Psychotherapeutic Approach of Dohsa-hou in Japan

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History of the Development and Application of Dohsa-hou

Dohsa-hou (Doha method or Dohsa-therapy) is a psychotherapeutic approach developed in Japan. Dohsa-hou was originally developed for children with cerebral palsy to improve volitional motor actions (Naruse, 1973). Dohsa in Japanese means a psychological process of self-striving by an individual for his/her own body to accomplish a particular body movement according to his/her intention, and hou means method (Naruse, 1997).

Clinical studies of Dohsa-hou trace back to a finding that a boy with cerebral palsy could move his arm up and down by himself through hypnotic suggestion under a light trance (Naruse, 1966, 1967). This finding lead Naruse (1973) to invent a new concept of human bodily movement and to develop a psychological approach called Psychological Rehabilitation or Dohsa-training, which is the original process of Dohsa-hou.

During the development of Dohsa-hou, Konno (1978, 1990, 1992) demonstrated that this method was effective for developing self-control skills (such as controlling inattentive, impulsive, and hyperactive behaviors) in children with attention deficit hyperactivity disorder (ADHD). He also found that Dohsa-hou could alleviate anxious, avoidant, and stereotypical repetitive behaviors, and facilitate communication skills in children with autism spectrum disorder (ASD).

These successful findings by Konno (1978) encouraged other researchers to try new ventures in the field of psychotherapy. Among their attempts was a therapeutic approach for clients with schizophrenia (Kamohara, Sasaki, & Saito, 1980; Tsuru, 1982). Then, Shimizu (1987) found a clear therapeutic effect on clients with neurosis and depression. These results stimulated various kinds of therapeutic trials for clients with neurosis, mental disorders, or behavior disorders. Fujioka and Naruse (1986) reported a notable therapeutic effect on clients with anxiety neurosis. Kubota (1991) tried Dohsa-hou successfully for clients with obsessive-compulsive disorder.

Dohsa-hou has been applied as a teaching method for the curriculum of the Jiritsu Katsudo (independent activities) in special support education schools. Originally, Dohsa-hou was used as rehabilitation program for children with physical handicap. However, as the effects of Dohsa-hou on enhancing self-control abilities in children with ASD or ADHD were demonstrated, the use of Dohsa-hou expanded into the special needs education school for the mentally handicapped and emotionally handicapped.

Presently, Dohsa-hou is recognized as an effective body-oriented psychotherapeutic approach and two academic journals on Dohsa-hou have been published: The Journal of Rehabilitation Psychology and The Journal of Clinical Dohsalogy. The former is mainly concerned with basic research on the psychotherapeutic mechanism of Dohsa-hou, while the latter is primarily dedicated to clinical application studies.

Psychological Structure of the Dohsa Process

As mentioned above, dohsa is a psychic activity of goal-directed striving to accomplish a particular pattern of bodily movement that coincides with the
intended pattern of motion. That is, dohsa is an individual self-control activity of his/her bodily-motion, executed in the following process: intention → striving → body movement. The purpose of Dohsa-hou is to help the client to experience his/her body as his/her own, to grasp his/her body map more clearly and discover his/her mind-body as connecting harmoniously, and to recognize himself/herself as striving to execute a particular motor activity (Naruse, 1997). To realize the intended pattern of motor activity, the client has to suitably manage and control his/her movements throughout the Dohsa process, in which the following two kinds of sensation/information are important to accomplish a mind-body activity: the first is his/her own striving to bring about the pattern of body movement, as the feedforward information (dohsa sensation), and the other is a recognition of real bodily movement as the effect of his/her own efforts, which is the feedback information (undoh sensation).

**Dohsa Tasks and Experiences in Dohsa-hou**

The therapeutic task of Dohsa-hou comprises three components: relaxation of bodily tension, volitional control of bodily movement, and postural control in sitting or standing.

**Bodily Relaxation**

According to Naruse (1997), the purpose of relaxation is to eliminate unsuitable muscular tension that disturbs the intended pattern of bodily movement. There are two types of relaxation: one involves the direct relaxation of muscular tension in a particular part of the body, and the other is indirect relaxation, which accompanies trying to move the targeted part of the body. Bodily relaxation improves body-image and enhances the harmony between mind and body.

Muscular relaxation increases sensitivity to bodily processes as well as improving body image. The term body image refers to the body as a psychological process and focuses on an individual’s feelings and attitudes towards his/her own body. One experience contributing to the improvement of body image is an awareness of the sensation produced by muscular tension-relaxation. By perceiving the differential sense of muscular activities, one can recognize their body as his/her own, and in turn, realize a harmonious relationship between mind and body.

