

# Classic Morita Therapy: Advancing Consciousness in Psychotherapy

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## Introduction

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In the early 1900s, Japanese psychiatrist Shōma Morita, MD (1874-1938) developed a sequential approach to therapy that emerged from his theory of consciousness.<sup>[1]</sup> Outside psychoanalytic studies, Morita's portrayal of consciousness in the field of psychological medicine remains incomparable.<sup>[2]</sup> In fact, Morita refined his therapeutic methods through extensive case study with as much rigour as his Euro-American contemporaries, including Sigmund Freud, Wilfred Bion, Melanie Klein, Wilhelm Reich, Jean Charcot, Jacob Levy Moreno, Carl Rogers, and Alfred Adler.

Until the formal development of cognitive science in the mid-70s and the *Cognitive Science Society* movement, psychology, consciousness studies, natural sciences, and philosophy were intertwined (Ellenberger, 1970). Morita shared the sentiments of our existential philosophers by challenging how consciousness, ego and self were being portrayed in psychiatry. While Morita put his phenomenological perspective into practice before Existential psychotherapy emerged, he would have agreed wholeheartedly with Irvin Yalom (1980), who wrote about pure anxiety as a natural response to life's uncertainties.

Complex, unanswerable questions were commonplace among our consciousness explorers. Does consciousness exist without a human mind? Does consciousness reside anywhere? Is consciousness related to human transformation? Is consciousness the same as awareness? How far does it range? Is it a manifestation of the human soul? Is consciousness the manifestation of all of life?

This article aims to engage psychotherapists' curiosity about the spectrum of consciousness that informs our practice – from theory to method to the diversity of therapy habitats. In particular, Morita's consciousness theory informed his sequenced

method as much as his design and strategic use of an ecological setting. A review of Morita's history, consciousness theory, Zen persuasion, sequenced treatment and unique therapeutic setting is provided. This article discusses notable psychiatrists who explored Morita therapy, such as psychoanalysts Karen Horney, Akihisa Kondo and co-founder of Gestalt therapy founder, Frederick (Fritz) Perls. Additionally, case illustrations from the authors' practice of Morita therapy demonstrate its use outside Japan.

Readers are invited to refrain from making comparisons to North American-born therapies, such as Cognitive Behavioural Therapy (CBT), Mindfulness therapy or Acceptance and Commitment Therapy (ACT). Straightforwardly, these therapies have yet to form foundational theories of consciousness with the phenomenological depth and/or width established by Morita, existentialists or our psychoanalytic founders. While recent studies into mindfulness methods and the neuroplasticity of the brain are illuminating, proponents liken consciousness to awareness ([Siegel, 2010](#)). By tying consciousness to the operating human mind, therapeutic power is attached to the awareness-enhancing methods and therapist, which demotes the ecological domain. This, in turn, restricts the scope of our research variables and terms of human engagement.<sup>[3]</sup> Such consciousness assumptions determine the “sources” of power for human transformation. Once decided, we neglect centuries of cosmological and ancestral knowledge as well as the sovereignty of place held by Indigenous people globally. This longstanding Indigenous ground is brought forward at the close of this article.

[1] This article is extracted from Chapter Three, “Morita and Consciousness” from LeVine, Peg, *Classic Morita Therapy: Eco-Consciousness, Zen, Justice and Trauma* by permission of Routledge. This paper is being presented at the 2016 Inner Circle Seminars on Daseinsanalysis, Existential Psychotherapy (Thanks to Anthony Stadlen), London W1, N22. [<http://anthonystadlen.blogspot.com.au/2015/12/existential-pioneers-22-shoma-morita.html>].

Along with Japanese and Euro-American philosophers of his time, Morita was interested in the fluid exchange between the human psyche, emotions and our ecosphere – physically and metaphysically. As discussed later, Morita's consciousness theory aligns with indigenous perspectives, globally. From that advance, his paradoxical method of therapy brings clients' bodies into the life-enhancing force of Nature. Because the manifestation of consciousness sits outside the human brain, visceral and sensory engagement in Nature is the neurological change agent — regardless of one's awareness. In Morita therapy, we do not use the mind to open the mind – rather we close the mind so that the body is primed for infusion of consciousness that runs through Nature, metaphysically.

### **Morita's Life, Era, and developing theory of Consciousness**

As brief socio-political backdrop, Morita lived during the *Meiji Restoration* (1867-1868). At this time, physicians were subject to unique professional and personal pressures. His practice and research emerged during the *Meiji Period* (1868-1912) when intellectual and social constraints were placed on Japanese people to adopt Western sciences, philosophies, and religion. The bleakest interval for the suppression of Buddhism by the

government was at the start of the Meiji Period. At that time, Morita looked outward to European scholars. By writing reflective critiques on psychiatric practices, he was able to sidestep pressures to adopt Western ways. Above all, psychoanalytic theories and methods took hold in Japan at the end of the *Meiji Period* when reading German texts increased among psychiatrists.

In spite of international trends in psychiatry, theories of the unconscious, humanistic philosophy, and religion did not prevent Morita from expanding his theory of consciousness. Pressures to reinterpret traditional Japanese thought into Western discourse set a slippery course for scholars and artists during the Meiji era (Marra, 1999) [4] Artists were meant to discontinue functioning as a conduit for spirit manifestation when creating calligraphy, ikebana (flower arranging), haiku, architectural structures, painting, or sculpture. Reverence for nature, simplicity, restraint, directness, solitude, and emptiness were overridden by the practicality and technology of craft making. As Morita navigated in this tense pessimistic context, he honoured the “spiritism” in indigenous Shintoism. Herein, spirituality and spiritism are distinguished; spirituality sits inside an anthropomorphic-based consciousness most often. Spiritism is the manifestation of formless, timeless life forces unrelated to monotheism. Spiritism informs Morita’s peripheral consciousness (LeVine, 2010).

