

The Diffusion Process of the Concept of Trauma in Contemporary Japan, 1990s–2000s

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This paper intends to analyze the diffusion process of the concept of trauma and PTSD in Japan during the past quarter century. As some scholars have often pointed out, a primary trigger for the dissemination of the knowledge about PTSD in Japan was the Great Hanshin Earthquake, occurred in 1995. However, since before the earthquake, there has been a growing public interest in the psychological theory about child abuse and childhood trauma elicited by some non-fiction bestsellers or TV dramas around 1990 in this country, and such cultural background drove the swift diffusion of the concept of trauma and PTSD after 1995. In addition, from the late 1990s onward, intense media coverages about PTSD associated with a wide range of incidents (such as large-scale accidents, indiscriminate killings, traffic accidents, and stalking activities) arouse public attention to the concept of trauma and emotional damages of human beings. In this paper, I describe the foregoing diffusion process of the knowledge on psychic trauma in Japanese society and analyze this phenomenon from the viewpoint of a social constructionist approach to social problems.

Keywords: Trauma, PTSD, Social constructionism

1. Introduction

Since the second half of the 1990s, Japanese society has witnessed a rapid increase in the use of words like *shinteki-gaisho* or *torauma* (trauma) and diagnosis of post-traumatic stress disorder (PTSD), although psychiatrists in Japan were quite unaccustomed to using these words until the mid-1990s. These concepts began to circulate not only as a new “epidemic” mental illness but also as a broader cultural phenomenon of modern Japanese society. In other words, the motifs of *torauma* have been used repeatedly in Japanese popular culture since the 1990s, as in popular lyrics, novels, movies, and television drama scripts.

Some critics have already analyzed this phenomenon as a transient vogue in Japanese popular culture (Saito Tamaki, 2003; Kayama, 2000). However, although it has been more than twenty years since these concepts were first introduced in Japan, they continue to be widely accepted in society, never to be blown out our ears as a transient “cant.” For example, Konishi Takako, a famous Japanese psychiatrist and one of the central authorities on trauma studies in Japan, pointed out that contemporary Japanese adolescents use the word *torauma* to express stressful events or emotionally challenging experiences in everyday conversations (Konishi, 2001). In addition, according to the results of a research conducted by the National Institute for Japanese Language in 2004¹, eight out of ten Japanese, across all age groups over sixteen years of age, were aware of the term *torauma* (in katakana); 57.1% stated that they *comprehended* the meaning of the word, while 44.7% stated that they *had used* the word in that context.

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¹ Inquiry for the Retention Rate of Foreign Words, http://pj.ninjal.ac.jp/gairaigo/Yoron/index_gojiuun.html.

Why did the concept of trauma attract the attention of the Japanese in the 1990s and took over the Japanese society in such a short time? To answer this question, I adopt a social constructionist viewpoint, precisely on social problems (Spector & Kitsuse, 1977). Joel Best, an American sociologist of this field, proposes a *diffusion model* of social problems (Best, 2001). According to his discussion, “all claims-making [of social problems] is a form of diffusion, in which claimsmakers (transmitters) try to persuade audience (adopters) by making claims ... about social problems (the object of diffusion)” (ibid: 8). From this viewpoint, the epidemic of PTSD or trauma is analyzed not as an objective social condition but as a consequence of claims-making about psychic injuries of human beings. Therefore, the main purpose of this brief report is to analyze the process by which information pertaining to the concepts of trauma and PTSD was diffused in Japanese society by claimsmakers or mass media. In doing so, I will concisely outline the sociocultural contexts of this phenomenon in Japan in these two decades.

