

The Impact of Imposed Rapid Change on Society - A Psychosocial Analysis -

Peter F. D'Angelo

急速な社会変化に与える負の影響
- 心理社会的分析 -

ピーター F. ディアンジェロ

Department of Current Business, Yasuda Women's University

Abstract

Japan is a 20th century world power, technologically advanced, self-sufficient, and independent. It has however been forced to adapt culturally. In many areas the adaptation has succeeded. However, many areas have failed. It's dangerous to have a "mixed-measure" of progress within a society. This type of societal imbalance results in one area of society benefiting at the expense of another, and, paradoxically, reduces the degree of benefit ultimately gained by those hoping to reap the rewards. For example, birth rates have fallen dramatically over recent years, a case of more opportunities for women looking to forge a career as opposed to starting a family? Or are there other factors involved? An increased workforce would benefit many sectors of business and the economy, but it would have a detrimental effect on other areas of life which in turn negates the potential for any real progress, a condition that can be termed as "*The social progress paradox*". Changes are needed if Japan is to expand its core base in education, business, and mental health care. Based on a psychosocial analysis, grounded in empirical data, this paper addresses these issues, clarifies the main causal factors, and offers recommendations for the future.

Keywords: Culture, Mental Health, Education, Collaboration, Business

1. Introduction

Japan is one of the world's major players, a world power, and its people should be proud of who they are today. It has a history forged over 1000's of years, and evokes an almost unparalleled sense of dignity and identity¹⁾. This precious legacy has been left with the people of Japan to cradle, nurture, and carry forward with an overwhelming sense of passion and an uncompromising degree of clarity. Sadly, this is not happening. The country now suffers from a number of problems such as one of the highest suicide rates in the world²⁾, an increase in the Japanese phenomenon referred to as "futōkō" (Hikikomori)³⁾, a decline in QOL, particularly among the elderly, partly due to a rapid shift in family dynamics, and an alarming lack of mental health care support⁴⁾. All of this is of course seriously compounded by the COVID-19 pandemic⁵⁾. This paper considers these problems and uses empirical data to clarify some of the causes, and to recommend a range of effective, inter-related countermeasures.

What follows is a re-framing of the problems in such a way as to allow professionals from

different disciplines to better understand how each part, taken as a whole, is inextricably connected, and if significant progress is to be made, and future problems are to be avoided, any recommendation needs to be mindful of this overlap. Based on empirical evidence, it also introduces a number of cause/effect factors that have been overlooked in previous research. It's also worthy to note that working towards a collective goal is a positive step in any society, assuming that it is not at the expense of the individuals within that society. "Patriotism" is never an acceptable reason to help unite a society as it always sacrifices the individual or group, in particular the most vulnerable, children, the elderly, those with a low income, etc. It is quite likely people such as Oscar Wilde and Albert Einstein were correct in suggesting that patriotism is "*The virtue of the vicious*". Literature related to some of the factors explored in this paper can be found, and the purpose of said literature has been to clarify and detail a specific problem, which in turn is followed by a series of recommendations, whilst still not being fully clarifying the causes other than, more recently, placing the blame squarely on the shoulders of COVID-19⁶. The literature mentioned is of course important to the field of study, and indeed, very useful from a social perspective. However, it fails to take one of the most import steps, which is to pull the data from all the relevant areas (Remember the overlap!), re-evaluate said data, clarify the causes ("correlation" does not mean "cause"), and then formulate a structured and comprehensive approach to resolving the problems in a way that generates significant progress to society as a whole, and "levels the playing field" in terms of the degree of adaptation and evolution of the society in question.

This work re-structures the approach to problems arising from a rapid, forced change in society, and adopts a multi-faceted method to problem-solving viewed from a psychosocial

perspective, making it more inclusive and hopefully better placed to formulate future adaptations that will doubtless be required. Unlike other research, it uses empirical data to elicit the cause of the problems and how they can be addressed. It is important to note that the problems and recommendations shown here would have been the same regardless of the pandemic. COVID-19 has of course compounded the problems, and is now one of a number of causal factors in many of the areas discuss. It has however, also highlighted problems that have existed for some time, and perhaps reinforced the importance of implementing the changes detailed hereinafter.

