

Person-Centered-Experiential Approaches to Corporate Mental Health and EQ Promotion in Japan

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要 約

産業メンタルヘルス及びEQ促進におけるパースン・センタード・体験過程的アプローチ

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本論ではパースン・センタード・アプローチ及び体験過程理論を用いた産業メンタルヘルス活動について概説した上で、それらの活動とEQとの関連について考察した。そのために、4つの企業におけるメンタルヘルス活動の実際を提示した。企業におけるメンタルヘルス活動には主としてカウンセリングなどの臨床的アプローチと教育研修といった教育的・予防的側面があるが、本論では特に管理監督者に対する教育的アプローチについての各企業の取り組みを紹介し、次のような問題点を整理した。それらは、専門家の育成に関する問題、研修効果の測定法開発の問題、効果の定義に関する問題等であった。最後に、今回提示された各企業における活動では、管理監督者自身の気持ちに対する感受性が取り上げられており、このことがどのようにしてEQ促進に関連しているのかなど、今後の課題が明確化された。

1) **Introduction** (*Akira Ikemi, Akiko Doi and Hiromi Hirobe*)

Programs by corporations to care for and to enhance the mental health of workers gained momentum in the 1980's in Japan. During this time, corporate Japan became increasingly aware of the fact that a significant percentage of its working population suffered from the symptoms of stress and psychosomatic disorders. *Karoshi*, or sudden death due to overwork, was also becoming an alarming issue, not only as an issue of health, but also as a legal issue, if corporations were in some way responsible for overworking their employees. It is well known, in fact, that the mental health status of a commercial airline pilot resulting in a major accident, was one of the decisive incidents that triggered public interest and concern towards promoting corporate mental health. As a result of discussions among the government (Ministry of Labor), corporations and professionals, the Occupational Health and Safety Law was amended in 1988 making employers responsible to take effective measures for promoting mental health, in addition to conventional physical health care.

The promotion of mental health however, required active outreach-type involvement by corporate health care professionals, in contrast to a "disease-model" where physicians and medical staff treat patients who visit them in clinics. Moreover, mental health promotion is not entirely equivalent to "disease-prevention", another concept familiar in the medical profession. The promotion of mental health required paradigms beyond the familiar model of "treatment and prevention" in the medical establishment. Moreover, when "health" is defined as "well-being", as in the WHO definition, the promotion of health would involve theories and strategies from a wide range of academic fields concerned with human living and being.

Thus, the role of psychology in general, and psychotherapy theories in particular, was enhanced in corporate mental health in the 1980's. Mental health promotion programs increasingly turned towards psychotherapy theories and practices in addition to existing medical models. The Person-Centered theory, originating in the works of Carl Rogers, was the theory of choice in most of these programs, and was utilized in the various model programs recommended by the Ministry of Labor. The author believes that Person-Centered theory was highly appreciated due to the following reasons. (1) It did not stop at the "adaptation" of the individual into the organization, but emphasized the "self-actualization" and well-being of the person. (2) Its practice was not restricted narrowly to professional experts, as was the case in most psychodynamic theories; (3) "Active Listening" (AL), a basic Client-Centered practice, was already known to management as well as to medical professionals.

The Total Health Promotion (THP) programs, as mentioned below in another section, utilized Person-Centered theory and practice (mostly AL) in several ways. Firstly, Person-Centered approaches were used in training "Health Listeners" or management staff who were trained to be sensitive to psychological issues and who were trained in the practice of AL. Secondly, Person-Centered Approaches were used in training non-professional "psychological consultants" within the corporation (occupational health nurses, management staff in departments concerned with occupational safety, personnel consultants, etc.). Moreover, these programs, which

were now subsidized by the government, served to ignite a resurgence of interest towards "Industrial Counseling", a corporate activity recommended by the Ministry of Labor decades ago, originally to assist the development of working adolescents. Thus, "industrial counseling" which used to be a counseling service provided by non-professionals (personnel managers, owners of businesses, factory and dormitory supervisors, etc.) became increasingly a professional organization in the 80's when the certification of "Industrial Counselors" by the Ministry of Labor began. Currently there are three levels for "Industrial Counselors". Applicants with a BA or MA or Ph.D. in psychology or related areas are exempt from a portion of the examination for "Preliminary Level", "Intermediate Level", and "Advanced Level" certifications respectively. Currently the "Japan Industrial Counselors Association (JICA)" has a membership of slightly over 8000 in all levels, and a "Japanese Association of Industrial Counseling", which was organized 4 years ago, gained government recognition as an "academic organization" last year (1999). Training for industrial counselors at JICA has an emphasis on Person-Centered theory and practice, and this is reflected in the examinations for certification.

