令和 5 年 4 月 10 日発行
皇學館論叢第 56 巻第 1 号　抜刷

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Development of the English Version of the Scale for Structure-bound Experiencing-Revised and Examination of its Validity and Reliability.

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□ **Abstract**

The purpose of this study was to test the validity and reliability of the English version of the Scale for Structure-bound Experiencing-Revised (SSBE-R.E). Participants who speak English as their native language or are bi- or multi-lingual took part in online surveys. In Study 1, 201 individuals completed the SSBE-R.E and a 12-item General Health Questionnaire (GHQ-12). Similar to previous studies of "structure-bound experiencing", the results showed that the SSBE-R.E scores were based on the repetition and remaining-on-the-sidelines factors. The total score of the SSBE-R.E and its two subfactor scores were significantly correlated with the total score of the GHQ-12 and its four subfactor scores ($.29 \leqq r\text{s} \leqq .52$, $p\text{s} < .0001$). Moreover, the Cronbach's alpha values for the two factors and total SSBE-R.E score were $\geq .81$. Study 2 ($N = 418$) replicated the factor structure obtained in Study 1, and the total score of the SSBE-R.E and its two subfactor scores were significantly correlated with the first factor score of the English version of the FMS-A.J. ($r\text{s} = -.47$, $-.39$, and $-.48$, respectively; $p\text{s} < .0001$). These findings suggest that SSBE-R.E has good validity and reliability.

□ **Keywords**: theory of experiencing, structure-bound experiencing, focusing manner, the English Version of the Scale for Structure-bound Experiencing-Revised

□ 要　旨

本研究の目的は、改訂構造拘束度尺度英語版（SSBE-R.E）の妥当性と信頼性を検証することであった。英語を母語とする参加者、またはバイリンガル、マルチリンガルの参加者がオンライン調査に参加した。研究 1 では、201名が SSBE-R.E と 12 項目の一般健康質問票（GHQ-12）に回答した。因子分析の結果、「構造拘束的な体験様式」に関する先行研究と同様に、SSBE-R.E の得点は「反復性」と「傍観性」の 2 因子が抽出された。SSBE-R.E の総得点とその 2 つの下位因子得点は、GHQ-12 の総得点とその 4 つの下位因子得点と有意に相関していた（.29≦ *r*s ≦.52, *p*s ＜.0001）。さらに、2 因子と SSBE-R.E 総得点の Cronbach の α 値は .81以上であった。研究 2（*N*＝418）では、研究 1 で得られた因子構造が再現され、SSBE-R.E の合計得点とその 2 つの下位因子得点は、英語版 FMS-A.J.の第 1 因子得点と有意に相関していた（それぞれ、*r*s＝－.47, －.39, －.48; *p*s ＜.0001）。これらの結果は、SSBE-R.E が充分な妥当性と信頼性を持つことを示唆している。

□ **キーワード**：体験過程理論、構造拘束的な体験様式、フォーカシング的態度、
改訂構造拘束度尺度英語版

Gendlin（1964）suggested that the manner of experiencing, i. e., how one experiences daily life events, rather than the actual content, is crucial to our experience. The manner of experiencing subsumes in-process and structure-bound aspects. The former refers to a spontaneous process characterized by continuous symbolic interactions（Suetake, 1986）, whereas the latter refers to a "process-skipping structure" without a desired implicit function（Gendlin, 1964）. Several of the overlapping features listed below are good examples of in-process and structure-bound experiencing（Gendlin, 1964, pp.127-129）. These two experience types can be distinguished on the basis of whether an individual is reacting to the present situation without any disassociation or postponement of affect. In other words, one is either "feeling a *now*"（p. 127）or not in the now. Structure-bound experiencing does not involve reacting to the present situation.

The following sentence encapsulates structure-bound experiencing well: "*Life is going on all right, but I'm in some back room. I merely hear about it; I'm not living it* (emphasis added)" (p. 127).

Another distinction between the two types of experiencing is whether an individual implicitly reacts to new information on a moment-by-moment basis. For example, in structure-bound experiencing, an individual feels "merely an occasion, a cue for a familiar, repetitious, structured pattern of feeling" (p. 127); despite the existence of many emotions and meanings, the individual in this case reacts to only a few old and singular patterns. Therefore, the pattern is repeatedly experienced and appears to be unmodifiable, as a "set" structure (e. g., "*I could not get the lost game out of my mind the entire day. I have nothing; I' m just a loser.*"). Scharwächter (2005) argued that this repetitive manner of experiencing also occurs in traumatized people; they may re-experience a traumatic life event as a flashback, which is a form of repetitive experiencing.