2. Cultural contexts of Japan prior to the diffusion of PTSD-related information in the mid-1990s

As mentioned earlier, Japanese lay people, as well as many medical professionals in Japan, were not familiar with the concept of trauma until the mid-1990s. Ohno (2000) and Watters (2010) indicate that most Japanese psychiatrists were unaware of PTSD when the Great Hanshin Earthquake (in South Hyogo Prefecture), which will be mentioned subsequently, occurred in January 1995. This is a slightly strange situation because the diagnostic criteria for PTSD had previously been included in the DSM (Diagnostic and Statistical Manual of Mental Disorders)-III in 1980 and the manual had already been introduced in medical circles in Japan in the early 1980s (Kato, 1984). Therefore, it may be reasonable to speculate that some Japanese psychiatrists were aware of PTSD through medical journals, technical books, or the DSM itself. In fact, in her works, Dr. Konishi states that she “began to learn about trauma theory in 1993 through activities to support victims of criminal offenses.” However, at the same time, she confesses that she “had not known anything about PTSD or trauma” when she began to support the victims (Konishi, 2001: 208–9). This suggests that few psychiatrists or medical professionals were interested in PTSD or trauma in the early 1990s, as some of them just *knew* these words.

There is other data to support this view. When searching for Japanese academic papers with words such as PTSD, *shinteki-gaisho*, or *torauma* in their titles (using the National Diet Library of Japan database), we found only a few papers that were published before the mid-1990s (e.g. Chiba, 1989; Tabata, 1991). In addition, the primary goal of these papers was to introduce the concept of trauma or PTSD from other countries by translating the DSM or foreign papers. Therefore, there are few discussions related to clinical cases in Japan.

Do these facts then indicate that Japanese psychiatrists or psychologists were not interested in the concept of trauma or PTSD until the mid-1990s? This may be an imprecise conclusion as some psychiatrists or clinical psychologists have begun to use the concept of *torauma* or *shinteki-gaisho* since the second half of the 1980s. Their primary reason for introducing these concepts was to make people realize that child abuse was a serious social problem. Simply put, in Japan, words such as *torauma* and *shinteki-gaisho* were initially used during activities related to the child protection movement in the early 1990s.

For example, in 1992, Saito Satoru, who is a psychiatrist and a pioneer on the issue of child abuse or “adult-children” in Japan, introduced the concept of PTSD in his book *Parents who don't know how to love their children*. He indicated that “the various actions of the maltreated child are affected by this disease [PTSD]” (Saito Satoru, 1992). Similarly, in her book *Thou shalt not Molest Your Children*, Ikeda Yoshiko, who is also a psychiatrist and a pioneer in this field, wrote about the convalescence of victims who were sexually molested; she used expressions, such as “stress symptom after trauma” or “diffuse anxieties after sexual abuse” (Ikeda, 1991: 184–5). Although these descriptions were some of the earliest examples used by Japanese experts to explain trauma or PTSD, these topics were not yet addressed as the central theme of child abuse at the time.

Compared to the writings of child abuse experts, Japanese mass media became more interested in stories about childhood trauma in the early 1990s. This interest was particularly augmented by stories of multiple personality disorder (MPD). For instance, *The Minds of Billy Milligan*, a non-fiction bestseller authored by Daniel Keyes (which depicts a young man suffering from MPD), was translated and published in Japan in 1992. This novel dealt with the half-life of a young man and his experiences of child abuse, and was read by many Japanese at the time. At the same time, TV dramas² and movies began to depict similar stories about the psychic damage caused by childhood abuse or the repressed memory of trauma (Kayama, 2000: 50–5). It was through such stories about child abuse or MPD that the concept of trauma was gradually conveyed to a certain section of the Japanese population.

From a social constructionist viewpoint, these stories of child abuse or MPD can be analyzed as precedent events that enabled the diagnosis of PTSD to be disseminated afterward. According to Best (2001), as mentioned above, a social problem claim is basically equipped with the following four arguments: “(a) that some condition exists; (b) that it is problematic (i.e., that it is troubling and ought to be addressed); (c) that it has particular characteristics (e.g., that it is common, has known causes or serious consequences...); and (d) that some sort of action should be taken to deal with it. Successful diffusion of a claim would seem to require the transmission of all four elements. ... A society whose members doubt the existence of some condition [above (a)] is unlikely to be receptive to claims about that problem” (Best, 2001: 8-9). That is, stories about child abuse or MPD at that time functioned as preliminary knowledge that put people (audience) on alert about the existence of psychic injuries in children. Although most Japanese did not seem to regard these concepts as their problems (Kayama, 2000), this knowledge provides for the PTSD epidemic after the mid 1990s.

