Subjective experience of *Dohsa-hou* relaxation: A qualitative study

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Abstract

The body is an important aspect of the psychotherapy process, having substantial links with the development of psychological functions. This study aims to describe and categorize the subjective experiences of *Dohsa-hou* relaxation. Twenty university students participated in this study. Participants received three *Dohsa-hou* relaxation sessions and were interviewed after each session. Interview data were analysed using content analysis, and the responses were segregated into categories. Reported experiences changed over the three sessions, with some participants reporting subjective changes in their daily lives. Through *Dohsa-hou*, participants eased their unintended tension and became more aware of their bodily feelings. These findings further contribute to understanding the changes in body awareness and subjective experiences.

Keywords: body awareness, *Dohsa-hou*, relaxation, body-oriented psychotherapy, bodily feeling

Introduction

The body is an important aspect of the psychotherapy process and has substantial links with the development of ego function, recognition of the external world, and foundation of psychological boundaries and early body image. The body plays an important role in attuning to the level of somatic affective communication in infancy and childhood (Athanasiadou & Halewood, 2011). Feelings and thoughts are located in the body and lead to individual understanding, emotional response, and behaviour. In recent years, bodily feeling has been used in various therapeutic interventions, including mindfulness training in cognitive behaviour therapy (Teasdale, Segal, & Williams, 1995), sensorimotor psychotherapy for patients with post-traumatic stress disorder (Fisher & Ogden, 2009), body awareness therapy for psychiatric patients (Gyllensten, Hansson, & Ekdahl, 2003), and *Dohsa-hou* (Naruse, 1997).

Body-oriented treatments combine sensory awareness and emotional experiences through therapeutic communications (Röhricht & Priebe, 2006). In body-oriented therapies, the body is the key component to understanding the problems and therapeutic processes. These therapies emphasize maintaining balance by integrating mind and body (Payne & Stott, 2010). The body reacts to physical and psychological strain in a way affecting respiration, muscle tension, flexibility, posture, and body awareness (Levy Berg, Sandahl, & Bullington, 2010). Clients learn how to focus on their body's responses and become increasingly aware of their physical and psychological experiences (Fisher & Ogden, 2009).

Awareness of physical sensations associated with emotions is a key element of self-regulation and sense of self (Damasio, 2003). Body awareness consists of multidimensional aspects and involves attention focused on the body and an internal awareness of bodily sensations (Mehling et al., 2009). Mehling et al. (2011) defined body awareness as a 'subjective, phenomenological aspect of proprioception and interoception that enters conscious awareness and is modifiable by mental processes including attention, interpretation, appraisal, beliefs, memories, conditioning, attitudes, and affect.' Accordingly, body awareness includes a subjective sense of physical responses, and it can be changed

through psychological progress. In recent years, body awareness has increasingly been mentioned in body-oriented psychotherapeutic methods, and other psychotherapeutic approach. Mindfulness based stress reduction and cognitive therapy is mentioned the importance of mindfulness, it is considered as a kind of non-judgemental adaptive body awareness from body psychology perspective. Body and self-awareness are considered essential components for developing the therapeutic process in body-oriented psychotherapeutic approaches (Röhricht, 2009). A recent review of muscle relaxation therapy concluded that its effectiveness is not simply explained by a decrease in elevated physiological activation (Conrad & Roth, 2007), suggesting that other psychological processes are at work, which lead to a reduction in distress. Therefore, an improvement in psychological state is considered to be accompanied by body-related psychological changes.

Dohsa-hou

Dohsa-hou is one of the Japanese body-oriented psychotherapies that use body movement, bodily feeling, and the experience of relaxation and body movement. *Dohsa* is a holistic process of motor action including psychological and experiential aspects of body movement as well as physical movement (Ghanimi, 2007). *Hou* means a method or approach. The concepts of *Dohsa-hou* stand on a holistic process of motor action, which combines the inner psychological activities with physical movement.

Originally, *Dohsa-hou* was applied as a training of motor action for children with cerebral palsy (Naruse, 1973). Children with cerebral palsy have physical disabilities in development of motor action and daily functioning because of excessive muscle tension. *Dohsa-hou* had been developed through the practice with children and adult with disabilities, so as to ease the tension and learn to regulate functional body movement. Afterword, *Dohsa-hou* had been applied to other congenital disorders, such as Down syndrome (Tanaka, 1986), autistic disorders (Konno, 1982), orthopedically impaired patients. In *Dohsa-hou* treatment, clients are required several selected movements or motor tasks, which is aimed to help them stabilizing emotions, changing their behavioural patterns, and improving their body postures and movement. Naruse (1997) explains that a process of *Dohsa* involves active

movements and involvement to presented movement task. In these decades, *Dohsa-hou* introduced across other Asian countries, including Korea (Ki, 2000), Thailand (Tani, Sugimoto, & Matsui, 2000), and Iran (Dadkhah & Harizuka, 2002).

