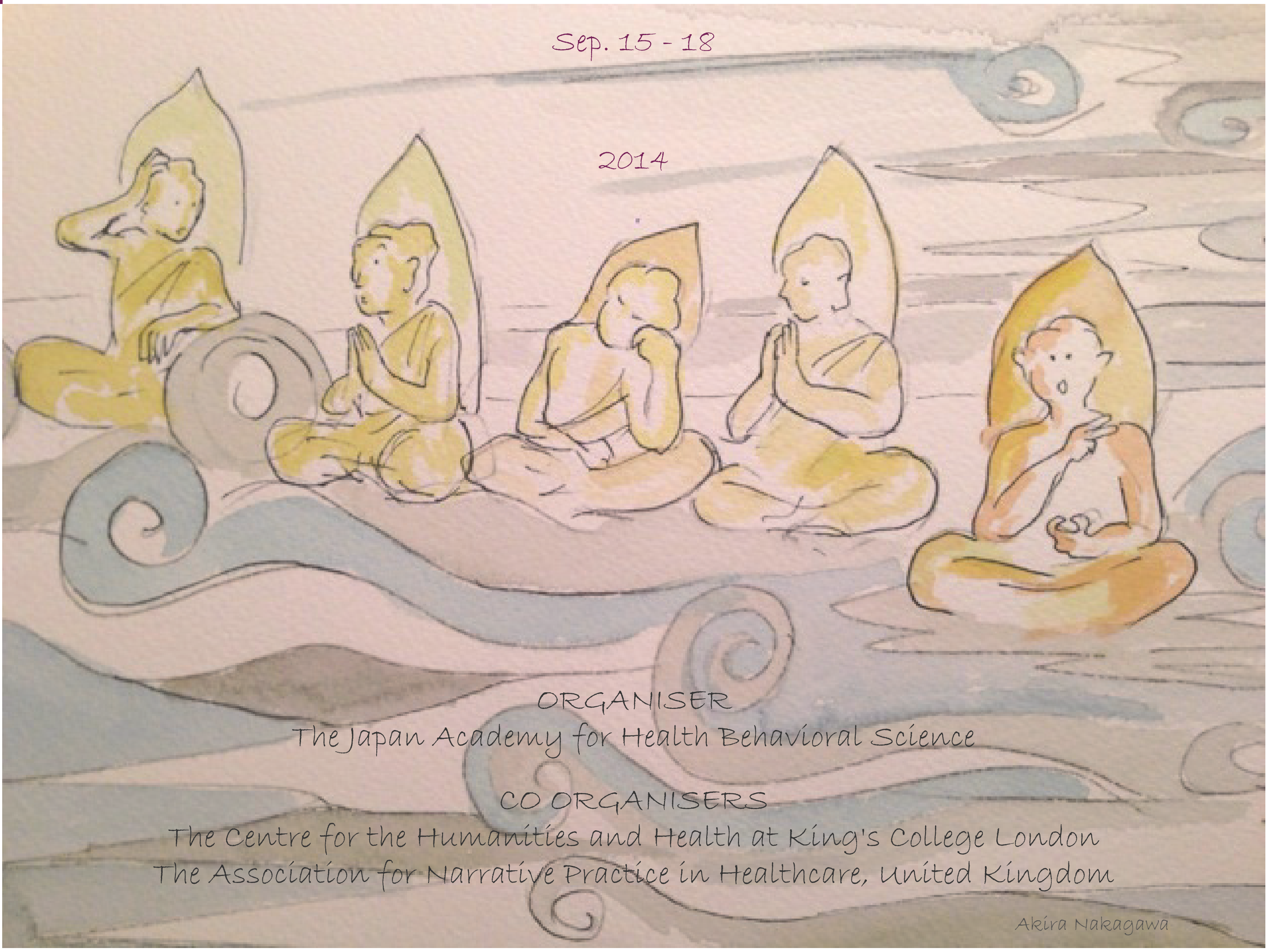
The 7th International Conference of Health Behavioral Science

Narrative and Health Behavioral Science

Conference Program and Abstracts



Sep. 15 - 18

2014

ORGANISER
The Japan Academy for Health Behavioral Science

CO ORGANISERS
The Centre for the Humanities and Health at King's College London
The Association for Narrative Practice in Healthcare, United Kingdom

Akira Nakagawa

Sep 15 & 16, Conference: **St Bride Foundation**, EC4Y 8EQ
Sep 17, Workshop: **Stewart House**, WC1B 5DN

London, United Kingdom

Sep 15 (Mon) ~ 18 (Thu), 2014

Sep 18, Study Visit: **Florence Nightingale Museum**, SE1 7EW
Sep 16, Welcome Party: **Shampers Wine Bar & Restaurant**, W1B 5PE

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Narrative and Health Behavioral Science

Book of Conference Program and Abstracts

The 7th International Conference of Health Behavioral Science
London, United Kingdom, Sep 15-18, 2014

Edited by
Executive Committee for the 7th International Conference of Health Behavioral Science
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c/o Faculty of Health Science, Naragakuen University
3-15-1 Nakatomigaoka, Nara, 631-8524 Japan
Email : info@jahbs.info URL : http://jahbs.info/

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Academic Conference Program

Abstracts

A Word from the Conference President

I am honored to be serving as President of the Japan Academy for Health Behavioral Science (JAHBS) and President of the 7th International Conference of Health Behavioral Science to be held in London, U.K, September 15-18th, 2014.

Basically, the JAHBS has founded in 1986 to develop research and education of behavioral science manly in medical and health sciences.

Since the JAHBS was established in 1986, we have hosted six series of international conferences. A quick review of past themes shows an interesting trend. The 1st International Conference, "A Transcultural Discussion," was held in August 1988 at the Pacific Beach Hotel in Honolulu, Hawaii. The 2nd Conference, "The Health Care Systems, How Should It Be in the 21st Century?," was held in September 1991 at Sophia University in Tokyo. The 3rd Conference, "Crisis Behavior toward Growth and Solidarity," was held in September 1996, also at Sophia University in Tokyo. The 4th Conference, "Integrated Approaches to Health," was held in August 2002, at Konan University in Kobe, and the 5th Conference, "Education on Health and Environment," was held in August 2006 at Phranakhon Rajabhat University in Bangkok. The 6th Conference, "Sustainable Health Promotion," was held in September 2010, at University of Malaya in Kuala Lumpur.

Nowadays, importance of narrative approaches in many fields increase day by day. I have been involved with Narrative Based Medicine area of study since I started research thanks to the cooperation of my colleagues, Dr. Brian Hurwitz, Dr. John Launer and Dr. Trisha Greenhalgh.

This time, we will provide narrative workshop as well as academic lectures and presentations. Please join us for an experience of workshop and make use of it for your life, and meet new colleagues, find renewal, practice self-care, and enjoy the sites of this beautiful city and country.

Akira Nakagawa, M.D.

President of the Japan Academy for Health Behavioral Science

President of the 7th International Conference of Health Behavioral Science

Time Table and Venues of Conference

＜Mon, Sep. 15, 2014＞

Pre Study (For Japanese Participants) ･･･ (Abstract p8)

Venue: **St Bride Foundation**, Bride Lane Fleet Street, London, EC4Y 8EQ

[Salisbury room]

15:00 Registration **[Salisbury room]**
15:30 Introduction to the British healthcare system by Dr. Akira Naito **[Salisbury room]**
16:50 Closing note (Finish 17:00) **[Salisbury room]**

＜Tue, Sep. 16, 2014＞

Academic Conference

Venue: **St Bride Foundation**, Bride Lane Fleet Street, London, EC4Y 8EQ

[Bridewell Hall], **[Farringdon Room]** and **[Salisbury room]**

09:00 Registration (with coffee and biscuits) **[Farringdon Room]**
　Setting up posters by presenters * **[Farringdon Room]**
　* Pins for attaching posters (papers) will be available at the venue (Farringdon Room).
09:30 Opening greetings with housekeeping announcement (15mins) **[Bridewell Hall]**
09:45 Keynote speech 1 by Prof. Akira Nakagawa (p9) (30mins) **[Bridewell Hall]**
10:15 Keynote speech 2 by Prof. Brian Hurwitz (p10) (45mins) **[Bridewell Hall]**
11:00 Special speech by Dr. Neil Vickers (p11) (45mins) **[Bridewell Hall]**
11:45 Lunch (Sandwiches and fruits with drinks) (60mins) **[Farringdon Room]**
　Poster viewing time (60mins) **[Farringdon Room]**
12:45 Oral presentations (p14 – 22) (15mins presentation + 5mins discussion) (80mins)
　7sessions in two venues in parallel **[Bridewell Hall]** and **[Salisbury room]**
14:05 Coffee break (10mins) **[Farringdon Room]**
14:15 Poster discussion time ** (p24 – 67) (17 sessions) (90mins) **[Farringdon Room]**
　** Presenters must be available for discussion at their own posters during above discussion time.
　Taking down posters by presenters (Until 16:50)
15:45 Trial session for art of healing by Prof. Takayuki Yoshioka (p12) (15mins) **[Bridewell Hall]**
16:00 Plenary reflections on oral and poster sessions (30mins) **[Bridewell Hall]**
16:30 Closing note (Finish 16:40) **[Bridewell Hall]**

＜Tue, Sep. 16, 2014＞

Welcome Party

Venue: **Shampers Wine Bar & Restaurant**, 4 Kingly Street, Soho, London, W1B 5PE

19:30 **Welcome party** (Finish 21:30)

＜Wed, Sep. 17, 2014＞

Clinical Workshop ··· (Abstract p68)

Venue: **Stewart House**, 32 Russell Square, London, WC1B 5DN

[Auditorium] and [3 Break Out Rooms]

Conversations Inviting Change: Narrative Medicine in Clinical Practice

Facilitators: Dr. John Launer, Dr. Sarah Divall, Dr. Serena North, Dr. David Wheeler
Japanese translation: Dr. Akira Naito

09:00 Registration [In front of Auditorium]
09:15 Introduction and welcome by Dr. John Launer (30mins) [Auditorium]
09:45 Warm up exercise (15mins) [Auditorium]
10:00 Introduction to theory (45mins) [Auditorium]
10:45 Demonstration (45mins) [Auditorium]
11:30 Discussion (Small group work) (30mins) [Break out rooms]
12:00 Plenary (15mins) [Auditorium]
12:15 Lunch (105mins) [Eat locally]
14:00 Review of the day so far (15mins) [Auditorium]
14:15 Skills practice (Small group work) (Tea taken in groups) (120mins) [Break out rooms]
16:15 Plenary and evaluation (45mins) [Auditorium]
17:00 Finish

＜Thu, Sep. 18, 2014＞

Study Visit

Venue: **Florence Nightingale Museum**, 2 Lambeth Palace Road, London, SE1 7EW

10:20 ~~09:50~~ Registration [Entrance of the Florence Nightingale Museum]
10:30 ~~10:00~~ Study visit to the Florence Nightingale Museum with a Japanese-speaking guide (Finish ~~12:00~~)
12:30

Plenary Session

＜**Tue, Sep. 16, 2014**, Academic conference day＞

Venue: St Bride Foundation, Bride Lane Fleet Street, London, EC4Y 8EQ

[Bridewell Hall]

(09:30 – 09:45) [Bridewell Hall]
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Prof. Brian Hurwitz (Vice President of the 7th International Conference of Health Behavioral Science)

(09:45 – 10:15) [Bridewell Hall] Chair: Brian Hurwitz
Keynote Speech 1･･･ p9
About Reciprocal Story Telling Method
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Prof. Brian Hurwitz (King's College London, United Kingdom)

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The Adverse Childhood Experiences (ACE) Study and Its Implications for the Study of Illness Narrative
Dr. Neil Vickers (King's College London, United Kingdom)

*** *** *** *** *** *** ***

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Art of Healing: Development of the Multimedia Therapy System for Expression of Sensitivity and Image (the Virtual Feeling Arts System) and Application to a Palliative Care Program
Prof. Takayuki Yoshioka (Nara Gakuen University, Japan), *et al.*

(16:00 – 16:40) [Bridewell Hall]
Plenary Reflections & Closing Note
Prof. Akira Nakagawa (President of the 7th International Conference of Health Behavioral Science)
Prof. Brian Hurwitz (Vice President of the 7th International Conference of Health Behavioral Science)

Oral Presentations

＜**Tue, Sep. 16, 2014**, Academic conference day＞

Venue: St Bride Foundation, Bride Lane Fleet Street, London, EC4Y 8EQ

[Bridewell Hall] and [Salisbury room]
2 Venues in Parallel

20mins (15mins Presentation + 5mins Discussion) per Session

[Bridewell Hall] (12:45 – 14:05) 20mins x 4 Sessions

Chair: Brian Hurwitz

(12:45 – 13:05)
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Ryoko Michinobu (Sapporo Medical University, Sapporo, Japan)

(13:05 – 13:25)
OP-02･･･ p16
Small Stories in the Clinic: A Sociolinguistic Approach to Narrative Medicine
Maria Vaccaerlla (King's College London, United Kingdom)

(13:25 – 13:45)
OP-03･･･ p17
Children’s View towards Death and External Influences on Its Maturation
Jiyu Kelly Lim (Imperial College London, United Kingdom)

(13:45 – 14:05)
OP- 04･･･ p18
What I Have Gained from the Medical Humanities’ as a Doctor from Japan
Ryoko Narui (King's College London, United Kingdom)

[Salisbury room] (12:45 – 13:45) 20mins x 3 Sessions

Chair: Naoyasu Motomura

(12:45 – 13:05)
OP-05･･･ p19
Anorexia Is Reading Disorder: Understanding the Pro-Anorexia Phenomenon as a Textual Contagion
Emma Seaber (King's College London, United Kingdom)

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Naoyasu Motomura (Osaka Medical College, Osaka, Japan)

(13:25 – 13:45)
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＜**Tue, Sep. 16, 2014**, Academic conference day＞

Venue: St Bride Foundation, Bride Lane Fleet Street, London, EC4Y 8EQ

[Farringdon Room]

09:00 – 09:30 Setting Up Posters by Presenters (30mins) *
***** Pins for attaching posters (papers) will be available at the venue (Farringdon Room).

11:45 – 12:45 Poster Viewing with Lunch (60mins)

14:15 – 15:45 Poster Discussion Time (90mins) **
****** Presenters must be available for discussion at their own posters during above discussion time.

15:45 – 16:50 Taking Down Posters by Presenters

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Mitsuru Moriya (Health Sciences University of Hokkaido, Sapporo, Japan), Kiyomi Inoue (Kobe Tokiwa University, Kobe, Japan), Miho Kawashima (Japanese Red Cross Toyota College of Nursing, Aichi, Japan) , *et al.*

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Pre Study

Introduction to the British Healthcare System

Akira Naito
Sussex Partnership NHS Foundation Trust, London, United Kingdom

I would like to explain the British healthcare system and setting in comparison with Japanese system, particularly around the reality of mental healthcare practice as part of the “community movement” or “recovery model.” The lecture will be followed by Q & A session for the purpose of preparing for the following binational Narrative based medicine conference at the Kings College and workshop for the Conversations Inviting Change, Narrative Medicine in Clinical Practice.

英国の医療システムの紹介

内藤　亮
Sussex Partnership NHS Foundation Trust, London, United Kingdom

英国の医療システムの簡単な紹介、特に精神科医療の現状と、現在進行形で進んでいる「施設の中での『医療』」から「地域の中での『ケア』」への変遷とその背後の思想的背景の紹介を行い、その後、質疑応答を通して、学会とワークショップの準備としての英国システムの理解を促したいと思います。

Keynote

Speech 1

About Reciprocal Story Telling Method

Akira Nakagawa
Faculty of Health Science, Nara Gakuen University, Nara, Japan

Key words: evidence based medicine (EBM), narrative, story telling

I felt that, it is not enough for the change of behavior that the patient understands his or her disease medically.

Quite a few people who are eating or drinking too much to cope with the troubles or something unpleasant cannot stop their overeating even after suffering from diabetes, hyperlipidemia or cirrhosis. They say “we know we this is not good for our health, but we cannot stop it.”

I got to think that the patients have their own view points about their diseases, and we need to start to cope with these.

Therefore, I started to attempt to take the view points of narrative based medicine into the medical care in my style.

Firstly, I took the stance just to listening to the patients from my side. But front of the doctor who is a medical professional, they cowered and rarely told about their diseases. Then I exercises ingenuity a little. I made a suggestion to write a story together. The lead character is a person on whom we can see the patients themselves, but I didn’t notice it to them clearly. In most cases, my patients hesitates to join there.

But when I write an interesting story as the beginning, they wrote the following part with interest. Of course we need not to no write about the reality because it is just a fiction. I just suggested to write an interesting story together as a fiction. Thus, many stories have come out and we discussed looking back them and those processes were therapeutic.

Keynote

Speech 2

How a New History of Tremblings, Agitations and Shaking Was Fashioned in 1817

Brian Hurwitz
The Centre for the Humanities and Health at King's College London, United Kingdom

James Parkinson's *Essay on the Shaking Palsy* (1817) is considered the foundational text of the disease which now bears his name. This talk will show how the *Essay* radically re-formulated a diverse array of human dysmobilities as a single disease. Parkinson incorporated medical observation with a clear focus on patient experience and subjectivity into a deeply affecting narrative, fusing clinical and urban case-descriptions – people he saw in his consulting room and on the streets of London - into a new 'natural history' of a condition. The effect was to recast earlier descriptions of trembling, posture and gait disorder within a new narrative order. Hardly any clinical examination, as we know it today, undergirds Parkinson's account. This seminar will focus on what clinicians can gain from reading the *Essay* today.

Special

Speech

The Adverse Childhood Experiences (ACE) Study and Its Implications for the Study of Illness Narrative

Neil Vickers
The Centre for the Humanities and Health at King's College London, United Kingdom

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations in the world to study the associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. In this talk I consider some of the findings of the ACE team and ask whether it might create a new role for literary memoirs in medical research.

Trial

Session

Art of Healing: Development of the Multimedia Therapy System for Expression of Sensitivity and Image (the Virtual Feeling Arts System) and Application to a Palliative Care Program

Takayuki Yoshioka [1] Shizue Suzuki [2] Koji Egawa [2] Atsuko Uchinuno [3] Kiyoko Ikegawa [2]
Yoshihiro Kitamura [4] Akio Toshima [4]
1. Faculty of Health Science, Nara Gakuen University, Japan
2. Kobe City College of Nursing, Japan
3. College of Nursing Art and Science, University of Hyogo, Japan
4. Feeling Arts Academy, Japan

Key words: healing, expression of image, holistic nursing, multimedia therapy, palliative care

Feeling Arts 1) 2) 3) is an integrative, experiential art created by a contemporary artist Yoshihiro Kitamura, who combined paintings with illumination and music. Under the themes such as earth, universe, life and celestial world, by casting lights of various colors with illumination controller upon a huge canvas on which an abstract image is painted, subtle shades are created on the painting, giving it a sense of movement. With soothing beautiful music, singing voice or natural sounds, there emerges healing space. The audience is allowed to freely create and develop their own imagery or thoughts with varied sense of feelings such as deep emotion, comfort, and hope. In other words, it can be described as unified art form where a painting, lights, sounds, and humans interacting with one another. Late Yonezo Nakagawa, the first president of the Japan Academy for Health Behavioral Science suggested calling the Art, Art of Healing “Feeling Arts”.

Feeling Arts performances, including speeches 1) 4) were first presented in medical and welfare facilities in 1989, and after the Great Hansin Earthquake in 1995, the performances were actively given at temporary housing units or evacuation centers in the devastated area. Ever since, Mr. Yoshihiro Kitamura and his volunteer team have been continuously giving public exhibitions at facilities for the elderly; children’s institutions; medical, welfare, and educational facilities (including hospices); and natural-disaster-affected areas at grass-roots level, which amounts to 100 times a year (1060 times in total from April, 2004 to July, 2014). Mr. Kitamura and Dr. Takayuki Yoshioka have also been giving overseas performances at the facilities of the same kind, and workshops for the staffs of those facilities, nearly 50 times in total in thirteen countries, namely Germany, Bangladesh, Canada, Thailand, the United States, China, Indonesia, Kenya, Vietnam, Korea, Pakistan, Finland, and the Philippines. They have also been giving the exhibitions at disaster-affected areas by the Great East Japan Earthquake in 2011.

