Introduction to Morita Therapy

2011-5-09/5-11

1-day workshop

In Holstebro and Vejle (HOLD FAST)

Denmark

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Shoma (Masatake) Morita (1874-1938)

After answering survey Qs

In small groups, please discuss:

- How does anxiety bother you or interfere with your life?
- What thoughts came to your mind when you were answering the questions?
- What variations (common or different types) exist in terms of anxiety-inducing situations among the group members?
- Discover four (4) common things you have about your anxiety experiences in your group.

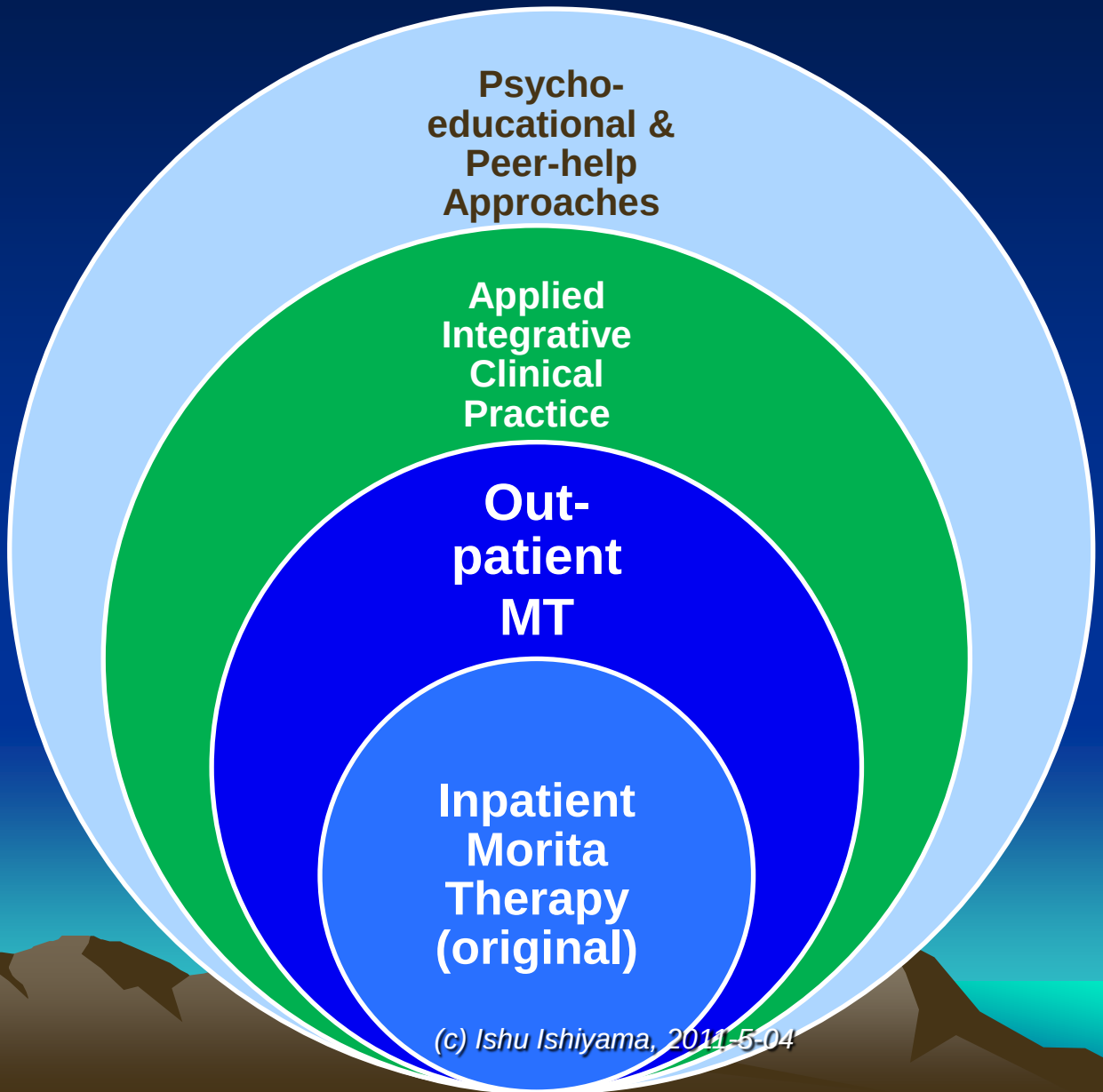
Key Concepts in Morita Therapy

1. Attentional Fixation (Chui No Kochaku)
2. Psychologically Mediated Symptom Aggravation (Seishin Kogo Sayo)
3. Unrealistic Thinking (Shiso No Mujun)
4. Manipulative Management (Hakarai)
5. Attachment (Toraware)
6. Desire for Life (Sei no Yokubo)
7. Actability
8. Being Natural and Authentic or As-is (Arugamama)
9. Being Simple and Accepting (Sunao)
10. Non-inquiry (Fumon)

Buddhistic Ideas Reflected in Morita Therapy

1. Impermanence and fluidity
2. Meaning and meaningfulness of suffering
3. Acceptance and reconciliation
4. Gratitude
5. Empathy and consideration (awareness and compassion)
6. Intuition (intuitive knowing and experiencing)
7. Transformation (being and becoming, freedom, mobilization of creative potentials)
8. Enlightenment (transcending dichotomies and attachments, moving beyond narcissism, peace within, *arugamama* or being as-is自然法爾, “something great”)

Current Morita Therapy Practice and Applications



Nature of Emotion by Morita

(Morita, 1928/1960, p.99-p.101): summarized by Ishiyama (1988)

1. Fluidity of Emotion

- If an emotion is left unaggravated and allowed to follow its natural process, its intensity will trace a curve of rise and fall and the emotion will eventually disappear (from the conscious awareness).

2. Impulsive Gratification

- If an emotional impulse is gratified, the emotional intensity will suddenly drop and disappear.

3. Desensitization through Repeated Exposure