These applications of Person-Centered perspectives and practices in corporations however, have only a very short history. In reality, much trial and error processes are involved in organizing programs. Which programs are effective? What kind of training has a definite effect? Which ones don't? What do we mean by "effective" after all, and how can we measure them? How can one be sure that these programs facilitate the well-being of the worker? Do these programs help corporate management by cutting costs and improving productivity? Do we need to work with CEOs from the management side, rather than from the labor side? Perhaps these attempts are a uniquely Japanese movement (Ikemi & Kubota 1992), whereas the Americans approach the issue from another perspective? Is there a need to re-package some of the programs making them oriented towards top executives? Can training in Active Listening (AL) enhance "Emotional intelligence" (EQ) in top management, resulting in increased productivity and improved mental health for the entire corporate organization? There seems to be a need to know more about the relationship between EQ, and the Person-Centered Approach, about Carl Rogers the person, and his activities late in life when he worked on organizations and conflict resolutions. There may also be a need to reexamine Person-Centered corporate mental health programs. How are they conducted? What research data do we have? What research instruments are needed?

The authors discussed these issues at Kobe College on November 9th, 1999. They brought together their concepts, practices and research data to reexamine their practices and directions. This paper is a result of the symposium, which was entitled "Promoting Mental Health and EQ at Work". This paper will review the works of Carl Rogers, particularly his work with David Ryback on organizations and conflict-resolutions and see the relationship between Carl Rogers' theory and EQ. This will be followed by a review of mental health programs in Japan, starting with the current status of the government with regards to mental health promotion and then with two descriptions of the practice of mental health promotion in two separate corporations. Another instance of mental health promotion in a different corporation is presented with some directions for future research. Finally, the implications of these studies will be discussed.

II) Carl Rogers' "Quiet Revolution" and Emotional Intelligence (David Ryback)

From the late 1930s until his death in 1987, Carl Rogers published widely on his person-centered approach to psychotherapy (1951), education (1969) and international politics (1984). A few years later, Salovey and Mayer (1990) coined the term "emotional intelligence", stressing the importance of awareness of one's own emotions and those of others. Daniel Goleman popularized this term in his best-seller, *Emotional Intelligence* (1995), and followed this up with his book, *Working with Emotional Intelligence* (1998). In 1997, David Ryback tied this concept to the work of Rogers in his book, *Putting Emotional Intelligence to Work*. Awareness of one's own emotions was described by Rogers as "congruence", awareness of others' emotions as "empathy".

Emotional intelligence characterizes self-awareness as becoming aware of one's own feelings and remaining open to candid feedback as well as having the presence of mind to say what one really thinks. Rogers' concept of "congruence" involved becoming aware of the "organismic" self-emotions outside the realm of logical thought. As the individual's intellectual awareness included more and more "gut" feelings, then that person could be seen as having more congruence, and would likewise be seen as more emotionally intelligent.

Emotional intelligence characterizes social awareness as understanding others' emotions, needs and perspectives, including the ability to read accurately groups' emotional currents, crucial social networks and key power relationships. "Empathy", according to Rogers, meant "entering the private perceptual world....temporarily living in the other's life..." Except for the addition of reading group dynamics, social awareness, according to emotional intelligence, is almost identical to that of Rogers' concept of "empathy".

The impact of Rogers' psychology on our emerging culture is greatly underestimated. Take, for example, the realm of international peace negotiations. Not too long ago, two bitterly antagonistic political entities, the Israelis and Palestinians, sat together at the Wye Conference Center on Maryland's Eastern Shore in the United States and hammered out a deal over nine days of intense dialogue. An emerging structure of international conflict resolution, so different from the conventional forms of negotiation, has its roots deep in the history of Rogerian psychology.

In his later years, Rogers turned his attention increasingly to world politics, working in such international hot spots as Ireland and South America. Peaceful resolutions, he maintained, could be developed through open communication rather than behind closed doors. Rogers' approach was very similar to what is currently characterized by Goleman as emotionally intelligent social skills: seeking mutual understanding and deescalating conflict by creating meaningful debate and building rapport.

Rogers and Ryback concluded that the success of this highly revolutionary form of international negotiation came about because of the informality of the meetings and—unheard of until this time—having no set agenda, except for the overriding aim of achieving peace. The steps toward the goal were not set up in advance, nor was the scheduling of meetings—in other words, no rules and no preconditions. Emotional expression was encouraged; even shouting matches were permitted.

These early applications of Rogers' principles of conflict resolution mark an important milestone. The principles that Rogers and Ryback identified were as follows:

1) the negotiations were facilitated by a neutral, fair-minded third party, performed by Rogers and his colleagues in Ireland and South America, by President Carter in the 1978 Camp David talks and by President Clinton and his staff at the Wye River talks;

2) unlike conventional negotiations, emotional openness—from angry expression to tearful consolation—were allowed to be part and parcel of the communication dynamics;

3) active listening, a trite term to many, nonetheless is still an apt way of describing a key component to successful negotiation.