Dohsa-hou consist two types of approaches: relaxation (to ease tension in the body) and standing (to improve posture and movement of body). Standing approach is also called *tate-kei* in Japanese (it means controlling their body axis vertically). They are often divided to simplify the understandings of *Dohsa-hou* approach, but they have shared goals to work with the problems.

Recently, *Dohsa-hou* is applied to various clinical psychological problems, such as, social withdrawal, depression in older patients (Koga, 2001), anxiety disorders (Ikeda, 2001; Kubota, 1991), and schizophrenia (Tsuru, 1995). The therapeutic process is developed by bodily experience with feeling (Honda, 1999). Kubota (1991) reported a case of obsessive-compulsive disorder; the client became more aware of her bodily condition and acquired therapeutic change of experience through *Dohsa-hou*.

In some cases, physical contact and using body movement might be challenging. It can be difficult to introduce *Dohsa-hou* in patients who have strong rejection of physical contact or dealing with physical responses (this may differ according to clinical conditions and cultural background of the client and therapist), which could interfere developing therapeutic alliance and maintain relationship with a therapist. For example, some of abused or abandoned children feel resistant and anxious to adult and physical contact (Tobinaga, 2003). In patients with medical disease or restricted mobility, it needs to be carefully introduced. For example, patients who have a dislocated hip, aftereffects of stroke, or muscular dystrophy, need understandings of their medical condition and modification according to characteristics of the disease.

In several literatures, it is considered that the duration of *Dohsa-hou* treatment may be relatively short compared with other methods (Kubota, 2009). In some clinical case studies, they reported several to around twenty sessions of *Dohsa-hou* for tic disorder, borderline personality disorder, anxiety, and schizophrenia (Fujioka, 1995; Honda, 1999; Koga, 2001;

Kubota, 1991; Tsuru, 1988). However, longer cases are also reported in several studies (Ezaki, 2003; Ikeda, 2001; Ishikura, 1995; Nakane, 1997; Ohba, 1992). Durations of the treatment are certainly affected by various factors, such as difficulties of the problems, goal setting, and the adjustment level of patients.

There is various way of relaxation in *Dohsa-hou*, it varies with both the target parts and posture (recumbent, sitting, and standing position). Relaxation of shoulders in sitting position is one of them. A client sits cross-legged on a mat, and begins with making tight shoulders, which is similar to progressive muscular relaxation. Firstly, the client move shoulders upwards and hold in a few seconds without unneeded tension (i.e. tension in other body parts), and release the tension (downward). The therapists help and support the motor action with physical contact (e.g. showing the direction of movement, support holding and release the tension). They focus on the feelings and sensations of the relaxation process, and the therapist helps to be aware of her/his usual pattern of motor response and to find alternative way of movement and the way of experience. The role of the therapist is to support and guide the client into their intended movements with physical contact (e.g. hands), allowing the client to feel the concurrence of intentional body movement and bodily responses.

Relaxation is one of the most commonly used methods in clinical settings, aiming to help patients feel their own bodies and physical feelings as they truly are. In body-oriented psychotherapies, body and bodily experience are considered as the key to understanding clients' problems and agents to therapeutic intervention. There are several major relaxation methods, such as progressive muscular relaxation and autogenic training. In comparison with these methods of relaxation, *Dohsa-hou* has several different viewpoints for therapeutic goals. In other relaxation methods, the primary goal is easing the tension of the patients, and it leads to alleviate physical and psychological distress (Conrad & Roth, 2007; Linden, 1994; Nickel et al., 2005). They address a state of relaxation as physiological phenomenon. In *Dohsa-hou*, the primary goal is finding alternative way of motor response and mode of experiencing (Miyata, 2002; Tsuru, 1992), thus physical relaxation is placed secondary. It means that it

matters little whether clients can ease their tension completely or not.

