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THE IMAGE OF THE FAMILY REGARDING TRAUMATIC STRESSES AND CHILD ABUSE

(A case study of Japanese elementary school students)

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Hisaya Nonoyama

Abstract: The purpose of this study is to explore the traumatic exposed/abused child in the normal Japanese families, investigate the internal image of the family and compare such images of traumatic exposed/abused child and non traumatic/abused one. Both TSCC-A questionnaire (Traumatic Symptom check list for children) and K.F.D. Drawing (Kinetic family Drawing) were collected from fifty eight Japanese elementary school students. The results showed a low percentage of traumatic exposed children in normal families. However, they showed very high incidence of child abuse (implying child emotional neglect) and disturbed family images (showing lack of family communication and dynamic relationships). On the other hand, there were no significant differences between TSCC-A profiles regarding the family image in the K.F.D.

Keywords: TSCC-A (Traumatic Symptom Checklist for Children), Post Traumatic Stresses, Child Abuse, K.F.D (Kinetic Family Drawing Test).

Introduction:

The family is supposed to be the ultimate place where a child can find love, warmth, care and acceptance. However, nowadays, the family atmosphere has been characterized by distance, resulting in an unsafe atmosphere than the family should offer. All over the world, families undergo stressful lives which are reflected into domestic violence and a child abuse figure. A child exposed to traumatic events is considered a child abuse figure, where social, psychological, disorganized attachment style and physical health problems occur. For this reason, to recognize and assess the family image regarding traumatic stresses is the same as assessing such image regarding child abuse.

Background:

Mostly, the child’s home, organization, schools and community are the places where the child experiences abuse. Cultural norms vary about what constitutes abuse. Malley and her associates (2004) examined the influence of the history and culture of what may be considered acceptable or unacceptable “domestic violence and abuse”. She found out a wide range of different interpretations of the term “abuse” varying from one country to another, including Japan. She pointed out that domestic violence and child abuse were based on cultural attitudes towards the abusive behaviors. Cultural norms and the family system contribute a certain parent-child relationship and influence ways to positive or problematic child development.

In her article, Sheryl WuDunn (1999) mentioned that
Japan’s unusually strong families are being strained, weakened by the long recession and unemployment record, which have undermined stability in the home. In addition to the resulting economic pressures, the rise of divorce rates and remarriages has led to abusive behavior.

Machiko Ayukyo, the Director of the Center for Child Abuse Prevention, and a lawyer who handles child abuse cases, said that “Child abuse is in the rise in Japan ... superficially, it seems the trend is rising. I feel that this has been happening for a very long time and it is finally just coming to the surface.” Similarly, Satoru Saito, Director of the Institute of Family Functioning in Tokyo, said that “The family relationship with relatives and the whole community is not so closed anymore. Parents rarely seek support outside and they tend to be isolated from society.”

Objectives:

According to Freud, the personality is developed by the person’s childhood experiences, through the Oedipus complex, health and normal identification (boys like their father, and girls like their mother). The inner images of the mother, father, self and others are constituted in the early childhood through the child-parent relationship and are internalized in his/her life. In other words, presenting a positive or negative model constitutes similar tendencies later.

Kaori Okada et al. (2008)¹² have pointed out that when mothers showed high responsiveness to their children, they tended to be more sensitive to their own children’s behaviors. Similarly, William Fairbairn mentioned that the first connection a child makes is with his parents. This early relationship shapes the emotional life of the child. These early libidinal objects become the prototypes of all later experience of connecting with others. Susan M. Ross (1996)¹¹ pointed out that parents who were physically abused are more likely to abuse their children. So, based on the above, this paper aims to recognize the image of the family regarding such traumatic and abusive events.

Research Questions:

This paper attempts to answer four questions:
1. Is it possible to find traumatic exposed or abused children in our regular schools and normal families?
2. How will the family image be?
3. Are there any image representational differences between traumatic exposed or abused child and non-traumatic exposed or un-abused child?
4. Are there other psychological post-traumatic related symptoms?

Aim of the Study:

This paper aims at studying the traumatic exposed/abused child in the normal families and schools. It also attempts to investigate the internal image of the family, including the child’s feelings, identification, attitudes and the related post-traumatic psychological symptoms. Finally, it aims at comparing such images of traumatic exposed/abused child to those of non-traumatic exposed/un-abused child as well as related psychological post-traumatic symptoms.

