第４回　国際保健医療行動科学会議　「『健康』のための統合的アプローチ」

The 4th International Conference of Health Behavioral Science

‘Integrated Approaches to Health’

Program & Abstract

August 24-27, 2001

Konan University, Kobe, Japan

Japan Academy for Health Behavioral Science

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Contents

Greeting and Opening Remarks

August 24, 2001

Greeting

Tsunetsugu Munakata, Dr. H. Sc.
President of Japan Academy for Health Behavioral Science

Today there are many integrated approaches to helping people improve or recover their health. Up to now, health behavioral scientists have taken a health care approach that integrates the psychological, social, and cultural aspects of health.

Unconventional health care practices that are often in the news today – including alternative, complementary, integrated, and holistic medicine – all try to cure patients by integrating, in addition to conventional practices, traditional medicine, image therapy, stress management, nutritional supplements, and the like. There are two different approaches: those that place emphasis on removing the harmful factors responsible for diseases, as well as those that aim to maintain or restore the host's strength for self defense. The ideal cure is one that integrates both approaches.

Integration of a healthy diet, regular exercise, and stress management is now being promoted in the area of preventive health care and health promotion. The World Health Organization is implementing health measures to promote the health of citizens by integrating methods for improving their living and working environments, including introducing the notion of healthy cities and healthy companies.

These integrative approaches are gradually bearing fruit in various fields throughout the world. These results will be discussed at the 4th International Meeting of the Academy for Health Behavioral Science, and I am hopeful that the discussions will provide grounds, both methodologically and practically, for making an optimistic projection for healthy citizens in the 21st century.

Wishing for a spiritually rich 21st century,
October 2000.

Opening Remarks

Fumiaki Taniguchi

Secretary General of the 4th International Conference

We will hold the 4th International Conference of Health Behavioral Science (ICHBS) on August 24-26, 2001 at Konan University in Kobe, Japan. This time we will hold the Conference under the common theme: "Integrated Approaches to Health", which has resulted from the annual conferences of Japan Academy for Health Behavioral Science (JAHBS) on "Self-decision", "Self-help", "Medical Ethics", Terminal Care", or "Suffering and Well-being". We would like to develop the discussion on "Integrated Approaches to Health" not only through Japanese viewpoints but also through universal ones. We expect many participants from other countries such as UK, USA, Canada, Russia, India, China, Mongolia, Hong Kong, Korea, Philippine, Nigeria, Ghana, Bangladesh and Thailand.

"Health" is a prerequisite to life, and as self-decision and self-help are showing us, when we choose one's own life, we can find the base for autonomy as well as a meaningful life. So, for sustaining and developing health, this Conference will provide a good opportunity for persons concerned with health behavioral science to gather together to discuss integrated approaches to health.

Furthermore, at this Conference we will discuss about the "Integrated Approaches" to Health. Because of lacking in holistic viewpoint in modern medicine, nowadays, alternative medicine, complementary medicine, traditional medicine and holistic medicine become popular but they should be put together into integrated approaches for health. Concretely speaking, this integrated medicine does not try to make an objection against modern medical treatment, but proposes comprehensive improvement for health. For example, its idea as medicine adopts the idea of not "A treatment or B", but "though not A treatment but B" or "both A and B treatments". This idea leads us to holistic viewpoint.

Seeking for integrated medicine, at the Conference we will present you keynote speech on Integrated Approach to Health by President T. Munakata, memorial speech on Daily Ayurveda by M.Anne and other memorial one on Warm Care for Humanity from Holistic Viewpoint by K. Yanagida, Special Speech on Integrative Medicine Program in USA by E. Hughes, Workshop I on Holistic Care and Nursing by R. Benor, Workshop II on Herbal Therapy by N. Turner and Symposium on Integrated Approaches concerning Medicine. And in the end, optional tour to the Fast Cure Facility on Awaji Island is prepared.

In the conclusion, I hope we will come to realize how important integrative medicine for health is.

E-mail: fumiaki@konan-u.ac.jp

Program

Schedule

24th of August (Fri) [Half-day translation]

9:30 - **Registration**

10:00 - 10:30 **Opening Message** Fumiaki Taniguchi (Secretary General)
Guest Messages Toshizo Ido (Hyogo Prefectural Governor)
Dr. Yuji Kawaguchi (Director, WHO Kobe Center)

10:30 - 11:00 **Welcome Session** "Feeling Arts, Art with Sound and Color"

11:00 - 12:00 **Keynote Address** "Integrated Approaches to Health" Tsunetsugu Munakata
(President, Japan Academy for Health Behavioral Science)

12:00 - 13:00 **Lunch Time** (**Poster Exhibition** continues until 13:00 on the 26th)

13:00 - 17:30 **Oral Presentations I**

18:00 - **Welcome Party** (Konan Co-op Restaurant)

13:00-16:30 **1) Satellite**
ISA & JSHMS

25th of August (Sat) [Whole day translation]

9:30 - **Registration**

10:00 - 12:00 **Special Speech** "Integrative Medicine Programs in the USA", Ellen Hughes
(Director, the Osher Center for Integrative Medicine at Univ. of California)

12:00 - 13:00 **Lunch Time**

13:00 - 16:00 **Workshop I** "Holistic Care and the Importance of Caring for Ourselves while We Care for Others" Ruth Benor
(Lecturer, Marie Curie and Hospiscare Department of Education)

16:00 - 16:15 **Tea Break and Poster Discussion Time**

16:15 - 18:45 **Workshop II** "Herbal Therapy: North American First Nations"
Nancy Turner (Professor, Victoria University)

13:00-17:30
Oral Presentations II
Poster Discussion Time

13:30-15:30 **2) Satellite**
IAEG & KJSEE

26th of August (Sun) [Simultaneous translation]

9:00 - **Registration**

9:30 - 10:30 **Memorial Speech I** "Ayurveda is Scientific Wisdom Nurtured in India's 4000 Year-History"
Mari Anne (India/ Japan, Practitioner of Ayurveda)

10:30 - 12:00 **Memorial Speech II** "Warm Care for Humanity from a Holistic Viewpoint"
Kunio Yanagida (Japan, Non-Fiction Writer)

12:00 - 13:00 **Lunch Time**

13:00 - 15:15 **Symposium** "Integrated Approaches concerning Medicine"
Keynote Reporter: Kazuhiko Atsumi
(Japan, Professor Emeritus, Tokyo University)
Coordinator: Shokichi Tani (Japan, Hayashiyama Clinic)
Speakers: Ellen Hughes (U.S.A.,Director, the Osher Center for Integrative Medicine at University of California)
Ruth Benor (UK, Lecturer, Marie Curie and Hospiscare Department of Education)
Nancy Turner (Canada, Professor, Victoria University)
Mari Anne (India/ Japan, Practitioner of Ayurveda)
Ben Yanai (Japan, Professor, Kansai Welfare Science University)

15:15 - 15:30 **Tea Break**

15:30 - 17:00 **Continue Symposium**

17:00 - 17:15 **Closing Address** Fumiaki Taniguchi (Secretary General)

17:15 - 17:30 **Closing Ceremony** Tsunetsugu Munakata
(President, Japan Academy for Health Behavioral Science)

27th of August (Mon) Optional Tour

9:00 Departure from Konan University

11:00 - Visit the Fast Cure Facility on Awaji Island and Sightseeing

スケジュール

◇ **8月24日（金）**［半日通訳（午前中）］

9:30- **受付開始**

10:00-10:30 **開会宣言** 谷口 文章（大会長）
来賓挨拶 井戸 敏三（兵庫県知事）
川口 雄次（WHO 神戸センター所長）

10:30-11:00 **ウエルカム・セッション** 「音と色彩の芸術」（ﾌｨｰﾘﾝｸﾞ・ｱｰﾂ・北村義博）

11:00-12:00 **基調講演** 宗像 恒次（日本保健医療行動科学会 会長）
「『健康』への統合的アプローチ」

12:00-13:00 **昼食** （**ポスター展示開始**、26日 13：00まで）

13:00-17:30 **一般演題Ⅰ** （口頭発表）

18:00- **歓迎パーティー** （甲南大学生協レストラン）

13:00-16:30 **1)サテライト**
国際社会学会精神保健部会
日本精神保健社会学会

◇ **8月25日（土）**［全日通訳］

9:30- **受付開始**

10:00-12:00 **特別講演** 「アメリカにおける統合医療プログラム」
Ellen Hughes（米国・カリフォルニア大学 統合医療オッシャーセンター 所長）

12:00-13:00 **昼食**

13:00-16:00 **ワークショップⅠ** 「ホリスティック・ナーシング」
Ruth Benor（英国・ﾏﾘｰｷｭｰﾘ・ﾎｽﾋﾟｽ・ｹｱ教育部門講師）

16:00-16:15 **休憩 ポスター・ディスカッション・タイム**

16:15-18:45 **ワークショップⅡ** 「カナダ先住民のハーブ療法」
Nancy Turner（カナダ・ヴィクトリア大学教授）

13:00-17:30
一般演題ⅠⅠ（口頭発表）
ﾎﾟｽﾀｰ・ﾃﾞｨｽｶｯｼｮﾝ・ﾀｲﾑ

13:30-15:30 **2)サテライト**
「地球環境と世界市民」
国際協会
日本環境教育学会関西支部

◇ **8月26日（日）**［同時通訳］

9:00- **受付開始**

9:30-10:30 **記念講演Ⅰ** 「日常生活に生きるアーユルヴェーダ」
真理 アンヌ（インド / 日本・アーユルヴェーダ実践家）

10:30-12:00 **記念講演Ⅱ** 「人間性への眼差し－ホーリズムの視点から－」
柳田 邦男（日本・ノンフィクション作家）

12:00-13:00 **昼食**

13:00-15:15 **シンポジウム** “医療をめぐる統合的アプローチ”
基 調 報 告 ：渥美 和彦 （日本・東京大学名誉教授）
コーディネーター：谷 荘吉 （日本・はやしやまクリニック名誉院長）
シンポジスト ：Ellen Hughes （米国・カリフォルニア大学
統合医療ｵｯｼｬｰｾﾝﾀｰ 所長）
Ruth Benor （英国・ﾏﾘｰｷｭｰﾘ・ﾎｽﾋﾟｽ・ｹｱ教育部門講師）
Nancy Turner （カナダ・ヴィクトリア大学教授）
真理 アンヌ （インド / 日本・アーユルヴェーダ実践家）
柳井 勉 （日本・関西福祉科学大学教授）

15:15-15:30 **休憩**

15:30-17:00 **引き続きシンポジウム**

17:00-17:15 **大会のまとめ** 谷口 文章（大会長）

17:15-17:30 **閉会の挨拶** 宗像 恒次（日本保健医療行動科学会 会長）

◇ **8月27日（月） オプショナル・ツアー**

9:00 **出発** （集合：甲南大学）

11:00- 五色県民健康村・健康道場（絶食療法専門施設）
淡路島観光

Satellite Symposium

24th of August (Fri)

13:00 - 16:30 **1) Satellite Symposium**

International Sociological Association, RC 49
Japan Academy for Mental Health Sociology
"Year 2001 Interim Conference on Integrated Approaches to Mental Health"

1) サテライト・シンポジウム　　日本精神保健社会学会
国際社会学会精神保健部会

Chair. S. Chen and A. S. Jegede

13:00 **Damodaran Sivakumar (India)**
Social Diagnosis, Family Health Counseling and Therapeutic Communication in Social Psychiatry

13:30 **Jungwee Park (Korea)**
Occupational Anomie of a Semi-Profession?: The Psychiatric Social Worker in South Korea

14:00 **Zenobia C. Y. Chan (HK)**
A Critique to Psychiatry: Foucault's View on Madness

14:30 **Ian Shaw (UK)**
Managing Difficult Patients: Exploring GPs Interpretations of and Responses to 'Revolving Door' Patients

15:00 **Ayodele S. Jegede (Nigeria)**
The Cultural Context of Psychiatric Practice in Yoruba

15:30 **Kamiyo Kita (Japan)**
Review of Arguments on the Legal Framework for Mentally Disordered Offenders and Security Measures in Japan: 1920's to Today

16:00 **J. Gary Linn, Baqar A. Husaimi (USA) (Video Presentation)**
HIV Prevention for Homeless Mentally Ill Men in the Midsouth

25th of August (Sat)

13:30 - 15:30 **2) Satellite Symposium**

International Association of Earth-Environment and Global-Citizen
Kansai Branch of The Japanese Society of Environmental Education
"Nature and Environmental Education in Canada"
Lecturer: Nancy Turner
Coordinator: Fumiaki Taniguchi

2) サテライト・シンポジウム
「地球環境と世界市民」国際協会／日本環境教育学会関西支部
基調講演：Nancy Turner （ヴィクトリア大学教授）
コーディネーター：谷口 文章（「地球環境と世界市民」国際協会 会長）
「カナダの自然と環境教育」

Oral Presentation Timetable

24th of August

Group A (Room521) Traditional Medicine and Psychosocial Factors in Health & Illness

Chair: T. Nancy, Y. Hayama, F. Taniguchi

13:00 **Kavita Sripat Agarwal (India)**
A Study of Post Abortion Complications in Two Villages of Uttar Pradesh in India

13:30 **Machiko Higuchi (Japan)**
Traditional Health Behavior in Sri Lanka: Comparative Study in Three Different Characteristic Areas

14:00 **Samita Manna, Soumyajit Patra(India)**
Role of Traditional Medicinal Man on Mental Health and Health Care Practices: A Study of Bediya - A Tribe in West Bengal

14:30 **Yoshizo Nakaza (Japan), Hai Ying Fu (China), Tanyarat Jampa (Thailand)**
Medical Environmental Comparison in Nutrition and Disease Structure among China, Thailand and Japan

15:00 **Nilufar Akter Eva (Bangladesh)**
A Situation of Low Prevalence and High Risk of HIV/AIDS in Bangladesh

15:30 **Ryoko Michinobu (Japan)**
Exploring the Cultural Context of HIV Risk-Taking Behaviors among Young, Single Factory Workers in Northern Thailand during Industrial Transition

16:00 **Akiko Hamahata, Hiroko Matsuoka, Yuko Tanaka, Rie Yamada (Japan)**
Influence of New Nursing Care Insurance System on the Work of Nurses and Caregivers at Health Care Facilities for the Elderly

Group B (Room 522) Health Education and Health Promotion

Chair: K. Fujisaki, T. Yoshioka, Y. Nakaza, J. Campano

13:00 **Oyuntungalag Doljinjav, Yanjimaa Borkhuu (Mongolia)**
Health and Schools

13:30 **Atsuko Tamaki , Yumiko Yamasaki, Yumi Yasumori, Keiko Saeki (Japan)**
The Effectiveness of a Stress Management Program for Japanese Female College Students

14:00 **Jessica P. Campano (Philippine)**
Student Aggression in Philippine Highschools

14:30 **Yuko Takahashi, Akiko Higashiyama, Hideshi Miura, Atsuhiko Ota, Eriko Hashimoto (Japan)**
A New Program for Smoking Cessation Using the Internet Outline of the Program to Start Quitting

15:00 **Eriko Hashimoto, Akiko Higashiyama, Yuko Takahashi (Japan)**
A New Program for Smoking Cessation Using the Internet: The Possibility of Practical Use of Computer Medicated Communication and Community

15:30 **Hiromoto Namikawa, Masaru Adachi (Japan)**
Dental Age, a New Index of Dental Health
Part I. Concept and Clinical Application

16:00 **Masaru Adachi, Hiromoto Namikawa (Japan)**
Dental Age, a New Index of Dental Health
Part II. Validation of Inter-Rater Agreement of Evaluation of Tissue Breakdown

16:30 **Nobuko Akimoto, Tsunetsugu Munakata (Japan)**

A Study on Factors Relating to Subjective QOL and Self-Determination of Dialysis Patients

25th of August

Group C (Room 523) Alternative Medicine, Psychotherapy and Health Behavior

Chair: H. Hasegawa, N. Motomura, M. Kawamura, E. Chernyshkova

13:00 **Kaoru Yahata, Suzuyo Tanaka, Syusaku Ota and Hiroo Kasagi (Japan)**
Environmental Health Activity Using a Horticultural Therapy Program to help People Including Certified Pollution Victims: Concentrating on Program's Management

13:30 **Mari Yamashita (Japan)**
Aroma & Life Review Therapy: Psychological Approaches by Using Essential Oils

14:00 **Naoyasu Motomura, T. Yagi, H. Ohyama (Japan)**
Dog Therapy for Demented Patients

14:30 **Yasuyuki Masui (Japan)**
"There-Being" in The Clinical World from the Integrated View Point

15:00 **Kiyoshi Muraoka (Japan)**
On the Altruistic Meaning of Illness

15:30 **Elena Chernyshkova (Russia)**
Education as a Step to Socialization

16:00 **Yumiko Yamasaki, Noriko Yumiba, Tsuyako Sato, Momoyo Nishiyama (Japan)**
The Touch-Education Program in Fundamental Nursing Training

16:30 **Makoto Kawamura (Japan)**
Integrated Approaches to Oral Health in Type 2 Diabetics

Group D (Room 522) Joint Session with RC49, ISA on Integrated Approaches for Mental Health

Chair: J. Park, Z. Chan, D. Sivakumar, T. Munakata

13:00 **Damodaran Sivakumar (India)**
Integration of Strategies for Upgrading a Mental Health Programme

13:30 **Jegede Ayodele Samuel (Nigeria)**
Deinstitutionalization of Mental Health Care: Issues in Integrated Approach to Health

14:00 **Michiyo Madoka Assemat (Japan)**
Holistic Life Science-Study as Japonological Epistemology (wa-gaku): Self-Integration through Behavioral Science in wa-go

14:30 **Marina Karasseva (Russia)**
Psychocorrection by Means of Music as a New Branch of Modern Psychotherapy

15:00 **Sheying Chen (U. S. A), Takahiro Uemura, Tazuko Shibusawa (Japan)**
Mental Health and Social Support/Stress: Issues of Measurement and Analysis

15:30 **Hidenori Okumura (Japan)**
SAT Counseling for Temporomandibuler Disorder (TMD)

16:00 **Mime Morita (Japan)**
Nursing and Mental Health of Parents and Children in Japan

16:30 **J. Gary Linn (U. S. A) (Video Presentation)**
HIV Infection and Mental Health: Psychological and Neuropsychiatric Outcomes in Industrialized and Developing Countries

Poster Presentations

P-1 **Hideyo Goma, Naomi Itami, Hiromi Kotani, Reiko Ushio, Noriko Sato**
Subjective QOL of Children with Severe Motor and Intellectual Disabilities

P-2 **Fumiya Shiga**
Social QOL(Quality of Life) of Leprosy Patients

P-3 **Tsutomu Kamei, Yoshitaka Toriumi, Hiroshi Kimura, Keishin Kimura**
Correlation between Alpha Rhythms and Natural Killer Cell Activity During Yogic Respiratory Exercise

P-4 **Tsutomu Kamei, Miharu Agou, Yasuko Oka, Kyoko Kanou, Noriko Agou**
Childrearing-Related Anxiety of Mothers with Low-Birth-Weight Infants

P-5 **Sayuri Hashimoto, Kiyomi Suzuki, Mariko Komori**
Practical Study of a Double-Intention Model

P-6 **Hitomi Saeki**
"Patient Advocacy"in Sympathetic Double Structure of Family Relation

P-7 **Kyoko Ishii, Masuko Uehara**
Changes in the Preparedness for Death of Japanese Elderly People Over a Five-Year Period

P-8 **Yuko Kuroda, Keiko Honjo, Ikumi Sasaki, Yumi Nishimura, Ichiyo Kamisawa, Midori Yamanishi**
The Differences of Their Action between Expert Nurses and Beginner Nurses on the Patients Situation

P-9 **Takako Ueno**
Choosing the Next Living Space for Elderly People in Long-Term Hospitalization: The Cognition of Elderly People Aged 75 and Over, and Their Children's Generation

P-10 **Kazuko Nin, Kinsuke Tsuda, Ataru Taniguchi, Yoshikatsu Nakai**
The Relationship between Strategies of Coping with Diabetes-Related Distress and Metabolic Control