Experimental studies confirm that the perception of bodily feeling strongly affects both the processing and subjective experience of feelings (Pollatos, Gramann, & Schandry, 2007). Clients learn to change their responses through therapeutic experiences, and they feel and notice the changes in their bodies more accurately as they become more aware of their bodies (Dadkhah, 1998). A previous study of *Dohsa-hou* revealed that the increase in body awareness was associated with a reduction of psychological distress, suggesting the role of body awareness as a mediator of therapeutic effectiveness (Fujino, 2012). According to Mehling et al. (2011), body awareness includes subjective and phenomenological features; hence, the contents of subjective experiences accompanied with *Dohsa-hou* relaxation also need to be investigated qualitatively. Therefore, the purpose of the present study is to describe and categorize the subjective experiences of *Dohsa-hou* relaxation sessions.

Method

Participants

Twenty university students (15 females, 5 males) were recruited from Osaka University. The mean age of the participants was 20.2 years (*SD* 1.4 years). All participants provided written informed consent following an explanation of the study. The participants completed three relaxation sessions.

Dohsa-hou relaxation

Dohsa-hou sessions consisted of relaxation of the shoulders in a sitting position and the upper body in a recumbent position (Fujioka, 1992). Relaxation of the shoulders was performed in sitting position. The therapist supported participant in moving shoulders upward, and backward with hands. And then, relaxation of upper body was performed in a recumbent position. The therapist supported the back of the participant, blocking it from rotating the body. Participants moved shoulders back slowly, easing the tension of upper body. Therapist supported the easing tension with hand on the shoulder.

Participants were asked to express their bodily feelings and experiences and were

given feedback during the relaxation session about their stiffness or progression of relaxation in the shoulders and upper body by the therapist. Each session lasted for about 25 min.

Procedure

After providing informed consent, participants attended relaxation sessions approximately once a week for three weeks and were interviewed after each session. In a previous study, three weeks session could affect psychological state (Tobinaga, 2003), thus three sessions are employed in this study. During the interviews, the participants were asked about their experience with *Dohsa-hou* relaxation, body awareness, bodily feelings, and subjective evaluations of relaxation. This study was approved by the review board of the Department of Clinical Psychology.

Analytic strategy

To demonstrate the change in experiences, content analysis was used for the interview data. Qualitative analysis may provide the basis for the development of therapy and mechanisms of therapeutic change (Kazdin, 2007). Categories were created from the sentence units (Hedlund & Gyllensten, 2010) that were found to be meaningful in the experiences of the *Dohsa-hou* relaxation. Qualitative results were reported elsewhere.

Results

The major experiences of *Dohsa-hou* relaxation were divided into five categories (summary is shown in Table 1). The most frequent category in the first session was bodily relaxation and changes in bodily feeling (‘Bodily relaxation and changes in bodily feeling’: n = 20). The number in the parenthesis after transcripts identifies each participant.

> I felt my shoulders relax. Usually, I feel my shoulders stiffness, but now, my shoulders come down. It was comfortable. (P 3)
>
> It eased my whole body, especially, in shoulders, chest, and back. It made my breathing easier. First, I felt tension, but a sense of tension went away. (P 12)

In the first session, all of the participants mentioned bodily relaxation. They had felt their bodies relax and noticed changes in their bodily feeling.

In addition, they felt psychological relaxation through *Dohsa-hou* (‘Relaxed feeling’: $n = 10$).

I feel comfortable, broadened shoulders, and upstanding. I feel generous-hearted, feel all right. (P 15)

I’m feeling light in shoulders. At first, I felt tense feeling in this session. Now, my body tension is relaxed and I feel soothed. (P 17)

However, some participants had difficulties in relaxing and becoming aware of their tension (‘Difficulties in relaxation and awareness of tension’: $n = 6$).

Even though I tried to ease the tension, somewhere become taut in my body. It was difficult to relax. (P 5)

It was unexpectedly difficult to be aware of tension of body. It takes time to ease the tension. I couldn’t be aware of whether the part is tense or not without becoming extremely conscious of that. (P 7)

Some participants were able to notice changes in bodily feeling or tension when they relaxed (‘Being aware of bodily feeling or tension when relaxed’: $n = 5$).

Usually, I’m barely conscious of the tension, and feel normal in daily life. But, after this relaxation, I’m aware of my tension and I thought I was tense in the shoulders. (P13)

It was comfortable when relaxed. I wasn’t aware of my tension around the shoulders, but I feel my shoulders had been tense when the tension was eased. (P 20)

They found their tense muscles and body, and they altered their movement and response to bodily feeling. The support of the therapist was helpful in facilitating their understanding of bodily relaxation (‘Understanding and relaxing with therapist’s support’: $n = 5$).