Professionally, Morita was influenced by his mentor, Shōzō Kure (1865-1932) who had studied and lived in Germany, France, and Austria from 1897-1901. Kure returned home to take his seat as Professor of Medicine at Tokyo Imperial University when psychiatry was shifting from a British to German perspective in Japan (Fujita, 1986). Morita was impressed by Kure’s humane reforms in community reintegration for those hospitalised with psychosis. Morita completed medical school in 1902 and carried forward a justice movement in practice and research; assumed Kure’s observational rather than interpretative case research. Morita’s interest in the phenomenology of human existence propelled him to become a psychotherapist (Fujita, 1986, p. 83).

Morita became a professor in Medicine at Jikei Medical School in Tokyo. With professorial status, he challenged Freud and psychoanalysts authorising an *unconscious* or *unconsciousness* (communal, collective or otherwise) to reside inside the human mind or body. And while the Swiss psychiatrist, Carl Jung, disagreed with Freud’s depiction of the unconscious, Jung’s theory of the “collective unconscious” was humancentric in scope, too. His ‘collective’ was comprised of human ancestral sources. Upon retirement in 1937, Morita’s Chair position was filled by his protégé, Takehisa Kora (1899-1996), who carried forward Morita’s sequential, ecological therapy.

More intimately, Morita’s personal lived experiences influenced his philosophy on the nature of suffering and ecological-based therapy. For instance, he survived his only sibling and brother, Tokuya, who died at the beginning of the Russo-Japanese war in 1904. Following, his only son, Shoichiro, was born in 1911 but died in 1930 of tuberculosis, which was heart wrenching for him and his wife. His father died in 1923. In 1932, Dr Kure died. Then in 1935, his wife (Hisai) died of a brain tumour. His mother died

in 1938 shortly before his own death. According to his life long attendant, Ms Seto (1914-2012), he spent much time sitting in his verandah garden at the end of his life (Filmed interview with Ms Seto in Tokyo, 2012).<sup>[5]</sup>

Coinciding with Morita's tender history, the 1930s in Japan was politically stark as surrealist art, philosophy, and psychotherapy (outside psychoanalysis) went underground. Morita and his successor Kora were equally cautious in medical circles when discussing their progressive therapeutic practices. While beyond the scope of this article, Zen runs right through Morita's therapy. Most likely, Morita's allegorical use of Zen in his writings protected him from government criticism. On a cultural note, the credibility of Zen-based art and practices is passed on through a lineage. Dr Morita passed his practice expertise to Dr Kora. Dr Kora mentored Akihisa Kondo, MD (1911-1999) from the late 1940s until Kora's death in 1996. Kondo was my mentor for fifteen years until his death in 1999. During supervision, we frequented Dr Kora's office and private hospital for case discussion. Impressed upon me during my training was Morita's wider view of consciousness and how to activate its use across the four stages and therapeutic spaces.<sup>[6]</sup>

Morita took over fifteen years to perfect his therapy. He observed how secluded rest followed by dramatic exposure to fresh air and natural light accelerated clients' spontaneous curiosity, environmental engagement, and wellbeing. Morita specialised in treating those diagnosed with *shinkeishitsu* (an anxiety syndrome for those with sensitive predispositions) and neurasthenia (a condition brought about by exhaustion of the nervous system and found in the International Classification of Disorders – ICD) (Beard, 1869). Symptoms of neurasthenia overlap with depression, anxiety disorders, and trauma-born syndromes. In my Morita practice, I find that neurasthenia describes accurately symptoms associated with clients' overtaxed bio psychoemotional system and related chronic fatigue, particularly if they've been subject to psychological and/or physical cruelty enacted by other humans. Here, seclusion and natural rest of body and mind in a safe and serene place make sense for trust building, as does his advancement of an "eco-biopsychosocial" approach to care. Evidence-based articles on nature, green space and wellbeing are increasing (Bronfenbrenner, 1979; Berman, Jonides, & Kaplan, 2008; Berto, 2005; Burls, 2007; Drengson, 1990).

As a brief note on Morita's clinical capacity, he reclassified some psychiatric disorders prevalent in the 1920s in Japan, such as *paroxysmal neurosis*, which resembles contemporary features of Acute Stress Disorder. He also differentiated neurasthenia from *shinkeishitsu* by assessing clients' character sensitivities (Noll, 2011).<sup>[7]</sup>

In keeping with Morita's persuasions on Zen, the term nature is given a capital "N" when it signifies the life force that runs through ecological Nature (all living matter). Herein, life force exists with or without the presence of humans. This is significant to existential threads within Morita therapy. A small "n" is used for human nature or the nature of one's character. Compellingly, anthropocentric views are embedded in many of our Euro-American theories on consciousness. Whereas Morita's representation is consistent with global indigenous perceptions on life forces (Nature) that run through land, water, sky, ancestors across the ever-evolving continuum of time.

## **Morita's Dynamic Sequenced Therapy**

Although I tried various therapies, including hypnosis for clients with anxiety disorders, I did not obtain results beyond the temporary relief of symptoms in clients. I also used the life-control method for many years and followed Binswanger's (1911) theory, only to find it manneristic, too theoretical, relatively impractical, and ineffective. Binswanger's methods deprived my clients of spontaneous activity....In principle, my method of therapy requires residential care....My treatment involves four stages: (1) isolation-rest therapy, (2) light occupational therapy, (3) heavy occupational therapy, and (4) complicated activity therapy in preparation for actual life (Morita, 1928/1998, p. 35).

As Morita describes, his therapy is meant to begin with seclusion and rest of body and mind before progressing to activity. Fujita (1986, p. 25) describes the dynamic period of silence and rest.

