The Development of Japanese Body Psychotherapy

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ABSTRACT

This article aims to introduce the development of Japanese body psychotherapy by focusing on Dohsa-hou, an original Japanese psychotherapy created by Gosaku Naruse. First, this article introduces psychotherapy in Japan, including the licensing of clinical psychotherapists and mainstream psychotherapy in Japan. Second, it introduces body psychotherapy, prominent psychotherapists, and people's acceptance of touch in Japan, while comparing Western and Eastern cultures and psychotherapy. In addition, the article shows how Dohsa-hou has been developed in the fields of children with disabilities, by practicing Dohsa training, and people with mental illnesses by using clinical Dohsa-hou. Next, the authors discuss some issues as a Dohsa-hou therapist, current topics in Japanese mental health amid the COVID-19 pandemic, such as "depressed mood brought on by stress from quarantine" and "quarantine fatigue," and the possibilities of online Dohsa-hou. Last, a proposal is made for the future of psychotherapy. The spread of Dohsa-hou will be significant for the development of body psychotherapy in Japan.

Keywords: body psychotherapy, Japan, Gosaku Naruse, Dohsa-hou, Dohsa training, clinical Dohsa-hou

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> ***Dohsa-hou is not the integration of mind and body, which are separate, but the harmony of mind and body through the transformation of the movement that embodies the mind and body.***

In Japan, there are two qualifications for psychotherapists. One is for clinical psychologists, which requires a master's degree to take the examination set by the Foundation of the Japanese Certification Board for Clinical Psychologists. The Foundation has qualified 37,249 clinical psychologists since the first clinical psychologist qualified in 1988. The other qualification is for certified public psychologists. Japan's first national qualification for psychologists was formalized in 2018. University graduates are qualified to take the exam, depending on their curriculum. As of 2020, there have been 43,720 successful applicants for the license.

Mainstream Japanese psychotherapy is based on a client-centered approach and psychoanalysis. More recently, cognitive behavioral therapy (CBT) and mindfulness have been attracting attention in terms of evidence. However, therapists tend to practice psychotherapies with unclear supporting evidence because most rely on traditional psychotherapy, and do not always actively examine the clinical evidence. Other therapists use behavioral therapy, art therapy, sandplay therapy, play therapy, hypnotherapy, brief therapy, transactional analysis, family therapy, Gestalt therapy, and EMDR (eye movement desensitization and reprocessing therapy), etc. Hayao Kawai, an esteemed Japanese psychologist, introduced Jungian psychology to Japan, and developed sandplay therapy and dream analysis. Some therapists also practice Morita therapy and Naikan therapy, which are original forms of Japanese psychotherapy.

The number of members in the major Japanese psychotherapy and body-oriented psychotherapy organizations may be some-

what helpful in understanding the actual situation of psychotherapy in Japan (Table 1). These data were obtained from the organization directory by using the Science Council of Japan's search engine on March 22, 2021. The Association of Japanese Clinical Psychology is the largest organization in the field of clinical psychology with 29,227 members, including both clinical psychologists and graduate students studying clinical psychology. Table 1 shows that the Japan Psychoanalytical Association, with 2,939 members, is the largest organization. The Japanese Association for Cognitive Therapy has 1,700 members, followed by the Japanese Association of Rehabilitation Psychology (JARP) with 1,050 members. The Association of Japanese Clinical Dohsalogy (AJCD), which is based on Dohsa-hou, and the Japanese Society of Autogenic Therapy and the Japan Association of Jungian Psychology, are similar in size, with less than 1,000 active members each. The Japan Dance Therapy Association is the smallest professional body, with 230 members.