In addition, the author will introduce Gendlin's assertion 14, named "IN PROCESS VERSUS STRUCTURE BOUND," (Gendlin, 1964, p. 129) which will further approach the essential part of the structure-bound experiencing:

… The respects in which it is structure-bound are not experiencing… the experiencing process is, in given respects, missing…the implicit functioning of experiencing ought to be there, but there is only the process-skipping structure…

It is depicted that what characterizes the structure-bound experiencing is the manner in a way that our implicit functions are diminished or lost.

Gendlin (1964) also stated that "when the *interaction process* is greatly curtailed (as in sleep, hypnosis, psychosis, and isolation experiments), the inwardly felt experiencing is thereby curtailed" (p. 139). He referred to this non-interacting process as an "extreme structure-bound manner of experiencing" (p. 140). This point of view is intriguing because some people

with psychosis can have their manner of experiencing bound by structure. Therefore, in an individual, worse symptoms correlate with a greater propensity toward structure-bound interactions. Because symptom severity differs between individuals, individual differences exist regarding the extent to which one's inner interaction process is curtailed. If structure-bound experiencing can correlate with psychosis/mental symptoms, assessing the cumulative effect of that experiencing modality (i.e., individual differences in susceptibility to structure-bound experiencing) will be beneficial for clinical practitioners aiming to understand the client's susceptibility to structure-bound experiencing and provide appropriate support.

How can we measure the extent to which individuals experience daily life events in a structure-bound manner? One option is to use the Scale for Structure-bound Experiencing (SSBE; underlined part added, Takasawa & Ito, 2009). The original version of the SSBE included 13 items, including 8 related to the repetition factor and 5 to the remaining-on-the-sidelines factor. The scores for both factors correlated with those on the Japanese version of the General Health Questionnaire 28 (GHQ-28; Goldberg & Hiller, 1979; Nakagawa & Daibo, 1985) and the Revised Hallucination Scale (RHS; Morrison, Wells, & Nothard, 2000). Because of the relatively low Cronbach's alpha value of the remaining-on-the-sidelines factor, the SSBE was revised by increasing the number of this factor from five to eight, which improved its reliability (Takasawa, 2018). Similar to the original version, scores on the revised version of the SSBE (SSBE-R) correlated with those on the GHQ-28 (Goldberg & Hiller, 1979; Nakagawa & Daibo, 1985), RHS (Morrison et al., 2000), as well as with trait self-efficacy (Scale Measuring a Sense of Generalized Self-Efficacy; Miyoshi, 2003), and distancing strategy (third factor of the Focusing Manner Scale [FMS]; Fukumori & Morikawa, 2003, partly altered). The test-retest reliability of the SSBE-R was confirmed by the strong positive correlation between two separate measurements with an interval of 1 month. Therefore, the scales measuring

structure-bound experiencing in the original SSBE and SSBE-R have adequate validity and reliability.

These scales have been used in several studies to quantitatively test hypotheses. Takasawa and Ito (2011) confirmed the mediating role of repetition between "clearing a space" and self-efficacy. This research was based on the hypothesis of Kira (1994) that clearing a space, as a state, inhibits structure-bound experiencing, resulting in a growing sense of subjectivity. Takasawa (2021) demonstrated that SSBE-R and its two factors correlated with Focusing Manner Scale-18 (Morikawa, Nagano, Fukumori, & Hirai, 2014) and its several subfactors, rs = −.33 to −.17 (ps < .05 to .01), Negative Rumination Scale (Ito & Agari, 2001), rs = .26 to .71 (ps < .01), and Dissociative Experience Scale-Ⅱ scores (Carlson & Putnam, 1993) and its several subfactors, rs = −.23 to −.16 (ps < .10 to .01).

As described previously, the evidence that individual differences in structure-bound experiencing correlate with other psychological variables, especially those related to focusing, can be regarded as theoretically important. However, since previous studies mainly included Japanese populations, it is possible that different results would be obtained in other cultures and regions. To address this issue, the validity and reliability of a version of the SSBE-R in another language need to be assessed. Although it is not a measure of structure-bound experiencing, English (Aoki & Ikemi, 2014; Fukumori, 2021) and Chinese (Kawasaki, 2016) versions of the FMS have been developed, which are suited to their respective cultures.