2. Suicide Rates: The Land of Longevity

Suicide is, of course, a single event. However, it is always preceded by a lengthy process filled with indicators that should be picked up on prior to any form of self-harm⁷. These indicators need to be recognized early in the process, and addressed by professionals. This immediately presents two problems in Japan. Firstly, caregivers, both primary (parent(s)) and secondary (extended family, teachers, etc), are not advised on how to recognize these signs, and secondly, even if they could recognize the signs, there is no adequate professional mental health care support system in place for them to turn to. In Japan of old, one of the reasons for suicide among adult males was, in no small degree, due to the economic climate. When it took a severe downturn, businessmen would rather commit suicide than face the "perceived" shame of having to tell their family that they had just been made unemployed. It was, to a certain extent, a rather misguided sense of honour, a kind of "honour code" if you will, that thankfully, seldom takes place these days.

Younger generations are now faced with an entirely new set of societal/cultural changes to navigate, many of these are not fully understood

by parents/caregivers (who are of an older generation) making it more difficult to offer them effective support and guidance. This, inevitably, has led to a growing number of Japan's youth to live a life without any real sense of meaning, no purpose, no passion that can be nurtured. Friedrich Nietzsche said, "He who has a *"why"* can bear almost any *"how"*⁸⁾. The current figures on suicide among young Japanese people strongly suggest that the *"why"* is not present. Performing a meta-analysis of data on suicide rates gathered from government agencies published in 2020, Associate Professor Mika Nishiyama and her team at Hiroshima Bunkyo University, found that, despite what many would consider as a "levelling-off" of the rates, the real story can only be seen after a detailed statistical analysis of the data is conducted. This done, Associate Professor Nishiyama found that suicide rates among young people have actually continued to rise. Moreover, the statistics show a "gender bias", confirming results found in other research⁹⁾, with females showing a greater, and more

sustained increase than males (Fig.1). At this point it is also important to be mindful that one of the factors strongly correlated with the increase, is bullying at school, and other school related issues (Fig.2). This is an important point because the Japanese legal systems own guidelines are ambiguous on this matter, and subsequently we see the problem of "responsibility", or lack thereof; Who should be held accountable for problems that occur in school? Without clearly defined, standardized guidelines, this question will remain one that cannot be answered with any degree of satisfaction from a scientific standpoint. As such, the issue cannot be effectively resolved. A much greater awareness of suicide is required. In October 2020, more people in Japan died from suicide than from COVID-19 in the whole of 2020¹⁰⁾.

2.1 COVID-19 and The Futōkō Phenomenon

The issues in this paper are compounded by the recent pandemic, with helplines (for

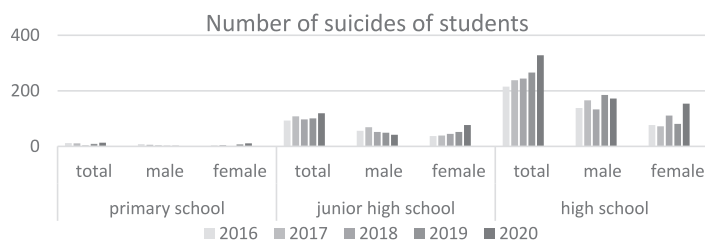


Fig.1: Mental Health with a Gender and Age Bias

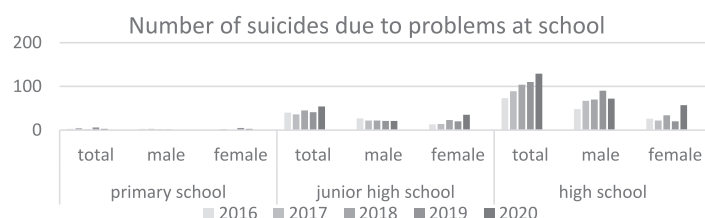


Fig.2: Mental Health Correlated with Issues at School

❖Figures used with permission of the original author; Associate Professor Mika Nishiyama, Hiroshima Bunkyo University, Faculty of Human Sciences, Department of Human Welfare, Japan.

example; “Lifelink” a suicide helpline based in Tokyo), showing an increase in calls from elementary students¹¹⁾. Unique to Japan is the phenomena called “Futōkō”¹²⁾, which has also been hit by the pandemic. However, these problems existed long before the pandemic, and have to date, never been fully addressed, and no effective countermeasures introduced. One of the main problematic areas that needs urgent attention, is the fact that there are very few psychologists in Japan with the necessary depth and breadth of knowledge and practical experience required to develop, administer and maintain such support systems.

