

Symposium

📅 Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC 🏛️ Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70]

Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

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[SY-70-01]

Seikatsu-Rinsho: A Japanese Approach to Co-Producing Recovery through Everyday Life

*Kentaro Morita (Department of Rehabilitation University of Tokyo Hospital(Japan))

[SY-70-02]

Morita Therapy's treatment process and its resonance with clients' daily lives

*Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University (Japan))

[SY-70-03]

Southampton Adaptation Framework for culturally adapting Cognitive Therapy

*farooq naeem (university of toronto, toronto, canada(Canada))

[SY-70-04]

Settling the Body, the Breath, and the Mind: *Zazen* Meetings as Group Therapy

*Francisco Figueroa Medina (Kyoto University(Japan))

[SY-70-05]

Raising awareness of social rhythm in daily clinical practices

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Keywords : Psychotherapy、Daily life、therapeutic culture、quality of life (QOL)、mental health

This symposium focuses on how clients' daily lives are approached in various types of psychotherapy, and how this links to client's 'mental liveliness'. While Psychotherapy is a process primarily centered on dialogue between the therapist and client, but the clients spend most of their time in day-to-day situations that are removed from therapeutic setting. The goal of psychotherapy is not just to achieve an improvement in symptom but also improve their lives and achieve 'mental liveliness'.

In this symposium, five speakers will make presentations; they will present from the perspective of Morita Therapy, Social Rhythm Therapy, "Seikatsu-Rinsyo"(clinical guidance to the way of life), Cognitive Behavioral Therapy (CBT), and Zazen as a series of practices, respectively. The speakers will introduce how they approach the topic of their clients' daily lives in their sessions, how the content of the sessions is applied to clients' real lives, how their daily lives are transformed, consequently how this makes their clients' minds more active and alive. Presenters will also refer to records written by clients between sessions such as activity records and diary entries. Discussions will focus on the differences and similarities between these processes, as well as the underlying therapeutic culture. We hope this symposium will promote an understanding of the processes that occur over the course of psychotherapy wherein clients' quality of life (QOL) improves and mental liveliness are achieved.

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[SY-70-01] Seikatsu-Rinsho: A Japanese Approach to Co-Producing Recovery through Everyday Life

*Kentaro Morita (Department of Rehabilitation University of Tokyo Hospital(Japan))

Keywords : Seikatsu-Rinsho、 Personal Values、 Co-Production、 Cultural Psychiatry

"Seikatsu-Rinsho," a support approach for individuals with mental illnesses such as schizophrenia, was developed in Japan between the 1950s and 1960s. Emerging at a time when psychiatric care was predominantly inpatient-focused, Seikatsu-Rinsho shifted the emphasis to individuals' everyday lives and community environments. The basic philosophy of this approach is to integrate co-productive, person-centered principles with individualized support. It aimed not only to improve symptoms and social functioning but also to strengthen individuals' sense of personal agency in shaping their own daily lives. In Seikatsu-Rinsho, "mental liveliness" was cultivated through deep engagement with each person's lived experiences and personal context. Central to Seikatsu-Rinsho is assessment within the context of everyday living, which examines an individual's daily patterns, social roles, interpersonal relationships, and coping abilities. Practitioners also explore personal values and family histories to uncover the individuals' true needs. Characteristic features include unique conceptual tools such as classifying "life traits"—behavioral patterns leading to relapse—into "Active" and "Passive" types, and an emphasis on five principles during directive interventions: timely, concrete, repetitive, assertive, and minimally necessary guidance. These served as common language among multidisciplinary professionals, especially in group support settings. Furthermore, they played a crucial role as professionals and individuals collaborate to consider the individual's own path in life. Though Seikatsu-Rinsho still remains a valuable approach, there is room for improvement. First, it treats people's daily lives as relatively fixed rather than recognizing that individuals constantly change through interactions with the world around them. This makes the approach less adaptable to different cultures and eras. Second, labeling people as specific "types" can oversimplify their complex, evolving nature. The role of the practitioner is not to end up with just labels but to integrate professional knowledge with the individual's lived experience to collaboratively explore their life path. This presentation will discuss the application of Seikatsu-Rinsho—particularly within psychiatric day-care settings—illustrate client case studies demonstrating gains in agency and social integration, and consider how these outcomes can inform next-generation, recovery-oriented services.

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Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70-02] Morita Therapy's treatment process and its resonance with clients' daily lives

*Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University (Japan))

Keywords : Psychotherapy, Morita Therapy, daily life, quality of life (QOL), anxiety disorder

One of the characteristics of Morita therapy, a psychotherapy that originated and developed in Japan, is that it does not view anxiety as something to be eliminated or controlled, but rather as an expression of humanity. This approach focuses on the client's overall life rather than on controlling specific symptoms or anxieties. For example, for clients with panic disorder who hesitate to go out, encourage them to “go out and buy necessary items” rather than conducting step-by-step training to go out. Shoma Morita, the founder of Morita therapy, described his perspective on client recovery using the following metaphor. “Even from a distance, I can tell the difference between the sound of a maid sweeping and a hospitalized patient sweeping ‘mental cultivation’ and sweeping their own room to keep it clean. Each produces a vigorous sound, a monotonous sound, and a freely changing and complex sound, making it possible to distinguish between them. Thus, when the client's attitude changes to one of “responding immediately” to their surroundings, their lives become more vibrant, and ultimately, their minds become more active. Interviews and diaries are used to share the client's daily experiences with the therapist. In sessions, detailed descriptions are essential. This presentation explores the interaction between the treatment process of Morita therapy and clients' daily lives.