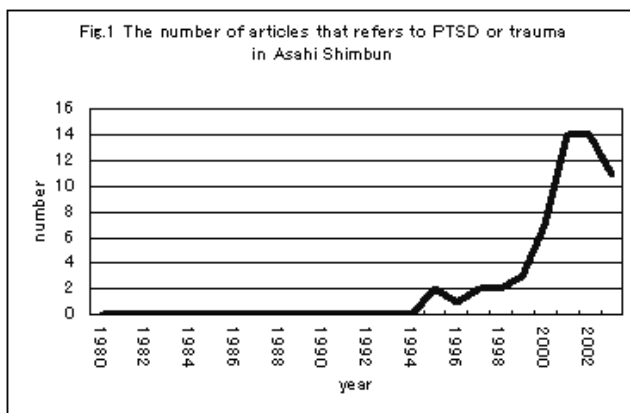
3. Causes of the diffusion of PTSD-related information in Japan: The Great Hanshin Earthquake and other factors

The situation underwent a sudden and radical change when the Kinki region of Japan experienced a massive earthquake on January 17, 1995. This was the greatest urban earthquake in Japan post WWII, killing over 6000 people and injuring approximately 43,000 people. The earthquake, known as the Great Hanshin Earthquake (officially known as the 1995 South Hyogo Prefecture Earthquake), not only caused property/physical damage in the region but also destroyed the overall confidence that Japanese citizens had built after the World War II. Since the earthquake destroyed many buildings and plants that were considered safer than those of any other country, the Japanese have lost trust in their technical

² For example, *I cannot see only you* (Fuji Television Network 1991) was a Japanese TV drama that included the motif of trauma in its script.

capabilities and the security system of their country. This seemed to be the cultural context in which information on PTSD, a new psychiatric diagnosis, was diffused throughout the country in a very short period of time.

As pointed out by some researchers (Ohno, 2000; Saito Tamaki, 2003; Watters 2010), the Great Hanshin Earthquake appeared to have triggered the diffusion of PTSD-related information in Japan. As the number of articles that referred to PTSD in newspapers (*Asahi Shimbun*) shows (Fig.1), the diagnosis was disseminated among the Japanese only after the earthquake. However, this information was diffused not only due to the disaster but also due to other dismal incidents that occurred after the earthquake, including indiscriminate terrorism, random violence, somber family problems, and judicial precedents.



Thereafter, in March 1995, shortly after the Great Hanshin Earthquake, an unpredictable terrorist attack occurred in Tokyo—the sarin gas attack on the Tokyo subway system. This incident, planned and implemented by a Japanese religious cult (*Aum Shinrikyo*), killed 12 passengers/station attendants and injured more than 5000 people. At the time, it was the first terrorism incident that involved the use of chemical arms against civilians in a large city; many Japanese trembled with fear after that. Following this incident, the Japanese mass media and popular journalism began to use terms such as PTSD or *shinteki-gaisho* to report the symptoms of victims. For example, an article written one month after the incident described PTSD as follows.

“It became apparent that some of the victims of the sarin gas attack in the Tokyo subway system suffered from a symptom called “post-traumatic stress disorder (PTSD)”....PTSD is a mental disease experienced by a person who encounters a major incident or an accident that causes serious injuries to his or her mind...This disease was observed, and paid attention to, among a lot of victims of...the Great Hanshin Earthquake.” (*Asahi Shimbun* April 24, 1995)

As suggested on this article, the Japanese became aware of PTSD through the two tragic events that occurred in 1995—the great earthquake and the unpredictable terrorist attack. Both events destroyed the sense of safety and trust in the post-World War II social system of Japan.