P-11 **Michiko Mori**
Parenting a Child with Malignant Disease: An Assessment of Support Needs

P-12 **Yuko Tokuno-Takamiya**
Regional Differences of Dietary Habits and Psychological Factors in Young Non-Obese Women

P-13 **Michio Miyasaka**
Human Cloning and Organ Transplantation from Brain Dead Donors: A Reflection of Justice in Health Care Ethics

P-14 **Kumiko Toyoda**
Cancer Patient Care Plans in Japan

P-15 **Kaoru Yahata, Suzuyo Tanaka, Syusaku Ota, Hiroo Kasagi**
Horticultural Therapy Programs in Fuku Garden and Osaka Prefectural Habikino Hospital

P-16 **Noriko Higuchi, Tsunetsugu Munakata**
Effect of SAT Image Therapy in Psychogenic Visual Disturbance

P-17 **Chieko Fujita, Kouko Yamada, Fumie Tokiwa, Hiromi Takahashi, Reiko Suzuki**
A Study of Falls in the Japnese Elderly People

P-18 **Noriko Takai**
A Study of the Attitude toward Life among Japanese from the Existential Viewpoint

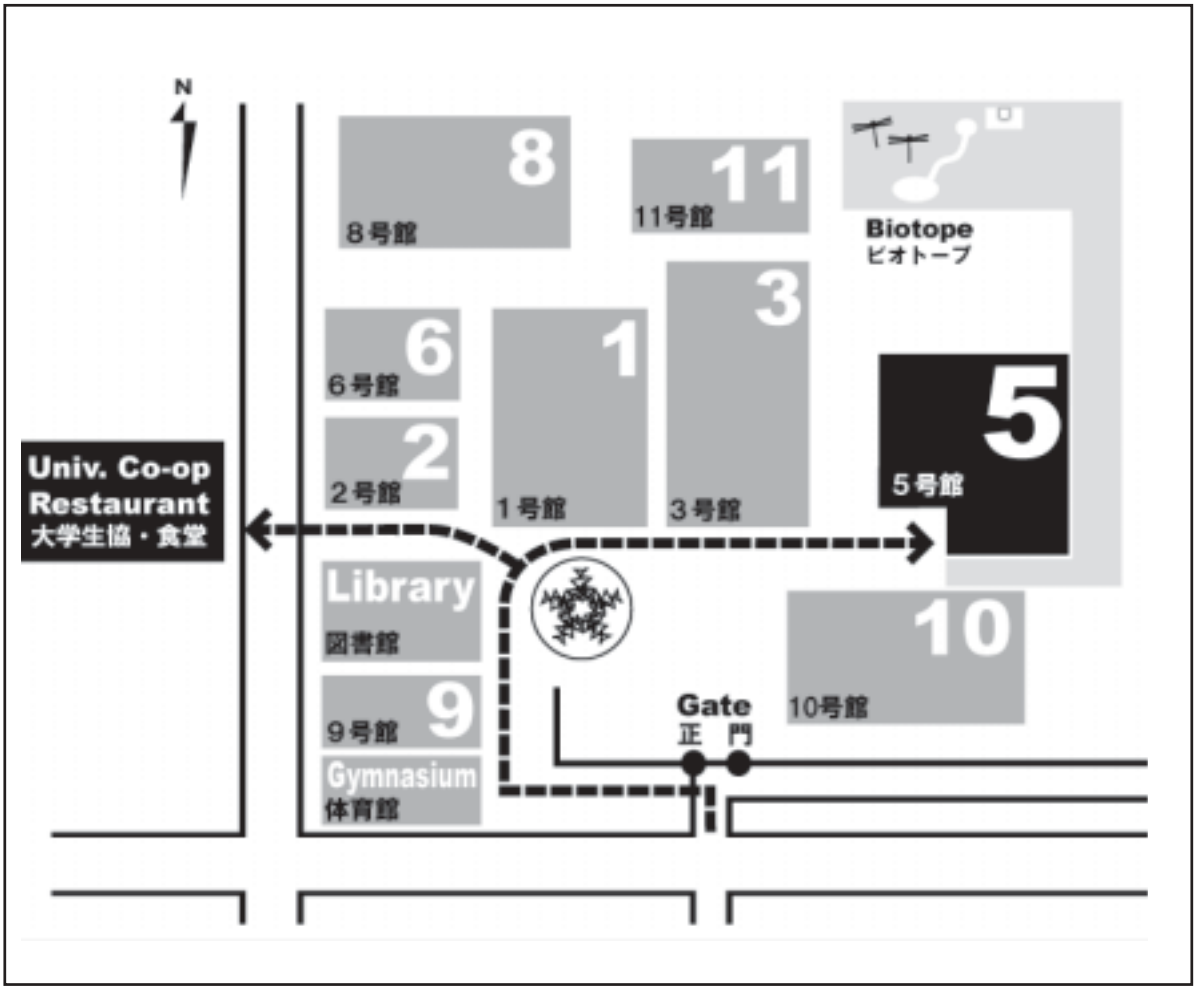
P-19 **Chenying Liu, Tunetugu Munakata, Hakuei Fujiyama, Mariko Usuba**
Psychosocial Factors Ifluencing the Mental Health of Children from Chinese One-Child Families: Examining theImplications for of High School Students

P-20 **Toshiko Sawada**
Factors Related to Parenting Efficacy Expectations of Pregnant Women

P-21 **Suh Sookja, Chizuko Ikegami**
Psycho-Social Factors Influencing Condom Use among Female College Students in Japan

P-22 **Kaoru Fujisaki**
An Illness Narrative: "The Acquisition of Self-Efficacy and Autonomy"

Map of Konan University （校内案内図）



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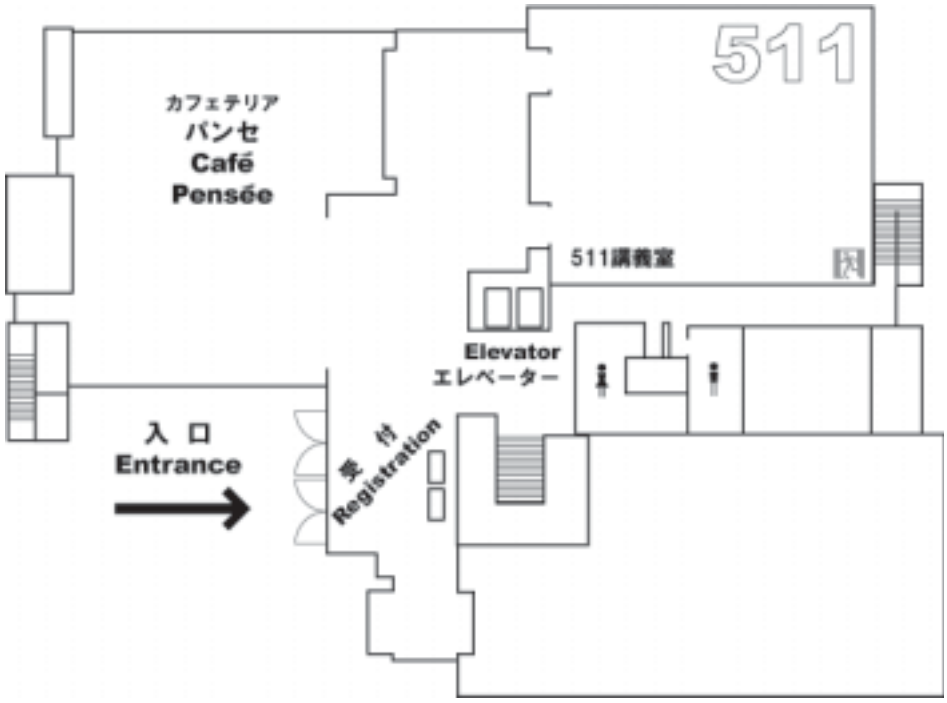

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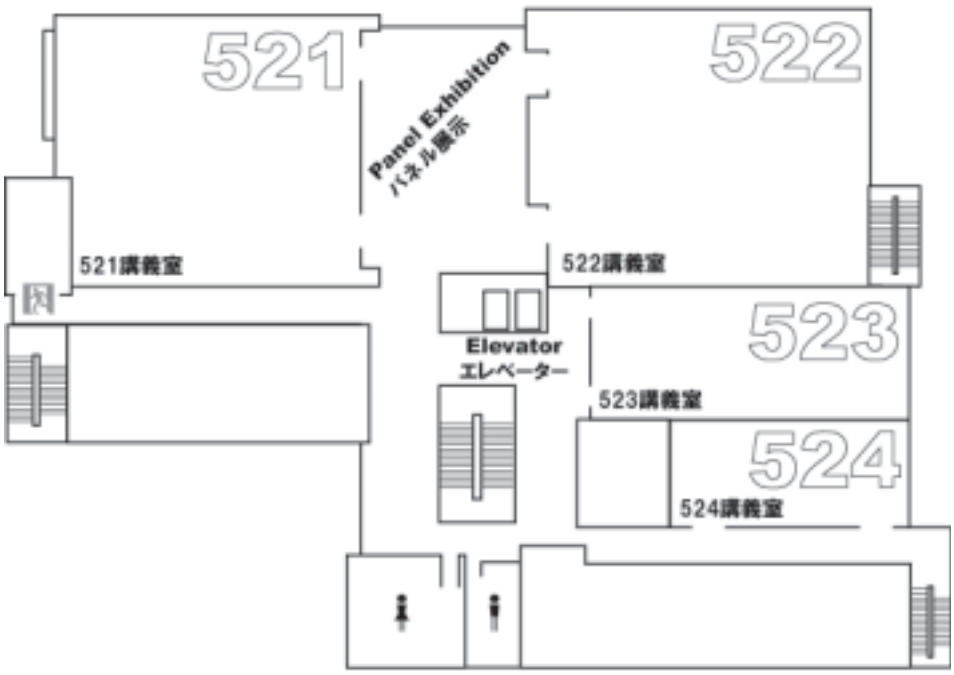

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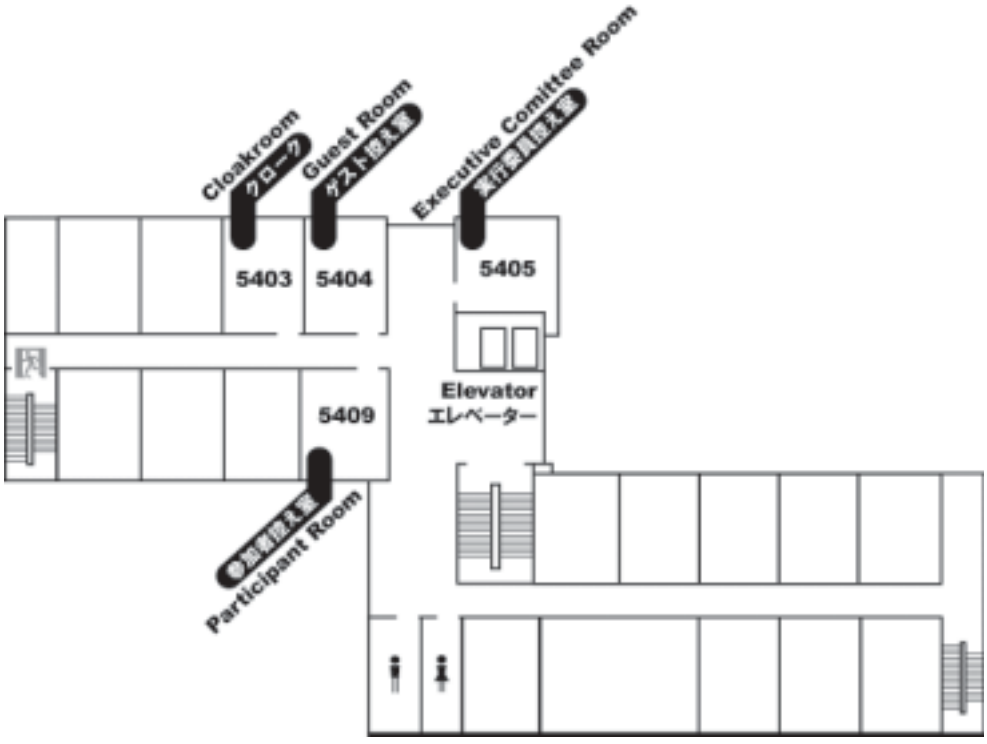

Conference Activity Locations

24th of August (Fri)	Room
(1) Opening Message Welcome Session Keynote Address	521
(2) Oral Presentations I Group A Group B	 521 522

25th of August (Sat)	Room
(1) Special Speech	521
(2) Workshop I Workshop II	521 521
(3) Oral Presentations II Group C Group D Joint Session with RC49, ISA	 523 522
(4) Satellite Symposium International Association of Earth-Environment and Global Citizen Kansai branch Japan Society of Environmental Education	 524

26th of August (Sun)	Room
All Day	521

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8月24日（金）	講義室
（1）開会宣言 ウエルカム・セッション 基調講演	521
（2）一般演題I（口頭発表） 分科会A 分科会B	 521 522

8月25日（土）	
（1）特別講演	521
（2）ワークショップ I ワークショップ II	521 521
（3）一般演題II（口頭発表） 分科会C 分科会D（ジョイント・セッション）	 523 522
（4）サテライト・シンポジウム 「地球環境と世界市民」国際協会・日本環境教育学会関西支部	 524

8月26日（日）	
全日	521

Abstract

Feeling Arts, Art with Sound and Color:
The Collaboration of Paintings, Brilliance, and Music

Yoshihiro Kitamura

Feeling Arts are the futuristic arts created by modern artist Yoshihiro Kitamura. His unique sensibilities and techniques, stem from the fusion of art, brilliance, and music. Setting his large abstract paintings side by side, these drawings with India ink, soil, and gold dust cast various colors of light on the canvases. Simultaneously enjoying beautiful music that is played with a synthesizer, sho and koso (Japanese court instruments), along with a full orchestra, the audience is invited into a fantastic world of beauty. Although most audiences perceive a three-dimensional space, the imageries are unique to each person and his performance is, therefore, described as a sensory art that opens up a dialogue among the paintings, lights, sounds and the mind of each member of the audience. After his highly acclaimed performance at the Tsukuba Expo in 1985, of which it was said that his presentation was useful for helping people purge their minds, his art has drawn wide critical attention, including interest from medical and welfare circles.

Keynote Address

August 24, 2001

Keynote Address

Integrated Approaches to Health - From Behavioral Science Perspective

Tsunetsugu Munakata, University of Tsukuba

President, Japan Academy for Health Behavioral Science

President, the RC49 of International Sociological Association

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Traditional Healing Practices have today been reviving in advanced societies by the name of alternative medicine or complimentary medicine in the times of stress related illness as the limitations of the effectiveness for illness treatment of modern medicine were found. Modern medicine has tried to treat illness by removing the disease, a condition of functional and organic abnormality. But research has begun to show that illness can not be treated by merely removing the disease. Layperson acknowledge they are in general ill when they feel a sort of distress, that is, when "there are symptoms that they cannot control and there is danger that, if untreated, they won't be able to engage in ordinary activities. Most of contemporary illnesses are caused by distress whose corresponding diseases cannot necessarily be found. Even if some disease can be found and be removed, illnesses are sometimes still untreated in the case of stress related illnesses. Unlike eustress, which encourages people to take up challenges and improve their quality of life, distress is triggered by some psychological trauma and is accompanied by unsolved traumatic feelings and images. In traditional healing, distress is treated by helping patient effect image changes with a narrative to converting their negative emotions into positive ones. People form images within a cosmology that gives meaning to the world they live in. It may be like image therapy or narrative therapy.

The present paper examines what approaches to health and illness are needed in the times of stress related illness from the point of view of health behavioral science.

Special Speech

August 25, 2001

Special Speech

Integrative Medicine Programs in the USA

Ellen Hughes MD, PhD
Director, the Osher Center for Integrative Medicine at University of California

Integrative medicine is an approach to health and healing that encompasses much more than just "adding on" different complementary and alternative modalities (CAM) to conventional care. It seeks true integration of any or all modalities/approaches that can optimize patient care, emphasizing the importance of the patient-provider relationship, disease prevention and patient participation in health promotion. By viewing patients as "whole people with minds and spirits as well as bodies", it seeks a return to medicine's original goal of healing rather than just fixing and curing.

Almost half of all Americans seek some form of complementary or alternative medicine each year. In 1997, patients made more visits to CAM practitioners than they did to all primary care providers, spending $27 billion out-of-pocket for therapies such as acupuncture, chiropractic, massage and herbal medicine. Unfortunately, the majority of them did not talk to their health care practitioner about it. The lack of such discussions is not only a lost opportunity within the doctor-patient relationship, but also has the potential for serious health consequences. For example, more than 15 million Americans take herbal medicines along with their prescription drugs, putting them at risk of potential adverse herb-drug interactions.

Who are these patients seeking care outside of mainstream medicine and why are they willing to pay out of pocket for these services? Although many patients with serious illness seek out CAM, the average Americans utilizing such services are well-educated health consumers with a chronic, but not life-threatening condition who can afford to pay for CAM. In a survey of more than 1000 Americans in 1997, independent predictors of CAM use were higher level of education, a "holistic" approach to health, a world-view which included an interest in personal growth and spirituality and poorer health status. Dissatisfaction with conventional medicine was not an independent predictor of CAM use, with only 4.4% patients relying exclusively on CAM for their health care. Visits to CAM practitioners appear to complement rather than replace visits to conventional medical providers, creating parallel and separate systems of medical care in the United States.

How is the traditional US medical community responding? At my institution, the University of California at San Francisco, the Dean of the medical school, Dr. Haile Debas, felt strongly that UCSF needed to better understand and respond to patients' desires to seek out CAM. In late 1998, he asked me and several other faculty members to establish a new Center for Integrative Medicine. This Center was generously endowed by the Bernard Osher Foundation and is now called the Osher Center for Integrative Medicine. Its mission is three-fold: to engage in integrative medicine research, design innovative programs to educate students and faculty and design new models of integrative clinical care.

Let me highlight the healthcare environment in the United States at the time the Osher Center was established. Prior to the early 1990's, very little information was published in the English language literature about the safety, efficacy, mechanism of action or cost-effectiveness of specific CAM modalities. A major step forward was the establishment of the Office for Alternative Medicine

at the National Institutes of Health in 1992. In 1998, it was elevated to the level of a full NIH center, the National Center for Complementary and Alternative Medicine (NCCAM). NCCAM's mission is to support research, train future CAM investigators and disseminate evidence-based information to the public and medical profession. Although some CAM modalities may not be easily investigated using the classic gold-standard, double-blind, randomized, placebo-controlled trial, the research budget of NCCAM has increased each year, supporting studies that have recently begun to appear in widely read, peer-reviewed journals.

How is the traditional medical education community responding? Two-thirds of US medical schools offered coursework in CAM in 1998. Although most of these offerings were electives, the number of classes has increased dramatically over the past several years. At UCSF, we offer several different electives and next year, will introduce 20 hours about integrative medicine into the required undergraduate curriculum. We are also in the process of designing a web-based program in integrative medicine with specific links to the clinical cases that are used as a focus for teaching throughout all four years.

This fall, medical students will participate in a unique exchange program with students from the American College of Traditional Chinese Medicine in San Francisco. In this new elective, entering UCSF and ACTCM students will be paired with each other and given the opportunity to attend lectures and special sessions at both institutions thoughout their four years of training. By understanding what it's like to train to be a healer in each tradition, we hope that graduates of both schools will be better equipped to work side-by-side in the collaborative care of their patients when they begin their practices.

At the national level, the University of Arizona has offered a 2-year integrative medicine fellowship under the direction of Dr. Andrew Weil for the past 5 years. A growing number of Continuing Medical Education Programs are being developed and NCCAM recently awarded grants intended to incorporate CAM information into health professional school curricula. Although most conventional practitioners do not have the time to develop expertise in specific CAM modalities, professional training programs are available to physicians who wish to become proficient in modalities such as medical acupuncture, guided imagery, homeopathy and manual medicine.

