

Symposium | Psychotherapy : [Symposium 93] Cultural Perspectives in Psychotherapy: Integrating Traditional and Modern Approaches

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[Symposium 93] Cultural Perspectives in Psychotherapy: Integrating Traditional and Modern Approaches

Moderator: Itsuo Asai (Heart Clinic Medical Corporation), Yukie Kurumiya (The Chicago School)

[SY-93-02] Morita Therapy and Buddhism

*Kei Nakamura¹ (1. The Jikei University Center for Morita Therapy (Japan))

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Morita therapy is a psychotherapy for anxiety, obsessive-compulsive and related disorders developed in 1919 by a Japanese psychiatrist Shoma Morita. The original method was a unique inpatient therapy founded on bed-resting and occupational therapy, but today it is more commonly practiced in an outpatient form. In Morita therapy, it is regarded that behind anxiety and its root cause, the fear of death, exists the “desire for life”, which is a natural desire of human beings to live well. For us, anxiety or the fear of death and the “desire for life” are two sides of the same coin. Nevertheless, people with anxiety disorders, OCD and so on, in their efforts to eliminate anxiety, end up exacerbating their very anxiety and its symptoms, and become entrapped in them. The core of Morita therapy is to break down these “entrapment” by guiding patients to nurture an attitude of “Arugamama (being as they are)” and “Shizen fukujyu (submission to nature)”. Morita stated that his therapy was not derived from Zen-Buddhism, but was born from the ingenuity and improvement of Euro-Western psychotherapies, but there are also a number of psychiatrists who point out the kinship between Morita therapy and Zen, and some of the successors of Morita therapy have intentionally approached Zen. In this presentation, I will examine the relationship between Morita therapy and Zen Buddhism, and in particular, I would like to highlight the “view of nature” and “mind-body unity” that underlie both. This kind of attempt will lead to a relativization of perspectives and paradigms that have become notable in the West since the modern era, such as the manipulative objectification of nature, including the dualistic paradigm of somatic therapy vs. psychotherapy.