The impact of experiencing Feeling Arts is described as follows: (1) Feeling Arts inspires each audience to freely create and express his/her own imageries accompanied by subjective, positive feelings such as “deep emotion”, “comfort” and “hope”, all of which give healing effects 2) 5). (2) From narrative therapeutic point of view, Feeling Arts is also effective in prompting an individual to externalize his/her hidden problem through free imagery creation, which leads them to re-write his/her story into better and more positive ones with pleasurable feelings.5) (3) Although Feeling Arts presentations normally take a style of workshop addressing to a group of people, the audience are allowed to envision and express individual images freely. They are able to share (resonate) their individual feelings and images while a group as a whole creates harmonious, synergetic atmosphere, which enhances the healing effects.4) (4) Exposure to Feeling Arts brings people objective relaxation and anxiety-reducing effects from physiological and psychological aspects. 6) 7) Furthermore, at the Feeling Arts workshop in Tucson in 2002 under the auspices of Dr. Andrew Weil’s Program in Integrative Medicine at University of Arizona, Dr. Weil found the experience of viewing Feeling Arts to be meditative and relaxing, and he commented: “I believe that this kind of presentation for the eye, ear and mind has great therapeutic potential and could be useful for many kinds of patients.”

In the previous exhibitions and workshops, the staffs who have experienced the Feeling Arts performance, have often mentioned a request for applying Feeling Arts to clinical care. Some of the staffs have longed to apply it to nursing care, especially in the area of palliative care.

In this work, we have just developed the multimedia therapy system for expression of sensitivity and image (the Virtual Feeling Arts System) based on new multimedia technologies and knowledge of above-mentioned practices and works of Feeling Arts. In the Virtual Feeling Arts System, original pictures of Feeling Arts converted into special video signals by the new technologies.

We think the Virtual Feeling Arts System is easily available to a clinical care program as one of the holistic therapy, especially to a palliative care program. We will examine the impact of experiencing the Virtual Feeling Arts as the multimedia therapy for the palliative care program.

This work was supported by the following “Grant-in-Aid for Scientific Research (KAKENHI)” of “(Japan Society for the Promotion of Science (JSPS)”.

Grant Number: 24390493; Title of a Research Project: Development of the Multimedia Therapy System for Expression of Sensitivity and Image, and Application to a Palliative Care Program; Research Category: Grant-in-Aid for Scientific Research (B); Research Period: 2012-2014 (3 years); Eligible costs (direct costs) of the research: ¥13,200,000 (￡76,600)

References

1) Feeling Arts official web site, http://www.e-feelingarts.net/

2) Yoshihiro Kitamura: Art and medical treatment: “Feeling Arts as healing art”. *Japanese Journal of Health Behavioral Science*, 16, 104-115, 2001.

3) Yoshihiro Kitamura, Takayuki Yoshioka and Yasushi Ikawa: Feeling Arts as material for universal healing. *International Journal of Experimental, Clinical and Behavioural Gerontology, Book of Abstracts, The 17th World Congress of the International Association of Gerontology (Vancouver, Canada)*, 47(suppl. 1), p514, 2001

4) Yoshihiro Kitamura and Takayuki Yoshioka: Art of Healing and Sensitivity: Feeling Arts in *“Impact of Visual Information over Emotion”*, Tsutomu Sugawara, Hajime Daitoh, and Yoshihide Nakai eds. Renaissance Kyoto 21, Series of the five senses IV, Office M, Nagano, pp45-81, 2009

5) Yoshihiro Kitamura, and Takayuki Yoshioka: Narrative and art on health and medicine: “Feeling Arts” as a Narrative Therapy. Japanese Journal of Health Behavioral Science, 22, 77-91, 2007

6) Takayuki Yoshioka, Natsuki Ikeda, Kimiko Hiramatsu and Yoshihiro Kitamura: Basic study on the clinical application of “Feeling Arts” as a healing method with a biofeedback approach. *Proceedings of the 6th International Conference of Health Behavioral Science: Sustainable Health Promotion, Executive Committee of the 6th International Conference of Health Behavioral Science 2010 (Kuala Lumpur)*, 156-158, 2011

7) Takayuki Yoshioka, Yoshihiro Kitamura, Shigeaki Hinohara, Eiko Chikamori and Yoshichika Kawaguchi: Physiological and psychological assessment of relaxation effects on “Feeling Arts” as a healing method. *Japanese Journal of Health Behavioral Science*, 27, 226-239, 2012

Above references of “2), 4), 5) and 7)” can be downloaded from the Feeling Arts official web site “http://www.e-feelingarts.net/eng_dwn_l.htm” (English only).

Oral Presentation

OP-01

Beyond Narrative: An Autistic Child's Bodily Representation of His Life

Ryoko Michinobu, PhD, MPH
Sapporo Medical University, Sapporo, Japan

Key words: autism, child, body, life, representation

There is an ongoing trend toward the use of narrative in medicine and social science research. Both in England and Japan, researchers collect narratives of those who have chronic diseases, those who are handicapped, those who reach the terminal stage in their illness and so on. Both researchers and clinicians show deep understanding of the lives of such people with great compassion towards them. Narrative in medicine has the power to make clinicians attentive to the everyday sorrows and hopes of the patients for whom they care. A good example of the application of narrative in clinical practice comes from DIPEx in England. It has had a strong impact in Japan also, exemplified by the successful creation of databases of "Narratives of health and illness" (DIPEx Japan) and "Experiences of cancer patients" (a project led by the Aomori prefectural government).

Narrative has huge potential to promote humane care in clinical practice and researchers should further explore its significance. Once we consider the role and significance of narrative in everyday life, we soon realize how partial narrative is in overall human communication. Ordinarily, people do not talk much about their experiences openly, especially experiences of pain, sorrow and suffering due to their illness or disability. They may show their deep emotions to persons whom they rely on, including the medical staff in charge, but the experience of chronic illness and disability is in many cases too personal to share with others.

Therefore, although the DIPEx project and numerous other narrative approaches have had a significant role in encouraging patients who have subdued a desire to openly talk about their experiences, we first need to explore the many ways that human beings express themselves, while remembering that many people are usually rather taciturn and feel comfortable being so. We then have to critically reflect on the fact that the modern society places strong emphasis on verbal clarity and logical explanation in human communication, which has led to a primary interest in words rather than other forms of bodily expression.

In this presentation, I postulate that human beings have a rich repertoire of methods for expression of their thoughts and feelings, of which "utterance" is one form, not superior or inferior to other forms of expression. Based on this premise, I examine an autistic child's school life in a school located in a small island in the northern part of Japan. I specifically explore the ways in which his body, rather than his utterances, expresses his life, and how his bodily interaction/non-interaction with other persons at the school creates his life-world within the school. I emphasize that all expression of "life" comes from one's body and what is expressed by the voice, from the throat of the person, has to be understood in light of the whole range of bodily expression.

口頭発表

OP-01

語りをこえて—自閉症の子どもの身体から見えてくる「生」

道信良子
札幌医科大学

キーワード: 自閉症，子ども，身体，生，表現

近年、慢性の病いや重い障がいをもつ人びとの語りを集め、病いや障がいをもって生きることの苦悩や、そこから見出す希望など、その体験の全体を、語りをとおして理解しようという動きが、臨床の現場や、研究の現場でも広く見られるようになった。英国で生まれたDIPExは、日本国内においても広く影響を及ぼしている。がん患者や認知症の人びとの語りをまとめた「健康と病いの語り」(健康と病いの語りディペックス・ジャパン)や青森県で行われている「がん患者の体験」(青森県がん体験談データベース構築プロジェクト)などがその一例である。

ところが、人びとの日常生活のなかで、語りの意義をとらえなおしてみると、語りがあらわすものの小ささに気づかされる。一般に人びとは自分の体験を饒舌に語ることはしないし、重い病いや障がいをもっていることは語られないことのほうが多い。それゆえ、英国から発信されたDIPExの取り組みには声にならない声をひろいあげて世の中に知らせるという大きな意義があった。しかし、人間は多くのことをあえて語らず、それはことばにしなくとも、互いに理解する方法があるからであり、現代社会は、語らなければ理解されないことが多くなっていると、仮定することはできないだろうか。

本発表では、日本の北に位置する小さな島で出会った自閉症の少年の学校生活の場面をとおして、その少年の身体がその少年の「生」を語り、その少年とまわりの人びととの身体的行為のやりとりによって、その少年の「生の空間」がつむがれていくようすをみていく。

太君（仮名）は、小学四年生で、特別支援学級にひとりいる。担任の先生もひとりで、太君の身のまわりの世話と、国語、算数、理科、社会を担当している。音楽、体育、総合学習の時間は他の四年生と一緒に行動する。全校朝礼や掃除など全校児童が集まる時間にも一緒になる。

太君は大勢が集まる場所が苦手で、音楽の時間には音楽室の隅に、体育の時間には体育館の隅にからだを丸めてうずくまってしまう。ある日の音楽の時間、四年生は秋の学芸会のリハーサルをしていた。太鼓、木琴、鉄筋、アコーディオン、笛、タンバリンなどいろいろな楽器をパートごとに練習し始めた。太君は音楽室の片隅にかけより、両手で耳をふさぎ、小さく縮こまった。四年生は練習を続ける。太君はさらに小さくなっていく。そして、担任の先生が目を話した隙に、ついに音楽室から抜け出した。

掃除もひとりでする。その日は、児童がトランポリンや卓球をして過ごす大ホールで、床にモップをかけていた。太君はジャージのズボンを無造作に腰にひっかけていたので、モップを引くたびにズボンがずれた。担任の先生はそのたびに、ズボンを引き上げて、太君の後ろをついて歩いた。二人とも無言だった。ときおり先生が、「ここもきちんとかけるんだよ」と穏やかに言った。すると、太君はだまって、その指された場所にモップをかけた。

太君の声にならない声を私たちはどのように理解したらよいだろうか。担任の先生も、他の先生も、他の児童たちも、太君に話すことを求めない。太君は何も語らないが、その学校の児童としてそこに受け入れられている。まわりが受容しているのはその存在である。そして、その身体から発せられるさまざまなメッセージをまわりの人たちが受けとめる方法をもっている。本発表では、太君と先生や他の児童とのやりとりを省察し、人間の表現の方法のすべては身体の延長線上にあり、声を通して発せられるもの(語り)はその一部であるということを改めて考える。

Oral Presentation

OP-02

Small Stories in the Clinic: A Sociolinguistic Approach to Narrative Medicine

Maria Vaccaerlla
King's College London, United Kingdom

This paper addresses the occurrence of “small stories” (Bamberg and Georgakopoulou 2008) in follow-up medical appointments, in the attempt to shed light on how sociolinguistic approaches to narrative analysis can contribute to the development of narrative medicine training and practice. Small stories occur in ongoing conversations, usually to support or expand on an argumentative point: their structure differs from elicited narratives (e.g. during history-taking in first medical appointments), a preferred focus of narrative medicine research so far.

Drawing from a sample of 20 consultations in the Outpatient Epilepsy Clinic at King’s College Hospital in London, I will analyse how and when small stories function as argumentative devices in the negotiation of treatment options, in addition to performing their most common task of identity construction. I will also explain how small stories often function as important cues to patients’ adherence behaviour. Consequently, I will suggest that some basic knowledge of sociolinguistic approaches to narrative analysis will greatly refine doctors’ training in mindful listening, as well as sharpen their therapeutic reasoning, in line with the rationale of narrative medicine.

Oral Presentation

OP-03

Children’s View towards Death and External Influences on Its Maturation

Jiyu Kelly Lim
Imperial College London, United Kingdom

Abstract

As the concept of death is not an intrinsic knowledge, we have to be taught about it. Our perception about death, unique to individual, changes dramatically as we grow older ? research has shown that although the notion of death does not exist in children under the age of 3, by the age of 7, most develop a mature understanding of death.

I have investigated the diverse views towards the end of life that differ between age groups, cultures and religions, and how it is portrayed in media, in particular Disney films and storybooks for children. Following research, I produced a children’s book for an audience aged 4 to 9, aiming to introduce the basic principles of death ? irreversibility, universality, non-functionality and causality ? and the stages of grief and loss, in the hope of aiding children form a balanced comprehension about the end of life.

Introduction

As soon as we are born, we begin to live ? we breathe, eat, drink and excrete. Instincts for life are pre-installed to our brain, but the concept of the end of it, death, which is as common and important as life, has to be acquired from external sources. Influenced by the surrounding environment, including direct exposure to literature, art, films and death itself, as well as abstractions such as cultures and religions, we develop our unique perception of death as we grow up.

As medical professionals it may not be within our authority to interfere with the patients’ own perception of death, but it is certainly our duty to comfort and support the patients and humbly accompany them on their journey to their final destinations. For this purpose, it is vital that we have at least a degree of understanding of the different perceptions of death in our society.

During my research about the topic, I became interested in particular in the concept of death in young children, who have yet to develop any form of religiously or culturally skewed views.

The objectives of this project include investigations into unbiased ? or rather, naive ? perception of death in young children, and influences of religions and media on its maturation. I also looked at the effects of exposure to death on young children when they lack a mature understanding of it.

For inspirations, I looked at a number of children’s books on the subject as recommended by various sources, as well as children’s animations that contain death. In particular, I had inspirations from the children’s book Duck, Death and the Tulip (2007) which portrays death as a friendly and comforting figure. How death is portrayed in recent Disney animations and another children’s book, A Monster Calls (2011), will also be discussed.

Oral Presentation

OP-04

What I Have Gained from the Medical Humanities' as a Doctor from Japan

Ryoko Narui
King's College London, United Kingdom

I was a general surgeon trained and practising in Japan and involved in cancer treatment, i.e. surgical operations on patients with mainly stomach, colorectal and breast cancer. As we have not enough number of oncologists in Japan, general surgeons like me often have to conduct chemotherapy and radiotherapy before and/or after an operation as well. I have, therefore, encountered many patients with very challenging situations. And I sometimes had to tell a bad news to a patient, such as a diagnosis of or a recurrence of a cancer with a limited time to live etc., and many patients were thrown into despair. At that time, I could not feel like standing by the patient's side to support or to fight together. I felt that I could only offer help only when operation or chemotherapy is indicated to be a treatment feasible for the patient. Since I became a doctor because of my wish to help other people, I felt powerless and searched for what I have lacked and even for what the current clinical medicine might lack, and I came across the academic field of the 'Medical Humanities' and the possibility for me to learn it at the King's College last year.

In this course, we learn medical history, read various literature and research about narrative medicine and discuss humanities in medicine, which I have never done in my medical school in Japan. I now realised that I could learn a lot from characters in books and films, whose stories reflect a vast range of real people's narratives. I come to understand how ambiguous and transient people are, this impression is so much different from what I felt from that of the black-and-white medical science. Also, I now reflect to think that I could not have seen a patient as a whole person with various different narratives in their lives when I practised in Japan as I saw a patient just as a diseased person. There are many other things I have learned this year and I would like to talk about what I learned and how I have felt about these through my learning of the 'Medical Humanities' so far.

Oral Presentation

OP-05

Anorexia Is Reading Disorder: Understanding the Pro-Anorexia Phenomenon as a Textual Contagion

Emma Seaber
King's College London, United Kingdom

"The pro-anorexia movement presents an alternative understanding of self-starvation, recasting anorexia as a lifestyle choice. The presence, prominence and popularity of this emergent discourse, which frustrates a variety of dominant medical, psychiatric and cultural narratives, is greater than ever and a growing body of research suggests that anorexia nervosa might, unique among mainstream psychiatric diagnoses, be transmissible through secretive online networks—and highly contagious. Offering a literary-analytic perspective on the idea of anorexia as communicable through texts, my paper offers a possible underlying mechanism for the phenomenon.

I suggest that pro-anorexia culture simultaneously reveals and encourages a mode of reading—interpreting, understanding and responding to—social and cultural texts which is distinct from lay reading. My paper discusses some ways that the pro-anorexia phenomenon exposes a relationship between reading disturbance and eating disturbance. I explore links between disordered eating and ‘disordered’ reading and examine pro-anorexia as an alternative interpretative mode, outlining and analysing the rhetorical mechanisms at work within the discourse that reveal anorexia as a ‘reading disorder’ and the pro-anorexic narrative as necessarily encouraging disordered eating behaviours.

Covering content across eating disorder memoirs and pro-ana websites, I show how the texts renegotiate the dominant narrative of anorexia and invite the disordered reader to interpret it as safe, as beneficial, and as a devotional pseudo-religious endeavour for transcendence, annihilation or everlasting life. I also explore how texts designed to be therapeutic or anti-anorexia have been repurposed as promotional texts within pro-ana communities, again reinforcing the reading disorder hypothesis to describe the process of synthesising texts as ‘ana’.

Ultimately, I suggest that pro-anorexic discourse is supported and sustained by disordered reading practices. The maladaptive analytical process of a ‘reading disorder’ necessarily involves the proliferation of such processes—forming an overarching rhetoric of disease; a pernicious cycle in which self-destruction is encouraged."

Oral Presentation

OP-06

Cognitive Behavior Therapy for Children and Adolescents with Anxiety Disorders

Naoyasu Motomura
Osaka medical college, Osaka, Japan

Keywords: cognitive behavioral therapy, children, adolescents, anxiety disorder

Abstract:

Anxious disorders are the most frequent type of mental disorder in children and adolescents. Anxiety in childhood interferes with making friends, with academic achievement and career opportunities with family cohesion and activities and with general happiness and self esteem. And anxious children are much more likely to grow up to anxious adults.

In western countries cognitive behavior therapy (CBT) has been thought to be effective for anxiety disorders in children and adolescents. However, in Japan we do not have enough data of the effect of CBT for anxiety disorders in children and adolescents. Therefore, we studied the effect of CBT for children and adolescent with anxiety disorders by using normative comparison.

Participants: Thirty three children and adolescent with anxiety disorders participated CBT program: 20 girls (61%) and 13 boys (39%), with a mean age of 11.2years .This study was approved by the ethical committee of Osaka medical college.

Normative sample: Three hundred four children, 147 boys and 157 girls, mean age of 10.2 years who attend a public school completed same questionnaires (the SCAS and DSRS) twice for the two-month period.

Measures: The Spence Children's Anxiety Scale (SCAS; Spence, 1998),
Cognitive distortion scale (Ishikawa 2007), Depression Self-Rating Scale (DSRS; Birleson, 1981)

Treatment: The Cognitive Behavior Therapy Program for Japanese children and adolescents with anxiety disorders (Ishikawa, 2008).

The CBT program had 8 sessions which consist of (a) build rapport and education, (b) identification of emotions and self-talks, (c) challenging anxious self-talk, (d) development anxiety hierarchy and graduated in vivo exposure, and (e) review and future challenges. The therapy was conducted once per week (around two-month period).

Results and Discussion

Three months following treatment, 20 of the 33 children and adolescents (60.91%) who participated in the CBT programs no longer met criteria for their principal anxiety disorders and 16 (48.48%) were free from all anxiety disorders. Self reported anxiety scale decreased significantly from pre- to post-treatment and these gains were maintained at 3-month follow-up. If we compare the normative data, data of in pre-treatment was more than mean + SD. However, the data from post-treatment and 3-month follow-up was within SD. Self reported cognitive errors also decreased significantly from pre- to post-treatment and these gains were maintained at 3-month follow-up. Self reported depression also decreased significantly from pre- to post-treatment and these gains were maintained at 3-month follow-up.

Conclusion

This study indicated that the CBT program decreased anxiety and depression significantly from pre- to post- and maintained to 3-months. These data are consistent of data from western countries. However, the sample was limited in this study and we are now trying to do RCT study of anxiety disorders of children with anxiety disorders.

口頭発表

OP-06

児童思春期の子どもの不安障害に対する認知行動療法

元村直靖
大阪医科大学，大阪，日本

キーワード：認知行動療法，児童思春期，不安障害

大人では，不安障害はじめさまざまな精神障害において認知行動療法（CBT）の効果が実証されてきている．一方，子どもの不安障害では, CBT の効果研究は限られている．児童期の不安障害に対する治療法には主に，心理療法と薬物療法が行われているが，欧米では児童の不安の問題に対しては認知行動療法の有効性が示されている．しかしながら，欧米諸国では有効とされているにも関わらず，本邦の児童を対象とした認知行動療法については，単一事例に対する試行的な取り組みが存在するだけで，複数の対象者を対象とする治療効果に関する報告はない．このような背景から, 本研究では，児童の不安障害に対して，CBT プログラムを実施し，CBT の効果を検証したので報告する.