All the subterfuges used to evade the self-confrontation were now unravelling. The resultant reaction was one of being left without protection, stripped naked. In this first paradoxical stage, the client lies prone all day and night except for accessing the bath and toilet. Traditionally, each stage takes 5-7 days. At the Classic Morita Centre (CMC) in Australia and branch in the United States, the first stage averages 5-7 days and the successive three stages average 2-5 days; the average residential stay is 15 days. The first stage is mostly silent and the resting room is void of phone, music, television, writing material, books, smoking material, contact with family or friends, or instruction in meditation; psychotropic medication is mostly withheld or minimised.<sup>[8]</sup>

The Morita therapist creates ways to widen clients' affections for/with Nature, akin to Zen practice. Stage one primes the client's neurological rhythms to synchronise with her/his natural diurnal nature. The therapist is trained to advance the clients' potential for peripheral consciousness; in this way, traditional or classic Morita therapy is as intricately complex in consciousness theory as psychoanalysis. Thus, classic training is as rigorous and time intensive as psychoanalytic training; the same can be said of mastering the classical arts — be it ballet, jazz or classical music. In addition, Morita considered the role of body position and movement in space much like his contemporaries, Moshé Feldenkrais (1904–1984) who devised the somatic Feldenkrais Method, and Frederick Alexander (1869-1955) who developed the Alexander Technique. Morita was very interested in how Freud's use of the supine position stimulated free association. Additionally, he studied how therapeutic place(s) impact therapeutic experiences while developing his treatment.

### **Stage One: Solitude, paradox and the phenomenology of emotions**

Seclusion and silence in a supine position are purposeful in Morita therapy and the first stage sets the paradoxical dynamic path in therapy. Seclusion is usually the most daunting stage for clients. Here the strategic use of silence occurs in a near-empty room with a window and a door that are semi-transparent.

Normally, I observe increased existential angst in my clients between the 3<sup>rd</sup> and 5<sup>th</sup> day of seclusion-rest. For instance, a 34-year old male client was a survivor of childhood sexual abuse by his brother. On the third night, he experienced intrusive memories and became fearful as dusk moved into dark. He called for me to come to the room. In particular, he asked for a hot water bottle. "I just remembered how my "Nan" (grandmother) gave me one at bedtime as a young boy. Staying with her was the only place I had to go. She did not live long enough for me to tell her what was happening at my house". I sat in the room in silence as the intensity of his longing for his Nan was felt. The classic Morita therapist does not try to take away feelings but rather to assist the space-time so feelings can be safely felt. I told him that, "This room, this bed, these walls, these windows, and this land are for you to feel what you feel. You are safe here." After twenty minutes, he said he was drifting to sleep and looked forward to breakfast. I left the room. He was calm and attentive the next morning when breakfast arrived.

Dynamically, in the first few days, clients meander (free associate) in their minds and over examine past history; this may be due to the supine position in conjunction with elongated silence. Rumination about one's past is expected. Paradoxically, therapists withhold cognitive engagement so that the client's body and mind slow down to a rest state, naturally. Without new medication or techniques to fast-track rest, the client naturally and gradually sees, hears, tastes, touches and smells the external world. One purpose of the first stage is to re-sensitise and re-calibrate the client's senses. By withholding human-derived stimulation, paradoxically clients turn their attention to that which has always been accessible. The cricket's song is penetratingly heard. By day five, they notice that breakfast occurs shortly after the raven caws to announce the morning.<sup>[9]</sup> For those who have been traumatised, ordinary stimuli appear in ways untainted by past traumatic experiences. Once the senses are engaged evenly, curiosity about the world at large advances.

Clients become curious about the nature of emotions, too. It is near impossible to be depressed or anxious the moment one is curious. Suddenly, one finds the mystery behind feeling feelings. This is different from being feeling focused. All too often, authors who have not experienced and/or trained in classic Morita therapy misrepresent Morita's theory on emotions. Stage one leads them to let feelings be felt without the mind imposing an emotional taboo. They stop emotionally reacting to a feeling (such as feeling angry over feeling grief or envy); they feel feelings without a judging mind – and experience triggering stimuli and the ebb and flow of emotional states. By stage three, those who have endured human cruelty experience certain emotions as evidence of their victim experiences (LeVine, 2011).

The experience of stage one and two cannot be duplicated in time-contained outpatient methods, plain and simple. In the residential setting, transparent windows and doors are gateways to clients' desire (life force) to be engaging in the world. With reduced stimuli inside the room, clients notice how their symptoms and preoccupation with past history diminish. Gradually, the mind stops dwelling on its own content as the desire to engage outside the room increases. Metaphorically, the self casts off self to swim in the sea. It

cannot be overstated that rest, silence and seclusion propel clients into sensefulness (distinct from mindfulness) – and towards their creative potential and environmental engagement.

Across Moritist, psychodynamic and existentialist perspectives, happiness outcomes and forgiveness-resolution carry no weight as outcome criteria. At this junction, Morita's theory of consciousness is revolutionary. If we contend that consciousness resides inside us as the human organism, the range of experiences and opportunities for human contentment shrinks. For example, solitude is usually experienced at the end of the second stage of Morita therapy; herein, one feels alone and connected simultaneously. Solitude is underrated as a goal in therapy. Ogawa ([2013](#)) accounts for mind-quietness in Morita counselling. Plainly, solitude is not contingent on happiness. The capacity for solitude rises after one's mind-body has rested fully – after Morita's first stage. As one's intellectual quest for "self" happiness dissipates, one is primed for spreading their secure attachments in Nature. For those who have endured harsh histories, the experience of solitude is unfamiliar, particularly if their cortisol and adrenal systems have been exhausted by fear and dread.

Essentially, the client's experience of moving through the evolution of the stages inside the therapy environment is the dynamic change agent of Morita therapy. As clients experience the progressive stages across the respective spaces, their faulty beliefs are altered. In the classic method, cognitive change is not derived from verbal challenge, debate, or instruction by the therapist. To advance this end, therapists require advanced supervision and are trained to finely observe a client's sensory acuteness in the first stage. In the second stage, sensory themes are embedded often in the client's diary sketches and descriptions of the outdoors. Re-embodiment is expected following the first stage since muscle atrophy sets in during bed rest. Also in stage two, clients feel their bodies moving rather intensely (even if there is a physical disability); they are told to move slowly and deliberately during the first few days. After leaving the resting room, they are more embodied when they enter the outdoors — with fresh eyes, ears, noses, hands, arms, legs, and feet, neck, head and twisting torsos; body-mind is aligned. Bit-by-bit, they discern their authentic selfhood ([LeVine, 1993](#)).