**Bodily Movement Control**

In Dohsa-hou, the most important role of the therapist is to help clients strive to accomplish the imposed dohsa (movement) task, and in turn, to enable the client to have a therapeutic experience, which is developed in the process of striving to perform the dohsa task. The bodily movement control task involves moving a specific body joint, such as bending an elbow, stretching a knee, and trying to move an arm or leg.

Naruse (1982) proposed a schematic relationship between mind (self) and body while executing motor activities. According to this scheme, the body-self and self-body are connected by two kinds of sensations: the dohsa sensation and the undoh sensation. The body-self is defined as a part of the self that relates to bodily activities. On the other hand, the self-body, which is somewhat identical to body image, is defined as the part of the body that is experienced by an individual. The dohsa sensation corresponds to the efferent information that conveys the motor intention to the body to accomplish a particular bodily movement, while the undoh sensation refers to feedback information provided by a particular bodily movement. These two sensations play an important role in realizing a stable and well-functioning relationship between mind and body while executing a particular bodily movement.

While performing the dohsa task, the client is asked to move a particular part of the body without inadequate muscular tension. While performing these planned movements, the client can experience the sensation of striving to make a motor pattern in accordance with his/her own intentions.

When the client tries to accomplish a given dohsa task with conscious or non-conscious striving based on the dohsa and undoh sensations, the striving makes him/her aware of his own dohsa experience. This kind of here and now awareness is characterized as a dohsa experience that includes the following types; one type is “directly” related to the task of striving to move the body and an awareness of the body’s tension and pattern of movement. For example, the client is aware of his/her attention to the bodily sensation, senses the targeted part of the body, experiences the body’s tension and motion, recognizes the self-striving for dohsa, experiences the reality of testing and monitoring the motor task, controls the sensation of dohsa, and so on.
Another dohsa experience is accomplished by the task striving itself. This type of dohsa experience includes (a) the experience of basic dohsa and (b) living experience of the environment. The experience of basic dohsa is, for example, when the client is aware of tension or relaxation in the body, experiences the self-body as a physical entity, senses how to hold the posture, senses the body’s pattern of motion, is aware of managing the self-body and body axis, senses the maintenance of the posture, or feels free and flexible while controlling every part of the body as an integral whole. Living experience of the environment is believing in reality and self-existence, self and self-body imaging, and the sensation of promoting purpulive behavior.

Task of Postural Control (“Tate-system training”)

The postural control task comprises of holding the body upright to stand straight while avoiding inadequate postures, such as humpback, bending the body backward, and so on. The task of the body axis is to flexibly and freely manage the body axis according to the client’s intention and ability. Based on the experience of the sensation of a stable body axis, the sense of an existing self emerges. That is, the body axis seems to integrate all parts of his/her body into a whole body system, functioning as a basis for accepting and perceiving the outer world, and acting on the environment through his/her own body.

The major goal of the Tate-system training (tate means vertical in Japanese), is for the client’s body axis to stand on the ground and become more clear, secure, soft, and flexible in everyday life. The experience of stepping firmly on the ground improves the sense of stability in mind and body, similar to mindfulness attitudes (Konno & Yoshikawa, 2005, 2008), and also facilitates positive affective/cognitive attitudes toward self, others, and the outer world (Konno, 1997a).

Bodily and Living Experiences

As indicated by Naruse (1997), through a dohsa task the client can experience (a) body awareness of tension and relaxation; (b) sensation of self-body (accepting body as his/her own entity, recognition of body parts for movement, cognition of self-body as a physical entity); (c) awareness of monitoring the dohsa pattern (striving to realize an internal motor pattern according to a given dohsa task, a feeling of reality through testing the actual motor pattern of self-body, awareness of striving for self-adjustment to accomplish the intended motor pattern of body); and (d) sense of the self-body axis and conscious striving to hold the self-body vertically on the ground.

Based on these bodily experiences, a change of living experience is facilitated, such as (a) self-awareness (feeling of one’s self, self-activity, self-existence, stability of self), (b) belief in reality, and (c) adequate self and self-body image and emotional stability.

Arm Raising Control Training

“Training to control the raising of the arm” (the arm-raising control) was developed by Konno (1978, 1990) for children with developmental disabilities, such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). In particular, since children with ASD have difficulty controlling their bodily processes since early childhood, they hardly accept their body as part of themselves, and fail to develop adequate awareness of bodily sensations. They suppress bodily processes or escape from their own bodily experiences to avoid suffering from negative bodily sensations. However, as the defense mechanism grows, they come to feel their own body as alien to themselves. Consequently, they fail to establish bodily identification or a body image, which is an integral construct of self-identification.

