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Is Taijin Kyofusho a Culturally-Bound Syndrome or a Form of Social Phobia?

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Abstract

Taijin Kyofusho (TKS) is a type of social anxiety thought to occur mainly in Japan. The relationship of TKS with features of Japanese culture is described. Proposing that TKS is a variant of social phobia, we note that TKS appears to be found in other cultures, and has similarities to social phobias that are characterized by a preoccupation with body image and physical appearance. Consistent with the notion that TKS is a variant of social phobia, TKS in Japan and social phobia in western cultures appear to have similar courses, gender distributions, and associated familial factors. To understand how the genotype underlying social phobia may lead to different phenotypic expressions, we speculate about the role that cultural differences in self-construal may play and discuss the implications of our model. Recognizing the speculative nature of our theory and the limited amount of research on TKS, future research is needed to determine whether TKS is a distinct, culturally-bound syndrome, or a form of social phobia.

Keywords : Taijin Tyofusho(TKS), social phobia, culturally-bound syndrome, social phobia subtype, culture

Taijin Kyofusho: Culturally-Bound Syndrome or Social Phobia Subtype?

The Diagnostic and Statistical Manual of Mental Disorders - fourth edition (DSM-IV; American Psychiatric Association [APA], 1994) lists Taijin Kyofusho (TKS) in an appendix as a culturally-bound syndrome thought to appear only in Japan. The DSM-IV also mentions TKS in the social phobia section as a variant of social phobia that is found in several cultures, including both Japan and Korea. The International Classification of

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Disease-10 (ICD-10; World Health Organization [WHO], 1992) includes a condition that is similar to TKS, i.e., anthropophobia, as a subtype of social phobia and not as a culturally-bound disorder. In this article, we review the available information to clarify whether TKS is better conceptualized as a culturally-bound syndrome that is distinct from social phobia, or as a form of social phobia.

To establish a case that TKS is better conceptualized as a form of social phobia, we first describe TKS and its relationship with features of Japanese culture. Second, we note the presence of TKS-like conditions in other cultures. Third, we examine TKS in Japan and compare it to social phobia in western cultures. We conclude by examining which cultural factors are related to the expression of social phobia and offer a theory to explain how TKS and social phobia may be different phenotypic expressions of the same genotype.

TKS and Japanese Society

Taijin Kyofusho (TKS) is a Japanese term that can be transliterated as interpersonal relations (taijin) fear (kyofu) disorder (sho). The main features of TKS are the fears of offending others by one's inadequate behavior or deficient physical features. These fears appear to manifest in many ways (Kasahara, 1987; Kleinknecht, Dinnel, Tanouye-Wilson, & Lonner, 1994; Lee, 1987; Takahashi, 1989). For example, people with TKS may believe that they will blush, stutter, emit offensive odors (e.g., those emanating from axilla or genital areas), stare inappropriately, or present improper facial expressions. These factors are then believed to result in the embarrassment of others. Individuals with cosmetic problems (e.g., blemishes or physical deformities) may be especially prone to developing symptoms of TKS because they fear that others will be uncomfortable due to their physical appearance. The most pathological manifestations of this disorder involve extreme beliefs of offending and harming others. These beliefs have been described as quasi- or pseudo-delusional in nature (Clarvit, Schneier, & Liebowitz, 1996; Lee, Lee, & Kim, 1986; Prince, 1988; Prince, 1993).

Japan has a highly structured and hierarchical society in which social interactions entail very intricate social demands (Kirmayer, 1991). Each individual participates in, and is, in turn, defined by a multitude of hierarchical relationships (Smith, 1983). As such, social exchanges constantly create new patterns of reciprocal obligations within these relationships (Lebra, 1976). The complexity of this societal structure is reflected in the various facets of social self-presentation the society necessitates. For example, there are many well-differentiated nuances in the use of language, facial expressions, and posture that vary depending upon the social status of the person one is interacting with.