- As one gets repeatedly exposed to the same sensations (and emotionally arousing situations), they become duller and get hardly registered in one's awareness.

4. Emotional Aggravation

- When an emotional stimulus persists or when one focuses one's attention on it, it becomes increasingly stronger.

5. Reinforcement of Emotional Response Patterns

- New emotional responses are acquired through new experiences, and they get reinforced and nurtured by repeating to have such experiences.

Nature of Emotion and Action

(Hasegawa, 1980, p.47-p.53)

1. Emotion cannot be controlled or chosen willfully, but action can be.
2. Emotion rapidly goes through changes following the changes in action and the environment.
3. Positive action is followed by positive feelings while negative action is followed by negative feelings.
4. The repetition of positive action cultivates and reinforces positive feelings and attitudes while the repetition of negative action develops and reinforces negative feelings and attitudes.
5. The negative feelings and attitudes, cultivated and reinforced by negative action, can be replaced by positive feelings and attitudes through positive action.

   – Action and emotion by Morita & Hasegawa

Residential Morita Therapy

The 4-stage Program (Jikei Univ. Centre for Morita Therapy)

1. Absolute bed rest period (7 days)
2. Light work period (4-7 days)
3. Work period (1 month)
4. Complex living task (social reintegration) period (1 week – 1 month)

Following photos: Courtesy of Dr. Kei Nakamura, Director of the Centre for Morita Therapy at Jikei University Dai-san Hospital, Tokyo

Non-inquiry
(Strategic Inattention to Symptomatic Complaints)
Fumon 不問

- Strategic inattention to clients' complaints of their symptom
- Therapeutic tactic to deal with clients' egocentric complaints and ruminations on their covert conditions by offering limited or little attention and probing as the main focus of the treatment
- Symptom-defocussing *fumon* accompanied by heightened focus on facts, needs, desires, and client actability