Normally, I’m not be conscious of tension in the shoulders. So, relaxation was difficult without the support (from the therapist). It was helpful for me. (P 10)

I thought I was relaxed, but I found I could ease more. I was able to be aware of that thanks to the feedback from the therapist. (P 14)

These subjective experiences commonly appeared in the first and third sessions;

however, the frequency changed. The results showed decreased responses for bodily relaxation (100–75%), difficulties in relaxation and tension awareness (30–15%), and increased responses for awareness of bodily feeling or tension when relaxing (25–45%). After three sessions, participants were also interviewed about their general impressions of their *Dohsa-hou* relaxation experience and its effects on their daily lives. Their major experiences were classified into three categories (Table 1).

Some participants had experienced increased awareness of their bodily feeling and tension (‘Increased awareness of bodily feeling and tension’: $n = 11$).

> I became more conscious of my body feeling, like the tension in the upper body or shoulders. I feel able to be aware of the tension, but easing the tension is not easy. (P 5)
>
> So far, I often said that I’m feeling sense of tension, but I didn’t know that. I became more aware of tension. I’m conscious of my body and tension. At first, I didn’t feel able to be aware of tension and relaxation. Now, I feel able to be aware of the tension. (P 6)

Four participants experienced subjective emotional changes in daily life (‘Psychological change’: $n = 4$).

> Thanks to this session and other things, I feel well, in a good state; or rather feel better and relieved. I had a bad day, but I didn’t feel so depressed. I think it thanks in part to easing bodily tension and physical comfort. (P 7)
>
> I think this (*Dohsa-hou* session) was good for me. I felt physical relaxation, and also mind relaxation. I feel that it have good effects in daily life. I feel at ease. Working hard is tough job, but I feel able to put distance between me and that. (P 12)

Three participants learned to relax and consciously ease their tension (‘Consciously relaxing and reducing tension’: $n = 3$).

> In everyday life, I became conscious of relaxing stiffness. It makes a difference, I feel comfortable. So, I try to ease the tension in regular life when I feel tense. (P 9)
>
> Sometimes, I become conscious of the walking gait, or raising my shoulders, and I ease the tension. I try to do it consciously, it clear my mind. (P 10)

These responses were described as changes in daily lives of the participants in the

interviews.

Discussion

The present study aims to investigate the changes in the subjective experiences of subjects undergoing *Dohsa-hou* relaxation sessions.

The results of the interviews, which investigated the subjective experiences, showed that participants underwent several positive changes through their *Dohsa-hou* sessions. Bodily relaxation and changes in bodily feeling were the most common experiences reported by participants. Some participants had difficulty relaxing and recognizing their tension. However, these tendencies changed during the course of three *Dohsa-hou* sessions. Difficulties in relaxation decreased and awareness of bodily feeling and tension increased as participants learned to regulate their own bodies consciously, which occurred almost automatically. Some participants benefited from the therapist's feedback about easing and being aware of their tension. Verbal communication and expressing the understanding of the problems are also essential in body psychotherapy (Westland, 2009). In *Dohsa-hou* session, therapists tune in to bodily feelings and the subjective experiences of their clients, express their inner experiences in language, and share the on-going process in sessions (Fujioka, 1992). These interactions encourage the relaxation and conscious understanding of their physical experiences. The therapist's body is also applied as a tool of empathic and intuitive connection to the client's internal world and understanding and management of the dynamics in the therapeutic relationship (Athanasiadou & Halewood, 2011). In a previous study of affect-focused body psychotherapy for patients with generalised anxiety disorder, bodily interventions caused strong feelings in some patients that they could not control (Levy Berg et al., 2010). In this study, physical touch of the therapist did not raise negative emotional responses in participants; however, it could raise anxiety and rejection in psychiatric patients. Thus, physical touch could be both validating patient's feeling of grounded and worsening anxiety, therefore, therapist need to consider the clients' inability to work with these approach (Rothschild, 2002).

