

Arugamama in Dohsa-hou Method

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要旨

本論は、時空間を流れている「ひと」の「からだ」と「こころ」を記述することの難しさを、あえて「禅体験」と「臨床動作法」の二側面から、「あるがまま」というキーワードを目指して考察する試みである。

筆者は縁あって禅門の修行をし、「自分」という意識が希薄となり、「からだ」と「こころ」があたかも一体となって、見ているもの、聞こえているもの、肌で感じているもの、とも同化している「自分」と対面した。その延長線上で、自分が見るもの、聞こえるもの、肌で感じるものの新鮮さを体験している。

一方、外科医の土橋（2006,2007）は「心がつくるガンは、心で治せる」と、「からだとこころの一体化」を暗示させている。このことは、筆者が実践してきた臨床動作法の理論と軌を一にすると考える。

本論に掲載した各事例は、まさしく対象者が「からだ」と「こころ」をリセットして、「あるがまま」に作用したとしか言いようのない事象である。「あるがまま」は成瀬（2014b）も言及し、森田療法の十八番でもある。

元を辿れば老荘思想や仏教の三宝および禅などと相通じる無常観、つまり「ながれ」である。「からだ」も「こころ」も流れている。それが一体的に作用したならば、「ひと」は十全に「生（いのち）」を全うしているという謂いではないか、という問題意識を持つに至り、これを「あるがまま」という文言に集約させて、臨床体験の事象を考察している。

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Introduction

It is very difficult to describe a *body* and a *mind* of a *human being* flowing through time and space, but I herein attempt to discuss it based on *Zen experiences* and *Clinical Dohsa-hou* to reach the key word of *Arugamama*.

I entered (*kato*¹) the Training Monastery of Zen Rinzai school Tenryuji Temple after graduating the university. As going through the Zen practice, I gradually reduced the self-consciousness, and my body and mind have become integrated. I have faced *myself* being assimilated into the surroundings, then had a fresh feeling to things I see, things I hear, and things I touch. This is the event that happened on *me* in the special dairy life of the Zen training.

I have been conducting clinical psychology for more than forty years, but it is

only recently that I have connected my Zen experiences with my clinical cases. I logically understood that there was no big difference to describe the life of a human being (the body and the mind); however, after reading the book entitled *Mind to cause Cancer, Mind to Cure Cancer* (Tsuchihashi, 2006), I have convinced myself that the *body* and the *mind* are two in phenomena, but they are not two in essence.

Tsuchihashi used to work as a lead physician to cure people for a long time, but he works in the field of *pathography*. He describes many theories of etiology and healing based on the results of hearing from patients with cancer. The pathography is a statistic approach to figure out the cause of a disease, which lacks in the modern medicine. In other words, it traces a disease and identifies the cause of the disease from the patient's psychological factors such as life style and thinking habit. He stated that a cancer created by the mind can be cured by the mind, which suggests that the *body* and the *mind* are *integrated*.

I have come to think that the Dohsa theory of Naruse (1973, 1982a-c, 1985, 2000, 2014b) has the same way of thinking. He has been studying *Dohsa* (the movement of the body) to explore the *body* and the *mind* of a *human being*. He initially introduced *Dohsa* has a feedback mechanism: (a) intention to move the body; (b) striving to move the body; (c) making bodily movement; therefore, he explained that Dohsa is a result of integrated works by the *body* and the *mind*. The *mind* hereof doesn't make a clear distinction between consciousness and unconsciousness. In the Buddhism, there is no clear distinction, either. Likewise, it doesn't make any sense in asking whether or not a baby has consciousness in making movements before learning a language because the body itself is the baby. The mind of the baby is structured by many experiences as the baby grows up. Until the time, the baby's *body* and *mind* are one.

After knowing the *Clinical Dohsa-hou*, I have adopted it for various clients: children with bed-ridden severe cerebral palsy, children with intellectual disability, children with Down syndrome, children with development disability including Autism Spectrum Disorder, children with selective mutism, truant students and their parents, a patient with a brain tumor, older adults in pain, a pregnant woman expecting to deliver a baby in one month, and other clients who visited me to get my counseling. They accepted the *Clinical Dohsa-hou* and worked together with *me*.

Some clients rejected at first but accepted it gradually, and some clients voluntarily worked together. The distance between a client and I varied, but every event occurred in the relationship with *me*; for an example, a child with severe and multiple disabilities who couldn't recognize his mother has been able to sit down by keeping his neck stable and his back stretched for a few seconds. Other events include a child with selective mutism who firmly decided not to talk with any great doctor has started speaking words when he performed twisting the trunk (*kukan-no-hineri*) of a Dohsa task, a child with autism who cowered in the corner with screaming and tapping his ears has accepted the training by responding my invitation, a woman who had undergone three operations to remove a brain

tumor had a sensation in twisting the trunk at the Health Dohsa Class.