Table 1 *Main Japanese organizations, the year of establishment and number of members*

The name of organization	Year of establishment	Number of members	Year updated
The Association of Japanese Clinical Psychology	1982	29,227	2021
The Japan Psychoanalytical Association	1955	2,939	2021
The Japanese Association for Cognitive Therapy	2016	1,700	2020
The Japanese Association of Rehabilitation Psychology	1976	1,050	2018
The Japanese Association for Humanistic Psychology	1982	918	2021
The Japanese Society of Autogenic Therapy	1978	763	2020
The Japan Association of Jungian Psychology	2012	693	2020
The Association of Japanese Clinical Dohsalogy	1993	685	2019
The Japan Dance Therapy Association	1992	230	2020

Note: Year updated means the total number of members in the year

Many psychotherapists practice an eclectic psychotherapy integrating approaches from various schools. This may be due in part to the unique approach to religion in Japan. The Japanese do not have a deep commitment to any particular religion, but tend to accept many religions. Since ancient times, a worldview that eight million deities (*yaoyorozu no kami* in Japanese) reside in all aspects in nature and the whole of creation (*shinrabansho* in Japanese) – a form of animism – took root in Japan's ancient Shinto religion. The Japanese also practice a variety of religions, depending on the season or event. For example, during their New Year's visits to shrines, they prefer to pray to a Japanese *kami* for their health and happiness in a Shinto shrine, and do the same in front of Buddhist statues in a temple. Christmas is not a religious rite, but an event similar to a festival, and many Japanese couples prefer to hold wedding ceremonies in a Christian style. This flexible acceptance to national and international sources may have led to the practice of eclectic psychotherapy.

Body Psychotherapy in Japan

Before introducing body psychotherapy in Japan, it would be helpful to share the author's understanding of the differences between body psychotherapy in Europe and the United States as compared with Japan. Western body psychotherapy categorizes humans as having physical, emotional, cognitive, and spiritual components, and therapy's goal is to integrate these through therapy. In the background, Christianity and mind-body dualism have been influential, and the words "body," "psycho," and "therapy" might reflect the view that the mind, which belongs to God, and the instinctive body, are two different things. In recent years, mindfulness and the Hakomi method were derived from Buddhism, and influenced by Eastern thought. Mindfulness was reimported to Japan as a form of CBT, although it was developed in the West by adopting meditation that originated in the East; it emphasizes a state of being that is similar to "acceptance of life as it is" (*arugamama* in Japanese) from Morita therapy in Japan.

On the other hand, there is a Japanese Buddhist concept of "*shin jin ichi nyo*" (身心一如 in Chinese characters), which means "body as one." This concept has led to the development of psychosomatic medicine. However, it is difficult to treat the mind and body as one, and the only way to approach treatment is to treat the mind and body separately. Therefore, Naruse focused on Dohsa as a phenomenon that can be treated scientifically as a true unity of body and mind. Therefore, the goal of Dohsa-hou is not the integration of mind and body, which are separate, but the harmony of mind and body through the transformation of the movement that embodies the mind and body. For that reason, Dohsa-hou does not fit into the category of body-oriented psychotherapy.

The difference in treating the mind and body in the West and the East is reflected in psychological theories. For example, Stern (1985) introduced the mind-body monism perspective to psychoanalysis, partially to developmental stage theories, and proposed the concept of a self-sense that includes the body. More recently, in philosophy, Gallagher (2000) also emphasized the body's role, and proposed the concept of self-consciousness, which he defined as consciousness of external and internal worlds related to self-awareness. Having taken a mind-body dualistic view of humans, he proposed two concepts in self-consciousness: the sense of self-agency (i.e., that one is causing actions and thinking) and the sense of self-ownership (i.e., the sense that contributes to a sense of self and a developmental bias for psychological identity). In contrast, Dohsa-hou proposes a theory for harmonization of body and mind and regards human movement as a means to harmonize the body and mind. In Japanese, Dohsa refers to a holistic process of movements that includes physiological and psychological processing associated with the body's motor activity.

Dohsa-hou is the most popular form of body psychotherapy in Japan. Dohsa-hou has been widely applied to children, elderly people, and those with mental illness. Other psychotherapists have used autogenic therapy, progressive muscle relaxation, and some clinicians have practiced dance therapy. As for body psychotherapies imported from other countries, most Japanese clinical psychologists do not know them well and do not actively practice them.