4) informality replaced the highly rigid structure of conventional negotiation. At Camp David, just as at Wye River, opposing factions ate together and had the opportunity to play together (chess at Camp David, bike riding at Wye River). This allowed for much one-on-one contact and sharing of personal views so crucial to conflict resolution.

The wide acceptance of emotional intelligence in the domains of commerce, education and hopefully in international conflict resolution promises a safer and more fulfilling environment for the coming millennium.

Decades ago, in the preface to the second edition of his *Toward a Psychology of Being*, Maslow (1968) referred to the newly emerging humanistic psychology as “one facet of a general *Weltanschauung*, a new philosophy of life, a new conception of man, the beginning of a new century of work”. How fitting that, as the new millennium approaches, we see this quiet revolution (to use a term Rogers liked) being manifested so clearly. Carl Rogers may not get the credit he so richly deserves, but for those of us who can see his quiet impact, what comfort—finally.

III) **The Current State of Government Policies Towards Mental Health Promotion in Japan** (*Etsuko Noda*)

The Japanese government, particularly the Ministry of Labor, played an important role in introducing Carl Rogers' Person-Centered theory and practice into Japanese corporate mental health programs (as mentioned in the introduction). The Japanese Ministry of Labor launched her first project for mental health care in 1980's, when an airplane crash caused by a pilot with mental illness evoked public interest in the issue of workers' mental health. In 1983, the Ministry called for a specialist panel to take countermeasures against mental stress in an already ongoing work-site health promotion project for middle-aged workers called Silver Health Plan (SHP). The plan was replaced in 1988 with a newer and more integrated project for workers of all ages: the Total Health Promotion Plan (THP). In the same year, the Law for Industrial Safety and Hygiene was amended so that employers as well as employees were obliged to take appropriate measures to maintain/promote workers' physical and mental health. Since then, various types of specialty training have been offered by non-profit organizations such as the Japan Industrial Safety and Health Association (training for non-professional psychological consultants) and the Occupational Health Foundation (training for occupational health professionals, employers, and human-resource managers).

In spite of the government's policy and strong public interest, however, a survey by the Ministry revealed that the number of work-sites that adopted mental health promotion was declining over the years (34.5% in 1982, 30.3% in 1987, and 26.5% in 1997). Although economic depression may be one of reasons for corporations to cut off the costs for occupational mental health care, it should not be dismissed that, due to the lack of help from well-trained specialists and of well-defined objectives, corporate executives may not fully understand its significance, consequently attaching lower priority to it.

Currently, the Ministry emphasizes two aspects of occupational mental health care ; 1) treatment of mentally ill workers, and 2) mental health promotion for "healthy" workers. Health promotion will be achieved through:

- 1) reduction of stressors in work-sites, and;
- 2) enhancement of individual worker's tolerance against mental stress.

For these purposes, several approaches can be taken, such as training of human-resource managers in active listening, and individual education of stress management including relaxation/self-reflection. However, to provide such training/education in an appropriate manner, occupational health professionals are required to be deeply familiar with newer specialty for which they may not necessarily have proper training themselves. Thus, few work sites can benefit from professional support from experienced occupational health professionals inside or outside their organizations.

Another problem is the lack of well-defined objectives of work-site mental health promotion in policy. Although the Ministry has spent 15 years to establish what is needed in occupational mental health promotion, and what makes working environment "comfortable," the author dare to say, from her experience in a specialty task force by the Ministry, that our goal remains to be clarified.

Janet Klein (1999) said that a healthy being was not a being without trouble, but a being with the ability to heal and grow herself. Her words may enlighten us to a new way of viewing mental health promotion, given current approaches in occupational health promotion where we tend to find and remove "troubles." Such a new approach may be suitable for mental health promotion in work sites.

It is not deniable that occupational health policy in this country did help workers, employers, and occupational health professionals understand the necessity of health promotion both in physical and mental terms by providing knowledge. However, we need to take further steps to its implementation by establishing a new scheme for occupational mental health and work-site health promotion.

IV) The Practice of Person-Centered Mental Health Promotion at Work : Two Cases

A. Mental Health Management Programs at Daihatsu Motor Co., Ltd.

(Tomohiro Kunisada & Akira Ikemi)

Daihatsu Motor Co., Ltd. is one of the major automobile makers in Japan, specializing in compact cars. It employs 11,000 people of whom 800 are management staff. The headquarters of

Daihatsu Motor Co., Ltd. is located in the city of Ikeda (Osaka Prefecture) and all of its factories operate in the vicinity of Osaka. The mental health promotion program at Daihatsu Motor Co. Ltd. started in 1988 for management and for supervisors. The program separated into two separate programs for managers and for supervisors in 1991. This paper describes the mental health management promotion program for managers.