In those events, each client reset the *body* and the *mind*, and they integrally functioned. Not all of my clients but a handful of them have accomplished this result; therefore, I described the events showing the resetting mechanism or the integrated state of the *body* and the *mind*, and the relevance to the title: *Arugamama*.

Arugamama was used by Naruse and a specialty of Morita therapy. It had a form that originated in the sense of impermanence of the Taoism, three jewels of Buddhism, and the Zen Buddhism, namely flow. Given the *body* and the *mind* flow and work integrally, *a human being* could *accept life as it is* and live the full *life*. With the awareness thereof, I examined my clinical cases by collecting all of them into the phase: *Arugamama*.

Methods

I described the *body* and the *mind* of my clients developed by the clinical practice in the relationship with me, then explored the universality and the commonality thereof based on *the sense of impermanence* or *mortality* of *Arugamama* that took root in Japan by the Buddhism and the Taoism.

The first section was the overview of the Clinical Dohsa-hou Method adopted in my clinical therapy. From the viewpoint of *Arugamama*, the research examined the Naruse's context about the difference from Morita therapy, and Morita's theory of his therapy. In the second section, I wrote about my personal experience of the resetting or the integrated state of the *body* and the *mind* during the Zen training. My clinical case studies were described in the next section, then a case of a clinical psychologist who had experienced a cancer was provided. The last section was the discussion on the phenomena of the resetting or the integrated state of the *body* and the *mind* from the context of *Arugamama*.

The Development of Clinical Dohsa-hou

The Dohsa Training for a Patient with Cerebral Palsy

In 1960s, Naruse verified that a patient with cerebral palsy was able to relax and move stiff limbs by hypnotic suggestions. By making a hypothesis that the psychological tension would be dissolved by a release of physical tension if the psychological tension generated the physical tension, Naruse started developing the *Dohsa Training Method* for the patients with cerebral palsy without hypnosis (Naruse, 1973).

To accommodate the needs of many disabled children as well as to educate trainers, Naruse adopted a form of group collective training camp. This camp was configured to function as a place of *psychological rehabilitation* to give the organically interactive training to the participants: trainee, trainer, and trainee's parents. In addition, the Dohsa training was introduced into independent activities for physically disabled children at many schools (Murata, 1993). Since then, the Dohsa-hou camp was held in some Asian countries

including Korea, and consequently the Dohsa-hou has grown up to gain an international reputation.

The Dohsa Training Method as mentioned above had a point of view that Dohsa is psychological phenomena:

1. The body is not paralyzed but able to move; however, the owner of the body is unable to move the body as the owner intends.
2. The conventional physical movement is physiological and musculoskeletal; however, the Dohsa is a series of psychological process comprising a feedback mechanism of intention, striving, and bodily movement.
3. A patient with cerebral palsy is a person who has disabilities of the Dohsa; therefore, the patient needs to improve the disabilities of the Dohsa.
4. Stage fright, tongue-tied due to tension, and getting clumsy, which happen in daily life, are regarded as the disabilities of the Dohsa.
5. The disability of the Dohsa signifies that the self is immature to encourage the body. In this way, Naruse explained the movement of the body (Dohsa) from aspects of incomplete learning, erroneous learning, and unlearning based on his psychological and educational knowledge.

Applying Dohsa-hou to Children with Autism, Children with Intellectual Disability, and Children with Down Syndrome

In 1970s, the Dohsa-hou began to be applied to the disabled children other than the children with cerebral palsy, which was motivated by the conference presentations regarding the positive effects of the Dohsa training in case of children with hyperactive tendency or autistic tendency (Konno, 1977, and Ono, 1974). At that time, an emotional change was considered as a side benefit gained by the improved Dohsa when it was seen in a child with cerebral palsy having hyperactive tendency; however, a significant effect was observed in case of a child with brain damage having almost normal physical ability as well as a child with autism.

Those findings gave momentum for the Dohsa training to improve children's behaviors and communications, and the training was applied to children with intellectual disability or children with Down syndrome to facilitate their development, as well as to adults with schizophrenia who have disabilities in prosocial behavior, communication, and creativity.

The above cases provided a new knowledge about the positive effects of the Dohsa training. In performing Dohsa tasks, a trainee could have feelings of success on the trainee's active experiences and mutual harmony with a trainer through the bodily interaction, which eventually encouraged selective attention and affect attunement of the trainee. Naruse (1985) explained it as *therapeutic experiences*: the way of addressing one's own experiences worked more effectively for oneself.

