



筑紫女学園大学リポジット

Communication Development Support to the Children with Disability through Dousa-hou

メタデータ	言語: English 出版者: 公開日: 2014-02-07 キーワード (Ja): キーワード (En): 作成者: KUMAR, Surender, KUMAR, Surender メールアドレス: 所属:
URL	https://chikushi-u.repo.nii.ac.jp/records/26

Communication Development Support to the Children with Disability through Dousa-hou

Surender KUMAR

Abstract:

The results of Questionnaire for Developmental Changes showed that the psychological rehabilitation method Dousa-hou could support and promote most the body posture and communication related factors as volunteer body movements, behavior control, health maintenance, emotion expression, initiative & appearance, speech and communication, and social interaction factors by the practice of Dousa-hou training in 3-days long camps in Malaysian context.

Introduction:

Communication involves listening, speaking, gesturing, reading, and writing. Communication abilities help children to learn, form social relationships, express feelings, and participate in everyday activities. Some children, due to cognitive and/or physical impairments, may have difficulty expressing themselves clearly or understanding what is being said to them (Reinhartsen & Pierce, 1994). People with disability and serious mental illness have tremendous improvements through the psychological interventions in last three decades. Psychologists have contributed to programs that are helping people change their feelings, emotions, and behavior instead of just suppressing symptoms. In particular, a number of treatment programs are drawing on the work of psychologists and their method encourages people to learn about their own body and mind and demonstrate social skills that allow them to function in a community.

Children with cerebral palsy improve control of their behavioral activities, bodily movements, and posture, reduce anxiety and depression caused by their disabilities using Dousa-hou (Ohba, 1992; Ogawa, 1987; Saito, 2002), and socially interact more with others (Naruse, 1985, 1992; Harizuka, 1992; Konno, 1993b; Kumar & Harizuka, 2001, Tokunaga, 1996, 2002; Tsukada, 2001). Dousa-hou is a psychological rehabilitation process for the children and adults with disabilities, to improve their education, health, and psychological care (Naruse, 1973, 1985, 1992). Dousa means a process of motor action which consists of the inner psychic activities and of a bodily movement. When we intend to move some parts of body, we make striving to realize the bodily movement according to our own intention. If the striving is appropriate to the movement, the intended movement can be realized. The striving which has an exact intention to move one's parts of body is called as a 'goal directed striving'. If intended movement coincides with the goal directed striving, Dousa appears as bodily movement, but it has the inner psychological activities like as an intention

and a striving. Thus, the process of Dousa can be divided into mainly two processes; one is a psychological process like as the intention and the striving, another one is a physiological process like as the bodily movement. But we can't divide an actual motor action of human being. Psychologists, teachers and parents treat Dousa process for the improvement of motor action. In other word, Dousa helps in the expression of psychological and physical states of a person. Further, a control of Dousa is self-control of our psychological and physical activities. Thinking about the children with cerebral palsy, their disability of motor action is not due to only the stiffness or muscle hypertension of their body, but their unlearning how to strive to realize the appropriate bodily movement.

Psychotherapy may be able to improve body sensing, alleviate stress, balance the nervous system, and mobilize posture. Psychotherapy works with ascertain a more satisfying experience with trainer and patient. During the therapy, therapists work verbally with their patients and support patient's dynamic bodily experience. These experiences include breathing patterns, sensation, posture, and movement. Therapist also works with body image, symbol, or even through touch when it is required. Psychotherapists work with different life challenges or issues such as, abuse, trauma, anxiety, depression, grief, psychosomatic issues, life transitions and personal and spiritual growth. A psychologist may use body-oriented and/or movement-oriented approach to create a therapeutic environment that attends to the whole being. Motor action oriented psychotherapy is used to make possible exploration and expression, to build up self-awareness, self regulation and a feeling of strength and aliveness and helps to deepen the sense of connection to others.