Autogenic Therapy

Autogenic therapy was systematized by Schultz, a German psychiatrist, in 1932. It is a method to restore balance in the autonomic nervous system by relaxation through self-hypnosis, and is used to treat insomnia, anorexia, and other imbalances. In clinical practice, the psychotherapist asks the client to close their eyes and states the background instruction, such as "You are completely calm," then gives six instructions to the client in order. For instance, in the second statement, the psychotherapist asks the client to focus attention on their arms and repeat "Your arms are very heavy." The goal of autogenic therapy is to bring deep relaxation and reduce stress. The Japanese Society of Autogenic Therapy was established in 1978.

Progressive Muscle Relaxation

This relaxation method was created by Jaobson as a method for stress relief and a treatment for neurosis. In its simplest form, clients start with one part of the body, tense the muscles in that part for about 10 seconds, and then relax those muscles all at once to experience the release of tension. There is no society associated with this therapy in Japan.

Dance Therapy

This is a therapeutic method that approaches the body and mind through movement to promote emotional, social, cognitive, and physical integration. It is a form of art therapy that originated in the United States in the 1940s and was developed by incorporating developmental psychology, psychoanalysis, and movement analysis methods. The Japan Dance Therapy Association was founded in 1992, and its advisor is Sharon Chaiklin, a former president of the American Dance Therapy Association.

Dohsa-hou

Naruse developed Dohsa-hou in two ways, namely, Dohsa training and clinical Dohsa-hou. Dohsa training has been practiced on children with cerebral palsy, and intellectual and developmental disorders, while, clinical Dohsa-hou is practiced on patients with mental health disorders. He established the Japanese Association of Rehabilitation Psychology (JARP) in 1976, and the Association of Japanese Clinical Dohsalogy (AJCD) in 1993.

Psychotherapists who Developed Japanese Body Psychotherapy

One of Japan's most renowned psychological clinicians, Naruse (1924–2019), was the founder of Japanese psychotherapy (Dohsa-hou) and the first president of the Association of Japanese Clinical Psychology, JARP, and the AJCD. He was also the first clinical psychologist and an honorary professor at Kyushu University. He developed clinical psychology in Japan and had a close relationship with Milton H. Erickson through studies and practice in hypnosis. In addition, he introduced and spread Schultz's autonomous training method and hypnosis in Japan.

Mitsuyo Tsuru is a disciple of Naruse and a professor at the Tokyo University of Social Welfare. She also served a term as president of the Association of Japanese Clinical Psychology and is president of the AJCD and on the JARP's board of directors. She had devoted herself to nationalizing psychological jobs. In the clinical field, she developed Dohsa training for handicapped children into clinical Dohsa-hou as a form of psychotherapy.

The fact that both Naruse and Tsuru have served as president of the largest Japanese Society of Clinical Psychology is proof that Dohsa-hou is highly regarded as a body psychotherapy, even though it is not practiced in mainstream Japanese psychotherapy.

Dohsa-hou

Autogenic therapy, progressive muscle relaxation, focusing, and dance therapy are psychological approaches that focus on bodily sensations, and are treatment modalities that have been imported from Western countries. On the other hand, Dohsa-hou is an original Japanese body psychotherapy that emphasizes the harmony of mind and body, as described in Section 2 (Body psychotherapy in Japan), rather than the relaxation effects of movement. It is a unique Japanese idea that movement (*dohsa* in Japanese) itself cannot be done unless the mind and body are working harmoniously at the same time. Therefore, this section focuses on Dohsa-hou.

In the mid-1960s, Naruse et al. found that hypnotherapy is effective in improving the movement disabilities of people with cerebral palsy (Imura et al., 2015). This led Naruse to develop Dohsa-hou as Dohsa training. He focused on the subjective experiences that occur when people try to control their body movements. Dohsa training is effective as a nonverbal approach for children with severe disabilities who have difficulty understanding language. In addition, Dohsa trainers have accumulated clinical experience with children with Asperger's syndrome, who have difficulty empathizing with others. Dohsa training was then applied to patients with schizophrenia in the 1980s and has subsequently been developed as clinical Dohsa-hou. Tsuru further accelerated clinical practice and studies on patients with schizophrenia, and explored the effects of Dohsa-hou on that population.