Development as Psychological Therapy

In late 1980s, since the Dohsa-hou was applied to hyperactive children, children with autism, and patients with schizophrenia, it was considered as a psychotherapy and broadened the scope at once: athlete's training, normal counseling, treatments for neurotic people getting psychotherapy, and treatments for people with PTSD, educational consultation or school counseling, and mental healthcare at companies.

Unlike the conventional psychotherapy and counselling focusing on communication through the language including attentive hearing, empathetic understanding, conscientization, verbalization, insight, and awareness, the Dohsa-hou placed a main focus on the movement of the body.

The Clinical Dohsa-hou or the Dohsa-hou, as the name implied psychotherapy, came into use alongside the name of Dohsa training for the disabled children, and further widened the scope: education by taking into account the school taunt and bullying, dermatology to cure stress-related skin problems, dentistry to cure pain, exercises for babies with developmental delay and their parents, *Dohsa play* at preschools or kindergartens for development disabilities, clinical practice at the hospital for neurosis diseases, stress management at workplaces and schools, and health Dohsa class for general people and older adults. In addition, case studies increased and presented at conferences.

According to the workshop summary (Naruse, 2014a), the Dohsa-hou was positioned as psychotherapy. He mentioned that Dohsa is a process for a living individual to initiate the body move and also a method to activate the individual to communicate toward the self through the movement of the body in order to change the conventional patterns of living experiences and to establish adaptation to real life. By reflecting the past, Naruse (2014b) reversed the conventional language oriented psychotherapy, and stated the importance of learning through physical practice of *doing, making efforts to do, and getting able to do* because the movement of the body and task performing abilities are required in real life.

Mind of Dohsa and Mind of Self

Naruse (2014b) used *mind of Dohsa* and *mind of self* to explain a sense that the body automatically moves during the performance of Dohsa tasks. He also said that the integrated state of two minds is a desirable state. A human being has natural movements of the body at birth to live: breastfeeding, excretion, movements of the baby cradled in mother's arms, and movements during sleep. These kinds of movements are repeated, remembered, and learned little by little as experiences. Along with them, sensation, perception, and emotion get activated and clear. By learning words through the communication with surroundings and environments, cognition and thinking are highly developed. These developments are integrally centralized activities of the body and the mind, that is, the endlessly repeated activities of Dohsa that proves being alive.

An *individual* formed by the consciousness and the language enhances the consciousness of self by exploring the living world. Given this mind is the *mind of self*,

the *mind of Dohsa* is hardly recognized but just accompanies the movement of the body behind the *mind of self*. As an individual's living world broadens, the *mind of self* becomes enlarged; however, the *mind of Dohsa* accompanying the Dohsa becomes unable to respond to the demands from the *mind of self*, and subsequently a gap is made; moreover, the body is forced to make adjustments to fill the gap. If the body is unable to do, it brings about a very serious situation, that is, a physical disorder or affective lability.

In spite of its significance, psychological phenomena of the Dohsa were not reflected almost at all in psychology and physiology. Naruse (2000) stated that the Dohsa therapy aimed at achieving the integrated mind by modifying the Dohsa.

Arugamama and Experiential Approach

The experiential approach of the Clinical Dohsa-hou contained some forms of *experiencing Arugamama*. In terms of *Arugamama* of Morita Therapy (Morita, 1975), Naruse (2014b) mentioned that it seemed similar to the Clinical Dohsa-hou, but that he couldn't explain differences because he didn't know the process of Morita's therapy; however, in regard to Morita Shinkeishitsu, Naruse said that Morita focused on the core tendency behind an appeared physical or mental symptom such as *obsessiveness* causing an abnormal change transcending the boundary or *neurosis* including *Morita Shinkeishitsu*. In addition, Naruse described the main purpose of the Morita's therapy was to stabilize the hypersensitive state of the core tendency of *obsessiveness* or anxiety as well as the inclination such as general neurosis including Morita Shinkeishitsu and to guide the patient to be able to maintain the stability by themselves.

Naruse also stated that the real therapy is self-cure: one cures oneself by oneself. He described the importance of restraining, controlling the mind of self, putting away *ego*, and thoroughly trusting the mind of Dohsa that remained inactive or disordered even after being released from the mind of self. He further explained that a result of mutual adjustment between the mind of self and the mind of Dohsa in the process of consciousness has brought a new change in real life such as "I've got less obsessed." and "I've got less sensitive."

It is clear that the Clinical Dohsa-hou set the goal of therapy in the theory of experiential psychotherapy. In other words, by experiencing through the Dohsa practice, an individual could acquire a new favorable experience as a form.