Hypotheses:

The study makes three hypotheses:
1. Traumatic exposed/abused children will be found in the normal families and schools.
2. The family (Mother-Father) of traumatic-exposed or abused children will be represented by disturbed images.
3. There will be significant differences in the psychological symptoms and the image of the family between traumatic exposed/abused child and non-traumatic/un-abused child.

Definitions:

Post Traumatic Stress Disorder:
Post-traumatic stress disorder (PTSD) has been categorized as one of the anxiety disorders (Psychiatric Disorders). It occurs after the exposure of the child to a
traumatic event where his life is threatened. Severe child abuse is one of three anxiety disorders, namely war, natural disasters and major accidents. Such traumatic experiences usually result into an intensive fear of related situations, situation avoidance, reoccurring nightmares, flashbacks and heightened anxiety that disrupts day life.

*Child Abuse:
Leeb Paulozzi et al. (2008)\(^7\) in the Center for Disease Control and Prevention (CDC) defined child maltreatment as any act or series of acts, commission or omission by a parent or other care taker, that results in harm, potential for harm, or threat of harm to a child. Four major categories of child abuse were identified: Physical, Psychological, Emotional, Sexual and child neglect. The American National Committee to Prevent Child Abuse\(^1\) 1997 recorded that:

1. 54% were children suffering child neglect, including physical neglect (such as food and clothing), emotional neglect (like nurturing) and educational neglect (e.g. enrolling in a school).
2. 22% were physically abused (through striking, burning, and choking).
3. 8% were sexually abused (including penetration, fondling or any sexual act between the child and an adult).
4. 4% suffered emotional maltreatment, (like belittling or shaming a child, extreme punishment and withholding of affection).
5. 12% experienced other forms of maltreatment.

Research methodology:
Glynis M. et al.\(^1\) 2006 contained in their article Patrick Sturgis classification which mentioned that studies with small samples may indicate fruitful avenues for future research. Small samples were also used because it was hard to access normal families and schools for sampling. For these reasons and due to the exploratory research design, small samples were obtained through letters sent to the parents of 6th graders\(^2\) in a Japanese elementary school, in order to be permitted to respond to the questionnaire (an essential step for measuring attitudes in Japan). When 60 parents agreed, 60 students were given the TSCC questionnaire in order to explore and differentiate between students who have been exposed to traumatic stresses and abused from those who haven’t. However, two sheets were not answered, so that the total answered is 58 sheets. After the questionnaire responses were analyzed, five categories were identified:

A. Average profiles:
   - Profile with Average (UnD).
   - Profile with above average or high (UnD).
B. High profiles:
   - Profiles with Average (HyP).
   - Profiles with High (HyP).
C. Two sheets [boys] pointed to some sub significant.
D. One sheet obtained average scores regarding all scales except DIS (Dissociation), DIS-O (Overt Dissociation) and DIS-F (Dissociation Contains Fantasy) [boy].
E. One student did not answer the TSCC-A questionnaire but he did the (K.F.D).

The Drawing Test (K.F.D.) was given to all high profiled students as well as selected profiles from: Average Profiles with Average (UnD), Average profiles with High (UnD), Normal Profile with High (DIS, DIS-O, DIS-F) and one profile with possibility to some sub significant.

Tools:

Two tools were used in this study: a questionnaire and a drawing test.

(A) TSCC - A (Traumatic Symptom Checklist for Children). TSCC was developed in 1996 by Briere\(^6\) It was translated into Japanese and was standardized in Japan by Nishizawa Satoru 1999, and was finally published in 2009. TSCC has two versions; the full-version (TSCC) uses a total of 54 items while the other (TSCC-A) consists of 44 items excluding Sexual concerns (SC) from the full-version. It evaluates post-traumatic symptoms in children and adolescents (8:16 years old with normative adjustments for 17-year olds). This includes the effects of child abuse (Physical and Psychological), neglect, interpersonal violence, witnessing trauma to others, major accidents and disasters. It measures five clinical scales: Anxiety (ANX), Depression (DEP), Anger
(ANG), Post-Traumatic Stress (PTS), and Dissociation (DIS) – which has two subtypes: Dissociation-Obvious and Dissociation-Fantasy and two validity scales (Under response and Hyper response). TSCC-A is supposed to be used first in Japan.