1. Social Background in 1988

In 1988, the health management policy within the company changed from the conventional disease prevention model to a more comprehensive and active one taking both mental and physical health into consideration. This was because health problems of employees became diversified due to the development and innovation of technology, various types of working hours and aging of employees.

2. Employees' current mental health status in 1988

The number of employees with diagnosed psychiatric and psychosomatic disturbances was increasing in 1988. 44% of employees receiving regular health monitoring were suffering from some types of stress-related diseases¹; and 25% of the sick leave days were due to stress-related diseases.

3. Aim of Mental Health Activities

The mental health management activities were promoted as "measures for enhancing mental health" for all the employees, not only as measures for preventing or caring for psychiatric and psychosomatic disturbances. Training programs were organized for managers and supervisors by the Department of Safety, Health & Environment. These programs were prepared to encourage managers and supervisors to pay more attention to "mental health" in order to make workplaces "more comfortable and productive". These programs came in addition to preexisting services which included medical (including psychiatric) treatment at the company medical center and psychological counseling services provided by a part-time clinical psychologist at the Health Center. Thus, mental health services worked in both directions of health enhancement through education (training programs) and of clinical treatment by psychiatrists and clinical psychologists.

4. Contents and Development of the Mental Health Program

A detailed table describing the evolution of the contents of the training program is shown in Table 1. In the table, it can be seen that the training program for managers and supervisors separated in 1991, allowing the use of Saturdays for training (since management staff are not union members). It can also be noted that the location in which the training programs were held moved further and further away from the company headquarters. It is currently held in a company owned spa resort in the mountains of Arima. This tendency, as well as the tendency towards informality (no suits) and the use of Active Listening seems to agree with the Rogerian principles of negotiations as presented by Rogers and Ryback (1984).

The training program is conducted by the following staff members. The core trainers at a particular training program are 2 (out of 3) clinical psychologists and 3 to 4 occupational health

¹Note: 31 diseases specified by the guideline of the Ministry of Labor, including ulcers, high blood pressure, bronchial asthma and various neuroses.

TABLE 1

Contents of the Mental Health Program at Daihatsu Motor Co.

<i>Year</i>	<i>Programs</i>	<i>Place for training</i>	<i>Training hours</i>
1988 (trial) to 1989	Autogenic training Active listening (Lecture) Active listening (Practice)	Company facility (near the Headquarters)	1st session: 4 hrs 2nd to 5th sessions: 2.5 hrs 6th session: 3 hrs
1990	Autogenic training Active listening (Lecture) Active listening (Practice) Encounter groups (Practice)	Health Center in Suita, Osaka	1st to 6th sessions: 3.5 hrs each
1991 Manager training and supervisor training separated (from 1991 to present)	Autogenic training Active listening (Lecture) Active listening (Practice) Encounter groups (Practice)	Hotel in Osaka (1st and 2nd sessions) Health Center in Suita, Osaka (3rd session)	1st session: 12.5 hrs (Stayover) 2nd session 12.5 hrs (Stayover) 3rd session: 6 hrs Two stayover sessions (from Friday to Saturday)
1992	Autogenic training Active listening (Lecture) Active listening (Practice) Encounter groups (Practice)	Hotel in Osaka	1st session: 12.5 hrs (Stayover) 2nd session 12.5 hrs (Stayover) 3rd session: 6 hrs Two stayover sessions (from Friday to Saturday)
1993	Autogenic training Active listening (Lecture) Active listening (Practice) Encounter groups (Practice) EXP scale rating	Hotel in Osaka	1st session: 12.5 hrs (Stayover) 2nd session 12.5 hrs (Stayover) 3rd session: 6 hrs Two stayover sessions (from Friday to Saturday)
1994	Autogenic training Active listening (Lecture) Active listening (Practice) Clearing a space (Focusing) EXP scale rating EXP rating using VTR	Recreation Center in Sasayama, Hyogo	1st session: 12.5 hrs (Stayover) 2nd session 12.5 hrs (Stayover) 3rd session: 6 hrs Two stayover sessions (from Friday to Saturday)
1995	Autogenic training Active listening (Lecture) Active listening (Practice) Collage making Clearing a space (Focusing) EXP scale rating EXP rating using VTR	Hotel in Osaka	1st session: 12.5 hrs (Stayover) 2nd session 12.5 hrs (Stayover) 3rd session: 6 hrs Two stayover sessions on weekdays
1996 to present	Autogenic training Active listening (Lecture) Active listening (Practice) Collage making Clearing a space (Focusing) EXP scale rating EXP rating using VTR	Arima Spa Resort (1st and 2nd sessions) Hotel in Osaka (3rd session)	1st session: 12.5 hrs (Stayover) 2nd session 12.5 hrs (Stayover) 3rd session: 6 hrs Two stayover sessions on weekdays

Mental Health Training for Directors (1993)

1993	Autogenic training Active listening (Lecture) Active listening (Practice) EXP scale grading training	Small and large halls at the Headquarters	One-day training for 6 hrs
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nurses. All the 3 psychologists are trained in the Person-Centered Approach in a broad sense, and all the 3 are "Focusing Teachers" certified by the Focusing Institute (NY). Either the chief occupational physician or the general manager or representative of the Safety, Health and Environment Department speaks at the commencement of the program.