I've presented information about research and education in CAM, but what is happening in the area of the clinical practice of integrative medicine in the United States? Several different models have been developed. Despite increasing patient demand, the majority of CAM clinical services are not covered by medical insurance. Even when CAM is covered, enrollees are often faced with high deductibles, significant co-payments and limitations of the number of visits allowed. Of those insurance companies that do offer coverage, the most common model is one where enrollees must pay a supplemental monthly premium to gain access to a panel of CAM practitioners. These CAM providers agree to accept a discounted fee for their services. Patients often do not need a referral from their primary care provider, but must pay out of pocket for discounted services such as chiropractic, acupuncture, or stress management programs.

The Osher Center is in the process of designing an integrative medical clinic that will encourage direct communication with and collaboration among both the worlds of CAM and conventional medicine. Nationally, there are more than 20 such integrative medicine centers or clinics with close ties to academic medical centers such as Stanford, University of Maryland, University of Arizona, Duke and the Scripps Institute. The Center for Health and Healing at the Beth Israel Medical Center in New York City is one of the largest. It expects 40,000 visits/year to its 25 physicians

who offer homeopathy, herbal medicine, acupuncture, yoga, holistic gynecology, energy medicine and Ayurveda. UCSF and 9 other academic medical centers have also recently formed the Academic Consortium for Integrative Medicine to support collaboration in the three areas of research education and clinical care.

Patients will be best served when everyone involved in their care is communicating in a collaborative and respectful way. Seeing our patients as “whole” human beings, independent of what kind of care we deliver will help the medical profession to honor its original commitment to help patients heal on physical, emotional and spiritual levels.

Workshop I
Workshop II

August 25, 2001

Workshop I

Holistic Care and The Importance of Caring for Ourselves While We Care for Others

Ruth Benor

Lecturer, Palliative Care and Integrative Medicine, Marie Curie and Hospiscare Depertment of Education

Nurses and those in health care professions understand the importance of providing holistic care; care for the 'total person'. As we seek to respond to the day to day 'total needs' of our patients/ clients, we need to equally recognise the importance of caring for our own 'total needs' too.

This workshop will offer an integrative and experiential approach to the ways and means of creating balance and harmony in our lives. The workshop will extensively utilize the theory of Mind-Heart-Body science (Psychoneuroimmunology), and subtle energy medicine.
Incorporated into the workshop will be gentle and yet profound methods and techniques to enhance the participates well-being.

Workshop II

Herbal Therapy: North American First Nations

Nancy J. Turner
Professor, School of Environmental Studies, University of Victoria
Box 1700, Victoria, British Columbia, Canada V8W 2Y2

In British Columbia, Canada, Indigenous Peoples have traditionally used over 200 different plant and fungal species for medicines. These include all major plant parts and a wide range of major taxa, including lichens, fungi, ferns, conifers and flowering plants. Plant medicines are prepared and administered as infusions, decoctions and whole plant parts taken internally and as washes, salves, steambaths and breathed-in vapours. Plants are used to treat many different physical ailments and injuries, as well as in the maintenance of health.

Medicines are closely aligned with foods; many traditional foods are seen as health-giving. As well as pharmacologically active compounds such as alkaloids and glycosides, medicines provide important nutrients, such as Vitamin C and Calcium. There is a strong spiritual component to traditional herbal medicine. Respect and reciprocation are important concepts in healing. Health is viewed as holistic; herbal medicines are but one part of a health system that includes emotional, spiritual and physical health. Environmental health and the health of other lifeforms are also considered to be an important and essential requirement for human health.

Indigenous Peoples are concerned with major changes in their diets and lifestyles that have brought a reduction in general health, in transmission of healing knowledge, alienation from and deterioration of their medicinal plant resources, and commodification of their knowledge by commercial interests. Case examples of devil's club (*Oplopanax horridum*), Pacific yew (*Taxus brevifolium*), and red alder (*Alnus rubra*) are provided to demonstrate peoples' concerns over medicinal plants. Many traditional medicines are no longer readily available, and much of the knowledge of medicines has been eroded and it is no longer being passed on in some communities. In other places, however, traditional medicinal knowledge is still strong, and many healers are still actively using herbal medicines in health care.

Memorial Speech I
Memorial Speech II

August 24, 2001

Ayurveda is Scientific Wisdom Nurtured in India's 4000 Year-History

Mari Anne

Practitioner of Ayurveda

These days people are familiar with the word Ayurveda in daily life. However, in our common understanding, we tend to consider Ayurveda mainly as a kind of cosmetology.

In fact, Ayurveda means "The Science of Life" and it is the oldest form of "medicine" in the world. Ayurveda was nurtured in India. Of course, we can utilize Ayurveda as cosmetology, but this is only a small part of Ayurveda. Ayurveda's philosophy goes much deeper than cosmetology.

When we refer to Ayurveda as "medicine", this is not limited to the diagnosis and remedy of disease, but also includes promoting health and preventing disease in daily life. Its purpose is also to achieve a long life span and to fulfill our health and happiness. In other words, Ayurveda is a way of preventing serious disease. Characteristic of Ayurveda is the conservation and enhancement of the body's innate physical strength, so that when a person becomes ill, the person can recover from the illness through their own force of natural healing.

In very early times, Indian saints shut themselves away in the mountains and conceptualized the way of Ayurveda. As a result they succeeded in establishing the concept for all people. Also, they led ascetic lives, and through the practice of yoga they achieved an elevated consciousness so that they could become familiar with the mechanisms of the human body, the healing virtues of trees and plants, as well as the essential relationship between "mind, body and soul".

The origins of Ayurveda can be found in the story of a village in India, which was invaded by the plague. One of the villagers, who suffered with the plague, climbed the mountain to ask the saints for advice about treatment. From its origin, Ayurveda has prevailed for several thousand years, and has been passed on from masters to pupils until the present day.

In India, there are many special universities, institutes and clinics of Ayurveda. From outside as well as inside India a lot of people visit these facilities because Ayurveda can treat some "diseases" which western medicine cannot successfully treat.

Warm Care for Humanity from a Holistic Viewpoint

Kunio Yanagida

Non-Fiction Writer

He was born in Tochigi Prefecture, graduated from the Department of Economics, Tokyo University. After a career as a journalist at Nippon Hoso Kyokai (NHK) he became a non-fiction writer. In 1979 he received the 1st Kodansha prize for his novel, "The Morning of Cancer Circuit". He has published many books concerning clinical issues.

Integrated Approaches to Health is the main theme of the 4th International Conference of Health Behavioral Science for today. There are various approaches to health concerning advanced medicine and disease prevention associated with modern life-habits. Most of them, however, involve the isolation of the patient and ignore the feelings of the patient and the wholeness of the patient's life.

Advanced medical technology, emergency treatment in particular, has had great success in enabling injured people or people with life-threatening illnesses to recover and return to everyday life and work. On the other hand, some people doubt that human life and medicine can be regarded merely in scientific terms, without respect for other aspects of human beings.

When we consider what health is, warm care for humanity from a holistic viewpoint is required as a precondition of physical well being. There is a need to consider happiness as an essential factor for human health. To be fully clarified, this issue needs to be reconsidered from the viewpoint of holism. That is a fundamental question at the heart of Integrated Approaches to Health. This paper describes how living and dying can be comprehended through Yanagida's work in holism.

This topic will have great influence in the future developement of the health behavioral sciences.

(written by Shokichi Tani MD)

Symposium

Integrated Approaches concerning Medicine

August 26, 2001

Profile of Panelists

#Keynote Reporter

Kazuhiko Atsumi: Graduated from the Medical Department of Tokyo University in 1954. He specialized in heart surgery at the Tokyo University Medical Department. After retirement he became Emeritus Professor of Tokyo University in 1967. He has been inaugurated as president in many academic societies, also at present he is President of the Japanese Association of Alternative, Complementary and Traditional Medicine.

#Coordinator

Shokichi Tani: Entered the medical department in Yokohama municipal University in 1953. He received his Doctoral Degree in Medicine from Tokyo University in 1962. He became professor at Kanazawa Medical University in 1981. He has been inaugurated as a director of a hospital and is now emeritus director of A Medical Corporation of Hayashiyama Clinic . He has published many books on hospice care.

#Speakers

Ellen Hughes: Clinical Professor of Medicine in the Department of Medicine at the University of California, San Francisco. She received her PhD degree in Zoology from the University of California, Berkeley and then her MD from UCSF in 1984. She completed a residency in internal medicine and a fellowship in general internal medicine at UCSF and has served on the full time faculty since 1988. She was the founding director of the Osher Center for Integrative Medicine and now serves as the Director for Education for the Center.

Ruth Benor: Nurse, psychotherapist, Autogenic Training therapist and Bach Flower practitioner. Ruth is currently working as a lecturer in cancer and palliative care. She has suited integrative and complementary medicine and serves as an editorial board member for the British journal Complementary Therapies in Nursing and Midwifery Over the last 15 years she has both taught internationally and published in the field of nursing, healing, stress management, palliative care and subtle energy medicine. Ruth was the Founder for the British Holistic Nurses Association. She is particularly interested in supporting and encouraging health professionals and practitioners to care for their own healing needs alongside those they offer to their patients.

Nancy Turner: Graduated from the University of British Columbia, Department of Botany. She specializes in environmental studies, the role of plants in nutrition, technology, health care, language, narratives, and on traditional land and resource management. Her current research is within five major areas: traditional ecological knowledge and traditional land management: ecosystem-based management of forests and the inclusion of First Nations' knowledge and interests in forest planning and decision-making; sustainable harvest and use of non-timber forest products; the relationship between environmental and human health; and the history of landscape change and its impacts on lifeways of First Peoples in British Columbia. She is also interested in comparative ethnobotany, particularly of plant names and patterns of plants used among various First Peoples of northwestern North America.

Mari Anne(Debbie Fukumura)**:** She graduated from Yamawaki Gakuen High School(Hyogo Prefecture). Her interests include reading, meditation, travel and cooking. At 16 years old she performed in the movie, "Automobile Thief" (Tohou Entertainment), this was her acting debut. She has also acted in many dramas, stage productions and movies, and has sold records of her songs. For five years from 1971 she was a regular hostess at Yomiuri T.V. At present she chairs, commentates and reports on many T.V. programs as well as deliveres lectures. Her publishes books are: "How to Shape Up Your Bottom" (Syufu No Tomo Publisher),"For We Who Live in the Era of Heart"(J C S Publisher), "A Bright Body is Formed by the Heart"(Kodan Publisher).

Ben Yanai: Graduated from Tokyo University. After his inauguration at Hyogo Prefecture, he became a lecturer, assistant professor, and professor at Osaka Kyoiku University. After his retirement from Osaka Kyoiku University in 1998, he became professor at Kansai Welfare Science University. He specializes in health education.

Towards Integrative Medicine in the New Millennium

Kazuhiko Atsumi, M.D.

President, Japanese Association for Complementary, Alternative and Traditional Medicine (JACT),
President, Japanese Society for Integrative Medicine (JIM)

As human beings, we are vulnerable to disease and cannot escape death. This is our determined human fate, as mentioned in the Sutra of Buddhism.

Medicine to cure patients of disease is considered the greatest wisdom and the highest achievement of human culture.

The history of medicine goes back to ancient times. Several thousand years ago, the traditional medicinal practices of Ayurveda, Chinese medicine and Unani were developed. The healing methods of acupuncture, herbal and other natural remedies also have a long history. Furthermore, homeopathy, chiropractic, and osteopathy also have a several hundred year history.

These traditional medicines and regional remedies existed before science was born. As a result, these medicines have been used in practical circumstances to cure patients, but have not always been scientifically approved. Therefore, the efficacy and safety of these traditional and alternative medicines require positive approval.

On the other hand, modern western medicine started at the end of 19th Century and has only a 100 year history. However, modern medicine has contributed to curing many human diseases and disorders by constructing a disciplined system. Modern medicine was established on the basis of science, however, it has not been able to respond well to complex phenomena in human life, such as psychological and emotional behavior.

This need for more holistic solutions to human health problems is the reason for developing integrative medicine to bring together modern and alternative medicinal tradtions. This trend in integrative medicine has recently started in the US and Europe and is spreading throughout the world.

The new millennium will likely be called the “human era”, meaning the “individual era”. In other words, this is the “coexistent era” where human individuality is highly esteemed and yet human individuals must coexist in society.

This trend can be considered a paradigm shift from scientific and statistical Western Medicine to empirical and individualized Eastern Medicine. Without these deep observations based on “value exchange” or “cultural view point”, the revitalization of complementary, alternative, and integrative medicine cannot be understood completely.

I hope the International conference of Health, Behavioral Science in Kobe will issue important information on “Integrated Approaches to Health” for the World.

Coordinator

Shokichi Tani, M.D.

Hayashiyama Clinic

We have settled on “Integrated Approaches between West and East concerning Medicine” as a main theme of the 4th International Behavioral Sciences in Kobe, Japan. For the benefit of all, Integrated Approaches should be followed in the medical environment of both Western and Eastern Clinical Medicine from the viewpoint of Behavioral Science. Therefore, six speakers were selected representing both West and East, 1) Prof. Ellen Hughes: Director of the Osher Center for Integrative Medicine at Univ. of California USA, 2) Dr.Ruth Benor: Lecturer in Palliative Care and Integrated Medicine UK, 3) Prof. Nancy Turner, Univ. of Victoria, Canada, 4) Ms.Mari Anne: Practitioner of Ayurveda India/Japan, 5) Prof. Ben Yanai: Kansai Univ. of Welfare Sciences, and additional commentator 6) Dr.Kazuhiko Atsumi: Prof. Emeritus at Tokyo Univ. Integrated Approaches are not limited to the comparison of Western and Eastern medicine but also include Alternative, Complimentary and Traditional Medicine, represented by Kazuhiko Atsumi. Hence, people need not only sophisticated modern medicine but also other ways, mysterious beyond science and medicine, to comprehend the meaning of what it is to be a whole person, living and existing. This is what we consider when we look at Human Behavioral Scientific Approaches related to health. This is because these approaches aim at the well-being of the whole person. Currently, the Japanese are likely to regard preventive medicine disease as important. Changing life style for prevention may, however, eliminate part of the joy for life. The best life-style choises would accord to involve living joyfully as a human-being, when we consider whether to change or not to change.

All participants can look forward to active discussion with the speakers in this symposium. Finally, we believe this symposium may result in some good suggestions and ideas around this main theme of integrated approaches to health.

Speaker

Integrated Approaches between West and East concerning Medicine

Ellen Hughes, M.D.
Director, the Osher Center for Integrative Medicine at University of California

Integrative Medicine is a term that is sometimes used interchangeably with complementary and alternative medicine or with approaches that combine conventional and alternative modalities. It embodies much more, however, than just having more tools from the tool box to choose from; it is a different paradigm in health care that recognizes the potential for wholeness in and interconnectedness of individuals, society and the natural world.

Real healing is not the result of an expert solving a problem. It grows out of a relationship between two human beings who bring to a situation of suffering the full power of their combined humanity. This process requires collaboration with the innate movement towards wholeness that is constant and present in everyone. When this happens, many things can heal that cannot be cured.

As a patient dealing with a chronic illness for many years, Dr Rachel Remen, physician and best-selling author wrote:
“O body!
For 40 years
1327 experts
with the combined 16,787 years of training have failed to cure your wounds.
Deep inside,
I am whole”

Integrative Medicine not only offers the possibility of healing for patients, but also the hope of healing the field of health care itself - a chance for medicine to reclaim its original purpose and restore its integrity. The original meaning of medicine is service. Serving from the heart is the force that flows through and unites all healing systems, East and West. This has not changed in three thousand years.

The harried pace of health care today in the United States challenges the humanity of patients and providers alike. True healers are whole people, but many physicians and health care professionals have not been educated to be whole people. We have been trained to be experts - to value intellect, efficiency and technology with a goal of “fixing” and curing. In these times of increasing job stress, is it possible to train generations of future physicians in both the science and the art of medicine? Several models of innovative humanistic medical education will be presented.

Nurturing the innate wholeness and integrity in every human being is the true lineage of medicine. Whatever techniques or approaches we use, be they open heart surgery or acupuncture, they are all the branches of a very old tree whose trunk is healing and whose roots are service.

Speaker

'A richly elaborated life, connected to society and nature, woven into the culture of family, nation and the globe' Thomas Moore

Ruth Benor

Lecturer, Palliative Care and Integrative Medicine, Marie Curie and Hospiscare Department of Education

Our conditioning shapes the way in which we view and live our lives.
It will also affect the ways in which we view our levels of health and well-being.

We are all facing an opportunity, a turning point, where we can review both our personal and professional perspectives on what we believe is total health and well-being. Holistic nursing promotes the belief that everyone can move towards greater wellness when the conditions around and within them are valued and upheld. Further that holistic nursing seeks to be instrumental in creating the environment in which it can place.

Holistic nursing sees the healing process to be as important for the nurse as it is for client/patient and their carers. The integration of such philosophy into everyday living and practice can create conflict between the desire and the reality. High pressured systems inside powerful institutions with the growing demands on health care systems, increasing technologies, limited financial and material resources can limit nurse-patient contact and place insurmountable restrains on their relationships. Nursing is concerned with compassion and caring. So what does the individual nurse do when the systems in which they work prove to be potentially damaging as to deplete the individual's resources, demanding self-sacrifice, resulting in lowered self-esteem, self worth, dis-ease and illness. It is now recognised that under such systems, many individual nurses are 'doing good but feeling bad'.

Most nurses do not have the emotional reserves and training in self care activities which enable then to fully apply a holistic approach. There is also the problem that the models of nursing that guide nursing practice, can falsely lead the nurse to believe that they are functioning under a holistic philosophy simply because the theory uses the word holistic.

This presentation will address these issues and make recommendations for how an integrated and holistic approach may be undertaken, manifesting both the individual needs of the nurse and those for they nurse and care for.

Speaker

Herbal Medicine: North American First Nations and Chinese Traditions

Nancy J. Turner

Professor, School of Environmental Studies, University of Victoria

Box 1700, Victoria, British Columbia, Canada V8W 2Y2

A survey of medicinal herbs used by North American Indigenous Peoples indicates both similarities and differences in the species of plants used, and in the ways in which they are applied, between North American indigenous cultures and Chinese traditions. A number of plant genera have notably analogous types of uses, probably indicating a good degree of efficacy, since the applications were probably derived independently. Some genera having similar applications within these systems include: *Achillea, Angelica, Acorus, Artemisia, Asarum, Berberis, Clematis, Crataegus, Equisetum, Ligusticum, Lycoperdon, Mentha, Pinus, Plantago, Prunus, Potentilla, Pulsatilla, Pyrola, Ranunculus, Rosa, Rumex, Sedum* and *Valeriana*, There are many other instances, though, of genera represented on both continents, but for which no similar usage is apparent. Modes of preparation of traditional medicines, especially infusions and boiled solutions of bark, stems, and roots, alone or in mixtures, are often very similar. In both systems, the synergistic effects of complex whole plant drugs are realized, as opposed to purified or synthetic forms such as are generally used in Western medicine.

A major difference between North American indigenous herbal medicine use and that of Chinese traditional medicine, is that the former is based entirely on oral traditions, whereas Chinese medicinal plants have been described and documented in written herbals dating back to about 4,000 years ago. Many of the modern formulae in Chinese medicine are consistent with those of the original written accounts.

In both medicine traditions, there is a holistic view of healing, where herbs and herbal preparations are only one component of a broader concept of health and well-being based on emotional and mental health, good nutrition and healthy lifestyles, as well as applications of medicinal tonics and herbal healing agents. In both systems, balance and harmony are sought among the different components of peoples' lives. In both traditions, too, there is a strong spiritual component. Thus, the physiological effects of medicines are mediated by their psychological and emotional effects. Examples of these aspects of herbal medicine traditions will be provided and discussed.

Speaker

Integrated Approaches concerning Medicine

Mari Anne
Practitioner of Ayurveda

In modern times we have seen increases in stress from the many pressures in daily life, and people have struggled to overcome these big waves of pressure. Because of this stress, numbers of psychosomatic illnesses and cancer have been increasing. Even though I do not suffer from these illnesses, I realize that many people experience feelings of depression, laziness, and tiredness; often people cannot remedy these conditions, even if they go to hospitals for treatment.