The purpose of this research was to develop an English version of the SSBE-R (SSBE-R.E), and test its validity and reliability using two questionnaire surveys. Study 1 was conducted to determine the validity and reliability of the scale, whereas Study 2 was conducted to replicate the factor structure obtained in Study 1, to demonstrate the correlation of SSBE-R.E with another index and its factorial validity.

Study 1

Methods

Participants: The author recruited participants for the questionnaire survey from a crowdsourcing website (CrowdWorks), which pays each participant £1. Participants in Study 1 were registered with CrowdWorks and volunteered to participate in the survey. In total, 298 participants volunteered to complete the SSBE-R.E and answer the other questions, although 91 provided incomplete responses (e.g., missing values and/or violation of the instructional manipulation check (IMC [described later]; Oppenheimer, Meyvis, & Davidenko, 2009) and were thus excluded from the analyses. Six additional participants who provided identical answers to several of the main questions were also excluded from the analyses to prevent response bias. Therefore, 201 participants were included in the final analysis (110 females and 89 males [not reported, n = 2]; mean age = 38.24 years[1)], *SD* = 9.77).

Ethical Considerations: Participants carefully read the study objectives and ethical considerations (strict control of data, participation of their own free will, freedom to terminate during the study, follow-up in case of problems, contact information for the principal investigator, how and where to disclose results, etc.).

Procedure: Participants provided written consent before participation and were given information regarding the purpose and ethical considerations of the research, and the contact information of the researchers. After the consent process, the participants were presented a modified IMC entitled "Sports Participation". The participants read through a relatively long set of instructions telling them to select the "Skip" option, without any facility to choose among the types of sports detailed on the page (apart from a question

asking them to click on all that apply). This check identified participants who were not able to read the instructions carefully. Only those participants who correctly selected the Skip option proceeded to the next page; those who selected any other option were presented with an error message and prevented from moving on to the next page until they selected the Skip option. The 17 participants who were presented with the error message quit the survey. An additional 75 participants quit the survey before finishing. The survey questions were related to the SSBE-R.E and GHQ-12 (a short version of GHQ; Goldberg & Williams, 1988). The order of items was counterbalanced for each scale. The participants also answered questions regarding their gender and age, and were then debriefed and thanked for their participation.

***Questionnaires*:**

(1) *Draft version of the SSBE-R. E.* The SSBE-R (Takasawa, 2018) was translated into English by an English-Japanese bilingual (Table 1). Then, another individual with similar language skills translated the English-version items back to Japanese, to confirm the content validity of the back-translated Japanese version. Participants rated their agreement with 16 items on a 7-point scale (1 = *Strongly disagree*, 7 = *Strongly agree*). It was expected that, similar to previous studies (e.g., Takasawa & Ito, 2009; Takasawa, 2018), the SSBE-R.E would consist of two factors, i.e., repetition and remaining-on-the-sidelines. As mentioned previously, the SSBE-R is valid and reliable for measuring structure-bound experiencing because of its correlations with other theoretical indices, adequate Cronbach's alpha, and good test-retest reliability (Takasawa, 2018).

(2) *GHQ-12 (Goldberg & Williams, 1988).* This scale includes three factors (successful coping, self-esteem, and stress) and assesses mental health. Positive items are scored from 0 (*Always*) to 3 (*Never*), whereas negative items

Table 1. Draft of SSBE-R.E

No.	Contents of Items	Expected Factor
1	I tend to dwell on negative feelings.	Repetition
2	I tend to be obsessed with one thing.	
3	Once I get concerned with something, I have a tendency to be concerned with that same thing for a long time.	
4	I tend to feel bound and tied down by my worries.	
5	I tend to continuously think about something that happened recently in my head.	
6	Similar things tend to come to my mind concerning my worries.	
7	I tend to get hung up on one thing and become unable to see different aspects.	
8	Once I become troubled with something, I think of it too much and my thoughts tend to run in circles.	Remaining-on-the-sidelines
9	I have a tendency to have no feeling of reality even if it is about myself.	
10	I have a tendency to become an outside observer even if it is about myself.	
11	I tend to feel bored about everything even if I experience various things.	
12	I tend to feel down even when life is going well.	
13	I tend not to be able to feel with an actual feeling even if I experience various things.	
14	I tend not to feel freshness even if I experience various things.	
15	I tend to feel that a thing is somebody else's affair even if it is about myself.	
16	I tend not to understand my own feelings.	