One major distinction in the Japanese society is between Omote (public or formal life)

and Ura (private or casual life; Miyake & Yamazaki, 1995; Tseng, Asai, Kitanishi, McLaughlin & Kyomen, 1992). From a very young age, Japanese children are taught to distinguish between Omote and Ura interactions and expected to behave accordingly (Kasahara, 1987; Kirmayer, 1991). Omote is directly connected to the emphases on a high degree of awareness of the public self. For example, Japanese children are repeatedly exposed to their parents' admonition, "Neighbors are watching whatever you do," which represents typical Japanese socialization processes emphasizing a high degree of public self-consciousness (Kirmayer, 1991). Given the immense moral and social value placed on one's ability to act appropriately in front of others, the social demands necessitated by Omote have been likened to an actor's performance on a stage because proper conduct in these social situations requires a continuous monitoring of reactions of one's audience (Takano, 1977). Due to the complexities involved in social interactions, one may confront considerable difficulty negotiating the behavioral demands of relationships, which may lead to nervousness and worry. When one experiences intense public self-consciousness in Omote social interactions, TKS may result (Kirmayer, 1991).

Haji (shame) and Tsumi (guilt) are two common characteristics of the socialization process in Japanese society (Hendry, 1986; Lebra, 1976; Miyake &Yamazaki, 1995). Haji is considered to stem from the concern about how other people view one's behavior (Benedict, 1946; Miyake & Yamazaki, 1995). According to Benedict's (1946) definition, Haji is a reaction to others' negative feedback, in which an individual recognizes that he or she is inferior in comparison to his or her reference group, as defined by the ego ideal. Typical situations that may bring on feelings of Haji are being laughed at, making mistakes in front of others, or standing out from the crowd. Tsumi, like Haji, stems from disappointment of others. To the Japanese, Tsumi is a negative emotion that typically arises when others' expectations are not met, particularly expectations of one's parents (Miyake & Yamazaki, 1995). In fact, Japanese mothers seem to use threats of abandonment, ridicule, and embarrassment as punishment, present themselves as victims of the child's misconduct, and appeal to their children's empathy or guilt to elicit compliance (Hendry, 1986; Lebra, 1976). These psychological characteristics created by unique Japanese socialization featuring shame- and guilt-inducing process seem to contribute to the development and maintenance of TKS, which is characterized by fear of negative evaluation and fear of hurting others (Miyake & Yamazaki, 1995).

The anxiety experienced by individuals with TKS seems to be dependent on the type of relationship they have with other people in the social situation such that the degree of intimacy seems to mediate the level of anxiety (Kasahara, 1987; Kirmayer, 1991; Lee, 1987; Maeda & Nathan, 1999; Takahashi, 1989). When interacting with complete strangers or people the sufferer knows very intimately (i.e., family members), TKS individuals seem to experience less anxiety than when interacting with acquaintances. Unlike the interaction

with strangers or intimates on which less stringent social demands and value are placed, the interaction with acquaintance tends to entail intricate and strict rules of social interaction in Japanese society (Kirmayer, 1991). Thus, social situations which are feared or avoided are those that involve Omote, i.e., those in which the TKS individual anticipates encounters with acquaintances (e.g., school or work). These acquaintance relationships have the potential for evoking feelings of Haji and Tsumi in the Japanese culture.

As Yamashita pointed out, TKS individuals do seem to have a sincere wish to socialize, but their desires are stymied by their imagined deficiencies in themselves (Chang, 1984; see also Lee, 1987). Kasahara (1987) suggested that people with TKS actually distort other people's actions by negatively interpreting the slightest behavior (i.e., a cough or an eye movement) as a sign of disapproval. The result appears to be a vicious cycle where the TKS individual believes himself or herself to be deficient and looks for information to confirm this belief.

There is much heterogeneity in the presentation of TKS symptoms. In an attempt to further understand this disorder, Japanese researchers and clinicians have tried to organize symptom patterns into subtypes (e.g., Kasahara, 1987). The recent version of DSM (DSM-5, APA, 2013) also recognizes the necessity of the subtype organization and presents a "sensitive type" and an "offensive type" as subtypes of TKS (p.837). Despite these efforts, there continues to be conflicting perspectives regarding the variability of TKS. Most researchers support the notion that TKS is one disorder that ranges on a continuum from mild to severe forms (Kirmayer, 1991; Lee et al., 1986).

