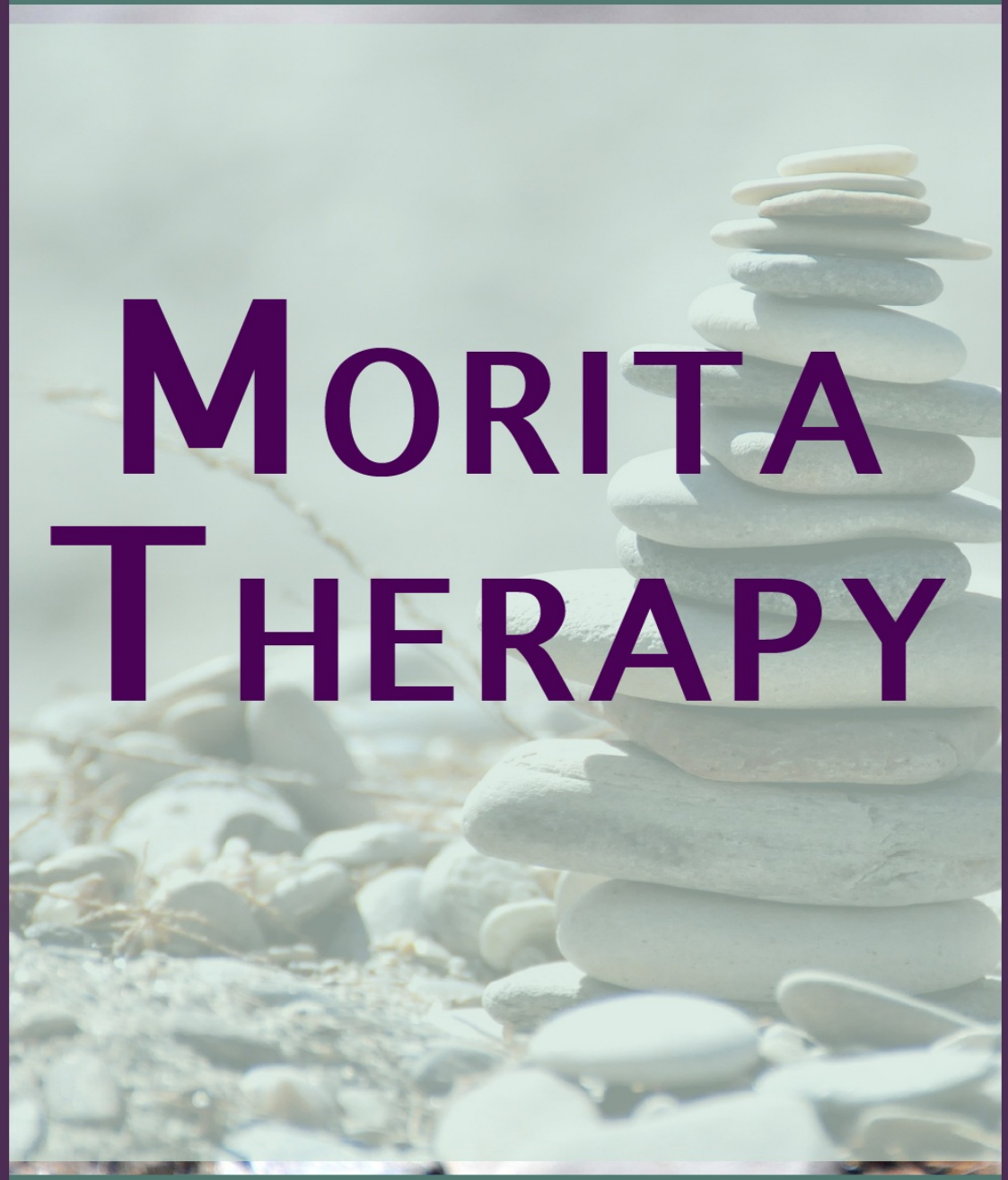
Psychotherapy Guidebook



Morita Therapy

Suk C. Chang

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DEFINITION

Morita Therapy is a psychotherapeutic method. It is also called experiential, bed rest, nondiscursive, or work therapy, which describes some aspects of the approach. In this treatment, psychological conflict is resolved through an autonomous interaction between affect (emotions and moods) and idea. This is done by minimizing external and artificial intervention. Implicit in this method is a premise that human psyche is fundamentally purposeful and rational and, therefore, therapeutic (or self-healing), if it is allowed to unfold freely.