Shinkeishitsu (Nervous) Trait

1. Anxiety-proneness
2. Introspection (introversion)
3. Attention to details
4. Hypersensitivity to discomfort
5. Perfectionism
6. Self-critical selective perceptions
7. Emotional vulnerability
8. High self-expectations re: achievement
9. Strong desire for success, social approval
10. Avoidance of embarrassment and disapproval

Attentional Fixation
Chui no Kochaku 注意の固着

- Excessive focus on the symptoms
- Self-preoccupations and narrowed awareness
- Reduced awareness of the environment and practical tasks to be undertaken
- Self-defeating nature of anticipation and fixation resulting in symptom aggravation and unproductive behavioural patterns

Psychologically Mediated Symptom Aggravation Seishin Kogo Sayo 精神交互作用

- A vicious cycle of a habituated symptomatic self-aggravation pattern with selective and heightened sensation of discomfort
- The mechanism of attention-mediated symptomatic sensory aggravation
- Mechanism of symptomatic exacerbation through a mutually escalating interaction between attention and sensation

Unrealistic Thinking
Shiso no Mujun 思想の矛盾

- So-called “ideational contradictions”
- Self-generated inner conflicts over the disparities between reality and unrealistic expectations
- Unrealistic thinking causing a disparity between reality and ideality or expected reality
- Creating a perfectionistic world of “should’s” and “shouldn’ts in oneself
- What are the self-defeating shoulds and shouldn’ts that interfere with our well-being?

Ideational Contradictions: Examples of Perfectionistic Expectations of the Anxious Self Control

1. I should not feel anxious or feel unsure of myself when I speak up in class.
2. What is wrong with me? I'm worried about making mistakes and my heart is already beating fast. Shame on me.
3. People will think I'm really immature because I can’t even control my own emotion.
4. I am not ready to express myself <u>confidently</u> and <u>comfortably</u> unless I get rid of my nervousness and shaky voice.

Meta-affective Shift through Morita Therapy

- Meta-emotions: “Emotions people have about their own emotions” (Jager & Bartsch, 2006, p.179)
- Evaluative thoughts and feelings about one’s emotions (Bartsch, 2011)
- Can emotions be reduced to judgments? No. Emotions and judgments are not the same. Judgments and beliefs influence cognitions about emotions.
- Negative appraisal of affective experience (higher order emotions)
- Conditions for generating emotions

Ref: Jager, Christoph, & Bartsch, Anne. (2006). Meta-emotions. *Gnzer Philosophische Studien, 73*, 179-204.

Counter-therapeutic Contribution of the Counsellor's Negative View on Anxiety

Implication to Clinical Training and Supervision

1. False attribution of the cause of ineffective living and inaction to inconvenient feelings such as anxiety and self-doubt
2. Sharing and legitimizing clients' mood-governed life styles
3. Counsellor preoccupations with feelings
4. Conditional acceptance of the emotional self
5. Mis-prioritizing affective self-control and "feeling good" over persevering with emotional vicissitudes and pursuing constructive goals through action
6. Avoiding existential anxiety and the burden of choice of action (or inaction) and its consequences

Assumptions about Controlling Anxiety

1. Is anxiety seen as a negative, undesirable, and even abnormal emotion?
2. Is a shy or anxious personality viewed as a negative, undesirable, and even abnormal trait?
3. Is anxiety regarded as something to be reduced and overcome?
4. Is controlling anxious feelings considered to be the solution?
5. Is reducing anxiety regarded as a pre-requisite for desirable action taking?
6. Is anxiety seen as a manifestation of the client's emotional disturbance?
7. Is the client's lack of ability to control anxiety treated as a sign of emotional immaturity or weakness?