As described in Table 1, the contents show a heavy emphasis on the Person-Centered Approach. Active (Experiential) Listening is a major component of the program. Basic Encounter Groups were also used at one time. However, because of the lack of diversity among participants (all worked in the same company and were roughly similar in age), and the difficulty in opening up within a limited amount of time, encounter groups fluctuated between being highly successful to being very unsuccessful. Therefore, encounter groups were dropped eventually from the program. Encounter groups were gradually replaced with another Person-Centered development, the Experiential approach including the Experiencing Scales [EXP Scales] (Klein et al. 1970, Ikemi et al. 1986) and parts of Focusing (Gendlin 1981). Furthermore, Ikemi's paperback book (1995), which describes Focusing, was distributed to all participants and was used as a textbook in parts of the program since 1995.

Studying to rate EXP levels on active listening video segments that participants had made themselves, helped improve the participants' level of awareness towards emotions. Often, people in business corporations need clarifications on what emotions are. Often, people say that emotions are what one "thinks inside" or that they are "reactions" better to be avoided. As Ryback (1998) pointed out, this tendency exists in corporations in the USA as well as in Japan. Thus, improved understanding of what emotions are deepened the respect towards the creative nature of experiencing and clarified the meaning and significance of active listening at work. Perhaps, it may also facilitate the expression of emotions by participants themselves, as pointed out in one uncontrolled study. Shibata (1994), who studied the mental health promotion program at Daihatsu, found significant increases in both modal and peak EXP levels of the speaker during the five days of the mental health promotion program (Fig.1). Significant increases in modal and peak Therapist-Referent EXP (TR-EXP) were also found. In other words, participants of the mental health promotion program exhibited heightened experiencing levels in the later part of the training when they spoke. During listening, they responded to portions of the speakers' verbalizations in which higher levels of experiencing were manifested. Ikemi et al. (1992) used the Short-Form Relationship Inventory (SFRI), a shortened form of a Barrett-Lenard type inventory, and studied mental health programs at several corporations including Daihatsu. They found increased levels of regard, empathy, congruence and unconditional positive regard, in both the speakers' and listeners' evaluation of each other in active listening during the course of training.

In addition to active listening and training using EXP scales, a portion of Focusing, called "Clearing a Space" (CS) was used as part of the training program. In CS, the participants ask inside themselves, "what is in the way of feeling all good". The participant is then asked to silently feel inside to sense a feeling quality (felt sense) of each problem that comes to their minds. After they have a felt sense of the problem, the participants are asked to image a place where the whole problem may be "placed" so that they can control the experiential distance between themselves and each problem. CS has been received very well by participants in re-

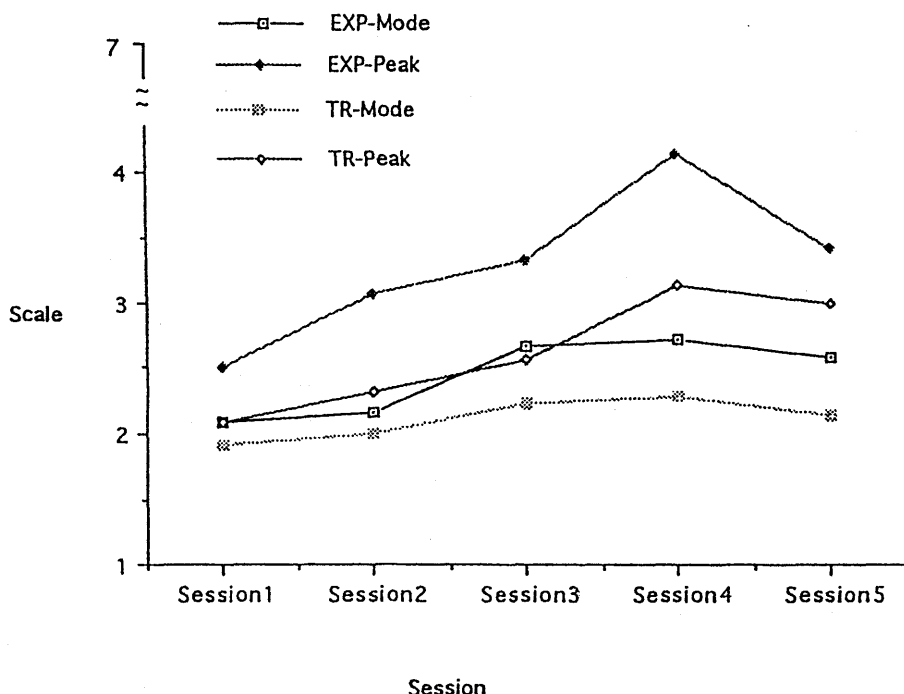


Figure 1 : Client EXP and Therapist-Referent EXP during mental health training

cent years. Some participants feel relieved from their own stress, some find it interesting that they have trouble putting down something in imagery, and some find changes in their own way of relating to their stress provoking situations. In fact, CS has recently been applied effectively in education in schools (Senoh 1997) as well as in several other corporations (Noda 1997).