The mild forms of TKS appear to be more comparable to social phobia in western cultures. The controversy for comparing TKS to social phobia has often focused on the more severe forms of TKS because this form is associated with quasi- or pseudo-delusions (Prince, 1993). Some researchers (Kasahara, 1987; Tanaka-Matsumi, 1979) have suggested that more severe forms of TKS can be likened to delusional disorders (e.g., Paranoid Schizophrenia). Others (Kirmayer, 1991; Lee et al., 1986; Prince, 1993) have argued that the delusional qualities associated with TKS should not be viewed in this manner. Prince (1993) suggested the amenability to treatment of TKS delusions and the natural alleviation of symptoms after the age of 30 years as evidence against the belief that TKS delusions are the same as those found in psychotic individuals. In addition, Lee et al. (1986) and Prince and Tcheng-Laroche (1987) contended that the nature of TKS delusions is different from people with psychoses because TKS individuals fear harming others, whereas people with psychotic disorders typically fear being harmed. Given the emphasis on social presentation in Japanese culture, the apparently extreme nature of TKS beliefs may be better thought of as an ideation that is overvalued, especially in comparison to western norms. The description of severe forms of TKS as pseudo-delusional (Clarvit et al., 1996; Lee et al., 1986; Prince 1988 & 1993) is comparable to descriptions of overvalued ideation in other

disorders as approaching the delusional (e.g., body dysmorphic disorder; Phillips & McElroy, 1993; Phillips, McElroy, Keck, Pope, & Hudson, 1993).

The structure and nature of Japanese society would seem to contribute to the development of TKS. In such a hierarchical and formal society, much attention and careful judgment are given to the interactions involving people in public life. Often, these interactions involve people whom one is familiar with, but does not know intimately. This finding appears to explain why TKS individuals tend to suffer the most when dealing with acquaintances. Furthermore, the shame and guilt processes frequently employed in the socialization process of Japanese individuals may explain the "other-centered" symptomatology shown in TKS. Given these factors, TKS could be considered a pathological amplification of the demands of Japanese society (Kirmayer, 1991; Tseng, Asai, Kitanishi, & Kyomen, 1992). The idea that the symptoms of TKS are due to the cultural values embedded in the distinction between Omote and Ura, and the emphasis on Haji and Tsumi, suggests that we can expect to find similar conditions in other cultures, though with lesser frequency, among individuals who have similar values.

Is TKS Only Found in Japan?

The DSM-IV states that culturally-bound syndromes "are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations" (p. 844; APA, 1994). However, TKS seems to exist in both eastern and western cultures.

Taein-kongpo is a Korean term that is written with the same character as TKS is written in Japan. Taein-kongpo in Korea sometimes is considered as being the same as TKS in Japan, but can also mean social phobia as defined in the west. Thus, TKS and social phobia are treated as interchangeable in Korea. Lee et al. (1986) reported that 4.9% of Korean psychiatric outpatients are diagnosed with Taein-kongpo, i.e., social phobia or TKS. The prevalence of social phobia in Korea, using a strict DSM definition, is much lower than that of other countries (Weissman et al., 1996). One possible explanation for this apparently low prevalence of social phobia in Korea is that the DSM definition does not capture the most common manifestation of social phobia in that culture. Another possibility is that the implicit norms and clinical thresholds used for diagnosing social phobia may be higher among Korean diagnosticians than among those in other societies.

Korea, like Japan, is an East Asian country in which social interactions entail intricate social responses due to the hierarchical nature of the society (Lee, 1987; Lee et al., 1986). In Korea many people believe that to live in harmony with others, one must constantly

scrutinize others' needs and feelings (Lee, 1987; Prince, 1988). One method of assessing others' needs is through Noonchi. Translated to English, Noonchi means "reading others' mind through the eyes" (p. 149; Prince, 1988). It is considered to be a special form of non-verbal communication. Lee (1987) argued that Noonchi is actually a condition in which the ego boundary between the self and others is fused and undifferentiated. Noonchi is related to the cultural value that an individual needs to uncover how others evaluate him or her by becoming that person's eyes, ears, and mind (Lee, 1987; Prince, 1988). Noonchi entails the constant vigilance and monitoring of people's behaviors and promotes concerns about other people's evaluations. Thus, similar to the Japanese society, Korean society encourages a high degree of sensitivity to others' attitudes, needs, and evaluation. As both Korea and Japan are East Asian cultures, it may be more correct to assume that TKS is culturally-bound to eastern societies. Preliminary evidence, however, suggests that TKS can also be found in western cultures.