Mothers and first-degree relatives of the child with disabilities received more social support through Dousa-hou therapy than usual social interactional activities of Dousa-hou during a one-week camp. In one-on-one training process of Dousa-hou, a patient experiences objective judgment of body movements and develops communication skills for responding to a trainer in attempting a desired body movement task with self-awareness and acquires behavior modifications. Relaxation, movements of body parts, and *Tate* (holding straight body postures during sitting, kneeling, and standing) training are the three main training processes of Dousa-hou (Naruse, 1997a, 1997b). In this, a patient with disabilities performs trainer guided body movement tasks in different postures of *agura zai* (sitting), *hizatachi* (kneeling), *ritsui* (standing) and *houkou* (gait) by himself/herself under supervision of a supervisor. This has been noticed that patient gets relatively better support to improve in social skills interaction with others during Dousa-hou training sessions (Kim & Kumar etc., 2004, 2006, Tokunaga, 2002). Side bias were found in the children with autism and cerebral palsy for handedness and footedness for acting on certain daily living activities (Kumar, Harizuka, Mandal, 2012). The Dousa-hou was found useful for the children with mental retardation to provide awareness of body images, control of bodily movements or motor functions, social awareness, maintenance of self and self-decision, and health care to support the intellectual and psycho physiological needs.

Language communication is critical in the development of young children. Speech and language deficiencies and delay were common among individuals with mental retardation. Such kinds of delay and impairments have been evident for years (Tredgold and Soddy, 1956). A person may be capable of producing

speech but still have difficulty in generating, transmitting, and understanding linguistic communications. Much of our early learning is dependent on verbal mediation by caregivers (Baroff, 1999). Children need a rich and responsive language environment and important is to have adults provide a predictable and comprehensive comprehensible communication environment, in which language is used to convey information with new material and skills. Children's development depends on exposure to common and day-to-day experience and general stimulation (Ramey and Ramey, 1992). Family background, living environment, family size, religion, gender, ethnicity, and socio-economic status are some cultural factors those also effect the development of a child (Blacher, 2001). Psychological Rehabilitation is the helping methods dedicated to assisting people-individuals, family members, and caregivers, who are struggling with the effects of a disability, and are seeking to restore hope and meaning to their lives. Disability refers to a limitation in physical, sensory, cognitive, or emotional functioning. A disability can affect a person's capacity to work, to learn, to manage personal or family responsibilities, to maintain relationships, or to participate in recreational activities. Psychological rehabilitation is the application of psychological knowledge and understanding on behalf of individuals with disabilities and society through such activities as research, clinical practice, teaching, public education, development of social policy and advocacy. Although the process of rehabilitation has traditionally been viewed as 'physical' in nature, it is now considered a multi-faceted process involving not only the services of surgeons, occupational therapists, physiotherapists, and speech therapists but also exercise scientists, dieticians, and psychologists.

The effectiveness of psychological rehabilitation technique, in terms of posture and communication development, for the children with disabilities at cross-cultural level was examined in this study. Improvements of developmental changes occurred in body control, volunteer body movements, health maintenance, initiative and appearance, speech and communication, social interaction, emotion expressional factors, were measured by the Questionnaire for Developmental Changes (QDC).

METHOD

Participants

Thirty one children with autism, down syndrome, mental retardation, behavior disorder, cerebral palsy disabilities ($N = 15$, M age = 16.1 yr. M education = 10.2 yr.) studying in Seri Mengasih Center and Tawau Institute for Deaf, 15 special educators as trainers, parents, 4 supervisors and some volunteers as sub-trainers participated in the psychological rehabilitation camp for 3-days at each place. Subjects were specified as to their disabilities only. Disabilities ranged from mild to severe; none were profoundly disabled.

Materials

English version of 24-item Questionnaire for Developmental Changes (*see Appendix- I*) to measure the

developmental changes of children occurred by Dousa-hou training method was developed by the researchers and was administered among the trainers and mothers. The items selected in the questionnaire were from seven areas of development as: I. Behavior Control (*item 1, 2*), II. Speech & Communication (*item 3, 4*), III. Emotion Expression (*item 5, 6, 7, 8, 9*), IV. Volunteer Body Movements (*item 10, 11, 12, 13*), V. Initiation and Appearance (*item 14, 15, 16, 17, 18*), VI. Social Interaction, (*item 19, 20, 21*), and VII. Health Maintenance (*item 22, 23, 24*).

