

Symposium | Psychotherapy : [Symposium 51] Morita Therapy: Is It Culture-Bound Psychotherapy or Useful Across Cultures?

📅 Fri. Sep 26, 2025 4:30 PM - 6:00 PM JST | Fri. Sep 26, 2025 7:30 AM - 9:00 AM UTC 🏛️ Session Room 5
(Conference Room A)

[Symposium 51] Morita Therapy: Is It Culture-Bound Psychotherapy or Useful Across Cultures?

Moderator: Masahiro Minami (Simon Fraser University), Shinsuke Kondo (University of Tokyo)
Discussant: Andrea Roberto Polari (University of Melbourne)

[SY-51]

Morita Therapy: Is It Culture-Bound Psychotherapy or Useful Across Cultures?

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[SY-51-01]

What kind of psychotherapy is Morita Therapy?

*Ayumu Tateno¹ (1. Department of Psychiatry, The Jikei University School of Medicine (Japan))

[SY-51-02]

A century of Morita therapy: What has and has not changed

*MITSUHIRO NAKAMURA^{1,2} (1. Yokohama Camellia Hospital (Japan), 2. Shinano Mental Clinic (Japan))

[SY-51-03]

On the Therapeutic Effects of Morita Therapy: A Study on the Therapeutic Effects of Outpatient Morita Therapy

*Mikiko Kubota^{1,2} (1. Hosei University, Graduate School of Social Well-being Studies (Japan), 2. The Jikei University, Center for Morita Therapy (Japan))

[SY-51-04]

Morita Therapy and Mindfulness

*Masahiro Minami¹ (1. Simon Fraser University (Canada))

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Keywords : Morita therapy、 psychotherapy、 mindfulness、 culture

Morita Therapy, founded in 1919 by Japanese psychiatrist Shoma Morita, is a distinctive approach to treating "neuroses." Its core principle is to break the psychological vicious cycle of anxiety by guiding individuals away from attempting to control their anxiety, instead fostering an "as-is" attitude. This "as-is" approach encourages patients to accept their anxiety and symptoms without forcibly trying to eliminate them, while recognizing the underlying "desire for life"—the inherent drive for growth and improvement—that accompanies anxiety in real-life situations. Originally, Morita Therapy was an in-patient treatment involving periods of isolated bed rest and work therapy. In recent years, however, it has evolved into primarily outpatient practices, which include various formats such as individual therapy, group therapy, and short-term care programs. Morita Therapy is closely associated with Zen Buddhism and differs significantly from Western psychotherapeutic approaches. It emphasizes a unique view of nature, a mind-body monistic perspective, and places the practice of daily life at the center of its treatment.

This symposium will offer an overview of Morita Therapy and its historical development, as well as explore research on its effectiveness in outpatient settings. Additionally, we will examine the differences between Morita Therapy and mindfulness-based approaches that have been integrated into Western psychotherapy and mental health practices. A comparative cultural analysis will highlight these distinctions. Finally, an Australian psychiatrist with a multicultural background will provide designated remarks, offering further insights. Through this symposium, we aim to foster a lively discussion on whether Morita Therapy is inherently suited only for Japanese and East Asian cultures or if it holds value and applicability across diverse cultural contexts.

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[SY-51-01] What kind of psychotherapy is Morita Therapy?

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Keywords : Morita Therapy、 Anxiety、 Acceptance reality as it is

Morita Therapy is a Japanese psychotherapy created by Shoma Morita in 1919 based on Eastern psychology. Shoma Morita defined obsessive-compulsive ideation, general nervousness, and seizure neurosis as neuroticism, and Morita Therapy was effective. Morita's definition of nervousness encompassed the state, the psychological mechanisms underlying the symptoms, and the neurotic personality. According to the DSM5, the conditions include Panic Disorder, Agoraphobia Social Anxiety Disorder, Obsessive-Compulsive Disorder, and Illness Anxiety Disorder. Neurotic personality refers to a personality that has both obsessive and self-empowering characteristics, such as meticulousness, perfectionism, and competitive nature, and introversion and fragility, such as introverted, nervous, and passive nature. Morita described the cognitive process as the mental preoccupation mechanism working on the symptoms. The mental preoccupation mechanism can be divided into seisin kogo sayo and ideational contradiction. Seisin kogo sayo is a mechanism in which attention and sensation act in a vicious cycle, causing symptoms to develop. Ideational contradiction refers to an attitude in which the intellect attempts to eliminate feelings that should be present as absent. For patients who are trapped in symptoms based on nervousness, the goal of treatment is not to eliminate anxiety, which should be there, but to let the anxiety be and to use the raw desire behind the anxiety for constructive action. The word that simply expresses this is acceptance reality as it is. The Original Morita Therapy is inpatient treatment, but currently Outpatient Morita Therapy is the mainstream, and guidelines for outpatient Morita Therapy were completed in 2009. At the conference, we plan to discuss how to lead the patients to acceptance reality as it is.

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[SY-51-02] A century of Morita therapy: What has and has not changed

*MITSUHIRO NAKAMURA^{1,2} (1. Yokohama Camellia Hospital (Japan), 2. Shinano Mental Clinic (Japan))

Keywords : Morita therapy、 East Asia、 Review

In 2023, we conducted a narrative review of English-language literature on Morita Therapy (MT) using clinical epidemiological methodology, with the aim of examining what has changed and what has not over the 100-year history of MT.