The main reason for this is the lack of psychologists in Japan (Indeed, there is a lack of psychology). The vast majority of people in Japan do not even know the difference between a psychologist, a psychiatrist or a counsellor. Understanding the difference between the three disciplines (Psychology, Psychiatry, Counselling), is essential, as it not only impacts on peoples’ perception of mental health, but it also gives people a much greater understanding of the support options that are available to them. If you go to a psychiatrist, you will, following a physical exam, likely as not be prescribed medication. If you go to a counsellor, you will get a sympathetic ear, ready to listen (note: it is illegal for counsellors to offer advice as they do not have sufficient training). If you go to a psychologist, you will get, working under the psychologists’ guidance, the means to treat the underlying cause of any problem thus eliminating the symptoms, which leads to a clear, measurable improvement in QOL. This quality and diversity of “tailored” help can only be offered by highly trained, experienced professionals who are able to appreciate the importance of individual differences. In other words, a psychologist.

3. Japanese: A Language Viewed from a Psycholinguistic Perspective

Language is an area often overlooked when talking about psychological and/or sociological issues, but it is essential that the language of a people adapts to accommodate the changes it is going through. Language can, and does, reflect an individuals’ personality, understanding, moral and ethical stance, and much more. The very same rings true of a society. The language of any society indicates how well that society has understood change (evolution if you will), and perhaps more importantly, it demonstrates how they, as a collective, think, feel, and deal with, the various and inevitable aspects of change¹³⁾. The well-worn phrase “Lost in translation” would, at first glance, appear to be little more than a general “catch-all” way to describe the occasional misunderstanding in communication. This is not the case. A basic psycholinguistic analysis shows a good deal more than simple miscommunication. As an example, which speaks directly to the heart of the issues being dealt with in this paper; The term ‘*sekuhara*’ is an abbreviation of an English loanword used because there is no word for “sexual harassment” in Japanese. This is an example of how the language has not adapted well to the changing environment. The term “sexual harassment” is written using katakana (セクハラ), the script for foreign loanwords, which can convey the idea of sexual harassment as a foreign idea, something that is very “Western”, not something Japan need concern itself with. This again brings us full circle with regards to the issue of “responsibility”. Who is responsible when sexual harassment occurs? The law, as with cyberbullying, is ambiguous, so, as with cyberbullying, the problem will continue to worsen. Interestingly, there is a Japanese word, Karoshi (過労死), the literal translation being “overworked to death. The list goes on and on, and is, in terms of better understanding the core, collective mindset of a society, quite revealing.

Life, any and all life, consists of the good and the bad, the order and the chaos, the yin and the yang¹⁴). One can easily fall into the trap of always trying to choose order and ignore the chaos, of assuming that without all the hard-fought battles and difficult problems life throws at us, everything would be much better, that “progress” would be made. However, it is only when we address, conquer, and outwit the darker angels of our nature that we can fully begin to make progress as individuals and as a society. Even a base-level investigation into the language development of Japan (as seen above) shows that it has been “cherry-picked” and assimilated using the words that are most easily dealt with (a personality in favour of “order” perhaps?), and left the more difficult ones to others to take responsibility for (as they require a personality that may favour “chaos”?). As with all things, the most effective way to make progress is to choose the middle ground (balance). To accept that order and chaos co-exist, and that both should be addressed equally. Ignoring one does not mean that it no longer exists and is not capable of creating problems further down the line. On the contrary, it grows, it evolves, and if left unchecked, will become a beast that can no longer be tamed. Mental health in Japan is one such beast in the making. The stigma alone is a major factor accounting for its being neglected whilst all around it continues to develop and adapt. The famous Austrian psychologist, Dr. Edith Weisskopf-Joelson, put it beautifully when she said; “Our current mental-hygiene philosophy stresses that people ought to be happy, that unhappiness is a symptom of maladjustment. Such a value system might be responsible for the fact that the burden of unavoidable unhappiness is increased by unhappiness about being unhappy.”¹⁵). Dr. Weisskopf-Joelsons’ quote shows how stigma perpetuates a vicious cycle that is present all over the world, but especially so in Japan. From language to laws, a society

sadly lacking in true psychology and any depth and diversity of mental health care can be seen.