are scored from 0 (*Never*) to 3 (*Always*). Therefore, higher scores indicate greater deterioration of mental health. Several studies have confirmed the validity of this scale based on its correlations with the Clinical Interview Scheduled-Revised (Hardy, Shapiro, Haynes, & Rick, 1999), Minnesota Multiple Personality Inventory subscales (Politi, Piccinelli, & Wilkinson, 1994), alcohol and drug related problems (Trait, French, & Hulse, 2003), and Edinburgh Postnatal Depression Scale (Navarro, Ascaso, Garcia-Esteve, Aguado, Torres, & Martin-Santos, 2007), as well according to the degree of change of the GHQ-12 score before and after surgery (Quek, Low, Razack, & Loh, 2001). Furthermore, some studies reported that the GHQ-12 had a Cronbach's alpha indicating good reliability (Lesage et al., 1999; Politi et al., 1994; Quek et al., 2001). It is expected that the SSBE-R.E and its factors would positively correlate with the GHQ-12 and its factors, based on the simultaneous occurrence of psychosis and structure-bound experiencing reported by Gendlin (1964, pp. 31-32).

Results and Discussion

(1) *Factor Analysis.* The author applied confirmatory factor analysis (CFA) to the two factors of the SSBE-R.E, where previous versions of the scale (i.e., the SSBE and SSBE-R) also included two factors (Takasawa & Ito, 2009; Takasawa, 2018). The maximum-likelihood method was used to analyze factors with promax rotation (Table 2 and Fig. 1). Similar to previous studies, CFA extracted two factors (Takasawa & Ito, 2009; Takasawa, 2018), and the items included in each factor were identical to those of the SSBE-R (Takasawa, 2018), i.e., the pre-translated version of the new scale. Hence, the author did not

Table 2. Results of Confirmatory Factor Analysis in Study 1

No.	The Contents of Items	Factor 1	Factor 2	Communality
8	Once I become troubled with something, I think of it too much and my thoughts tend to run in circles.	**.75**	.00	.56
3	Once I get concerned with something, I have a tendency to be concerned with that same thing for a long time.	**.72**	.00	.52
4	I tend to feel bound and tied down by my worries.	**.72**	.00	.52
1	I tend to be obsessed with one thing.	**.67**	.00	.45
6	Similar things tend to come to my mind concerning my worries.	**.66**	.00	.44
7	I tend to get hung up on one thing and become unable to see different aspects.	**.64**	.00	.41
5	I tend to continuously think about something that happened recently in my head.	**.63**	.00	.40
2	I tend to dwell on negative feelings.	**.60**	.00	.35
13	I tend not to be able to feel with an actual feeling even if I experience various things.	.00	**.71**	.51
9	I have a tendency to have no feeling of reality even if it is about myself.	.00	**.67**	.44
16	I tend not to understand my own feelings.	.00	**.63**	.40
11	I tend to feel bored about everything even if I experience various things.	.00	**.61**	.37
10	I have a tendency to become an outside observer even if it is about myself.	.00	**.59**	.35
14	I tend not to feel freshness even if I experience various things.	.00	**.58**	.33
15	I tend to feel that a thing is somebody else's affair even if it is about myself.	.00	**.50**	.25
12	I tend to feel down even when life is going well.	.00	**.46**	.21

Note. Correlation coefficient between factor 1 and 2 was .57

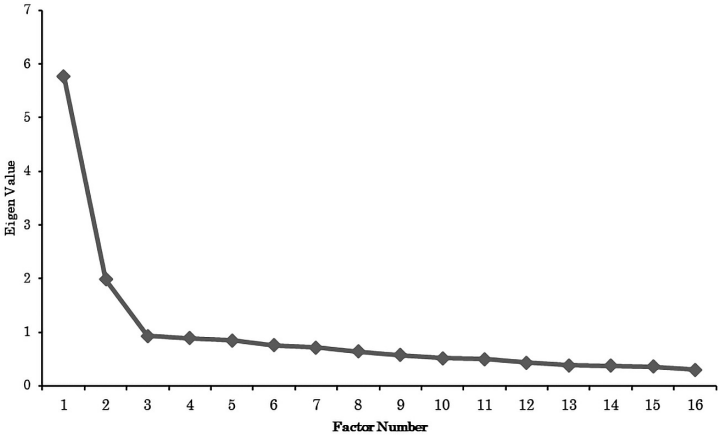

Fig 1. Scree Plot in Study 1.

change the factor names (i.e., repetition and remaining-on-the-sidelines). The overall contribution rate of the factors was 48.50. The fit indices of this factor structure were not insufficient: $\chi^2(103) = 168.32$ ($p < .0001$), relative $\chi^2 = 1.63$, comparative fit index (CFI) = .94, and root mean square error of approximation (RMSEA) = .056[2)].