Kitanishi (2015), the successor of the Morita Therapy, mentioned in the review of Naruse's book entitled *Development of Dohsa Therapy* (2014b) that the Dohsa-hou therapy aimed at building a harmonious relationship between the mind of self and the mind of Dohsa by making conscious of the disordered and unconscious mind of Dohsa. The importance thereof was to trust the body suffering from the pain. Given the body and the self developed a good rapport to share the pain, the mind would have less burden, which meant an attitude of the mind to throw away ego and accept the phenomenon of the pain as it was. He also stated that it had the same aspect of *Arugamama* of Morita Therapy.

In addition, Kitanishi captured that *Arugamama* was the goal of the therapy and experiencing the fact of the mind and that it was also an intervention method or a technique to reach the goal. By referring to Morita's words, he said that a sorrow is a sorrow and a joy is a joy in the life, that is, the obedience to the nature and the flexibility to the environment is the fact of mind as *accepting life as it is*; therefore, once the sorrow is accepted as it is, a desire to live is realized and exert yourself into taking actions in real life, which consequently forms dynamism for living.

Experiences of Zen Training

I started getting the Zen training as a novice monk right after graduating the university. At the Zen monastery, I received the *Shoto Koan*² from Seiko Hirata Roshi, my Zen master. The assigned koan was *what my original face was before my father and mother had been born*.

Since I entered the monastery after the spring equinoctial week of the Buddhism, four months went by. In July when my sitting posture of *zazen* was getting stable, the third *Osesshin*³ was held. In the evening of the sixth day when I practiced *zazen* in meditation on the assigned koan with hearing temple bells, I realized a surge of flow in myself which can be expressed as: "This is it. It is the answer. It is I who is listening to this sound now." I promptly ran to *Inryo*⁵ for *Nisshitsu Sanzen*⁴. At the *Inryo*, the Zen master sat unmoved and quietly as if he had already known everything about me before I entered the room, and he listened to my *Kenge*⁶ and said: "Good. It is right." When I heard the master's words, I experienced that I who was looking at the master's face at that moment was exactly myself who had been found as the answer to the koan.

My *kenge* was that *my original face before my father and mother had been born* was I who was living at that moment. I had no words but to express my feelings like this: the entire entity or the whole existence of I who was living at that moment beyond the time and space *before my father and mother was born*; the entire existence of me was universe, or universe was me; the entire body and an active subject of me existed at that moment. I couldn't sit calmly, but didn't rush nor hesitate, just stood still in front of the master as if showing: "This is me. I exist here."

Since then, five months was over and the most important training at the Zen monastery called as *Rohatsu*⁷ *Osesshin* was held in December. During this training, it is a custom to do *yaza*, engaging in meditation outside late at night after finishing daily routines at the Zen meditation hall. I sat down on the veranda of the main hall with *zazen* and gazed at one point of the moonlit garden which was slightly covered with snow. In the course of time, I was becoming more aware of the vivid and brilliant whiteness of the snow. It was my first experience to realize that the snow was so white.

One week of *Rohatsu Osesshin* finished, and I went out in a town to do monastic begging rounds. In the town, I had a fresh feeling to people walking on streets, as well as

to Camellias with dark green leaves of hedges. I thought again it was my first time to see the true Camellia. As I continued walking in the town over the Kujo Street and gathering alms by saying: “Hoo, Hoo” , a small old woman sitting on a compact wooden chair was waiting for me under the cold weather. When she found me, she stretched her arms as far as possible toward me with holding some money in her hands and tried to put it in my bag (*Dhuda*). I was aware of wrinkles on her face shining vividly and beautifully.

Experiences as Supporter in Dohsa-hou

A Boy Could Sit When Supporter Removed His Hands

This was the case of training for a six-year-old boy with severe and multiple disabilities who was unable to make a position of sitting (Kono, 2013). To prevent the upper body from collapsing, it was raised with both shoulders being sustained. The legs were made in a cross-legged position. When a support was given to push both shoulders backward a little, the boy raised his neck but couldn't keep it vertically from the ground and subsequently his head fell backward. By following the same procedures, I (Supporter) quickly put my thumbs deeply at the back of the boy's head to prevent his neck from bending backward when he raised his neck. As the power of my thumbs seemed antagonized with the stretching power of the boy made, he sustained his neck in the right position. At that time, I felt the boy's back was a little apart from the arches of my feet sustaining the boy's back; therefore, I pushed the boy's back and consequently the boy started stretching his back by himself. I removed my feet from him because I felt less burden on my arches. The boy kept on stretching his back by himself; furthermore, as I slowly took my thumbs off the back of his head, he moved his neck in right and left directions as if he was looking around.