Although not conceptualized as such, the experiential nature of these programs may in fact be enhancing EQ levels in participants. A study from such a viewpoint is under way and may eventually shed light into the relationship between mental health and EQ providing a new perspective into the meaning of mental health promotion in corporations.

With regards to the assessment and evaluation of the training program by participants (Fig.2), 70 to 80% of participants consistently remarked that they were able to listen to others more openly as a result of training. Interestingly, for the past few years, participants have been reporting increased ability to cope with their own stresses. All in all, the level of satisfaction among participants has been consistently high.

B. Mental Health Promotion at Mitsubishi Chemical Corporation's Mizushima Plant (Hideki Takehara)

There are about 3,000 employees working at Mitsubishi Chemical Co.'s Mizushima Plant. Mental health promotion at Mizushima plant is conducted by health professionals. In addition to serving as an outpatient clinic within the plant, the Health Promotion Center engages in assessment, evaluation and training in the following areas related to health: exposures to toxic

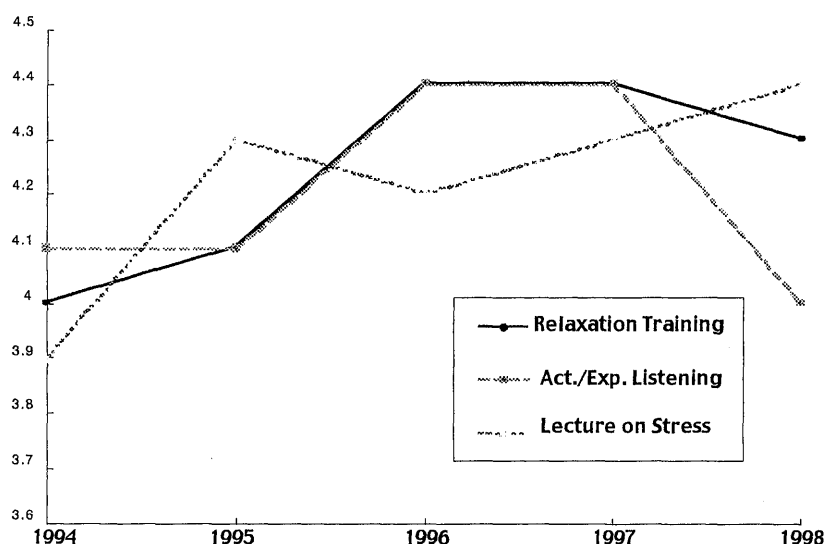


Figure 2 : Participants Assessment of the Benefits of Mental Health Programs (5 point-scale) by year

chemicals; health issues related to visual display terminals; prevention and evaluation of chronic backaches; health examinations for those exposed to large levels of noise; education in healthy lifestyles, eg. aerobic exercise classes, relaxation classes, and walking classes; mental health assessment, education and training.

Although mental health programs are offered by the company, this does not mean that all cases are work-related. In fact, personality factors and family issues may be manifested in the mental health problems presented by the workers. Roughly, workers can be classified into three groups: "healthy", "paraclinical" and "clinical". Workers in the clinical group have psychiatric disorders including schizophrenia and schizo-affective psychosis. By "paraclinical" the author (Takehara) refers to people with healthy personalities who manifest clinical or slightly clinical symptoms, for example, disorders of sleep. It is the author's impression that the number of paraclinical cases has been on the increase in recent years.

At Mitsubishi Chemical's Mizushima plant, two methods are taken for mental health promotion. One is to provide personal mental health services, such as psychological counseling and medical care; the other is to offer systematic listening training to managers.

1. Personal mental health services

Personal mental health services are offered for employees who suffer from psychiatric diseases and for employees who complain of personal problems, of which a large portion is related to human relationships at work. Workers with psychiatric diseases, such as schizophrenia and major depression are placed under medical treatment. Counseling service is provided by a clinical psychologist for employees with personal problems or for employees in a "paraclinical" condition. A clinical psychologist visits the clinic twice a month and offers counseling (psychotherapy). The counseling service has been well utilized by workers, resulting in a full booking or near-full booking of the psychotherapist's appointments.

