing itself, e.g., ourselves or the relation with us is not always necessary to be mentioned, we do not have to tell something original and we do not have to describe everything in detail. This is the power that Senryu as a pattern prepares. This is not to ignore the meaning of each Senryu at all. It is the direction to think a great deal of both the power of the pattern and the power of each Senryu.

This point of view to value the pattern is tied to Bateson based on the concept of redundancy as clue. “Redundancy” generally means to be unnecessary or roundabout when it is used in Japanese. For example, redundancy in information theory has a failsafe function to distinguish a human error like the combination of number and alphabet in with a membership number or an examinee's number. But it does not produce any new meaning. On the other hand, Bateson’s redundancy is considered that “It is able to predict a remaining state from one part with probability more than random” (Bateson, 1968). Bateson regards this redundancy to be synonymous with “meaning”. There is Bateson’s unique viewpoint for redundancy as a background.

Bateson set an observer of the third party who is to find a pattern of redundancy and showed a redundancy model to find a meaning in the pattern of repetition itself that the observer finds. For example, as for a mother who tells her child “be careful” repeatedly, we can guess that she is worry about her child, and she will say “be careful” again if we are in an observer’s position. The meaning of this predictability found by the observer is redundancy. There is the reason why Bateson made much of the redundancy in that the meaning was found as predictability by observing a pattern.

Bateson’s redundancy focusing on the role of the observer suggests the importance of the viewpoint to find a pattern as repetition. For example, a therapist is an existence who can be a clue to find a pattern. In addition, a clinical scene is originally full of redundancy; the treatment structure in an interview, a parallel interview to share the state of a mother and her child repeatedly, and a pattern of a family history found by genogram and a comparison of the result of the psychology tests taken several times. The attitude to be able to entrust to the mild connection and similarity between patterns, in other word, Bateson’s entrust to redundancy to stand in a position of an observer has a possibility to fit a clinical scene in Japan as an outlook on resource not to adhere to the presence of resource and distinction of outside/inside. Shinsai Senryu is one of the examples.

There are very strong contexts such as addiction, trauma or palliative care especially as a target in a clinical scene. In such a situation, it can be strong “do different” to entrust to a mild pattern which has been existing even if there is contradiction. In other words, Bateson’s
redundancy tells us that a pattern is the resource, and moreover entrusting to a pattern can also be a resource.

**Designated discussion  Kouhei Sato**

As the common point of each topic provider, there were the keywords such as “as it is”, “to entrust”, “de-addictive” and “mild pattern” rather than the idea to control based on the thought of Gregory Bateson.

By the way, the time Bateson lived is regarded to be the turning point where it was shifting from the time when controlling was looked on too optimistically to the time when it was not so.

In the 20th century, the doubt to the classical-physical and Laplace determinism that was mainstream in the 19th outpoured in various fields of study.

In ecology, for example other than physics, the view that to control is not so easy as seen in a food chain; the method to reduce the number of rabbits cause reduce of the number of the animals that eat rabbits, which lead to increase of rabbits after all. There were Bateson or other system theories in the time those studies were blooming. It was confirmed by the argument of each topic provider that Bateson was the researcher, the scholar of the time. On reflection, though it might be because I place importance on the education filed myself, but it seems that the value of “as it is” and “to entrust” in the scene of clinical psychology has declined now compared to the time I was a graduate student. In education sites, PDCA cycle, which originally was the method to conduct production management or quality management smoothly, was introduced, and besides, the cooperation with the specialized agencies including medical institutions and the police has proceeded in the Law for Measures to Prevent Bullying or so. In other words, a way of thinking that the problems are in individuals and we will control the problems by sometimes cooperating with other organizations is becoming very strong. In addition, as my personal impression, it seems that we have less chance to hear about the way of thinking such as client-centered therapy, also in the field of clinical psychology. Instead, cognitive-behavioral therapy has come out, which has the evidence such as performing worksheet based on a learning theory and a cognitive idea but has made the idea of control much stronger.

One of the causes is that clinical psychology itself has been becoming common and various people in society see it now. When clinical psychology is incorporated in society, more accountability is demanded. For example, ordinary people and members of an assembly are not familiar with System Theory and Bateson. Then the explanation for them is apt to become mechanistic or direct causality. The idea of control is included in the definition of palliative care defined by WHO. In this way, I think that it is the change in the last 20 years that control or management has been becoming strong as the foundation.

We are often asked to control or explain about controlling as a clinical psychologist in society. In this, it is relatively easy to achieve to
let it be as it is and to entrust, or to take such an approach probably in the field of AA and palliative care. Moreover, it is easy to say in case of social withdrawal. It is because this is a topic that most people reach an agreement that it will take a long time to be solved. On the other hand, for example, in the case of school refusal, can we really strongly insist on being as it is at school?

In other words, it will be the key in the future clinical scene to consider that if it is possible to take “as it is” approach or de-addictive approach for the problem such as school refusal, bullying, depression and so on which seems to be controllable, and if possible, how we can contrive it.

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