So far we consider everything derived from western culture as good, but these days we notice how tremendous are things derived from eastern culture, too. For instance, in the medical field, eastern methods sometimes provide effective remedies for symptom with which western medical methods cannot cope. Among these eastern methods, Ayurveda is notable. Ayurveda is Indian oral medicine which focuses on humans as whole beings, including our mentality.

In Japanese society, where the population is composed largely of elderly people, I hope that Ayurveda can help promote health so tha0t people can enjoy their lives for as long as possible. Ayurveda, the science of life and the oldest “medicine” in the world, was born and fostered originally in India. Ayuruveda has a 4000 year history. The way of Ayurvedic thinking is wide and deep. Though I call Ayurveda a “Medicine”, it does not only diagnose and remedy illness, but its purpose is to also prevent illness, to promote soundness in daily life, and to help people live long, fulfilling, healthy and happy lives. In other words, Ayurveda is medicine which prevents serious disease. As Ayurveda promotes and reinforces an individuals' own innate capacity for physical strength, if individuals become ill, they can make use of their own natural healing and “recover” from the illness, through Ayurvedic methods.

Among the deep wisdoms of Ayurveda, I personally practice relaxation, a particular method of breathing and meditation to promote to clear energy. In the Ayurvedic method, it is necessary to notice a humans' own state of mind and physicality in order to prevent illness.

Speaker

Integrated Approaches to Medicine
Relationship of Health Philosophy and Body Philosophy

Ben Yanai
Professor, Kansai Welfare Science University

Preface

There are many complaints about medical treatments, inpatient hospital environments and medical financial problems in Japan. Since the Meiji Era, Japan has adopted mainly Western medical techniques. Even if we discuss only treatment, because Western medicine is focussed strongly on biological treatments such as mechanical and artificial medicine and gene treatment, patients have had many complaints. On the other hands, since last year, the Japanese government has developed the "Health Japan 21" system concentrating on "life-style diseases". This writer expects this development to be consumer, or patient subjective treatment, focussed on preventive action. Nowadays in Japan, the number of psychological counseling clients is increasing and Eastern Medicine is gaining popularity. Many Japanese people have become aware that they themselves should play the leading role in their own health care.

Changing viewpoint of health philosophy in Japan

Before the Meiji Restoration, Japanese medicine was mainly Eastern Medicine, in which people played the leading role for their own health. This idea was called "Yojyo". After the Meiji Restoration, Western Medicine became dominant. With the mix of Confucian and Western ideas, the concepts of "sound health" and "hygegiene" were formed. Additionally the dichotomous theory of body and mind insisted that "a sound mind is nurtured in a sound body". Also "endurance" was considered an important idea. After World War II, a WHO constitution adopted the above ideas. Another system, Primary Health Care, was introduced in 1978. In 1986 another system, Health Promotion, was introduced. These systems have been introduced globally. Viewpoints an health have been continuously transforming. However, these days WHO has emphasized "Spiritual Health".

Health cannot be understood solely on scientific grounds; we can say that health has a strong connection with religion. We can understand that spiritual health comes from citizens' daily life experiences, or their own viewpoints on health and physiology. In other words, citizens understand that health involves the integration of mind and body, based on their daily life.

Recovering the Body Philosophy that has been ignored by scientific medicine

On the other hand, this writer holds that the health viewpoint promoted by politicians has hidden the physiological viewpoint in Japan for a long time. Shoueki Andou, a physician in the Edo Era, emphasized the concept of "direct digging" of the soul, or of nature. This idea concerns communication between the whole of nature and the human entity. Every part of our physiology depends upon the logic of interrelatedness, or holism. In Eastern medicine the traditional physiological viewpoint includes a third system, the formation of the stream of "Ki" energy. The philosopher Yuasa assumed that this kind of idea is a logical systematization of meditation experience and treatment experience in the form of physiological psychology. If we can become aware of the crisis of our egocentric lifestyles, we can try to restore balance in our internal processes. Through this awareness, we can be healed. Through ascetic practice, and awareness of our whole body, we can understand our essential Self. Making a pilgrimage to Shikoku was one way that ordinary people found healing. This is a kind of ascetic practice.

Asking for an Integrated Approach

When we discuss integrated approaches, we consider “holistic health” as a way of considering health as a quality evaluation with relative objectivity. This is very important from the personal viewpoint, but is generally limited to older generations because they are more mature and better equipped to see everything as a whole. Even if we have contract a disease, we can coexist with it within this viewpoint. If we try to cure a disease, even if we use Western medicine, we should try to perceive the activity of the soul and regard the disease as symbolic of our whole life. Health professionals should have the ability to take time, stand aside and be patient enough to see beyond the surface of the problem to the soul, the wholeness of the person.

Oral Presentations I

Group A

Traditional Medicine and Psychosocial Factors in Health & Illness

Group B

Health Education and Health Promotion

August 24, 2001

A Study of Post Abortion Complications in Two Villages of Uttar Pradesh in India

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PURPOSE: In India abortion is legal and women can access to safe and free abortion services by trained personnel in registered facilities. They still resort to using untrained providers. The study tries to understand the complications of unsafe abortions and community level provision for post abortion complications.

METHOD: Qualitative data collection techniques viz. community survey to identify potential informants, community mapping, focus group discussion, key informant interviews and provider interviews were employed.

RESULTS AND DISCUSSIONS: Analysis revealed that abortion was not perceived as a serious issue. Induced abortion providers were mainly unregistered providers. Economic constraints and social factors play important role in seeking treatment at registered facilities. Spontaneous abortions were attributed to supernatural powers. About 50 percent of informants experienced post abortion complications ranging from mild to life threatening. Results are discussed in terms of the provision of safe abortion services in rural areas.

CONCLUSION: PAC care and family planning counseling available at the village level was inappropriate and delayed needed treatment and care. This Study presents recommendations for the improvement of PAC at three levels – community members, community providers, and referral providers – with a PAC policy at local, state and national level.

Traditional Health Behavior in Sri Lanka: Comparative Study in Three Different Characteristic Areas

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PURPOSE: To ascertain the proportion of people who practiced Ayurvedic theory with regard to health promoting activities, and also how the three districts differed from each other in these aspects.

METHOD: sixty-one households were selected in areas with different characteristics i.e. a Catholic dominated fishing village, a Buddhist dominated farming village and a suburban area.

Both qualitative and quantitative methods were utilized, as qualitative methods are indispensable for in-depth understanding of the housewives in their daily life context.

RESULTS AND DISCUSSION: Almost all of the respondents were non-vegetarians and they enjoyed a basic balanced diet with a reasonable amount of protein intake. People in the Catholic dominated fishing village consumed more protein, both meats and fish than the other two communities.

More than 80% of the respondents in the three areas thought that certain foods were "*ushna* " (heat) and "*shithala* " (cool) and people in the farming village distinguished some foods as either "heat" or "cool" more than people in other areas.

Seventy five percent of the respondents in all three study areas took herbal drinks in their daily lives. The ratio of respondents in the suburban area consuming herbal drinks (86.9%) was similar to that of the farming village (83.6%) where herbs were abundant.

The respondents in the three areas used herbal oils daily to keep their hair healthy. They are very accustomed to using oil. There was no great difference among the three areas in this respect.

As far bathing, Sri Lankans preferred to take a bath at a certain time of the day in order to protect themselves from illnesses.

CONCLUSION: The majority of Sri Lankans practice traditional health theories in order to prevent diseases and promote good health. It was further inferred that there were some differences in the performance of these activities in each study area.

Role of Traditional Medicinal Man on Mental Health and Health Care Practices: A Study of Bediya – A Tribe in West Bengal

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PURPOSE: Even at the dawn of 21st century, Medicinal Man plays an immense role in maintaining good mental health and provides various health care services for the well-being of the community. The tribal people have good faith in their traditional medicinal man who restores the cohesiveness of the group and society at large. The present study helps to understand the actual contribution of these traditional medicinal men to community health care and their importance in tribal society, at the age of tremendous advancement in medical science and technology.

METHOD: The Bediyas are one of the tribes of Nadia Distric of West Bengal (India). Their numbers are very few in relation to other major tribal communities of this district. Three villages of the Bediyas were enumerated and all medicinal men and all beneficiaries were interviewed to find out the patterns of interaction between them.

RESULT AND DISCUSSION: With the gradual advancement of society many traditional rituals, practices and customs of the Bediyas have faded away. But the role of medicinal man, this new era, for securing a healthy atmosphere for the community, is very important. Through their customs folkways and different customary law, they provide tranquillity amid dissertion and restore mental health amid stress and strain caused by illness. They claim to have great control over the supernatural realm and thus they play a vital in ensuring the solidarity of the group.

CONCLUSION: The Bediyas are in a transitional stage. Sometimes, to overcome the acute crisis of their lives they have to consult with modern medical practitioners. This is really troublesome for them, as it bears a high cost in their poverty sticken lives. The medicinal men acts as, a mediator and helps to restore their mental peace by giving them religious sapport.

Medical Environmental Comparison in Nutrition and Disease Structure among China, Thailand and Japan

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PURPOSE: Researchers of three different nationalities investigated the features of their national current in nutrition and diseases. This study mainly analyses statistics in population, lipid and protein up-take, mortality rate, etc. Life-style was discussed to contrast and comprehend the different cultures and societies.

MATERIALS AND METHODS: Using computers to draw data from relevant Internet homepages, the investigators clarified the statistics of nutrition, to mortality, cancer and heart/cerebral vessel disease in each country. They then used Excel software to diagram the data. The researchers discussed the data and the social situation of their countries together.

RESULTS: The trend in nutrition in China suggests an improving economy for decay: the intake of lipid and protein has been caught up with, and the nutritional calorie have been bypassing that of Japan. Bicycles in China are as common as in the Netherlands, and they have positively affected the nation's physical health and have helped prevent air pollution. Thailand has severe traffic accidents, which have killed so many people that the rate is third-worst in the world. Infant mortality in China and Thailand is approximately ten times higher than in Japan. The average life expectancy in China/Thailand is 70years, while in Japan it is 80, the difference was caused by differences infant mortality and medical services for nations.

CONCLUSION: China, Thailand and Japan each have unique lifestyles based on their individual historical cultures and diversity of climate (ranging from Northern Frigid to Southern Tropical Zones). Meanwhile, Japan continues setting the world record for life expectancy. Finally, there is an urgent need of medical support for localized infection in Asia.

A Situation of Low Prevalence and High Risk of HIV/AIDS in Bangladesh

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In Less than twenty years, HIV/AIDS has caused a major health and developmental crisis in large parts of the world. Today 32 million adults and 1.2 million children are infected, more than 95% of them in the developing world. There are 6 new infected children and young people every minute. If the spread of HIV/AIDS continues unchecked, it will become the leading cause of death and disease worldwide. Bangladesh has Recently become surrounded by a growing regional HIV/AIDS epidemic.

PURPOSE: The purpose of this study is to raise the awareness of HIV/AIDS among people. While much health behavioral science research has been done in the world, Bangladesh has been neglected in this regard. Yet, HIV/AIDS is increasingly becoming a reality in Bangladesh.

METHOD: Observation and calculation the situation of health sector of Bangladesh.Some data used in these analyses were gathered as part of secondary source.

RESULTS AND DISCUSSION: Many factors influence the spead of HIV in Bangladesh, from poverty and illiteracy to other determinants, the geographic proximity of Bangladesh to areas like India, Myanmar and to some extent Thailand where HIV/ AIDS is already firmly entrenched. These things make the nation highly vulnerable to an HIV/AIDS epidemic. In no time, our situation could become alarming and frightening.

In 1998 the national sentinel surveillance was conducted for syphilis and HIV antibody by ICDDRB on brothel based sex worker, floating sex worker, STD patients, truckers, IDU and MSM. The results showed a high prevalence of syphilis low prevalence of HIV in these high-risk groups.

CONCLUSION: The results show a low prevalence of HIV and high prevalence of others STDs. HIV prevalence among vulnerable population in India, Thailand and Myanmar is increasing year by year. The Rising rates of HIV in neighboring countries and continued lack of preventive services in Bangladesh can contribute to boosting the epidemic.

Exploring the Cultural Context of HIV Risk-Taking Behaviors among Young, Single Factory Workers in Northern Thailand during Industrial Transition

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PURPOSE: This paper explores sexual relationships among young industrial workers in the Northern Regional Industrial Estate (NRIE) in Northern Thailand, and their HIV risk-taking sexual behaviors. I examine their sexuality and HIV risk in reference to the issues of rural-urban migration, expansion of industrial production, and changing youth sexual culture.

METHOD: The analysis is based on the data obtained over a total of thirteen months of fieldwork conducted from February 1997 to March 2000 at the NRIE. This study incorporates qualitative and quantitative research methods, including semi-structured interviews, participant observation at the NRIE, and a survey about knowledge, attitudes, and perception of HIV/AIDS.

RESULTS AND DISCUSSION: Findings show that young single factory workers engage in intimate sexual relationships, such as premarital sexual intercourse and cohabitation. Urban youth sexual culture, proliferated via mass media, seems to provide them with alternative ideas about sexuality and sexual relationships. However, there remains the persistent power of sexual double standards that try to guide young people's sexual thoughts and behaviors in a conventional way. For instance, there is a strong gender difference in factory workers' perception towards their premarital sexual relationships. Young factory women try to justify their practice of premarital sexual intercourse with their boyfriends with an ideal sexual norm of "exclusive attachment." By "exclusive attachment," it means having exclusive love and affection towards their sexual partners. They believe that their premarital sexual relationships are based on mutual love and commitment. On the other hand, factory men perceive having many sexual experiences before marriage as a masculine value and still practice casual sex with multiple girlfriends.

CONCLUSION: The major finding of this paper suggests that the risk of HIV infection for factory women increases in this context where there is an incongruity between their ideal sexual relationships and the actual situation. Many factory women hesitate to take active HIV preventive measures, such as asking their partners to use condoms, since such an action would possibly damage their reputation as "good women," reveal their suspicion towards their partners' fidelity, and more importantly, ruin their ideal sexual norm of "exclusive attachment." For factory men, their inconsistent use of condoms in their premarital sex, both in commercial and non-commercial contexts, reflects their general dislike of condoms. In the non-commercial sex context in particular, their perceived HIV risk among their sexual partners is significantly low, resulting in their dismissal of condom use.

Influence of New Nursing Care Insurance System on the Work of Nurses and Caregivers at Health Care Facilities for the Elderly

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PURPOSE: This time study was conducted to examine the influence of the new nursing care insurance system that started in April 1, 2000 on the work of nurses and care workers at three health care facilities for the aged.

METHOD: The survey was conducted three times: 3 months, 6 months, and one year, after the new nursing care insurance system was in place. The time spent by nurses and caregivers was recorded on a sheet covering 28 care elements for 4 days during each survey. The subjects were 36 nurses and 36 care workers who worked day shifts.

RESULTS AND DISCUSSION: Nurses at the three facilities spent much of their time contacting other staff members to adjust their work, recording nursing practice, assisting with meals and medications, and taking vital signs and observation at the 1st and 3rd survey. Caregivers at all three facilities spent a considerable amount of time assisting with bathing, meals, and contacting other staff to adjust their work. Nurses of B and C facilities spent much time contacting other staff to adjust their work and assisting with meals in the three surveys, while nurses of A facility spent more time taking vital signs and observation more than assisting with meals. Caregivers of A and B facilities spend much of their time contacting other staff to adjust their work, but in C facility they spent more time assisting with bathing and meals. There was a significantly different pattern in the rank of nurses' work in B facility between the 2nd and the 3rd survey as a result of Wilcoxon signed rank-sum test. The care service level of residents did not change over time during the three surveys in all facilities. Almost all residents of a facility were level 1 and 3, B facility was level 4 and 5, C facility was level 3 and 4.

Health and Schools

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Purpose: To encourage school's physical education programs to care for student health.

Method (This is not a methods section—it is Results and Discussion):
Physical education programs must be extended and improved. First of all, school administrations should improve the training of physical education teachers. We recommend:

* Extend the physical education class running time. Right now the running time is not sufficient: children need to run and to move; making them sit in the same place for a long time loads them down and makes them tired.
* Improve the quality of the physical education to focus it on improvement of pupil's health and not entertainment.
* Improve physical education teachers' education and skill. Involve them in training and exchanges with foreign countries. In this way teachers will be able to learn how to help pupils to be healthy, as well as improving their own skills and specializing in health programs.
* Teach pupils what they can do to be healthy. Educate them on the benefits of being health individuals.
* Work with parents as a team. Exchange opinions and explain what they should do in their home to help their children be healthy.
* Improve health conditions around the school. The school administration should provide pupils a way to exercise, run and play not only during physical education class but also during break time. They should have a doctor who can give advice and work with physical education teachers.
* Confirm the maintenance of pupils' health. Once the school administration trains well-skilled teachers and provides them with the supplies they need to meet new opportunities, we will be able to meet the challenges of creating well-educated, healthy pupils.

Result and Discussion: Every pupil should get enough education from physical education class. As a result of the improved physical education program, each pupil should have improved knowledge on health.

Conclusion: Since school is children's second home, it is important that they pay attention to pupil's health.

The Effectiveness of a Stress Management Program for Japanese Female College Students

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PURPOSE: The purpose of this research was to investigate stress management in college students. We developed assessment scales (for students' stress, interest in stress management, and body-mind awareness) and a stress management program, and used them as educational tools. This study examines the effectiveness of our stress management program and discusses the factors influencing it in terms of difference of curriculum.

METHOD: One hundred and sixty-four students from a liberal arts college (group A) and 110 nursing students (group B) participated in the stress management program and responded to questionnaires (our assessment scales for stress management and STAI). All were second-year female students from a two-year junior college. The program included a lecture about stress management, relaxation, and interpersonal stress management. The results were analyzed statistically.

RESULT AND DISCUSSION: In comparing the two groups, a significant difference was found in the mean of cognitive appraisal of stressors. In both groups, the mean of state anxiety was reduced and the mean of body-mind awareness was increased by this program. In terms of the variation in interest in stress management, the two groups had different tendencies. These results suggested that our stress management program was effective for the students on the whole, and that the traits of the group made a difference in the effectiveness of the stress management program. Levels of cognitive appraisal of stressors, motivation, and readiness for stress management are considered to be the influential factors.

CONCLUSION: In this study, it is suggested that our stress management program has the effect of reducing levels of state anxiety and increasing levels of body-mind awareness. And the factors influencing the effectiveness of it are discussed in terms of curriculum differences.

Student Aggression in Philippine Highschools

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PURPOSE: The primary purpose of this study was to ascertain the necessity of developing an anger management program suitable for Filipino students. It aimed to provide important information pertaining to significant differences on students' characteristics, and to examine how psychological factors such as self-esteem, general self-efficacy, and self-control of emotion affect the level of aggression.

The Study Subjects were 792 high school students from non-randomly selected public and private schools in Manila (the capital city of the Philippines) during the school year 2000-2001.

METHOD: Data were obtained from the responses of the students, through the use of self-administered questionnaire. The battery included five (5) scales: Student Information Sheet, Rosenberg's Self-Esteem Scale, Schwarzer's General Perceived Self-Efficacy Scale, the author's Self-control of Emotion Scale, and the Buss and Perry's Aggression Questionnaire.

RESULTS AND DISCUSSION: The study found that (1) in the overall profile, high school students in the sample had low physical aggression, anger, and hostility, and scored average in the level of aggression; (2) there were significant differences on student's self-esteem, general self-efficacy, and self-control of emotion by gender and year level; (3) among students' characteristics, year level significantly affects level of aggression; and (4) general self-efficacy significantly correlated with self-esteem, and self-control of emotion; and, gender had significant correlation with general self-efficacy. In the level of aggression, significant correlations were found between over-all aggression and the four sub-traits (physical aggression, verbal aggression, anger, and hostility). Over-all aggression negatively correlated with general self-efficacy, self-esteem, and self-control of emotion; (5) covariance structure analysis revealed that psychological variables such as self-esteem, general self-efficacy and self-control of emotion were positive coping reinforcements and were identified as contributory factors for the low aggression level of the high school students in the Philippines.