１．対象者：不安症状を示す児童は，Ｏ大学附属病院小児科で対象者の募集を行った．問い合わせのあった家族について，児童の不安障害を診断するための半構造化面接を実施した．その結果，不安障害の基準に合致し，外面化障害（ADHD，反抗挑戦性障害，行為障害），物質乱用，統合失調症，精神遅滞，広汎性発達障害，摂食障害，身体表現性障害に合致しない児童・生徒 33 名（男子 13 名，女子 20 名；平均年齢 11.2 歳）を対象とした.

２．認知行動療法プログラム：認知行動療法プログラムは，全 8 セッションで構成されており，各セッションは 60～90 分で終了するよう作成されている．効果の維持のために，およそ 1 週間に 1 回のペースで実施された．また，毎回のセッション終了時には，ホームワークを課した.

３．測定材料：半構造化面接として Anxiety Disorders Interview Schedule for DSM-IV（ADIS），質問紙として，Spence Children’s Anxiety Scale（SCAS），児童用自己陳述尺度（CSSS），児童用認知の誤り尺度（CCES），Depression Self-Rating Scale for Children（DSRS）を行った．また，質問紙査定は，プログラム開始時点，終了時および 1 ヶ月フォローアップ時点において行われた．ADIS による面接査定は，プログラム開始時点と終了時点において実施された.

４．プログラム実施形態と倫理的配慮：本研究は，Ｏ大学倫理委員会の承認を得ている．プログラム開始に先立ち，オリエンテーションを開催し，①認知行動療法プログラムの概要説明，②質問紙調査，③インフォームドコンセント，を親と子どもの両者に行った．なお，本研究においては，プログラムに参加して得られた個人情報については厳守されること，得られた情報は研究目的以外には使用しないこと，の 2 点について親と子の両者に対して書面と口頭で説明を行った.

５．結　果：本研究の結果，プログラム終了後，および 1 ヶ月フォローアップ時点において自己評定において不安症状の改善がみられた．また，プログラム参加児童の 20 名（75%）が不安障害の診断基準から外れることも示された．同様に，認知の誤りにおいても改善が確認された．また，抑うつ得点も低下し，3 例の気分変調性障害の診断基準から外れた.

６．考　察：本研究の目的は，児童の不安障害に対する認知行動療法プログラムを開発し，その有効性を半構造化面接の結果，不安障害の診断基準に合致した児童を対象に検討することであった．介入群の児童のうち，33 名中 20 名（75%）が何らかの不安障害の診断基準から外れた点は注目に値する．この値は，先行研究で示された不安障害の診断基準からの回復率と近似の値を示している．したがって，本研究では，先行研究と同程度の児童が不安障害の診断基準から外れることが確認され，本邦においても認知行動療法が適用可能であることを示すとともに，その有効性が実証されたといえる.

Oral Presentation

OP-07

The Family in the Trauma Room: Caring for the Family of Paediatric Emergency Patients

Kristina Kelvy
King's College London, United Kingdom

In 2005, there were over 20 million emergency department visits in the United States by children under 18 years of age. With those patients being under the legal adult age, key decisions often fall to the parents or legal guardians of the patient. Furthermore, those decisions are being made within the intense atmosphere of a trauma or resuscitation room where the emergency physician and team must address the clinical needs of the patients alongside the emotional needs of the patient’s family.

This presentation addresses firstly what anxieties and stresses emergency department physicians feel when dealing with the families of patients. Secondly, it will discuss the ways these doctors are trained to balance the clinical focus required of a high adrenaline occupation with a patient- and family-centred care approach. Thirdly, it will consider how these processes fall short and why a specially trained paediatric emergency team, including a family support component, has become the advocated protocol for medical associations in the United States.

This presentation focuses on these three clauses in cases of life-threatening emergency situations where the paediatric patients cannot communicate their own autonomy. It will draw on the studies and recommendations of the American Academy of Paediatrics and the American College of Physicians as well as consider cases from the families’ point of view, which has its basis in the speaker’s personal experience as a family member of a critical paediatric patient.

Poster Presentation

PP-01

Characteristics of Mothers' Attitudes toward Their Daughters Undergoing ART Treatment

Toshiko Sawada
Faculty of Nursing and Social Welfare Science, Fukui Prefectural University, Fukui, Japan

Keywords: ART (assisted reproductive technology), women, mother, narrative

Objective: To determine the characteristics of mothers' attitudes toward their daughters undergoing ART treatment.

Method: Eight mothers who were introduced to the author and agreed to participate in the study Semi-structured interviews were conducted to ask the mothers to describe: "the feelings toward their daughters undergoing treatment", "attitudes toward their daughters during treatment", and "problems and considerations while responding to their daughters". The interviews were analyzed qualitatively and inductively.

The present study was conducted with the approval of the ethical committee of each health care institution.　Approval number（2013036）.

Results: Although the mothers wanted their daughters to achieve spontaneous pregnancy, they held back their true feelings, and respected the decision of their daughters to undergo ART treatment. When the ART treatment was unsuccessful, the mothers hesitated to talk to them, and kept waiting until they heard from their daughters. The mothers had faith in their daughters undergoing treatment, and watched them with patience. When the mothers had noticed differences in the behaviors of their daughters, such as the tone of their voice, based on their intuition as parents, they become confused and worried.

Conclusion: The study results suggest that it is necessary to provide mothers with support to alleviate their discomfort and anxiety.

ポスター発表

PP-01

高度生殖補助医療（ART）を受けた実母の関わりの特徴

澤田敏子
福井県立大学看護福祉学部，福井，日本

キーワード：ART（高度生殖補助医療），女性，実母，語り

目的

ART を受けた娘に対する実母の関わりの特徴を明らかにすることである。

方法

研究参加者は病院からの紹介を受け、研究協力に同意した実母 8 名。半構成的面接法により、「治療を受ける娘に対する思い」「治療中の娘との関わり」「対応で困ったこと・配慮したこと」について語ってもらった。語りの内容は質的帰納的に分析を行った。

本研究は所属の人権擁護倫理委員会の承認を得て実施した。承認番号（2013036）.

結果

実母は娘の妊娠について、できれば自然が一番と思っていたが思いは娘に伝えず、ART を受けると決めた娘を尊重していた。治療で結果が得られなかった時は声をかけることをためらい、連絡を待ち続けていた。また、治療に向かう娘を信じて、見守る姿勢で関わっていた。実母は、親としての勘を手掛かりに、娘の声の調子が違うなど、普段と違う娘の行動を気にかけて戸惑い、苦悩していた。

結論

以上の結果から、実母の戸惑い・苦悩を和らげる支援の必要性が示された。

Poster Presentation

PP-02

Losing Home Experience and Psychological Change in Adolescence: Perspective Six Years after Losing a Home to a Natural Disaster

Teruko Hayashi
Konan Women's University, Kobe, Japan

Keywords: narrative, natural disaster, experience of loss

Abstract

Objective: Many preceding studies related to post-disaster psychological change and coping methods have examined coping and variables influencing stressors derived from the disaster. Few reports have described *readaptation* processes and a *recovery period*. Therefore, the author examined people who were junior-high-school students and high-school students at the time of the Great Hanshin-Awaji Earthquake (January 1995) to ascertain how they spent life and how they recalled the experience of losing a home when they talked about the disaster experience after the passage of many years.

Method: Approval was obtained from schools in a disaster affected area. Survey collaborators were introduced by teachers who knew students who had graduated from the schools. None had any psychological influence such as PTSD or a reported anxious tendency. Their agreement to participate was obtained in writing after a direct verbal explanation confirming the objective of this study and after assurance that individuals would not be identified. Around six years after the disaster (December 2000 – March 2001), an interview was administered to 16 people (2 men, 14 women): 8 had been junior high-school students at the time of the earthquake (avg. 20.5 years old); 8 had been high-school students then (avg. 22.0 years old). For analysis, after the participant's permission was obtained, the recorded dialogue was written literally.

Results and discussion: Commonality and individuality of the narrative were checked. Results showed that, in one case, the family relationship was changed on the time axis related to reconstruction of the home, to which they felt strong affection. As commonality of the topics, stress attributable to a transitional period of life and differences of experiences were spoken of, as were topics related to the school where they spent much time: all were students at that time and during reconstruction of their homes. All school-related scenes described by the participants were extracted. The existence and roles of the school for students at that time were investigated. Results indicated the following: 1) Direct assistance, including [1] attitudes and stances for assistance by teachers, [2] material assistance; 2) Roles of the school in indirect meaning, including [1] actual feelings of ordinariness (comparison with damaged home), [2] scenes of socializing with friends, [3] scenes of sharing disaster experiences, [4] scenes of secure club activities and class (entering higher-level schools, one's future, learning), [5] scenes of information, communication functions, and networks were identified. The role of the school, mentioned in terms of the disaster experience even six years after the disaster occurrence, suggests the importance of school in daily life and during the disaster period. Furthermore, assigning a meaning to an act of narrative was recognized. While talking about their own experiences, participants scrutinized the contents, streamlined their own experiences, and reviewed them. The narrative included participants' own experiences in the form of interpretation of presenting personal experiences associated with the disaster. With regard to speaking about one's own experience and reconfirmation by speaking about events in chronological order for a long time, they noted that they had begun to forget facts they felt that they should not have forgotten. Speaking about something for a particularly long period is done very rarely in ordinary life. The fact that experience of loss of a home was not shared until now was re-acknowledged. The importance and meaning of an act of narrative were confirmed.

ポスター発表

PP-02

自然災害による家屋喪失経験 6 年後の語りからみた思春期の喪失経験と心理的変化について

林　照子
甲南女子大学，神戸，日本

キーワード：語り（ナラティヴ），自然災害，喪失経験

目的：災害後の心理的変化と対処法に関する先行研究では、災害というストレス要因に対する影響の変数やコーピングに関する研究が多くなされてきているものの、「再適応」「回復期」のプロセスに関する研究は少ない。特に、思春期の災害体験後の長期心理的プロセスに関する研究や資料が少ない。その理由として、学校移行の関係上、追跡が難しい実態があることがあげられる。以上の点から、本報告では、阪神淡路大震災（1995 年 1 月）当時に中学生・高校生を対象とし、長期的時間経過のなかで震災経験を語るときに喪失経験とどのように折り合いをつけてきているのかを検討した。

方法：震災体験記を発行していた被災地域の学校で協力が得られた学校の卒業生である。当時の生徒をよく知っている教師を通じて、PTSD など心的影響や不安傾向にない、家屋喪失経験のある調査協力者に内諾を得た。倫理的配慮としては、研究目的および個人が特定されないこと等、直接趣旨説明を口頭で行ったうえ書面で合意を得た。震災後 6 年の前後、2000 年 12 月から 2001 年 3 月にインタビュー調査を行った。調査協力者は、震災当時の中学生 8 名（平均年齢 20.5 歳）・高校生 8 名（平均年齢 22.0 歳）、合計 16 名（男性 2 名、女性 14 名）であった。研究趣旨説明などを除き、実質インタビューのみに要した時間は一人あたり平均約 50 分であった。インタビュー内容は、語りたいことだけで良いことを確認し、１）地震直後の様子、２）物的被害とそれに関わる気持ち、３）震災後の変化、４）対処法、５）当時から現在までの生活について、以上５点を時系列的に質問した。ただし、協力者自身がすでにこれらの内容を自然な流れで語っている場合には直接的な質問は避け、間接的に確認を行う程度に努めた。分析にあたっては、協力者の承諾を得た上で録音した会話を逐語化した。

結果及び考察：語りの共通性と個別性について検討したところ、個別性としては、愛着のある家屋の再建の時間軸で家族の関係性の変化について語りが認められたケースがあった。語られたトピックの共通性は、生活移行の期間と体験差によるストレス、体験した時期が中学生・高校生であることは、生活時間の中心の場である学校に関するトピックが家の再建とともに語られた。協力者が語った学校に関わる場面すべてを抽出し、当時の生徒にとっての学校の存在や役割を検討した結果、１）直接的な援助、①教師の援助に対する態度・姿勢、②物質的援助、２）間接的な意味をもつ学校の役割、①日常性の実感（家屋損壊との対比）、②友人との交流の場、③震災体験共有の場、④部活動・授業（進学・進路・学習）の保障の場、⑤情報・連絡機能・ネットワークの場であることが明らかになった。災害後時間経過 6 年後も震災体験とともに語られた学校という場の位置付けは、災害時のみならず日常場面でも学校が果たす重要な役割として示唆された。さらに、語るという行為についての意味づけが認められた。個人の体験について語り始めながら、内容を自分の中で参照吟味し、体験を整理して問い直す作業が行われていた。「語り手」が、震災を体験した現在の自己に対する解釈として語られた。体験を語る行為に関して、長期的時系列で語ることによって自己を再確認し、忘れてはいけない事実を忘れてきているというトピックが認められた。特に長いスパンで語ると言うことは日常生活の中でも機会がないため、喪失体験が未整理のまま進行してきたことを再認識し、語るという行為の意味が重要であることが確認された。

Poster Presentation

PP-03

Narrative Approach on Grief Care for Families

Hiroko Toyama [1] Akiko Honda [2]
1. The Jikei University, Tokyo, Japan 2. Tokyo Medical and Dental University, Tokyo Japan

Key words: family, narrative, grief care, end of life care, anticipatory grief

1. Purpose

The purpose of this study is to clarify how anticipatory grief changes by taking a narrative approach to anticipatory grief of families until deathwatch as part of grief care.

2. Method

1) Subjects: Main family caregivers of patients who were diagnosed to be within three months of death

2) Intervention method: [Introduction] confirmation of changing daily physical conditions of patients and common understanding of the situation at that time; [Focus] talk about relationship between patients and families in the past and at present; anticipation of what will happen in the future and expression of thoughts and feelings to it; [Self-insight] self-positioning and roles in a caregiving situation toward deathwatch. Through these three actions, i.e., by creating opportunities to talk with the introduction, drawing out own emotions at their focal point, and adding self-insight at the same time, a narrative approach was taken to promote talk by families.

3) Analysis: Details of the talk by family caregivers were analyzed qualitatively and inductively, to extract each story.

4) Ethical consideration: Details of the study, privacy protection, freedom of withdrawal, etc. were verbally explained and guaranteed to receive consent, upon obtaining approval by the Ethics Committee of the Jikei University School of Medicine.

3. Results

1) Subjects were two main caregivers who were at the bedside upon death at home. The period until deathwatch was one to three month(s).

2) Starting with subjective talk about changes in physical condition of patients, the talk by family caregivers appeared as if they [were captured by their roles within the family,] as the details of the talk were summarized with the narrative approach. Through [awareness of issues derived from roles within the family], they came to remember emotions relating to loss and began to be [shaken by the relationship between issues in the roles within the family and anticipatory grief]. By recognizing the relationship between own roles and emotions, they were able to [rebuild themselves toward loss] and [accept loss and mourn].

4. Review

Anticipatory grief was supposed to include all emotions that occur when loss is anticipated in previous studies, and it had been clarified that it takes several processes. Although the intervention method and its effects were not known, an effective intervention was verified with the narrative approach at this time, and the process that does not remain as emotional expression of anticipatory loss was clarified. The process of anticipatory grief is closely associated not only with changes in emotions accompanying loss but also with performance of roles within the family at all times, and it was clarified that recognizing issues and roles within the family embedded there promotes the process of anticipatory grief. It is possible to accept loss and mourn, by repeating the task to recognize issues within the family and newly repair human relationship for solution within the limited time until bereavement. It was clarified that the process of anticipatory loss is linked with not only changing emotions accompanying loss but also issues in and thoughts to roles of a family, which constantly influences emotions of anticipatory loss.

ポスター発表

PP-03

家族へのグリーフケアとしてのナラティヴアプローチ

遠山寛子 [1]　本田彰子 [2]
1. 東京慈恵会医科大学，東京，日本　2. 東京医科歯科大学，東京，日本

キーワード：家族，予期悲嘆，ナラティヴ，グリーフケア，エンド・オブ・ライフケア

１．目的

グリーフケアとして看取りを控えた家族の予期悲嘆に対する具体的な援助内容は、感情を表出しやすい環境を整えること、家族のケア中に感じる不安の内容を具体的に看護師が把握することなどがある。しかし、それらのケアを実施することが家族介護者に及ぼす効果について言及されていない。家族へのグリーフケアとしての予期悲嘆への効果的な介入方法を検討し、看取り後までの影響を研究することは、今後のエンド･オブ･ライフケアの家族へのグリーフケア推進のために極めて重要であると考える。

そこで、本研究ではグリーフケアとして看取りまでの家族の予期悲嘆に対してナラティヴアプローチを実施することにより、予期悲嘆がどのように変化をしていくのかを明らかにすることを目的とした。

２．方法

1）対象：余命 3 カ月以内と診断された療養者の主たる家族介護者とした。

2）介入方法：〔導入〕療養者の日々悪化する体調の変化を確認、その時の状況の共通理解。〔焦点〕過去と現在の療養者と家族の関わり合いの語り、および今後起こりうることの予想とそれに対する思い、感情の表出。〔自己洞察〕看取りに向けた介護状況での自分自身の立場、役割。この 3 つの働きかけを通して、すなわち、導入により語りのきっかけを作り、焦点で自らの感情を引き出し、同時に自己洞察を加えながら、家族の語りを促すナラティヴアプローチを実施した。

3）分析：家族介護者の語りの内容を質的帰納的に分析し、それぞれのストーリーを抽出した。

4）倫理的配慮：本研究は東京慈恵医科大学の倫理委員会の承認を得た上で、研究協力者に対し口頭及び文書にて研究内容、プライバシーの保護、撤回の自由等を説明･保障し、同意を得て実施した。

３．結果

1）対象者は、在宅で最期を看取った主たる介護者 2 名とした。看取りまでの期間は 1～3 ヶ月であった。

2）家族介護者は、導入として療養者の体調の変化を客観的に語ることから始まり、語りの内容がナラティヴアプローチにより集約されていくと**【家族内役割に囚われている】**語りが出現した。さらに、**【家族内役割に起因した課題に気付く】**ことを経て、喪失に関する感情が想起され**【家族役割上の課題と予期悲嘆の関係に揺らぐ】**ようになっていった。自己の役割と感情との関係に気付くことで**【喪失へ向けて自分を立て直す】**ようになり、**【喪失を受け入れ悲しむ】**ことができるようになっていった。

４．考察

今までの研究で予期悲嘆とは喪失を予期した際に生じるあらゆる感情とされ、いくつかのプロセスを辿るということは明らかになっていた。しかし、その介入方法とその効果は明らかではなかった。今回、本研究では、ナラティヴアプローチによる効果的な介入が検証され、期悲嘆の感情表出にとどまらない経過が明らかなった。

予期悲嘆の経過とは、喪失に伴う感情の変化だけではなく常に家族内役割の遂行と密接に関わっており、それらの中に埋没された家族の課題や役割に気付くことが予期悲嘆の経過を促進させることが明らかとなった。死別までの限られた時間の中で家族間における課題に気づき、解決に向け新たに人間関係を修復していく作業を繰り返し喪失を受け入れ悲しむことができる。予期悲嘆のプロセスは、喪失に伴う感情の変化ではなく、家族役割に対する課題や思いと連動しており常に予期悲嘆の感情に影響を及ぼしていることが明らかとなった。

Poster Presentation

PP-04

Practice of Nursing Counseling to a Chronic Schizophrenic Person Living in Community in Japan: Application of Narrative Approach

Junko Ishikawa [1] Ikuko Noro [2] Michiyo Oka [1] Emiko Motegi [1]
1. Gunma University, Gunma, Japan 2. The Jikei University, Tokyo, Japan

Key words: nursing counseling, chronic schizophrenia, narrative approaches

Aim: In Japan, there is a nurse (Mr. M) who is practicing nursing counseling to mental disabilities in his community.We analyzed part of a nursing counseling scene from the perspective of the narrative approach, and we report it here.