Procedure

Children with autism, down syndrome, mental retardation, behavior disorder, cerebral palsy disabilities, special educators as trainers from Seri Mengasih Center and Tawau Institute for Deaf, parents (mostly mothers), supervisors, and sub-trainers participated in a 3-days psychological rehabilitation camp of Dousa-hou organized in Kota Kinabalu and Tawau, Malaysia. Dousa-hou training activities were organized in small groups of five to six trainer-trainee pairs under a supervisor, three times a day and for one hour each time. Recreational activities were organized involving active interplay of trainers, trainees, mothers, siblings, supervisors, and sub-trainers. English, and Malay languages were the medium of instruction during Dousa-hou training.

Main Dousa-hou tasks for children with disabilities were practiced depending upon the type and level of disability as follows.

- ① Relaxation tasks in twisting trunk activities and by active horizontal relaxation.
- ② Sitting crossed legs (*Zai*) tasks for relaxation, bending forward, and return straight at straightening the curvy back portions.
- ③ Kneeling tasks for balancing and body images.
- ④ *Shisei* (posture making) for attainment of straight and stable sitting, kneeling, and walking with coinciding images of the patient himself and in others' perception.
- ⑤ Arm uplifting Dousa-hou exercises in lying down and sitting posture.

Therapist (trainer) kept in mind the patient's needs, with concrete planning to support the patient's needs. The Dousa-hou activities were selected accordingly. All the activities were performed with slow pace because by speedy movements the patient feels difficulty to judge and cope up with the information of body movements, how his body parts are moving, and how he is striving to create a desired movement. Relaxation tasks performance in lying down positions through twisting trunk, active horizontal relaxation, and uplifting the arms upward, downward and in directions.

English version of 24-item Questionnaire for Developmental Changes (QDC) to measure the developmental improvements of children facilitated by Dousa-hou training method were administered on the last camp day of Dousa-hou training among the trainers and mothers. To measure the posture and communication training effects on trainee and the training effects noticing skills of trainers, the data was collected from the trainers and mothers.

RESULTS AND DISCUSSION

Total scores of QDC on seven factors (*see Table 1*) of trainers were analyzed using one-way analysis of variance using SSPS for windows (Kinnear & Gray, 2000) for the prediction of Dousa-hou effectiveness on posture and communication development of the children with disabilities. It showed that QDC's total scores of seven factors (*between-groups*) as group effect of trainers, differed significantly ($F_{1,6} = 30.2, p < .001$). The trainers found their trainees to maintain normal health in certain body postures during training activities; and on clear understanding of the exhibited emotion expressions of their trainees in the sessions.

The *Table 1* also showed that the developmental changes in children to have communication with their trainers, supervisors, parents, other children, and other parents most through the Dousa-hou activities of body movements (*mean rating 4.0*) followed by behavior control (*mean rating 3.5*), physical appearance (*mean rating 3.3*), speech and communication (*mean rating 3.2*), social interaction (*mean rating 3.1*) and emotion expression (*mean rating 2.7*).

Table 1. MEAN SCORES AND STANDARD DEVIATIONS OF QUESTIONNAIRE FOR DEVELOPMENTAL CHANGES ON SEVEN FACTORS ($N = 15$)

Factors	Behavior Control (I)	Speech and Communication (II)	Emotion Expression (III)	Volunteer Body Movements (IV)	Initiative & Appearance (V)	Social Interaction (VI)	Health Maintenance (VII)	Total	$F(1,6)$ 30.2**
Mean	6.9	6.8	13.7	15.15	17.95	8.8	14.32	12	—
Mean Rating	3.5	3.2	2.7	4.0	3.3	3.1	4.8	3.5	—

Note:- ** = $p < .001$; Total no. of items in QDC were 24.

The above data analyzed results clearly gave a direction to know the communication developmental changes of the children with disabilities that children got benefit by the psychological rehabilitation method Dousa-hou. The trainers who participated in training camps get skilled to notice the small developmental changes and outcomes by the practiced training activities with selection and emphasis on a particular Dousa-hou activity to produce a desired change of posture and communication development.