Given the interactive activities alone, the conventional pattern of bending the neck backward was rejected and the power thereof was forcefully transformed in performing the Dohsa of stretching the back and making the posture of sitting by responding the gravity. This was a purposeful Dohsa regardless of the levels of disabilities. This boy have continued the training and also repeatedly practiced weighting on his arms by being on hands and knees for two years. As a result, he has been able to sit down himself by touching his hands on the ground.

This boy was clearly different from a normal individual in terms of Dohsa because he was a bed-ridden child with severe and multiple disabilities. When the strength, the clarity, and the integrating power of expressing Dohsa indicated the level of the subject who performs Dohsa, it suggested the level of subject's activity itself. Naruse (1985), explained it as a series of Dohsa: *being made active, motor-active, and self-active*.

The phenomenologist, Tetsuya Kono (2005), by referring to the intention and motivation that a motor-impaired child has shown for the first time in an interaction with a supporter, introduced the breadth of the ability of the subject as *faint subject and*

clear subject. It indicated the activities of the subject. The activity of the subject would be positioned in somewhere of the consecutive spectrum from weak to strong when the concept of Autism Spectrum is borrowed, which would make possible to reconsider the view of positioning a person who has what kind of disability; however, I just noted here because it is out of my point of this paper.

The noticeable event of this case was, that the boy stretched his back by himself with keeping his neck in the right position when I sustained his head with my thumbs. In addition, the boy made a movement as if he looked around. Before joining the training, the boy had never been able to position his body vertically against the gravity by himself. It was an integrated state of *the mind of Dohsa* and *the mind of self* as Naruse mentioned, or the body and the mind have become one.

A Child with Autism Decided to Get Training

This was the case of a fifteen-year-old boy (boy-A) with autism. In the third session on the second day of the one-week Dohsa-hou training camp (Kono, 2006, 2007), the boy-A had a trouble in joining the training. A trainer (Tr.) managed to take the boy-A to the training mat and made him to sit down, but immediately the boy-A stood up, walked toward the exit, sat down, screamed, and started tapping his ears. The Supervisor (SV: I) couldn't bear to observe the situation, and intervened to call the boy-A repeatedly from the training mat: "Let's start training. Come here." All at once, the boy-A stood up and walked to SV because he seemed emotionally overwrought. He hit SV's breast, went back to the exit, squatted, and screamed.

SV considered that the boy-A walked to hit SV because he understood SV's invitation; therefore, SV decided to continue calling the boy-A. He suddenly stood up and came to SV. SV thought the boy-A hit SV again, but unexpectedly he sat down behind SV as if he expressed a will to get the training. Afterwards, the boy-A practiced the same tasks as of intake interview with SV for fifteen minutes, and Tr. took over SV. In the subsequent session, the boy-A was about to get panic and stand up, but Tr. worked closely to the boy-A to lead him go back to the training mat.

In this case, SV didn't touch the body of the boy-A, but only called him from the mat where the boy should sit down. SV directly aimed at the boy-A by voice: "I do training together with you. Let's start now. Let's do together." By hearing the voice, the boy-A paid his attention on SV who had that voice. The boy-A hit SV at first, but he changed his behavior later: he walked to SV, made the posture of sitting he had learned, and finally accepted the training.

The theatre director, Toshiharu Takeuchi (1995) explained in connection with *a lesson about how to talk to a person*, that talking to a person is talking to the body or the very existence of the person, which meant that the person distinguishes the speaker not by the speaker's name but the speaker's body that addresses, touches, penetrates, and moves the person's body by listening to the voice uttered by the speaker. His explanation signified

that one body touches the other body in a new and unusual form. The given information is immediately transferred, filtered and amplified in the body, which consequently invokes an unexpected change in the body and makes a response as return. He mentioned that this phenomena eventually awake the body buried most of the time and become a chance to recapture the body fundamentally.

In the case of the boy-A, the Dohsa of standing up in the second time indicated that the boy was poised for the training. I corrected my words like this: the boy-A made a response by *accepting the voice (the body) of SV which addressed, touched, penetrated, and moved the body*. When the boy-A tried to stand up, the body and mind had already been integrated.

There are not a few cases that children with autism as developmental disorder are not good at concentrating on one context, that is, they shift consciousness and attention randomly; for example, suddenly getting angry, suddenly screaming, or suddenly looking at other places. If those behaviors are taken as ordinary state, it is not difficult to keep them company. Even though they shift consciousness, their narratives come to be clearer.