Konno (1992) indicated that the process of arm-raising control for children with ASD and ADHD generally comprised of the following four steps. The task at the first step is establishing therapeutic rapport between the client and the therapist, in which the client begins to accept the dohsa task given by the therapist. The client can experience the sensation of task striving in cooperation with the therapist, and perform the dohsa task successfully. The aim of the second step is to establish abilities to control muscular tension-relaxation and to enhance the awareness of bodily processes. When the client focuses his/her attention during relaxation on his/her bodily tension, he/she can perceive positive bodily sensations, such as warmth and expansion at those places, instead of negative sensations, such as pain and strain. During the process of successfully performing dohsa tasks, the client is able to clarify, stabilize, or verify his/her experience that is directly related to the tasks.

At the third step, the therapist helps the client to reorganize body-schemata, which are conceived as
playing an important role for establishing self-active motor actions, which the client uses to relate to himself/herself and the environment. This step is a favorable opportunity for the client to master, not only the appointed tasks, but also various patterns of dohsa. As the repertoire of various dohsa tasks expands, the client can experience proper ways of striving for basic dohsa, which is common in every type of dohsa.

The aim of the fourth step is to establish self-control of mind and body and to integrate the relationship between mind and body into a highly organized state, in which the client experiences his/her mind and body functioning together in harmony. Based on these experiences, the client can establish a sense of stability in mind and body. This step is characterized by liberation, living experience, and integration. Leaving or liberating himself/herself from the tasks appointed by the therapist, the client becomes able to strive or behave freely according to his/her own intentions. As these dohsa steps progress, the client advances in living experiences, especially in self-awareness, belief in reality, and establishing a self-image based on a well-functioning self-body image.

Newly Developed Versions of Dohsa-hou

Several Issues Regarding Dohsa-hou

As mentioned earlier, Dohsa-hou was derived from the study of hypnotic suggestion for improving self-control over bodily movement for clients with cerebral palsy. A client with cerebral palsy has difficulty controlling bodily movements because of chronic bodily tension and inadequate muscular tension associated with his/her intention and striving while performing bodily movement.

Naturally, at the beginning of the development of Dohsa-hou, the therapeutic goal was to provide the client with comfortable and harmonious experiences between mind and body, which result in genuine self-control over his/her mind-body processes. Therefore, the suggestions or instructions to the client were “Do not work hard to relax your bodily tension,” or “Move your body softly and gently without any specific striving.” Under these therapeutic suggestions, the client was able to manage his/her bodily tension and control bodily movement. However, shortly after, the therapeutic procedure change to include instructions such as “Work hard to move” or “Relax your bodily tension to match your abilities.” For example, in the traditional relaxation techniques of Dohsa-hou, the therapist works mainly to help the client to strive to relax his/her body parts. The goal of the process is for the client to strive to move his/her own body. Consequently, a special emphasis is placed on the client’s striving or effort, and he/she is forced to perform dohsa tasks imposed by the therapist. In fact, the method of relaxation was passively oriented.

Recently, such a traditional stance has been reviewed from the viewpoint of the client’s authentic experience of his/her own mind and body and, consequently, several methods or approaches have been devised, such as self-active relaxation therapy (SART) and the Tokeai-dohsa method.

Self-Active Relaxation Therapy (SART)

In traditional Dohsa-hou, as mentioned above, a passive relaxation technique is often used, in which the therapist imposes dohsa tasks while the client receives the tasks passively. Therefore, active relaxation, in which the client can actually feel the difference between tension and relaxation, is needed. Thus, Ohno, Dadkah, Noi, and Ohzuru (2004), and Ohno (2005) have developed the “Self-active relaxation therapy (SART)” technique, which was developed to enable the client to recognize the sensation of self-striving. In SART, the therapist helps the client to process planned experiences, facilitate an awareness of bodily movement patterns, and experience positive bodily changes.

According to Ohno et al. (2004), in SART, the focus is on recognizing and sustaining the client’s authentic sense of bodily well-being, which is composed of harmoniously connected mind-body sensations. SART heightens emotional well-being and mental clarity, such as greater physical, mental, and energetic awareness, through the following techniques: breathing and movement practices, mindfulness and self-awareness techniques, and relaxation or self-relief techniques.