To consider the training effects on communication development, the trainees who participated could improve very well on volunteer movement of body, and behavior control factors. Such as how to involve in play with others, volunteer movement of hands, legs, fingers, neck and other body parts, could gain on how to initiate a talk with others or to act on his role in recreational activities or when playing with others; and taking care of his own appearance and interaction with other using verbal, non-verbal and emotional expressions. It means that the trainee could take care of himself with awareness as a social manner not to be looked awkward or dull. The trainee was found to produce body movements better and correct than earlier in different situations while involving in different social activities of daily living. The trainee could communicate his feelings better to their trainer using words in the training context and to respond on the given body movement

tasks. It was also emerged that a trainee could control the own behavioral activities with awareness by this method. It can also be concluded that the trainee got more chance to get social interaction with other persons including his trainer and was found involved from sometimes to usual states. In the last, it reflected from the results that trainee was not significantly able to produce facial emotion expressions in training activities. There may be chances that the trainer could not catch the produced emotional expressions at right time due to paying much attention to support the body movement tasks.

Overall, it can be concluded by the QDC results, that the psychological rehabilitation method Dousa-hou could supports and promotes most the posture and body movements, behavior control, speech and communication skills, initiative & appearance, social interaction, and the emotion expression through Dousa-hou training method of psychological rehabilitation.

For further study, it is our aim to compile the trainers' and mothers' data of three countries of Japan, Malaysia, and India in next publication to generalize the posture and communication development effectiveness of the psychological rehabilitation method Dousa-hou for the benefit of the children with disabilities in respective and other countries.

References

- Baroff, G. (1999) *Mental retardation: Nature, cause, and management* (3rd ed.). Philadelphia: Bruner, Mazel.
- Blacher, J. (2001) Transition to adulthood: Mental retardation, families, and culture. *American Journal on Mental Retardation*, **106**, 173-188.
- Harizuka, S. (1992) Dousa-Hou for making a sitting posture with legs crossed. *The Journal of Rehabilitation Psychology*, **19**, 27-33.
- Kim, Y. S. & Kumar, S. (2004) Cross-cultural examination of social interactions during a one-week Dousa-hou (Japanese Psycho Rehabilitation) camp. *Psychological Reports*, **95**, 1050-1054.
- Kinnear, P. R. & Gray, C. D. (2000) *SPSS for windows made sample: Release 10*. East Sussex: Psychology Press Ltd.
- Konno, Y. (1993b) Kinkincho no relaxation keiken to tasha ninchi to no kankei [The relation between the experience of muscular tension, tension-relaxation, and perception of other person]. In *Proceedings of the 57th Annual Convention of the Japanese Psychological Association*. P. 235.
- Kumar, S. & Harizuka, S. (2001) An introduction of Dousa-hou: Japanese Psycho-rehabilitation process for children with cerebral palsy. *Korean Journal of Rehabilitation*, **2**, 1-10.
- Kumar, S., Kim, Y. S., Oh, K. S. (2006) Development of a social interaction questionnaire for the trainers and mothers of children with disabilities participating in Dousa-hou (Japanese Psycho-rehabilitation) camps. *Psychological Reports*, **99**, 591-598.
- Kumar, .S., Harizuka, S., Mandal, M. K. (2012) Side bias in Autism: Handedness and footedness. *The Journal of Rehabilitation Psychology*, **38(2)**, 15-19.
- Murphy, K. R. & Davidshofer, C. O. (2001) *Psychological Testing: Principles and Applications*. New Jersey:

Printice Hall, Inc.

Naruse, G. (1973) *Shinri rehabilitation* [Psychological rehabilitation]. Tokyo: Seisin Shobo.

Naruse, G. (1985) *Dousa kunren no riron* [Theoretical approach to Dousa-training]. Tokyo: Seishin Shobo.

Naruse, G. (1992) Recent development of Dousa-Hou in Japan. *The Journal of Rehabilitation Psychology*, **19**, 7-11.

Naruse, G. (1997a) The clinical Dousa-hou for cerebral palsied persons. *The Journal of Rehabilitation Psychology*, **XXV**, 1-7.

Naruse, G. (1997b) The clinical Dousa-hou as psychotherapy. *The Journal of Rehabilitation Psychology*, **XXV**, 9-16.

Ogawa, Y. (1987) A case study of Dousa therapy for a patient of masking depression. In G. Naruse (Ed.), *Dousa therapy*. Fukuoka: The Clinical Institute of Disabled Children. Pp. 87-94.