Design and Method: The analysis setting is a nursing counseling scene on Y of X with Mr. K, who lives in the area and was experiencing chronic schizophrenia. The counseling aimed to help Mr. K depart from his delusional world, create a social life, control his daily life, and spend time pleasantly. The present study was designed to clarify his understanding of the meaning of his discussion about his delusion. Last time, his data had been analyzed using the discourse analysis method; however, since the narrative approach (especially externalization) appeared to be more effective in this case, the data was analyzed from the viewpoint of externalization. Regarding the behavior of Nurse M, he was asked to describe his intention directly at the time. The nursing counseling scene was video recorded and transcribed thereafter. The recording was then examined many times, after which the narrative approach, as perceived by the analyst, was analyzed and examined from the viewpoint of externalization. As an ethical consideration, permission from the participant and the nurse was obtained to publish the recording and analysis results at the academic conference.

Result: The part of the session that seems to be the narrative approach (especially externalization) was as follows. <From the trigger of the delusion to the narration of the delusional world>
Nurse (hereafter M): Mr. K how's your life? (It is not intended to draw out a delusion. He is just asking him about his living conditions, that is, assessing his daily life). Mr. K (hereafter K): Nothing has changed. M: Oh, I see. K: Yeah. (He seems to be replying absent-mindedly instead of thinking about his delusion).M: Nothing has changed in your sleeping pattern at night as well? (He is concerned about his sleep, so he is confirming that. If he finds that he has a problem, he will intervene [*1]). K: Right. Nothing has changed. M: You can't go to sleep sooner? (same as [*1]). K: Right. M: About 10 cups of coffee as usual? (Coffee is not a problem, but he wants to confirm the consistency of his living conditions). K: Yeah. Yeah. That's right. M: Two packs of cigarettes. (He is concerned about smoking, so he wants to confirm that.). K: Yeah. You know, I have to make the change somewhere. (M was surprised because he was expecting him to say something about his life). M: Well (While wondering if it is his life or delusion, he controls himself and tries to refrain from asking a question (such as "Does that mean changing his life?") but instead listens and accepts it first. [*2]). K: Yeah. Well, how should I say... um... Should I say I want to change the environment? I mean my own. M: Yeah. (same as [*2]) Right. (same as [*2]). K: Also, well... So, I mean I've come up with an idea. M: Right. (He accepts this while wondering if it is a delusion.[*3]) Oh (He seems interested; agreement and understanding: same as [*3]). Thus, M first accepts what K says and provides a supportive response showing some interest and K continues to develop the narration of his delusional world. (※The specific transcript will be presented at the academic conference.)

Discussion: In this scene, the nurse's "attitude of self-ignorance," which respected Mr. K, was spontaneously manifested. There was no power relationship felt at all. Rather, Mr. K's free narrative space was ensured. Moreover, Nurse M spontaneously engaged in externalization in the natural course of conversation without being aware of it, promoting Mr. K's narration. Mr. K, in turn, was able to be introspective on his daily life by talking about his own delusional experience. From this case, it was confirmed that Mr. K, who was suffering from schizophrenia, was able to reconstruct his thoughts about his life by freely talking about the delusion. It is suggested that the narrative approach is applicable if the participant is allowed to talk actively about his delusion.

ポスター発表

PP-04

地域で暮らす慢性期統合失調症者への看護カウンセリング実践―ナラティヴアプローチの応用―

石川純子[1]　野呂幾久子[2]　岡美智代[1]　茂木英美子[1]
1. 群馬大学大学院，群馬，日本　2. 東京慈恵会医科大学，東京，日本

キーワード：看護カウンセリング，慢性期統合失調症，ナラティヴアプローチ

【はじめに】日本では、ある看護師 Mr. M（以下 M）が地域で暮らす精神障害者に看護カウンセリングを実践している。今回、彼が実践している看護カウンセリング場面の一部を、ナラティヴアプローチの視点から分析したので報告する。

【方法】分析対象は地域で暮らす慢性期統合失調症者の Mr. K さん（以下 K）との X 月 Y 日の看護カウンセリング場面。K が妄想世界から離れて社会生活を作ることや、日常生活のコントロール、心地よい時間を過ごしてもらうことなどを目的に行われた。しかし、K はカウンセリング中に妄想の話が出現し M と妄想について対話を始める。前回、ディスコース分析の手法を用いて本場面の分析を行ったが、本場面においてはナラティヴアプローチ（特に外在化）を窺わせる感触があった。今回、K にとってこの妄想を語ることの意味を明らかにするため、あらためて外在化の視点から分析を試みた。M の言動については、その時の意図を M に記述してもらい確認した。看護カウンセリング場面を録画し、トランスクリプト表記した。録画データを何度も観察し、分析者が感じたナラティヴアプローチ場面を外在化の視点から分析し検討した。倫理的配慮として、群馬大学の倫理委員会の審査と承認を得た後、対象者である K と M には、分析結果を学会で公表する許可を得た。

【結果】ナラティヴアプローチ（特に外在化）と思われる場面（一部）は以下の通りである。

＜妄想の引き金となった部分から妄想世界の語りへ＞　※（　）は M の意図を示す。

M「K さんご自身の生活はいかが？（妄想を引き出す意図はなく、生活状況について聞いている。生活についてのアセスメント）」K「変わらないですね」M「ああ」K「ええ（妄想のことを考えており、うわの空で返事をしているような感触）」M「夜寝るのも（特に睡眠が気がかりなので確認している。問題があるのがわかったら介入するつもりで*[1]）」K「ええ、何も変わらないです」M「早くならない（*[1]同様）」K「ええ」M「相変わらず、コーヒーが 10 杯ぐらい（コーヒーはそれほど問題ではないが生活状況の一貫として確認）」K「ええ、そうですね」M「たばこが 2 箱（タバコは気がかりなので確認）」K「ええ、どこかでチェンジしていかなきゃな、と思うんですよ（M は生活上のことを言うと思っていたので、予想外の答えだった）」M「うーん（生活のことか妄想のことか、どちらだろうと考えながら、質問する（それは生活を変えると言う意味ですか？など）のは我慢してとりあえず聞く受け取る*[2]）」K「ええ、まあ、なんていうか…なんていうか、環境を変えたいっていいますか。自分の」M「ええ（*[2]同様）うん（*[2]同様）」K「で、まあ…そこで、ひとつの**構想**が湧いてきたっていうか」M「***うん***（妄想のことなのか？と思いながら受け取る*[3]）***ほう***（興味深そうに：*[3]同様）」このように、まず M が K の発言を受け止め、興味深そうな相槌をうつことで以下、K の妄想世界の語りへと進展していく。（※具体的なトランスクリプトは学会で示す）

【考察】M には K を尊重する姿勢「無知の姿勢」が自然とにじみ出ており、そこには権力関係が全く感じられない。むしろ、K の自由な語りの空間が確保されていた。しかも、M は意識せずに、自然な対話の中で自然に外在化を行い、K の語りを促進させていた。K は自らの妄想体験を語ることで自分の日常生活について振り返ることができている。本事例から、統合失調症の K がのびのびと妄想を語ることで、自身に対する生活への思いを再構築できることが確認できた。対象が妄想を積極的に語ることでナラティヴアプローチを応用できると考える。

Poster Presentation

PP-05

Exploratory Study of the Reasons for and Against Taking Diagnostic Tests by the Bowel Screening Program Participants in Japan

Yoshinori Takata [1] Setsuko Sugano [2] Rika Sato Sakuma [3]
1. Waseda University, Tokyo, Japan 2. The University of Electro-Communications, Tokyo, Japan
3. DIPEx-Japan, Tokyo, Japan

Key words: bowel screening program, diagnostic tests, uptake/non-uptake, narrative interview

Objective: Bowel cancer is the third leading cause of cancer death in Japan. Although the value of the screening program has been emphasized for bowel cancer because of the high survival rate of early stage patients, the uptake of screening program remains low (26% according to the Comprehensive Survey of Living Conditions 2010). Moreover, the uptake of diagnostic tests (such as colonoscopy) among those who tested positive for the Fecal Occult Blood test (FOBt) is also low (53% according to the survey of the Japanese Society of Gastrointestinal Cancer Screening in 2011). Thus, the purpose of this study is to explore the cause of the low uptake of diagnostic tests by examining the narrative interview data regarding the experience of bowel screening.

Methods: The study is based on the narrative interviews of 35 people collected by authors for the "Narratives of Bowel Screening" website (http://www.dipex-j.org/bowel _screening). Participants gave informed consent to the use of their interview data on the condition that they could withdraw their data at any time they wanted without loss of benefits to which they were otherwise entitled. Recruitment was based on maximum variation sampling in regards to age, gender, experience of screening and cancer diagnosis. A qualitative interpretive approach was used for the data analysis combining thematic analysis with constant comparison.

Results: The reasons for taking part in diagnostic tests were: "It is natural to get tested if you get positive results from FOBt," "had colonoscopy before," "wanted to clarify if there is anything malignant," "had subjective symptoms," "a bowel cancer patient within the family," "tested positive twice consecutively," etc. Those who did not take diagnostic tests gave following reasons: "Self-diagnosed the positive result as the consequence of hemorrhoids and straining," "visiting proctologists is a high hurdle," "received advice from others," "not solicited to take the diagnostic test," "being too busy or overburdened," "pain and risk involved in colonoscopy," "distrust toward doctors and medicine in general," etc.

Discussion: Multiple factors were identified for taking part and not taking part in the diagnostic test. The narratives on the subjective symptoms are particularly interesting, because it means that he/she would not have taken part in the diagnostic test, if he/she did not have the subjective symptom. The self-diagnosis of the positive result as a consequence of hemorrhoid is also supported by the lack of subjective symptom. Reasons for taking part, such as having a bowel cancer patient in the family or getting positive results consecutively, show that the individual's recognition of cancer risk is deeply intertwined with their screening behavior. Such recognition and behaviors of the individual may change due to the encouragement or urging by family, friends, and professionals involved in screening programs as well as the solicitation from the administration. Some who wanted to take the diagnostic test were prevented by time constraints due to work or family circumstances, or by the sense of shame that the visit to the proctologist may induce. Therefore, it is crucial to create an environment that facilitates the participation in the diagnostic testing, in order to increase the uptake of bowel screening program.

ポスター発表

PP-05

大腸がん検診における精密検査の受診／非受診理由に関する探索的研究

鷹田佳典[1]　菅野摂子[2]　佐藤（佐久間）りか[3]
1. 早稲田大学，東京，日本　　2. 電気通信大学，東京, 日本
3. ディペックス・ジャパン，東京, 日本

キーワード：大腸がん検診，精密検査，受診／非受診，ナラティヴ・インタビュー

目的：大腸がんはがんによる死因の第 3 位を占めている（がん情報サービス「がん最新統計」より）。早期に発見すれば高い確率で治癒することが可能であるため、検診が重要とされているが、日本では、大腸がんのスクリーニング検査である便潜血検査の受診率の低さもさることながら（国民生活基本調査によれば 2010 年で 26%）、そこで陽性反応が出た場合に受けなければならないとされている精密検査の受診率も低く（日本消化器がん検診学会によれば 2011 年で 53%）、専門家の間でも問題視されている。そこで本報告では、大腸がん検診に関して収集されたインタビューデータをもとに、要精検者がなぜ大腸がんの精密検査を受けるのか、あるいは受けないのかについて、その要因を探索的に検討する。

方法：本報告では、NPO 法人健康と病いの語り DIPEx-Japan「大腸がん検診の語り」データベース・プロジェクトで収集した 35 名のインタビューデータを分析に用いた。調査は、研究への参加をいつでも中止できること、それによる不利益は一切生じないことなどを協力者に十分に説明し、同意を得た上で行った。このプロジェクトでは母集団の多様性の確保に主眼を置いたサンプリング法（maximum variation sampling）を採用しており、調査協力者の年齢、性別、受診の有無、がんと診断されたことがあるかどうかは様々なである。データの分析においては、テーマ分析と継続的比較法を組み合わせた質的解釈アプローチを用いた。

結果：精密検査を受ける理由として挙げられていたのは、「便潜血検査で陽性反応が出れば精密検査を受けるのは当然」「過去に内視鏡検査を受けた経験があったから」「何か悪いものがあるのかはっきりさせたい」「自覚症状があったから」「家族に大腸がん患者がいたから」「陽性反応が続けて出たため」等であった。一方、精密検査を受けない理由としては、「痔やいきんだことが原因だろうという自己判断」「肛門科というハードル」「周囲の人の発言」「精密検査の受診を働きかけられない」「忙しさや煩わしさによる非受診」「内視鏡検査の苦痛とリスク」「医師や医療に対する不信感から」等が語られた。

考察：精密検査の受診／非受診いずれに関しても複数の要因が浮かび上がった。受診理由のなかで注目したいのが、「自覚症状があったから」というものである。このことは、裏を返せば、何らかの自覚症状がなければ、精密検査を受けなかったかもしれないということである。実際、便潜血検査の陽性反応を、痔による出血の結果と考えて精密検査を受けなかった人の行動は、この自覚症状の欠如によって支えられている部分が大きいと考えられる。また、「家族に大腸がん患者がいたから」や「陽性反応が続けて出たため」といった理由からも、がんのリスク認識が受診行動に深く影響していることが伺える。こうした個人の認識やそれに基づく行動は、家族や知人、あるいは検診に関わる専門職者や行政による働きかけによっても変化する。また、精密検査を受診しようと思っても、仕事や家庭の事情で時間が取りづらかったり、肛門科を受診することへの羞恥心があったりして、受診を断念することもある。精密検査を受けやすい環境を社会的に整備していくことも、受診率向上のためには重要な課題となる。

Poster Presentation

PP-06

Practice of Narrative Coaching and Happiness Activities

Mitsuru Moriya [1] Kiyomi Inoue [2] Miho Kawashima [3] Michie Nomura [4] Kazuko Ishikawa-Takata [5]
1. Health Sciences University of Hokkaido, Sapporo, Japan
2. Kobe Tokiwa University, Kobe, Japan
3. Japanese Red Cross Toyota College of Nursing, Aichi, Japan
4. Ehime Prefectural University of Health Sciences, Ehime, Japan
5. National Institute of Health and Nutrition, Tokyo, Japan

Key words: narrative, coaching, positive psychology, happiness

Aim. Narrative coaches help clients to achieve their aspirations, hopes and dreams through active listening to their stories of lived experience, identifying the hidden meaning, values, skills and strength and redeveloping new stories toward a plan of action. In other words, this means narrative coaching is a tool for the client’s well-being. Law insists that the narrative coaching should be grounded in the psychology of learning, and proposed “the learning wheel” which is Concrete experience – Reflection - Abstract conception - Action cycle. We added coaching skills into this wheel. We report three cases of practicing and discussing at the point of happiness. Some details of the cases below were changed slightly for personal information protection without influencing the main points.

Case 1. A fussy mother in her 40’s who was suffering from anxiety disorder. After yelling at her children to “Study!” (Concrete experience), she felt regret and self-hatred (Reflection). Her true wish was to get along with them (Abstract conception). After careful consideration, she decided to trust her children and forgive them even if they don’t study hard and no longer yell at them to “Study!” (Action). After that, they began to love her because she let them be free.

Case 2. Easily fatigued female patient in her 30’s who was suffering from depression. She got depressed when she thought about the next day (Concrete experience). One day she read these words in the bible “So don’t worry about tomorrow, for tomorrow will bring its own worries. Today’s trouble is enough for today.”. She was so impressed that she decided to stop thinking about the next day (Abstract conception). After that she became able to enjoy the present moment and feel gratitude to others and describe things she was grateful for.

Case 3. A nursing school student who was learning coaching. She can listen well to what others are saying and she can acknowledge others (Concrete experience). She found that coaching binded people to each other (Reflection). She realized coaching helps make new interpersonal relationships (Abstract conception). She decided to learn and practice coaching more in order to seek new relationships with others (Action).

Conclusion. Narrative Coaching analyze the meaning from the experience including emotional feelings. The coaching skills are very useful in the action plan and practice part of narrative coaching. These investigations are so deep and constructive that the action may attract happiness. In fact, the behavior habits for happiness were founded and practiced, in those cases are the happiness activities in positive psychology, ie love, gratitude and so on.

ポスター発表

PP-06

ナラティヴ・コーチングの実践と幸せへの行動習慣

森谷　満 [1]　井上清美 [2]　川島美保 [3]　野村美千江 [4]　高田和子 [5]
1. 北海道医療大学，札幌，日本　2. 神戸常盤大学，神戸，日本
3. 日本赤十字豊田看護大学，愛知，日本　4. 愛媛県立医療技術大学，愛媛，日本
5. （独）国立健康・栄養研究所，東京，日本

キーワード：ナラティヴ，コーチング，ポジティブ心理学，幸せ

目的　ナラティヴ・コーチはクライエントがなりたい自分、希望や夢を達成するために、クライエントの体験の物語を傾聴し、隠れた意味、価値、強みを同定しつつ、行動の計画に向けた新しい物語の再構築を助ける。言い換えると、ナラティヴ・コーチングはクライエントの幸福への道具である。Law はナラティヴ・コーチングでは学習心理学を基盤とし、学習の車輪（具体的体験－振り返り－抽象概念化－行動のサイクル）を提唱している。我々はこの車輪にコーチング・スキルを加えた。さらに３症例の提示と幸せへの行動という観点から検討を行う。なお、以下の症例については個人情報保護のため論旨に影響がない程度に内容の一部を変更した。

事例１　不安障害を有する４０代の口うるさい母親。「勉強しなさい」と子供たちに言った（具体的体験）、しかしその後で後悔し、自己嫌悪に陥った（振り返り）。彼女の本当の願いは子供たちと仲良くやっていくこと（抽象概念化）。よく考えた後、子供たちを信用し、多少勉強しなくても許すことにし、「勉強しなさい」と言わないことにした（行動）。その後子供たちから、自由にさせてくれるお母さんが大好きといわれるようになった。

事例２　３０代のうつ病患者。翌日の約束事を考えると気分が重くなる（具体的体験）と感じていた。ある日、聖書のことば「あすのことを思いわずらうな。 あすのことは、あす自身が思いわずらうであろう。 一日の苦労は、その一日だけで十分である」を読んだ。とても印象的であすのことを思いわずらうことをやめた（抽象概念化と行動）。その後、現在を生きることを楽しみ、他者へ感謝するとともにそれらを記載することができるようになった。

事例３　コーチングを学ぶ看護学生。他者の言うことに耳を傾け、承認できるようになった（具体的体験）。コーチングは人と人を結びつけることに気づいた（振り返り）。さらにコーチングをすることで新しい人間関係を築けると実感した（抽象概念化）。他者と新しい人間関係を構築するためにコーチングをもっと学んで実践することを決意した（行動）。

結論　ナラティヴ・コーチングでは感情も含めた体験からその意味を分析する。ナラティヴ・コーチングの行動計画の立案と実践の部分はコーチング・スキルが生きる部分である。一方、これらの洞察はとても深く、建設的であるため、幸せを引き寄せやすいと思われる。事実これらの症例で洞察によりポジティブ心理学でいう幸せへの行動、（愛すること、感謝することなど）を発想し実行した。

Poster Presentation

PP-07

A Coaching Program for Nursing School Students and Emotional Intelligence Quotient (EQ)

Kiyomi Inoue[1] Mitsuru Moriya[2] Miho Kawashima[3] Michie Nomura[4] Kazuko Ishikawa-Takata[5]
1. Kobe Tokiwa University, Kobe, Japan
2. Health Sciences University of Hokkaido, Sapporo, Japan
3. Japanese Red Cross Toyota College of Nursing, Aichi, Japan
4. Ehime Prefectural University of Health Sciences, Ehime, Japan
5. National Institute of Health and Nutrition, Tokyo, Japan

Key words: coaching, emotional intelligence quotient (EQ), nursing school student, education

Aim. Communication skills are a core technique for nurses. We introduced coaching in the nursing student program. There has been little study of coaching programs for nursing school students. We started pilot study of coaching programs evaluating concise Emotional Intelligence Quotient (EQ).

