

Comprehensible method to mental disorder through narrative — “Howl’s Moving Castle” model —

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Abstract

Objective: The objective of this research is to compare similarities between a patient’s story and a text, to promote common comprehension among generations in this modern society, to present a common model to overcome disorders and to introduce “elements and methods to correspond”.

When we touch the life of people with mental disorder, it is effective to use narrative and to make it comprehensible so as to understand them from the same point of view. To do so, the method of using novels and movies reflecting cultures and manners at any time can be considered a common set of ideas sense among generations. This research used “Howl’s Moving Castle” as its text for comprehension.

Method: Participants in this research were those who have a history of mental disorder and are attending work -providing institutes after returning home. They were chosen an approximately so as to understand recovery process of patients with schizophrenia. To collect “talks”, about a 90 minute’ semi - structured interview was conducted. The “talks” of the participant were written down, and a chart was made based on KJ method. From that information, the progress of recovery stage was analyzed. In addition, the chart of the progress of recovery

stage was interpreted through “Howl’s Moving Castle”, a Japanese animation movie (2004).

Result: The “talks” by the participants were divided into 7 stages and each stage was titled as follows. (1) the preceding stage of onset of an illness; “can not live up to parents’ expectation”, (2) the following stage of onset of an illness; “ can not understand many things” (3) avoidance and rest stage ; “ can not go to school”, (4) regression and diffusion stage; “ can not go their own way” , (5) acceptance and experience stage “connect with others”, (6) reality and testing stage; “There are things I can do”, (7) trial and search stage; “Let’ try in a new world”.

Discussion: Many similarities were found between the “talks” by the participants and the text retrieved from “Howl’s Moving Castle”. It has been considered that universal and common elements across the world are included in “Howl’s Moving Castle”. In the past, myths and old tales were universally comprehensible. However, in the present, they have not functioned as texts anymore. Therefore, they have passed on their roles to movies and novels reflecting cultures and manners of today. Many people sympathized with the ideas of “Howl’s Moving Castle”. When it was used as a text, the recovery process of people with mental disorder was presented as a

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comprehensible model, and it was shown that this text can be one important interpretation model in understanding narrative.

Introduction

In pre-modern society, as a way of sympathizing with others belonging to any community (“Mura” or “ie”), a universal and common comprehension method of using myths and old tales was adopted. In modern society, communities have broken up due to the development of science. Along with it, the common comprehension method of using myths and old tales can not be adapted today¹⁾. Since then, only developed science has been used as an explanation to compensate for the missing comprehension method.

Comprehension by text has the effect of involving a search for causes of phenomena outside the person involved (externalization of problems)²⁾. In contrast, explanations using science has the effect of producing a search for causes of phenomena within the person involved (internalization of problems). As an approach to patients with mental disorder, the use of scientific text may facilitate internalization of problems. However, this may increase suffering in the patients. On the other hand, the use of texts such as myths and old tales is not effective in modern society, because of the differences of social and historical backgrounds.

Then, the comprehension method used by a community such as “mura” or “ie”, has given way to the one using “generation”. The comprehension method by generation involves using novels and movies reflecting cultures and manners in its period as text and to use them as common knowledge^{3,4,5,6,7,8)}.

In this research, “Howl’s Moving Castle” was adopted as a text. In using a common model among generations, movies and novels as models should elicit sympathy from people. “Howl’s Moving Castle” not only broke the box office

record for long animations, but also was nominated for an Academy Award and many people in the U.S sympathized with it⁹⁾. This is because it includes elements which commonly elicit sympathy from people around the world.

In this research, “Howl’s Moving Castle” was used as a common model among generations. Then, its structure will be analyzed, with regard to elements of time, place, characters and groups as well as an examination of its characteristics. In addition, patients with a history of schizophrenia are asked to “explain” the process from the time of becoming ill to the present, and a structural analysis of “the comprehension method” will be examined. The objective of this research is to compare similarities between the patient’s story and the text, to promote common comprehension among generations in this modern society, to present a common model to overcome disorder and to introduce “elements and methods to correspond”.