(2) *Descriptive Statistics, Reliability, and Test of Normality.* Table 3 presents the means, *SD*s, and Cronbach's alphas. None of the variables had insufficient reliability. These results suggest that the SSBE-R.E has adequate reliability and internal consistency. To determine whether the SSBE-R.E scores were normally distributed, the Kolmogorov-Smirnov test was performed, and revealed a skewness of −.14, kurtosis of −.03, mode of 64.35, and test statistic of .06 ($p = .08$). These values showed that the SSBE-R.E scores were slightly non-normally distributed. Figure 2 depicts a modified histogram (kernel density estimation) indicating that the data were slightly skewed, but still within an acceptable range.

Table 3. Descriptive Statistics in Study 1

Variables	Mean	*SD*	α
Repetition	34.24	9.53	.87
Remaining-on-the-sidelines	28.11	8.35	.81
SSBE-R.E	62.35	15.52	.88
Successful coping	13.01	3.70	.83
Self-esteem	5.47	2.77	.75
Stress	3.91	2.04	.63
GHQ12	22.39	7.14	.85

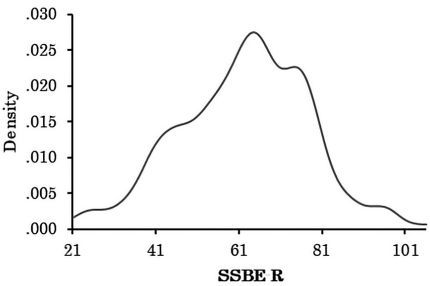

Fig 2. Kernel Density Estimation in Study 1. This curve allows us to confirm a more seamless histogram.

Table 4. Correlation Analyses to Confirm Criteria-related Validity in Study 1

	Successful coping	Self-esteem	Stress	GHQ12
Repetition	.29****	.44****	.44****	.44****
Remaining-on-the-sidelines	.32****	.43****	.42****	.46****
SSBE-R.E	.35****	.50****	.50****	.52****

****p <.0001

(3) *Correlation Analyses.* To determine whether the SSBE-R.E has criterion validity, correlation analyses between SSBE-R. E and GHQ-12 scores were performed (Table 4), which revealed significant positive correlations among all variables. These results suggest that the SSBE-R.E has adequate criterion validity.

Study 2

Study 1 demonstrated that the SSBE-R.E has adequate validity and reliability. However, Study 2 was primarily performed to determine whether the SSBE-R. E score correlates with other variables pertinent to the theory of experiencing. For example, focusing manner is a theoretically related construct that partially overlaps with in-process experiencing, in that individuals react to the present

situation and pay attention to the direct referent of experience. Indeed, Uenishi (2012) and Takasawa (2018, 2021, 2022) demonstrated that several aspects of focusing-like experiences/focusing manner correlated with repetition. Therefore, the author predicted that the SSBE-R.E score would correlate with the focusing manner. In addition, because Study 1 collected data from an online survey, it is possible that participants did not allocate a sufficient amount of cognitive resources while answering the questions (Krosnik, 1991), despite the use of IMC (Oppenheimer et al., 2009). Another concern is that the participants in Study 1 may not be representative of the general population. To resolve these issues, the author conducted an additional survey in Study 2 using another crowdsourcing website (Amazon Mechanical Turk; MTurk). The purpose of Study 2 was to examine whether the SSBE-R. E score correlates with the focusing manner, and to obtain data from a larger cohort than that of Study 1.