CONCLUSION: It was concluded that among students' characteristics, year level was a significant contributory factor which affects levels of aggression. Students belonging in the first year level consistently scored highest within among the group, in terms of aggression and lowest in the three psychological variables. Differences within the group demonstrate the necessity of developing an intervention program that would best suit specific needs in terms of year level. Since self-esteem, general self-efficacy, and self-control of emotion were found to be positive contributory factors to low aggression, further study will be conducted for the enhancement of these positive coping reinforcements through the development of effective coping skills and anger management programs.

A New Program for Smoking Cessation Using the Internet Outline of the Program to Start Quitting

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PURPOSE: Since 1997 we have been running the internet mediated health support program for quitting smoking; the Smoking Cessation Marathon. Participants were expected to quit from the first day of the program for the rest of their lives. The program consisted of two parts: The program to start quitting (4 weeks) called the first step program and the maintenance program for those who have successfully passed through the introductory program(the second step program). The second step program included educating programs to support other smokers to quit in the subsequent programs. We report here the whole outline and the progress of the first step program.

OUTLINE OF THE FIRST STEP OF THE PROGRAM: The main structure of the program was to support participants in quitting smoking. This step was carried out using email. Almost every day through the mailing list participants were provided with advice on the harmful effects of smoking and on knack of quitting smoking. The participants returned self-reports to the mailing list. Participants having trouble in quitting also sent messages to the mailing list. In return, they received advice from the medical staff and advisers (participants who had successfully quit in earlier programs) within one hour. Participants also were encouraged to send advice to other participants. The first step program was held eight times in this 4 year period. Each time new progress was added to the prior supporting systems based on past participants experiences. For example, guidelines and rules on the mailing-list were announced on the homepage, provision of technical support on sending emails (about 10-20% of participants dropped out of the course in the first step program before the technical support services were provided), the group to group supporting system, divided mailing list system to control the number of e-mails and supporting programs to the advisers. Participants were asked about their smoking status on the final day of the first step program.

RESULTS AND DISCUSSIONS: Although few changes have been made to the medical program, the smoking status on the final day of the program has changed in these four years. At the endpoint of the 1st Marathon, the 56% of the participants had started quitting. After the 5th Marathon, the number was over 90%. The nicotine replacement therapy might be one reason for the rise in number who had quit at the endpoint of the first step program: since 1999 nicotine patches have been available in Japan. The progress of the supporting systems to the participants and the supporting members might be another reason for the results

CONCLUSIONS: Besides the medical program, the progress on the supporting systems on sending and receiving emails might be an important factor in encouraging the participants to quit smoking in internet based program.

A New Program for Smoking Cessation Using the Internet:

The Possibility of Practical Use of Computer Medicated Communication and Community

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PURPOSE: In recent years popularization of the Internet has brought about Computer medicated Communication and Community (CMCC), which has spread throughout people's lives at a rapid speed. This research focuses on the possibility of applying CMCC to medical programs.

The "Internet smoking cessation marathon" started by Dr. Takahashi in 1997, is a CMCC applied medical program which consists of several mailing-lists (ML).

The aim of this research is to make clear the communication patterns of participants in the program. Therefore, this research focuses on communication between participants, rather than on the results of clinical analyses.

The following three questions concerning participants' communication processes were researched.

1) Who are the "Caregivers" in CMCC applied smoking cessation program?
2) Is "Care" provided equally to all participants? Is the program able to provide intensive and individual "Care" to "Re-smokers" (participants who started smoking again during the program)?
3) What are the contents of the "Care" replies that are exchanged between participants?

METHOD: We assumed that the number of reply mails corresponds to the amount of "Care" provided. Quantity analyses were conducted by the following methods.

1) 2859 logs in the "5th smoking cessation marathon" were analyzed quantitatively and the total number of reply mails sent from each of the three groups below were counted. The three groups were: "Participants" (challengers of smoking cessation), "Advisers" (past participants of the program who have succeeded in smoking cessation) and "Medical Staff" (includes doctors and public health nurses).
2) "Participants" were divided into four groups according to their confessions concerning whether they had started smoking again during the program. The amount of "Care" given towards each group were then counted and observed.
3) Based on Content Analysis, 322 samples of reply mail were classified into ten categories. The ten categories were as follows: 1:Empathy, 2:Acceptance, 3:Gratitude, 4:Encouragement 5:Medical Information, 6:Advice from Experience, 7:SOS (seeking assistance), 8:Self-insight (noticing), 9:Decision, 10:Calling Out

RESULTS AND CONCLUSION:

1) 70.5% of the "Caregivers" were "Advisers". Reply-mail from the "Medical Staff" was only 8.7%. This data shows that in this CMCC program, the main "Caregivers" were "Advisers" who had successfully stopped smoking. Most of the care in CMCC applied medical programs is provided throughout community dynamism and not by medical staff.
2) "Care" was concentrated towards participants who confessed to have restarted smoking during the program, compared to participants who achieved smoking cessation without much difficulty. This result shows that CMCC can provide individual and timely care that can respond to participants seeking help.
3) The contents of the messages from "Caregivers" consisted mainly of mental support such as Calling Out or Acceptance. Results also showed that many participants not only took part on the receiving end as patients of the medical program, but also on the giving side as peer-supporters, giving support and aid to those in need. Therefore, many participants proved to be patients with autonomy.

Consequently, we can gather from the above results that the practical use of CMCC in medical programs holds promising possibilities for medical staff, as it allows them to provide timely and continuous care for patients on individual bases.

CMCC applied medical programs can also enhance spontaneous self-help action between patients, and active and autonomous participation of patients can be expected.

Dental Age, a New Index of Dental Health
Part I. Concept and Clinical Application

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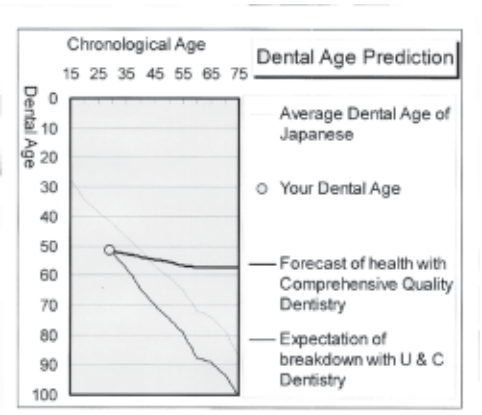
PURPOSE: Dental caries and periodontal disease, the two major oral infectious diseases, are now considered life-style related diseases. We report here on the clinical application of 'dental age,' a new index of dental health which promotes positive change in behavior by patients and better treatment and prevention of dental disease.

THE CONCEPT of DENTAL AGE: Dental caries is the breakdown of the hard tissue in teeth, while periodontal disease is breakdown of the tissue supporting the teeth. In order to measure the severity of these dental diseases, we developed 'dental age,' a scale with a score between 0 and 100, indicating the severity of breakdown of the hard or supporting tissues.
The concept of dental age aids patients, who generally do not fully recognize the extent of their dental disease, in understanding the severity of breakdown of dental/periodontal tissues by providing a number similar to mental and physical ages. Dental age score is obtained by fully evaluating the severity of breakdown using a 6-rank scale (0 to 5). The condition of each remaining tooth is scored using an 11-rank scale (0 to 10), and a score of 10.7 is added per missing tooth. Dental age is calculated using these scores.

STATISTICAL ANALYSIS of DENTAL AGE: We evaluated the dental age of 1825 patients and obtained the average dental age of each class, and plotted a graph of dental age against chronological age to exhibit the average course of change in dental diseases over time. We also evaluated change over time in the dental age of patients undergoing quality dentistry in Namikawa Dental Office in order to evaluate the course of dental health of such patients.

BENEFITS of CLINICAL USE of 'DENTAL AGE':



1) Patients can understand the severity of dental caries or periodontal disease by comparing their dental age with their chronological age.
2) Patients can know whether or not they are susceptible to dental caries or periodontal disease by comparing their own dental age with the average dental age of patients in the same chronological age group.
3) Dentists can predict the course of dental health of a patient if he/she continues his/her life style and undergoes usual & customaryl dental treatment, based on the patient's history and the typical change over time in dental health in Japanese patients.
4) The data obtained from patients who undergo quality dentistry in Namaikawa Dental Office to maintain good dental health demonstrate that quality dentistry yields a good dental health prognosis.

DISCUSSION: The most important strategies for prevention of dental caries and periodontal disease include administering appropriate treatment, maintaining a favorable life style, and conducting a continuous maintenance program. Counseling is an effective way to promote change in behavior by patients. Specialists in the Namikawa Dental Office are encouraging patients to visit the office by themselves, to acquire good dental hygiene, and to visit the clinic for re-calls with the use of health counseling techniques, and by appropriately informing patients of the severity of symptoms and insensible signs of dental/periodontal tissue breakdown.

Dental Age, a New Index of Dental Health

Part II. Validation of Inter-rater Agreement of Evaluation of Tissue Breakdown

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PURPOSE: Dental age, a new multipurpose dental index we have developed to ensure that patients voluntarily undergo appropriate dental care, continue behaviors that maintain good dental hygiene and continue undergoing a maintenance program, can be applied to many areas of dental practice including counseling. Dental age, as measured using a 6-rank scale, will increase if favorable inter-rater agreement among dentists can be obtained in assessment of tissue breakdown. In this study, we used kappa statistics to evaluate the changes in inter-rater agreement before and after training.

METHODS: Dental age is calculated on the basis of the severity of deterioration of hard tissue of the teeth and supporting tissue, rated accurately using a 6-rank scale between 0 and 5. In this study, 3 dentists evaluated a total of 100 X-ray photographs of the upper right central incisor and those of the lower left first molar, and kappa statistics in the ratings between each two of the three dentists were calculated. Dentists assessed the photographs individually in separate rooms to avoid being influenced by the scoring of the other dentists. The dentists evaluated the photographs three times: they underwent a briefing concerning the evaluation criteria before the first evaluation, fully calibrated the evaluation criteria before the second evaluation conducted 2 days after the first evaluation, and thoroughly discussed the evaluation criteria before the third evaluation, which was conducted the day after the second evaluation. The one hundred photographs were shuffled before each evaluation and for the second and third evaluations, and some of the photographs were replaced by new ones.

RESULTS:

1) The average kappa statistic obtained in evaluation of the hard tissue of the upper right central incisor was 17 points higher in the second than in the first evaluation, and 4 points higher in the third than in the second evaluation. The average kappa statistic was 71% for the third evaluation.
2) The average kappa statistic obtained in evaluation of the hard tissue of the lower left first molar was 7 points lower in the second than in the first evaluation, but 12 points higher in the third evaluation (79%) than in the second evaluation.
3) The average kappa statistic obtained in evaluation of the supporting tissue of the upper right central incisor was 23 points higher in the second than in the first evaluation, and 8 points higher in the third evaluation (60%) than in the second evaluation.
4) In the evaluation of the supporting tissue of the lower left first molar, the average kappa statistic was 3 points higher in the second than in the first evaluation, and 20 points higher in the third (55%) than in the second evaluation.

DISCUSSION:

1) Assessment of the hard tissues exhibited a high degree of consistency. The kappa statistic for the third evaluation of the lower left first molar was nearly 80%, the level representing perfect agreement.
2) The kappa statistics for evaluation of the supporting tissues were somewhat lower than those for the hard tissues, but did increase as the number of evaluations increased: the average kappa statistic in the third evaluation exceeded 50%, a level higher than that indicating reliability of agreement.

CONCLUSION: The above results suggest that inter-rater agreement may increase to a reliable level provided that training sufficient to understand the evaluation criteria is provided. We conclude that dental age is a reliable index for the severity of tissue breakdown.

A Study on Factors Relating to Subjective QOL and Self-determination of Dialysis Patients

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OBJECTIVE: The purpose of this research is to offer a covariance structural analysis concerning dialysis patients' subjective QOL, and to clarify the factors that promote or disturb dialysis patients' QOL.

RESEARCH:
1. Method: Self-administered questionnaires.
2. Size of study: Distributed to 307 dialysis patients, 251 of them collected, 245 analyzed.
3. Study locations: Kanazawa City, Koufu City, Kawasaki City, Shinjukuku, The Tokyo Association of Kidney Disease Patients.
4. Duration of study: August and October, 1999.

RESULTS: The satisfaction scale of life on dialysis and KDQOL strongly correlated with the self-esteem scale, the self-acceptance scale, the self-determination scale for hemodialysis patients, the self-rating depression scale(SDS), and the helplessness scale.

CONCLUSION: The main results were as follows:
1. The covariance structural analysis shows that the dialysis patients' subjective QOL was related to their self-evaluation.
2. The self- evaluation was related to the length of time on dialysis and to experiences of powerlessness.
3. The self-evaluation was strongly related to individual self-esteem and to self-rated depression.
4. Self-determination of dialysis patients was not related to improvement in their subjective QOL.

Oral Presentations II

Group C

Alternative Medicine, Psychotherapy and Health Behavior

Group D

Joint Session with RC49, ISA on Integrated

Approaches to Mental Health

August 25, 2001

Environmental Health Activity Using a Horticultural Therapy Program to help People, Including Certified Pollution Victims: Concentrating on Program's Management

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PURPOSE:
1. Considering the possibility of incorporating redevelopment activities into communities with the provisions of improved health and worthwhile lives for pollution victims and asthmatic children
2. Conducting Horticulture as a therapeutic program for pollution victims and asthmatic children

METHOD: Every year between 1997 to 2000, we hold programs under a clear sense of purpose, contents and evaluative means.
Primary objectives: working over our project's ideas,
contents: getting opinions from experts, evaluating the horticultural therapy program for pollution victims and asthmatic children; reporting activities by horticultural therapists, psychological therapists, nursing students at the university, and so on

RESULTS AND DISCUSSION: Through this program, participants were able to build their knowledge of horticulture and improve their plant cultivation techniques. Participants would spontaneously bring up the topic of how their plants were faring, and enjoyed conversation with other participants.

Apparently many participants also spent time in the garden areas outside of specified activity times. This suggests that participation in this activity encouraged a rewarding individual-nature interchange, and that it was effective in promoting health, making life worthwhile for participants.

CONCLUSION: The horticultural therapy program for pollution victims and asthmatic children achieved its planned activities and goals fairly well. Participants were able to find a positive meaning in their daily recuperation activities. Tasks for the future include: developing a management system meant to broaden and establish these activities, ascertaining the challenges and welfare-related needs entailed in daily recuperation activity, and studying QOL indicators that can appropriately assess the program.

Aroma & Life Review Therapy: Psychological Approaches by Using Essential Oils

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PURPOSE: This is a unique method of Aromatherapy that is combined with psychological therapy, "Life Review". It is applies to an olfactory function connected with the hypothalamus and limbic system, especially the hippocampus, the memory center of the brain. Clients can recollect their memories, accompanied by the associated emotions through smelling the blend of essential oils, which affect the hippocampus. This makes us easily remember not only the past, but also expose the subconsciousness, which is very important for mental and physical health.

METHOD: We used nine blends of essential oils, each extracted from the same parts of plants, such as the flower, resin, roots, and fruit. Clients smell the oils and listened to what the therapist said with closed eyes. They could talk about anything they were feeling. Participants were able to react in their own way so as to be able to find their conflicts, and ways to solve their problems.

RESULTS: This method created quite a good outcome for patients of depression and hyperventilation syndrome. It also led patients to be involved in social activities. Moreover, it produced an interesting outcome for a patient who had neurosis caused by a child rearing. We may have discovered a common odor between scatol and jasmine from her recollections.

DISCUSSION: These results show some possibility for good outcomes by combining this method with cognitive-behavioral therapy: the latter is used for PTSD patients who have atrophy within the hippocampus region, such as systematic desensitization. Moreover, this method may be applicable to other patients with mental health problems. Since many researches have found some relationship between mental diseases and the hippocampus, affecting an olfactory area next to the hippocampus by the smell of essential oils may be effective.

Dog Therapy for Demented Patients

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PURPOSE: The effects of dog therapy for demented patients were investigated through the use of mental state batteries.

METHODS: Subjects were 8 patients admitted in a local nursing home. Their mean age was 84.8 ± 7.0; 4 were DAT patients, and the others were MID patients. Mental state tests included the apathy scale, the irritability scale, the depression scale, the activity of daily living and mini-mental state examination. Dog therapy with two dogs of a Japanese rescue association took place for 1 hour over 4 consecutive days. The patients could touch and observe dogs, and the dogs could interact with the humans.

RESULTS: The results indicated no significant difference in the irritability scale, the depression scale, ADL and MMSE. However, most patients had a good impression of dog therapy, and all improved their apathy state.

CONCLUSION: These results suggest that dog therapy influences the mental state of demented patients

“There-Being” in the Clinical World from the Integrated View Point

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PURPOSE: Even if a human body as a material body could be analyzed using the method of modern medical science from the mechanistic viewpoint, we could not comprehend a whole human being. I would like to try to consider how we should comprehend a whole human being as a life living in this real world.

METHOD: Thus, the question is, how should we regard a real human being in the clinical world? First, I want to examine the present condition in the clinical world because of the popularity of complementary and alternative medicine which makes up for modern medical science.
Next, I will try to think about the different ways of comprehending the whole human being of modern medical science on the one hand, and complementary and alternative medicine on the other.
Finally, I will make the concept of “There-Being” clearer according to the theory of inclusive whole being in Jaspers’ philosophy.

RESULTS AND DISCUSSION: As for the clinical world•Cshould we be satisfied with the modern medical scientific position of analyzing a human being as a machine, and thereby immediately diagnosing it? Perhaps this method is inadequate. Because medical science alone is insufficient to comprehend a whole person, people need complementary and alternative medicine and so they prosper. In the clinical world, we must learn the way of thinking of holistic health in complementary and alternative medicine. Furthermore, we must comprehend a human being from many different aspects, as in Jaspers’ concept of inclusive being; “There-Being”.

CONCLUSION•F Medical science alone cannot explain the whole human being. It is necessary to be freed from the viewpoint of scientific method, and instead to adopt the philosophical viewpoint of whole there-being. The true nature of the human being who holds to the possibility of the soul which is hard to deny becomes clear by there-being. Thus, a human being need not despair of death, but instead can have hope. We cannot comprehend the human being merely as a machine, but as a there-being which has a soul.

On the Altruistic Meaning of Illness

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PURPOSE: This paper aims to reconsider the social role of patients or people with illness to evaluate their hidden altruistic contribution to the lives of healthy people. We know that every day some people become ill, while others stay healthy. We usually take it for granted that there is no relationship between the two phenomena at all, because we generally see ill people only from an individualistic or microscopic daily-life standpoint.

METHOD AND DISCUSSION: Many people believe that the main cause of illness is unhealthy lifestyle choices such as drinking, smoking or working too much, and that ill people only have themselves to blame. Another example is abortion. Many medical techniques have directly killed ill fetuses because they will allegedly have 'unhappy and wrongful lives' or they will waste 'enormous and useless expenses on medicine.' An extreme form of this popular idea is called "victim-blaming ideology" in sociology.

However, once reconsider the matter from a macroscopic standpoint, illness can be perceived as an altruistic act. For example, the average incidence of Down syndrome in babies is 1/1,000 in Japan. Statistically, therefore, if anyone of a thousand babies undertakes the illness, the other 999 babies can escape suffering from the same illness. In this context, there is a close relationship between those with illness and those without, because healthy people cannot be healthy without others being ill. That is to say, the healthy are saved by the ill. This is the altruistic meaning of illness.

CONCLUSION: My paper is an introduction to this idea, which provides a powerful position against the popular "victim-blaming ideology." In the altruistic position, the ill are neither useless nor nuisance, but they are playing a great part in society. The healthy, therefore, must repay this great kindness. This might be an ethical origin for medicine.

Education as a Step to Socialization

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PURPOSE: It is obvious that the foundation of mental health lies in the family: It is in the relations between all family members, and closely connected with the process of socialization. However, this link is double-sided. School and university are also agents of socialization. This presentation is about issues in the choice of education. The problem of mental health is not so narrow as to be restricted to physicians and psychologists, but should be examined by sociologists and teachers as well. I am referring to the following aspect of the training process: the creation of healthy situations during classes at school and in the university. One of the most important approaches in it is professionalism of teachers (with additional psychological education).