(B) (K.F.D) Kinetic Family Drawing^7

K.F.D. is a projective drawing technique which helps in understanding children. It is easy to conduct, and exceeds linguistic and cultural limits. Like other projective drawing tests, it makes it easy to express feelings, emotional experiences and aggression, which cannot be expressed through verbal talk. K.F.D. allows the child to express his self concept and the dynamic deep relationships between him and his parents, brothers and sisters. Psychological disturbances can be quickly easily shown through K.F.D. and evaluating the child abuse too.

Sample:

The sample is composed of fifty eight Japanese elementary school students, 32 girls and 26 boys. They are all 6th graders, within the age of 11–12 years old, including only one student aged 10 years old.

Previous Studies:

On the 21st May 2009 the Psychological Impact of The Child Abuse^6 was examined by the researchers in "A new Mayo Clinic". The study was presented at the American Psychiatric Association 2009 Annual Meeting in San Francisco. The study found that a history of child abuse significantly impacts depressed in patients. It revealed increase in suicidal attempts, prevalence of substance use disorder and a higher rate of personality disorder. Earlier onset of mental illness and psychiatric hospitalizations increase were also recognized.

Taro Fukue and Kako Inoue (2008)^7 showed that child neglect showed immature formation of interpersonal relationships and strong non-social aspects. Physically abused children showed ambivalence in speech and behaviors. Multiply-abused children showed antisocial tendencies such as either dominance or submissiveness.

Laurie Van Egeren^8 (2008) pointed out the family systems beyond the parent-child relationship contributing positive and problematic child development. Family systems are also tied to larger social issues such as gender roles, parenting expertise of mothers versus fathers, division of labor and the family power balance.

Kaori Okada et al. (2008) showed that parental "child affirmation is important to decrease the child’s problematic behaviors" and the child’s temperament is important to increase the parental affirmation.

Menahem G., (1987)^9 reported in the French INSEE Survey Questionnaire a very significant correlation between repeated illness and family traumas encountered by the child before 18 years old. He point out that the origins of the illness refer to the lack of family affection, parental discord and the prolonged absence of a parent during childhood.

Results obtained from the data collected:

The categorization of the students’ profiles in the (TSCC-A), as mentioned before, indicates the following findings. There were 48 Average Profiles (29 girls – 19 boys) [Average T-score is 50, SD=10]; in other words, 83% out of a total of 58 students were normal/average ranged. Such percentage has not been achieved through traumatic or child abuse events. Also, they did not show any related psychological symptoms, such as: anxiety, depression, anger, post-traumatic stress and dissociation.

- 28 Average profiles (17 girls, 11 boys) with Average (UnD), meaning no pretending or symptom denial.
- 20 Average Profiles (12 girls, 8 boys) with above average or high (UnD), meaning symptom denial.

In addition, there were 7 High Profiles (4 boys, 3 girls) [T-Score is more than 65], indicating traumatic exposure or child abuse; indicating high Post-Traumatic Stresses (PTS) and related Psychological Symptoms (ANX, DEP, ANG, DIS).

- 4 High Profiles (1 girl, 3 boys) with High (HyP), meaning that there are no symptoms pretending.
- 3 High Profiles (2 girls, 1 boy) with High (HyP), meaning that maybe there is a pretend impulse that one has overpowered symptom or condition by traumatic stress.

Moreover, two sheets (boys) were within the T-Score range 60 : 65, which indicates some significant possibility.

"B"
Also, one sheet (boy) obtained Average scores to all scales, except to that of DIS (Dissociation), DIS-O (Overt Dissociation) and DIS-F (Dissociation containing Fantasy). Finally, one Sheet (boy) did not answer the TSCC-A questionnaire while he took the drawing test.

Regarding the K.F.D:

A. Average Profiles:
A.1. Students who have average profiles and average (UnD) showed:
- Normal identification.
- Lack of warm family relations (no communications).
- The father’s absence, who sometimes takes superiority positions, such as sitting on the chair while the mother is sitting on the floor.
- Depressive reactions and anger.
  (See Figure 1 as an example.)
A.2. Students who have Average Profiles and High (UnD) [and might pretend symptom non-occurrence, known as symptom denial], showed:
- Normal identification, sometimes missing sexual identity.
- Lack of warm family relationships or communications.
- The father’s absence, with no interest except in alcohol.
- Childishness, weakness and sometimes psychological family members’ castration.
- Refusing the family situation (indicated through missing eyes, ears, nose, mouth, legs and arms, and the back facing the parents).
- Maternal deprivation.
- Pretending to be happy and in good relationships.
  (See Figure 2.1 and 2.2 as examples.)

