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A Cross-Cultural Study of Dousa-Hou Therapeutic Changes due to COVID-19

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A Cross-Cultural Study of Dousa-Hou Therapeutic Changes due to COVID-19

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INTRODUCTION:

Start of Covid-19:

Since December 2019, the Covid-19 has drastically changed the lives of people worldwide. Wearing mask was found a very effective preventive measure but children have less awareness to keep the mask properly fixed at mouth and nose and thus, have more chances to be encountered with virus. As per WHO Europe (2022) on 31 December 2019, WHO was informed of cases of pneumonia of unknown cause in Wuhan City, China. A novel coronavirus was identified as the cause by Chinese authorities on 7 January 2020 and was temporarily named “2019-nCoV”. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. The new virus was subsequently named the “COVID-19 virus”. On 30 January 2020, WHO declared the novel coronavirus outbreak a public health emergency of international concern and WHO’s highest level of alarm. At that time there were 98 cases and no deaths in 18 countries outside China. On 11 March 2020, the rapid increase in the number of cases outside China. By then more than 118000 cases had been reported in 114 countries, and 4291 deaths had been recorded. By mid-March 2020, the WHO European Region had become the epicenter of the epidemic, reporting over 40 percent of globally confirmed cases. As of 28 April 2020, 63 percent of global mortality from the virus was from the Region. WHO has worked around the clock to support countries to prepare and respond to the COVID-19 pandemic. WHO issued certain public advice for prevention as: washing hands frequently with water and soap for 30 seconds or using hand-sanitizing gel; maintaining social distancing (a distance of 1 meter (3 feet) between yourself and anyone who is coughing or sneezing); avoiding touching eyes, nose and mouth; wearing a

mask as needed; following respiratory hygiene; seeking medical care early if you have a fever, cough and difficulty in breathing; and staying informed and following advice given by your health care provider, national and local public health authority, or employer on how to protect yourself and others from COVID-19 (WHO Europe, 2022).

Covid-19 Progressive Waves:

Till now, there are roughly six strong waves of Covid-19 recorded around the world and the impact of each one was varied across regions and countries. China could control the early waves but the sixth wave effected Shanghai region at most while the second wave effected the Europe, America, and India most. According to the European Centre for Disease Prevention and Control, till May 2022, 519467357 cases of COVID-19 have been reported world-wide, including 6277833 deaths. Pfeifer Beth etc. (2022) studied that, Covid-19 Restrictions significantly disrupted, limited, or completely shut down participation in occupations related to leisure, work, education, and social participation and community participation of the people and resulted a big task for the people to adjust in Covid-19 and pandemics to live a normal life. While COVID-19 has affected the entire population, people with Autism Spectrum Disorders have been disproportionately impacted. Not only are people with developmental and behavioral disorders are at higher risk for becoming infected many people with ASD have co-occurring medical conditions including obesity, cardiac and respiratory conditions that put them at increased risk of severe illness from COVID-19 (CDC, 2020b). People with ASD also experience the social and mental health consequences of COVID-19 restrictions on community participation more acutely than the general population and have less awareness of illness and preventive measures such as using mask properly, washing hands rightly, maintain social distance etc. Including the children with disabilities, people got disrupted daily routines, reduced social interaction, and physical activity on their health and well-being, and an increase in anxiety and depression, substance use, loneliness, and domestic violence (Galea et al., 2020). People with ASD, who already face a number of barriers to community and social participation, COVID-19 restrictions compound these barriers to exacerbate social and mental health consequences. Lockdowns and social distancing significantly disrupts daily routines, increasing stress and isolation. Community mobility is one domain of participation where COVID-19 restrictions have significantly impacted people with ASD. In their study, six young adults (4 males, 2 females) with ASD between the ages of 21 and 27 participated in a task of GPS location use for Community mobility. They found the decreased for all participants in both essential and non-essential activities such as shopping, grocery buying, hospital visit, school visit, visiting to friends and relatives as an effect of Covid-19 (Pfeifer et al., 2022).