METHOD AND DISCUSSION: The changes in Russian economy that took place during last 10 years influenced the educational system, as social problems and needs affect the whole system. There are several ways to analyze these changes; we will research the process of choosing school or university. The main agents of socialization are family (parents), persons of the same age, and school or university. The last one is the most important for my presentation. At present, parents or teenagers have the opportunity to choose their future education based on their financial opportunities or ethnic points of view. Saratov is an intercultural center. About 16 nationalities live in this region, with a total population of over 1 million people. For example, there is a large community of Tatars, and according to their needs a Tatar gymnasia was founded some years ago. The curriculum consists of common school subjects, but children can also learn their native language and history, as well as gaining religious knowledge. There are some schools that specialize in language teaching. The majority of them teach English as the primary foreign language; German and French are the minority. This concerns high school as well: The majority of parents want their children to study English, because they believe it will help them in their future careers. That the kind of inequality that takes placed within the Stratification in contemporary Russian society. In analyzing the parents' choice of school for their children, we can see that the most financially well-off families send their children to specialized schools (which are called 'more prestigious'). Entrance exams in such schools are necessary for children of only 7 or 8years. If the child fails, the patients are told that he is not gifted enough to study there. After such a conclusion, parents usually have a type of psychological stress, which may influence their relations with the child. A similar situation occurs in choosing universities: the difference is in the age of children and their reaction to parental interference. Nowadays, the most popular universities are: Academy of Law, Medical academy, Classic University. It is important to mention the aspect of gender in the decision. Traditionally it has been believed that boys are more successful in exact sciences, and girls in humanities. However, there are of course a lot of exceptions. The level of knowledge also plays role in choosing the university. There is a good opportunity for those who are unsure of their knowledge to improve it, and to enter the university they want. I mean colleges and lyceums. Most universities and academies have additional courses for pupils (at a price) to master the main subjects that will allow them to pass the entrance exams. This narrow specialization helps pupils a lot. Those parents who are not sure of the knowledge level of their children agree to pay for these courses.

CONCLUSION: All these viewpoints should be examined according to the examples that will be used in the presentation.

The Touch-Education Program in Fundamental Nursing Training

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PURPOSE:

1) To present a touch-education program in the fundamental nurse-training curriculum.
2) To investigate the learning status of nursing students in this program.

METHOD: We conducted this trial program with the nursing students at O city University College of Nursing from the first to the third year, 1998 to 2000. We examined the learning situation of touch-education from the students' written statements and themes of their presentation, etc.

THE TOUCH-EDUCATION PROGRAM: For all first-year students, we used an exercise named "Relaxation and Touch". For the second-year students, we used two elective exercises: "Relaxation and Touch", and "Hand Massage using Aroma Oil". In addition, the students created poster presentations on the theme of touch. Third-year students were asked to cover case studies about touch.

RESULTS AND DISCUSSION: The first-year student program created some feelings concerning relaxation. In total, 32/ 80 second-year students took part in the exercise, and 17 students (53.0%) wrote down their impressions of it. From a total of 38 elements, 13 items, including "have some interests" and "want to learn more deeply", were classified. Among the themes of the poster presentations were touching patients, such as at the time of some operations, and during chemotherapies. The students seemed to try to use touch in their nursing practice independently.

Nine out of 78 third-year students selected touch as the theme of their case studies. There were various clinical practice fields, including adult, pediatric, maternal, and psychiatric/mental health nursing.

CONCLUSION: We believe that the touch-education program encouraged the students to educate themselves on the subject and to implement touch into their nursing-care.

Integrated Approaches to Oral Health in Type 2 Diabetics

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PURPOSE: Although it has been taught that diabetic control is beneficial to control of periodontal disease, little exists the literature to support this conclusion, in which the researcher has examined the relationship between singular behavioral factors and periodontal status. The aim of this study was to examine the simultaneous interrelationships among selected medical/dental variables and 5 behavior components with general health behavior (GHB), perceived fatigue (PF), diet control (DC), regular diet (RD) and dental behavioral inventory (HU-DBI) scores, using data from a study of 102 type 2 diabetic patients.

METHOD: A hypothesized model was tested by the LISREL program.

RESULTS AND DISCUSSION: There was a significant correlation between oral health behavior and calculus accumulation (r= 0.399; $P<0.001$). Correlations were found between calculus and periodontal status measured by gingivitis index and probing pocket depth (r= 0.232; $P<0.05$, r= 0.279; $P<0.01$, respectively). The final model after some revisions was found to be consistent with the data ($\chi^2= 55.0$, df= 47, $P= 0.197$; GFI= 0.922). Oral health behavior affected periodontal status through its effect on calculus but not plaque accumulation. General health behavior had significant effects on oral health behavior and diet behavior ($P<0.05$ and $P<0.001$ respectively). Diet behavior affected both plaque accumulation and metabolic control ($P<0.05$ and $P<0.01$ respectively). However, the result was the virtual absence of a significant pass coefficient between metabolic control and periodontal status.

CONCLUSION: The severity of the two diseases seemed to be connected indirectly - through health behaviors such as diet behavior and oral health behavior. It would be useful to both physicians and dentists if they could work in concert to support behavioral management of type 2 diabetic patients.

Integration of Strategies Upgrading a Mental Health Programme

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PURPOSE: The District Mental Health Programme currently being administered in selected districts in India merits attention. The Mental Health Team, consisting of a psychiatrist, clinical psychologist, psychiatric social worker and psychiatric nurse, along with additional paraprofessionals and volunteers from a variety of disciplines, plays a very important role in mental health detection, treatment and psychosocial rehabilitation.

METHOD AND DISCUSSION: Community based mental health care is getting attention. "Santhvanam," a community psychiatry project in Kerala has achieved world-wide recognition. The integration of strategies includes administrative and legal intervention, development of support communication strategies, therapeutic communication, management of information systems, social work practice, pharmacological intervention and treatment, intervention by social development organizations and Non Governmental Organizations, psycho-social rehabilitation, and social and economic integration.

CONCLUSION: The present study is a contribution to social psychiatry and psychosocial rehabilitation. The findings can be used to promote mental health programmes. The study is designed as a contribution to the United Nations International year on Mental Health 2001. The District Mental Health Programme promotes community psychiatry. It provides coverage for selected primary health centres, Community Heath Centres and Taluk Hospitals. It tries to care for all the mentally ill in the district through community and N.G.O. participation. This work has reduced the stigma attached to mental illness and increased stable recovery and psychosocial rehabilitation. Our hope is for a disease-free Life Expectancy for the population.

Deinstitutionalization of Mental Health Care: Issues in Integrated Approach to Health

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PURPOSE: The familial expectations of former mental patients are dependent on the type of family structure in which they were once members. a patient's role within his or her family may be retained during treatment only if there is no one else to perform the same role.If a male is dominant in a family and another figure takes up the role formerly performed by the male patient, this will cause the performance level of such a patient to be low, and the adjustment mechanism to be poor. This is a major problem resulting from institutionalized therapy of mental illness.

METHOD AND DISCUSSION: This paper therefore reviews various therapeutic systems and examines those most beneficial for proper adjustment of patients. Available data reveals that institutionalized measures worsen patients' conditions, making them lose their social identities in the family setting as well as the larger society; Rather than being integrated into the family, they become psychologically alienated after discharge.

CONCLUSION: A comparative analysis of data shows that family-based treatment helps integrate the patients after discharge, as well as protecting their social identity.

Holistic Life Science-Study as *Japonological* Epistemology (*wa-gaku*):

Self-integration through Behavioral Science in *wa-go*

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PURPOSE: <Establishment of Life Science-study in Japanese medical Culture> Traditional western dualism, including holistic approach, attempts to integrate matter and mind for human health. On the other hand, the Japanese concept わ , 和 ,*(WA)*, or harmony, already includes the idea of integration, which helps us understand holistic integrated medicines as personal Self-integration. This presentation will focus on an experiential training method to raise awareness of Self-integration.

METHOD: <Original training program of holistic Self- integration through experiential learning workshop>1.**Self-Awareness:** The concept of Life *vs.* Japanese *INOCHI,* 2. **Paradigm-shift:** Bio- ethics & Social Consensus; discovering answers, 3. **Five Senses:** *FURUMAI* (behavior), medical care as Human Relations Communication, 4. ***IROHA*-poem Workshop:** Japan/Japanese people & Language, 5. **Aura-soma:** Image of Dying, 生産看死 , 4 stages of personal medical care, 6. **The seventh spiritual sense:** Life Science, Life Fantasy & Life Style in oneself.

RESULTS AND DISCUSSION: Trainees have reported a widened image of life and death, a deeper understanding of consensus, and an awareness of westernized Japan in modern life and intellectual education, which has led to a gap between mind and body, or segregation: As well, they have re-introduced spirituality into their dialog. The keywords are: 1.Holistic movement in Japan (1980's West to East, 1990's Alternative medicine, 2000's Self-integrated autonomy), 2.*INOCHI*, Japanese integrated word and concepts, 3. Definition of Health and Spirituality, 4. Life Science & Japanese culture 5. *wa-gaku(Japonologie)* 6.Coraboration of Science, Technology & Religion for modern people's health.

CONCLUSION: <Self-Integration as Holistic integration, Life Science study as [*japonologie*], Spirituality is the power of integration found in harmony, and Health as the balanced state of modern science & religion> One of the perspectives of holistic integrated approaches to Health is self-integration & the reconstruction of academics (Life science) through Japanese culture. A powerful Japanese image to take us beyond two dimensional dualism is the cross—an intersection of fire and water(*WA* in wa-go, 火水 *KAMI* in ancient Japanese letters) – a Self integration. **In Japanese medical humanistic education, the definition of spirituality will be also reconsidered and reconstructed.**

Psychocorrection by Means of Music as a New Branch of Modern Psychotherapy

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Music patterns contribute to considerable changes in a human state of mind, health, and social interrelations. However, nowadays there are only a few professional attempts being made in this direction. There are two basic causes for this situation. 1. Narrow specialization: psychologists and sociologists usually do not have sufficient professional knowledge in the field of music; musicians, for their part, are unfamiliar with psychological and sociological theories; practitioners are, as a rule, separated from theory scholars. 2. Considerable informative disconnection between the investigations in different countries.

The aim of this paper is to deliver the first integrated, practically oriented interdisciplinary approach to this problem which combines music theory, music cognition, and practical psychology.

This study examined some of the most influential patterns both of the classical and contemporary music language. This paper presents the scientific methodology for selection of basic communicative music patterns; trance elements; synaesthetical components in music listening; music examples for getting psychological resources in both toning up and relaxing; and types of music compositions which could promote improved self-concept by means of positive thinking.

This approach gives opportunities for wide music-psychological correction. It shows that music may be effectively applied not only for clinic purposes (as it is used in the frame of music therapy), but also for a social psycho-correction based on creative, imaginary, and holistic thinking.

The significance of the presented approach consists of the possibility of the immediate practical outcome of its basic ideas. One possible application is the establishment of “music self-improvement” seminars in high schools and colleges. This possibility is based on the expectation that many laws of the perception of musical language discovered during my investigation, will turn out to be important for other communicative structures too.

Mental Health and Social Support/Stress: Issues of Measurement and Analysis

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PURPOSE: This article deals with methodological considerations that involve the causes, mediators, and consequences of the stress process.

METHOD AND DISUCUSSION: There was concern with the validity of empirical results and the logic of theoretical reasoning behind them, the article articulates a modified validity (MV) requirement and conditions for achieving them in a specific relational setting.

CONCLUSION: By treating measurement and analysis as an integral topic and utilizing the Chen Approaches to Unidimensionalized Scaling (CAUS), a multiple and systematic approach to measurement effectiveness (ME) is illustrated with the use of empirical data. The relationship btween stress, social support, and health-related constructs (e.g., functioning, well-being, quality of life, and depression as a specific mental health condition) is acheived.

Key words: stress, social support, depression, Modified Validity (MV), Measurement Effectiveness (ME)

SAT Counseling for Temporomandibuler Disorder (TMD)

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PURPOSE: Psychological as well as physiological assessment is required in temporomandibuler disorder (TMD) treatment. In order to discuss the possibility of using health counseling clinically for TMD treatment, the counseling process was divided into three steps and each step of the process was timed and assessed.

PATIENTS AND METHOD: 33 patients (mean; 30.1 years), 31 female and 2 male, who visited Meitetu Hospital with complaints of TMD symptoms were counseled using Structured Association Technique (SAT). Their informed consent was obtained prior to their participation in the study. The counseling process was divided into three steps : Step-1 was to support awareness of relationship between the symptom and the suppressed emotion; Step-2 was to support strengthening of perceived self-efficacy; Step-3 was to support personality modification. The time required for each step was measured in minutes.

RESULTS AND DISCUSSION: The average time required for step-1, step-2 and step-3 was 11.5 (33 cases), 28.3 (7 cases) and 56.7 (3 cases) minutes, respectively. Awareness of the relation between suppressed emotion and TMD symptom (step-1) causes effective stress coping behavior, whereby, the sociopsycological factors associated with TMD decline. In case of low self-efficacy, self-image association technique and healing image technique are used to support strengthening self-efficacy (step-2). Step-1 corresponds to a 'prevention and treatment' health care model and step-2 and 3 correspond to a 'symbiosis and growth' model. Clinically speaking, step-1 is usually considered sufficient for TMD treatment.

CONCLUSION: It is possible and advantageous to apply clinically SAT counseling in TMD treatment.

Nursing and Mental Health of Parents and Children in Japan

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PURPOSE : To research new understandings of human growth and how they relate to mental, physical and social health in infant nursing breast feeding in Japan.

METHOD: I analyzed why mothers in Japan feel stress while nursing, and how the condition of their children may relate to the experience of stress. I used perspectives from social studies, psychology, women's study, and ethics. I also referred to my own experiences as a working mother. Many mothers express their opinions on the internet, which is a good resource for this type of research.

RESULTS AND DISCUSSION: The study reflects the bad condition of mothers' mental, physical and social health in Japan. They often only nurse alone and are socially isolated, so they cannot enjoy their mothering. They believe they should be good mothers by devoting themselves to their children.

The isolation of family from society is the main origin of the troubles, as well as the loss of relations with the natural and social environment. Thirdly, fathers in Japan have very little concern their children's nursing. They cannot understand their wives' real condition or help, because they work too much. And finally, we do not have a common ideal and purpose for nursing and educating children, because of a lack of human ideals.

CONCLUSION: To solve the nursing difficulties, it is important to foster understandings about the total growth of humanity, and to restore mutual relations between mother and father, parents and children, family and society, humans and nature. I wish to suggest new understandings of human beings within a standpoint of wholistic human development.

HIV Infection and Mental Health: Psychological and Neuropsychiatric Outcomes in Industrialized and Developing Countries

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PURPOSE: Since the first AIDS diagnosis in the early 80s, clinicians and researchers have documented HIV/AIDS effects on patient's mental health. A wide range of debilitating and sometimes fatal psychosocial, psychological, and neurological consequences of the illness have been reported including loss of social support, anxiety, depression, dementia, and suicide.

METHOD AND DISCUSSION: Psychiatric problems are more likely to occur in vulnerable persons as a consequence of the interaction between the individual, the stressor, and accessible social and emotional supports. Mental health disorders often emerge at two points in the illness: when a diagnosis is made and when symptoms appear or become more severe. Definitive studies (Katz, 1992; Beevor and Catalán, 1993, Wortly et. al., 1995) confirm that for most individuals, the psychiatric distress associated with notification of seropositivity is of mild to moderate severity and of limited duration. After infection, there is usually a long period (ten years or more) of asymptomatic illness. This period of good health allows the person to adjust to their diagnosis. The great majority of investigations of HIV asymptomatics with a valid seronegative comparison group find few differences in psychological distress between the two groups (Catalán et. al., 1995; Kalichman, 1995).

CONCLUSION: Many studies (Tross, et. al., 1987; Passik et. al., 1995; Bialer et. al., 1996) have shown that the emergence of symptomatic disease, the worsening of HIV symptoms, and the progression to full-blown AIDS are associated with a wide range of mental health problems. Frequent diagnoses in symptomatics include organic brain syndromes (dementia and delirium), major depression, substance abuse, poor adjustment to declining health, and relational issues with partners and family members. In the terminal stages of AIDS, there is frequently an increase in neuropsychiatric and other mental distress. These changes are partly the outcome of brain impairment, but they also can be attributed to the loss of autonomy associated with declining health.

(Video Presentation)

Poster Presentations

August 24-26, 2001

P-1

Subjective QOL of Children with Severe Motor and Intellectual Disabilities

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PURPOSE: It is difficult to understand children with severe disabilities, so we tried to assess subjective quality of life (QOL) by interviewing their parents who had brought up and lost them.

METHOD: Eleven parents (6 mothers and 5 fathers) of 6 children with severe motor and intellectual disabilities(SMID) were asked questions regarding expressions of their emotions, their influences on other people and so on.

RESULTS AND DISCUSSION: All of the children expressed their needs and choices in various capable ways, such as a smile, brightness of their faces or eyes, physical tensing and relaxation. “After she did something she likes, the face looked brighter and the eyes seemed powerful.” “She was willing to eat her favorite food such as a cake or a pudding, and choked when served something she didn’t like.” They exerted much influence on parents and relatives, such as “She had been guiding her parents even after she died.” “About 500 people attend her funeral, and they said thank you to the diseased child. We were very surprised to find that our child had moved a lot of people who were related to her.” These things seemed to be the roles they fulfilled in the community. Almost all parents, especially mothers, felt strong sadness when they lost their children.” I felt rootless,I felt that she and I had been in one body and my life ended when she died.” The mothers had been supporting the children's health and daily activities. So the mothers had lived closely with the children. In a sense, the mother and the child seemed to own their QOL jointly. And most of parents considered bringing up their handicapped children as a positive and valuable experience, and 5 out of 6 mothers have a negative attitude toward prenatal diagnosis which leads to denial of QOL of the children with severe disabilities.

CONCLUSION: By interviewing parents, we could assess the subjective QOL of childrenwith SMID. Therefore, this method is thought to be useful in studying QOL of children with SMID.

P-2

Social QOL (Quality of Life) of Leprosy Patients

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PURPOSE: QOL of persons with physical disabilities is unstable and difficult to assess correctly. Social QOL, however, can be objectively decided or assessed through relationships in local communities. This survey tried to gain an insight into the Social QOL for the disabled.

METHOD: The interview survey was implemented for 189 patients/ex-patients (male: 58.4%, female: 41.6%, respectively) of leprosy. The survey questionnaire includes demographic data and economic status, as well as health-specific data and QOL questionnaires for social relationships. The QOL items were designed for the survey, and partly referred to WHO-QOL.

RESULT AND DISCUSSION: Leprosy is a communicable disease and hurts the nerves of the patient patieurs will have some fatal physical disabilities like deformities, blindness and so on. Actually, in the leper colony it was found that 38.6% of subjects have physical disabilities like deformities and blindness and that 9.0% have been (partially) corrected with amputation. Their average income is around 2434 baht (approximately 58 US $) per month, one-forth of the average income per month (11200 baht; 1995) in the province where the colony is located. The income generation is quite limited because of lack of physical function. They, however, keep relatively high social QOL. Judging from the binominal tests, they keep good relationships with neighbors and enjoy their lives in the colony although they have few friends around their houses. Social relationships are very significant for the leprosy patients/ex-patients suffering from social stigma.

CONCLUSION: QOL could be assessed by social relationships, not by economic status or physical condition. There is a need for applied research to better definite and understand social QOL.

P-3

Correlation between Alpha Rhythms and Natural Killer Cell Activity During Yogic Respiratory Exercise

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PURPOSE: Yoga is will known as a spiritual exercise originally performed to improve the mental and physical state. Thus proficiency in yoga is considered to induce physiological changes, contributing to human health, especially the promotion of immunocompetence. We examined natural killer cell (NK) activity and electroencephalograph (EEG) before, during, and after yoga exercises.