B. High Profiles:
B.1. Students who have High Profiles and Average (HyP), showed:
- Normal identification, (sometimes with the mother).
- Lack of warm family relationship.
- Refusing the family situation and back facing the parents.
- Image of weak mother (usually sitting).
- Absence of the father or sometimes an aggressive image of him.
- Childish family image, including psychological castration.
- Controlling tendencies (indicated through stretching down the arms).
  (See Figure 3 as an example.)
B.2. Students who have High Profiles and High (HyP) (i.e. those who might pretend symptoms or conditions that are overpowered by traumatic stress) showed:
- Normal identification.
- Lack of family communication.
- Refusal of the family situation (indicated through closed eye, acceptable actions, and/or not drawing himself.
- Family relation needed regarding culture (e.g. just for taking a picture).
- Aggressive father’s image.
- Lack of parental warmth, and maternal deprivation.
- Psychological castration (e.g. distorted hands).
- Fantasies as an alternative solution.
  (See Figure 4 as an example.)

C. Profile with sub significant score and Average (UnD) and (HyP), showed:
- Aggression towards the family (e.g. cartoon features).
- Denial of the human body, indicating lack or refusal of family or human contacts, psychological castration and aggression towards the family.
- Parents’ interest in nothing but alcohol.
- Fantasies as an alternative world.
- Normal identification.
  (See Figure 5 as an example.)

D. Average Profile with High scores in (DIS), (DIS-O), (DIS-F), showed:
- Unclear sexual identity.
- Strong indication to lack of warm family relationship.
- Refusal of the family situation (back facing the family and the world).
- Parental distorted image.
- Fantasies as an alternative world (e.g. the whole picture has been drawn on top of the page)
E. One boy who did not answer the TSCC-A questionnaire did the K.F.D., showing:

- Normal identification.
- Lack of family relationship.
- Paternal aggressive image.
- Maternal deprivation and lack of motherly warmth leading to depression, conflicts (wrinkles and dark circles on the student’s face while looking to his mother).

(See Figure 7 as an example.)

In short, TSCC-A differentiates between Average Profiles, High Profiles and those who have sub-significant scores or pretending, as a child exposed to traumatic events or child abuse. In the (K.F.D) all the selected profiles showed isolated parents, neglected children, no family communication and fewer warm images. This includes the Average Profiles [Average or High (UnD)], especially Average Profiles with High (UnD), except one Average Profile, High (UnD) which was much more like a normal reacting family image. Average Profiles with average (UnD) were less indicated to such traumatic stresses, neglection and body distortion.

Summary of the findings:

All profiles showed common indications. They showed normal identification, though sometimes it misses the sexual identification. They also indicated lack of warm family relationship and portrayed isolated parents. They revealed psychological absence or aggressive paternal image. In addition, they also showed maternal deprivation, weak and unaffectionate mother image. All in all, they indicated refusal of the family situation; most of them showed weakness, sadness and psychological castration. In some of them, fantasies are the alternative world. To sum it all up, lack of warm and dynamic family relationships, combined with unaffectionate mother and/or paternal absence all lead to refusing the family situation, psychological castration and fantasies as an alternative solution.

Discussion:

Moscovici (1984) pointed out that parents’ behavior towards a child is a product of social representation that has been created over time. The Japanese socio-cultural structure and system internalized the social sense and the ultimate reference of group, in addition to severe controlling and judgmental sense, all of which lead to a sense of dissatisfaction with oneself. Catherine Lewis (1984) described an orientation of seeking mutuality rather than individual benefits and controlling systems in the Japanese. Aggression has to be suppressed seeking harmonious appearance and peacefulness. Children have internalized the social interaction, hidden intentions, feelings and rights in a quiet and silent atmosphere, and prerogatives of others including those of more powerful people around them. More specifically, according to Barnlund’s (1975) the Japanese marked very low levels of physical contact with either the same or opposite sex parent. Also, Blood (1967) pointed out that child care is a total mother’s responsibility, more defensively to avoid any blame from others that she is not fulfilling her appointed duties. In contrast, Caron and Shouten (1935) pointed out a high sense of Japanese mothers’ responsibility in a closed relationship. Furthermore, Pavenstedt (1965) emphasized the closed physical union between children and mothers and the sentiment against having outsiders care for their children. Accordingly, we can identify the socio-cultural changes which explain such contrast. Similarly, the current study clearly shows that all of the children who have High TSCC-A Profile, sub-significant profiles and Average Profiles suffer from lack of such physical and emotional family relationship, absence of the father, and maternal deprivation.