Second, in addition to these two unfortunate events, there were other disastrous accidents or

crimes in the late 1990s and the early 2000s that worked as catalysts for the dissemination of PTSD-related information in Japan. For example, following the *Sakakibra* Murder Case³ (Hyogo 1997), Ikeda Elementary School Murder Case⁴ (Osaka 2001), Garuda aircraft accident (Fukuoka 1997), Peruvian hostage crisis (Peru 1997), collision of the fisheries training vessel *Ehime Maru* and the United States nuclear submarine (Hawaii 2001), and the September 11 terrorist attacks in New York, the Japanese mass media began to actively report survivors' trauma or PTSD symptoms.

Finally, in addition to these incidents, constant anxiety and stress in “dysfunctional families” came to be regarded as factors responsible for PTSD. As noted above, since the early 1990s, child abuse experts in Japan had already begun alerting people to the fact that victims of child abuse were suffering from “injuries of the mind” (*kokoro-no-kizu*), but there was little use of the diagnosis of PTSD in their works. However, since the mid-1990s, child abuse/domestic violence experts have begun to make positive efforts to diagnose victims who have experienced abuse in their childhood, particularly sexual abuse, as having PTSD. Combined with the news reports of the awful events mentioned above and possibly with the sense of social anomie that originated with these incidents, Japanese media began to report childhood trauma or PTSD routinely in the second half of the 1990s.

The most influential incident that contributed to this trend was the translation and publication of J. L. Herman's monumental book *Trauma and Recovery* (Herman, 1992) in Japan in 1996. As a reviewer of this book, bioethicist Morioka Masahiro wrote the following: “After I finished reading, I felt a deep, quiet impression, like a ripple, being transmitted through my entire body. I felt such an emotion for the first time in years. ... This book shows that the symptoms of child abuse victims are caused by traumatic stress stemming from childhood... There may also be a large number of victims who suffered in silence in Japan” (*Asahi Shimbun* February 2, 1997). This transmission of the “deep, quiet impression” was experienced not only by Morioka but also by a considerable number of Japanese lay people who, as a result of these articles, became accustomed to terms such as “adult-children” or “dysfunctional families,” as well as “PTSD” or “trauma.”

4. Expansion of the application areas of the concept of PTSD

Although some psychiatrists in Japan have complained about the facile usage of the concept of trauma or PTSD (e.g. Shimosaka, 1998), these concepts steadily have come to be accepted and widely used among the Japanese since the mid-1990s. Further, to complicate matters, in addition to the great disasters and child molestation, more ordinary affairs have come to be regarded as potential risk factors for PTSD since around 2000.

One of the most important incidents that triggered this trend was a judicial trial that considered individual actions that resulted in someone's PTSD as criminal assaults. For example, a woman who had routinely bombarded her ex-boyfriend and his girlfriend with silent phone calls was prosecuted for assault in the Toyama District Court in 2000. On the grounds of a medical testimony, the plaintiff in the lawsuit accused the woman of causing his girlfriend's PTSD. Contrary to this, the defense lawyer argued that the testimony was incorrect and that the victim's symptoms did not fall into the category of PTSD.

³ This was a series of murders committed by a 14-year-old boy in Kobe. Following the incident, Hyogo teachers and staff union issued a statement encouraging all those involved in the development of children in Kobe to take better care of them and ensure that they are not affected by the incident (*Asahi Shimbun* June 18, 1997).

⁴ Students of an elementary school became victims of a man's indiscriminate killing in school. Following this incident, it became necessary to pay extra attention to the minds of (*kokoro-no-care*) surviving children and teachers.

However, after several trials, the Toyama District Court ruled that the woman's repeated actions of making silent phone calls to her ex-boyfriend had caused his girlfriend's PTSD and hence sentenced the woman to two years' imprisonment, with a four-year probation period. Similarly, a man in Nara prefecture was prosecuted the same year on the grounds of causing PTSD and was sentenced to a thirty-month jail term without probation (Toyama regional editions of *Asahi Shimbun* February 2, 2001; February 9, 2001; March 6, 2001; April 18, 2001; April 19, 2001; and April 20, 2001; *Asahi Shimbun* April 6, 2001).