Methods

Participants: Study 2 recruited participants from MTurk, which pays each participant $0.5. Similar to Study 1, the participants in Study 2 voluntarily participated in the survey. In total, 572 participants volunteered to complete the SSBE-R. E and answer the other questions, although 127 provided incomplete responses (e.g., missing values and/or IMC violation) and were thus excluded from the analyses. Twenty-seven additional participants were excluded from the analyses to prevent response bias, similar to Study 1. Therefore, 418 participants were included in the analysis (201 females and 212 males [non-binary, n = 5]; mean age = 38.33 years, SD = 12.00).

Ethical Considerations and Procedure: Ethical considerations and procedure for Study 2 was similar to that for Study 1. In Study 2, 37 participants failed the IMC and quit the survey, and an additional 90 participants quit the survey

before completion. The main questions in Study 2 were related to the SSBE-R.E and English version of the FMS-A.J (Aoki & Ikemi, 2014).

***Questionnaires*:**

(1) *SSBE-R.E.* Participants indicated the extent to which they engaged in structure-bound experiencing; 8 items pertained to repetition and 8 to remaining-on-the-sidelines (total of 16 items), and a 7-point response scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*) was used.

(2) *English version of FSM-A.J (Aoki & Ikemi, 2014).* The author used this version of the FMS because it is shorter (16 items) than the FMS-A.E (25 items; Aoki & Ikemi, 2014), thus reducing the burden on participants. The FSM-A.J consists of three factors; there are six items for "Accepting and acting from experiencing", seven for "Bringing awareness to experiencing", and three for "Finding a comfortable distance from experiencing". Participants rated their attitudes on a 4-point scale (1 = *Never*, 2 = *Seldom*, 3 = *Sometimes*, and 4 = *Often*). Higher scores indicate more frequent focusing-like experiences. Aoki (2012) confirmed the validity of the Japanese version of this scale based on its negative correlations with the GHQ28, and its reliability based on its Cronbach's alpha.

Results and Discussion

(1) *Factor Analysis.* Similar to Study 1, the author used CFA with the maximum-likelihood method and promax rotation for factor analysis, due to replication of the two-factor structure. The maximum likelihood method was used to identify factors with promax rotation (Table 5 and Fig. 3). CFA replicated the factor structure obtained in Study 1, indicating that the two-factor structure is reproducible and the scale has factorial validity. The overall

Table 5. Results of Confirmatory Factor Analysis in Study 2

No.	The Contents of Items	Factor 1	Factor 2	Communality
4	I tend to feel bound and tied down by my worries.	**.79**	.00	.63
7	I tend to get hung up on one thing and become unable to see different aspects.	**.77**	.00	.60
2	I tend to be obsessed with one thing.	**.74**	.00	.54
8	Once I become troubled with something, I think of it too much and my thoughts tend to run in circles.	**.73**	.00	.53
1	I tend to dwell on negative feelings.	**.68**	.00	.51
3	Once I get concerned with something, I have a tendency to be concerned with that same thing for a long time.	**.68**	.00	.46
6	Similar things tend to come to my mind concerning my worries.	**.51**	.00	.45
5	I tend to continuously think about something that happened recently in my head.	**.46**	.00	.42
9	I have a tendency to have no feeling of reality even if it is about myself.	.00	**.81**	.66
11	I tend to feel bored about everything even if I experience various things.	.00	**.81**	.66
13	I tend not to be able to feel with an actual feeling even if I experience various things.	.00	**.81**	.65
16	I tend not to understand my own feelings.	.00	**.79**	.62
15	I tend to feel that a thing is somebody else's affair even if it is about myself.	.00	**.79**	.62
12	I tend to feel down even when life is going well.	.00	**.78**	.60
14	I tend not to feel freshness even if I experience various things.	.00	**.74**	.55
10	I have a tendency to become an outside observer even if it is about myself.	.00	**.68**	.46

Note. Correlation coefficient between factor 1 and 2 was .83

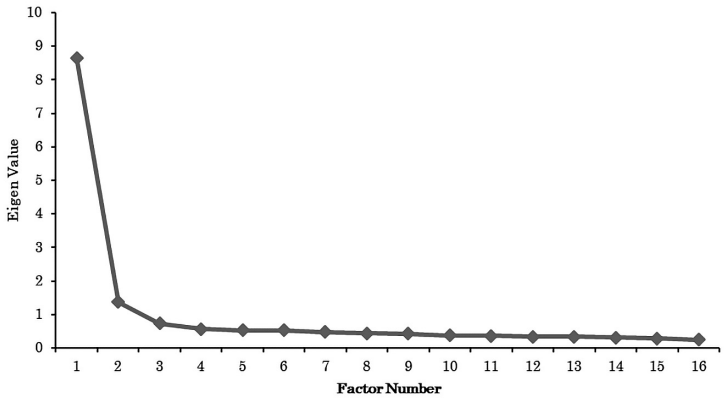

Fig 3. Scree Plot in Study 2.

