# Clinical Psychology and the Inner World

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Why do the cognitive and behavioral therapies begin to be used widely in the world (Shimoyama, 2009)? In the field of clinical psychology in Japan, psychologists are striving to establish a clinical system on the basis of the idea of the evidence-based practice and to unify the clinical practices that are used at present in Japan including practices which originated in Japan such as Morita therapy (Shimoyama, 2009). How is it accomplished? In this paper, the term, *cognition*, is thought over again with a mind to the model of the Inner World (IW). The term would be used ambiguously. However, the fact must be advantageous to clinical psychologists to accomplish the present task. IW develops and functions in our brains on the basis of human cognition. Thinking about how human beings perceive and experience the world around them leads to understanding how clinical practices are performed. Finally, it will be shown that there is a high possibility that all the therapies and techniques which are used in clinical psychology at present especially in Japan can be put into a clinical, or therapeutic, flow of cognitive and behavioral practice.

**Key Words: cognitive and behavioral therapies, the Inner World, the brain, psychology, linguistics**

## Introduction

In the field of clinical psychology in Japan, psychologists are struggling to establish a clinical system on the basis of the idea of the evidence-based practice and to unify the clinical practices that are used at present in Japan including practices which originated in Japan such as Morita therapy (Shimoyama, 2009). Why are the cognitive and behavioral therapies (CABT) recognized as being superior to the other therapies? Their therapeutic effectiveness has been verified through experiment (Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015). Sato (2013) presents the idea of the Inner World (IW) in order to discuss psychological reality of syntactic knowledge in our brains, and its actuality and function in our brains have been argued with several successive papers taking up psychological and linguistic problems. Some clues to unifying psychological therapies used in the field are uncovered in this paper.

Any clinician has to exert influence upon IWs of their clients by some means in the end. What does it mean to exert influence upon IW in the practice? This problem is talked about by reconsidering what the concept, *cognition*, signifies in this paper. Commonalities among psychological therapies emerge in the course of discussion. The unification is achieved centering around CABT.

Most of the therapies which are used in the clinical practice at present do not try to inquire into the causes of psychiatric problems closely and deeply (Sato, 2012). Sato divides all the therapies into two groups on the basis of whether a therapy tries to inquire into the causes of psychiatric problems closely and deeply or not. Religious clinical activities also do not aim at making inquiries about the causes of the mental problems deeply, so it can work in the same way as psychological therapies (Sato, 2012). The primary aim of this paper is to integrate the therapies which do not try to find out the causes of the problems compulsory, or against clients' will.

## The mind

When the problem, how the mind works in our brains, tries to be comprehended, it is important to argue how the images, or experiences, are used in our brains (Sato, 2009). Through the mind system, the remembrance is manipulated

in our brains so as to live a better life and survive in this real world. The manipulations are executed in IW. IW is molded in our brains as a copy of the external world (Sato, 2013) and is made up on the basis of human cognition. The retrieval system can include and deal with refusing to remember subconsciously and not being able to remember.

## The types of cognition

The types of cognition have to be considered because clinical practice has to be done by exerting influence upon IWs of the clients by some means in the end. Several problems in linguistics, psychology, brain sciences and so on have been talked about in order to verify the actuality of IW. Sato (1995) discusses how language can be acquired only using what are found in our brains and finally presents the language model which seems to have psychological reality. In the model, words are indexes of *Image*s, or experiences, and grammar is used to manipulate Images in IW. The manipulations are performed so as to live ingeniously in the world and make creativity work. In Sato (2013), psychological reality of syntax is argued and the existence of IW is hypothesized. Sato (2014) says that the way of grasping the psychological time and the development of theory of mind are different aspects of the development of IW. Sato (2015) shows that the involuntary world that Dr. Libet found through his experiments can be explained without contradiction to the problem of free will only if IW exists in the brain. Sato (2016) reveals that, through the idea of IW, the processes of the first and second (foreign) language acquisition are able to be described with the inclusion of the differences between them just in one model, or the model which is presented in Sato (1995). Sato (2017) shows that the model of IW can function as a structure model of the brain, in which what have been found in the brain converge into just one flow.

IW is molded through human cognition. What kinds of cognitive processes are involved in the formation of IW? In other words, how do human beings perceive and experience the world around them? Summarily speaking, five types of ways come to mind: (a) directly perceiving the outer world through the senses, (b) indirectly perceiving the outer world through photographs, paintings, and so forth, (c) vicariously experiencing other people's experiences and creative worlds through language, (d) directly having experiences through physical activities, and (e) creatively perceiving and/or

experiencing something by manipulating own Images, or experiences, with language. Are there any other ways to perceive or experience the world? In other words, exerting influence upon IW in the brain means working the five ways above skillfully. The five categories above make up the human cognitive structure. The clinical interventions, the psychoeducational approaches and so forth have to be done through the categories.