Manipulative Management
Hakarai はからい

- Self-manipulative attempts to resist spontaneous affective experiences
- Aggravation of symptoms by one's very attempts to avoid or manipulate the symptoms
- Willful control or manipulative management of self and situations to suit one's own needs

Attachment
Toraware とらわれ

- Attachment, entrapment, and loss of freedom
- Attentional fixation contributing to symptomatic fixation
- Mental preoccupations which precipitate and maintain a vicious cycle of symptom aggravation and futile battles with self and the symptoms

Desire for Life
Sei no Yokubo 生の欲望

- The desire for healthy, constructive living
- Innate and socialized desires to stay alive, to survive challenges, and to live well
- Reverse side of the hypochondriacal base and the fears of death and illness
- A range of desires, wishes, and yearnings in physical, social, interpersonal, personal, existential, occupational, academic, economic, and other dimensions of living

Moritian Reframing Practice
(Positive Reinterpretation)

fear	desire	practical **action**
Fear of Rejection	?	?
Fear of Failure	?	?
Fear of Criticism	?	?

Anxiety and Desire as Two Sides of the Same Coin

fears and anxieties at physical, social, personal, existential levels

desires, wishes, yearnings for physical, social, personal, and existential well-being

Actability

(term created by Ishiyama)

- Ability to proceed to action of choice in spite of undesirable or inconvenient subjective and affective conditions
- Ability to withstand adverse conditions and stay engaged in action in the here-and-now
- Ability to make a conscious choice of action (rather than a choice of emotion)
- Abilities to recognize what action is needed in a given situation and to engage in a desirable action

Being Simple and Accepting
Sunao　すなお

(Ishiyama, 2008 *Journal of Morita Therapy*)

1. Intuitive sunao (here-and-now, direct experience, non-meta-processing)　直感的すなお
2. Objective sunao (seeing things as they are in reality, accepting own and others' experiences as they are, being with the presented reality without resistance)　客観的すなお
3. Behavioural sunao (acting on constructive desire and situational needs, trying what is suggested by therapist) 行動的すなお
4. Lifestyle sunao (living, being, and relating in a sunao way, development of a personhood)　生活態度的すなお

Counter-therapeutic Contribution of the Therapist's Negative Views on Anxiety

Implication to Training and Supervision

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Sunao in Process-oriented Integrative Outpatient Morita Therapy

(Ishiyama, 2008 *JMT*)

1. Experiencing directly the experience as it is
2. Non-judgmental acceptance of inner experience as-is
3. Not manipulating inconvenient feelings
4. Facing the present situation without avoidance
5. Expressing and relating inner thoughts and emotions
6. Empathizing with others and respective different ideas
7. Recognizing and acting on constructive desires
8. Staying with the inconvenient situation and anxiety
9. Valuing therapist suggestions and making efforts for change

The Positive Reinterpretation Technique

- *The positive reinterpretation technique is "a didactic and confrontational technique consistent with the principles of Morita therapy" (Ishiyama, 1986, p. 558).*

Five Areas of Focus in Positive Reinterpretation

1. Positive human motivation
2. Positive meaning of the *shinkeishitsu* trait
3. Positive meaning of the anxiety experience
4. Positive view of the behavioural self
5. Positive capacity for ego-transcendence

Moritian Self-instructions for Anxious Action Taking (1)

1. Which is easier to choose and control: action or emotion?
2. You are feeling anxious. What is anxiety saying to you? What is it prompting you to do?
3. What would you do more if you ever became free from anxiety? Now can you pursue such action, in spite of anxiety?
4. What action is needed here and now? Can you afford not to do it?
5. Which is more important, to take action with anxiety or not to take action at all?

Moritian Self-instructions for Anxious Action Taking (2)

6. Would other people be more concerned about your anxiety than your action?
7. There is a person who is quite relaxed and self-confident and finds no difficulty taking action. Another person is struggling with his anxiety and lack of self-confidence, but makes effort to take action and manages to finish the task? Which person would you respect more and why?
8. What exactly needs to be done? Can you break down the task into mini-tasks, step by step? How far would you be able go while persevering with anxiety?
9. It's okay to feel anxious. I'm only human.
10. It would be nice not to be anxious, but in reality I am anxious and it can't be helped.