Methods. Study Design is a pilot study of an educational intervention. Subjects were seventeen first year nursing students of university. Nine students as a coaching group agreed to receive coaching program and EQ test, eight students as a control group agreed to receive only EQ test. Coaching program included active listening, acknowledging, goal setting, assessing reality, drawing out some options for solutions, grasping of barriers and resources and planning a strategy with these options. A total of six sessions of coaching were performed from November 2009 to March 2010. EQ concise version based on Salovey-Mayer model which has four components,: perceiving emotion, using emotion, understanding emotion and managing emotion, was used to evaluate the effect of the program. EQ was measured pre and post coaching session and again two years later. Repeated measures two-way ANOVA was used for statistical analysis. Ethical Considerations: This study was approved by the Ethics Committee of Kobe Tokiwa University. All subjects were informed about the voluntary nature of participation in the research. They were briefed on the study aims and signed a written informed consent before taking part.

Results. There was significant improvement between the coaching group and the control group in perceiving emotion (p=0.017), though no significant improvement in using emotion (p=0.193), understanding emotion (p=0.138) and managing emotion (p=0.277) in four components of Salovey-Mayer model. More detailed analysis shows “I can quickly notice a change in the facial expressions of the person I’m speaking to.” in perceiving emotion (P=0.0001), “I can encourage my partner when he or she is feeling blue.” in managing emotion (p=0.043).

Conclusion. The Coaching program for Nursing school students enhanced abilities of perceiving emotion and encouraging others.

ポスター発表

PP-07

看護学生のためのコーチング・プログラムと Emotional Intelligence Quotient (EQ)

井上清美[1]　森谷　満[2]　川島美保[3]　野村美千江[4]　高田和子[5]
1. 神戸常盤大学，神戸，日本　2. 北海道医療大学，札幌，日本
3. 日本赤十字豊田看護大学，愛知，日本　4. 愛媛県立医療技術大学，愛媛，日本
5. （独）国立健康・栄養研究所，東京，日本

キーワード：コーチング，Emotional Intelligence Quotient (EQ)，看護学生，教育

目的　コミュニケーション・スキルは看護師にとって中核の技術である。我々は看護教育にコーチングを導入した。さらにコーチング・プログラムの評価を EQ 簡易版で評価した。

方法　研究デザインは教育介入のパイロット・スタディである。対象は 17 名の 1 年目の看護学生である。9 名の学生はコーチング・プログラムを受講することと EQ テストを受けることに同意され、8 名の学生はコントロール群として EQ テストのみ同意された。コーチング・プログラムは傾聴、承認、目標設定、現状の評価、解決への選択肢を実行する上での障害や資源の把握、そしてそれらの選択肢から戦略を練ることを含む。これらコーチング・プログラムは 2009 年 11 月より 2010 年 3 月まで行われた。EQ 簡易版は Salovey-Mayer モデル（感情の認識、感情の利用、感情の理解、感情の調整）を基盤としており、このプログラムの評価に用いた。EQ テストはコーチング・プログラムの前後と終了後 2 年後に行なわれた。統計解析として繰り返しのある二元配置分散分析を用いた。

倫理的配慮について本研究は神戸常磐大学研究倫理委員会の承認を得て実施した。研究参加は自由意思とし、参加前の同意書記載にて研究への参加同意とした。

結果　Salovey-Mayer モデルの 4 つの項目のうち感情の認識でコントロール群に対しコーチング群で有意に高かった (p=0.017)が、感情の利用(p=0.193)、感情の理解(p=0.138)、感情の調整(p=0.277)では有意差はみられなかった。詳細な検討では感情の識別の「話をしている相手の、表情の変化にすぐ気づくことができる」(P=0.0001)と感情の調整の「相手が落ち込んでいるときに、励ますことができる」(P=0.043)で有意な差を認めた。

結論　看護学生に対するコーチング・プログラムは感情の識別能力の向上と他者を励ます能力の向上をもたらした。

Poster Presentation

PP-08

A New Type of Abode for Elderly Who Cannot Live Alone: A Consideration for One Type of Home Hospice

Miyuki Matsubara
General Incorporated Association Fuffuru, Hiroshima, Japan

Key words: home hospice, elderly people, hospitality, Marebito-Shinkou

Abstract:

This is a study of Chestnut House (*marron-no-ie*), a unique type of hospice care facility, the only one of its type in Western Japan. It is modeled on a prototype of a private hospice care house established in Miyazaki Prefecture in 2004. This type of hospice is characterized by a small number of patients under the care of professional nurses and care workers in a home-like setting. This particular facility, Chestnut House, was established only recently, but is now in full operation with about 5 patients. This hospice is based partly on the philosophy of hospitality developed such scholars as the historian Hans Conrad Peyer and the cultural anthropologist Shinobu Origuchi.

The proposed poster session will describe in detail the purpose of this unique hospice with particular attention to the following areas: establishment, operations and care management. Chestnut House was established in Hiroshima, in 2012, and had to overcome a variety of obstacles, including such things as choosing a suitable location and facility, securing investment capital, staffing and acquiring the necessary permission.

After the introductory discussion, the presentation will see how this type of hospice is based on the belief that it is beneficial to recreate, as much as possible, a homelike family atmosphere. The house itself, is an actual Japanese style house, with Japanese interior design, rather than a medical facility. The number of patients is kept small, and the staff do not wear uniforms as is the case with most hospices in Japan. Furthermore, there is no fixed daily schedule. Since many Japanese terminal care patients would prefer to die at home, this is not always practical or possible, so that Chestnut House represents the next best alternative. This research report shows that patients and families view this “home hospice” facility as a good alternative for those who do not want end-of-life care in a medical institution setting. Finally, there will be a critical self-evaluation which objectively looks at the merits and demerits of this unique hospice.

In conclusion, this unique experiment in hospice care has served the role of providing a place for those "having nowhere to go". This investigation into the palliative care facility known as “Chestnut House” will require future follow-up research in order to evaluate its long-term successes (or failures), and this will also require a comparative examination of other similar hospice systems both in Japan and abroad.

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ポスター発表

PP-08

ひとり暮らしが困難な高齢者の住み家
―ホームホスピスの起源についての一考察―

松原みゆき
一般社団法人フッフール，広島，日本

キーワード：ホームホスピス，高齢者，異人歓待，まれびと信仰

本研究は、高齢によって日常生活への支援が必要となり、自宅での単身生活が困難になった人が住むホームホスピスの起源について、先行文献のレビューを行った報告である。

ホスピス(Hospice)の語源はラテン語の hospi-tium (hospit-em)で、手厚く、快く、泊める、保護する、親密な間柄などの意味もある。キリスト教では隣人愛と考えられ、宿と病者・貧者・老人のための療養施設に発展した。スイスの歴史学者パイヤー（1997）は、これを『異人歓待』という人類普遍の「見知らぬ人を迎え入れ、食事を出し宿泊させ保護する」行為に起源すると説明している。また折口信夫（2003）は、古代日本においても神が『まれびと（客人・稀人)』として来客するという信仰に基づいて、人々は異人に食事を出しもてなした、と述べている。仏教伝来後、まれびと信仰は仏教思想と結びつき、貧窮者の病人を治療する施薬院が造られた。

西洋から始まった近代医療は、まるで工場の大量生産のごとく、病気の治療を目的に患者を一度に大勢治療する病院として発展した。その後、根治できない病気に対する治療の考え方が変わったのは、19 世紀後半の英国における近代ホスピスの誕生にみることができる。ホスピスの目的は、ガンなどの治らない病気を治すのではなく、患者の痛みを除くなど症状の緩和である。ここに「見知らぬ人を迎え入れ、食事を出し、保護する」という人類普遍の異人歓待の思想が流れているのではないか、それは現代のホームホスピスにも受け継がれているのではないかと研究者は考える。

次いで、高齢者の死亡場所の実態について述べる。一人暮らしの老人が増加した背後には、産業経済の高度成長に伴う都市と地域の変容と、暮らしぶりの変化としての核家族化、少子高齢化、無縁社会などがあげられる。厚生労働省は 2000 年に介護保険制度を開始したが、希望する施設に入れない、費用を支払えないなど、「行き場のない人」が増え続けている。ホームホスピスは、疾患や年齢の区別なく入居可能な施設として 2004 年を皮切りに、2014 年 2 月までに 14 法人 19 施設に増えている。しかし日本社会の現状や制度の元で、ホームホスピスは「行き場がない」人たちを保護する、人類普遍の異人歓待の行為をこんにち引き受ける役割を果たしているのではないだろうか。

今後の課題として、ホームホスピスの事例を調査・分析をして、比較検討を試みる。

本報告は、平成 25 年度広島大学マネジメント研究センタープロジェクト研究の助成を受け、八巻惠子特任准教授の指導を受け実施した。また本報告の一部は、公益財団法人笹川記念保健協力財団平成 26 年度「ホスピス緩和ケアに関する研究助成」を受けた。

Poster Presentation

PP-09

Breast Cancer Patients' Perceptions of Important Others' Support for Continuing Treatment

Miwa Yamate
National College of Nursing, Tokyo, Japan

Keywords: breast cancer patients, continuing treatment, important other's, support

I. Objectives

Breast cancer is the most common cancer in Japanese women, and is considered a major health issue, especially for middle-aged women in their 40s and 50s. The objective of this study was to describe breast cancer patients' perceptions of the support they received from important others that enabled them to continue with treatment.

II. Methods

Study participants were 9 breast cancer patients receiving radiation therapy after surgery and chemotherapy. Semi-structured interviews were conducted and the collected data were analyzed qualitatively and inductively. Approval of the study protocol was received from the institutional research ethics committee prior to the study commencing.

III. Results

1. Support from Family

(1) Leading a normal life without major problems

Participants reported they were able to lead normal lives without major difficulties owing to support they received from family members, including their husband, parents, and parents in law, who offered to help with household chores such as cooking, cleaning, and laundry whenever possible.

(2) Receiving warm words that encouraged positive thinking

The warm words and attitudes of family members helped lessen mental suffering and encouraged patients to think positively about receiving cancer treatment.

(3) Being motivated to fight to continue living

Patients were motivated to fight to continue living by being told that child-rearing and being there for her children are a mother's duties.

2. Support from Medical Professionals

(1) Having reliable physicians

Patients described the importance of having a physician they could rely on and consult about anything.

(2) Confirming coordinated clinical work across hospital departments

Patients felt a sense of security and protection at the organizational level from clinic staff recording patients' words , which helped them to believe in their treatment. This finding suggests that coordination within a hospital can impact patient attitudes toward fighting their cancer.

(3) Accommodating preferred appointment times

requested a preferred appointment time so she could finish her morning household chores, including taking care of her family, cleaning, and laundry, and this was accommodated by clinic. This flexibility with scheduling clinic appointments enabled the patient to receive treatment while still managing to do her daily chores.

(4) Keeping an appropriate relationship

One patient described the importance of the nurses maintaining an appropriate distance: "Although the nurses are usually busy, they often talk to me and remember my name. They don't become too intimate, but keep an appropriate distance. This is perfect, because when I need to talk about some sensitive issues, I would feel awkward if I had too close a relationship with them."

(5) Showing understanding

Another patient talked about staff's sincere responses and good understanding about the feelings of patients with breast cancer: "When I had a question that was maybe trivial to them but important to me, they were kind, sincere, and understanding."

(6) Supporting the patient to find her own way to cope with the disease

"They told me about other patients' cases, and let me know that many people had fought to continue living. They kindly helped me find my own way of coping with my illness."

3. Support from Other Patients

(1) Being encouraged by other positive patients

"I was motivated to fight my cancer when I looked at other cancer patients who had completed treatment and fought to continue living."

(2) Receiving the "It' okay" phrase

"When I heard another breast cancer patient say 'It's okay," I felt I was okay by myself as well."

4. Support from Workmates

Support from workmates helped patients to believe in themselves: "I go to work in the morning, and work half a day. I can't work much, but it gives me confidence that there is something I can do."

IV. Discussion

To continue living while having breast cancer, the patients in this study tried to create an environment to allow them focus on cancer treatment, by receiving help from family members, medical professionals, other patients, and workmates. They were not receiving treatment passively, but were trying to find out their own way to receive treatment through the various support they received. The study findings suggest the need for comprehensive support systems that respect the individual ways that breast cancer patients find to live with breast cancer.

ポスター発表

PP-09

乳がん患者が捉えた治療を継続していくための重要他者からのサポート

山手美和
国立看護大学校，東京，日本

キーワード：乳がん患者，治療継続，重要他者，サポート

Ⅰ．研究目的

乳がんは、日本人女性のがん罹患率の第1位であり、40～50歳代の壮年期の日本人女性の健康問題として大きな課題となっている。

本研究の目的は、乳がん患者が治療を継続していく中で、重要他者から支援をもらっていると捉えているのかについて記述することである。

Ⅱ．研究方法

研究対象者は、手術療法、化学療法を受けた放射線療法中の乳がん患者9名。データ収集方法は半構成面接法であり、質的帰納的分析を行った。本研究実施にあたり、研究倫理委員会からの承認を得た。

Ⅲ．結果

1.〔家族からの支援〕

①【大きな支障なくいつも通りの生活ができる】

「食事の準備や掃除・洗濯などの家事を行ってくれる」等、夫や実父母・義父母ができる範囲内で自分の代わりに家事を行ってくれ、大きな支障なくいつも通りの生活が送れていること。

②【物事を前向きに考えられるような声がけをもらえる】

家族の言葉や態度が、精神的な辛さを軽くしたり、乳がんの治療を前向きに受けることができるようにさせてくれたと捉えていた。

③【“生きること”を意識させられる】

「子どもがいるんだから、生きるのは義務でしょ。子どもを育てるのは母親の義務」と言われ生きなければならないという思いにさせられた。

2.〔医療者からの支援〕

①【信頼できる医師がいる】

自分にとって信頼できて、なんでも相談できる医師がいることの大切さを語っていた。

②【診療科同士の連携を実感する】

「私が、言ったことは、記録に残っている。そのことが、この病院全体で、私を守ってくれている、病院に守ってもらえているから、私は治るって思える。と、病院内の連携が患者の闘病意欲にも関連していることが伺えた。

③【希望の時間に治療を行ってくれる】

「子どもと夫を送り出して、洗濯と掃除をやって、病院に来ると10時くらいだから、治療開始の時間を10時くらいにしてほしいといったら、叶えてくれて。」と、治療開始時間の希望を叶えてくれたことで、日常生活には支障がなく治療を受けることができると捉えていた。

④【適度ないい関係を保ってくれる】

「看護師は、忙しそうだけど、声をかけてくれたり、名前を覚えておいてくれる。親しす

ぎることもなく、ほどよい加減で関わってくれる。こちらも、親しくなりすぎると言いにくくなることもあると思うので、いい感じでかかわってくれているなぁと感じる」と、看護師との適度な関係性の大切さを語っていた。

⑤【気持ちを分かってくれる】

「些細なこと、どうでもいいようにも思えるけど、聞いておきたいというようなことに、親身になって考えてくれて、気持ちを分かってもらえたと思える」と、乳がん患者の気持ちを汲み取った上での対応について語っていた。

⑥【自分なりの病気の乗り越え方を一緒に考えてくれる】

「他の人はこうだった。皆さん、こうやって頑張っていますよと、他の患者さんの体験談を教えてくれながら、私ならではの乗り越え方について一緒に考えてくれた」と語っていた。

3.〔乳がん体験者からの支援〕

①【がんと闘っている姿を見るだけで励ましになる】

「がんの治療を終えた人の話を聞いて、頑張っている姿を見て、自分も頑張ろうと励まされた気がした」と語っていた。

②【「大丈夫」という言葉をかけてもらえる】

「「大丈夫」と、乳がんの体験者から聞けると、私も大丈夫なのかなぁって、なんか思えた」と語っていた。

4.〔職場からの支援〕

①【自分でもできることがあるという自信がもてる】

「今は、午前中だけ半日、仕事に行っています。大した仕事はできないんだけど、でも、私にでもできることはあると自信になっています」と語っていた。

Ⅳ．考察

乳がん患者は、乳がんと共に生きていくために、〔家族〕〔医療者〕〔乳がん体験者〕〔職場〕の人々と共に《治療に専念できる環境》を作り出していた。乳がん患者自身は、受け身で治療を受けているのではなく、さまざまな支援を受けながら、《自分なりの乳がん治療の受け方》を編み出していた。乳がん患者が創り出した「乳がんと共に生きる生活」を尊重した包括的支援体制が必要である。

Poster Presentation

PP-10

Guidance for Diabetic Patients to Prevent Need for Dialysis Therapy

Sachiko Seo [1] Michiyo Oka [2]
1. Kobari General Hospital, Chiba, Japan 2. Gunma University, Gunma, Japan

Key words: diabetic, dialysis therapy, guidance

Abstract

Reportedly, there are 22 million persons for whom the possibility of diabetes cannot be ruled out in Japan. According to the Japanese Society for Dialysis Therapy, there were more than 310,000 chronic dialysis patients in Japan as of December 2013. The main primary disease is diabetic nephropathy, accounting for 43.8% or 2/3 of primary diseases, and it has been continuously increasing since taking over the first place from chronic glomerulonephritis in 1998 (An overview of regular dialysis treatment in Japan (as of December 31, 2013)).

Our hospital started developing teams comprised of physicians, nurses, and national registered dietitians for stage 3 diabetic nephropathy patients and began guidance for individual patients for the prevention of dialysis therapy, aiming at prevention of the aggravation of the renal function and shifting to dialysis therapy, in November 2013, and guidance had been performed for 3 patients as of June 2014. In this study, the course was compared between before and after guidance, and its effect was discussed from the perspective of nurses engaged in the guidance.

Nursing guidance was performed for 3 diabetic CKD patients once a month at the Dialysis Center. The content of guidance was: medication management, such as confirmation of taking drugs for diabetes and uremia, blood pressure control, blood glucose measurement, confirmation of self-injection of insulin, injection site, and exercise therapy.

Ethcal condiction Written informed consent was obtained from all patients after we promised that privacy would be protected.

Results, Creatinine (Cr) Patient A (Pre) 2.32±0.27 (Post) 1.97±0.18 Patient B (Pre) 1.46±0.15 (Post) 1.50±0.12 Patient C (Pre) 2.82±0.23 (Post) 3.02±0.13 HemoglobinA1c (HbA1c) Patient A (Pre) 7.0±0.2 (Post) 6.9±0.5 Patient B (Pre) 7.0±0.2 (Post) 6.9±0.4 Patient C (Pre) 6.7±0.3 (Post) 6.4±0.4 No significant change was noted in any of the 3 patients. Although no marked change was noted in the data, in Patient C, while creatinine increased by 0.53 over 5 months before guidance, the increase over 6 months after guidance was 0.25. HbA1c also decreased after guidance in all 3 patients.

Many diabetic patients are not conscious of the disease and forgetful of treatment because it is asymptomatic and hard to perceive. Patient C liked sweets, overate, and sometimes forgot to take a drug for uremia t between meals before guidance. However, changes in behavior were noted after guidance: he reduced the amount eaten between meals and placed drugs in plain sight at home to avoid forgetting to take them.

It was suggested that monthly nursing guidance makes patients conscious of and motivated to perform self-care. Through the guidance performed at the Dialysis Center, the patients actually observed dialysis therapy they have to undergo if symptoms progress, which may have helped them realize the necessity of self-care and changes in behavior.

Guidance for individual diabetic CKD patients provided by nurses changes their behavior, which improves the HbA1c level and prevents aggravation of the renal function, being effective to prevent or delay the progression of diabetic nephropathy-associated CKD.