The therapist, within and between stages, records astute observations. Most noteworthy is how past traumatic sense memories may arise that unsettle the client. I recall a client who was repelled by the smell of roses; her abusive mother doused her in rose talcum powder after being cruel to her. Of course, we cannot know all the sensorial triggers, but key roles of the therapist are to contextualise clients' symptoms and to respond sensitively and clinically.

In the second and third stages, art-making activities are chosen that enhance the experiences of a client's inherent capacity or talent. Art making uses materials that lead to something practical, such as a wooden birdhouse for the garden, a quill pen for diary writing, clay for cup making. Such activities move into social engagement with a purpose. Of course, brief action-based approaches to therapy have their place in psychotherapy, particularly during times of acute crises ([Ishiyama, 1990, 2008, 2013](#); [Richards, Mullan,](#)

Ishiyama, & Nakamura, 2011; Sugg, Richards, & Frost, 2016). As clients move from paradoxical silence and inaction to eco-social engagement in Morita therapy, they expand their sense of belonging in the world (Chang, 1974).

### **Consciousness Explorers, Morita, Zen and Psychoanalyst Karen Horney**

Uniquely, scholars in the 1800s and early 1900s debated the span of consciousness in medicine, science and philosophy. Those who caught Morita's eye were Franz Anton Mesmer (1734-1815), Marquis de Puységur (1751-1825), James Braid (1795-1860), Jean-Martin Charcot (1825-1893), Silas Weir Mitchell (1829-1914), Otto Binswanger (1852-1929), Sigmund Freud (1856-1939), Pierre Janet (1859-1947), William James (1842-1910), and Karl Jaspers (1883-1969). More specifically, Franz Anton Mesmer and his disciple the Marquis de Puységur introduced "natural energetic transfer" and magnetism. Mesmer saw health as the free flowing motion of life that passes through thousands of channels in the human body; illness is caused by obstruction to this flow. Adam Crabtree (1993) elucidates this theory in his book, *From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing*; descriptions correspond to Ayurveda Consciousness that informs India's traditional system of medicine.

During Morita's era, letter correspondence on consciousness was extensive between Freud and Ludwig Binswanger between 1908 and 1938 (Fichtner, 2003). Also, Pierre Janet identified dissociation and the subconscious, while Karl Jaspers proposed the "wave" of consciousness in 1913 (Jaspers, 1963). Morita commented on the essay by William James, *Does Consciousness Exist?*<sup>[10]</sup>

William James (1890) divides philosophy into the soft-minded and hard-minded schools....If a client's emotional base is ignored, any intellectual pursuit (by the therapist) only serves to increase the distance between the experiential mastery and therapeutic resolution (1928/1998, pp. 7-8).

By extending consciousness outside the self, clinicians are obligated to map places and institutions (family, school, health, government) where clients' wellbeing has been compromised.<sup>[11]</sup> From the standpoint of Morita, consciousness exists without humans being awakened to it or aware of it. Consciousness extends in all directions and is timeless, placeless, and mindless. Morita designed his therapeutic environment so that clients are enhanced by an ever-extending, pulsating consciousness. Also for clients who suffered human cruelty, during Morita therapy they realise that Nature has no malicious intent — movingly healing for clients (LeVine, 2015).

Akihisa Kondo rendered Morita's term, *mushojūshin* (無所住心), as peripheral consciousness (LeVine-Kondo taped supervision session, Kondo Clinic, Tokyo, 1992). Herein, Morita's realisation of consciousness is steeped in Zen and is not attached to any theism, including Buddhism. Peripheral consciousness is the ever-present life force; humans can experience this force through Nature (inclusive of human nature). Zen and religious studies scholar Christopher Ives translates the literal meaning of *mushojūshin* as "the mind dwelling in no place" (correspondence, 2015).<sup>[12]</sup> Mercer (2016) captures

Morita's dynamic take on this phenomenological matter. "This kind of working synthesis becomes viable when Zen is de-theised to become a phenomenological system of praxis..." (p.30). Here, existential themes run through Morita's theory because consciousness exists regardless of human existence. In order to advance this phenomenal purview, an ecological setting is vital to the therapeutic process.

In the mid-1940s till her death in 1952, Karen Horney (1885-1952) organised soirees in her home; invited guests included D.T. Suzuki, Richard DeMartino, Akihisa Kondo, Abraham Maslow, Carl Sandburg, Paul Tillich, Erich Fromm, Harry Stack Sullivan, Norman Kelman and other practitioners and scholars gathered for French salon-like evenings in Horney's New York apartment to discuss philosophy, Zen, and psychiatry (personal conversations with Kondo, 1990). In fact, Horney made a trip to Japan to study Zen and Morita therapy not long before her death (LeVine, 1994); following, she delivered lectures in New York about her 'new' analytic theory, which were gathered into a publication and later edited by Ingram (1987). DeMartino (1991) contributed an historical account in *The American Journal of Psychoanalysis* entitled "Karen Horney, Daisetz T. Suzuki, and Zen Buddhism".

A workshop on "Zen Buddhism and Psychoanalysis" that took place in 1957 in Mexico *Zen Buddhism and Psychoanalysis* emerged from that session (Fromm, Suzuki, and DeMartino, 1960). Jungian analyst, James Kirsch attended that conference; a significant reprint of his paper from *Psychologia* (1960) occurred in 2011 by Jungian analyst Thomas Kirsch – a half century later (Kirsch, T., 2014).

Of all the psychoanalysts, Horney was intrigued by Zen and Morita's ideas on "real self" (Doi, 1962, Kondo, 1958, 1961, 1962, 1963, 1975, 1976, 1983; Kora, 1965; Kora, T. and Sato, K., 1958; Ingram, 1987; Rubins, 1972; Martin, 1972; LeVine, 1994; Sayers, 1991). At the end of her life, she came closer to Morita's consciousness while sitting in a Zen garden in Japan in the summer of 1952 – months before her death in New York.<sup>[13]</sup> Unfortunately, she lacked the time needed to determine how Morita's consciousness might augment her psychoanalysis. "At the end of her stay in Japan, we talked about silence in analysis and gardens that bring inner experiences of one's real life." (Kondo conversation, Tokyo, 1994).