4. The Peculiar Dignity of Men Eating Alone

The title of this section is paraphrased, taken from a book by the American author and professor, Stanley Elkin¹⁶). There is indeed a peculiar dignity to be seen when men are found eating alone. However, if a woman is seen eating alone, one would be more inclined to feel a peculiar sadness. We can see women as lonely people much more easily than we can men. But in truth, we often don’t see it at all (or don’t want to see it). The family dynamic in Japan has changed beyond all recognition over the past 30 years. It is important that we can differentiate between “being alone” and “loneliness”. As these changes in the family have increased, feelings of loneliness for many people have also increased. The 2019, poll conducted by YouGov, found that, *“Millennials Are the Loneliest Generation”*¹⁷), indicating that 25% have no acquaintances and 22% have no friends, frightful levels that do not bode well for the future of millennials. The poll was not specific to Japan; however, based on the evidence shown here and elsewhere, it would not be unreasonable to suggest that these figures are perhaps more ominous in Japan given the degree of shift in family dynamics, and the rigid hierarchal structure underpinning the culture as a whole (issues, both good and bad, related to hierarchies will be discussed in future work as the theme is beyond the scope of this paper). The logistics involved in today’s society, often require that parents must live and work away from the main family home, and children must live and study (university students) away from the family if they desire the best education and wish to increase the number of opportunities to be found.

The typical family model of old (the “nuclear family”), has diminished significantly. As a consequence, many elderly people are no longer

taken care of by family members, but instead, are placed in care facilities designed to ease the burden for their families. This is encouraged, and even given financial support, by the Japanese Ministry of Health¹⁸⁾. However, this “shift” in primary care actually reduces the QOL for the elderly person (s) in question (mental health). As social beings, which we all are, family is the most important connection we have, it is the most cherished, and the one best able to offer comfort (on a psychological level). Given this, the benefits (if any) of breaking up a family need to be questioned. Do any perceived benefits of a reduced burden on family members outweigh the mental health concerns of the elderly (loneliness and isolation being among them)? Has the degree of change in the family structure and adaptation been matched in degree by the support systems available to counter them? If the answer to either of these questions is “no”, then one can point to yet another area of disparity in social adaptation that directly impacts on the QOL of the elderly, essentially stripping them of their dignity.

These questions are important and valid. Human biology is universal, and behaviour is, to a very great degree, predictable¹⁹⁾. We are now in a position to fully understand the complex interplay of mind, body, and environment, to recognize the “stimuli-response” not only of individuals, but also within, and across societies. This affords any society an opportunity to introduce a collective, structural framework for change that is beneficial to everyone. This understanding shows us, as previously touched on, that order and chaos, seen as polar opposites by most people, are in fact both essential if genuine progress without any form of bias is to be achieved. “Chaos” should be viewed as the pre-cursor to “order” from which springs creativity, searching to bring about order again (“The cycle of a desired balance”). It is the combination of possibility, potential, and extreme caution that ensures social harmony and

psychological stability.

5. When Technological Progression Creates Psychosocial Regression

Advances in technology in a range of fields have, in recent years, been staggering, and of significant benefit to all. We can once again use the dreadful pandemic as an example showing how, as a global nation, mankind came together and developed a vaccine to combat this unforeseeable threat to our way of life, to our very existence. In addition to this remarkable achievement, almost every other area of technology has been enhanced beyond all expectations, progressing further and faster than has ever been seen. However, this progress in technology also brings with it a host of negative, psychologically regressive aspects. Almost 40% of young people in Japan (mean age: 19.6 ± 1.5) are addicted to smartphones (“clinically” addicted; meaning they require professional help to overcome the addiction)²⁰⁾. The negative effects of this addiction are so much of a concern that the DSM5 has included “internet addiction” (IA) as a mental disorder on the “compulsive-impulsive” spectrum, listing “internet gaming disorder” (IGD) together with several sub-types. Such is the complexity and magnitude of the problem, that professionals are still discussing the correct diagnostic criteria to be used²¹⁾. Cyberbullying, a relatively new concept, has increased significantly in Japan, yet there are still no concrete plans to address this or any of the mental health disorders that have developed, primarily as a consequence of technological progress. We live in a “digitalized, global society” which, although beneficial in many aspects, has a darker side, understudied in many countries, and is in desperate need of being countered with effective mental health support systems and legislation to enhance the efficacy of any such system. Social media is the birthplace of cyberbullying which has a serious impact on mental health, physical health, and