A Boy Decided Not to Speak

This was the case (Kono, 2012a) of an educational counseling for the boy who was in the second grade of a primary school. He was pointed by his teacher as a child who uttered no words at school. In the third interview with the boy and his parents, I invited him to do warm-up exercise. It was the second time for the boy to do the Dohsa-hou. The Dohsa task was twisting the trunk (*kukan-no-hineri*). This task helped the boy to realize the tension in muscles at the core of his trunk, his waist, and his upper body, and to relax them by himself. The boy was in a recumbent position, and I held the boy's upside hipbone with one hand as the pivot not to move, and opened the boy's upside shoulder toward the mat with the other hand.

The boy had a strained expression on his face in the recumbent position, but he was resigned when I touched on his shoulder. As I pressed his shoulder a little to twist the trunk, the boy was about to utter: "Ugh." At this moment, I believed *this boy speaks*. I supported the boy to press his shoulder toward the mat with telling him not to tighten muscles, and then he started relaxing the muscles on his shoulder and his back. When he relaxed the muscles to let the upper body turn, he spoke: "Ouch. Ouch." I asked him where. The boy answered: "Here." by touching his waist. Since this time, the verbal communication with the boy has been established.

The above case was a case of selective mutism. Verbal problems were the focal point of this case and the earlier case of the boy-A; however, unlike the boy-A whose behaviors and modifications of Dohsa appeared, the boy in this case uttered voice and words: "Ouch. Ouch. My body hurts." The boy had told his mother in the car before coming to the counseling interview that he had decided not to talk to any great doctor; nevertheless, the boy spoke unexpectedly, that is, his mind followed his body. The body and the mind became

integrated and appeared as a voice.

Feeling Good in Relaxed Body after Hard Work

This was the case of a sixty-two-year-old woman who underwent operations due to development of a brain tumor. Similar to the case mentioned before, she also performed twisting the trunk of the Dohsa task, experienced good feelings, and regained confidence for walking (Kono, 2012b).

She felt a sharp pain in her lower back and left knee, and then became unable to raise her left arm, and subsequently bent her upper body to bear the pain. She first visited an orthopedic surgeon and was diagnosed with lumbar curvature and received treatment; however, the pain persisted for a couple of months. The doctor gave her a referral to the general hospital. A tumor was found in the right temporal lobe, and she took operations to remove the tumor. In the third operation, metastases involved lymph nodes were found. Her husband said that she underwent a major surgical operation with craniotomy.

Three years later, she was discharged from the hospital. Getting invited by her mother-in-law, she joined the Health Dohsa Class with her husband and her mother-in-law. Later on, she continued joining the class with her friends. Her face lit up and she said *she became much better than she had expected* at discharge. In half a year she did well enough to enjoy playing tennis with her friends. Her doctor told her of no relapse of cancer when five years passed after the operations.

She talked about her feelings in twisting the trunk like this: *As she had patience for a while, muscles were getting relaxed*, even though she felt hard at some portions of her body. Since then, she was interested in the Dohsa-hou because she was able to raise her left arm smoothly and no longer suffered from the pain on her lower back and knee. Six years went by after leaving the hospital, she tried not to think about recurrence of cancer though she was not completely free from an anxiety thereof.

The point of this case was the first experience of twisting the trunk of the Dohsa task. She felt a little hard at first, but gradually got used to the hardness of the exercise as she had patience with it for a while. Once the twisted body was returned to the original position, the body and the mind were relaxed, which *made her feel good*. The *mind* emerged to determine whether or not the exercise should be continued because the *body* faced the hardness; however, *muscles were getting relaxed as she had patience for a while* and consequently the mind and the body have been integrated to give her a new experience of *feeling good*.

Cancer Experiences of a Clinical Psychologist

At the 22nd symposium of the Association of Japanese Clinical Dohsalogy, Yamanaka (2014), in the summary entitled *A Self-Care Treatment and Dohsa in My Personal Cancer Experiences*, described that he was obsessed with a preconception that

cancer equals death. He further explained therein that he was scared with the fear of death, but that he could manage to overcome the fear, observe and accept himself as he was, and changed his way of living to the body-based life because he could have a new experience of facing himself through Dohsa. In his oral presentation at the symposium, he expressed this new experience as *taking off a jacket*.

Later, when I asked him about *taking off a jacket*, he told me about his experience of the Dohsa-hou. When he tried to bend forward with his legs open, he considered to give it up; nevertheless, he wanted to trust his body to continue doing without forcing himself to do nor escaping from it. At that time he felt a distinctive tension and a mental position.