## The basic structure of the therapies

The third-generation CABT are said to have such a basic structure as is shown in Figure 1(Kumano, 2012). However, the structure can be modified on the basis of the concept of IW. In order to explain the therapies, Kumano selects and outlines Mindfulness-based stress reduction, Mindfulness-based cognitive therapy, Metacognitive therapy, Behavioral activation, Dialectical behavior therapy, and Acceptance & commitment therapy (ACT). Several ways of analyses are used in the outlines such as A (Antecedent, Activating event) – B (Behavior, Belief) – C (Consequences) (p.78) and A (Trigger [internal]) → M (Metacognition and the CAS [Cognitive Attentional Syndrome] ↔ C (Consequences [Emotional]) (p.79), and finally, the basic analyses are integrated in the summary section of ACT as a figure. In the explanation, A is treated as a construct which can

$$E \quad — \quad A \quad \rightarrow \quad B \quad \rightarrow \quad C$$
$$\rightarrow \quad \rightarrow \quad \rightarrow \quad D$$
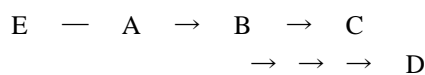
E : Establishing operation
A : Antecedent (Activating event)
B : Behavior
C : Consequence (Reinforcer)
D : Delayed outcome

Figure 1 (The author abstracts the central part from Kumano, 2012, p.186, Figure 22)

be removed and reinforced, B as a construct which can be replaced with the other behaviors and the practice of the other behaviors, C as a construct which includes mindfulness. The modified version is shown in Figure 2. To be precise, establishing operation (EO) such as a psychoeducational approach is necessarily used in all the therapies (cf. Shimoyama, 2009; Tanno, Ishigaki, Mouri, Sasaki, &

Sugiyama, 2015). The problem behaviors as tendencies in IW (B) and the problem cognitive structure in IW (B) are molded being affected by the preceding stimuli and the stimuli activating cognition (A). As the description of the cognition , which molds IW, also indicates, there must be a lot of types in the direct causes (A), such as direct stimuli from the outer world, own behaviors of clients, and automatic thought. They

$$E \quad — \quad A \quad \rightarrow \quad B \quad \rightarrow \quad C$$
$$\rightarrow \quad \rightarrow \quad \rightarrow \quad D$$
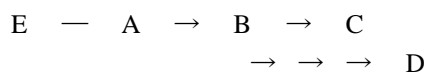
E : Establishing operation
A : *Direct causes (Cognition: Behavior and Thought)*
B : *IW*
C : Consequence (Reinforcer)
D : Delayed outcome

Figure 2 Exerting influence upon IW

can affect and change IW in one way or another. Finally, the influence can appear as a consequence (C). There are also a number of kinds of consequences such as actual behaviors, something emotional in IW, and vague sensations because the consequences are the ones brought with IW affected and changed in one way or another. Moreover, when they understand an aim of each therapy and learn skills to deal with their problems, clients can enjoy delayed outcomes. In CABT, they are requested to learn and practice the skills (Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015).

**The model of IW**

The behavior therapy and the cognitive therapy, which are said to be heterogeneous (Kumano, 2012), can function without contradiction in the model of IW. Kumano (2012) says that the third-generation CABT have developed so far in order to resolve the difficulty of connecting two heterogeneous concepts, behavior and cognition. IW is a model in which how experience and knowledge exist and are used in our brains can be discussed (Cf. Sato, 1995, 2009, 2010, 2013, 2014, 2015, 2016, 2017). How language operates in order to give birth to our minds and allow them to work as they do has been talked about through the discussions on IW. The several academic problems which seem not to be dealt with in a single model have been considered through the model of IW. It is the model that can be applied to various

things.

**The cognitive and behavioral therapies (CABT)**

The efficacy of CABT is widely and objectively received in the evidence-based practice (Shimoyama, 2009; Kumano, 2012; Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015). Why do CABT begin to be approved as a leading technique? Of course, they have developed on the basis of the basic psychologies (Tanno et al, 2015). The fact should be slightly pondered in the case of trying to unify several heterogeneous therapies and techniques around clinical psychology.

**The term, *cognition***

CABT focuses on human cognition. However, the term, *cognition*, might be used rather ambiguously in clinical psychology. Kumano (2012) tries to tell the differences between the metacognitive belief and the metacognitive plan. In Metacognitive therapy, *metacognition* is defined as cognition about cognition, so the concept, the metacognitive plan, is understood only when the definition of the metacognition is enlarged. And the explanatory note is shown as follows: the cognition on coping behavior is called "instrumental belief," and although, strictly speaking, it is not cognition about cognition, it is used in a broad sense here (p.91). In other words, because the molding and the manipulation of IW and the clinical approach to it are all done through the cognitive activities in the brain, CABT have the possibility of taking anything in the clinical activities by interpreting the term, cognition, in various ways.

**The practice in clinical psychology**

It is said to be very important to use a skillful combination of various approaches and techniques in an integrative way (Shimoyama, 2009, p.11). Various combinations of techniques are actually designed and practiced in the activities (cf. Shimoyama, 2009; Kumano, 2012; Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015). CABT acknowledge and accentuate the importance of human cognition. They are to use various approaches and techniques in a practice without contradiction. A number of clinicians practicing CABT might have already used parts of the other therapies consciously and/or subconsciously in a rather

unrestricted way. It must be the potential of CBAT, which may be leading to the efficacy.