Moritian Self-instructions for Anxious Action Taking (3)

11. Anxiety reflects my desire for success and constructive living.
12. The stronger the anxiety, the stronger my desire for life.
13. Choose action and not emotion.
14. Can I stay five minutes longer in this anxious mode and also stay on task?
15. What needs to be done? Which action is constructive?
16. How can I make use of my anxious sensitivity?
17. Anxious action-taking is better than no action.
18. Stay on task. Let anxiety take its own course.
19. I judge myself by my effort to engage in action for constructive purposes in spite of anxiety.

Being Natural and Authentic
Arugamama　あるがまま

- Being “as-is,” being authentic and natural
- Intuitively accepting the experience of self and the present situation as they are without intellectually manipulating or being judgmental about the present authentic experience
- *Arugamama* means that clients leave their symptoms and experience of anxiety as they are without *hakarai* (i.e., manipulative, controlling, or resisting attempts). Clients may be advised not to fight the symptoms but to learn to accept them.

心の流動性

Fluidity of the Mind

Experiential Flow

Here-and-now Ima, Koko いま、ここ

Brief Morita Intervention

Based on

Active Counselling (AC) Model

Balance to Be Restored through Morita Therapy

1. self-focus ------- task-focus
2. motivated by anxiety ------- motivated by desire
3. idealistic expectations ------ practical thinking
4. self-criticism ------- self-acceptance
5. affective self-control ------- behavioural self-control
6. intellectualizing ------- direct experiencing
7. avoidance & defense ------- risking and immersion
8. focus on own needs ------- focus on situational needs

Three-phase Model of AC

Ishiyama, F.I. (1990). Practice of a brief Morita intervention: An interview model with a session illustration. *International Bulletin of Morita Therapy, 3*, 35-60.
Ishiyamna, F.I., & Azuma, N. (2004). *Orientation to active counseling*. Tokyo: Seishin Shobo.
石山＆我妻(2004). アクティブカウンセリングのすすめ. 誠信書房.

1
- **Subjective Phase**
- (for expressing and exploring)

2
- **Objective Phase**
  - (for confronting and reframing)

3
- **Action Phase**
  - (for choosing, planning, and taking action)

Aims of AC Model for Brief Moritian Interventions

- The model is designed for initially minimizing client resistance and maximizing non-defensive self-exploration. The helper's task during the beginning phase is to develop an accurate understanding of clients' subjective processes and objective circum-stances through empathic responding and pattern clarification. The Moritian perspective on anxiety and freedom of action is introduced to stimulate attitudinal shifts, especially by the use of the positive reinterpretation technique (Ishiyama, 1986a, 1986b).
- The model is also designed for post-session action taking. The helper tries to encourage clients to experiment with the Moritian perspective. It includes instructions for increasing behavioural output and facilitating new corrective experiences leading to deeper insights. Clients' self-confrontation and openness to experimenting with new action and the Moritian perspective play important roles. The overall scheme of this intervention is based on what Berensen and Mitchell (1974) called "strength confrontation" and "action encouragement." The model has been found successful with clients with localized anxiety-related problems of moderate severity (Ishiyama, 1983, 1986b, 1986c, in press-a, in press-b).

In Conclusion

1. MT has much to offer helping professionals with its unique and rich perspective on human nature, anxiety, and the process of change.
2. Appropriate and productive integration of MT into clinical practice requires a balance between being process-sensitive and outcome-oriented.
3. Too rigid, too directive, too early, and too information-loaded applications of MT may result in client resistance, attrition, and poor outcomes.
4. Timing, intensity, amount of information, client needs and readiness, trust and alliance in the relationship, and the present stage of therapy need to be considered carefully.
5. The proposed 3-phase model is one way of addressing the above.
6. Clinical supervision plays a critical role in helping and guiding trainees in their development of knowledge, skills, process-sensitivity, flexibility, self-awareness, and clinical judgment.
7. Effective and ethically minded supervisors will contribute to the healthy promotion of MT around the world and across disciplines.

The End

Thank you!