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[SY-70-03] Southampton Adaptation Framework for culturally adapting Cognitive Therapy

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Keywords : culture、cognitive therapy、southampton、adaptation、framework

Evidence-based therapies, such as Cognitive Behaviour Therapy (CBT) are recommended for a variety of emotional and mental health problems. However, it has been suggested that Western cultural values underpin CBT and for it to be effective for clients from diverse backgrounds, it should be culturally adapted. It has been suggested that cultures differ in core values, for example, Individualism-Communalism, Cognitivism-Emotionalism, Free will-Determinism and Materialism-Spiritualism. The literature describing guidance for cognitive therapists is limited. Our group has culturally adapted CBT in our previous work in England, Pakistan, the Middle East, China and Morocco for common to severe mental health problems. Our cultural adaptation model is currently being used to adapt CBT in Nigeria and Canada. We used a mixed-methods approach. During the qualitative phase, interviews and focus groups are conducted with stakeholders (patients, carers, community leaders and mental health professionals). This work highlighted the need to gather information to increase awareness of cultural, spiritual and systematic factors to inform assessment and engagement, which are the significant barriers in delivering therapy to this group. Data is also gathered to make therapy adjustments. The adapted therapy is then initially tested in a feasibility RCT. We have conducted more than 20 RCTs to test this method with positive outcomes. In this talk, we will describe our experience of adaptation of therapies and how the lessons learned can be used to deliver culturally adapted interventions

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[SY-70-04] Settling the Body, the Breath, and the Mind: *Zazen* Meetings as Group Therapy

*Francisco Figueroa Medina (Kyoto University(Japan))

Keywords : Zazen Meetings、 Group Therapy、 Postwar Japan

Neuroscientific research has mainly focused on the individual therapeutical benefits of *zazen* or seated meditation. In this paper, we will show that Zen practice does not consist merely of *zazen* and that *zazen* is not merely an individual practice. We will do this by analyzing *Recommendations for Zazen Meetings*, written by Yamada Mumon and Shibayama Zenkei. In this text, Yamada and Shibayama explain how to organize *zazen* meetings. According to them, *zazen* meetings include not only the collective practice of *zazen*, but also other interrelated practices like one-on-one encounters with the teacher, dharma lectures, chanting scriptures, tea ceremony, meal etiquette, and manual labor. Furthermore, they re-think *zazen* meetings as a form of group therapy, while arguing that these meetings have a special characteristic individual psychotherapy lacks: it allows a practitioner to expand himself to include others. When the participants bring their minds on a single thing, Yamada and Shibayama explain, their individual selves are absorbed in the collective self. Through this experience, the individual's concern will begin to head not only towards himself but also towards others. At this stage, it is advisable to assign a *kōan* to a practitioner, so that he can discover the individual that encompasses the whole, that is, his true nature, through one-on-one encounters with his teacher. This continuous discovery, Yamada and Shibayama argue, is a truly healing experience. Finally, we will argue that a multidisciplinary perspective that combines history, anthropology, and neurobiology is necessary to determine when and how *zazen* meetings began to be understood as group therapy and to determine whether and how they can help an individual to expand himself and include others and transcend his ordinary self.

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[SY-70-05] Raising awareness of social rhythm in daily clinical practices

*Yuichiro Abe (1) Ishiki Hospital 2) Tokyo University and Graduate School of Social Welfare(Japan))

Keywords : Routine、 Social Rhythm Therapy、 bipolar disorder

Interpersonal and Social Rhythm Therapy (IPSRT) was invented around 1990 by Ellen Frank and his colleagues at the University of Pittsburgh. Since then, this method has been promoted as a psychosocial intervention for people living with bipolar spectrum. SRT is based on the scientific knowledge that was developed at the time, namely chronobiological empirical research, while theoretically modifying the traditional interpersonal therapy for unipolar depression. IPSRT is also actively incorporated into the educational pamphlet of the Japanese Society of Mood Disorders, as a minimum method of psycho-education. The speaker has been involved in introducing and raising awareness of this clinician's manual (Seiwa Shoten, 2016). During the COVID-19 pandemic, the impact of lockdowns on the mind and body became an issue, and it was once again brought to attention (Murray, 2021). The routine that Social Rhythm Therapy (SRT) aims for is expected to promote resilience against illness relapse. Frank's insight was that they assumed the Social Zeitgeber theory (Ehlers, 1988) to be at the heart of the pathological mechanism of bipolar disorder, while relying on the traditional stress-vulnerability model. In addition, they utilized Social Rhythm Metrics (SRM), which they devised with her colleague, chronobiologist Timothy Monk (1990; 2002), to derive therapeutic effects from a self-report assessment of the regularity of a person's weekly lifestyle based on sleep hygiene behavior. This also relates to recent interests in measurement-based approaches in psychiatry. Habits are also an important element in reconstructing rhythm. Although the digitalization of SRT seems to be an inevitable trend, it is valuable that additional brief human support is still recommended (Swartz et al., 2021). Currently, as a new discipline called rhythmology has been developed, we have to reconsider social (societal) rhythm once more.