I do appreciate him for having shared great time with him since I joined the Psychological Rehabilitation Workshop. He wrote a book of *Self-Healing Experiences with Cancer by A Clinical Psychologist* (Yamanaka, 2016a), as he had lived with cancer for seven years since he had been diagnosed as stage IV cancer. He passed away on March 22, 2016, one week after he wrote afterword of the book on the bed. I pray sincerely for the repose of his soul, and I hereafter provide a phrase he left:

Trust the great life

These kinds of self-control methods are effective enough to assuage anxiety and fear of death, but being aware of the spirituality of the body is certainly effective. I had never taken actions by believing irrational things because I attached much weight on statistics as a researcher; however, I was changed when I realized the spirituality inside of my body because I was near death several times. ...I have been living even after being diagnosed as ‘my life is left less than one month.’ in December 2014. According to the common knowledge of doctors, it is a mystery that I am still alive. I am still alive because I might be kept alive. A human being dies at some time, but I gave a second thought to it that I am still alive because there is the ‘great life’ keeping me alive; therefore, I trust the ‘great life’ without fighting. In another moment, I have felt the death sank in somewhere of the mind. I used to think about the cancer all the time, but now I try to live the given life to the very end because there must be a joy to live until the last minute of the life. (Yamanaka, 2016b, p. 306–314)

Discussion

In the Zen training, I experienced the activities of consciousness fading away as I retained my right posture of zazen, and an identical integration of the sound of temple bells, my *mind, and my body*.

As the Supporter, in the process of making an axis for sitting posture, I sustained the boy’s shoulders to bend backward because his shoulders were hunched due to the chronic tension, and then sustained the back of his head with my thumbs to prevent his neck bend backward. As a result, he was able to stretch his lower back by himself. He captured a

sense of vertical line from the head downward to the sitting face, and made a movement of looking around.

In this case, the boy had not only a disability to sustain his boy, but also a severe intellectual disability to make no distinction between his mother and other supporters; nevertheless, he was able to keep his posture straight for a while as if he responded the gravity.

In the second case, the boy-A was unable to accept the invitation for the training from the trainer because he had an internal conflict between his *body* and his *mind*. He looked like protecting himself (the body and the mind) by squatting, screaming and tapping his ears, which could be self-stimulatory behaviors or shutting out the noise of his surroundings. He hit SV because he might feel SV's invitation was an attack against the boy, but his behavior was transformed into accepting the training (the body to accept and the mind to accept).

In the third case, the *mind* and the *body* decided consciously and unconsciously not to speak. During the performance of Dohsa task, the *body* revealed pain as screaming at first and the *mind* followed it to give utterance: "Ugh." The mind following the body might restrict the Dohsa of speaking, but later the *body* and the *mind* were integrated to say words: "Ouch. Ouch."

Arugamama and *the integrated state of the mind and the body* are not identical; however, experiencing a sense that *the mind and the body* are integrated is exactly *Arugamama*. The *sense* thereof is brought about when the mind followed the body.

In terms of *the body and the mind*, a philosopher, Ichikawa (1975) mentioned that the body is spirit and that the real existence of a human being is impossible by being apart from the body, in which the body doesn't mean an abstractive body understood by the intellectual, but a living body. He also suggested that the reality of a human being should be understood consistently from the fundamentals of concrete body that work in *unity of spirit and body*. Ichikawa described *spirit and body*, but I stick to write *body and mind*.

By reflecting my experience of Zen training in terms of oneness with the outside world, my *body and mind* had already been one, interacted with the outside world, then produced a feeling of wholeness between *the outside world and me*. The depth of this type of experience differs. In related to it, Hakuin, the Zen master in Edo era in Japan wrote in his book entitled *Yasenkanwa* (Yoshizawa, 2000) that he achieved small enlightenment countlessly and big enlightenment once or twice. The state of oneness between the body and the mind would have a spectrum. Not only in the Zen training but also in dairy life, there are experiences of feeling oneness, and experiences that the mind followed the body.

Arugamama is a special phenomenon, but it doesn't need to equate with *enlightenment* which is high level. It is an ordinary phenomenon in dairy life expressed as: "I've got less obsessed" , "I thought nothing." , "I feel good." , "It is beautiful." , "My body moved naturally." , and "It was an instant reaction."

Yamanaka summarized from the viewpoint of self-healing that it is important to face

the self through Dohsa in order to live as one likes when the trusted body got bad condition or disabled due to a disease. From the case of a woman who underwent three operations to remove a brain tumor, she has restructured her life as a result of mutual effects between the postoperative living in aligned with narratives of Shigetaka Tsuchihashi and her Dohsa experiences.