METHOD: The subjects were healthy Japanese yoga instructors (4 men and 4 women) who had been practicing yoga for several years. A 15-minute yoga exercise called asana, followed by a 15-minute respiratory exercise called pranayama (various specialized respiration methods), and a 20-minute meditation were performed.
Frontal brain rhythms were continuously recorded, accumulating at two second intervals, dividing them into theta, alpha, and beta wave ranges. Abundance and mean amplitude of brain rhythms for these frequency ranges during each exercise were calculated. Blood samples were drawn before and after each exercise to examine NK activity.

RESULTS AND DISCUSSION: The practice of all three exercises studied resulted in increased alpha activity in the brain. There were no apparent changes in NK activity after asana and meditative exercises. During respiratory exercises (pranayama), however, changes in NK activity were observed, positively correlating with increases in alpha frequencies ($r=0.83$, $p<0.02$). This positive correlation may be relatively dependent on the proficiency of these yoga practitioners in creating a stress-free state. The results indicate a certain neuroimmunological are effected by performing this 15-minute respiratory exercise. A stimulation of the respiratory center located in the upper 1/3 of the pons, or a markedly changed blood O2 level caused by extraordinary changes in ventilation, may stimulate the release of a certain neurotransmitter.

CONCLUSION: Behaviors, such as yoga respiratory exercise (pranayama), that activate frontal alpha rhythms may promote both enhanced immune surveillance and mental health.

P-4

Childrearing-Related Anxiety of Mothers with Low-Birth-Weight Infants

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PURPOSE: Recently, new mothers tend to be experiencing increasing anxiety about childrearing. Especially in the case of mothers with low birth-weight infants, neonatal and maternal problems tend to weigh heavily, owing to separation of parent and infant during the neonatal period. We examined the correlation between low birth-weight infants, levels of childrearing-related anxiety, characteristics of mothers and infants, and their childrearing conditions.

METHOD: The research subjects were 73 low birth-weight Japanese infants discharged from the neonatal intensive care unit (NICU) of Shimane Prefectural Central Hospital and their mothers who raised the infants afterward. Of the 73 mothers to whom questionnaires were mailed, 57 (78.1%) sent them back, and their children were examined in this study. Two kinds of State-Trait Anxiety Inventory (STAI) questionnaires were used: (1) A Japanese version consisting of 40 items prepared by Nakazato **(DATE)** and others, to measure levels of anxiety; and, (2) our original form consisting of 15 items (e.g.way of suckling) to investigate the details of the mother's anxiety about caring for her child.
For scoring of the STAI, we followed the methods of Nakazato and others. The mean State-Trait Anxiety scores were obtained for groups classified according to the characteristics of the mother, those of the child, and childcare conditions.

RESULTS AND DISCUSSION: There was no correlation between an infant's physical attributes and the mother's anxiety about infant-care. However, a significant correlation was observed between a mother's age and her anxiety about infant-care. Assistance of specialists, such as NICU staff and public health nurses, is considered to be important for mothers of low-birth-weight infants.

CONCLUSION: We recommend support for and strengthening of a network between mothers of low-birth-weight infants and the specialists.

P-5

Practical Study of a Double-Intention Model

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OBJECTIVE: To date, researchers have reported a number of models for behavioral modification, but only a few reports have been made on practical studies of the double-intention model proposed by Munakata in 1995. In this report, we examined several examples involving actual counseling, focusing on double intention to obtain basic materials to assist in effective behavioral modification.

METHOD: 55 examples of outward and inward intentions (Sex: 15 males, 40 females; Age: teens and younger, 10; 20s, 11; 30s, 20; 40s, 7; 50s and older, 7) were extracted from case studies of clients counseled between January 2000 - March 2001. The examples were chosen in accordance with the ethical guidelines of the Academy for Health Counseling.

RESULTS AND DISCUSSIONS: Fifty-five examples of outward and inward intentions can be classified in the following manner. Outward intentions: Physical symptoms, 5; Psychological symptoms, 12; Behavioral symptoms, 38 and Internal, 44; External, 11; Inward intention: Dependence on others, 24; Suppression of self, 8; Problem avoidance, 4; Feelings of helplessness, 10; Obsessive need to be self-reliant, 8; Other, 1; Affection-starved, 30; Self-denying, 13; Self love, 9; Excessive trust in self, 3. To provide effective assistance in modifying behavior, it is important to help clients become aware of their own inward intention.

CONCLUSION: The outward intentions of which the client is aware are often not the real problem. Individuals responsible for counseling clients should be aware of the various types of inward intention in order to provide effective assistance in modifying behavior.

P-6

"Patient Advocacy" in Sympathetic Double Structure of Family Relations

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PURPOSE: This study was conducted in a small island "Y", in southern Japan, to explore the meaning of patient advocacy in the care of terminally ill elderly patients.

METHOD: This field study used three modes of data collection. They were: 1) interviews with terminally ill elderly patients excluding those with serious dementia or psychiatric diseases, the patients' families, and health professionals; 2) Participant observation; and 3) a survey of community documents.

RESULTS AND DISCUSSION: All data were analyzed in three steps, and the meaning of "patient advocacy " in a social and cultural context emerged as nursing support for patient's QOL and dignity. Abstracted data have named some categories and analyzed by observer's sense based on nursing experience.
Also we tried to verify these analyses with various relevant.

CONCLUSION: The Patient's quality of life and dignity was based on respect for the patient's and the family's values, and understanding of cultural norms of the community. These finding help define "patient advocacy" on island "Y", and described a sympathetic double structure of family relationships.

P-7

Changes in the Preparedness for Death by Japanese Elderly People Over a Five-Year Period

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PURPOSE: The purpose of this study was to investigate changes in the attitudes of aged people in Japan towards their own deaths, based on five years of cross-sectional-method surveying of healthy elderly people on their relative preparedness for death.

METHOD: Questionnaire surveys were conducted with 300 participants from the Senior Citizens' University between 1996 and 2000.

RESULTS: Average age of research subjects was 67, and the sample consisted of almost the same number of male and female participants. 70% of the subjects had a spouse, and 72% have experienced nursing a member of their family until death. The largest number of the subjects cited their own home as the most desirable place to die, from 40% to 50% of participants. Meanwhile, the percentage of subjects who selected a hospital increased from 20% to 30%. The percentage who discussed their ideas of a desirable death and their wishes for funeral arrangements with their families, exceeded 50% from 1998 onwards, compared to only 7% in 1996. The percentage of those who created a list of individuals who should be informed when the participant passed away, increased from 20 to 40% over the course of the study. Initially, few people had put their affairs in order, disposed of unnecessary belongings, or had completed unfinished projects, in 1996, 20% of the 2000 survey subjects answered they had done so. In spite of such increases, the percentage who had prepared a will remained at around 8% for the five years. 80% talked about death with dignity and were knowledgeable about diseases; 70% spoke about the death of familiar person; and 61% spoke about how they wish to be treated if they become terminally ill.

DISCUSSION: The results of this study show that although knowledge about preparation for death has spread, elderly people are not sufficiently motivated to actively make preparations for death. Therefore, it is necessary to provide senior citizens with continuing education that gives them opportunity to think of life in a way that also encompasses death.

P-8

The Differences of Their Action between Expert Nurses and Beginner Nurses on the Patients Situation

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PURPOSE: The major goal of this research was to explored the structure of thinking processes specific to nursing. This preliminary study report examines the differences between the actions of expert and beginner nurses in patients situations.

METHOD: This study was designed using an inductive approach. Semi-structured interviews and Participant observasion with VTR were used for five expert nurses and six begginner nurses .

RESULT AND DISCUSSION: There were many differences in nurse-patient interactions. Those differences were follows: a) while expert nurses initially said “excuse me!” to all patients in a room, beginner nurses were silent and began to observe patients one by one, b) while expert nurses made their own judgments based on their own observasions of the patients, considering their past conditions, beginner nurses always observed patients based on the checklist of the unit, and did not make their own judgments, c) while expert nurses’ interactions were natural, beginner nurses’ interaction were protective, d) while expert nurses had the skills to figure out patients’ paticular health problems, beginner nurses did not have those skills. It was supposed that the actions of expert nurses were developed through experience. Quantitative methods should be used to explore these experiences in future research.

CONCLUSION: The skills of expert nurses would be more explored to identify the nursing-specific structure of thinking process.

P-9

Choosing the Next Living Space for Elderly People in Long-Term Hospitalization: The Cognition of Elderly People Aged 75 and Over, and Their Children's Generation

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PURPOSE: The purpose of this report is to find how elderly people who have been in long-term care facilities, and their children, decide on the next living space for the elderly person and determine the direction of nursing care.

METHOD: The subjects of this qualitative research are 5 individuals aged 75 and over, who are being in long-term hospital care, without a clear expression of intention for home treatment. The informants are the elderly people themselves, each of their children and and each child's partner, as principal supporters consenting to participate in this research. Three to six focused interviews about determining the next living space were held. The data is made up of the participant observation and recording data.

RESULTS: The results of the examination were that two subjects agreed upon the next living space, while three did not. The core aspects of the decision process were the "image of the fixated self, family and relation of the family". These aspects consisted of being "a captive to the past" and the "occurrence to symbolize relations with the family". The choice and decision are not only affected by facing "changing myself and the family", but also by the core aspects detailed above. Namely, the decision was produced by the unique family history. The living space was decided by agreeing to an ideal, "the support of the old parent as it should be", "repute from outside the family", and "the change in expectation of responsibility for myself and the family". This decision sometimes was done with the agreement of elderly people and their children. However, it was more concerned with the core aspects and the sense of responsibility; "facing changing myself and the family".

This research directs a lot of concern towards family relationships, while other studies often concentrate on the physical imperfections of medical care and the individual sense of responsibility. This report discusses that the traits, in a field of a Japanese rural district, not having the problems of the living space, and having strong ties with the community and high rate of staying with the parent, also are reflected.

P-10

The Relationship between Strategies of Coping with Diabetes-Related Distress and Metabolic Control

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PURPOSE: The purpose of this study was to identify relationships between coping with diabetes-related distress and metabolic control in Japanese type2 diabetic patients.

METHOD: The subjects were 187 type2 diabetic outpatients (mean age=61.0, male/female: 119/68) who filled out questionnaires on diabetes-related distress and coping strategies and underwent HbA1c testing at a clinic appointment. Eight coping strategies—"planning", "confrontation", "seeking social support", "accountability, "self-control", "escape", "distance" and "focusing on the positive"—were examined. They included both problem-oriented and emotional-focused coping, using the Stress Coping Inventory. We classified metabolic control into two groups, "poor-metabolic control (HbA1c>8%)" and "good-metabolic control (HbA1c<8%)", and compared these for coping strategies.

RESULTS: The score for emotional-focused coping was significantly higher in the poor-metabolic control group than in the good-metabolic control group ($p<.05$). In 8 coping strategies, the scores for "self-control", "escape" and "distance" in the poor-metabolic control group were significantly higher than those in the good-metabolic control group ($p<.05$).

CONCLUSION: The poor-metabolic control patients tended to utilize the strategy of emotional-focused coping, especially "self-control", "escape" and "distance". In Japanese type2 diabetic patients, problem-oriented coping strategies for diabetes-related distress are associated with more successful medical outcomes than emotional-focused ones.

P-11

Parenting a Child with Malignant Disease: An Assessment of Support Needs

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PURPOSE: For parents with a sick child, the greatest concern is the problems that their child faces. Other concerns include severe physical and mental fatigue, the sick child's siblings who are left at home, distrust of medical staff, an emotional gap between husband and wife, school problems, and financial problems. The objective of this study is to determine how parents overcome such problems, to identify needs for further aid, and to analyze the relationship between the problems of families with a sick child and the support given to them. Our aim is to help develop a better support system.

METHODS:

1. A survey was conducted with 37 mothers and 9 fathers who had a child with malignant disease.
2. A questionnaire about their coping with their child's sickness was handed to the possible subjects, and those who consented to answer sent back the completed form anonymously.

RESULTS AND DISCUSSION:

1. We analyzed the sources of support given to parents and their expressed desires for increased support: (1) The support was mostly given by their spouse (56.7%), followed by parents/siblings (52.2%), other mothers of children with malignant disease (41.3%), friends (26.1%), counselors, physicians/nurses, and school. (2) the participants expressed the need for additional support from the hospital follow-up system of by physicians and nurses (80.5%), parents/siblings (23.3%), medical cost aids (19.6%), counseling, friends, spouse, and other mothers of children with malignant disease.
2. Specific problems and support
   Support for the problems of the child, sever physical and mental fatigue, and the sick child's siblings who are left at home were most commonly cited by the spouse, followed by other mothers of children with malignant disease, parents and siblings.
   Support for emotional gap between husband and wife, school problems, financial problems, and complaints against and distrust of medical staff, was mainly given by other mothers of children with malignant disease, parents and siblings.

CONCLUSION: Support within individual networks such as those given by relatives and friends was limited and insufficient. An improved social support system that includes increasing the quality of health care is required.

P-12

Regional Differences of Dietary Habits and Psychological Factors in Young Non-Obese Women

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PURPOSE: I have already showed, in a previous publication, that the prevalence of "latent obesity (LO)" , defined as BMI<25 with % body fat (%Fat) ≧30%, and insulin resistance (IR) had regional differences between two groups of healthy young Japanese female students living in urban and a rural communities, respectively. In the present study I aim to clarify the regional differences according to dietary habits and psychological factors.

METHODS: The subjects were healthy Japanese female college students (19 ± 0.33yer.) who were undergraduates in similar school programs in a large (Tokyo) and small (Shimane prefecture) city, respectively : groups T(n=42) and S(n=73). They were subjected to a food frequency questionnaire, the Tokyo University Egogram test (TEG), the Psychological Stress Response Scale (PSRS) and an original life style questionnaire.

RESULTS: The average Body Mass Index (BMI) in both groups was almost the same. However, IR was significantly higher in T-group than S-group while the prevalence of LO was higher in S-group. In terms of dietary habits, the frequency consumption of pasta, pizza, hamburgers and fried potatoes was significantly higher in T-group than in S-group. These items, correlated with PSRS, consisted of thirteen subscales: four subscales designed to measure emotional response (depressive affect, anxiety, irritation and anger) and TEG showing critical parent, nurturing parent, adult, free child and adapted child scales. Moreover, on TEG the scores on the critical parent and free child were significantly higher in T-group while the score on the adapted child was significantly higher in S-group.

CONCLUSION: These results indicate that dietary habits, PSRS and TEG had regional differences between these two groups of healthy young Japanese female students.

P-13

Human Cloning and Organ Transplantation from Brain Dead Donors: A Reflection of Justice in Health Care Ethics

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PURPOSE: To criticize and refine justice theories in health care ethics.

METHOD: Analogical argument of human cloning and organ transplantation from brain dead donors.

DISCUSSION AND CONCLUSION: Within the classic formal frameworks of bioethics such as the 'four-principle' approach, the argument against human cloning and organ transplantation is insufficiently founded. Autonomy-based libertarian argument in favor of them has seldom found a formidable rival anywhere in these frameworks. The nonmaleficence principle is not dependable, because it has not been successful so far in persuading us that any harm will be done to anyone by human cloning. Even the principles of justice, as far as understood as distributive justice, are silent on this issue, because the practice has not yet become 'scarce medical resources': that is, not yet become available anywhere in the world. This was the case for the Japanese argument against organ transplantation from brain dead donors: it has often been considered a 'cultural issue' about death and dying by both Japanese and Western observers, and has seldom been explained in terms of formal ethical principles. However, it can be understood as a justice argument over whether organs of brain dead donors should be considered as 'public resources'. This broader sense of justice supports anti-cloning arguments in the same manner, which is that before a novel medical procedure becomes available to members of a society, it must be 'entitled' as a medical resource. It is after this entitlement of medical resources that we can discuss its distributive justice, i.e. whom should be entitled as beneficiaries. In this refinement, it should be noted that there is a tension between the essentially narrative structure of justice theories, and traditional premises in social decision making.

P-14

Cancer Patient Care Plans in Japan

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PURPOSE: This research aims to reveal how care plans for different stages of cancer development are developed in Japan, where it is not very common for patients to be informed of cancer diagnosis.

METHOD: Involved in the study were 5 doctors, 12 nurses, and 8 volunteers who lost their partners to cancer. Interviews were recorded with the volunteers' consent and transcribed word for word for later analysis.

RESULTS AND DISCUSSION: The following cancer care plans have been created for the three different stages of cancer development.

Scenario 1: the decision to inform the patient

This scenario concerns whether or not to withhold the diagnosis from the patient following consultation with the family, particularly when the doctor has predicted difficulties in the treatment of the patient.

Even when the doctor believed it appropriate to inform the patient, a plan to withhold the diagnosis was created if there was opposition from the family. In that case, an alternative explanation was produced for the patient, and nurses were requested to act according to this cancer care plan.

Scenario 2: treating the patient

When the patient was not informed of the diagnosis, the doctor proposed a plan of treatment, to which the family agreed. An alternative explanation for the patient was also prepared. If progression or metastasis took place, or if the family judged the treatment ineffective, home remedies were performed by the family.

Scenario 3: caring for the patient's last moments of consciousness

The doctor announces the death to the family just before the patient drops into a coma. It should be neither too early nor too late. The doctor also asks the family whether or not to use a life support machine. To complete the plan, the family expresses their wishes for natural death, painless death, etc.

CONCLUSION: It is assumed that care plans for cancer patients are mainly produced by the doctor and the patient's family, with little participation from the patient or the nurses.

P-15

Horticultural Therapy Programs in Fuku Garden and Osaka Prefectural Habikino Hospital

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PURPOSE: Horticultural therapy is the application of the activity of gardening ,which can be selected and graded to suit individuals and groups of all ages ,interest and abilities.

1: to systematically observe patient's reactions to these gardening activities
2: to understand the utility of these programs as perceived by the patients ,and the problems faced by such programs as well.

METHOD: using a horticultural therapy programs to aid certified pollution victims and asthmatic children

<examples>

client	certified pollution victims	asthmatic children
Program menu	# Press flowers # Transplant into polybags # Make pressed flower cards # Plant out saintpaulia # Plant a cutting of begonia semperflorens # Sow seeds (fine, medium, large)	# Plant strawberries and green peas # Dig beds # Make Christmas lease # Paint gourds # Nature rambles
Evaluation points	Group participation Sitting behaviour Hand and eye coordination using tools Manual dexterity Frustration Concentration Initiative Physical condition Anxiety Conversation with other participants	
place	Fuku Garden(children's play area in Nishiyodogawa's Fuku district)	inside hospital

RESULTS AND DISCUSSION:

Results of questionnaire	Found work satisfactory Interesting Learned watering and how to sow seeds Gained confidence in doing works Started gardening at home	1) Impressions for programs Happy: 25/not happy:1 2) Want to join next programs yes:23/no:,R

CONCLUSION: Horticultural therapy programs gave participants opportunities to care for living things. They had potential for self-reinforcement and motivation.

P-16

Effect of SAT Image Therapy in Psychogenic Visual Disturbance

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BACKGROUND & OBJECTIVE: Increases in the incidence of psychogenic visual disturbance (PVD) may reflect social stresses in Japan. Still an effective treatment has not been established. The purpose of this study is to clarify the characteristics of psychological aspects of PVD, and to evaluate the effects of SAT image therapy in PVD from the standpoint of visual functions and psychological aspects.

MATERIALS & METHODS: Twelve people with cases of PVD were compared with 7 cases of amblyopia (control group) using a variety of psychological measures. The participants were divided into 2 groups: 8 cases treated with the SAT image therapy, another 5 cases treated with conventional therapy. The changes in visual function and psychological characteristics were compared.

RESULTS: The PVD group rated significantly higher on the anxiety tendency scale, and significantly lower on the Self-Esteem Scale and Emotional Support Network Scale than amblyopia. Cases of the SAT image therapy showed significant improvement of visual function i.e. visual acuity, color vision, and visual field, than the cases where conventional therapy was used. Additionally, cases of the SAT image therapy showed significant decreases on the Anxiety Tendency Scale and Self-repression Scale, and increases on the Self-Esteem Scale and Emotional Support Network Scale, than cases treated with conventional therapy.

CONCLUSION: These results suggest that changing the negative image of the past experiential trauma of the SAT image therapy is the most effective in treatment for PVD.