ポスター発表

PP-10

糖尿病透析予防指導に関わって

瀬尾幸子[1]　岡 美智代[2]
1. 小張総合病院，千葉，日本　2. 群馬大学，群馬，日本

キーワード：糖尿病，透析療法，指導

我が国の糖尿病は、糖尿病の可能性を否定できない人を含め国内で 2200 万人いるといわれている。そして、我が国の慢性透析患者数は、日本透析医学会によると 2013 年 12 月現在、31 万人を超えている。そのうち、導入患者の主要原疾患は、糖尿病性腎症で 43.8%と原疾患の 2/3 を占め、1998 年に慢性糸球体腎炎と糖尿病性腎症との間で首位が入れ替わって以来、増加し続けている。（「図説　我が国の慢性透析療法の現況（2013 年 12 月 31 日現在）」）

また、今、注目されているのは、腎臓病の中で慢性に経過する慢性腎臓病（Chronic Kidney Disease=CKD）で、CKD の進行は、腎機能の低下が動脈硬化をもたらし、心筋梗塞の原因になることが明らかになってきており、CKD の対応が世界的な医療問題にもなっている。その CKD には、糖尿病の重症化による糖尿病性腎症があり、この主要原疾患である腎症を予防していくことが大切である。

そこで、我が国では、糖尿病患者の透析を回避させるために、2012 年診療報酬の改定で、「糖尿病透析予防指導管理料」が新規算定可能となった。「糖尿病透析予防指導管理料」とは、透析患者数が増加しているなかで、外来糖尿病患者のうち、ヘモグロビン A1c（HbA1c）が JDS 値 6.1%以上（国際標準値[NGSP]6.5%以上）または、内服薬やインスリン製剤を使用している糖尿病性腎症 2 期以上の患者に対し、医師が糖尿病透析予防に関する指導の必要性があると認めた場合、医師、看護師、管理栄養士などが連携して透析予防のための医学管理を行い、その指導管理を評価して月 1 回診療報酬が算定できる。

当院では、2013 年 11 月から、糖尿病性腎症の患者の腎機能を今より悪化させない、透析患者を作らないことを目標に、糖尿病性腎症 3 期患者に、医師・看護師・管理栄養士がチームとなり、糖尿病透析予防の個別指導を開始した。2014 年 6 月までに指導を行った患者数は 3 件であるが、この指導を行い、看護師の立場から、指導施行前と施行後の経過を比較し、その効果について考察した。

方法：糖尿病による CKD 患者 3 名に対し、毎月 1 回看護指導を透析センターで行った。指導内容は、糖尿病・尿毒症治療薬の服薬確認等内服管理、血圧コントロール、血糖測定・インスリン自己注射施行の有無・注射部位等手技確認、運動療法施行確認、足の観察等を行った。また、透析看護師も関わり、糖尿病の病態だけでなく、透析療法や透析患者についてなどの説明を行った。

【倫理的配慮】プライバシーの保護を約束し、すべての患者に同意を得た。

結果：[クレアチニン]（Cr）A 氏（Pre）2.32±0.27 (Post)1.97±0.18　B 氏（Pre）1.46±0.15 (Post)1.50±0.12　C 氏（Pre）2.82±0.23 (Post)3.02±0.13 [ヘモグロビン・エーワンシー]（HbA1c）A 氏（Pre）7.0±0.2 (Post)6.9±0.5　B 氏（Pre）7.0±0.2 (Post)6.9±0.4　C 氏（Pre）6.7±0.3 (Post)6.4±0.4　3 例とも有意差は認められなかった。データ上著明な変化は見られなかったが、C 氏において、Cr が指導施行前 5 か月の間に 0.53 もの上昇があり、指導後は 6 か月の間に 0.25 の小範囲にとどまった。また HbA1c においては、3 例とも指導施行後は下降していた。

糖尿病患者は、症状がなく知覚しずらいため病識のない方々が多く、治療に対して怠りがちである。C 氏に関しても、指導前は、甘いものが好きで過食傾向であったり、尿毒症治療薬は食間内服のため飲み忘れが時々あった。しかし、指導後は、間食の量を控えたり、内服薬を自宅の見やすい所に置き、服用を忘れないようするなど行動に変化があった。このことから、毎月、看護指導を行うことによって、セルフケアを意識するようになり、実行するための動機づけになったと考える。また、透析センターで指導を行うことで、症状が進行すれば治療しなければならない透析療法を実際に視認することができ、セルフケアの必要性を感じ行動変容したと思われる。

糖尿病による CKD 患者に看護師の個別指導を行うことは、患者を行動変容させ、HbA1c の改善や腎機能の低下抑制の傾向につながり、糖尿病性腎症の CKD の進展抑制・遅延に有効である。

Poster Presentation

PP-11

Development of a Training Method Intended for Nurses Who Aim to Better Understand the Cognitive Domain of the EASE Program

Michiyo Oka [1] Satsuki Takahashi [2] Emiko Motegi [1] Maki Oikawa [3] Takahashi Yasuko [4]
Naoto Kimura [4] Naomi Kakimoto [5] Chiaki Imoto [6] Sachiko Seo[7]
1. Gunma University Graduate School of Health Sciences, Maebashi, Japan
2. Gunma Prefectural College of Health Sciences, Maebashi, Japan
3. Gunma University, Graduate School of Health Sciences, Master Course, Maebashi, Japan
4. Gunma University Faculty of Medicine, Undergraduate Course, Maebashi, Japan
5. Ikuta Hospital, Konann, Japan
6. Omihachiman Community Medical Center, Omihachiman, Japan
7. Kobari General Hospital, Noda, Japan

Key words: EASE Program, the taxonomy of educational objectives, training method

【 1. Study Objectives 】

Background

The Encourage Autonomous Self-Enrichment (EASE) Program was developed to support the self-management of personal concerns, such as dining, among chronic disease patients. The EASE is being widely used in the clinical nursing field, and its effects have been verified. However, because the EASE is a method to educate patients based on theories and research, it is desirable for nurses to learn how to use the program through systematic approaches, instead of learning practical strategies first.

We planned to adopt such approaches based on the taxonomy of educational objectives. In order for nurses to systematically learn about the EASE Program based on the taxonomy, we determined that it was appropriate to better understand the cognitive domain of the EASE first.

Objectives

We developed a training method with the setting of educational objectives to better understand the cognitive domain of the EASE Program, in order for nurses to systematically learn about the program.

【 2. Developmental Procedure 】

Use of thee taxonomy of educational objectives to develop an EASE training method in detail

The taxonomy of educational objectives is advantageous in that it helps to clarify the: 1) role of each objective; 2) strategies to achieve objectives efficiently; and 3) methods to evaluate the level of achievement of objectives. Because this taxonomy was very important to develop the EASE training method, the use of the taxonomy of educational objectives was judged as appropriate in order to develop the training method in detail.

Concerning educational objectives in the field of educational theory, Bloom reported the Taxonomy of Educational Objectives, followed by the Five Classifications of Learning Achievements by Gagne, and the Two-dimensional Model by Merrill.

The educational objectives suggested by Bloom is simpler compared with those included in the theories of the other researchers, and are being used in nursing education. Therefore, the EASE training method was developed in detail based on Bloom’s educational objectives, which are divided into cognitive, affective, and psychomotor domains.

Ethical considerations

Because this study did not involve humans or animals, it was not reviewed by an ethical committee.

【 3. Results 】

The EASE training was implemented at entry, intermediate, and advanced levels according to Bloom's 3 educational objectives. In this article, we report only on entry-level training.

We determined that participants should accumulate necessary knowledge and understand theories during the entry-level training, and so a target was set to achieve the objective of the cognitive domain.

1) Clarification of the role of each objective

The EASE Program is sometimes misinterpreted as a tool used only for purposes such as self-monitoring. Therefore, the first target of the EASE training was to promote participants' accurate knowledge of the program.

2) Clarification of the strategies to achieve objectives efficiently

Lecture-based education, instead of that based primarily on self-learning or group work, was determined to be appropriate for participants at the entry level.

3) Clarification of the methods to evaluate the level of objective achievement.

We decided to conduct a written examination to assess the participants' level of knowledge. The questions for the examination were devised in line with the GIO (general instructive objectives) and SBO (specific behavioral objectives).

【 4. Discussion 】

In order for nurses to learn how to implement a program aimed at educating patients, we developed a training method using the taxonomy of educational objectives. The training is not very characteristic as it comprises lectures and a written examination. However, our efforts were significant in that the training method was developed in a purposive and systematic manner without depending on experience or imitation.

When educating nurses with a certain level of clinical experience, the idea of reflective practice introduced by Schon is sometimes employed, but this idea is generally based on the methodology of educational approaches. However, if using the taxonomy of educational objectives, it is possible to create guidelines regarding educational goals and methods to achieve them, and determine appropriate methodologies. It is necessary to develop training methods that allow intermediate- and advanced-level participants to achieve the goals of the affective and psychomotor domains, respectively, according to the taxonomy of educational objectives.

ポスター発表

PP-11

EASE プログラムの認知領域の向上を目指した看護師向け研修の開発

岡　美智代[1]　高橋さつき[2]　茂木英美子[1]　及川麻希[3]　高橋靖子[4]　木村直登[4]
柿本なおみ[5]　井本千秋[6]　瀬尾幸子[7]
1. 群馬大学大学院保健学研究科，前橋，日本
2. 群馬県立県民健康科学大学，前橋，日本
3. 群馬大学大学院保健学研究科博士前期課程，前橋，日本
4. 群馬大学医学部保健学科,前橋，日本
5. 医療法人美松会生田病院,湖南，日本
6. 近江八幡市立総合医療センター，近江八幡，日本
7. 小張総合病院，野田，日本

キーワード：EASE プログラム，教育目標分類，研修

【　１．研究趣旨・目的　】

問題の背景

慢性疾患患者の食事などのセルフマネジメントを支援するプログラムとして、EASE プログラム（Encourage Autonomous Self-Enrichment Program）が開発されている。EASE は看護臨床で既に広く活用されており、その効果も確認されている。しかし、EASE は理論や研究に基づいた患者教育の方法であるため、いきなり実践方法を学ぶのではなく、系統的な段階を経て、看護師に EASE を習得してもらうことが望ましい。

その段階をどのように設定するかを検討した際に、「教育目標分類」に沿って設定することにした。また、EASE について系統的に習得してもらうためには、「教育目標分類」に沿った場合、まずは、認知領域の向上を目指すことが適切であると判断した。

研究目的

EASE プログラムを、看護師が系統立てて習得するために、認知領域向上のための教育目標を設定して、研修を開発したので報告する。

【　２．開発手順　】

EASE 研修の具体的内容の設定に教育目標分類を活用する

教育目標を分類することのメリットとして、１）目標が担う役割の明確化、２）目標を効果的に達成するための方法の明確化、３）目標の達成の評価方法の明確化があるといえよう（鈴木)。これは、今回の EASE 研修の開発においても重要なことである。そのため、EASE 研修の具体的内容の設定には、教育目標分類を活用することが適切であると判断した。

教育理論における教育目標の分類では、Bloom ブルームが学習目標分類学を発表し、その後 Gagne.の 5 分類、さらにはメリルの 2 次元モデルなどが発表された。

この中でも、Bloom の学習目標は、他の 2 理論よりも簡潔であり、看護教育学でも活用されている。そのため、EASE 研修では、Bloom の教育目標を元に、研修内容を構築することにした。なお、Bloom の教育目標は、１　認知領域、２　情意領域、３精神運動技能領域に分かれている。

倫理的配慮

本研究はヒトや動物が対象ではないため、倫理委員会による審査は経ていない。

【　３．結果　】

Bloom の３つの教育目標に沿って、研修も初級・中級・上級の 3 段階にすることにした。本稿では初級研修についてのみ報告する。

初級研修では、まず、知識や理論について理解することが適切であると判断したため、認知領域が達成できることを目標にした。

1）目標が担う役割の明確化

EASE プログラムは、「セルフモニタリング法などの技法だけである」というように、誤解している人もいる。そのため、今回の EASE 研修では、研修目標によって、まず EASE に関する正しい知識の向上が達成されることを目指すことにした。

2）目標を効果的に達成するための方法の明確化

初心者への教育のため、自己学習やグループワークを主にしたものではなく、講義形式中心の教育方法が妥当と判断した。

3）目標の達成の評価方法の明確化

知識習得の確認をするために、筆記テストにした。なお、筆記テストの設問は、GIO と SBO に準じる内容にした。

【　４．考察　】

今回、患者教育のプログラムを習得する研修のために、教育目標分類を活用して研修内容を計画した。結果的には、講義や筆記試験などという、凡庸な研修内容になった。しかし、経験や模倣によってこのような研修内容にしたのではなく、意図的かつ計画的に設定されたことに意義があると考える。

臨床経験のある看護師の教育には、ショーンの reflective practice などが使われることがあるが、これら多くの内容は、教育の仕方である方法論の活用である。しかし、教育目標分類を活用すれば、教育達成目標や方法に関する指針が得られ、適切な方法論も決まってくる。今後の課題として、中級では Affective Domain、上級では精神運動技能領域が達成できるような、教育目標分類に沿った研修内容を構成していきたい。

Poster Presentation

PP-12

Research Trends in Psychiatric Nursing on Transition to the Community

Kyoko Okamoto [1] Ikuyo Oka [2]
1. Graduate school of Integrated Arts and Sciences, Hiroshima University, Hiroshima, Japan
2. Nara Gakuen University, Nara, Japan

Key words: psychiatric nursing, transition, community, literature review

Introduction

In Japan, the Mental Health Act was revised in April 2014 and policies facilitating transferring the care of mentally ill people from hospitals to community services have been promoted. One serious ethical problem for psychiatric nurses is difficulties in discharging patients (Tanaka, 2010), due to problems in community care, such as insufficient psychiatric nursing staff and the shortage of home-nursing stations, among others (Onishi, 2010; Tanaka, 2010). Moreover, community staff cannot understand the intentions of hospital staff (Higashi, 2007). Therefore, it is necessary for both hospital and community staff to experience each other’s work (Shirahase, 2008). This study reviewed previous studies on transferring mentally ill people to community services and discussed future support in measures in Japan.

Methods

Literature published on MED LINE, CINAL, and CiNii in the last decade were reviewed using the following keywords: psychiatric nursing, discharge, community, and transfer.

Results

As of July 16, 2014, 12 articles on MED LINE, 6 on CINAL, and 46 on CiNii were extracted. Table 1 shows the breakdown of these articles:

1. Intervention studies

Many intervention studies have been conducted overseas using the Transition to Community Model (Price LM, 2007), Discharge Model (Reynolds W, 2004) and using telephone intervention (Beebe LH, 2004) among others. Mostly, these studies have divided participants into intervention and control groups and examined the effectiveness of the programs. In Japan, on the other hand, reports of case interventions conducted by nurses and their explanations have often been reported.

2. Patient-nurse relationship

Certain studies conducted overseas have used the concept of patient-nurse relationship based on Peplau’s theory (Cleary M, 2013: Beebe JH, 2004). Price (2007) used the Transition to Community (TTC) Model in transferring schizophrenics to local communities. He argued that a successful interactive and integrated approach would increase patients’ drug compliance and be effective in the TTC program. Beebe et al. (2004) conducted telephone intervention problem solving and reported that development of patient-nurse relationships increased telephone conversations.

3. Perspectives on recovery

Recently, “recovery” has been focused as a key concept of community transition as exemplified by following studies: survey on psychiatric nurses’ recognition of recovery (Cleary M, 2013), investigation taking Assertive Community Treatment (ACT) into consideration and improvement in QOL in nurses’ intervention in transferring patients with serious mental disabilities to communities (Rose LE, 2007), and investigation of the roles of care coordinators providing opportunities for recovery using community services (Stewart MW, 2012), among others.

Discussion

Many intervention studies have been conducted overseas, whereas in Japan, there have been explanatory studies and only few investigations with the exception of case studies, despite the revision to the law and a social movement promoting community care. To facilitate the smooth transition from hospitals to communities, effective variables in case studies and explanatory studies should be analyzed and intervention programs should be developed and their effectiveness investigated by using pilot studies among others. Theories of patient-nurse relationship and recovery should be used positively for the construction of conceptual frameworks for developing such programs.

Table 1: Articles on psychiatric nursing related to transition to the community

Overseas	Intervention		Patient－nurse relationship	Survey on community mental health nurses' recognition	Condition And Problems In community mental health nursing	Literature review	
	Community transition	Others					
	4	8	3	1	1	1	
Japan	Case study	Other qualitative studies	Outcome factors after discharge	Survey on community mental health nurses' recognition	Transitional care for long-term inpatients	Nursing Activities In Transition (actual Condition Survey)	Outlines
	17	4	1	1	2	2	15

ポスター発表

PP-12

精神科看護領域における地域移行に関連した研究の動向

岡本響子 [1]　岡 居久代 [2]
1. 広島大学総合科学研究科，広島，日本　2. 奈良学園大学，奈良，日本

キーワード：精神科看護，退院，地域移行，文献研究

はじめに

日本では本年 4 月，精神保健福祉法が改正され，精神障害者の地域生活への移行を促進する政策が進められている。医療チームの一員を構成する看護師にとっても，退院を意識した看護の必要性が高まっている。精神科看護者が最も悩んでいる倫理的問題の上位に患者が退院できないことが挙げられる(田中，2010)。その背景に,精神科領域における人員配置の少なさや訪問看護ステーションの少なさ等地域ケア移行の困難さが指摘されている（大西,2010；田中，2010)。一方で、地域のスタッフからは「病院は何をしているのかわからない」といった声が聞かれ（東,2007），病棟のスタッフと地域のスタッフがお互いの現場を経験する時間が必要との指摘がある（白波瀬，2008)。本稿では精神科領域における地域移行に関連した研究の動向を明らかにし，今後の日本の精神障害者の地域移行支援の一助とすることを目的とした。

調査方法

MED LINE ,CINAL及び国立情報学研究所（CiNii Articles）上において発表された過去10年間のすべての文献を対象に，psychiatric nursing, discharge, community, transfer をキーワードとし，CiNiiにおいて発表された過去10年間のすべての文献を対象に，精神科看護，退院，地域をキーワードとしレビューを行った。

結果

2014 年 7 月 16 日現在，MED LINE 上 12 件，CINAL 上で 6 件，合計 18 件，CiNii 上で 46 件の文献が抽出された。表 1 に内容別件数を記す。

１．介入研究

諸外国では，地域移行モデル(Price LM，2007）や退院モデル（Reynolds W，2004）電話を用いての介入（Beebe LH，2004）といったプログラムに基づく介入研究が多かった。そのほとんどが協力者を介入群と対照群に分け，プログラムの有効性を検証するものであった。一方，日本では病院の看護師による事例介入の成果報告を中心とする研究及び解説が多かった。

２．患者ー看護師関係

諸外国ではペプロウの理論にもとづいた患者看護師関係を概念に採用しているもの（Cleary M，2013, Beebe LH，2004）があった。Price(2007)は統合失調症患者の地域移行に際しTransition to community modelを試みている。論文の中で患者－看護師関係（Peplau，1991）を重視したインタラクティブ統合的アプローチの成功は患者の服薬コンプライアンスを高め，TTCプログラムに有効に働くとしている。Telephone intervention problem solvingを試みたBeebeら（2004）も患者看護師関係が発展するにつれ言語が増えることを報告している。

３．リカバリーの視点

近年の研究では，精神科看護師にリカバリーに関する認識調査をしているもの（Cleary M, 2013)，重度の精神障害者の地域移行に関する看護師の介入において，ACT（assertive community treatment）との連携やQOL改善の介入をめざしているもの（Rose LE, 2007)，ケアコーディネーターの役割の根拠として，コミュニティサービスにおけるケアは最大限のリカバリーの機会を与えるとするもの（Stewart MW,2012）など地域移行へのキー概念としてリカバリーが頻出している。

考察

本文献研究の結果，諸外国では介入研究が多いのに対して，日本では解説が多く，事例研究を除くと論文が少なかった。既に始まっている法改正や社会の動きに研究が追いついていない可能性がある。

日本において今後スムーズな地域移行を実現していくためには，事例研究や解説で紹介され成果をあげている成功要因の分析が必要である。これらの分析をもとに介入のプログラムを作成しパイロットスタディ等による検討を行う必要がある。プログラムの作成に際してはその概念枠組みに，患者－看護師関係やリカバリーの理論を積極的に取り組む必要性が示唆された。

表１　精神科看護領域における地域移行に関連した文献

諸外国	介入		患者ー看護師関係	地域精神保健看護師の認識調査	地域精神保健看護の現状と課題	文献レビュー	
	地域移行	その他					
	４	８*	３	１	１	１	
日本	事例報告	その他の質的研究**	退院後の転帰要因	地域精神保健看護師の認識調査	長期入院患者の移行ケア	移行期の看護活動（実態調査）	総論
	17	４	1	1	２	２	15

*幻聴のセルフマネジメントツールの開発，住宅問題への介入，高齢者うつへの介入など
**グループインタビュー，精神科看護師の態度など
***退院後の転帰要因，精神科病棟看護師の認識，移行期の看護活動など

Poster Presentation

PP-13

The Roles of Supporters During Perinatal Period: Practical report of classes for pregnant women and babies

Ikuyo Oka [1] Kyoko Okamoto [2]
1. Naragakuen University, Nara, Japan
2. Graduate school of Integrated Arts and Sciences, Hiroshima University, Hiroshima, Japan

Key words: perinatal period, child care support, supporter, doula

Introduction

In Japan, an increasing number of consultations for parenting anxiety and abuse remains unresolved. In this study, we compared practical reports from pregnant women and babies in programs developed to listen to women in their perinatal period, and programs in Japan that incorporated methods from parent support programs in Canada, USA, and Australia. The aim of this study was to examine the role of supporters during the perinatal period and the necessary elements for parenting support in Japan.