Through *Dohsa-hou* relaxation, participants' tensions, which they had been unaware of, were gradually eased, and they became newly aware of their unintended tension. Their body awareness improved, as did their awareness of their tension. Prior qualitative study revealed construct of body awareness in patients with somatoform disorder and therapists, body awareness consisted three fundamental components, i.e., understanding, acceptance, and adjustment (Kalisvaart, van Broeckhuysen, Bühring, Kool, van Dulmen, & Geenen, 2012). Particularly, understanding body sensations were considered the most important component in therapy progress of *Dohsa-hou* (Ghanimi, 2007; Nakane, 1997). Additionally, participants were better able to ease their unintended tension, and subsequently were more aware of their somatic sensations and bodily feeling than before relaxation. These experiences lead to changes in behaviour and motor responses to environmental stimuli, and self-efficacy in daily lives (Naruse, 1997; Tsuru, 1992). Somatic awareness can be used as a mediator of the therapeutic process and to strengthen individuals' self-management skills and capacity for self-care (Bakal, Coll, & Schaefer, 2008; Landsman-Dijkstra, van Wijck, & Groothoff, 2006). Through *Dohsa-hou* relaxation sessions, participants were able to detect their tension and feelings of relaxation when relaxed. Progress in motor regulation through *Dohsa-hou* involves the improvement in regulating expression of emotional experiences (Ezaki, 2003). Employing bodily experience in the therapeutic process enhances psychological insights, self-awareness, and relieves psychological distress (Carroll, 2002). Although the number of participants who experienced psychological changes after three *Dohsa-hou* sessions was small, these changes are particularly important in body-oriented psychotherapy and psychological support for individuals with mental disorders. Psychiatric patients are often unaware of their tension and bodily feeling. They often have difficulties in verbalizing their inner experiences (Hedlund & Gyllensten, 2010), and this lack of self-insight reflects a lack of psychic space and poor boundaries of their experiences. Individuals with a self-pathology feel that their body is alien and feel depersonalized or unreal (Brooke, 1994). Patients with schizophrenia and schizoaffective disorders have consistent body image disturbances and often present restricted body movements (Hedlund &

Gyllensten, 2010; Priebe & Röhricht, 2001). Prior to therapy, patients were unable to feel their tension and bodily feeling; however, they became capable of identifying their physical problems and bodily feeling with feedback from the therapist. Being aware of subtle bodily feelings is an important ability for self-regulation of emotional and bodily distress. Perceived meaning of bodywork (i.e., relaxation) can change thorough intervention. It may be initially perceived only as relaxation and easing tensions, but as therapy progressed it can be perceived as the way to enhance body connection and psychological recovery (Price, 2005). The key component of progress is not physical relaxation, but being aware of bodily feeling and regulating their own experience. Active involvement in motor action (e.g., relaxation, standing firmly) has important role in improvement of the mode of experience in *Dohsa-hou* (Miyata, 2002). This is their first step toward positive physical and psychological therapeutic changes. Despite the short-term intervention, four participants experienced psychological changes in their daily lives accompanied with an increase in body awareness. Body–mind approach studies show the importance of body awareness in psychological functioning and a grounded feeling of self (Gyllensten, Skär, Miller, & Gard, 2010).

Several limitations to this study must be considered. First, participants in this study were university students. Subjective experiences of *Dohsa-hou* relaxation might be different depending on features of body–mind psychopathology (such as hypochondriasis). In this study, relaxation was largely a comfortable experience; however, patients with ego pathology or self-pathology (Brooke, 1994) could experience the relaxation as an invasive treatment. Further research is required to establish the mechanisms and subjective experiences of *Dohsa-hou* relaxation in clinical settings. However, between healthy individuals and clinical samples, there are difference and common components in experience of *Dohsa-hou*. Therefore, comparing with the qualitative characteristics may be meaningful to assess the features of clinical sample. Second, the duration of *Dohsa-hou* relaxation was limited. It is possible that the duration of the sessions affected the results, and long-term intervention may reveal other aspects of the therapeutic process. Healthy participants may be more likely to experience immediate positive effects even if the durations of intervention are limited (Fujino,

2012). The duration of the sessions and long-term process of the experiences are essential for understanding the therapeutic mechanisms of *Dohsa-hou* and should be included in future research. Third, *Dohsa-hou* relaxation was employed for relaxation in this study, and the differences between *Dohsa-hou and* other psychological relaxation methods is not known. To clarify the common and individual factors of the therapeutic mechanisms of body-oriented psychotherapy, further research is needed.

Despite these limitations, this study contributes to further understanding of the changes in subjective experiences and body awareness in *Dohsa-hou* relaxation.

Conflict of Interest

The author declares that he have no conflict of interest.

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