Ohba, N. (1992) An application of Dousa-hou to the anxiety neurosis patient. *The Journal of Rehabilitation Psychology*, **XVII, XVIII, XIX**, 179-186.

Ramsey, C. T., & Ramsey, S. L. (1992). Effective early intervention. *Mental Retardation*, **30**, 337-345.

Reinhartsen, D., & Pierce, P. (1994) Developing Communication Abilities. In P. Pierce (Ed.), *Baby Power: A Guide For Families For Using Assistive Technology With Their Infants and Toddlers*. Raleigh, NC: NC Department of Health and Human Services.

Saito, F. (2002) Relations between the body sway and the trait-state anxiety in the standing posture. *The Journal of Rehabilitation Psychology*, **30**, 85-92.

Tokunaga, Y. (1996) Dousa-hou for children with special educational needs to improve communication skills in pre-language stage. *The Journal of Rehabilitation Psychology*, **26**, 35-43.

Tokunaga, Y. (2002) An approach to establish the interactions between caregivers and children with profound and multiple disabilities based on Japanese psychological rehabilitation (Dousa-hou). *The Journal of Rehabilitation Psychology*, **30**, 75-84.

Tredgold, R. F., & Soddy, K. (1956) *A textbook of mental deficiency*. Baltimore: Williams & Wilkins.

Tsukada, M. (2001) Development of infants' response during interactions with mothers: The transition from dyadic to triadic interactions. *The Japanese Journal of Developmental Psychology*, **12(1)**, 1-11.

Appendix- I

Questionnaire for Developmental Changes (QDC)

(For Trainers/ Mothers)

Demographic data:

Trainer/ Mother Name: _____ Age: _____

Trainee's Education: _____ Sex of Trainee: _____

Date: _____

*Please mark 1 if your answer is **never**, 2 for **occasionally**, 3 for **sometimes**, 4 for **usually** and 5 for **almost always***

Did you notice any change in the child on the following aspects:

1. Child could concentrate on a given body movement task	1	2	3	4	5
2. Child was found controlling the temper during training activities	1	2	3	4	5
3. Child talked with the therapist in training	1	2	3	4	5
4. Child was actively and frequently responded to the therapist	1	2	3	4	5
5. Did you notice <i>joy</i> on the child's face	1	2	3	4	5
6. Did you notice <i>sadness</i> on the face of child	1	2	3	4	5
7. Did you notice <i>anger</i> on child's face	1	2	3	4	5
8. Did you notice <i>rejection</i> of the activities by the child	1	2	3	4	5
9. Did you notice <i>fear</i> on the child's face	1	2	3	4	5
10. Child was able to produce desired movement of hands	1	2	3	4	5
11. Child was able to produce desired movement of legs	1	2	3	4	5
12. Child was able to produce desired movement of fingers	1	2	3	4	5
13. Child was able to produce desired moments of neck	1	2	3	4	5
14. Child was having the feelings of happiness	1	2	3	4	5
15. Child was participating in play with other children and parents	1	2	3	4	5
16. Child took initiative to talk with others	1	2	3	4	5
17. Child was looking fresh in the camp	1	2	3	4	5
18. Child was looking dull in the camp	1	2	3	4	5
19. Child voluntarily participated in recreational activities	1	2	3	4	5
20. Child tried to act on his role in a play with others	1	2	3	4	5
21. Child was found to play with others using a ball or toy	1	2	3	4	5
22. Child's body temperature was normal	1	2	3	4	5
23. Child's heart rate was normal	1	2	3	4	5
24. Child's breathing was normal	1	2	3	4	5

Is it your first or second or () times to participate in Dousa-hou camp? Mark the suitable one.

Thanks for your cooperation.

Note.- Items were rated on a 5-point scale using anchors of 1 = never and 5 = almost always. Items for Factor I = 1, 2: Behavior Control; Factor II = 3, 4: Speech and Communication; Factor III = 5, 6, 7, 8, 9: Emotion Expression; Factor IV = 10, 11, 12, 13: Volunteer body movements; Factor V = 14, 15, 16, 17, 18: Initiative and Appearance; Factor XI = 19, 20, 21: Social Interaction; and Factor VII = 22, 23, 24: Health Maintenance.

(スレンダー・クマール : 幼児教育科 教授)