Tokeai-dohsa Method

Naruse (1997) insisted on self-striving in Dohsa-hou. On the other hand, he also proposed the omakase experience as another important therapeutic factor in Dohsa-hou. Omakase in Japanese means to entrust one’s body and mind to someone during deep relaxation. A Dohsa-hou therapeutic session
Psychotherapeutic Approach of Dohsa-hou in Japan

is very suitable to facilitate an omakase relationship between the client and the therapist, in which the client is able to actively accept the therapeutic task with help from the therapist, similar to a hypnotic trance-induced rapport. Under this condition of therapeutic rapport, the client is able to accept even subtle communication signs from the therapist, and becomes able to entrust his body and mind to the therapist. Moreover, at the same time, the client can leave his/her non-conscious activity and mind to himself/herself. Through an omakase experience, the client comes to experience important messages from the non-conscious activity of his/her own body, and can work on his/her body and manage the non-conscious activity itself.

Based on omakase experiences, Konno (1991, 1997a, 1998, 1999, 2005) has developed a new method called the Tokeai-dohsa method, with an experience of a melting sensation. The Tokeai-dohsa method emphasizes the sensation of a comfortable and harmonious mind-body connection, mindfulness in which negative affective/cognitive attitudes towards self, others, and his/her environment can be relieved, and the shared good experience between the therapist and the client, resulting in excellent therapeutic rapport. The Tokeai-dohsa method can be used to help a wide spectrum of the population, from infants to the elderly, as well as individuals with and without handicap. Therefore, this method is considered a universally designed Dohsa-hou.

The procedure of the Tokeai-dohsa method is as follows. The therapist presses the client on his/her body, on such regions as the head, shoulders, back, waist, and feet, with soft pressure for four to five seconds. Then, the therapist releases the pressure slowly for five to six seconds while keeping his/her palms in contact with the client’s body. While releasing the pressure, the client can experience the following sensations: (a) warmth at the shoulder, (b) stretching at the shoulder, (c) the shoulder becoming lighter, (d) warmth at the waist, (e) the waist moving smoothly without inadequate tension in other parts of the body, (f) stretching at the ankle and thigh, (g) the ankle moving by itself, and (h) the sense of standing firmly on the ground.

In addition, while releasing the pressure, both the therapist and the client can share good bodily sensations such as the sense of warmth, the sense of relaxing bodily tension, the sense of moving body, and the sense of synchronizing breath with each other.

Based on the joint experience of these bodily sensations, a therapeutic rapport can be established between them (Konno, 1998). For example, children with ASD, who have difficulties accepting their bodily sensations since early childhood because of their hypersensitivity to internal and external stimuli, can establish a “body-experience based joint attention” between the therapist and the client (Konno, 2003).

Future Direction of Dohsa-hou

Dohsa-hou is still developing as a psychotherapeutic approach, and recently, new procedures or methods have been developed in Japan. In addition, the linkage with psychotherapeutic approaches continues, particularly with cognitive behavior therapy (Konno, 1997b, 1999; Miyoshi & Iwai, 2014). Since the late 1990s, the mindfulness based cognitive behavioral approach has been developed as the third generation cognitive behavior therapy. According to Kabat-Zinn (2003), mindfulness is defined as “awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the experience moment by moment.” Mindfulness can be cultivated through the practice of relaxation, body-scan, breathing meditation, and metaphor. These practices need cognitive skills such as attentional skills, meta-cognitive skills, and imagery skills. On the contrary, Dohsa-hou based mindfulness does not necessarily depend on those skills, but mainly rely on the sense of harmonious mind-body connection and comfortable mind-body states. Therefore, Dohsa-hou based mindfulness can be cultivated in children and elderly people who do not have enough ability to use those cognitive skills.

Recently, Dohsa-hou based mindfulness is successfully applied to alleviate emotional distress derived from traumatic experience (Odajima, Yoshizawa, & Ohara, 2006; Konno & Yoshikawa, 2012, 2013, 2014; Oda, 2014). Dohsa-hou based mindfulness is also effective for elderly people to reconsider his/her painful experience of the past under nonjudgemental attitude and to create reorganized narratives (Konno & Yoshikawa, 2007, 2011). In addition, Dohsa-hou based mindfulness was successfully applied to a high risk mother of child abuse, in which she could accept distress brought about her own abused experience,
and eliminate transgenerational transmission of child abuse (Yoshikawa & Konno, 2008).

In the future, it is expected that several procedures or methods of Dohsa-hou will be integrated to develop a more effective and excellent mind-body-oriented psychotherapeutic approach.

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