With regards to William Fairbairn (object – child relationships), there are two points. First, libido is an object of seeking and primarily aimed to relationship making with others; starting with the parents, such bond and formed connection shapes the emotional life, this internal object relation describes an existing relation in the person’s mind. Secondly, deprivation and frustration raise the internalized unsatisfactory object’s (unsatisfactory) image representations and related aggression, ambivalence and the control impotence. In addition, a controlled socio-cultural system, such psychological castration, family situation refusal and being in the alternative fantasies world.
Conclusion:

Our study concludes in regard to the hypotheses mentioned above. It shows a low percentage of traumatic exposed children in normal families and schools. In addition, a very high indication of child abuse (child emotional neglect) has been shown through all the children except that mentioned above. Moreover, disturbed family images are indicated through lack of family communications and dynamic relationships. However, no significant differences were shown between High, Average or sub significant TSCC-A profiles regarding the family image shown in the K.F.D. From the above, it can be concluded that we should listen to the children’s hidden, repressed voices. We should also open up the world to them, hold them and give them real love, freedom and time.

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Note:

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2) Professor, Department of Human Sciences, Konan University.
3) Professor, Department of Sociology, Konan University.

References:

13. Psychiatric Disorders and Diagnosis in Psychology 101 at ALLPSYCH on line, chapter 9.

Appendix:

PICTURE DESCRIPTIONS

Figure 1: Family communications just occur in a marital relationship dialogue (between the father and the mother). There is a normal identification. The drawing also shows refusal of the family situation and running away from the oedipal situation (back facing the family situation). Moreover, females are expressing emotional panic and verbal aggression. Socio-cultural differences can be seen between the male and female position. The father sits on the chair while the mother is sitting on the floor with a psychological impotence/castration. Only one arm has been drawn to the mother. Finally, socio-cultural differences can be seen between the girl’s position as a female and her brother as a male (her brother is happier and more powerful.)
Figure 2.1: The figure shows normal identification. No family communications can be seen, indicating family situation refusal (back facing). The Father's and the Mother's images are very childish showing hopelessness and/or impotence. In addition, all the family suffers psychological castration (see the distorted hands). Even though the mother does her duties, the children still suffer from maternal deprivation. Maybe there is a way of communication with the brother but in a very depressed and refusing reaction to the family.

Figure 2.2: No sexual identity can be seen in Figure 2.2., neither are any family communications indicated. On the contrary, the drawing indicates aggression and refusal of the family situation and the communication (no human facial features were drawn). The child is trying to communicate but he gets no response (nobody is playing with him). In addition, the family, especially the father, have childish images while they suffer from maternal deprivation.
Figure 3: The drawing indicates normal identification. Father, mother and all the family have childish images, including impotence, psychological helplessness and psychological castration. We cannot feel any warm family communications. Even though the mother does her duties, the children still feel maternal deprivation and still have childish needs that have not been fulfilled.

Figure 4: The drawing indicates an unclear sexual identity. Even though the family members have physical contact and are smiling, it is just for taking a picture (a socio-cultural feature) which means no real warm family communications. On the contrary, there is a family situation refusal; (the boy did not draw himself and all the family have closed eyes). In addition, the father’s image looks aggressive. Finally, they all suffer from psychological castration (indicated through distorted hands).
Figure 5: The drawing shows a normal identification. However, it indicates aggression towards the family situation (insisting on drawing the family members as cartoon characters). Moreover, no human communications can be seen. Also, psychological castration is indicated through the inclusion of no legs or arms although hands were drawn.

Figure 6: This drawing shows an unclear sexual identity and a severe lack of family communications. Family situation refusal is indicated through back facing. Moreover, psychological castration is indicated through distorted hands, legs and the whole human body. In addition, all family members have a childish image. Finally, the drawing reveals fantasies as an alternative world, which is shown through drawing all the picture on top of the page. This is confirmed by the child's profile (high DIS, DIS-O, DIS-P).
Figure 7: While this drawing shows normal identification, it represents the lack of family relationship as well as paternal aggressive image. The maternal deprivation and unaffectionate image of the mother are implied by this drawing. They lead to depression and conflicts, which are indicated by the wrinkles and dark circles on the student’s face while looking to his mother.