In the book of Tsuchihashi, he gave cases of patients with metastatic cancer who were notified the limited life achieved a remission or an occurrence of cancer cell contraction without any medical treatments. He has discovered the commonality in their way of living after the cancer notification. They reset the mind and the body and lived as they were by leaving the cancer on the table (putting away, stop thinking, and stop struggling with cancer), which eventually enhanced the self-healing power. Tsuchihashi's etiology of stress and cancer curing by resetting the mind and the body is very interesting; however, it is still minor cases among the entire number of cancer patients.

A molecular biologist, Fukuoka (2007, 2009) gained an insight on the life phenomena as that the life is flow in the state of dynamic equilibrium based on the dynamic equilibrium theory which is his theoretical support in accordance with molecular biology. The dynamic equilibrium is that the body is not a mere collection of molecules, but composed molecules are always replaced by newly incoming molecules; therefore, the body is a temporal stagnation brought about by the flow, and the life is the effect achieved by that flow. He expanded the concept of *dynamic state* advocated by Rudolph Schoenheimer and called the way of being life as *dynamic equilibrium*.

In Fukuoka's latest book entitled *Shinichi Fukuoka reads Nishida's philosophy (Ikeda & Fukuoka, 2017)*, by quoting the description of *life* by Ikutaro Nishida, the philosopher, Fukuoka pointed out Nishida's concept is amazingly similar to the concept of dynamic equilibrium. He also noted that the dynamic equilibrium is in the words of Hercules as everything flows (*panta rhei*), and also in *Hojoki* written by Kamo no Chomei.

This way of thinking is comprehensible by the view of life in the Mahayana Buddhism (Three Seals and Four Seals). One of the laws is that all things are impermanent. Impermanence can be understood as *emptiness*, and the emptiness flows by its fate; therefore, there is no entity because it can't be specified. All of the matters that can be expressed by the consciousness and thought are called as form. *Every form in reality is empty* refers to a recognition that all of the matters we are conscious of and think about flow. The view of life in Japan could be a history consisting of this view of impermanence. *The tale of the Heike* also begins with the same phrase.

Depending on how to use the consciousness, it is possible to feel the *life* as a part of *flow: Emptiness is the true form (Heart sutra)*. Given this point of view, it is comprehensible recognition that the bad condition of the body occurs because the flow gets stagnant. The mind is likewise. Thought is only given to the matters which don't flow; therefore, when consciousness get on the flow and run together with the flow, we reach the state of *thought* stopping. In meditation, there is a technique (of resetting) to regain the flexibility of the

body and the mind by making the consciousness ride on the flow. If this *flow* is understood as *Arugamama*, it can be a theory of therapy; furthermore, *Arugamama* also can be a method and a goal of the therapy. Whether or not the meditation is used will be considered separately, but Morita therapy also has the same way in terms of how to go through experiences.

If the above mentioned are *the sense of accepting life as it is* or *view of accepting life as it is*, their origins are *action of non-action*, and *quietism and emptiness* of the Taoism; Mohezhiguan which was developed by an influence of the Taoism; the Zen Buddhism from which Japanese representative Naikan method and Nanso method were developed by Hakuin Zen master (Yoshizawa, 2000); Japanese traditional breath-counting meditation.

In Morita therapy (Kitanishi, 2014), there are some descriptions using *Arugamama* as a therapy process or a therapy goal. Provided *the sense of Arugamama* is one form of experience produced during or after the process of experience, it is possible to consider that the personal experience of *Arugamama* has universality or commonality.

Given the Dohsa experiences are commensurate with these views even if temporary, the self-healing theory of Naruse (2013) attributes to the resetting of the body and the mind. When the sense of *Arugamama* is a form of experience produced during or after the experience, I conclude that an individual personal experience of *Arugamama* has universality and commonality.

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Content Footnotes

¹ *Kato* means that a monk enters the Zen Rinzai school training monastery.

² *Shoto Koan* is the first question assigned by the Zen master to a novice monk in Dharma Combat when the monk enters the Zen Rinzai school training monastery.

³ *Osesshin* is a period of doing more intensive meditation practice at the Zen Rinzai school training monastery. Unlike usual meditation requiring several hours in a day, a monk has to do meditation for more than twice longer time in a day.

⁴ *Nisshitsu Sanzen* is that a monk enters the Zen master's room to answer the assigned question in Dharma Combat.

⁵ *Inryō* is the Zen master's room. It is a custom to conduct Sanzen at Yinryō in Rinzai school.

⁶ *Kenge* is the monk's answer (own mental state) to the assigned question in Dharma combat.

⁷ *Rohatsu* is December. Rohatsu Osesshin is held from December 1st to 8th. As the tribute on the day when the Buddha became enlightened, this Osesshin starts on December 1st until the morning of December 8th. This is the most important training event during a year.