Method

1. Participants

To understand the recovery process of patient with a history of mental disorder, a subject was selected: he had a history of schizophrenia and of attending work-providing institutes after returning home. The participant was a male, in his twenties, living with his father, mother, and sister.

2. Method of collecting “talks”

The interview was about 90 minutes. The interview was carried out by the second author. The interviewer received consent from the participant after an explanation of “questions and check items”. A semi-structured interview was performed following questions¹⁰⁾. (Appendix 1. refer to the result of the interview)

3. Method of analysis

The “talks” by the patient with a mental disorder were organized using the following

procedure. (figure. 1, refer to the result of analysis)

- 1) The “talks” by the participant were written down by the interviewer. Afterwards, they were categorized by elements using K.J.method. (the person himself or herself, work, people, group, place and time)^{11,12}.
- 2) The elements with similarities were put together and were titled.
- 3) The work continued until no similarity was found between the titles.
- 4) The method of Essential description in phenomenology was referred to when they were finally titled. Also, the following condition had to be met¹³. Various assumptions and common ideas should be avoided. Titles such as “Essential description” were sought while the first author was remembering her own experience. The named titles were checked if they were accepted as common to others as well as for experience of her own.
- 5) These “talks” were divided into 7 categories by corresponding them to recovery stages of patients with mental disorder.
- 6) Each stage was analyzed based on relations with others in the developing stage.
- 7) The “talks” by the participants were analyzed with “Howl’s Moving Castle” as their text.

Results

(numbers in parentheses are in appendix 1. Refer to the result of the interview.)

1. As the stage prior to of onset of disease, the group of talks; “ before the attack of disease” (#70, #71, #73, #74, #75, #76, #77, #23, #72) is applicable. Here, the participant mainly talked about their parents’ expectation and themselves who could not live up to it. Therefore, this group was titled “can not live up to parents’ expectation”.
2. As the stage following the onset of disease, the

group of talks; “appearance of un-identification”(#1, #2, #3, #14,#16, #4, #11, #12), “I do not know what to do”(#20), “I do not understand why I have to be in hospital” (#13), “putting blame on others” (#15, #17, #18, #19, #9, #10) is applicable. Here, the participant said that he suffered from what he did not know and understand. Therefore, this group was titled “have too many things I can not understand”.

3. As avoidance and rest stage, the group of talks; “he would not go to school”(#5, #6, #7, #8), “he understood, but he could not do” (#22) and “could do without doing”(#21, #24) is applicable. Here, he talked about his problem of not being able to go to school. Therefore, this group was titled “can not go to school”.
4. As regression and diffusion stage, the group of talks; “places he hates” (#25, #26, #36), “adapt himself to others” (#31, #33, #34, #27, #28, #29, #30), “family hating him” (#35, #37), “authority does not understand him”(#32, #68), “people around him do not understand” (#38), “something he hates(change of places such as schools) (#47, #48, #49) is applicable. Here, the participant talked about not having the freedom to do what he wanted to. Therefore, this group was titled “not go their own way”.
5. As acceptance and experience stage, the group of talks ; “people around him understood him” (#45, #46, #39, #40, #41, #42), “people helped him”(#50, #51, #52, #53, #54, #55, #83, #84, #85), “can take actions with day care members”(#43, #44) is applicable. Here, he talked about assistance from people around him and so this group was titled “relations with people around him”.
6. As reality-testing stage, the group of talks; “testing reality” (#81, #82, #78, #79, #80) is applicable. Here, he talked about the turning point of the improvement of his condition and so this group was titled “There are things I can do”.

7. As trial and search stage, the group of talks; “due to illness”(#56,#57,#58,#60), “became mature and moved on to trial and search stage” (#61), “the door to healthy life” (#62, #63, #64,

#59), “thanks to work providing institutes” (#65,#66), coping and accepting problems (#67,#69) is applicable. Here, he talked about the challenges of something new and so this



group was titled “Let’s try in a new world”.

Discussion

(The contents of the talks are in Appendix. Refer to the result of the interview.)