As previously mentioned, the ICD-10 lists "anthropophobia" as a type of social phobia rather than a culturally-bound disorder. This disorder is treated in Japan as being the same as TKS (e.g., Maeda & Nathan, 1999; Nakamura, 1992; Takano, 1977; Tseng et al., 1992). This presentation of TKS would suggest that it appears across cultures rather than being limited to Japan or even other east Asian cultures (e.g., Korea). In fact, TKS has been reported in various European societies (Prince & Tcheng-Laroche, 1987) and, though not frequently, TKS has been reported in the United States (Clarvit et al., 1996; McNally, Cassidy, & Calamari, 1990). Moreover, DSM-5 notes that TKS-like symptoms have been identified in other cultures, including United States, Australia, and New Zealand (APA, 2013). In particular, Hart, Leary, and Rejeski (1989) have identified a type of social anxiety similar to TKS in the United States. Social physique anxiety refers to fears of being negatively evaluated because of one's body type (Hart, Heimberg, & Palyo, 2000; Hart, Leary, & Rejeski, 1989). The clinical manifestations of social physique anxiety seem to parallel TKS in that the sufferer fears being negatively evaluated because of perceived deficits in his or her physical appearances. In addition, social phobia subtypes appear to be quite variable in the United States (Hook & Valentiner, 2001), suggesting that TKS is well within the spectrum of social phobia disorders.

TKS and Social Phobia

Comparing the clinical features, or manifest symptoms, of TKS and social phobia is of limited value in determining whether TKS is a culturally-bound syndrome or a form of social phobia. TKS and social phobia have the same hallmark features of fear and avoidance of social situations (APA, 1994; Kirmayer, 1991; Kleinknecht, Dinnel,

Kleinknecht, Hiruma, & Harada, 1997; Takahashi, 1989). However, the main fear associated with TKS is that of offending others and the main fear associated with social phobia has been described as the fear of being negatively evaluated (Heimberg, Hope, Rapee, & Bruch, 1988), as well as in terms of performance and interaction anxiety (Kleinknecht et al., 1997). It appears that the fears underlying TKS and social phobias overlap substantially, but there is evidence with both Japanese and western samples that TKS can be measured as distinct from performance anxiety and interaction anxiety (Kleinknecht et al., 1997). Thus, it appears that the fear of offending others can be measured as distinct from other social fears, i.e., the TKS and social phobia phenotypes are distinguishable. The critical issue in determining whether TKS is culturally-bound syndrome or a form of social phobia is whether they share the same genotype.

The notion that TKS and social phobia do not share the same genotype suggests that they should show distinct etiology, prognosis, and treatment. Thus, findings of different onset, course, and treatment for TKS versus social phobia would refute the view that TKS is a variant of social phobia.

Regarding prevalence, TKS is suspected to be an extremely common psychiatric disturbance in Japan. Estimates of the number of Japanese psychiatric patients found to have TKS range from 7.8% to over 35% (Chang, 1984; Takahashi, 1989). More information about the sensitivity of these figures to procedures for diagnosing TKS is needed. As noted above, the prevalence of social phobia in Korea is much lower than the prevalence of social phobia in other cultures, but the combined prevalence of TKS and social phobia in Korea appears to be commensurate with the prevalence of social phobia in other cultures. Ultimately, a direct comparison of TKS and social anxiety symptoms in eastern and western cultures is needed to clarify whether TKS and social phobia have similar prevalence rates.

Studies of community samples in the United States show that social anxiety is more common among females than males (e.g., Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992; Kessler et al., 1994), but men appear to seek treatment more often than women for social phobia (APA, 1994). Similarly, it appears that women have higher levels of TKS in the community (Nakamura, 1992), but males comprise a majority (approximately 60%) of individuals who seek treatment for TKS (Takahashi, 1989).

Most individuals seeking treatment for TKS report that their symptoms developed between the ages of 13 to 18 years (Takahashi, 1989). In addition, TKS sufferers report that their symptoms abate after the age of 30 (Kasahara, 1987; Prince, 1993). Similarly, social phobia typically begins in the midteens and some cases of social phobia appear to remit in adulthood (APA, 1994).