HISTORY

Morita Therapy was developed by Morita Shoma in the 1920s and has been practiced in Japan. Since the 1960s, it has drawn increasing and widening attention, and there is a growing amount of literature on the subject.

TECHNIQUE

Clinically, Morita Therapy is applicable to a wide range of neuroses, where there is a significant subjective anxiety, some psychosomatic conditions, and borderline cases. Its principle can be applied under various circumstances, but its method and mechanism can be better illustrated in an in-patient setting.

The in-patient treatment is generally divided into four stages — absolute bed rest, partial bed rest, partial work, full work. Each stage takes up to a few weeks, except for the first stage, which lasts for one week. It is the absolute bed-rest stage, described briefly below, that is the most characteristic and crucial but least understood.

The patient, severely anxious and dysfunctional, is placed in bed, alone in a room. He is asked to refrain from all unessential diversionary activities (mental and physical) including radio, TV, telephone, visitors, reading, smoking. Therapist/patient contact is regular and supportive, but it is brief, nondiscursive, and nondirective. The patient is told that a solution to his problem ultimately rests with him.

Alone in bed, and deprived of all the usual ways of self-distraction and diversion, and with external disruption minimized, this already sensitive or sensitized person has no other option but to engage in intrapsychic activities. For the first time since the onset of his neurosis he is left alone with the

problem that brought him to this predicament: his attention inevitably turns to his neurosis.

Neurosis is an idiosyncratically woven complex of affect(s) and idea(s). Therefore, as the patient's attention turns, say, to a neurotic idea, negative affect, especially anxiety, is aroused. Since anxiety is unpleasant, he automatically calls forth a counter-idea in order to neutralize it. However, this intellectual (or logical) attempt fails, since neurosis is not a logical matter. This failure intensifies his anxiety, compelling him to a renewed effort, but he fails again, and so forth. In short, a vicious circle of neurotic affect and idea is formed, spiraling toward a crescendo and reaching the limit of tolerance. At the height of this conflict, as he is wholly consumed in the struggle, he has staked his life against the problem. In other words, he has brought his neurosis to a direct conjunction with the most elementary and irrefutable fact — his life. This is a reversal of neurotic process and tendency (of avoidance, displacement, escape, rationalization, substitution, and symbolization) to confrontation and struggle. Whereas neurotic conflict is futile, the struggle during the bed-rest period is effective, because the direction of the process is reversed, autonomous, and authentic.

Neurosis is a result of a person's past — unfortunate but inalterable. However, its current psychic representation can be altered, provided that the client is willing to struggle. To suggest that neurosis is easily, mechanically,

and painlessly curable is, to say the least, an illusion, since "change," especially for the better, requires overcoming personality structure and trends that are embedded and locked in with one's familial, social, and political environment.

What Morita Therapy provides is the environment and conditions in which this struggle and self-transformation may be made effectively. And an essential condition for this process (an induction, progression, and resolution of neurotic conflict) to occur is a psychological freedom in which one's psychological contents — affect and idea — may interact and unfold authentically and autonomously, or unadulterated and uninterrupted. It is this freedom that is conspicuously lacking today. Consider, for example, that each language characterizes different societies and times, idiosyncratically molding individual perception and categorizing the world — thereby conditioning and structuring one's mind. It is the freedom from this conditioning that Morita Therapy provides by resolving the conflicts or by cleansing psychosocial artifacts from one's consciousness, thus reaching the common ground, lucid consciousness, and clarity of perception.

APPLICATIONS

Morita Therapy has recently been applied, aside from the indications described earlier, to depressive neurosis. As its mechanism becomes clearer,

its indication will be better delineated.

The significance of Morita Therapy, however, rests less in its technicalities and clinical application, which can be modified as time goes on, and more in its still unfolding theoretical implications. For example, the nature of and interrelationships between “affect” and “idea.” In this regard, it has been suggested that a premise underlying Morita Therapy indicates that human psyche is fundamentally rational and purposeful. In this context, it has been indicated that the psychology of Morita Therapy is identical to that of meditation.