1. Title: “can not live up to parents’ expectation”

The participant hardly talked about his mother in the interview about the situation before he became ill. On the other hand, he regarded his father as a presence which did not accept him. One person said “ #75) my father said if I do not get a score of 100 on a test, that has no meaning and the father got angry when I scored 97 on a test” .Another person said “#9) my father hit me (because I did not go to school)”. The participant felt “my father believe that his life, of having graduated from a national university and of achieving higher posts is right and that his children should live the same life”. This dominant story of his father seemed to captivate him. In the dominant story, consistency of story sets their view of life in one direction and restricts a person, and proper incidents of the dominant story are chosen and discussed. In short, it is the story as a guide for his life ²⁾. His father was not one he could ask for basic support. The participant experienced failure to build up the relationship with significant others. The first relation between two people is built up through mothers, because mothers are the people they meet for the first time after their birth. As the relation matures, they are able to acquire the ability of accepting others through basic reliance¹⁴⁾. However, for the participant, his mother was the same as absent. As for his father, he could not build up an inner framework, and nor adapt himself, because his father’ norms of inner framework were excessively strict for him¹⁵⁾. He was not able to achieve tasks for development, and continued to be asked to adapt according to his age. As a result, the gap between reality and his tasks

caused suffering in the participant.

2. Title: “ have too many things they can not understand”

In the stage following of onset of disease, the participant said “#1 I am not sure if I am sick”, “#14) others around me did not understand the illness, and they were not professional, and It was hard for me, because my condition was the worst at that time.”, “#17) I did not know of the presence of caseworkers at that time. ”. As a comment, he said that he had a hard time because of “lack of understanding of the disease”. This “lack of understanding of disease” meant that he was not able to cope properly with causes, that he felt sick or he could not go to school. If the causes can not be dealt with properly, he has to find the solutions to the problems by blaming himself. As internalized dominant story increases suffering in the participant).

3. Title: “ can not go to school”

For his father, “not being able to go to school” means “not right” and the participant himself felt guilty about himself. He also had the dominant story in himself that it is right to obey his father. On the other hand, as the story continued, he did not build up reliable relations with his family. Therefore, when he was unsure, he chose a story “#11 with the delusion of becoming a crafts man of wood carving, I left home by bicycle”¹⁶⁾. At this moment, he refused to accept his father’s dominant story positively, and incidentally, the state of “they can not go to school” was affirmed. Not going to school and being absent from school are part of the avoidance and rest stage in the recovery process of mental disorder. The participant was trying to get out of his father’s dominant story by avoiding reality and taking a rest.

4. Title: “ can not go my own way”

The participant said “#31 hecould not leave the hospital unless he was obedient and it was difficult to bear it” and talked about the

inconvenience of not being able to do what he wanted to. This stage is the regression of diffusion stage in the recovery process¹⁷⁾. His desire to rely on others and have others listen to him was growing, but he could not usually go his own way in the hospital. Here, the participant is left in the situation where he can not understand that other individuals also have their own stories. He said about his life in the hospital, “#38) I had only healthy friends before, and when I started talking to somebody recovering from the disease, I could not understand what they were talking about and so I was puzzled.” “#41) In a ward, I was told not to talk to staff, because they were at work, but at the day care center, the staff listened to me intently”. During these talks, he was not able to have an opportunity to communicate with others; he was not able to understand others by exchanging narratives with others. Not being able to exchange narratives with others, in other words, he felt that he could not go his own way because of the feeling of not being able to understand each other.

5. Title: “relations with people around them”

The participant spent an acceptance and experience period, learning others’ narratives and having others listen to his narratives. He talked about the members of day care centers as “#43) they took me to mountains and rivers”, “#46) they were also suffering from the disease and I was glad that they were able to understand me”. As the first step of groups to form outer framework¹⁵⁾, there is a play group. For the participant, the play group was the members of the day care centers. In play group, he could learn how to create a distance with others. That is the basis of the formation of outer framework. Also, in play group, he could acquire spontaneity. By “the coincidence” of suffering from the same disease, he could share the occasion and played (together), accepting themselves and others, and learned

how to build up relations between two people.