(Nakamura, M., Niimura, H., & Kitanishi, K. (2023). A century of Morita therapy: What has and has not changed. *Asia-Pacific Psychiatry*, 15(1), e12511. <https://doi.org/10.1111/appy.12511>)

Classic inpatient MT, as practiced by Shoma Morita, was a highly structured and discipline-oriented treatment conducted in a family-like setting. It consisted of four stages: isolation rest, light monotonous work, labor-intensive work, and social integration. Central to its practice was the fumon (non-inquiry) principle and the theory of toraware (mental preoccupation), built upon concepts such as vicious cycle, contradiction by ideas, and the dynamic interplay of fear and desire. The therapeutic goal was achieving arugamama, or acceptance of reality as it is, through purposeful action.

Although the practice of classical inpatient MT has declined in Japan due to systemic and practical limitations, the theoretical foundation of MT has been refined and integrated into modern outpatient settings. Since the late 20th century, efforts have been made to formalize therapeutic techniques and training systems, leading to broader applicability in treating neurotic, mood, and personality disorders. Furthermore, conceptual comparisons with mindfulness and ACT have highlighted MT's distinctive stance—particularly its focus on harmonizing fear and desire, and its grounding in an Eastern view of nature rather than emphasizing cognitive detachment or objectivity.

This presentation will also report on trends in English-language publications on MT since 2023, examining emerging applications and developments. These efforts underscore the continuing relevance of MT as a culturally grounded yet universally applicable psychotherapy, and the necessity of further clinical epidemiological evaluation to establish its global validity.

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[SY-51-03] On the Therapeutic Effects of Morita Therapy: A Study on the Therapeutic Effects of Outpatient Morita Therapy

*Mikiko Kubota^{1,2} (1. Hosei University, Graduate School of Social Well-being Studies (Japan), 2. The Jikei University, Center for Morita Therapy (Japan))

Keywords : Outpatient Morita Therapy、 Therapeutic effect、 RCT-based study

Morita therapy is a distinct form of Japanese psychotherapy developed by Shoma Morita in 1919. With over 100 years of history and ongoing practice, its effectiveness has been demonstrated. However, in recent years, the emphasis on evidence-based medicine has led to an increased demand for the demonstration of efficacy in psychotherapy. Demonstrating treatment efficacy remains a critical challenge for Morita therapy. The standard treatment form of Morita therapy is inpatient care, and its therapeutic effects have already been demonstrated and reported by the Japanese Society for Morita Therapy and its journal (Nakamura et al., 2002; Kubota et al., 2003).

Recently, outpatient Morita therapy has become the mainstream form of treatment, and the "*Guidelines for Practicing Outpatient Morita Therapy*" were established in 2009. However, no rigorous and systematic studies examining the therapeutic effects of outpatient Morita therapy have been conducted to date. Amid ongoing discussions about the differences and similarities between Morita therapy and cognitive-behavioral therapy, there is a growing need to empirically demonstrate the therapeutic effects of outpatient Morita therapy. In response, the Japanese Society for Morita Therapy has initiated an RCT-based study on the therapeutic effects of outpatient Morita therapy, reporting on the methodological considerations and preliminary research findings (Kubota et al., 2018; Matsuura et al., 2020).

In this presentation, we will report on the research protocol and the progress of the study to date. Additionally, we will explore therapeutic changes in outpatient Morita therapy based on participants' narratives obtained through semi-structured interviews.

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[SY-51-04] Morita Therapy and Mindfulness

*Masahiro Minami¹ (1. Simon Fraser University (Canada))

Keywords : Morita therapy、 Mindfulness、 Buddhism

Morita Therapy (MT) was fully formed around 1919 by the late Dr. Shoma Morita. Morita engaged in a comprehensive investigation and study of the diverse psychotherapeutic approaches available at the time to develop his “special” therapeutic approach to *Shinkeishitsu*—a trait Morita himself struggled with for many years. It is also notable that the development of Morita’s special treatment for *Shinkeishitsu* underwent meticulous scrutinization, iteration, experiencing and realization, liberation, and reiteration, culminating in the final form of MT as we know it today. It is, to say the least, a distinct form of psychotherapy—emerging organically through Morita’s own life, his relationships with patients and others, and the inevitable unfolding of life itself. So, too, has the history of mindfulness followed a unique, rich, and contextual evolution.

It is with great appreciation for the distinct yet potentially interrelated contextualities and idiographic natures of these two traditions that this presentation is approached. Rather than offering a simple, dichotomized or dialectical comparison—positioning MT and mindfulness as directly comparable units (e.g., at the level of technique or mechanisms)—this presentation takes an idiographic stance. Each is fully situated within its broader context, and its unique characteristics and signature features are illuminated and honored independently, without presuming a comparative intent from the outset. Only thereafter is a third, comparative dimensional axis introduced—enabling a meaningful, nuanced, and contextualized comparison of their distinct features. This resulting meta-comparative endeavor reveals not merely similarities and differences, but the locales where each approach is situated—not as simply opposing poles, but as parts of a greater whole. In their relational interplay, we find the potential for a collaborative path forward—one that best potentiates the unique gifts of each tradition, in harmony, for the psychological and psychosocial well-being of our fellow human beings.