Most of the countries trying their best to vaccinate their citizens maximum as an earliest.

Still there is no perfect vaccination for Covid-19 but WHO recognized some vaccines as Pfizer, Moderna, Covishield, Covaxin, Sinovac, Sinopharm, Sputnik-V, Astra Zeneca, Janssen, Novavax etc. till March 2022. These are some modified vaccines of SAR(S) vaccines which was developed more than ten years back. There is not 100% vaccinated country till now. Though vaccination is not a perfect treatment or prevention but the risk of severity reduces. In Japan, the vaccination started first with medical staff, old people above 80s, people with chronic disease, essential workers, young people and then to children above age 5. Till now 70% population of Japan got 2 to 3 times vaccine and still there are many people those who have fear of vaccine's severe side effects and not going to be vaccinated.

Effectiveness of psycho-rehabilitation method Dousa-hou:

Dousa-hou is an effective psycho-rehabilitation method to promotes education, mental health, communication and verbal support, psychological care of the children with disabilities, and improves control of spasticity and cerebral palsied bodily movements and postures. It reduces anxiety and depression caused by disabilities, and provides atmosphere for the children to interact more socially with others (Naruse, 1973, 1985; Ogawa, 1987; Harizuka, 1992; Konno, 1993; Kumar & Harizuka, 2001). Mothers and first-degree relatives of the child with disability received more social support through Dousa-hou therapy as a psycho-social support through social interactions during Dohsa-hou therapeutic sessional activities during a one-week camp (Kim & Kumar, 2004). *Dousa-hou* and *Dohsa-hou* are frequently used alphabetic expressions of Japanese word “動作法”.

In the one-on-one training process of dohsa-hou, a trainee experiences the sensory and objective judgment of body movements and develops communication skills for responding to a trainer in attempting a desired body movement task with self-awareness (Tokunaga, 2002; Kumar, Harizuka, Imura, Furukawa, Kim & Kumar, 2005). In other rehabilitation therapies, therapeutic task performances are more mechanical and do not include self-intention and self-awareness, and outcomes extinguish faster than dohsa-hou training (Naruse, 1997a). A trainee involves in Dohsa-hou training sessions with self-awareness on bodily movement tasks and that creates a mutual social interaction between a trainee (patient) and a trainer (therapist), affecting the patient's psychological health (Naruse, 1997b). This may provide relatively better support for a patient to improve the social interactions with the others in the one-week Dohsa-hou training sessions. Interactions of the mothers or first-degree relatives of the trainee (patient) with the child's trainer, supervisor, other trainers, and the other mothers in similar situations extend recognition of the trainee's improvements related to health, communication, self-care, educational aspects, and daily life matters which are responsible for the child's care and self-dependency in day to day life. The trainers' perception of the child's social interaction and improvements related to health, self-care, educational

aspects, and daily life matters may differ from the mothers' perception.

Effect of Covid-19 on Dousa-hou trainings:

Covid-19 progressive waves drastically reduced regular psycho-rehabilitation training frequencies of Dousa-hou for the children with disabilities. A survey was conducted by Kyushu University in 2022 to know about the regional Dousa-hou trainings progression and devise in Covid-19 pandemics for the children with disabilities for their bodily movement therapeutic support in the working regions. Around 30 Dousa-hou supervisors responded in written and some in verbal way on the survey and mentioned that most of the Dousa-hou regional physical activities were not significantly performed in and outside the country they usually engaged. Some mentioned that supervisors are providing online verbal and demonstration support to the children's first-degree relatives, trainees or to available care takers to continue the basis psycho-rehabilitation trainings at home to prevent from certain deformity extension or bodily movement reluctant in reduced Dousa-hou frequencies. Some mentioned that they have conducted weekly or one day camps in between waves or when the Covid-19 cases were in decreasing trend with all preventive measures of sanitizers, masks, hand washing and proper ventilation; some are taking the regulation of Dousa-hou training task as challenge of time. At some places, parents expressed diligent in training participation in pandemics because of some limitation and infection fear.