Traumatic events and major life changes are usually not associated with the onset of TKS

(Takahashi, 1989). A substantial number of TKS patients attribute the onset of their symptoms to minor events that occurred during social interactions, such as an incidental blushing while speaking with a person of the opposite sex (Takahashi, 1989). The precipitating event, though potentially trivial, tends to result in a persistent anxiety and sufferers seem to develop sensitivity to social situations similar to the initial event. Comparably, many social phobics in western cultures report traumatic social events (Stemberger, Turner, Beidel, & Calhoun, 1995), but these events do not appear to precede the onset of the disorder (Hofmann, Ehlers, & Roth, 1995). Social trauma does not appear to precipitate either TKS or social phobia. Social trauma may, however, play a role in the development and worsening of both conditions because social trauma may be a consequence of inhibited social behavior. Overall, the limited information available for TKS suggests that its onset and course are similar to that of social phobia.

Regarding associated family factors, the development of both TKS and social phobia have been found to be related to parental child-rearing practices. For example, one study using a western sample suggested that parenting style of "love withdrawal" might be related to neurotic, inhibited behaviors of their children (Simonds & Simonds, 1981). Masia and Morris (1998), in their review on the parental factors associated with social anxiety, also argued that parents' disciplinary behaviors characterized as critical, shaming, and guilt-inducing may be related to their children's social anxiety in the future. Similarly, Japanese mothers' tendency to use shame and guilt as methods of discipline seems to be associated with the development of TKS (Hendry, 1986; Lebra, 1976).

In summary, cultural factors do seem to impact the development and manifestations of TKS in Japan. There are several factors, however, that suggest that these cultural factors are not creating a distinct disorder, but are shaping the phenotypic manifestation of social phobia. We have noted the presence of TKS-like conditions in other cultures, including Korea and in western cultures. In addition, there are many similarities between TKS and social phobia in terms of their gender distribution, onset, course, and possible etiology. We recognize, however, that other disorders found in western cultures have been compared to TKS, and these disorders may also have similar gender distribution, onset, course, and possible etiology. Finally, there appears to be a relative lack of cultural specificity associated with TKS in comparison with other culturally-bound syndromes (e.g., Latah, Amok, or Koro; APA, 1994; WHO, 1992). These observations are consistent with the idea that TKS is a form of social phobia whose manifestation is affected by certain cultural factors (Hiruma & Harada, 1997; Kleinknecht et al., 1997; Prince & Tcheng-Laroche, 1987).

Clearly, more information about the etiology of TKS is needed to confirm whether TKS and social phobia share a common genotype. In addition, although we do not have any information from controlled clinical trials examining various treatments for TKS, we note

that the recommended treatment for this disorder appears to be a combination of existential and cognitive-behavioral therapy (Clarvit et al., 1996; Lee et al., 1986; Maeda & Nathan, 1999). The treatment of choice for social phobia in western cultures also appears to include many cognitive behavioral techniques (e.g., Gould, Buckminster, Pollack, Otto, & Yap, 1997). The notion that TKS and social phobia are different forms of the same disorder suggests that a comparison of treatments in eastern and western cultures could be useful (e.g., Nakamura, 1992).

TKS and Social Phobia as Expressions of a Common Genotype

The view of TKS as a form of social phobia suggests that we should be looking for a common explanation of these disorders, and an explanation of differences in disorder expression. In the following section, we speculate about a common process underlying both TKS and social phobia, and then address how cultural factors may influence the phenotypic expression of the common genotype (see Figure 1).

Both social phobia and TKS can be thought of as stemming from a discrepancy between one's ideal self and one's real self (i.e., actual behavior), with the results of this discrepancy being feelings of shame and the fear of negative evaluation (Ono et al., 1996). Several researchers have also proposed that the tendency to focus on other people's evaluation may stem from a threat to one's public identity or social image that is brought about by a discrepancy between one's desired and presented self (Benedict, 1946; Ono et al., 1996; Schlenker & Leary, 1982; Strauman, 1989). Similarly, Miller and Leary (1992) suggested that the underlying source of embarrassment is the concern one has for his or her social image. Thus, when realizing the discrepancy between the ideal self and real self in social situations, people tend to feel embarrassed and concern that others will negatively evaluate them.