Table 6. Descriptive Statistics in Study 2

Variables	Mean	*SD*	α
Repetition	37.39	11.22	.90
Remaining-on-the-sidelines	33.29	13.26	.92
SSBE-R.E	70.68	22.95	.94
Accepting and acting from experiencing	16.70	2.65	.47
Bringing awareness to experiencing	19.59	3.43	.69
Finding a comfortable distance from experiencing	8.21	1.75	.51
FMS-A.J (The English version)	44.50	6.01	.74

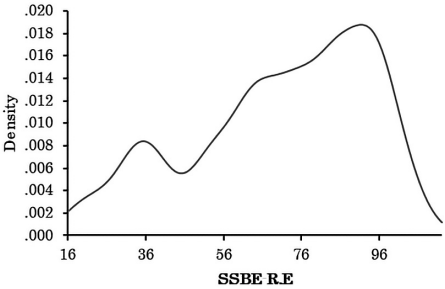

Fig 4. Kernel Density Estimation in Study 2.

contribution rate of the factors was 62.68. The fit indices of this factor structure were not insufficient: $\chi^2(103) = 287.41$ ($p < .0001$), relative $\chi^2 = 2.79$, CFI = .96, and RMSEA = .07.

(2) *Descriptive Statistics, Reliability, and Test of Normality.* Table 6 presents the means, *SD*s, and Cronbach's alphas. These results suggest that the SSBE-R.E has sufficient reliability and internal consistency. To determine whether the SSBE-R.E scores were normally distributed, the Kolmogorov-Smirnov test was performed, which showed a skewness of −.56, kurtosis of .64, mode of 91.36, and test statistic of .09 ($p < .0001$). These results suggested that, as in Study 1, the SSBE-R.E scores in Study 2 were not normally distributed. Figure 4 depicts a modified histogram (kernel density estimation) indicating that the data were slightly skewed toward the right side. Therefore, the participants in Study 2 had higher scores relative to those in Study 1.

(3) *Correlation Analyses.* To determine the criterion validity of the SSBE-R.E, correlation analyses between SSBE-R.E scores and scores on the English version of the FMS-A.J were performed (Table 7). The first factor of the FMS-A.J (i.e., accepting and acting from experiencing) had significant negative

Table 7. Correlation Analyses to Confirm Criteria-related Validity in Study 2

		FMS-A.J (The English version)			
		Factor 1	Factor 2	Factor 3	Total
SSBE-R.E	Factor 1	−.39****	.07	.18***	−.09 †
	Factor 2	−.48****	.01	.16**	−.16***
	Total	−.47****	.04	.18***	−.14**

† $p < .10$, **$p < .01$, ***$p < .001$, ****$p < .0001$

correlations with the first and second factors, and with the total score of the SSBE-R. E. In other words, individuals with a greater propensity toward structure-bound experiencing were less able to accept and act in line with their present experience. This confirms that the SSBE-R. E has good validity. Furthermore, the negative correlation between structure-bound experiencing and the "accepting" aspect of focusing manner identified in Study 2 is congruent with prior research (e.g., Takasawa, 2021).

In contrast, the second factor of the FMS-A.J (i.e., bringing awareness to experiencing) did not correlate with the SSBE-R.E score, which contradicts with some prior studies. Specifically, the attention factor of FMS-18 (Morikawa et al, 2014), similar to bringing awareness to experiencing, was positively correlated with repetition (Takasawa, 2021, 2022).

In addition, the third factor of the FMS-A. J (i.e., finding a comfortable distance from experiencing) and total FMS-A.J score positively correlated with structure-bound experiencing, albeit very weakly, according to Guildford's (1956) rule of thumb. However, Uenishi (2012) and Takasawa (2018) found that repetition was negatively correlated with the "distancing" aspect of focusing manner. It is plausible that the positive correlations of the SSBE-R.E score with the total and third-factor FMS-A.J scores were significant due to the relatively large sample size ($N = 418$).