Debate continues about Zen and Morita's consciousness.<sup>[14]</sup> To date, most scholars commenting on this topic have little to no operational knowledge of Morita's residential practice (Leonhard, 1965; Kasulis, 1977, 1981; Smith, 1981). Another complicating factor stems from the depiction of Zen as a spiritual practice and/or a pathway for human development in Euro-American contexts. Consider Thomas Kasulis (1981) who coined the term "Zen Humanism". In *Zen Skin, Zen Marrow: Will the Real Zen Buddhism Please Stand Up*, Heine (2008) offers a perspective on the equal tension between the idealist-humanist view of Zen culture and tradition, which supplements the perspective put forth by Kasulis. Morita's ideas counterbalance Kasulis by not situating Zen inside humancentric or Buddhistic borders.

In Morita therapy, Zen dwells in no place for nobody (LeVine, 2015). Relatedly, peripheral consciousness dwells no place. Overall, Morita devised a therapeutic method intended to expand the range of consciousness by casting off the self as the centre so that one can live inside the rhythms of Nature and human nature (LeVine and Ogawa, 2015). Above all, Horney took an interest in the relationship between dynamic therapy and authentic or real self. From Zen, the non-subjective self moves one to compassionate action (DeMartino, 1983, 1991; DeMoch, 2010).

This is Oriental philosophy: only if one empties oneself and casts the self into the mu of nature can the authentic subjecthood of self be realized... as advocated by Buddhism, particularly Zen Buddhism (Fujita, 1986, p. 317).

Throughout the early 1900s, Japanese scholars took on the challenge of communicating the essence of Zen and consciousness to foreigners. Influential Kyoto philosophers in Morita's era include Shin'ichi Hisamatsu (1889-1990),<sup>[15]</sup> Keiji Nishitani (1900-1945), and Kitarō Nishida (1870-1945). Kondo and I discussed overlaps in Morita's ideas and these Zen specialists of the Kyoto school. While we could not conclude that Morita was aligned with one figure, during supervision Kondo concluded that Hisamatsu and Morita shared down-to-earth pathways to *pure self*.

Like Nishida, Morita threaded Zen into his practice without elucidating if or how Zen leads someone to enlightenment (*ken shō*).<sup>[16]</sup> Nishitani's well known quote serves as illustration: *From the pine tree, learn of the pine tree. And from the bamboo, learn of the bamboo*. Nishida captures Morita's same sentiment on unification.

If we see our spirit as the unifying activity of reality, we must say that there is a unity to all things in reality, that there is spirit in it (Nishida, 1990, p. 75).

Notably, Kyoto School Zenists — Hisamatsu, Nishitani, and Nishida — threw themselves into Zen practice; they carved their theories out of their experiences (Nishitani, 1989, 1990). This is how Morita developed many of his therapeutic ideas, and how he came to formulate a method that moves clients into experiences that penetrate their whole being. It is only when clients give over to complete rest that they find themselves free from the torment of their own isolation while experiencing the connectedness of solitude; this can sometimes lead to an experience of consciousness that resembles Zen Awakening.<sup>[17]</sup>

Nishida put forth his ideas about the contradictory tensions found in Nature in ways that support Morita's contention. For Morita, we suffer less when we maintain an even tension between our natural desire for life and our natural fear of death. It is here, in this dynamic tension, that we might realize our place inside Nature and live an ethical life accordingly. "We are living while struggling with the world" (Nishida, 1958, p. 206).

Let us for a moment, regard the unity of our consciousness, and proceed from there: Each phenomenon of consciousness is [somewhat] independent, and expresses itself. Each pretends [at the same time] to be the Self (Nishida, 1958, p. 188).

Largely, Nishida and Morita situate human existence cosmologically as the constituting consciousness.<sup>[18]</sup> For Morita, human transformation is tied to the aesthetics of simplicity.

Misdirected people tend to force themselves to fit into a certain categorical framework....Rather, my methods concentrate on simple and routine work, such as carrying buckets of water and chopping wood, from which a person learns to respond to changes in the environment (Morita, 1928/1998, p. 96).

### **Morita, the Existentialists, and the Politics of Consciousness**

Japanese scholars have historically studied European texts on philosophy, while Euro-Americans tend to study and highlight their own texts. For instance, Inoue cited Georg W.F. Hegel (1770-1831) as a bridge between Buddhism and the West; he focused on Hegel's portrayal of "organicism"<sup>[20]</sup> (Blocker and Starling, 2001, p. 133). Hegel inspired philosophers globally through his work on the *Phenomenology of Spirit* (1807), which he originally titled, *Science of the Experience of Consciousness*.

Among our European thinkers, the work of Henri Bergson, French philosopher and friend of William James, parallels Morita's ideas more closely than those of Hegel or Heidegger. For Bergson, consciousness is a life force that infuses and kindles all living matter. In *Creative Evolution* (1944; first published in 1907 as *L'évolution Créatrice*), Bergson reveals his philosophy of consciousness in his second chapter in a section titled, *Life and Consciousness: The Apparent Place of Man in Nature*.

Life, that is to say consciousness launched into matter, fixed its attention either on its own movement or on the matter it was passing through; and it has thus been turned either in the direction of intuition or in that of intellect (Bergson, 1944, p. 199).

This is true now, too, when Euro-American scholars were concentrating on expanding the "unconscious" and ego constructs. In *Zen Buddhism, Freud, and Jung*, Thomas Kasulis writes,

Both Freud's psychoanalysis and Zen endeavor to relieve people of their being compelled, but the processes by which they seek to achieve results and the rationales behind those processes are radically different (1977, p. 83).