academic achievement²²⁾. A new collection of problems for a new generation that need to be catered for. This will require the adaptation of a number of quasi-structures currently found in some areas, the significant expansion of others, together with the introduction of new, more collaborative and flexible lines of communication.

6. Managing The Future: Integrating Society From The Ground Up

One area always in need of improvement is QOL. In order to best facilitate, support, and continuously improve the mental health of a nation, it is essential that initially, a basic framework (model) is in place, to act as a guide, a direction, one that can be “fine-tuned” as and when required. “Flexibility” would be one of main requirements of such a model. Equally important, as you can see in Fig.3, is the need for collaboration between the different areas of society (Hence the overlap shown). Collaboration requires understanding, which in turn requires the standardization of rules. And, in order to achieve this, there should be a review of government legislation. With effective legislation, the imbalance that currently exists can be

addressed, and corrected. The model would then serve to ensure that the various areas within society meet a required set of standardized regulations, and offer an effective and adaptive guide that will better facilitate further improvement.

Central to establishing any future progress is the need for an improved mental health care system. The quality of an individual’s mental health has a significant impact on virtually every other area of society. Improvement in the mental health care system is the cornerstone to building a solid future. Key to this fundamental requirement is a balanced distribution of care which, as previously touched on, requires an increase in collaboration. A comprehensive and evenly distributed model is shown in fig.3.

It is essential to have an overlap between the main “influential” sectors of society. “Influential” in so far as the main sectors, “education”, “community”, and “business”, directly and/or vicariously affect the community, and the society to which it belongs, in terms of economics, physical and mental wellbeing, and an individuals’ potential for personal growth, ultimately leading to improved social harmony.

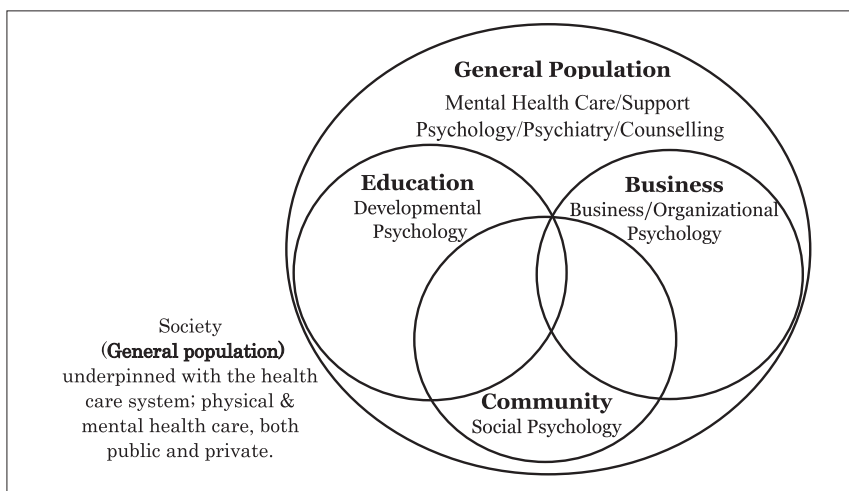


Fig. 3: Conceptual Mental Health Distribution Model

*Note the overlap between the different sections of society (Collaboration), and the degree of potential flexibility in each of those sectors that is offered.

The word “community” is defined as, “*a unified body of individuals such as the people with common interests living in a particular area*” (Merriam-Webster dictionary definition).

6.1. Managing The Future; Filling The Void in Mental Health Care

Taking the distribution of mental health and breaking it down, Fig.4. shows the error that the current distribution of care suffers from. There is a bias towards “medication”, which interestingly, does not have the same stigma that is seen in psychology. The term “true” psychology can be seen in Fig.4. This should be defined as a health care service that can address the *cause* of the symptoms using a range of methods, rather than addressing only the symptoms (as is the case with psychiatry/ counselling), thus never eliminating the real problem.