These judicial judgments were epochal incidents not only for court precedents but also for the social comprehension of PTSD or trauma, since the successive judicial actions mentioned above and other court judgments that ruled some road accidents as causes of PTSD modified the social comprehension of PTSD. In other words, these judicial actions have expanded the causes of PTSD and trauma from disastrous events to more immediate troubles in life, such as silent phone calls, traffic accidents, and even loss of love. Although not all judicial actions or propositions intended to expand the causes of PTSD, it seemed that Japanese lay people became more familiar with PTSD due to the media coverage of these trials. In summary, in addition to the somber mass murder cases or terrible accidents, modern Japanese people have gradually been forced to regard the surrounding living environment as a risk factor for PTSD.

5. The context in which PTSD-related information was diffused in Japan: The victim advocacy movement and the sense of insecurity

Successive social phenomena—the diffusion of PTSD and associated issues—occurred not only due to certain medical discourses or the triggering events mentioned above but also as a result of their close association with the sociopolitical context in Japan around 2000—the victim advocacy movement. I use this term to indicate the general sociopolitical trend under which awareness regarding the legal, economical, and mental remedies for victims has spread. In Japan, according to those who advocate for victims, the protection of victimizers' rights has been considerably emphasized for a long time, and, hence, victim advocacy has been neglected⁵. For example, in criminal cases involving juveniles in Japan, their families or close relatives were not informed about the victimizers or the crimes committed by them, under the basic philosophy of the juvenile law⁶. Even in the case of crimes committed by adults, victims were not permitted to watch the court proceedings during trials. In addition, the government spends relatively less on the remedies for victims than on the protection of victimizers' rights. In order to change such situation, victim advocacy groups began to claim legal remedies or economic supports since around 2000.

At the same time, a flood of police scandals provided a tailwind to the movement. Among these scandals, the *Okegawa* stalking-murder case in 1999 had a symbolic significance. In this case, a young woman was killed due to the negligence of Saitama prefectural police who failed to take action based on the offense report about stalkers. As a result, mass media and domestic public opinion increasingly blamed the imperfections of the police investigation system and the provisions of law; this led to the establishment of the Law on Proscribing Stalking Behavior and Assisting Victims in 2000. According to

⁵ National Association of Crime Victims and Surviving Families, <http://www.navs.jp/introduction/introduction.html>

⁶ This law, however, was revised in 2000 to add a letter defending the rights of victims. Simultaneously, the law has tightened measures, as lowering the age at which minors can be held criminally responsible from "over 16" to "over 14"

the letter of the law, its purpose was to “prevent the individual body, freedom, and honor from being harmed [...] and to contribute to the security and tranquility of the lives of the people” (Section 1 of the Law on Proscribing Stalking Behavior and Assisting Victims). As this term states, reestablishing “security and tranquility” became an urgent policy objective in many administrative organizations around 2000, and the “deterioration in the security situation” became a hackneyed expression in mass media.

There were different types of collective anxieties about crimes that forced the Japanese to feel that the security situation in Japan was worsening. One of them was the “moral panic” (Jenkins, 1998), concerning juvenile crimes in the latter half of the 1990s; it was triggered either by a bizarre murder case in Kobe in 1997 or by the number of school stabbing incidents that occurred around the same time. The other type of collective anxiety was with regard to terrorist attacks or natural disasters, as mentioned above, and random street violence or stalkers. These social problems were linked to the nebulous feelings of social insecurity in the 1990s. In the 2000s, mass media and police began to regularly report that the crime-arrest in Japan was in decline, which reflexively increased the feeling of insecurity and the demand for stricter security measures. Owing to these situations, the victim advocacy movement received considerable public sympathy and some of the allegations led to the establishment of the Fundamental Law for Crime Victims in 2004⁷.