P-17

A Study of Falls in the Japanese Elderly People

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PURPOSE: The purpose of this study was to investigate the relationship of falls to Japanese elderly peoples' background and physical ability.

METHOD: Our research team surveyed over 2794 elderly people over 65 years old in a town in northwest Saitama Prefecture.
Our research team used a questionnaire, and we also measured the subjects' physical abilities. At the beginning of the session, we explained the purpose of the research to the subjects, and we obtained their understanding and consent. We used SPSS Version 10.0 for the analysis.

RESULTS AND DISCUSSION: 1046 participants took both the questionnaire and physical ability measurements. The results are as follows:
1) The average age was 73.5 years old (SD ± 5.46, male: 40.5% Female: 59.5%).
2) 23.1% of participants experienced a fall in the past year, and age was found to relate significantly to the incidences of falling. (Mann-Whitney U test $p<.05$ falls group>non-falls group).
3) A significant difference was found in eyesight between the fall and the non-fall group. (t-test $p<.05$ falls group<non-falls group).
4) A significant difference in QOL scores exists between these two groups (Mann-Whitney U test $p<.05$; falls group<non-falls group).

CONCLUSION: The most significant difference between the falls and non-falls group was related to eyesight. Sight information is a very important factor in the occurrence of elderly people's falls. A QOL score indicated a significant difference on these two groups' life background. There was a difference in quality of life as well as their condition preceding the falls. The results suggest the serious influence that falls have on the quality of elderly peoples' lives. Therefore, it is important to prevent falls for elderly people.

P-18

A Study of the Attitude toward Life among Japanese from the Existential Viewpoint

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PURPOSE: The purpose of the present study is to examine how one's attitude toward life develops with age, from the viewpoint of existential mental health,. The study uses the "Existential Attitude toward Life Inventory(EAL)" based on Frankl's existential analysis. The relationships of EAL to PIL(Purpose in Life Test), self-esteem, self-acceptance and acceptance of one's personal life history were also examined. Furthermore, this study was conducted to investigate factors, including social activities and religion, that cause one to live positively.

METHOD: The respondents were 1695 males and females (M:687,F:1008, from 18 to 88 years old) from a wide geographical area (ten cities) in Japan. Five inventories were employed: EAL(Takai,1999), PIL(Crumbaugh & Maholick,1964), the Rosenberg Self-Esteem(1965), self-acceptance(Miyazawa,1988) and acceptance of one's personal life history (Takai,1996). EAL, which consists of four factors, is a 35 item scale which reveals the degree to which the individual experienced "decision, responsibility, uniqueness" ,"self-worth" ,"self-imposed task" and "intentionality to meaning". An attitude scale of PIL is mainly a scale which reveals the degree to which the individual experienced "purpose and meaning in life". Furthermore, the respondents were asked whether or not they believed in religion, and whether or not they took part in volunteer activities, social activities or self-improvement activities (Group1:yes-yes, Group2:yes-no, Group3:no-yes, Group4:no-no).

RESULTS: For all factors of EAL, the mean scores for both males and females tended to increase with age. The high score groups of EAL were significantly higher than the low score groups in PIL(117.75**>>>82.69**), self-esteem(40.17**>>>30.75**), self-acceptance (94.01**>>>75.37**) and acceptance of one's personal life history(4.26**>>>3.08**) ($p<.001$,tukey). "Self-worth" in EAL showed a significant, strong, positive correlation with self-acceptance(.602) and self-esteem(.585)($p<.001$). In five scales, the mean scores of Group1 were significantly higher than those of the 3 other groups($p<.001$,$p<.01$,tukey). [EAL/PIL(**G1>>>G2>>>G4, G1>>>G3**), self-esteem(**G1>>>G2, G1>>>G4**), self-acceptance(**G1>>>G2, G1>>G3, G1>>>G4, G3>G4**) and acceptance of one's personal life history(**G1>>>G2, G1>>G3, G1>>>4, G2>G4**)]

CONCLUSION: People who lived with "self-worth", strove to find "self-imposed tasks" or self-roles in life and had a sense of "intentionality to meaning" in spite of sufferings, were those who were full of vigor and successful in finding a meaning and goal in life. Furthermore, such people lived with "self-decision and self-responsibility" and were also able to accept their personal life history. It was especially suggested that "self-worth" was an important factor in enhancing the sense of self-acceptance and self-esteem. Social activities—volunteering, etc.-- and religion were also important factors that made life meaningful and mentally healthy for participants.

P-19

Psychosocial Factors Influencing the Mental Health of Children from Chinese One-Child Families: Examining the Implications for High School Students

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OBJECTIVE: This study investigated psychosocial factors underlying the mental health problems assorted with the one-child family policy in China, where society and family situations have been changing rapidly after the instigation of the open-economy policy.

METHOD: Three hundred and ten college-bound high school students in Heilongjiangsheng Harvin responded to a self-administered questionnaire in February, 2000. The subjects were divided into one-child and non one-child group. We analysed correlations among the following factors: general attributes, mental conditions, a General Health Questionnaire (GHQ), personality variables, stressors, and emotional support network. Cause-and-effect relationships between the factors were also analyzed using a Covariance Analysis.

RESULTS: In the one-child group and in the non one-child group, the percentage of individuals with neurotic tendencies was 73% and 39%, and with a tendency towards depression was 80% and 47%, respectively. In the one-child group, trait anxiety, interpersonal dependency, and perceived stressors were significantly higher, but the perceived self-esteem and emotional support from family members were significantly lower than the non one-child group. Among the variables, having siblings correlated significantly with all the measured factors influencing mental health. The results indicated that poor emotional support networks could create low self-esteem, high trait anxiety, strong interpersonal dependency, and could be a cause of increased sensitivity to stressors as well as of worsening mental health.

CONCLUSION: The incidence of mental health related problems was significantly higher in the one-child group than in the non one-child group. It was estimated that having siblings has positive effects on mental health. A strong emotional support network also plays an important role in the promotion of mental conditions, development of a healthy personality, and building positive recognition toward stressors.

P-20

Factors Related to Parenting Efficacy Expectations of Pregnant Women

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PURPOSE: This study was conducted to gauge the impressions of pregnant women regarding their expectations for Parenting Efficacy and to investigate the validity of Parenting Efficacy measurement and related factors.

METHOD: The data were collected from 175 normal pregnant women's replies to the questionnaires. Items cored by the questionnaire were as follows: 1. Demographic factors 2. General Self-Efficacy Scales (GSES: Sakano et al. 1989) 3.revised Parenting-Efficacy scales(PES:Sawada1999b) 4.State Anxiety Inventory(SAI: Minakuchi et al.1991) & Self-rating Depression Scale(SDS:Fukuda1983).

RESULTS AND DISCUSSION: 1.Results regarding Parenting Efficacy expectations in this study were similar to those of previous studies, which confirms this study's internal reliability. 2.Mentally unbalanced pregnant women, whether primipara or multipara, showed low PES scores, a result related to negative impressions of baby care. Multiparous women having a negative impression of their experience with a previous delivery showed a tendency toward mental imbalance and low PES score. These results suggest that PES has validity.

CONCLUSION: The mental condition of pregnant women is influenced by various background factors. Understanding a woman's Parenting Efficacy levels before delivery is an effective means of assessing her thoughts and feelings regarding delivery and baby care.

P-21

Psycho-Social Factors Influencing Condom Use among Female College Students in Japan

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PURPOSE: The purpose of the study is to investigate psycho-social factors influencing condom use among female youth aged between 18 to 24.

METHOD: A self-administered anonymous questionnaire survey was given to female college students attending health education classes in four colleges located in Tokyo and the neighboring area. Data sampling was done from January to March, 2001. The response rate was 96.0%(499/520). The average age of the respondents was 19.3 ± 1.1. 62.7% were sexually active.

RESULTS:
1) 87.8% of the sexually active respondents and 41.3% of those who were not sexually active knew how to use a condom. Of those who had sexual intercourse during past three months, 38.6% reported that they used a condom in every sexual encounter.
2) Factor analysis was completed with seven factors: named, conciliation with their sexual partners' ideas about condom use, saliency for condom use, hassles regarding condom use, negotiation skills, condom use without apprehension for pregnancy, condom purchase,
3) According to the results from multiple regression analysis, among the seven factors derived from factor analysis, saliency for condom use had a statistically significant effect on the frequency of condom use in the past three months; saliency for condom use and condom purchase, on the condom use failure in the past one year; saliency and condom use without pregnancy apprehension, and condom purchase, to intention to use condom in the next sexual act; saliency and purchase, on condom preparation for the next sexual act; conciliation, saliency and condom use without apprehension for pregnancy on suggestion to use condom when the partner himself is not going to use it.

P-22

An Illness Narrative: The Acquisition of Self-Efficacy and Autonomy

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PURPOSE & METHOD:

The purpose of this study was to consider carefully the meanings of narrating our own lived-experience concerning illness, through analyzing one patient's illness narrative. I conducted an intensive interview with a patient with Basedow's disease and chronic hepatitis. The subject was a 29 years old woman. She had had a subtotal thyroidectomy 7 days before, and she was scheduled to leave the hospital next day.

RESULT & DISSCUSSION:

I asked the subject to tell me about the progress of her illness and her own feelings and thoughts regarding her experience. My question was vague, however, I hoped that this would allow her to discuss and explore my area of interest, namely the process of change in her body image, both before and after the subtotal thyroidectomy.

In spite of my intention, the story she told was a different, but clear, narrative. The theme I found throughout her story was "the acquisition of self-efficacy and autonomy".

There were a number of reasons that I saw this as the theme of her narrative: ① an eager desire for social and/or emotional independency from her mother, ② a change in how she confronted her chronic hepatitis, ③ the self-initiated establishment of a supportive relationship with the medical system, and ④ an empowered and empowering hospitalization experience.

Other important factors underlying the interpretation of her illness narrative were: ① the power derived from speaking about our lived-experience to a truly interested, concerned listener, ② the power of time, which can influence progress toward finding meanings in our lived-experience, and ③ the power of illness narratives to help keep life-possibilities open.

1) Satellite Symposium

International Sociological Association, RC49

Japan Academy for Mental Health Sociology

Year 2001 Interim Conference on Integrated Approaches to Mental Health

August 24, 2001

Social Diagnosis, Family Health Counseling and Therapeutic Communication in Social Psychiatry

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PURPOSE: In the present study three important methods of social psychiatry namely Social Diagnosis, Family Health Counseling and Therapeutic Communication are studied with respect to their interventions in improving the quality of life of mental patients . Social diagnosis was first developed by Mary Richmond, the first professional social worker in the year 1917. Social diagnosis is an indepth study of the history of psychosocial situations their continuum and maladjustments in the life of every client. Counseling is a process of trying to understand the problems of the individuals/family and helping to help themselves to prepare him/them to attempt solutions to his/ their problems and modifying their behaviour to desired level for successful social functioning. Family Health Counseling aims at total health and well being of the family. Therapeutic Communication is a process to attain solutions to problems on the basis of indepth communication.

METHOD AND DISCUSSION: The study proposed to strengthen the methods of social psychiatry viz.... Social Diagnosis, Family Health Counseling and Therapeutic Communication to improve the psychosocial situation of families and communities to a desirable level to prevent mental illness, treat mental illness in the family or community setting and to rehabilitate the clients, families and communities. Here a study of 80 mental patients in the family/community setting is attempted. Social Diagnosis, Family Health Counseling and Therapeutic Communication is attempted to improve the psychosocial situation of individual patients, their families and the community setting. The study was conducted using methods of social work research.
Social Diagnosis is possible only through a continuum of depth interviews with the clients and their collateral's. It arrives at the mental health history of every patient, the particular event, the series of mental health/social health events where in the maladjustment or economic, social, emotional or personality problem has crept in.

CONCLUSION: Social Diagnosis, Family Health Counseling and Therapeutic Communication play an important role in the prevention, treatment and rehabilitation of the mentally ill. The paper studies the above interventions on 80 mentally ill in a community based psychosocial rehabilitation programme. The interventions has resulted in improving psychosocial situation in community mental health.

Occupational Anomie of a Semi-Profession?: The Psychiatric Social Worker in South Korea

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Despite the social worker's relatively higher educational background and licensure privilege, they are not yet considered as a full-fledged profession in Korea. Recent legislation of Mental Health Law in the country emphasized roles of three occupational groups in improving public's mental health. They include psychiatric nurses, clinical psychologists, and psychiatric social workers (PSW). The emergence of this law reflected the government recognition of much needed multi-disciplinary approach to mental health. Also, this new legislation clearly opened a new way to the professionalization of social work. Based on the belief that it will become the most promising field of the discipline, many of social work majors at college tend to want to start their career as a PSW. This study conducted in-depth interviews with the earlier cohorts of PSWs who have legal licenses under the new legislation. Unlike their earlier expectation, current PSWs seem to be still in occupational anomie as merely a semi-profession.

A Critique to Psychiatry: Foucault's View on Madness

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Abstract

Foucault advocated breaking all prohibitions that form and guide the development of a normal individual. The fact that madness is lost today means that its implication— both in psychiatric knowledge as well as thought of an anthropological kind— is coming undone. Foucault's lets the silent voice of madness be heard against the discourse of reason and enlightenment which otherwise mutes its silent cry. Foucault's view on madness gives people a new perspective on how so-called madness, mental illness, and deviants in society, are shaped by the professions, history and culture of a particular time and place.

Managing Difficult Patients: Exploring GPs Interpretations of and Responses to 'Revolving Door' Patients

Ian Shaw

This paper is based upon recent research that explores the perceptions GPs have of difficult patients; considered to have mentally illness, and a pattern of care which has come to be termed 'revolving door'. This paper argues that a focus upon the social conditions of such patients can contribute towards an understanding of the revolving door phenomenon. The research also identifies that such patients are regarded as 'dirty work' in primary care and that there is a wide variation in patient management strategies and factors leading to re-referral. The paper also points to social factors that influenced patients help seeking behavior and to problems associated with the medicalization of behaviour that are rooted in social circumstances.

Keywords:
Mental health; primary care; dirty work; revolving door

Background

It is generally acknowledged that adult psychiatric services, if not other types of medical provision find themselves faced with a small number of particularly dependant patients. Within psychiatry these have come to be known as revolving door patients. These are people of a variety of diagnoses who are repeatedly admitted to hospital, yet they are not deemed appropriate for long term institutional care. Characteristically such patients are discharged from hospital with a carefully considered package of community care arrangements which come to grief after a relatively short period of time, and further admission is considered necessary, only for the cycle to repeat itself. The phenomenon of 'revolving door' patient is an important feature of the criticisms made of the practice of caring for people with enduring mental illness away from hospital.

The Cultural Context of Psychiatric Practice in Yoruba

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Culture affects all aspects of human existence. As the perception of illness differs from culture to culture so also healing practices differ. Mental health among the Yoruba is mostly considered a result of 'evil' machinations of their enemies, as well as hereding. As a result, therapy is expected to be rooted traditional and spiritual healing. This paper examins the cultural context of psychiatric practice in order to find out the various cultural practices that promote the practice mental healing. Ethnographic data reveals that belief in witches, charms, idol worship and heredity are the major causes of mental illness. Mental illness is viewed as a special ill health that needs special attention. As a result Western orthodox medicine cannot cure mental illness permanently unless therapy is rooted in the cause. Therefore, there is need for integrative approach to psychiatric practices in order to forestall relapses and promote mental health in this culture specific environment.

Review of Arguments on the Legal Framework for Mentally Disordered Offenders and Security Measures in Japan: 1920's to Today

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PURPOSE: Legal measures for mentally disordered criminals have been so far argued, mainly in the framework of security measures (Sichernde Manaßhmen; measures de sûreté) in Japan. Since the 1980's, however, the trend in arguments has been relatively resistant to the introduction of such legal measures. This was partly because authors recognized that Japanese psychiatry was deficient regarding the normalization and human rights of patients, and preferred medical treatments for mentally disordered offenders. However, the recent school attack by an offender, who purported to have a mental disorder, seems to support the argument for the introduction of sudden legal measures. At this time, it is worth reviewing the arguments on the legal framework for mentally disordered offenders and security measures thus far. In this argument, I examine how crimes by the mentally disordered came to be recognized as a social problem for which some legal action should be taken.

METHOD: A course of the arguments since 1920's on security measures and legal treatments for mentally disordered offenders is examined from a social constructionist viewpoint.

RESULTS AND DISCUSSION: In examining the history of arguments on security measures, it was found that mentally-disordered criminals were neither a central issue, nor considered as problematic at first. Other categories for these measures have been excluded in the course of the debate by the scholars of the new and old school of criminal law.

CONCLUSION: Mentally-disordered criminals came to be seen as a central issue, problematic, and "dangerous and irresponsible", due to the debate on security measures.

HIV Prevention for Homeless Mentally Ill Men in the Midsouth

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PURPOSE:

This study tested an intervention to reduce sexual risk behaviors in a high-risk impaired population: homeless men with mental illness.

METHOD:

One hundred participants were recruited from a psychiatric program currently implemented in two separate shelters for homeless men located in Nashville, Tennessee. The majority were African-American, had a chronic psychotic disorder, and a co-morbid substance use disorder. In a comparison group clinical trial, men were assigned to an experimental cognitive-behavioral or a control intervention and followed up over six months. The experimental intervention, Sex, Games, and Videotapes, SexG (Susser et al., 1994) was comprised of 6 sessions which were specially adapted to the culture and lifestyle of homeless men in Middle Tennessee. The control intervention was also a 6-session HIV education program. Sexual risk behavior was the primary outcome. Repeated measures analysis of variance and covariance techniques tested intervention effects with regard to changes over time in outcome measures for SexG and comparison groups.

RESULT AND DISCUSSION:

Specific contracts comparing SexG and comparison group means at each follow-up point were conducted to assess program effects upon outcome variables. Participants in the SexG intervention, when compared to men in the control group, reported significantly greater declines over time in the most risky types of sex, namely unprotected penile-anal and penile-vaginal sexual intercourse.

CONCLUSION:

This intervention successfully reduced sexual risk behaviors of homeless mentally ill men. Follow-up over 12 months will determine if the effect of the intervention is maintained.

(Video Presentation)

2) Satellite Symposium

International Association of Earth-Environment and Global-Citizen

Kansai Branch of The Japanese Society of Environmental Education

Nature and Enivironmental Education in Canada

August 25, 2001

2) Satellite Symposium

Nature and Environmental Education in Canada

International Association of Earth-Environment and Global-Citizen
Kansai Branch of The Japanese Society of Environmental Education

Lecturer:
Prof. Nancy Turner (Professor, University of Victoria, Canada)
Coordinator:
Prof. Fumiaki Taniguchi (Professor, Konan University, Japan)

Apart from clinical issues, in this Satellite Symposium, lecturer, Prof. Nancy Turner will deliver a lecture entitled “Nature and Environmental Education in Canada”. She will show us some examples of the First Nations’ wisdom on slides.

*We will try to make time free for discussion in this Satellite Symposium.

Optional Tour

August 27, 2001

27th of August (Mon)
Optional Tour

The Fast Cure Facility on Awaji Island
At Goshiki Kenmin Health Village

We can each pursue our own true life-goals and pursuing life-goals does not mean depending upon other people. At the same time we must find relief from our ego. As a result, we can recreate our lives free from other people and from our ego.

In order to actualize our lives we need seven kinds of freedoms: “freedom from society”, “freedom from human relationship”, “freedom from our own personality”, “freedom from our past”, “freedom from loneliness”, “freedom from disease”, “freedom from aging and death”.

Accordingly, we also have five kinds of discoveries to make,as follows:
1. Our living is a medical fact.
2. This medical fact depends upon “infinite gentle Yu (You)”.
3. Death is not the end of our living.
4. Within each of us is a quietness and this is sufficient and wonderful.
5. Climbing our own mountain is the pleasure of life.

Through these points the medical fact that we are living is actualized and realized.

*On 27th of August (Mon), as Optional Tour of the 4th International Conference of Health Behavioral Science, we will visit The Fast Cure Facility on Awaji Island at Goshiki Kenmin Health Village. Also we will have a lecture from Dr. Shingo Sasada, head of The Fast Cure Facility, and go sightseeing on Awaji Island.

Organizations

Organizing Committee

Organizations

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