Fig.5. shows a more comprehensive system that not only fills the void seen in the current system (Fig.4), but also has a greater overlap

with the other areas in the field of mental health. Medication, without question, can be very effective, and is often essential, however, if you supplement the medication with “true” psychology (for example; a form of tailored psychotherapy), the short, and long-term benefits significantly increase. In many cases the problem can be eliminated completely. This rarely happens when only medication is utilized. Counselling, whilst being an essential mental health care tool, is only for people with mild (not reaching the “clinical” threshold; DSM5/ICD10) cognitive discomfort or in specialized areas such as “grief counselling”.

As with the model shown in Fig.3. there is, as one would expect, a great deal more overlap across the disciplines, offering far more opportunities for collaboration. The degree of collaboration between the various sectors within a society is a good indicator of how much progress is and can be made. Not only does it act as a tool for measuring the balance and harmony within a society, it also serves, with

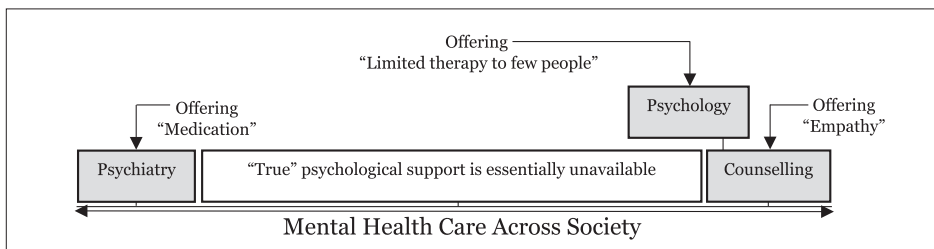


Fig. 4: Current Utilization of Mental Health Disciplines in Japan

*Note that the vast majority of the population are only offered an “either, or” choice (medication or empathy) The single most important aspect (psychology) remains, at best, a mystery to most.

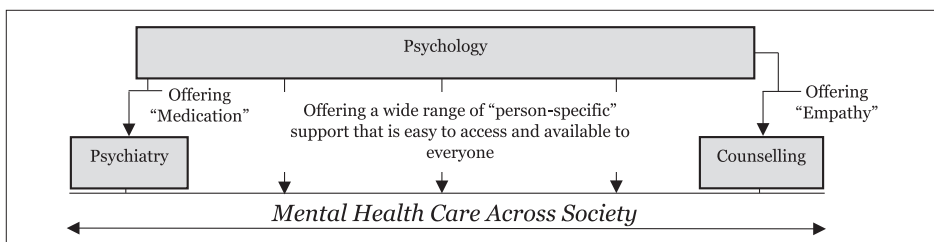


Fig.5: Ideal Utilization of Mental Health Disciplines in Japan

*Collaborative, inclusive, comprehensive, and being accessible are the fundamental attributes seen here.

significantly improved accuracy, as a guide to predicting/anticipating future, potentially damaging shifts, thus enabling a more proactive approach in dealing with future developments and the adaptations that would be needed to either best manage the change, or to circumnavigate it completely by introducing a new direction that can be applied using the type of framework proposed in this paper (this is real progress!). Please note; this research has found and detailed actual “causal” factors, not simple “correlations” that may not need to be addressed.

7. Conclusions

As the research shows, the causal factors of problems in society, any society, are complex and require a great deal of time and energy. As such, it is crucial that the introduction of any proposed improvement is based on a concrete, empirically proven foundation. The psychosocial analysis in this paper showed that there are a number of identifiable causes, and that in order to address them, a significant increase in collaboration between business and education is needed. Today's students are tomorrow's workforce, and moving forward hand-in-hand with the support of “meaningful” legislation from the government, as proposed in this paper, the country will be better positioned to accommodate the physical and emotional needs of the people which, in turn, will improve business productivity, promote a greater desire for academic achievement, and increase a sense of wellbeing for all. A challenge, but guided by the proposals in this paper, one that is achievable. This will ultimately bring about a cycle of positive, self-perpetuating change, and a healthy mindset.