Although the main purpose of this law is to “establish the basic principle for the scheme of victim assistance” (Section 1 of the law), it is worth focusing on the fact that the need to provide mental care to victims is clearly stipulated in the text. In other words, this law ordains a national or local government’s obligation to provide mental care or social work services to victims so that they can recover from psychological trauma (Section 14 of the law). Furthermore, in accordance with the law, in 2005, the Cabinet Office of Japan designed a more specific program to “bring together experts in order to help cure severe symptoms of stress reaction, such as severe PTSD” (Cabinet Office of Japan, 2005).

If we see these movements from a social constructionist viewpoint, it is apparent that the aforementioned four elements of successful claims-making are entirely included in the statements of victim supporters. That is, they claim that: (a) the rights of victims have been neglected [*some condition exists*] and (b) the situation is problematic from the viewpoint of human rights [*that is problematic*]. In addition, (c) victims are suffering not only from physical injuries but also from psychic damage, trauma [*it has particular characteristics*]. (d) Therefore, adequate mental care programs or professions for PTSD are needed for victim advocacy [*some sort of action should be taken*]. Through these claims from victim supporters or constitutions of legislations, mental care policy for victims has been characterized and authorized as high-priority policy tasks in modern Japan. In this way, the victim advocacy movements institutionalized the concept of trauma in this society and diffused the notion that human psyche can be harmed from external tragedies in a medical sense.

6. Conclusion: The characteristics of the diffusion of PTSD-related information in Japan compared to the situation in the United States

As previously described, information related to the concept of trauma and PTSD was widely diffused among the Japanese between the 1990s and 2000s. This phenomenon seems to be similar to

⁷ In the preceding sentence of the law, the suffering of crime victims is mentioned as follows; “Recently, various crimes seem to have no end and the rights of victims who are involved with crimes have not received serious consideration. They have not been provided with much support and were forced to alienate.” (The Fundamental Law for Crime Victims, preceding sentence).

what occurred in the United States in several aspects. For example, both countries had standardized diagnostic systems for mental disorders, such as the DSM or the International Statistical Classification of Disease and Related Health Problems (ICD), which included the diagnosis of PTSD. In addition, both countries had experienced devastating incidents that triggered the pervasiveness of PTSD—the Vietnam War in the case of the United States and the Great Hanshin Earthquake in the case of Japan. These were the devastating tragedies that built the momentum for subsequent sociocultural fluctuations in both countries. However, there were also some differences between them. Therefore, to sum up this report, I will elucidate the characteristics of the diffusion of PTSD-related information in Japan by comparing them with those of the diffusion process in the United States.

First, there were neither consecutive movements nor evincing counterforce in the dissemination of PTSD-related information in Japan; in other words, there were no discussions about the inclusion of the diagnosis. As Young (1995) and Scott (1990) noted, there were intensive and systematized movements that called for the inclusion of PTSD in the DSM-III in the United States during the 1970s. Compared to the instances in the United States, Japanese people, including most of professions, have suddenly faced a diagnosis of PTSD in 1995 and received it for only a few years. Therefore, the technical argument about whether or not Japanese psychiatrists and medical practitioners should include the diagnosis has never occurred.

Second, however, there was a growing interest in MPD prior to the pervasiveness of PTSD. From the publication of books on MPD or activities to prevent child abuse, the Japanese gradually became accustomed to the idea of psychic injury or trauma in childhood. In addition to these cultural contexts, in 1994, the famous serial killer *Miyazaki Tsutomu*, who had committed a series of murders from 1988 to 1989, was diagnosed with MPD on the grounds of judicial psychiatric evidence. Media coverage of these cultural contexts or court proceedings appears to have laid the foundation for PTSD after the Great Hanshin Earthquake.