Next, the change the participant experienced in the study group such as places and people out of hospital, will be discussed. During their school days, they could extend relations with others at school and in the neighborhood. “I was eager to know basic rules and skills of society.” Therefore, by identification of idealized parents, groups and society, they form ego ideal or super ego¹⁴⁾. He said “#55) I came to enjoy school with the help of seniors and medical staff”, “#83) my high school teacher taught me the questions which would be asked on a test”. He regarded elderly people as ideal models. By following advice and behavior, they acquired social standards and adapted themselves to reality. His school and school mates encouraged him to learn reality as social rules and norms.

6. Title: “there are things I can do”

The unaccomplished tasks of the participant were resolved by rebuilding a relation with a doctor in charge at the hospital ; the place for care. In the interview, he talked about the doctor as follows “#32) I could not communicate with my doctor”, “#81) I got angry, because my doctor told me that if I could get only one credit, that would be good enough”. In appearance, their relation does not seem successful.

However, the participant found paternal and maternal love in his doctor, which he could not receive at home. While he was resisting, he managed to build basic reliance with his doctors. Then, he had built a relation between two people; had built inner framework and had moved on to start building outer framework.

7. Title: “Let’s try in a new world”

During this stage, they tried to do various things regardless of the results, saying “#56) I had experienced three part time jobs, but all did not go well”, and “#62) I asked staff spontaneously if there was a place like a work-

providing institute". This is the trial and search stage. The participant could not build relations with others before, but he had built relations with others through relations with school mates and teachers at school and his doctor. Through this process, he knew variations of narratives from others' experience and was able to find a way out of following a dominant story to an alternative story. In a dominant story, some events were not dealt with after selection, but in alternative story, those events can be the center of their narratives. It shows that choices are not just one, but countless. Dominant story limited their viewpoint, but alternative story shows a new narrative¹⁶⁾.

Through all the stages, there were two events to make the participant life drastically change; the dominant story of his father and the dominant story of his doctor. The dominant story of his father is "study hard and graduate from a good school" and the dominant story of his doctor is "if you can get only one credit, it is good enough". In other words, the participant felt that "my doctor has the dominant story that I can not take a credit". These two dominant stories had totally different effects on the participant. It is related to the participant and people surrounding them.

Because of the dominant story of his father, he had to make unacceptable inadaptable choices. This is because they were not able to build relations with people around them including their fathers. Without having people he could rely on and having others' stories that could guide him, he was left in a state of suspense. This makes him choose a story without knowing what is adaptable before he can make adaptable choices. On the other hand, his doctor's dominant story worked adaptively. This means that he built relations through communication with various people before he fell in a state of suspense. Through others' narratives, he gained the ability to learn and to

choose what is adaptable to each time.

Dominant story allows suspense to move not only to hegatwe direction, but also in a postwe good direction. Whether it moves in either direction depends on which one chooses. Its motive power comes from relations with others. By applying others' narratives to himself and by having his narratives taken by others, he will change. When he heard various narratives through others, it became a map leading him to a life he wanted to live.

Based on what was mentioned above, the interviews of the participant will be read again using "Howl's Moving Castle" as a text for comprehension.

At first, Howl, in the movie, is regarded as a patient with a mental disorder, and then other characters and the story can be comprehended. In the story, there was no explanation and background about Howl's family relation; therefore it was considered that he had lived alone during his childhood. This meant absence of parents and failure of the formation of relations between two people within the family. Because he could not experience love from his mother or haven mother and child relation at home, the person he visited was Madam Suliman. On the other hand, Madame Suliman symbolizes the outer framework such as authority and norms, under which success in society is considered right. Therefore, Howl was not able to build a relation between two people, he and Madame Suliman and he had to leave her. Then, he visited the witch of the waste. For the witch of the waste, finding personal meaning is the most important and it represents various desires, contrary to Madame Suliman finding social meaning. However, as the result of asking for too much, the wilderness of life was waiting. Howl felt a fear of death and left the witch of the waste as if he were escaping.