Thus, Dohsa-hou is not only effective in developmental support for children with disabilities who have difficulty in verbal interaction, but it is also effective for patients with severe schizophrenia who have not had success with verbal psychological approaches. In this way, clinical Dohsa-hou has contributed to the development of Japanese clinical psychology. In a clinical Dohsa-hou session, the therapist focuses on the tension and discomfort in the client's movements and posture, then sets movement tasks such as the shoulder-raising task, arm-raising and -lowering task, or stepping task accordingly. Simultaneously, therapists emphasize the experience that occurs in the sequence of the client's intention, effort, and execution of the body movement. In addition, the clinical Dohsa-hou effects that therapists can easily perceive in the client's movement experience with their hands (movement empathy), makes it easier to have an empathic relationship with the client than through verbal counseling.

However, the most characteristic feature of clinical Dohsa-hou is that it enhances clients' agency and their independence. It also brings about psychological change and ameliorates psychological symptoms. Previous studies have shown that clinical Dohsa-hou brings about psychological changes that are different from those of derived from exercise, such as stabilizing emotions, reducing stress responses, and changes in experiencing behavior, emotions, attention, and effort, in addition to the psychological effects of the short-term intervention. With these changes, it harmonizes body and mind, by for instance, improving various physical disorders, or stiff shoulders and back pain.

Japanese Educational Programs for Body Psychotherapy

There is no specialized university course to train in body psychotherapy because the Japanese curriculum covers a wide range of different psychotherapies. However, some universities offer Dohsa training lectures as part of their undergraduate teacher training programs for working with children with disabilities. Some of these classes fulfill some of the requirements for certification by JARP as Dohsa trainers.

The academic societies have training programs for therapists, and certifications for qualification. For example, JARP certifies Dohsa trainers and the Dohsa training of supervisors. In clinical Dohsa-hou, AJCD verifies the certified Dohsa-hou therapist, the certified clinical Dohsa-hou therapist, and the certified clinical Dohsa-hou instructor. Although JARP and AJCD are not members of the European Association for Body Psychotherapy (EABP), Yasuyo Kamikura and Ryozo Shimizu, board members of the JARP, AJCD, and the Association of Japanese Clinical Psychology, have given presentations at EABP congresses, and published a review in *International Body Psychotherapy Journal* (IBPJ). Additionally, the author has volunteered to translate *IBPJ* abstracts into Japanese.

Other private organizations, like BIO Integral Psychotherapy School (BIPS), which are members of the EABP, have training courses in biodynamics, bioenergetics, etc., and certify body psychotherapists as EABP-certified. BIPS welcomed Rubens Kingnel as the main director and has invited guest trainers, such as Clover Southwell, Francois Lewin, Achim Korte, Michel Coster Heller, Liane Zink, Maurizio Stupiggia, and Madlen Algafari (the editor-in-chief of *IBPJ*).

Touch

In Japan, touch is not common, and people usually maintain a specific distance from others and usually bow when greeting others. They do not hug, shake hands, or kiss, because physical contact in public is considered immodest. In recent years, the word "healing"

has become common, and people like to have massages to alleviate daily physical and mental fatigue. Practices of oriental medicine – for example, bone setting, acupuncture, and moxibustion – have become accepted as treatments that include physical contact. Therefore, judo therapists and practitioners in acupuncture and moxibustion are nationally qualified.

On the other hand, physical contact in psychotherapy is not common. In Japanese clinical psychology, client-centered therapy and psychoanalysis have been around for a long time, so trainee therapists learn these therapies to acquire therapists' basic attitudes and psychotherapy skills. Therefore, most Japanese therapists tend to consider physical contact as taboo, because they believe touching would affect the transference and countertransference associated with psychoanalysis. Consequently, body psychotherapy is not mainstream in Japan. Dohsa-hou places importance on the fact that clients move their own bodies with intention and effort. However, since Dohsa-hou involves physical contact, some psychotherapists often incorrectly see the physical contact as having the same effect as that of a massage, such as the warmth of touching the body. These misconceptions are often deep-rooted; until recently it was difficult for experts to understand Dohsa-hou.