In Covid-19 pandemic situations, what kind of difficulties the regular Dousa-hou centers, supervisors, foreign country supervisors, trainers, trainees, parents experienced to organize and support the Dousa-hou therapeutic trainings in Japan, Malaysia and India was the aim of study.

METHOD

Dousa-hou is widely practicing in Asian countries. Due to Covid-19, most of the places experienced some kind of problems. In April 2022, Dousa-hou centers, related authorities, supervisors, trainers, parents, trainees in Japan, Malaysia, and India were asked verbally or telephonically about the difficulties they faced till now due to Covid-19, and how they devised the psycho-rehabilitation therapeutic regulation in pandemic.

RESULTS:

The response of the persons involved in Dousa-hou, parents, and trainees raised the problems, shortcomings, reaching ways, managing, and social constraints developed due to Covid-19 were compiled as below.

Therapeutic restriction due to Covid-19 and devise in Japan:

As mentioned earlier that 30 regional supervisors responded in written and some in verbal on the survey and mentioned that most of the Dousa-hou regional one-on-one activities were not significantly performed in and outside the country. Most of them exhibited that they are in problem to organize regular meeting for the trainees due to Covid-19 infection spread fear and strict governmental rules. Some places could not get any contact to parents and trainees for months. Some mentioned that trainees and parents want to organize trainings but the supervisors showed the reluctance due to virus spread fear and their employers' Covid-19 rules and restrictions. Till now most of the children with disabilities and parents, supervisors got vaccinated 3-times. Although, there is a fear of strong side effect and therefore, Pfizer vaccine was found most likely in Japanese population. The problems they faced from the start of Covid-19 were tremendous including their personal daily livings and health maintenance matters. Government declared three times emergency in many prefectures limiting free movement of people for outings, events, restaurant dining etc. Though, there was not complete lockdown in the country. The online setup of works and classes became most safe way in society. There were not sufficient, cheap, and easily testing Covid-19 kits and checkup centers. Gradually saliva-testing free governmental services started in the cities and intensive diagnosis in the clinics if there is positive saliva-testing, and the infected person has to keep them be isolated for 14 days from family and others with daily three times city health center's telephonic check reports. The situation was really pandemic and terrified.

The parents said that, initially they thought that it is like an influenza and can be treated by available medicines as of Tamiflu etc. and mask is not required as the media was reporting that mask is not effective and virus does not spread by air but, little by little most of the media information became unbelievable and spread the fear in public that anyone can be infected whether having antibodies or not. There were some people who got severe side effect of vaccine in heart such as Myocarditis and did not go for sequential or booster vaccination. In the first dose, the side effect of body temperature increase (fever) was not much but people experienced laziness or fever after 2nd or 3rd vaccine dose. The most problem was that children could not manage the mask to put it properly and to keep it on mouth and nose tight. Some people and children could not manage due to breath inhale difficulties. There was very much deficiency of masks, sanitizers, thermometers and prices hikes more than 10 times for backyard available stocks, though slowly appeared in market with reasonably high price. At present, such items are available in market in bulk and in variety and much cheaper including oximeters, thermographic thermometers, alcohol-napkins, gels, spray etc. and oxygen concentrators (instant and generators). Take-out or food delivery services came in usual services but hardly there were such services for the infected patients. If they isolated them at home people reported that they used to go to supermarkets when

there are less people and off hours with proper mask and sanitization.