Howl could not find the place for himself by

finding success in society and by fulfilling desires. Then, with the use of Calcifer to produce the power of delusion, he tried to withdraw into himself by keeping him away from society and from relations with others and shutting himself in the castle. Since he did not experience mother and child relation and family relation, he asked for a relation between two people inside himself and he had to live with it. Howl himself could not form inner relation between two people, which is equivalent to a family relation and he moved on to his adolescence holding his problems inside.

Sophie led Howl, who was keeping himself inside the moving castle, to the world outside. Sophie got into the castle as a cleaning person. She was wearing a white apron and it represents her role as a caregiver¹⁸⁾. Shopping, preparing meals and doing daily activities is said to be an important factor in treatment. The problem for Howl is the lack of a mother-child relation. The mother doing housework and scolding a child is an “ideal” image as mother. He saw Sophie as a substitute for his mother and he tried to build a relation between two people; the mother and child relation. Then the friction with Sophie (that was what Howl felt) became his motive power to a new incident, that is, a confrontation with Madame Suliman. The time Howl and Sophie spent before the friction stimulated both of them to build a reliable relation and led them to acquire a relation between two people; the mother-child relation. Because he solved a basic task, he was able to move on to the next stage.

Howl ended the confrontation with Madame Suliman and he acquainted himself with various people around him. They were the witch of waste, derived of spell, Heen as a limb of Suliman, and Turnip the scarecrow. Howl had only a oneway relation with Markl and Calcifer before, but he gradually changed his

attitude to wards them. This meant that Howl had gone through the developmental stages from inner framework of mother-child relation to outer framework of play group and study group. Without ignoring what he could not adapt himself to, he admitted and accepted the difference between himself and the others around him. By understanding others’ narratives, he was able to understand why the witch of the waste and Madame Suliman looked scary and how he could accept them. Understanding others showed Howl a new way of living as an alternative story.

The story of “Howl’s Moving Castle” further continues. When this story is compared with the participant’s interview, many similarities can be found. Both Howl and the participant became ill because they failed to form family relations and both rebuilt mother-child relation with caregivers, and experienced suspense. Then both of them realized a diversity of narratives through relations with many other people and learned how to choose and adopt others’ narratives to their narratives. This correspondence will be discussed as follows.

At first, when the participant is substituted for the characters in “Howl’s Moving Castle”, he could be Howl, the main character. Then, parents of the participant could be substitutes for Madame Suliman. Without building mother-child relations, both followed others’ ideas that accomplishing social success is right: the participant followed the idea of trying to enter good schools and Howl followed the idea of trying to be a wizard to a royal palace. These aspects were similar in both the participant and Howl. However, without building basic reliable relations, mother and child relation and inner framework, they could not move on to the next stage of building relations; outer framework such as social norms and rules. It can be considered that staff at a hospital ward resembled Madame Suliman, enforcing “rules

that they have to follow”.

For the participant, a desire such as consumption and waste by “the witch of the waste” was to become a crafts man of wood carving. Being “a crafts man” can not be viewed as success, because gaining higher status is commonly considered social success in this society. Also, if being a wizard in a royal palace and being a wizard as a disciple of the witch of the waste are compared, the latter was not honorable. Both the participant and Howl respectively held distrust of social success and chose other ways: these ways could satisfy individual needs. Then, both kept themselves in their own worlds by the power of Calcifer keeping away from others by delusion.

The role of Sophie is a substitute for those wearing white robes, namely his doctor. At first, the participant, as well as Howl, made the negative comment that “he was not able to communicate well” with caregivers. However, after the moment of “friction” with caregivers (they felt it was that way), both the participant and Howl used it as motive power to deal with new incidents. New incidents such as going to school for the participant and confronting with Madame Suliman for Howl. The time both spent with caregivers before “friction” stimulated them to build reliable relations and to acquire mother-child relation and relations between two people enabled them to move on to the next stage of forming outer framework such as social norms.

Also, staff in the ward could be compared to Madame Suliman and day care staff to Markl. Both Madame Suliman and Markl were proper in following norms, but they were different in whether they were lenient and reliable. Lenience and reliable relations led to the formation of inner framework and Markl and day care staff were those with generosity and reliability. Thus, the participant had an impression that he was accepted not by staff at

the ward but by day care staff and he manage to convey himself to others.