Acknowledgements

a) I would like to offer my appreciation to

Associate Professor Mika Nishiyama, Hiroshima Bunkyo University, Faculty of Human Sciences, Department of Human Welfare, for allowing me to use the figures on suicide (Fig.1 & 2; Page 4), for supplying me with the English versions of a wide range of government papers, and for her continued support.

References

1. “Japanese History”; *A Chronological Outline* (2019), http://afe.easia.columbia.edu/timelines/japan_timeline.htm
2. British Broadcasting Company (BBC News), (2015). <https://www.bbc.com/news/world-33362387>
3. Shuryhina, Viktoriia. (2017). “Endless circle of hikikomori”. *Does the current state of the Japanese family promote the phenomenon of primary hikikomori?* DOI: 10.13140/RG.2.2.26085.60649.
4. Kanehara Akiko, Umeda Maki, Kawakami Norito (2014). “Barriers to mental health care in Japan”; *Results from the World Mental Health Japan Survey*. Psychiatry and Clinical Neurosciences. 69. DOI: 10.1111/pcn.12267.
5. Tanoue Y, Nomura S, Yoneoka D, et al (2020). “Mental health of family, friends, and co-workers of COVID-19 patients in Japan”. DOI: 10.1016/j.psychres.2020.113067
6. Michiko Ueda, Robert Nordström, Tetsuya Matsubayashi (2021). *Journal of Public Health*, fdab113, <https://doi.org/10.1093/pubmed/fdab113>
7. World Health Organization (2014): “Preventing Suicide”. https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/ (Last accessed, 6 may 2021).
8. Friedrich Wilhelm Nietzsche (1889). “Twilight of the Idols”, (AKA: “How to Philosophize with a Hammer”).
9. Nomura S, Kawashima T, Yoneoka D, et al (2020). “Trends in suicide in Japan by gender during the COVID-19 pandemic, up to September 2020”. *Psychiatry Res.* 2021 Jan; 295: 113622. DOI: 10.1016/j.psychres.2020.113622
10. CNN News (2020) <https://edition.cnn.com/2020/11/28/asia/japan-suicide-women-covid-dst-intl-hnk/index.html>
11. The Japan Times (2020). <https://www.japantimes.co.jp/news/2020/10/09/national/social-issues/suicide-mental-health-coronavirus/>
12. Brittany Nicole Lozano (2013). https://baylor-ir.tdl.org/bitstream/handle/2104/8886/Brittany_

Lozano_HonorsThesis.pdf?sequence=1

13. Steven Pinker (2005). "The Stuff of Thought": *Language as a window into human nature*.
14. Jordan B. Peterson (2021). "Beyond order"; *12 more rules for life*, Overture, p, xxiii – p, xxv.
15. Edith Weisskopf-Joelson (1955). "Some comments on a Viennese School of Psychiatry," *The journal of Abnormal and Social Psychology*, 51 pp701-3.
16. Stanley Elkin (1966). "Criers & Kibitzers, Kibitzers & Criers" (ed. 1967), p. 37
17. YouGov (2019). Mental health survey, bit.ly/2TVVMLn.
18. Carmen Grau; The Equal Times News (2020). <https://www.equaltimes.org/japan-s-care-sector-protects#.YIEeGaGRW70>
19. Robert M. Sapolsky (2018). "Behave"; *The biology of humans at our best and worst*. pp50-58.
20. Tateno Masaru, Teo Alan R., Ukai Wataru, Kanazawa Junichiro, Katsuki Ryoko, Kubo Hiroaki, Kato Takahiro A (2019). "Internet Addiction, Smartphone Addiction, and Hikikomori Traits in Japanese Young Adults"; *Social Isolation and Social Networks*. *Frontiers in Psychiatry*, Volume 10. DOI: <https://www.frontiersin.org/article/10.3389/fpsyt.2019.00455>
21. Besser, B., Loerbroks, L., Bischof, G., Bischof, A., & Rumpf, H. J. (2019). "Performance of the DSM-5-based criteria for Internet addiction"; *A factor analytical examination of three samples*. *Journal of behavioural addictions*, 8(2), 288–294. <https://doi.org/10.1556/2006.8.2019.19>
22. Center for Japanese Mental Health (2020). <https://cjmh.org/news/social-media-us/>

[Submitted September 16, 2021]

Contributor: Professor Satoshi SEINO
(Department of Current Business)