In Fukuoka prefecture the researcher was continuing the weekly Dousa-hou training for the children with disabilities since the year 2001. Presently, there are six participating children (Physical disability due to spasticity = 4, Rett's syndrome = 1, ASD = 1) and their parents (mothers) as trainers to support their children by themselves at learning basics of Dousa-hou. Rehabilitation's Dousa-hou trainings for these children were continuously organized till February 2020, and suddenly stopped due to Covid-19 widespread without any notice of its further start. In 2020, the total weekly training conducted were 15 times and no one-day intensive training. The closings continued till March 6, 2021. There was a further start of training on March 13, 2021 without any vaccination but with sufficient preventive measures as: proper ventilation by opening all the sliding windows both side, full door openings, hand wash by soap for 30 seconds, alcohol sanitization, social and physical distancing in trainer-trainee pairs, every time's health check, oxygen check, and body temperature records. Usually, after Dousa-hou training, all used to have tea-snacks break for 30 minutes but we took a decision to stop it completely and its continuing till now. ASD child was very much panic at this sudden change but slowly getting used to but sometime recall that memory and brings the big pot of tea from kitchen. Adults could manage to put masks properly but most of the children could not do it and therefore, a fear was there for the spread of virus if someone carries. Two children were infected but recovered early with mild symptoms and other experienced the close-contact in school or in family and keep them isolated in homes as per city health center's guidelines. After that the Dousa-hou training was performed on March 27, and April 3 (three times) and again closed till further information due to second serious wave of Covid-19 variant virus, and Govt. declared emergency again. The training resumed on July 3 again and continued till July 17 just for two times and ended due to third Corona variant wave. Vaccination started in that month and children with disability got first and then the adults got first dose of vaccine in July or August, 2021 with second dose after an interval of three weeks. The training further started from October 9 to January 8 for 9-times and most of the participants got 2nd dose of vaccine till then. After that, the Omicron variant of Corona virus shocked the world and left a terrifying effect of its severity and wide spreading, and happened so. This Omicron variant virus effected tremendous people in Japan too. People got their 3rd vaccine or booster dose till March 2022. Further Dousa-hou rehabilitation training was resumed from March 19, 2022 with all preventive measure and regularly till now. In 2022, we have conducted 10 times the weekly training with all the six trainees, though some absented from time to time due to their other day caring institutions schedule activities. Parents mentioned that they were much fearful about the proper treatment in case of infection. Government announced to provide Pfizer treatment medicine pills to the infected patients but we did not find that any one got it in our surroundings. Only usual

ways of fever, flu, cough treatment medicines were used if the patient's condition is not severe. Corona hospitals and hotels were decided by the city governments and in serious condition, concentrators and other effective medicines were used there. Parents expressed the problem of regular rehabilitation trainings for their child, vocational or educational institutions participation fear, fear of proper virus infection treatment, food stuff supply, and precautionary items as soaps, sanitizers, and masks. Some parents lost their jobs and could not have regular income. Some were much tired of taking care of their child for 24 hours and got health problems. Some seek short-stay services for their child to retain their health condition but children claimed negligence from parent side, feel uneasy, and causes fever if separated from parents. Some experienced transportation problems to reach their institutions.

Annual Psycho-rehabilitation conference 2020 and 2021 was organized online in on-demand form in Japan. Some supervisors of other regional trainings mentioned that they conducted weekly or one-day camps in between waves or when the Covid-19 cases were not in surge and in decreasing trend with all preventive measures of sanitizers, masks, hand washing and proper ventilation. Some are taking the regular Dousa-hou training task as challenge of timely situations. At some places, parents expressed diligent in training participation in pandemics. Overall, it can be said that these children could not avail even 20 times a year the regular Dousa-hou trainings in pandemic period, which is less than half of the yearly trainings they used to avail earlier.