In addition to Zenists, Morita had much in common with existential-based psychotherapists, such as Paul Tillich (1886-1965, German-born American), and Viktor Frankl (1905-1997, Austria). Tillich, in particular, was impacted by his two-month excursion in Japan (Wood, 1961). In his monograph, *Paul Tillich: Journey to Japan in 1960*, Tomoaki Fukai (2013) reviews Tillich's journey, lectures and conversations with Buddhist scholars and practitioners.

Collectively, Morita, Tillich and Frankl advanced a sophisticated consciousness discourse while holding philosophy and science as complementary. Among those advancing this complex in the generation following Morita were Takehisa Kora, Akihisa Kondo, Karen

Horney, Melanie Klein, Jacques Lacan, Carl Jung, Fritz Perls, Alfred Adler, J.P. Sartre, Simone de Beauvoir, and Albert Ellis. *En masse, they are our consciousness explorers.*

As stated earlier, existentialists challenged the ways in which consciousness, ego, and self were being portrayed in psychiatry. Morita and scholar-practitioners with an existential persuasion across the 1930s, 40s, 50s, and 60s offered a political edge when concluding that there are “inconclusive” exposés on consciousness and the human soul. To not know is to know something else.<sup>[21]</sup>

In *The Wretched of the Earth*, African existential psychiatrist, Frantz Fanon (2001/1961), coined “national consciousness” and “moving consciousness” and pointed to collective ancestral oppression embedded in “nationalist bourgeoisies” and colonial forces that thrust African people into “spiritual penury” (p. 119). “The living expression of the nation is the moving consciousness of the whole of the people” (p 165). Significantly, Fanon, Morita and our European existentialists were equally critical of oppression and equally as feisty, politically.

Jean-Paul Sartre provocatively pointed to the politics of ego in relation to consciousness in *The Transcendence of Ego*.

The ego is not the owner of consciousness; it is the object of consciousness (Sartre, 1957, p. 97).

In *The Ethics of Ambiguity*(1948), Simone de Beauvoir claimed that a pre-existing *Absolute Consciousness* leaps forward once the intellectual self no longer mediates experience. She insisted that consciousness was ambiguous.

In Morita’s era, scholars contemplated whether consciousness moves humans to action; metaphors depicted consciousness as a moving force. Most notable is William James’ *stream of consciousness*, and Karl Jaspers’ *wave of consciousness*, which evoke depth, width and movement.

Consciousness may be pictured as a wave on its way to the unconscious...We are dealing with a changing manifold...(p. 139). The term ‘consciousness’ denotes first of all the actual inner awareness of experience....Consciousness can shrink (narrowing of consciousness) or...grow dense (clouding of consciousness) (Jaspers, 1963, p. 138).<sup>[22]</sup>

Overall, consciousness descriptions ranged from still to flowing, physical to metaphysical, and altering to transformational. Novelist Virginia Woolf (1925) gives consciousness an engulfing quality in her essay, “Modern Fiction” in *The Common Reader*.

Life is not a series of gig lamps symmetrically arranged; life is a luminous halo, a semitransparent envelope surrounding us from the beginning of consciousness to the end (Woolf, 1925, p. 150).

For Russian born Helena Petrovna Blavatsky (1831-1891), consciousness is infinite; it is like a mountain to be climbed, with transformation as the peak experience. Social historian Theodore Roszak (1933-2011) comments on the significance of Blavatsky's theory. He coined the terms *ecopsychology* and *spectrum of consciousness*,<sup>[23]</sup> which are associated with EcoBuddhism (Roszak, 1975, 1992).<sup>[24]</sup> In *The Voice of the Earth: An Exploration of Ecopsychology*, Roszak (1992), contends that an ecological approach to therapy is vital for remedying the alienation between people and their natural environment (Coope, 2010). Overall, his views are consistent with Indigenous perspectives worldwide.

Among the discussants on consciousness in Morita's time is a psychiatrist rarely referenced, the British born Canadian Richard Maurice Bucke (1837-1902). Bucke (1991) wrote *Cosmic Consciousness: A Study in the Evolution of the Human Mind in 1901*.<sup>[25]</sup> William James, whom we know Morita read, was interested in the way Bucke translated his own personal mystical experiences into theory. In his chapter on "Mysticism" in *The Varieties of Religious Experience*, James quotes Bucke.

The prime characteristic of cosmic consciousness is a consciousness of the cosmos, that is, of the life and order of the universe. Along with the consciousness of the cosmos there occurs an intellectual enlightenment which alone would place the individual on a new plane of existence – " (Bucke, cited by James, 1985, p. 398).

Bucke acknowledged that animals have consciousness; advanced *cosmic consciousness* whereby humans have the added capacity to experience the universe as a living presence. In North America, Bucke's notion that *consciousness extends cosmically* was as unprecedented as Morita's claim that *consciousness extends peripherally*.

In *Morita Therapy: A Psychotherapeutic System for Neurosis*, Fujita discusses nonconsciousness of nature.

The concept of nature (*shizen*) is integrated in the Japanese sense of life. It has the same meaning in Morita therapy, in the sense of a 'return to nature' (*shinzen ni kaere*.... This, again, is the condition that Morita calls *arugamama*, the condition of casting off the artificial ego and returning to authentic human nature (Fujita, 1986, pp. 50-51).

An artificial ego corresponds to self-centredness, which forecloses one's place "as it is" in Nature. This is the standpoint of *arugamama*. Perhaps due to a conventional, cognitive overlay, Morita's perspective on *arugamama* is misrepresented often in the literature as "accept things as they are". Morita did not superimpose acceptance, particularly since his therapy intends to uncloud the mind from conventional ideas that acceptance is an altruistic quest. Rather, *arugamama* aligns with Zen that takes the subject (I) out of the "suchness" of reality so we can be in our place in Nature "as it is". Through experience (not cognitive direction) one responds to reality after relinquishing how it should be or how one should be or feel. For instance, victims of cruelty-based trauma are provided a safe therapeutic environment in Morita therapy; the therapeutic place and method enables them to feel pure feelings "as they are" during rest — without social conventional discourse to "accept" or "forgive" anything or anyone. Fujita (1986) describes *jujitsu-hon'i*

as our authentic existence uncontaminated by the mind's discourse, which allows one to live according to Nature (Fujita, p. 74-75). Through *arugamama* one is primed for spreading attachments into Nature, serendipitous experiences.