As mentioned above, many similarities were found in characters, implication and occasional events between the participants’ narratives and “Howl’ Moving Castle”. These did not happen accidentally.

“Howl’s Moving Castle” was released not only in Japan but also around the world. It was also nominated for an Academy Award and moved many people. This is because this movie included universally common elements for people living in modern conditions.

Today, the myths and old tales which were universally comprehensible in the past can not function as texts anymore. Movies and novels reflecting modern cultures and manners have taken over their roles and have become texts. Freud, an authority on psychoanalysis, adapted Greek myths as texts and made the Oedipus complex and mental defense control comprehensible¹⁹⁾. Like Freud did, it is not incomprehensible to adapt “Howl’s Moving Castle” as a text and to make the recovery process of people with mental disorders comprehensible. To be involved in mental treatment and with people with mental disorders, this text can be one of the most important comprehensible models to understand narratives of those with mental disorders.

Conclusion

When we touch the life of the people with mental disorders, it is difficult for us to say what it is familiar and ordinary life. Each of their behaviors and actions may be viewed as strange. However, to accept them and to face them with the same point of view is required in mental treatment. To do this, it is effective to make their stories comprehensible through the use of narratives. In this research, “Howl’s Moving Castle” was adopted as a text. However, this is

not necessarily a model case not can be adapted to every individual's narrative. Narrative can explain ambiguous experiences of individuals in a certain way. A story comprehend individuals. However, a story at first, caregivers themselves are preoccupied with dominant story. If many narratives are presented as model cases, they can be chosen to fit with each individual. To do so, caregivers need to have many narratives inside themselves.

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Appendix

The result of the interview

What did not you like before getting sick?

(How was the condition of your life?)

#1 I do not know I am sick.

#2 There were strange symptoms, but I did not think I was suffering from mental disorder.

#3 Gradually, I was not able to make my body move as I tried to, and I could not get up early, nor sleep well at night.

#4 I had delusion and it was getting bigger.

#5 I could not go to school.

#6 If I could not go to school, others around me started saying "Why didn't you come to school?".

#7 I was told to go to school, but I could not.

#8 I could not concentrate on lessons and gradually I started skipping classes.

#9 I started being abused by my parents (for not going to school)

#10 Abuse was getting worse, I thought it bad and then I ran away from home.

#11 I ran away from home by bicycle with the delusion of becoming a woodcrafts man.

#12 I tried to run away from home, but after spending a few days without food and drink, I felt sick and went back home.

#13 After I went back home, people around me started thinking me strange and I was hospitalized.

#14 People around me did not understand the illness and they were not professionals. It was hard for me, because my condition was the most severe at that time. Were your family the only ones helping you?

#15 I went to a city consultant office, but I was unreasonably told "let her take a rest (or let her not go school)".

#16 My parents were at the mercy of them and confused by it.

#17 I did not know of the presence of caseworkers at that time.

#18 There may have been people helping me, but

I could not take advantage of it.

#19 I was at a loss and so were my parents.

Teachers at school said "Come to school, please" and did not have anybody to help me.

#20 Then I thought I would run away from school and kill myself.

What were good things before you got sick?

#21 I passed a test for a school by recommendation.

#22 I could not study for entrance examinations for six months and thought "I will fail it, if I continue like this.

#23 My rank at school was slipping.

#24 I passed an entrance examination test by recommendation and so I thought "I will take a rest for a while and be relieved".

What did not you like during treatment in the hospital?

#25 The environment of the hospital.

#26 I did not have privacy, because I was squeezed, I had the door locked, and they peeked in the toilet.

#27 An assistant nurse lacked in understanding, I had to be careful of staff and so I was tired.

#28 If I say something, soon they gave me an injection.

#29 I said only "I want to eat instant cup noodles" and then I was told "What is this rebellious attitude?".

#30 Staff looking at us eating provided meals said "They look delicious and I want to eat them, too", but they never ate it, so I saw who they were.