Therapeutic restriction due Covid-19 and devise in Malaysia (Kota Kinabalu):

In Kota Kinabalu region of Malaysia, Seri Mengasih Centre is basically a school for the children with mental challenges and widely providing the Dousa-hou rehabilitation services for the children with disabilities in the Borneo region since 2007. There are three Dousa-hou Licensed supervisors and many licensed trainers to cater the rehabilitation needs of such children. The supervisors and trainers also provide their services at other institutes on demand if the children are having severe disability or in outreach of center. Covid-19 effected that region too seriously and Sinopharm vaccine was widely used in the region and many got the booster dose too after second dose on priority by this Centre's efforts. Due to Covid-19, the Sri Mengasih Centre was closed for many months and the BKI airport is still not in operation for the world too. In pandemics, the staff did not get the regular salary and many of our Dousa-hou trained staff left the Centre. Since March 2022, the Centre was again opened and resumed the Dousa-hou training services for these children and new children with time to time announcements, pamphlets, demonstration for the newly joining parents and its publication on small scale. Little by little some children started joining the Dousa-hou training on regular basis. The problems they faced in Covid-19 time were as: lack of rehabilitation regular trainings for trainees, fear of infection if going outside the home,

regular income resource, leisure time activity deficiency, worsen the relationship with parents if they stay at home for longer time, no meeting with friends and lack of communication and communication skill use etc. The responsible supervisors reported the progress time to time but were in tense situation due to Covid-19 restrictions. There were complete lockdowns in the cities and rural areas too. These children could not get even 10% of yearly Dousa-hou trainings as before.

Therapeutic restriction due Covid-19 and devise in India (New Delhi):

As of Malaysia, Indian situations too reported severe effect of Covid-19 on children with disabilities, their parents, relatives or family people including economical aspects. Balvantray Mehta School, New Delhi is a famous integrated school of the city and organizing Dousa-hou rehabilitation trainings for the children with disabilities since 2001. There are three Licensed Dousa-hou supervisors and more than twenty licensed Trainers of Dousa-hou who organize Dousa-hou activities as a part of curriculum in weekdays and as a Dousa-hou Clinic for the outcomers on every Saturday. After the outbreak of Covid-19, 2nd wave of Corona effected the Indian cities very badly. Soon the Indian originated vaccine was discovered and presently Covaxin and Covishield are widely used in a cocktail form. There were complete lockdowns in the big and small cities many times, and children could not take any exam till March 2022 because schools were completely closed. Though, some physical and real-time online exams were organized with all preventive measures but still there was a dissatisfaction in examinees and their parents. Sometimes online classes were there but was not so effective. In the same way, the Dousa-hou trainings were cancelled at the school since March 2020. Second wave of Covid-19 effected badly the Indian cities but soon after two times vaccination, mass community immunizations was developed and people rarely use masks now. Washing hands frequently, using handkerchiefs or masks in gatherings, social distancing measures are widely came in practice. Since April 2022, the school reopened with physical classes but the weather in northern India is extremely hot and again school closed for summer vacations from May 15, 2022. The supervisor reported that they have started the usual Dousa-hou training in classes and clinic little by little and children too are joining but turning up little. These children in India could not get even 10% of yearly Dousa-hou trainings too as of before.

CONCLUSIONS:

Covid-19 effected a lot the regular Dousa-hou trainings of the children with disabilities, individuals and family economics, social relations, physical and psychological health of people in Japan, Malaysia and India. The trainings were mostly not performed in Malaysia and India until March

2022. In Japan, tremendous efforts were made to continue the Dousa-hou trainings in between waves when less report of infected people in the regions with full measures of vaccination, sanitizers, body temperature or health check records, proper ventilation and social distancing. The daily life of family of these children disturbed in many ways due to Covid-19 fear but these children were very much eager to start and join the Dousa-hou trainings as reflected from their active participation in trainings organized between waves. In Japan, these children could get more than 20 times trainings in a year in Covid-19 time in some regions. There was much fear in the beginning of Covid-19 from March 2020 but gradually the infection fear reduced but again a big panic occurred due to Omicron variant, and presently people are not caring so much after booster vaccine doses and reduction of serious cases and daily infected cases as reported by media everyday. It is expected that these children will be able to avail the regular Dousa-hou trainings from August 2022 and intensive short-camps in Japan, Malaysia and India by the collaborative support of supervisors, trainers, parents, and regional resources.

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