2. Systematic listening training to managers

Managers are key persons for mental health promotion in workplaces. They arrange the working environment so that the employees who are recovering from diseases can smoothly begin to work again. As indicated in Fig.3, the personality and behavior of managers may place excessive stress on their subordinates, resulting in workers' illness, distress and reduction in motivation. However, when managers pay sufficient attention to mental health and improve their communication skills, they can enhance the strength and ability of workers.

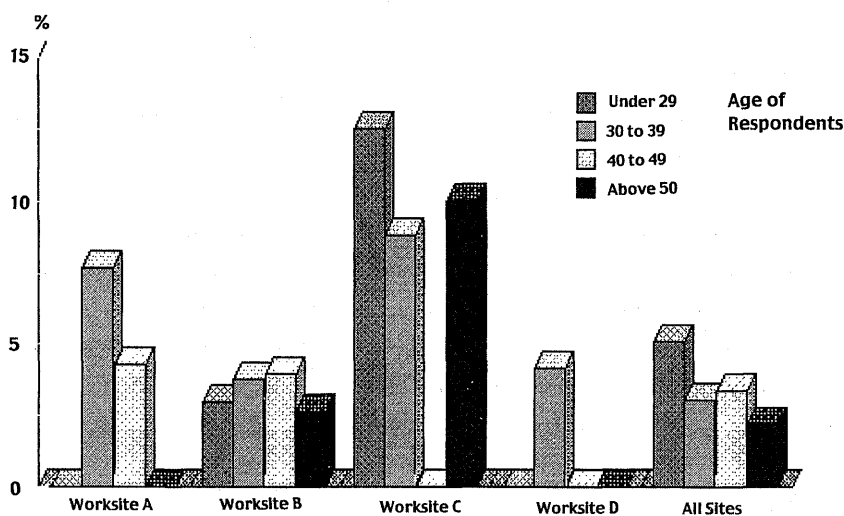


Figure 3 : Health Checkup Survey (1999) "Life seems worthless"

In Mizushima Plant, mental health training including "active listening" training has been conducted for 4 years in order to increase the awareness towards mental health. The training consists of a 1-day lecture and 2 days of practice. Many managers may be confused at first, since they are accustomed to giving orders and directions; however, as the training program proceeds, they understand that "counseling mind" is also an essential requirement for managers. The contents of the "active listening" training for managers are shown in Table 2.

TABLE 2	Day 1 (Half-day lecture)	Day 2 (One-day practice)	Day 3 (One-day practice)
	Stress management	Autogenic training	Active listening
	Listening	Active listening	Active Listening with VTR and EXP ratings
	Counseling	Experiencing and EXP Scale	

V) The Development and Assessment of New Ways of Teaching Listening in Corporations (Shinya Kubota, Norio Mishima and Shoji Nagata)

In the industrial field of Japan, Active (Experiential) Listening or AL has been considered to be a useful method for reducing stress in the workplace. To our knowledge, however, few studies have objectively investigated its usefulness as a stress management technique in Japan.

One of the major reasons for this is that there are no convenient instruments to measure the effect of AL education directly.

The authors have introduced a mental health training program centered on AL to corporate supervisors as a stress management method in the workplace. The purpose of our education program was to encourage supervisors to learn AL in order to improve the expression of feelings and to have better communication among workers at work.

Because useful instruments to examine the effects of our education program were not available, the authors developed a new scale called the "Active Listening Attitude Scale" (ALAS) (Mishima et al. 1999) to measure workers' attitudes related to AL. In this report, the authors will briefly introduce ALAS, and report on the effects of our mental health training program as measured by ALAS. The authors will also explain a new method for increased learning efficiency in our program.

The ALAS was standardized based on data obtained from employees in manufacturing companies. Its reliability and validity were examined, which indicated that it has high reliability and validity. The original version of ALAS consisted of thirty-one items. A factor analysis revealed that it had three factors, which were labeled "Listening Attitude," "Listening Skill," and "Listening Opportunity." For convenience, the authors developed a shorter version of the scale based on the first two factors that were considered to be closely related to AL. In this study, the shorter version consisting of twenty items for "Listening Attitude" and "Listening Skill" were used.

Twenty-nine supervisors who work for an automobile manufacturing company participated in the mental health training program. The participants were requested to fill in the scale three times. The first measurement was made just before the AL training program began. Measurements were then repeated one month and six months later. The authors compared changes in scores of ALAS by the repeated measure analysis of variance (ANOVA). The results of ANOVA indicated that the total score of ALAS and the scores of "Listening Attitude" increased significantly ($p < 0.05$) both one month and six months later. "Listening skill" showed a marginally significant change only six months later. These results indicate that the ALAS is a promising instrument for evaluating the effects of similar training programs that have been currently carried out in many companies in Japan.

To increase the efficiency of the training program, the authors discussed how to improve AL teaching within the program. Based on the discussion, the authors gradually changed their method for introducing the concept of AL to participants at the beginning of the program. This new method seems to have been very productive so far. A brief description will be shown below.