The experience of the fear of negative evaluation and feelings of shame and embarrassment are proposed to induce a low social self-image and avoidance of social situations. This low social self-image is then hypothesized to enhance the possibility for an individual to recognize the discrepancy between one's ideal and real self. This discrepancy further strengthens one’s fear of being negatively evaluated and feelings of shame and embarrassment. In this way, an initial discrepancy between one’s ideal and real self can lead to a vicious cycle that is characterized as discrepancies between one’s real and ideal selves, fears of negative evaluation, feelings of shame and embarrassment, and avoidance of social situations.

Now we turn to the issue of why the disorder is expressed as TKS or in the forms of social phobia more commonly found in western cultures. Drawing on and integrating past

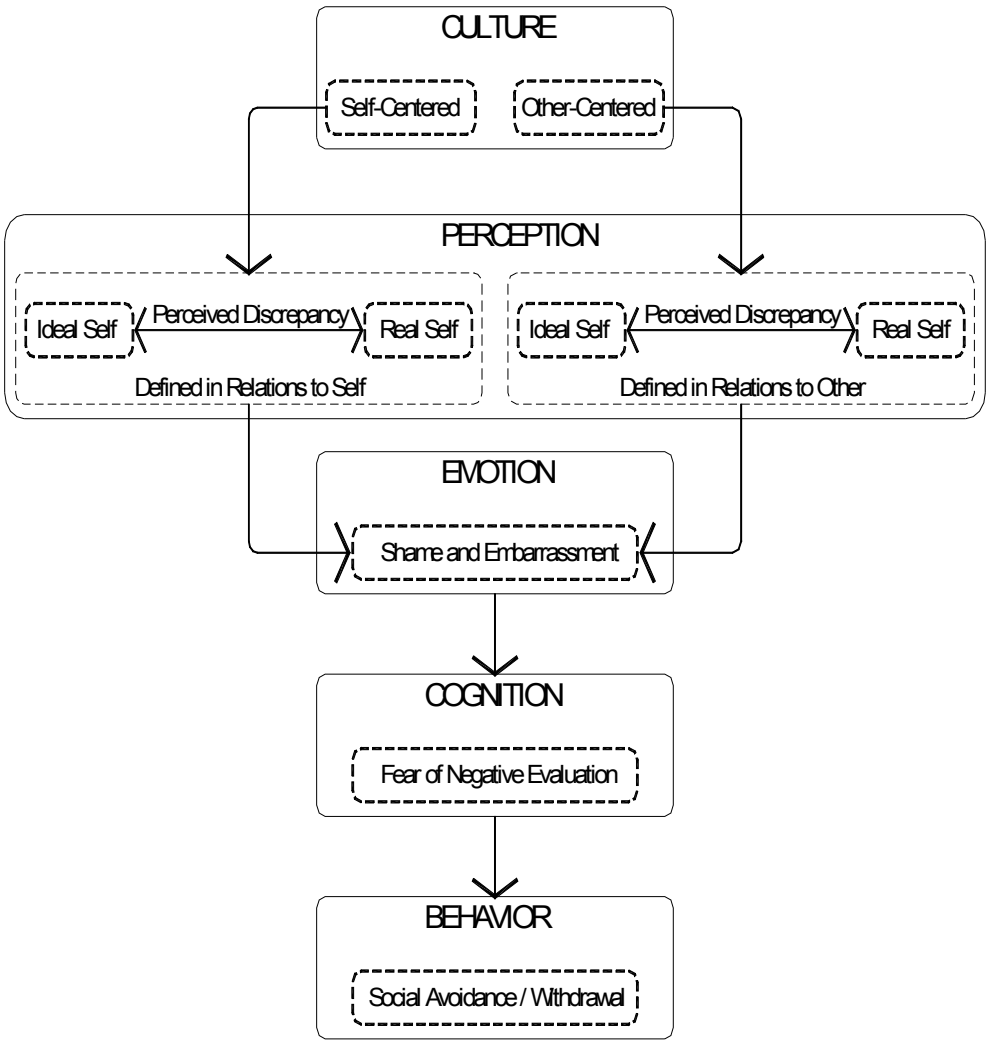

Figure 2. A Developmental Model for Social Phobia and TKS

theories (Kleinknetch et al., 1997; Markus & Kitayama, 1991; Ono et al., 1996; Singelis & Sharkey, 1995), we speculate that the critical issue is the method in which individuals define their ideal self. We see the differences between collectivist cultures (e.g., Japan) and individualistic cultures (e.g., United States) as providing the clue for understanding differences in how individuals define their ideal self.