Finally, intangible social anxiety, particularly with regard to public security, provided the social context for establishing PTSD pervasiveness in Japan. In this context, “deteriorating condition of public safety” and “relief for victims” have become key phrases for raising public awareness of PTSD. In addition to this elusive social consciousness, a substantial network of experts also indicates this fact. For example, Konishi, a prominent psychiatrist as mentioned above, is one of the pioneers of victimology in Japan, as well as the leading authority on PTSD. She has worked with crime victims since 1993 and has actively stirred public opinion on the topic of relief for victims, using the concepts of PTSD and trauma to indicate the psychic injuries of crime victims. Therefore, it is reasonable to conclude that the pervasiveness of the concepts of trauma and PTSD was strongly interrelated with the collective anxiety about crime and security in Japan in this decade.

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<References: English>

- Best, Joel, 2001, “Introduction: The Diffusion of Social problems,” Joel Best ed., *How Claims Spread: Cross-National Diffusion of Social Problems*, Aldine De Gruyter, pp1-18.
- Herman, Judith L., 1992, *Trauma and Recovery*, New York: Basic Books.

- Jenkins, Philip, 1998, *Moral Panic: Changing Concepts of the Child Molester in Modern America*, Conn.: Yale University Press.
- Keyes, Daniel, 1981, *The Minds of Billy Milligan*, Random House.
- Scott, Wilbur, J., 1990, "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease" *Social Problems* 37(3): pp. 294-310.
- Spector, Malcolm B., & John I. Kitsuse, 1977, *Constructing Social Problems*, Cummings Publishing.
- Watters, Ethan, 2010, *Crazy Like Us: The Globalization of the American Psyche*, Free Press.
- Young, Allan, 1995, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, Princeton University Press.

<References: Japanese>

- Chiba, Yasunori, 1989, "Recovering Trauma," *Child Study*, 43(6). (=千葉康則 1989 「トラウマ (心的外傷) の克服」『児童心理』43(6))
- Ikeda, Yoshiko, 1991, *Thou shalt not Molest Your Children*, Kobun-do. (=池田由子 1991 『汝わが子を犯すなかれ —日本の近親姦と性的虐待』弘文堂)
- Kato, Masaaki, 1984, "The History of DSM I~III," *Clinical Psychiatry*, 26(2). (=加藤正明 1984 「DSM-1~3 の変遷の歴史 —<特集>DSM-3 その有用性と問題点」精神医学 26(2))
- Kayama, Rika, 2000, *Anatomische Tabellen of the "Age of Mind"*, Tsukuru Publisher. (=香山リカ 2000 『「こころの時代」解体新書』創出版)
- Konishi, Takako, 2001, *Psychology of Trauma*, NHK Publisher. (=小西聖子 2001 『トラウマの心理学』NHK 出版)
- Ohno, Mitsuhiro, 2000, "The Great Hanshin Earthquake, PTSD, Care for Minds" The social clinical Society of Japan eds. *Counseling: Illusion and Reality*, Gendai Shokan, pp121-150. (=大野光彦 2000 「阪神淡路大震災・PTSD・心のケア」日本社会臨床学会編『カウンセリング —幻想と現実 (下)』現代書館, 121-150)
- Saito, Satoru, 1992, *Parents who don't know how to love their children*, Kodan-sha. (=斎藤学 1992 『子供の愛し方がわからない親たち』講談社)
- Saito, Tamaki, 2003, *Psychologization of Society*, PHP Research Institute. (=斎藤環 2003 『心理学化する社会 —なぜ、トラウマと癒しが求められるのか』PHP 研究所)
- Shimosaka, Kouzou, "Opposition to the expansion of the concept of trauma," *Japanese journal of psychotherapy*, 24(4). (=下坂幸三 1998 「心的外傷論の拡大化に反対する」『精神療法』24(4))
- Tabata, Osamu, 1991, "Psychological Clinical Study of PTSD in Japan," *Bulletin of Faculty of Education Nagoya University*, 38. (=田畑治 1991 「わが国における PTSD (心的外傷後のストレス傷害) に関する心理臨床学的研究」『名古屋大学教育學部紀要. 教育心理学科』38)