Method

We organized a practical and experimental learning class for mothers and their babies, and pregnant women. The class lasted for approximately one year in a trimester format consisting of the pregnancy period, the first half of infancy period, and the second half of infancy period. Class contents centered on themes that were related to the interests of participants. We also showed participants specifically how to play and interact with their babies by incorporating hand games, children's books, and baby massage, etc. For pregnant women, touch care on their belly was offered individually. After the completion of the class, we requested participants to complete a self-report questionnaire. We analyzed the responses to measure the effectiveness of the class. Furthermore, we drew comparisons between the class and other parent support programs in Japan. The survey was conducted under ethical considerations.

Result

The questionnaire was distributed to 29 consistent participants and we obtained responses from 25 participants (86.2%). Of the respondents, 12% were in their 40s, 72% in their 30s, and 16% in their 20s. Additionally, 48% started participating during pregnancy and 40% within 6 months of postpartum. They were all first-time mothers within a nuclear family. We organized and classified their answers to the question “Have your ideas and methods for child care changed after participating the class?” Based on similarities, we obtained 10 categories (Table 1). Also, we found that the class differed from parent support programs, which utilize cognitive behavioral therapy techniques to teach specific methods and knowledge of parenting. The class sets no restriction on a period or participants, does not use learning material, and nurtures emotions, etc.

Discussion

During the perinatal period, mental relaxation is important and the presence of supporters who can provide continuous emotional support is vital. Long-term intervention was found to be effective, therefore, these elements are necessary, starting from the pregnancy period to the end of rearing period. Although mothers initially seek techniques, they gradually came to accept appropriate ambiguity, children's individual differences, and characters. They realized that relationships with others are essential for raising a child and came to see themselves and their child as connected with others. We found that the necessary elements for parenting support in Japan are emotional connections with others and a sense of comfort via recognition of ambiguous and different ways of parenting, rather than clarity of skills through words or methods. Supporters during the perinatal period have the roles of accepting another's existence, staying mentally present by the mother and the child, and connecting people with other people. Also, it is important for supporters to pass on the wisdom of how to accept a child's individual differences and to have the ability to make appropriate decisions without being too extreme.

Conclusion

This class for pregnant women and babies can be an effective program if conducted precisely and with care. Parenting support during the perinatal period is particularly important for mothers and their babies due to the significance of the period, and the need for such support will increase in the future. Such support can only be conducted on a small scale and skills are not yet established. These remain challenges for the future.

ポスター発表

PP-13

周産期における支援者の役割
—妊婦及び乳児クラスの実践報告—

岡いくよ[1]　岡本響子[2]
1. 奈良学園大学，奈良，日本　2. 広島大学総合科学研究科，広島，日本

キーワード：周産期，子育て支援，支援者

研究背景と目的：日本では、世代間で受け継がれた育児の知恵や知識を継承できず、乳児への関わり方を知らないままに母親となる事が増えた。育児不安や虐待の相談件数の増加が続き、自治体等を中心に虐待予防や育児不安解消のため親支援プログラムを実施しているが、虐待の相談件数や育児環境に改善はみられない。筆者は、周産期にある女性の話を聴く活動を20年間実践し、大阪市中央区に「マタニティガーデン」を開設し妊娠出産育児の知恵やコツを伝える妊婦及び乳児クラスを開始した。本研究は、妊婦及び乳児のクラスの実践報告と、カナダやアメリカ、オーストラリアで行われる親支援プログラムを取り入れた、日本での実践報告等から比較検討を行い、周産期における支援者の役割と日本の育児支援に必要な要素を検討することを目的とする。

方法：妊婦及び乳児とその母親に、妊娠期、乳児期前半、後半に分かれ各期週1回程度、1回2時間、妊娠中から産後1年間、参加体験型学習によるクラスを実施した。内容は参加者の知りたいテーマを中心に構成し、参加者の表情、反応を捉え即時クラスに反映させた。また、合間に乳児が飽きない手遊び、絵本、マッサージ等を取り入れ、具体的な遊び方、個別性を大切にした発達の道筋、関わり方を提示した。妊婦には個別にタッチケアを実施した。効果の測定として参加者に1年間の参加修了後、自記式質問紙による回答を依頼し分析を試みた。さらに、本クラスと、カナダやアメリカ、オーストラリアで行われる親支援プログラムを整理し比較した。尚調査は、目的及び内容、拒否や撤回の自由などを文書により説明し、返送をもって同意を得たと判断し倫理的配慮の下に実施した。

結果：妊婦、乳児クラスに約1年継続的に参加した29名に配布し、25名（86.2%）の回答を得た。回答者の年齢構成は40歳代12%。30歳代72%。20歳代16%。参加を開始した時期は、妊娠中からが48%、産後6か月以内40%である。全員が初産婦で，核家族である。「子育てのイメージや方法が参加により変化したか？」の質問に対する回答を整理し、類似するものをまとめ、【みんなで育てる】【出会い】【焦らずゆったり見守る】【がんばり過ぎない】【楽になる】【子どもの個性を知る】【みんな悩む】【赤ちゃんは強い】【育児書通りでない】【子どもの意志】等のカテゴリーを得た。また、育児方法等の具体的方法や知識を認知行動療法のスキルで学ぶ親支援プログラムとは、期間、参加者を限定しない、学習教材がない、情緒的なものを育む等の違いがある事が分かった。

考察：妊娠出産育児と続く母子の急激な変化の時期には、精神的なリラックスが重要で、母と子を継続して理解できる情緒的支援者の存在が必要である。時期的には妊娠期から乳児が一人で歩き、離乳が完了するまでの期間が必要で、長期間の介入は効果があったと考える。母たちは当初育児方法と技術を求めることが多いが、適度な曖昧さ、子どもの個人差、個性を次第に理解し、他者との関係が子どもを育てるのに必要であることを学び、他者の中の自分と我が子を見出すように変化していた。日本の育児支援に必要な要素には、言葉や方法によるスキルの明確さよりも、日本の文化的背景を考慮し、情緒的な他者との繋がりや曖昧で多彩な育児方法の認識に安心感を抱くということが分かった。また、周産期における支援者の役割として、相手の存在を受け入れ、精神的に傍に居続け、人と人を繋げることが求められる。また、子どもの個人差と関わりの知恵を伝え、極端にならずに程良いバランスで物事が判断できることが大切であると考える。

結論：この妊婦、乳児クラスはきめ細やかなファシリテーションとケアに配慮すれば有効なプログラムとなる。周産期の育児支援は母と子を支える重要な時期の支援であり今後さらに必要性は高まると言える。しかし、実施には、多数を相手に実現が困難である。また他の支援者が実施するためのスキルが未確立であり、普及に至れていない。各地でのクラスの広がりは今後の課題としたい。

Poster Presentation

PP-14

Difficulties and Personal Growth in Work after the Implantation of a Pacemaker: With the Social Background of the 1970s

Hisako Kobayashi
Aino University, Osaka, Japan

Key words: pacemaker, working, difficulties, personal growth, 1970s

Question: Pacemaker implantation surgery, which was initiated in 1963 in Japan, posed many risks in the 1970s, such as the low performance and safety of the pacemakers. Due to the low social recognition of pacemaker implantation treatment, users of pacemakers had to face many difficulties in their careers; however, the number of healthcare providers today who are aware of these problems in the 1970s is very limited. This study aimed to clarify difficulties that pacemaker users had, and understand their personal growth achieved through difficult events, by focusing on their work experiences after the implantation surgery.

Methods: Subjects were 4 male and female patients with a pacemaker who live in the Kanto District. Interviews, conducted at the subjects' homes or places decided by them, were recorded with their permission, and subsequently transcribed verbatim. Important narratives about their working experience were extracted, and experiences of difficulties and personal growth were identified based on a phenomenological perspective. This study was conducted with the approval of the ethics committee of the research director's university.

Results and Discussion: The mean age of the 4 subjects was 68 years old. They have been using a pacemaker for approximately 40 years. Concerning work-related difficulties, the following 5 themes were identified: (1) "Finding a job I can do despite having medical device problems", (2) "the distress of being unemployed because of having a pacemaker implanted", (3) "feeling of guilt about hiding the disease in the workplace", (4) "discriminatory phrases used by work colleagues", and (5) "personnel-related discrimination". (1) The subjects had difficulties in finding a job they can do despite having medical device-related problems or the need for hospital admissions for heart failure exacerbations. (2) The subjects were unemployed because prospective companies had never employed a person with a pacemaker and had no idea about the risks of such a device. (3) Because of the fear of not being accepted by a company, the subjects had never disclosed their disease, and so they had to change the job every time they were admitted to hospital. (4) The subjects suffered from discriminatory comments used by work colleagues, such as mechanical human, cyborg, or handicapped. (5) The subjects experienced salary and personnel discrepancies, and felt emotional distress over a career gap that cannot be overcome. Concerning personal growth, the following 3 themes were identified: (1) "a sense of comfort over the understanding of people with disabilities", (2) "privilege given to a person with a severe disability", and "hopes about themselves". (1) Subjects, who were employed after the establishment of the Act on the Promotion of the Employment of Persons with Disabilities, received emotional support from their work colleagues. (2) The subjects tried hard to be certified as a person with a severe disability to reduce their medical expenses. (3) The subjects tried to show that they can work just as well as healthy people, sought preferential treatment, and did the best they could to earn a living. The number of pacemaker users was only approximately 1,000 in the early 1970s. Although they were isolated from society and had to face many difficulties, they have successfully overcome emotional distress and achieved personal growth.

ポスター発表

PP-14

心臓ペースメーカー植え込み後に働くことの困難感と自己成長―1970 年代当時を背景として―

小林久子
藍野大学，大阪，日本

キーワード：心臓ペースメーカー，働くこと，困難感，自己成長，1970 年代

【目的】日本での心臓ペースメーカー植え込み術は（以後、植え込みと記す）1963 年から始まったが、1970 年代当時は、機器の性能と安全性が不十分であり医療面の苦労が多い時期であった。その上、治療の社会的認知が低い時期に仕事をすることは、植え込み当事者が予測しない困難感に直面した。しかし、その体験は現在の医療及び社会の状況とは大きく異なっており、当事者は語ることをはばかって閉塞感をもたらしている。そこで本研究は、植え込み後に働いた体験に焦点を当て、当時に抱いた困難感を言語化し、体験を通した自己成長を捉えることを目的とした。

【方法】当事者は、1970 年代に植え込んで生活している関東在住の男女 4 名であった。当事者へのアプローチは、患者会を通じて事前同意を取り、当事者からの紹介で次の接触に至った。面接は自宅または指定の場所で約 90 分を 1～2 回実施し、許可を得て録音した逐語記録は当事者の自宅に郵送して内容確認を行った。分析方法は、逐語録に基づいて働くことに関する重要な語りを抜き出し、現象学的観点から困難感と成長の体験を意味づけるテーマを捕えた。倫理的配慮は、所属大学の倫理審査委員会の承認を得て実施した。当事者に文章と口頭で、研究意義と目的および方法、自由意思での研究参加と撤回の自由、予測される利益と不利益、個人情報の保護、結果の公表について説明し、同意の署名を得た。

【結果】面接を行った 4 名の初回の植え込み年齢は 20～30 歳代で、植え込み期間は約 40 年間に及ぶ。植え込み後の働くことの困難感の体験は、①「器械の不具合を抱えて働ける職場探し」、②「植え込みによって解雇されたみじめさ」、③「病気を隠して働く後ろめたさ」、④「同僚からの差別的発言」、⑤「人事的差別化」の 5 つのテーマを見出した。①の職場探しについては、予期しない機器の不具合や体調不良から度々入院したことで職場探しに苦労した体験があった。②の解雇については、機器の危険性がわからず、初めての植え込み社員を抱えた会社が当事者を解雇した体験があった。③の病気を隠して働くことについては、病気を会社に話したら雇用されないために、病気を隠し通し、年 1 回の入院を機に会社に居辛くなって退職を繰り返す体験があった。④の同僚からの差別的発言は、器械人間、サイボーグ、かたわと呼ばれ、その言葉に自ら反論できない苦痛を感じていた。ペースメーカーを入れると駄目だという同僚評価に、最も強い困難感を抱いた。⑤の人事的差別化については、給与や人事考課のハンディに遭遇し、1 回差が付くと取り戻せない遅れに困難感を抱いていた。

一方、これらの体験を通した自己成長では、①「身体障害者を分かってくれる安心感」、②「障害者 1 級の恩恵」、③「自分への期待」の 3 つのテーマを見出した。①の身体障害者をわかってくれる安心感は、1980 年代の障害者雇用促進制度によって障害者枠で正職員に雇用された当事者が、病気を知る同僚からの情緒的援助を実感していた。②の障害者等級は、植え込み当初 4 級認定で医療費の負担が大きかったことから、当事者同士が情報共有し知識をつけて 1 級認定取得を目指した活動をした。医師は、障害者扱いされるから障害者手帳は持たない方がいいと説明していた。③の自分への期待は、自分がまともに働けることを周囲に証明し、次の植え込み者への優遇を勝ち取る努力や、自分一人で自活するよう志した経緯があった。

【考察】1970 年当初、日本の植え込み経験者は 1000 人程度で社会的認知が極めて低い時代であったことから、植え込み当事者は社会からの孤立や困難感を余儀なくされた。植え込み当事者は、障害者のスティグマよりも社会保障の恩恵こそが安心して働ける真の援助であることを認識しつつ、ハンディキャップからの立ち直りに奮闘した自己成長が語られた。

Poster Presentation

PP-15

Effect of Dietary Habits on Acrylamide Intake of Japanese Female College Students

Yuki Sakakura
Department of Food Science, Ibaraki Christian University, Ibaraki, Japan

Key words: feeding behavior, eating habits, food frequency questionnaire

Abstract

Acrylamide is a chemical substance used for processing of paper or industrial materials. Acrylamide is known as a neurotoxin and it is classified as a human carcinogen by the International Agency of Research on Cancer. Acrylamide is produced as by-product of the Maillard reaction in starchy-rich foods processed at high temperatures. It was found that it contained rich in processed foods such as corn snacks potato chips.

In this research, in order to investigate female college student's acryl amide intake, we examined food frequency questionnaire. This study also investigate potential relationships between acrylamide intake and dietary habits, made to help students develop lifelong healthy and good eating habits. For 120 of female college students, we examined food frequency questioner of 15 kind foods containing French fries and potato chips. The contents of acrylamide quote from Japanese Food Safety Committee's fact sheet. As a result, acrylamide intake was estimated on the average of 0.0191 mg. No significant correlations was observed between acrylamide intake and body mass index. A significant association was observed between a high frequency of fast food eating and acrylamide intake. These findings demonstrate the importance of food education and eating skills. We should conduct nutrition skills through the school education.

ポスター発表

PP-15

女子大学生のアクリルアミド摂取量に対する食習慣の影響

坂倉有紀
茨城キリスト教大学生活科学部，茨城，日本

キーワード：食行動，食習慣，食物摂取頻度調査

アクリルアミドは紙の増強剤や工業用の接着剤などに使われる化学物質で、発がん性や神経毒性、生殖毒性が報告されている。国際がん研究機関による発がん分類では、グループ 2A「ヒトに対しておそらく発がん性がある」に分類されている。1997 年、スウェーデンの大規模トンネルの防水工事中に建設労働者がアクリルアミドに暴露され、様々な症状を呈した。この事故解明の過程で、初めてアクリルアミドに暴露されていない人の体内にもアクリルアミドが存在している事が分かり、アクリルアミドが食品の加工中に生成することが発見された。その反応機序は、アスパラギンと還元糖が高温で過熱されることにより生ずると考えられており、ポテトチップスやコーンスナックなどの加工食品に多く含まれることが分かってきた。以降、わが国でもアクリルアミドの食品中の含有量の検討や生成を低減する取り組みが始まっている。

本研究では青年期にある大学生が、これらの加工食品からどの程度のアクリルアミドを摂取しているかを探るため、食物摂取頻度調査法を用いて推定摂取量を求めた。青年期は、家庭や学校で習得した食の知識に加えて、メディアなどさまざまな知識が統合され、各自の食生活が確立し、定着する時期である。一方で青年期の食生活の現状は、ファーストフード食品や菓子などへの依存や脂質の摂取過多など食の乱れの問題がある。成長過程でこれらの摂取量が高くなると考えられる食習慣が定着する時期を探り、青少年期の食育を推進する際の一助となるよう、アクリルアミドに対する意識調査や食生活状況調査を行い、摂取量に影響を与える因子を検討した。方法は、A 女子大学の学生 120 人を対象とし、アクリルアミドの含有量が高いフライドポテト、ポテトチップスを含む 15 の対象食品の食物摂取頻度調査法を行った。食物摂取頻度調査法は、それぞれの食品をどれくらいの量・頻度で食べているかを答えてもらう頻度回答である。その値に各食品のアクリルアミドの含有量を乗じて一日のアクリルアミド推定摂取量を求めた。アクリルアミドの含有量は、農林水産省および食品安全委員会で公表しているファクトシートの値を用いた。その結果、対象の加工食品由来のアクリルアミドの一日の摂取量は平均で 0.0191mg であった。摂取量と BMI の間に相関は認められなかった。ファーストフードの利用頻度が高いほど摂取量が高い傾向があり、そのような食習慣は高校時から定着する傾向にあった。また「食として最もよく食べるものは何か？」の問いに対し、チョコレート・チョコレート菓子が最も多く、次いでスナック菓子、クッキー・ビスケットであった。間食の回数が多いほど、アクリルアミドの摂取量が多いことがわかった。意識調査では、アクリルアミドの認知度は低く、対象食品を摂取しないように意識している人はみられなかった。食行動などの習慣は青年期で定着することから、この時期に、食事や環境において望ましい習慣を身につけることは、生涯を通じて健康的な生活を営むことにつながる。間食では、アクリルアミドの摂取を避けるためにも、ファーストフードやスナック菓子などの量を限定し、1 日 3 回の食事からでは不足しがちな栄養素を補給するような食品を選び、摂取できるように食教育の現場において指導していく必要があると考えられる。

Poster Presentation

PP-16

How to Convey the Information on Smoking to Support Smokers to Start Quitting?

Yuko Takahashi [1]　Hideshi Miura [2]
1. Nara Women's University, Nara, Japan
2. Japanese Association of Smoking Control Science, Nara, Japan

Key words: information on smoking, support, quitting

【Purpose】

Hazards of the smoking is clear but there still exist a lot of smokers who don’t start quitting. Since 1997 we repeated seminars and have developed educating curriculum for supporter upbringing. We reported here the survey about how to convey the information on smoking to support smokers to start quitting.

【Methods and Objects】

Unsigned questionnaire was distributed to all participants of one seminar in Saitama Prefecture on June 2014. The questionnaire contained selections about which information was supposed more effective to strengthen challenging will to quitting in smokers; “A: If you quit smoking, the rate of lung cancer will decreases” vs “B: If you continue smoking the rate of lung cancer will increase”. As background factors, sex, age, occupations, supporting experiences in quitting and smoking history of the participants were questioned. The results were examined by t-test and Fischer’s exact probability.

【Results】

All of 79 participants (16 male, 63 female) answered the questionnaire. Average age was 41.9+ 9.3 years old (23-68 years old). 56 were non-smokers, 13 were ex-smokers and 1 was current smoker.
About how to tell information, 28 of 33 experienced supporters selected quitting merits as more effective information(A) than smoking hazards(B). In beginners only 10 of 22 selected quitting merits ($p<0.01$). 23 of 33 experienced supporters chose the various changes of daily life after quitting as effective information to encourage smokers to quit. In beginners 7 of 22 did ($p<0.05$).