To demonstrate the cultural effects on the ways in which people conceive of themselves, others, and the relationship of self with others, Markus and Kitayama (1991) proposed two types of self-construal, the independent and the interdependent. The independent self-construal is representative of western individualistic cultures where individuality,

uniqueness, and independence are emphasized and idealized (Markus & Kitayama, 1991; Singelis, 1994; Singelis & Sharkey, 1995). Adopting this perspective, one may assume that ideal individual should be a self-sufficient social unit independent of others, resulting in potential embarrassment when one lacks these characteristics (Singelis, 1994; Singelis & Sharkey, 1995).

The interdependent self-construal is illustrative of many eastern, collectivist social systems where the individuals are expected to be connected to others and an emphasis is placed on relationships, harmony of interaction, and the importance of conformity (Markus & Kitayama, 1991 & 1994; Singelis & Sharkey, 1995). Using this perspective, the ideal individual should be a conforming social unit in relation to others, leading to a susceptibility to embarrassment when these characteristics are absent.

As a sense of self in TKS sufferers would seem to be based more on the interdependent than independent self-construal, those with TKS would be concerned with how others might recognize that they do not satisfy their ideal self, defined in terms of relationships, harmony, and conformity in the social situations. Successful interactions with others can, therefore, be directly connected to their own sense of self. Concerns about the social presentation of self and fear of offending others, therefore, seem to be a natural result (Ono et al., 1996).

Comparatively, the self-construal of individuals with social phobia in western cultures is relatively more independent than interdependent. Their concerns would be based more on how others might recognize that they do not meet the ideal self, defined in terms of their own individuality, uniqueness, and independence in social situations. Although the origin and nature of the self-image are largely affected by culture, both processes involve the same underlying mechanism -- fear of negative evaluation as a result of perceived discrepancy between one's ideal ego and real behaviors in a given social situation. This formulation suggests that TKS is a form of social phobia more commonly found in cultures with interdependent self-construals. Another implication is that similar forms of social phobia may be found in cultures that emphasize independent self-construals, among individuals with an interdependent self-construal. Similarly, social phobias characterized by achievement and autonomy fears may be more common in cultures that emphasize independent self-construals, and may also be found in cultures that emphasize interdependent self-construals among individuals with an independent self-construal.

Direct comparisons between Japanese, Korean, and western people are needed to determine whether the self-construal is related to social fears. Given the social nature of these disorders, we believe that the phenotypic expression of the underlying genotype is quite likely to be influenced by cultural and social factors. Research on the etiology, prognosis, and optimal treatment of TKS is needed to determine if TKS is similar to social phobia.

Implications to Family Therapy

From the review above, we learned the societal and cultural atmosphere emphasizing hierarchical interactions, formal self-presentations, and the shame- and guilt-imbuing parental practices could increase risk for developing TKS. Given the situation, family therapy could focus on increasing family members' awareness of such cultural and parental impacts on an individual and developing ways to construct familial atmosphere promoting autonomy and independence of its members in order to prevent the development of TKS or to treat TKS. Various family therapy approaches, including structural family therapy, narrative family therapy and cognitive-behavioral family therapy, seem to provide theoretical bases and/or methods to address these goals. For example, structural family therapy could offer ideas of how to build a clear boundary between parent and child. Also, narrative family therapy could consider the other-centered society in the process of exploring factors that may affect the development of TKS symptoms. Cognitive-behavioral family therapy could focus on identifying irrational thoughts and beliefs inherent in parent's dysfunctional parenting and those inherent in child's TKS symptoms. Cognitive-behavioral family therapy could further work on challenging these thoughts and beliefs and introducing new ways of communication to family members. As such, better understanding of cultural and familial factors underlying TKS could give family therapists practical tips related to prevention and intervention of TKS.

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