Interestingly, Sigmund Freud highlighted this serendipitous phenomenon in his 1919 essay on "The Uncanny" (Royle, 2003).<sup>[26]</sup> In Zen, serendipitous experiences are a matter of phenomenological fact. Morita brought this phenomenon forward into practice by designing his progressive therapy inside a lively setting. With extended therapeutic time and space (sky, ground, wind, stillness), clients are awakened to simple serendipitous encounters. To neglect the power of this human phenomenal experience is to confine consciousness. While Freud took interest in this unfathomable dimension, Karen Horney would likely have brought an ecological domain forward into her analytic practice had her life continued. She died of cancer not long after her awakening experience of Zen consciousness in Japan (Kondo, 1958, 1963; Martin, 1972; LeVine, 1994).

### **Concluding Remarks on Classic Morita Therapy and Eco-Consciousness**

Regardless of differences, Morita therapists, existential psychotherapists and psychoanalysts established consciousness theories that account for the creative tension that sits between wonder and doubt (Cooper, 2002). Morita agreed with the psychoanalytic premise that dynamic tensions in human relationships are essential to human existence. Akin to Freud, Morita allowed for "accidental wisdom" by affirming serendipitous experiences inside the therapy context (Calhoun 2004). What makes Morita unique to his contemporaries is the width and depth of his consciousness system, the inclusion of context in case formulation, and the advancement of his ecological setting as a therapeutic domain.

Influential to Morita's consciousness theory was his relationship to Zen and his dismay over violations to human rights he saw psychiatric patients endure. He was wary of those who linked complex human emotions to *mental* illnesses. Remarkably, by refuting the existence of an anthropomorphic consciousness core, Morita empowered the ecological domain as a therapeutic agent that enhances the wellbeing of the whole person.

From a human justice perspective, Morita's formulation of consciousness releases clients from being solely responsible for their dysfunction while giving them agency for discernment. By the fourth stage of therapy, clients' attachments are reshuffled after experiencing safe, life enhancing places and people, consistently. Through such experiences, those with traumatic histories are enabled to discern situations and people who harm and betray them; they disentangle themselves from these double-binding attachments. Herein lie the power of classic Morita therapy steeped in eco-consciousness. Through complete body-mind rest at the start of therapy, clients are primed for whole-person restoration by Nature, which is manifested consciousness – thus, eco-consciousness.

...and I am not satisfied by theorists who put 'consciousness' into a fixed grid of categories. Rather, I try to observe and describe the phenomenon as it exists naturally, scientifically, and realistically...Changes occur in the human mind=body, night and day,

regardless of whether a so-called consciousness or unconsciousness is recognized (Morita, 1928/1998, pp. 117-118).

Morita's justice stance in mental health resembles that of psychiatrist Thomas Szasz (1920-2012) who wrote the *Myth of Mental Illness* in 1961 (Stadlen, 2013). Szasz contends that the term mental illness is misused in medicine and psychology. Rather, it is a metaphor for feelings, behaviours, and/or beliefs judged as flawed by social and religious convention. Similarly, Morita developed a theory of emotions that is free from confinement by conventional interpretations or positivist leanings in psychology.

Classic Morita therapy recalibrates the client's body-mind to dwell inside the pulse of Nature – which is poles apart from directing a client to focus her or his awareness on the physical environment. Herein, Morita's foundational theory of consciousness aligns with Indigenous perspectives, globally. His eco-perspective coincides with the ancient Athenian recognition of *autochthon* — from whence self (auto) sprang from earth (chthōn).<sup>[27]</sup> In North America, the Lakota Indian activist Russel Means (Brave Eagle, 1939-2012) avows that humankind becomes unwell collectively by neglecting our place in Nature.<sup>[28]</sup> Lakota people reference *wakan* as the sacred mysterious force that sustains the world (Philip, 2001).<sup>[29]</sup> In New Zealand, psychiatrist Mason Durie (1999, 2004) links Māori wellbeing to interconnectedness – much like Morita. Māori consciousness existed before colonisers introduced the idea of a manifested godhead or God (Hume, 2002). To be in time while keeping one's place cosmologically depends on wind, stars, the departed, deities, and life-spewing forces of nature (earthquakes, natural fires, and floods). Durie portrays Māori consciousness as a centrifugal life force that spirals across micro and macro dimensions of time and place. Durie, like Morita, founded a healthcare model that reinstates consciousness inside the rhythm of Nature.

Respectively, existential psychotherapists, psychoanalysts, and classic Morita therapists address our human suffering that is rooted in human existence. How do we live inside the dynamic, creative tension of feeling significant and insignificant, simultaneously? Morita designed his four successive stages to equalise the tension between the human desire for life and natural fear of non-existence. Herein, eco-consciousness brings a dynamic force to the therapy process.

As a saying in Zen teaches: 'If one tries to eliminate a wave with another wave, one will invite numerous waves.' Similarly, when people strive to remove their pain and agony, they try to eliminate a wave in their minds with yet another wave... (1928/1998, pp. 39-40).

Morita therapy is not a "psycho" therapy *per se*. It is a remedial therapy that re-replaces clients into life-enhancing environments with all their senses. Here again, Morita's stance on therapy (by contrast to psycho-therapy) resembles that of Thomas Szasz.

The following diary passage by a psychologist in training illustrates the dynamic nature of consciousness in Morita therapy. Akin to the normed prospectus for psychoanalytic training where personal analysis is required, professionals who train in the classic method

at CMC are expected to experience, first hand, Morita residential therapy.