Before introducing the new method, the authors instructed participants what AL was and in what ways they could listen to others. Hence, the three important conditions by C. R. Rogers—empathic understanding, unconditional positive regard and congruence—were first explained. Secondly, specific ways regarding how to listen actively to the other person who was playing the role of a speaker in the training session, were explained. These included skills such as "reflection" and "summarizing." In this process, however, participants often looked puzzled, and sometimes complained of the difficulty in following instructions. Nevertheless the authors al-

most always found that some of the supervisors were very good at listening, and that they seemed to have already acquired the attitude of AL by themselves. The authors recognized that this fact indicated that some participants could find the attitudes and skills for AL by themselves. Hence, we developed a new training method called "Inventive Experiential Learning" (IEL).

The IEL is a method in which participants are encouraged to find factors and conditions that are consistent with AL by themselves. To make it possible, the authors take great care in creating adequate training conditions and giving proper instructions to participants. A training group usually consists of five or six persons. One participant is assigned the role of a speaker and two persons the roles of listeners, although only one person listens at a time. The other group members are observers. One of the listeners begins to listen to the speaker. The listener is requested to make efforts to let the speaker talk for as long as possible. The observers' task is to find skills, conditions and factors that encourage him/her to talk. When the listener becomes stuck and cannot find any other way to continue listening, another listener can take over the role. After having a few listening sessions in a group, participants are asked to summarize what they found. Finally all participants get together, and then one member of each group is asked to explain the results, to which one of the authors listens actively. Another instructor summarizes their findings.

This process usually reveals some of the important skills and conditions of AL. The authors believe that this method is consistent with Rogers' ideas, and that it facilitates participants to understand the relationships between AL and their listening in everyday life

IV) Discussions (*Akira Ikemi, Akiko Doi and Hiromi Hirobe*)

The Person-Centered (Client-Centered) Approach as developed by Carl Rogers is, at its core, a system of psychotherapeutic theories and practices. However, Rogers did not confine his works within the narrow field of psychotherapy. He was eager to contribute to mutual human understanding and human growth beyond racial, ethnic and religious boundaries, beyond positions and roles taken by people in social situations. As seen in the article by Rogers and Ryback (1984), he tried to apply his theory of human relationships to groups, even to conflicting groups who were literally at war with one another.

The contents of this paper carries forward some of Carl Rogers' social applications. They provided some data and practical groundwork for this kind of endeavor. These applications are in the corporate field. Two major areas of application in the corporate field are mentioned, psychotherapy or counseling within the corporation, and secondly, the appreciation of the Person-Centered Approach in corporate training. This paper focuses mainly on the latter application. In one way or another, all of the authors utilize the Person-Centered Approach within the corporate domain.

The Person-Centered Approach, as applied in corporations, can take on several different forms. On the surface, it may appear as "Mental Health Programs" or "Health Promotion Programs", otherwise it may be referred to as "EQ Promotion" for top management, sometimes they are called "Communication Skills" carried out by the Human Resource department. Indeed, the

authors of this paper come from a variety of professional affiliations that reflect this surface diversity. Ikemi, Ryback, Kubota, Doi and Hirobe are psychologists, Takehara, Mishima and Nagata are physicians, Noda is an occupational health nurse, and Kunisada is a corporate businessman.

Despite this diversity and differences in professional affiliations, the authors share a common practice, "Listening". As seen throughout this paper, the practice of "listening", referred to as either "Active Listening" or "Experiential Listening", occupies a central position in each of the authors' works. In fact, the authors have presented, in this paper, ways of teaching listening in various corporate contexts.

It is interesting to note that two of the corporate training programs illustrated in this paper are geared towards the "Theory of Experiencing" (Gendlin 1964), utilizing the "Experiencing Scale" (Klien et al. 1970) in their training. Moreover, a portion of "Focusing" (Gendlin 1981) is also used in one automobile manufacturer. These developments arose out of a necessity to train managers to become aware of their own feeling processes, before they could "listen" to others. Sensitivity towards one's own feelings is a vital part of listening. It was referred to as "congruence" or "genuineness" in Rogers' famous theory (1957) and remained as a vital portion of the Person-Centered Approach. Without genuineness, listening can become a superficial skill.

Genuineness, or being sensitive and expressive of one's own feelings, as a basis of "empathy" towards others, shares much with EQ promotion. In fact they are almost identical. Thus, in both the United States and in Japan, it is interesting to note that the "genuineness" part of listening is being emphasized (called either "EQ" or "Focusing"). It may be indicative of a general trend that one goes "inside" first and then reaches out towards the "outside". Genuineness or "human presence" is a necessary basis before any "technique" can be utilized upon a person.

"The essence of working with another person, is to be present as a living being. And this is lucky because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble. But what matters is not that. What matters is to be a human being with another human being..." (Gendlin 1991)

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