Some Issues as A Dohsa-hou Therapist

Although Dohsa-hou has shown its effectiveness in clinical practices and studies, other therapists tend to regard it as exercise therapy, not as psychotherapy. Therapists in other disciplines have difficulty understanding the psychological processes that occur in Dohsa-hou sessions because Dohsa-hou's interventions are unique, and its technical terms are difficult to understand. These issues make it difficult to further disseminate Dohsa-hou.

Issues Relevant to Japan's Needs Today

Current issues facing the Japanese population include how to support their mental health during the COVID-19 pandemic. The Japanese government has declared a state of emergency a few times, although it has not imposed a lockdown with legal restrictions, as have some foreign governments. In April 2020, the Japanese government declared a month-long state of emergency for Tokyo, Osaka, and five other prefectures, and made an appeal to limit going out, promote teleworking, and temporarily close schools as well as some stores, cinemas, theaters, and live music venues. Furthermore, universities and technical schools closed voluntarily, and prohibited students from attending class. After the declaration of the state of emergency was lifted, elementary, junior high, and high schools opened their doors, while most university campuses remained closed until the fall of 2020.

As a result, people felt stressed as they were forced to adapt to the new lifestyle. At that time, the Japanese media created new Japanese words: *corona utsu* (depressed mood brought by stress from quarantine) and *jisyuku zukare* (quarantine fatigue). In addition to these issues, there are ongoing problems of isolation associated with self-restraint, and university students' loneliness and anxiety caused by online classes and university closure. Aside from these, teleworking brought physical and mental problems for some employees. As for the elderly, refraining from participating in daycare services led to a decline in physical function and a progression in dementia. Therefore, Japanese clinical psychologists should provide immediate support through contactless methods, or by using online systems.

However, Japan has been slow to introduce and practice online counseling via Zoom or Microsoft Teams, etc. due to certain research and clinical factors. First, research on the effectiveness of online counseling has not been sufficiently advanced in Japan, and nearly all clinical psychologists have a common belief that face-to-face counseling is more effective than online counseling to support clients. Second, many psychotherapists are skeptical about psychological transformation occurring in a virtual space such as that of online counseling. Third, they are concerned that clients' confidentiality might not be adequately protected in online counseling.

On the contrary, recent Japanese studies have shown that face-to-face and online methods have almost the same effect on reducing stress reactions. Murase (2006) reported that there was no difference in reducing anxiety between face-to-face and online counseling for healthy people. In the body psychotherapy field, Kamikura and Shimizu (2020) showed that face-to-face Dohsa-hou and online Dohsa-hou via Zoom had almost the same effect in reducing stress responses, including, irritability, depression, anxiety, and helplessness among adolescents. In addition, it is noteworthy that different counseling styles led to different outcomes for adolescents. Kamikura and Shimizu (2020) reported that online Dohsa-hou was more effective in improving physical stability than face-to face Dohsa-hou, whereas, face-to face Dohsa-hou was more effective in increasing a sense of authenticity compared to online Dohsa-hou. Specific counseling situations may have led to these findings. In online Dohsa-hou, participants could pay attention to themselves deeply without being distracted by the surroundings or noise, so that may have affected the semi-conscious and unconscious, and increased the sense of physical stability.

The Future of Body Psychotherapy in Japan

It is important to make professionals, clients, and the public more familiar with Dohsa-hou, so that body psychotherapy can be practiced more widely. First, we need to explain to psychologists and clients that Dohsa-hou

is not a form of exercise, but a form of psychotherapy. Then, we need to present simple terms to explain the process of psychological transformation that occurs through movement tasks. Additionally, it is important to promote evidence-based empirical research, and to build theories that include findings from other psychological fields. As for the preconceived notion that Dohsa-hou is not good for the relationship between psychotherapist and client because it uses touch, the best way forward would be to develop a method to practice online Dohsa-hou and non-touching Dohsa-hou and accumulate evidence on these modalities. If Dohsa-hou were to be used more widely for the mental health maintenance of healthy people and the treatment of mental health disorders, other types of body psychotherapy will also expand in Japan.

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