Last day for stage two. I sat on the hillside thinking about trees and how I climbed them with my brother when we were in primary school. We'd scout for tiny eggs in bird nests. I was much in my head and feeling my aloneness when suddenly 8 yellow-crested cockatoos flew past. Their cackles woke me from my self. It was then that I saw one baby parrot standing on the ground just in front of me. Did it drop out of the flock? I knew it was hurt. It had the slightest hint of yellow on its crest. It could not walk or fly. I tell you this bird looked right through me. I called out to O. and he called out to you. We all pulled together to get this little mate to the local bush rescue centre — all of us – even this new bird that we call, Crest. Kin. Tender. Kinship — aloneness is not alone is alone is not alone. (CMC by permission).

In Morita therapy, clients' attachments expand into Nature, movingly — affectionately. This is the art of Zen at work. In turn, compassionate action develops naturally without conventional or cognitive coaxing. All human emotions dwell justly and responsively in this space. The extended time living inside Morita's therapeutic place returns clients to their adaptive, curious-minded, interconnected capabilities.

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## Endnotes

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[2] Morita's analyses coincide with contemporary views on the phenomenological mind as discussed in Gallagher & Zahavi (2008).

[3] Research into neuroplasticity (Siegel, 2010) brings "mindsight" and "interpersonal neurobiology" forward as personal transformational enhancers. Neurological evidence builds on how the brain generates pathways for awareness that increase emotional and social intelligence and self-evolution.

[4] For an excellent description of this challenging period of history, see Michele Marra (1999), *Modern Japanese Aesthetics: A Reader*, University of Hawai'i Press.

[5] I offer my gratitude to Go Nonaka (film maker and musician) and Naoki Watanabe, MD (psychiatrist, Morita scholar, and musician).

[6] With full respect to and preservation of this lineage, Morita's consciousness perspective is foundational to training at the Classic Morita Centre.

[7] Research by Emil Kraepelin (1856-1926) influenced Morita's medical colleagues. Kraepelin set in motion psychiatry as a branch of medical science, and views that mental illness has a genetic or physical cause. In contrast, Morita maintained a contextual perspective on mental health erosion and enhancement.

[8] Morita's practice was in the countryside — where nature's canvas offers animate diversity. Urban sites require clean air, a safe resting room, interactive gardens, flora, fauna, art-making and social-engagement areas.

[9] Therapists in supervision at the *Classic Morita Centre* are taught to make observations during silence when delivering breakfast to the rest room. The delivery time is meant to coincide with natural morning sounds and light. In summer, clients notice that breakfast comes shortly after the magpies call out to each other; they note the interchange of birdcalls. In winter, breakfast comes later to match the same light. Those moments offer connection and curiosity, which prime a return to natural diurnal rhythms.

[10] *Does Consciousness Exist?* was published by William James in the *Journal of Philosophy, Psychology and Scientific Methods* on 1 September, 1904 and republished posthumously in 1912 as *Essays in Radical Empiricism*.

[11] Clinicians' adopted theory of consciousness (intrapersonal or inter-systems based) determines the scope and complexity of their case formulation (Smith, 2014). Overall, case formulations wayshow, what, and where we practice, as well as our terms for health promotion.

[12] I appreciate Professor Christopher Ives' translation and generosity.

[13] In *Developments in Horney Psychoanalysis*, Rubins (1972, p.38) misdated Horney's excursion to Japan as 1951; it was 1952.

[14] While the history of Zen in Japan falls outside the scope of this book, the reader is directed to review the history of Myōan Eisai (1141-1215), a founder of Japanese Zen, and Zenji Dogan (1200-1253) who founded the Soto school of Zen (Ts'ao-tung) in Japan.

[15] Hisamatsu criticized monastic approaches to Zen practice. For a clear discussion on "formless self" according to Hisamatsu, see Ives (1992).

[16] This was a time in history in Japan when E. Inoue (1905) integrated Buddhism into the first basic book on psychology, *Psychotherapy* (Nankodo Shoten Press, Tokyo).

[17] At the CMC, Morita therapists and attendants require a steady tolerance for client ambiguity, particularly since clients doubt the therapy and the therapist most often in the first stage.

[18] Within this realm, we can find Nishida's "logic of place" and Morita's "logic of emotions" as they arise out of this rhythm.

[19] There are references to Morita's training in Rinzaï Zen (as compared to the Soto school) at the Zuirokuzan Engaku Kōshō Zenji (Engaku-ki) Temple in Kamakura (Rhyner, 1988). He trained under Roshi Kōsen, who influenced D.T. Suzuki and Kitarō Nishida. See Yusa (2002) and Kato (2005) for historical overviews on "Zen and Psychology".

[21] Hegel considered “vitalism” more seriously than other philosophers of his time, which resonates with Morita’s perspective.

[22] The reader is directed to the first ethnographic study on Morita residential therapy by David Reynolds in 1969: “Directed behavior change: Japanese psychotherapy in a private mental hospital.” Doctoral Dissertation, University of California, Los Angeles. This was followed by Reynold’s book on the topic in 1976.

[23] Karl Jaspers first published this work in 1913.

[24] Roszak’s spectrum of consciousness is often attributed mistakenly to Ken Wilbur.

[25] Given James’ review of Bucke in *Varieties of Religious Experience* (1985, originally published in 1901) and how Morita read and referenced James, it is possible Morita came in contact with Bucke’s theory, too, but I could find no confirmation of this.

[26] Rivoal and Salazar (2013) discuss reflexivity and serendipity in contemporary ethnographic practice. Such intersections shape the ethnographic process (Geertz, 1973). This is the “Geertzian moment” in anthropology.

[27] Gausset, Kenrick and Gibb (2011) detail the complexities in human rights law and anthropology on use of the terms indigenous and autochthōnous.

[28] While unrelated in method, Hakomi therapy shares Morita’s eco-perspective through its Hopi meaning. “How do you stand in these many realms? Hakomi is influenced by Native American spiritism and was founded by Ron Kurtz (1934-2011). “Ultimately... Hakomi form expresses organicity, mind-body holism, and unity.” (Correspondence with Hakomi therapist, Jim Lehrman, Los Angeles, 2012).

[29] In *De-colonising Methodologies: Research and Indigenous Peoples*, Linda Tuhiwai Smith (1999) speaks to the timeless consequences of oppression on Indigenous people.

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