The underlying mechanism, of these contradictory phenomena may be another individual differences. For example, Miller and Schwarz (2017) argued

that results contradictory to our hypothesis (i.e., null effects) may be obtained due to an extraneous variable, such as unmeasured individual difference, which affects the dependent variable to mask the expected effect.

Despite some mixed results in Study 2, it is clear that the SSBE-R.E can correlate not only with the severity of mental illness, but also with the focusing manner, where individuals accept and act in line with their experience.

General Discussion

The purpose of this research was to develop the SSBE-R.E and examine its validity and reliability. Factor and correlation analyses yielded the expected results, i.e., confirmed the validity and reliability of the new scale.

Measurement of the degree of structure-bound experiencing previously relied on a Japanese scale; therefore, the findings obtained thus far could are applicable only to the Japanese population. However, the SSBE-R.E can be used to conduct research on the manner of experiencing of populations from many cultures and regions, without language restrictions. The SSBE-R.E can also be used to determine the reproducibility of research findings. If the results can be replicated in cultures other than Japanese (e.g., the factor structure and positive correlation with the GHQ), the reproducibility of the findings will be confirmed. In Study 2, the two-factor structure was replicated using a different data set from Study 1, which suggests that the factor structure of the SSBE-R.E is robust, and that the scale has good factorial and criterion validity.

The SSBE-R.E could also facilitate interventions. In focusing research, interventions targeting the manner of experiencing are important for experiential psychotherapies. In particular, changes in structure-bound experiencing in association with personality changes before and after an intervention may shed light on the response to therapy and its underlying mechanism. Existing scales, such as the EXP scale (e.g., Klein, Mathieu,

Gendlin, & Kiesler, 1969; Klein, Mathieu-Coughlan, & Kiesler, 1986), can measure changes in experiencing during therapy, and indicate adaptive changes in personality. In addition, the FMS (Fukumori & Morikawa, 2003), and revisions and successors thereof (e.g., Aoki & Ikemi, 2014; Kawasaki, 2016; Morikawa et al., 2014; Nakaya & Sugie, 2014; Uenishi, 2009), has been used to measure individual differences in attitudes toward focusing-like experiences. However, as with the SSBE-R. E in this study, only scales pertaining to structure-bound experience measure mental maladjustment from the viewpoint of the theory of experiencing. In general, diverse psychological processes are more affected by negative than positive factors (for a review, see Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). People are often much more motivated to avoid negative stimuli than they are to approach positive ones. In light of this positive-negative asymmetry, it is of clinical significance to investigate the interaction between EXP/FMS and structure-bound experiencing scores, and their utility as indicators of positive therapeutic outcomes. It is possible that the new scale measuring structure-bound experiencing will improve understanding of the outcomes of psychotherapy, although the EXP scale score has already been shown to be associated with the outcomes of therapy (Hendricks, 2002).

It is also possible that the new scale will facilitate hypothesis testing, for example through multivariate analysis (Takasawa & Ito, 2009). Various models have been proposed; however, it can be difficult to obtain supportive quantitative data or derive operational definitions. Conversely, as in this study, the validity and suitability of a model can be confirmed by developing a specific scale (e.g., for examination of Kira's [1994] model). The framework of the theory of experiencing helps researchers devise sophisticated psychotherapies and intervention models. The author hopes that our new scale will be applied in various cultures, regions, and situations.

Limitations and Future Direction

In the present study, the author collected data via online surveys. Despite the use of the IMC and other efforts to prevent satisficing, concerns may still exist regarding our method of data collection. Therefore, future studies should overcome this methodological limitation by using other methods of data collection.

Acknowledgement

The study design was approved by an ethics review committee of the author's organization (#R03-16).

Data availability Statement

The data that support the findings of this study are openly available in the Open Science Framework (OSF) at https://osf.io/guq98/.

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1) Seven participants indicated that they were aged 60 years or older. For simplicity, the mean age calculation excluded those participants.

2) In general, χ^2 tends to reject the hypothesized model because of the larger sample size; therefore, the author also calculated a relative χ^2 statistic (divided by the degrees of freedom; Wheaton, Muthen, Alwin, & Summers, 1977) that controls for the effect of sample size. Ullman (2001) recommended a goodness of fit value < 2. Hu and Bentler (1999) recommended a CFI of ≥ .95 and RMSEA ≤ .06.

3) This paper was originally written in Japanese, and the author obtained information on the literature title and journal name in English via personal communication with Dr. Uenishi.

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