## Psychoeducational approaches

There are two types of psychoeducational approaches when they are classified roughly. One of them is similar to EO, and the other is akin to intervention. Shimoyama (2009) describes the approaches: they are conducted in order to share the information concerning psychological trouble and diseases and concerning the aid and the intervention for the identified problems (p.204). It sounds like EO. However, Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama (2015) introduces a psychoeducational approach to schizophrenia: it is performed in order to modify a client's cognitive bias by paying attention to it (p.529). It seems like an intervention. By using the model in Figure 2, what have been bundled up as psychoeducational approaches can be divided into two groups on a case-by-case basis.

## The flow chart for the clinical practice

When what are practiced in counselling, psychotherapy and clinical psychology can be classified on a case-by-case basis according to the flow shown in Figure 2, it would become possible that the flow chart is made that psychological clinicians can use in their practice. When it can be understood that the aim of the practice will be accomplished in the end by working upon clients' IWs and it is possible only through cognition, EOs and the techniques which are used in practice can be purposefully arranged on a case-by-case basis. Furthermore, by investigating an effective means which can be used for preventing a recurrence, all the steps in the practice can be put into just one flow shown in Figure 2. In other words, options for each different purpose can be shown in the form of a flow chart, which are able to be used in the daily activity and the education of clinical psychology.

## The establishing operation (EO)

The paradigm such as humanistic psychology and the conception such as a period of *zettaigajoku* (to give strict orders to stay at a bed) in Morita therapy can be used as EO. Good relationships between practitioners and clients are said to be very important in any clinical practice (Shimoyama,

2009; Kumano, 2012; Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015). Shimoyama (2009) says that C. R. Rogers explained his humanistic psychology, or person-centered therapy, as a therapy which can be applied to all the clinical practice in "psychotherapy (p.142)." When the examples in the practice are viewed from the angle, it can be understood (cf. Miller, Duncan, & Hubble, 2000). In the paradigm of humanistic psychology, clients are caused to notice their own problems and are expected to change themselves, so it seems to be able to be taken as a process like EO. It can be taken into the therapeutic flow of CABT as shown in Figure 2.

The period of zettaigajoku in Morita therapy is regarded as a preparatory stage for the periods of light work and heavy work. Clients are told to control the degree of their fatigue and accept any thoughts and emotions as they come to mind in the period. It can also be used to carry out psychological assessment like case formulation (Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015). Thus, it will be understood that the period functions as a preliminary stage in order for the techniques applied to the clients to be accepted and work well. Preparing the surroundings for a therapy in Naikan (Introspection) therapy is also understood as part of EO.

## The first step toward psychological assessment and case formulation

IW is the groundwork in order to make psychological assessment and case formulation. As it is mentioned above, the mind is composed by calling up memories, which can include refusing to remember subconsciously and not being able to remember. In other words, coaxing forth information from IW by using some stimuli is indispensable, and the information is to be used in one way or another so as for a human being to survive and live properly in the world. In the same way, when clinicians try to understand the "mind" of their clients, they have to elicit information, or the experiential world, from clients' IWs

## How to peep into IW

It is possible to peep into clients' IWs by using some stimuli. The IWs seem to be understood through the interlocutions between a clinician and a client, between clients, and so on in the paradigm of humanistic psychology (cf. Miller, Duncan, & Hubble, 2000). In the paradigm of Morita

therapy, the peeps would be done through a daybook and mental and physical activities (Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama, 2015). The paradigm of Naikan therapy uses individual interviews given by experienced interviewers (Tanno, et al, 2015). Of course, various kinds of assessment techniques can also work in order to understand IW. The techniques of free association and play in the Psychoanalytic therapy paradigm and the ones of dream analysis and sandplay in the Analytical psychology paradigm may come in useful in some situations (Tanno, et al, 2015).

When the academic problem of cognition is approached through the model of IW, several aspects of the mind that IW produces can be grasped in several ways.

## Social aspects

Social aspects such as a family and other groups act on IW. Clients are involved in a lot of groups. Through IW, they are influenced by the aspects in many ways, although it may be subconscious. Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama (2015) says that there are some merits in group therapy. For example, clients can become aware of their own problems. In addition, with respect to eating disorders and psychosomatic disorders, it is necessary for a client to be treated with a family regarded as a system. IW is to develop being affected by various groups in society. Social matters must be reflected in IW because human beings are living making up various groups in society.

## Conclusions

When the academic problem of cognition is reconsidered with a mind to the model of IW, there is a high possibility that the other therapies and techniques will be put into a clinical flow of cognitive and behavioral practice. Through the discussion in this paper, it can be understood that all the therapies and the techniques in clinical psychology make skillful use of the human cognitive function, through which IW develops and operates in our brains. Shimoyama (2009), Kumano (2012) and Tanno, Ishigaki, Mouri, Sasaki, & Sugiyama (2015) explain various basic theoretical ideas in CABT. In addition, they survey the basic theoretical ideas of the other therapies and techniques. The ideas can be integrated in the flow which is shown in Figure 2. It ought to lead to practical unification of the clinical practices, which would be able to be shown in the form like a flow chart.

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