#31 Unless I was obedient, I could not go out of hospital, so it was hard to bear it.

#32 I could not communicate with my doctor.

#33 It made my hospitalization longer.

#34 Without the doctor's permission, I could not go out nor go out of hospital.

#35 My family was in a panic, too and so they did not care about me at first.

#36 Many patients in the closed ward had fierce tempers and I thought this was not an

- environment to cure my illness.
- #37 My brothers were preparing for entrance examinations and the relation was getting worse, so my illness would affect their study, and I was forced to be hospitalized.
What did not you like about day care?
- #38 Before, I had only healthy friends and when I started talking to somebody recovering from the disease, I could not understand what they were talking about and so I was puzzled.
What were good things while you were in hospital?
- #39 Day care staff were much better than ward staff.
- #40 I had them consult with me.
- #41 In the ward, I was told not talk to them, because they were at work, but at a day care center, they listened to me with intently.
- #42 I was able to say anything about my high school, my family and trivial things to my worries
- #43 After I got used to the day care center to some degree, I was able to make friends.
- #44 They took me to the beach and mountains with senior friends.
- #45 It was good to be able to make friends I could talk to without hiding my illness.
- #46 That person was also sick and it was good for him/ her to be able to understand my feelings when I had a hard time.
What did not you like about a day care center?
- #47 I did not like to study at school.
- #48 I wanted to study and was willing to study, but I could not concentrate and did not like to listen (to others).
- #49 I was willing to go to school, but my body was not, so the period was hard for me.
- #50 My senior let me copy his report.
- #51 I got acquainted with seniors at a local study group.
- #52 If I got along with seniors, they let me copy their reports.
- #53 It was the relation only at school.
- #54 My seniors were working and had children and so I did not usually play with them.
- #55 With assistance from my seniors and medical staff, I came to enjoy my school.
What did you do during the period from the day care center to a work-providing institute?
- #56 I had three part-time jobs, but it did not go well.
- #57 Because I was able to do work pretty well, I got promoted, but pressure, working hours and working days also increased.
- #58 I did not tell them that I was sick, but it (the amount and the content of my work) became a big burden for me and then I quit.
- #59 Because I worked part-time, it was good to make friends with healthy people.
- #60 I quit vocational school after a few months.
- #61 After that, I was hanging around for one year, but I thought it was bad.
- #62 I said to the staff spontaneously "Is there a place like this (work providing institutes)?"
- #63 Hospital staff told me that there was a work providing institute.
- #64 I thought going to a work providing institute would be closer to a return to society than going to a workplace and decided to attend the work providing institute.
What are good things about the work providing institute?
- #65 It was good to gain basic physical strength.
- #66 I was grateful for the suggestion that I should work under the condition of employment for the disabled.
What are bad things about the work providing institute?
- #67 The staff (I know) moved to another section and I wrote a petition, but the staff moved in the end and I did not like it.
- #68 I felt distrust at a time, because older people did not understand even though I did my best.
- #69 I do not feel distrust now.

What are the causes of a worsening condition of life?

- #70 During preparation for entrance examinations.
- #71 My parents wanted me to enter a certain school.
- #72 At first, I was third in grades at school (but my grades started slipping)
- #73 I watched the news that the son of a doctor was forced to study thoroughly by his father.
- #74 My parents were the same.
- #75 If I did not get 100 on a test, that is meaningless and my parents got angry at me.
- #76 My parents went to a national university and wanted their child to go to the same kind of university, and this may be the cause for my disease.
- #77 I still can not be satisfied (with my parents’ attitude).

What are the reasons for improving the condition of life?

- #78 I forced myself to go to school.
- #79 I managed to get by in a situation where I was able to connect to society.
- #80 I went to school obstinately.
- #81 My doctor said to me “If you can get only one credit, that is good enough” and it made me angry.
- #82 I decided to finish within three years and get all credits without fail.
- #83 My high school teacher told me questions which would be asked on a test.
- #84 My friends also helped me.
- #85 Day care staff also listened to my worries at school.