【Discussion and Conclusion】

Although the importance of telling the good results provided by new healthy activity has been suggested, medical staff tend to tell the hazards first of all to encourage smokers to quit. In this study the experienced supporters selected good results induced by cessation as more effective information than smoking hazards. It suggested the importance of telling the merits in educating curriculum.

ポスター発表

PP-16

禁煙開始支援における禁煙関連情報の伝え方に関する検討

高橋裕子[1]　三浦秀史[2]
1. 奈良女子大学，奈良，日本　2. 日本禁煙科学会，奈良，日本

キーワード：禁煙支援，動機づけメッセージ，有害性，メリット

【目的】喫煙の健康影響は明白であるが、禁煙治療に踏み切れない喫煙者は依然として存在する。われわれは従来から禁煙支援者育成のための講習会を重ねるとともに、禁煙支援者育成に必要な教育カリキュラムの開発にあたってきた。今回は禁煙支援者を対象に「どのような事項が禁煙を促すと考えるか」を禁煙支援経験者・初心者別に検討したので報告する。

【対象と方法】平成26年6月に開催された禁煙支援者講習会への全参加者を対象に無記名の調査表を配布し記入終了後に回収した。質問内容は「喫煙者に禁煙にチャレンジする気持ちを高めるために伝える情報の伝え方」を問う質問で、A は禁煙のメリット（例　禁煙すると病気からまぬがれる）B は喫煙のデメリット（例　喫煙していると病気にかかりやすくなる）としてどちらの伝え方がより効果的かを 5 項目にわたり質問した。また禁煙を開始するのに役立つと思う知識を選択した。なお背景因子として性別・年齢・職種のほか、自身の喫煙歴と禁煙支援歴と講習会参加歴を尋ねた。講習会参加回数および禁煙支援経験別に2群にわけ、t 検定およびフィッシャー正確確率検定にて検討した。

【結果】質問票配布時の入室者数は79名（男性16名、女性63名）であり、全員から質問票を回収した。年齢は23歳から68歳（平均41.9＋ 9.3歳）、喫煙状況は非喫煙56名、ためし喫煙2名、過去喫煙11名、現喫煙　1名であった。「情報の伝え方」に関しては、5種類の情報のうち2項目以上A と回答した人は、禁煙支援経験者では 33 人中 28 名であったが禁煙支援経験の少ない人では 22 人中 10 名と少なく（$p<0.01$）、また禁煙を開始するのに役立つと考えた知識は「禁煙後の生活の変化」において有意差をもって禁煙支援経験者が有効であると感じていた。参加回数別には「情報の伝え方」に関しては、5種類の情報のうち2項目以上A と回答した人は初回参加者50名中23名、リピーターでは26名中23名であった（$p<0.05$）。また禁煙を開始するのに役立つと考えた知識については、「禁煙後の心の変化」「禁煙後の生活の変化」「禁煙後の人間関係の改善」の 3 項目についてリピーターのほうが初回参加者よりも有効であると回答した（$p<0.01$）。

【考察と結語】健康行動の開始支援においてはその行動の結果得られるメリットを話すことで変容意欲を高めることが指摘されている。しかしながら禁煙開始支援においては喫煙有害性などデメリットの話を優先する傾向にある。今回の結果は禁煙支援経験者や講習会リピーターは禁煙開始支援で禁煙メリットを話すことを有用と感じているとの結果であり、禁煙支援者育成教育において禁煙メリットを伝える教育内容の必要性を示唆するものであった。

Poster Presentation

PP-17

Pain Relief Optimization of the Aroma Touch Therapy with *Citrus Junos* Oil Evaluated by Quantitative EEG Occipital Alpha-2 Rhythm Powers

Tomomi Bohgaki [1] Yoshitada Katagiri [2]

1. Naragakuen University, Nara, Japan
2. National Institute of Information and Communications Technology, Tokyo, Japan.

Key words: Citrus junos (Yuzu) oil, pain-relief, encephalogram occipital alpha-2 rhythm, optimum point, emotion

1. Introduction

Despite marked developments in palliative medicine, it is unable to relieve pain in half of cancer patients. In recent years, complementary and alternative therapies to Western medicine have come to be introduced in many countries worldwide. For terminal cancer patients, these therapies are based on the recognition that the alleviation of not only physiological but also psychological pain is extremely important in maintaining their quality of life (QOL). In a previous clinical trial that utilized neuroimaging technology to evaluate local blood flow in the brain, we reported that thalamic activity significantly decreased under chronic pain conditions [1]. Previous study gives the best suggestion that a region of the thalamus, associated with the brain stem and anterior cingulate cortex, is positively correlated with the slow fluctuation components of the alpha rhythm power [2]. Therefore, we used an occipital brain wave alpha rhythm to quantitatively evaluate thalamic activity, and examined a pain relief-effect. Based on the clinical findings of a previous study, we hypothesized that the pain-relief effects of aromatherapy were due to thalamic activation. In addition, regions associated with the thalamus and limbic system have a strong correlative relationship with emotions. Although some studies regarding aromatherapy have proposed that its analgesic effects are essentially because of the effects of relaxation on pain sensation, this is inconsistent with the finding that chronic pain is relieved by thalamic activation. The present study focused on areas of deep brain network (DBN) activity, including that in the thalamus, with the aim of clarifying the neurophysiological and neuropsychological mechanisms of the pain-relieving effects of aromatherapy.

2. Methods

Subjects comprised 13 healthy volunteers [females: 10, males: 3 (21.2 ± 1.36 years)] who gave their informed consent in writing. Pseudo chronic pain was simulated with a cold pressure test (10°C–11°C) that stimulated C fibers and targeted TRPA1 receptors [3]. The area from the wrist downwards on the opposite side to that undergoing aroma touch therapy with *Citrus junos* oil was immersed for 5 min. Aroma touch therapy was conducted from 5 min before immersing until the end of the cold pressure test. Pain was assessed by having subjects report their level of pain on a scale of 0 to 10 using the numerical rating scale every 30 s while undergoing immersing. Objectivity for pain evaluation was maintained by fitting a near-infrared cerebral blood flow evaluation device to subjects' foreheads. In addition, the subjects' temperament were evaluated using the Global Depression Scale, the STAI form JTZ anxiety scale, and the Visual Analog Scale using pleasant–unpleasant, awaking–sleepiness, and sedation–agitation as endpoints. This study was approved by the Ethics Committees of Graduate School of Health Sciences of Kobe University, the Nursing Department of Aichi Medical University, and the National Institute of Communication Technology.

3. Results and Discussion

We clarified the chronic pain relief effects of aroma touch therapy with *Citrus junos* oil based on occipital alpha rhythm power-dependent deep areas of brain activity, including the thalamus and emotional factors. Pain evaluation and the thalamic region (associated with the brainstem and anterior cingulate cortex) clearly correlated with the slow variation components of the alpha rhythm power

(DBN activity index), which supports our hypothesis. Meanwhile, a negative correlation was noted in areas of excessive DBN activity, whereby pain increased. Furthermore, we noted a correlation between pain relief and the intensity of deep brain activity; its effects increased when aroma touch therapy with *Citrus junos* oil had little effect during DBN activity, and it worked in an inhibitory manner when DBN activity was excessive. Thus, although the behavior of this DBN activity may be indicated based on the balance of a system containing monoamine, its full mechanism needs to be clarified with future research. It is not related to emotional state because the maximum possible degree of comfort achieved by a procedure or therapy may not necessarily equate the maximum degree of pain relief possible. The fact that particular pain relief effects were noted in subjects with low levels of DBN activity, which indicates depressive tendencies or states of anxiety, suggested that aroma touch therapy with *Citrus junos* oil may allow for gentle intervention in treating stress according to the individual; therefore, may be applied to patients experiencing pain.

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ポスター発表

PP-17

柚子のアロマタッチの定量的後頭部脳波 α2 リズムパワーによる疼痛緩和の最適条件化

坊垣友美 [1]　片桐祥雅 [2]
1. 奈良学園大学，奈良，日本　2. 独立行政法人 情報通信研究機構，東京，日本

キーワード : 柚子精油，疼痛緩和，後頭部脳波 α リズム，最適条件，感情

1. はじめに

緩和医療の伸展は目覚ましいにも関わらず, 癌患者の半数は疼痛を緩和できていない. 近年, 西洋医学を補完代替する医療が多くの国で導入されており，これは生理学的のみならず精神的除痛が末期がん患者の QOL 維持に極めて重要であるとの認識に基づくものである. 神経画像処理技術を使用して脳の局所血流量を評価した臨床試験では視床活性が慢性痛条件の下で有意に減少する[1]と報告した．また視床（脳幹と前帯状束皮質に関連した）の領域がアルファリズムパワーの緩徐変動成分と明らかに相関している[2]．そのため，我々は，疼痛緩和効果を視床活性から量的評価するために後頭部脳波アルファリズムを採用した．先の臨床的所見からアロマセラピーの疼痛緩和効果が視床活性化に起因していると仮定した．一方，視床と大脳辺縁系に関連した領域は，感情とも強く相関している．アロマセラピー研究には疼痛感に対してリラックスといった鎮静を本質とする説が若干あるものの，慢性疼痛においては視床を賦活することで疼痛を緩和しており，両者に矛盾がある．そこで本研究は視床を含む深部脳活動に着目し，アロマセラピーの疼痛緩和効果の作用機序を神経生理学・神経心理学的に明らかにすることを目的とした.

2. 方法

健常な被験者 13 人（女 10 人， 男 3 人 (21.2 ± 1.36 歳)は，書面でのインフォームドコンセントを提供した．TRPA1 受容体をターゲットにした C 線維を刺激する[3]寒冷昇圧試験（10-11℃）で慢性疼痛をシミュレーションした．柚子のタッチセラピーと反対側の手関節以下を 5min 浸漬した．柚子のタッチセラピーは浸漬 5 分前から試験終了まで実施した．痛み評価は浸漬中に 0-10 段階の Numerical Rating Scale で 30 秒ごとに申告してもらった．痛み評価は前額部に近赤外線方式脳血流評価を装着して客観性を保持した．さらに気質として，うつ尺度 Global Scale for depression と不安尺度 STAI form JTZ，感情と痛み評価の関連は，快 - 不快，眠さ - 覚醒，鎮静 - 興奮を両極に配置した VAS で評価した.

本研究は神戸大学保健学研究科および愛知医科大学看護学部，および独立行政法人情報通信研究機構の倫理審査委員会で承認された.

3. 結果・考察

疼痛評価と視床(脳幹と前帯状束皮質に関連した)の領域が α リズムパワーの緩徐変動成分(深部脳活動指数)と明らかに相関していた．この正の相関は仮説を支持する．一方，過剰な深部脳活動度では疼痛が上昇する負の相関があった．また相関関係には，柚子のタッチセラピーが低い深部脳活動状態ではそれを高め，また過剰な場合は抑制性に作用し，深部脳活動の最適強度で無痛状態を誘導し得る．そのような深部脳活動ネットワークの習性がモノアミンを含有するシステムのバランスを基礎として説明される可能性があるにもかかわらず，本当の機序は将来の研究で明らかにされなければならない．また施術により得られる最大の快適度で疼痛緩和が必ずしも最大ではないことから，疼痛緩和は感情状態とは頓着しない．うつ傾向や不安状態にある深部脳活動が低い被験者において特的に疼痛緩和効果を示したことから, 柚子タッチセラピーは個人に応じて穏やかに干渉でき，疼痛を有する患者への応用が期待できる.

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本報告は以下の発表に加筆修正した.
T. Bohgaki, et al. Pain-relief effectsof aroma touch therapy with *Citrus junos*oil evaluated by quantitative EEG occipital alpha-2 rhythm powers, *Journal of Behavioral and Brain Science*, 2014, 4, 11-22 (http://www.scirp.org/journal/jbbs) http://dx.doi.org/10.4236/jbbs.2014.41002

文 献

[1] RC. Kupers, JM. Gybels, A. Gjedde, “Positron emission tomography study of a chronic pain patient successfully treated with somatosensory thalamic stimulation,” *Pain*, vol.87, no.3, 2000, pp. 295-302.
[2] N. Sadato, S. Nakamura, T. Oohashi T, E. Nishina, Y. Fuwamoto, A. Waki, Y. Yonekura, “Neural networks for generation and suppression of alpha rhythm: a PET study”, *NeuroReport*, vol. 9, no. 5, 1998, pp. 893-897.
[3] D. Uta, H. Furue, AE. Pickering, “TRPA1-expressing primary afferents synapse with a morphologically identified subclass of substantia- gelatinosa neurons in the adult rat spinal cord,” *Eur J Neurosci*, vol. 31, no.11, 2010, pp. 1960-1973.

Poster Presentation

PP-18

Report on Questionnaire Survey for Residents of Fukushima after the Fukushima Daiichi Nuclear Power Plant Accident: An Analysis of Free Description

Toshiko Ueda [1] Tatsumasa Kubota [2] Tsunetsugu Munakata [3]
1. Ehime University, Ehime, Japan 2. Shizuoka Sangyo University, Shizuoka, Japan
3. University of Tsukuba, Ibaraki, Japan

Key words: Fukushima Daiichi Nuclear Power Plant, Great East Japan Earthquake disaster, residents, mental health, free description

Abstract

[Purpose]
Since the Great East Japan Earthquake disaster in March 11, 2011, the Japanese people have been tormented by fear and anxiety due to the large amounts of radioactive materials being released from the Fukushima Daiichi Nuclear Power Plant. Although three years have passed since the disaster, the radioactive contamination still continues and health concerns are growing among the residents of Fukushima. In this study, we conducted survey research for the residents of Fukushima and analyzed their responses to suggest future mental health care services.

[Methods]
We conducted a questionnaire survey among the residents of Fukushima using two different methods. In one method, we distributed the questionnaires to the residents of Iwaki city who participated in a public lecture meeting in Hisanohama Public Hall in Iwaki city. In the other method, we commissioned an agency to distribute the questionnaires in Shirakawa, Koriyama and Minamisoma cities in Fukushima. These surveys took place from September to November 2012. The self-administered questionnaire used in this study included the following items: a) attributes of participants, b) the distance between their present address and the Fukushima Daiichi Nuclear Power Plant and c) current state of mind and concerns that they have about themselves and their family members (free description). In addition, we investigated the following scales of psychological characteristics: Post-Traumatic Stress Syndrome Scale (PTSS), GHQ28 and Inherited Distress Temperament Scale. The responses from 63 participants who provided free description were classified by qualitative coding. When one response included two or more themes, it was divided into two or more data by theme. The data were summarized by case-code matrix. Similar data were classified into one category and the percentage of data in each category to all data was calculated. We explained to the participants orally and in writing that they would not be personally identified, and that the participation will be based on free will.

[Results]
The number of participants was 131, the mean age (M) was 46.78 [standard deviation (SD) = 14.24] and the age range was 23-80 years. Free descriptions were obtained from 63 (32 males, 31 females; 48.0%) of the 131 participants. Data were classified into the following 11 categories: (a) anxiety about radiation (15%), (b) effect of radiation on children (21%), (c) feeling of unwellness (6%), (d) unhappiness of the family (4%), (e) anxiety about the future (16%), (f) inconveniences of daily life (6%), (g) dissatisfaction with news media and experts (6%), (h) request of government's measures (9%), (i) hope to the future (4%), (j) acceptance of the reality (8%) and (k) normal life (6%).

[Discussion]
The results indicated that the residents of Fukushima have concerns about the radiation dose and issues with strong anxiety about their future. Some require government's measures (*e.g.*, decontamination and compensation), but others think that they have to accept the reality (*e.g.*, I have no choice but to live in this situation). Thus, the residents have gradually accepted the reality with time. It is necessary to construct a mental support network among residents and to provide sensitive residents with mental health care.

ポスター発表

PP-18

福島第一原発事故後における福島県住民へのアンケート調査に関する報告―自由記述の分析より―

上田敏子 [1]　窪田辰政 [2]　宗像恒次 [3]
1. 愛媛大学，愛媛，日本　2. 静産業大学，静岡，日本　3. 筑波大学，茨城，日本

キーワード：福島第一原発，東日本大震災，住民，精神健康，自由記述

【目的】

日本では、2011年3月11日に発生した東日本大震災以降、福島第一原発事故による大量の放射性物質の放出により、日本中が恐怖と不安に苛まれた。震災から3年たった現在もなお、福島第一原発事故による放射性物質の汚染は続いており、福島県住民の健康への不安が続いている。そこで本研究は、福島県住民に焦点を当てたアンケート調査を実施し、主に自由記述から住民の声を調査し、今後のメンタルヘルス対策について提言していく。

【方法】

調査対象は2通りの方法で福島県在住者へ調査を依頼した。一つの方法は、いわき市久之浜公民館主催の一般公開講座の参加者に対し、集合調査により質問紙調査を実施した。また、福島県白河市・郡山市・南相馬市については、委託調査を実施した。調査期間は2012年9月中旬～2012年10月～11月であった。

調査内容は、自記式の質問紙調査であり、①属性（性別・年齢）、②現住所から福島第一原発までの距離、③現在の心境や本人自身と家族についての気がかりなことを自由記述により尋ねた。この他、PTSS（心的外傷後症候群）尺度、GHQ28、遺伝的気質尺度（執着気質・不安気質・新奇気質）を調査した。

分析方法は、自由記述のあった63名のデータの内容について、定性的コーディングを用いて縮約し、その内容ごとに分類した。1つのデータに2つ以上のテーマを含んでいる場合は、テーマごとにデータを分割した。事例―コードマトリックスを用いて内容を整理した。その後、データの内容として類似するものをまとめてカテゴリー別に整理し、全体の記述数に対するカテゴリーの記述数を算出した。この研究において、個人が特性されることはない。また研究への参加は自由意志に基づくものであることを文章及び口頭で説明した。

【結果】

対象者の平均年齢は、46.78（±14.24）歳、年齢の範囲は23～80歳であった。分析対象者131名のうち、63（男性32、女性31）名（48.0%）から自由記述を得た。その結果、①放射線への不安（15%）、②放射線の子どもへの影響（21%）、③体調の不調（6%）、④身近な家族の不幸・不仲（4記述：4%）、⑤将来への不安（16%）、⑥生活の不便さ（6%）、⑦報道・専門家への不満（6%）、⑧対策への要望（9%）、⑨将来への望み（4%）、⑩現実の受け入れ（8%）、⑪普通の生活（6%）、の11のカテゴリーに分類された。

【考察】

福島県の住民が特に放射線量のことを懸念し、将来への不安が強いことが明らかとなった。除染や補償といった政府に対する記述がある一方、「この状況で考えながら生きていくしかない」といった「現実の受け入れ」に関する記述もみられた。時間を経る中で、現実を受け止める住民の様子が語られていた。以上より、今後は住民間の情緒的支援ネットワークを構築していくこと、不安になりやすい住民に対してはメンタルヘルス対策が必要といえる。

Clinical Workshop

Conversations Inviting Change: Narrative Medicine in Clinical Practice

Facilitators: John Launer [1] Sarah Divall [2] Serena North [2] David Wheeler [2]
Japanese translation: Akira Naito [3]
1. Health Education England, United Kingdom
2. The Association for Narrative Practice in Healthcare, United Kingdom
3. Sussex Partnership NHS Foundation Trust, United Kingdom

Abstract

'Conversations inviting change' is the name for a unique model of interactional skills training, first developed by John Launer and Caroline Lindsey at the Tavistock Clinic in the mid-1990s. The model is based on ideas and skills from narrative studies and systems theory. It has now been applied to training for healthcare consultations, individual and groups supervision for the health professions, team facilitation and conflict resolution. Please visit: www.johnlauner.co.uk for further details. The workshop day will introduce the basic theory and practice of this Conversations Inviting Change, AKA Narrative Medicine in Clinical Practice, with lecture, demonstration and experiential small group works.

Contents

Introduction and welcome by Dr. Launer (30mins)
Warm up exercise (15mins)
Introduction to theory (45mins)
Demonstration (45mins)
Discussion (Small group work) (30mins)
Plenary (15mins)
Review of the day so far (15mins)
Skills practice (Small group work) (120mins)
Plenary and evaluation (45mins)

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