



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**MORITA THERAPY**

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Definition: Morita therapy leads patients from preoccupation with and attempts to eliminate neurotic symptoms towards accepting anxiety as natural (arugamama) while engaging in constructive behaviors.

Elements: Morita therapy tries to give corrective experience, over 4 phases if an inpatient:

1. Bed-rest in isolation for 7 days (time out), during which patients stay in their room all day with activity restricted to meals, a morning wash, and going to the toilet, and no access to reading, radio, TV, CD, computer or games
2. Light work for 4-7 days. During this the patient: a) initiates, under therapist guidance, graded activity and work needed in daily living at the hospital; b) writes in a diary what s/he did by day and every day submits this to the therapist who reads it, writes in comments, and returns it to the patient (diary guidance); c) has interviews 2-3 times a week with the therapist who does not regard symptoms as foremost and focuses on daily activities (strategic inattention to symptoms, contingency management).
3. Work for 1-2 months with gradual engagement in activities such as gardening, caring for animals and cooking and eventually doing these together with other patients.
4. Preparation for normal daily living over 1-4 weeks which may include commuting to work or school from the ward.

Today Morita therapy is commonly done with outpatients weekly or two-weekly. The therapist asks about their daily life and symptoms, encourages them to start constructive activities to return to normal living while remaining anxious, and often also gives diary guidance.

Related procedures: Arugamama, *behavioural activation*, *community reinforcement approach*, *contingency management*, *diary-keeping*, *exposure and ritual prevention*, *goal-setting*, *problem-solving*, *activation of desire for life*, *time out*, *work therapy*.

Application: In- or outpatient guidance (individual and group) in clinical, work and school settings and self-help groups such as Seikatsu-no Hakken Kai (Circle for Group Learning of Morita Therapy)

1st Use? Shoma Morita (1919)

References:

Morita S (1919) *Shinkeishitsu no hontai oyobi ryoho*. (1998) In English: *Morita Therapy and the True Nature of Anxiety-Based Disorders (Shinkeishitsu)*. State University of New York Press, Albany, NY.

Case Illustration 1: INpatient Morita Therapy

A woman aged 25 had social anxiety disorder for 2.5 years. In front of others she trembled and avoided writing, which disrupted her work. She asked for inpatient Morita therapy. During her bed-rest phase, her hands often trembled when observed and later she felt bored. The therapist wrote in her diary about stepping out of her room to join life on the ward: “*Take it a step at a time, while holding anxiety.*” (Diary guidance)

to practise arugamama including exposure but aimed more at helping her do daily activities on the ward than at decreasing her fear). The patient ardently desired activity and began wood-carving but became tense and her hands often shook when attending the large group at patients' daily meetings. The therapist did not regard her tension and tremor as major issues (contingency management). She was encouraged to be active despite feeling tense, and the therapist commented in interviews and diary entries on her progress towards each goal e.g calling her conscientious setting of meals on a table despite her hands shaking a success as her goal was not to abolish tremor but to give patients meals. In her month-long work phase she had more chances to work with other patients and became less anxious and less preoccupied with her tremor. Thereafter she started commuting to work from the ward. On her first day back at work her hands shook as she held a microphone to address a meeting of colleagues, but she was happy that she could greet them. She wrote in her diary that she had 'many things to be anxious about that I want to do' (accepting self as arugamama). As she continued commuting she lost almost all fear of writing in the presence of others and communicated better with colleagues. She had no medication during treatment.

#### Case Illustration 2: OUTpatient Morita Therapy

A woman aged 33 had feared contamination since age 14 and developed compulsive washing. When first seen she was over 2 months pregnant and had stopped housework for fear of mercury contaminating her child, herself and her family. She knew her fear was irrational. She had outpatient sessions every 2 weeks to a total of 6 hour-long sessions. The therapist said her fear of illness and misfortune for herself and her family was natural and asked what she wanted. She expressed a strong desire for health and security for herself, her family and especially her child. The therapist said her fear arose from deep care for her family; it could not be eliminated but did not need to be. He noted the vicious circle of compulsive washing and sense that this was inadequate causing yet more washing. He proposed that she wait for her fears to fade away naturally without trying to deny them (arugamama, exposure and ritual prevention) and to promote her family's health and security in a more constructive way (behavioural activation). As she wanted to be able to cook for children he negotiated with her a goal of cooking at least one dish by the next session. She returned saying she had cooked several times with her husband's help, which the therapist called major progress. She wanted to do more housework but panicked at the thought of being the main person doing it. The therapist pointed out her mindset that "everything must be in a certain fixed way" (noting all-or-nothing or black-and-white thinking errors). He suggested that she think about doing housework together with her family, do what she felt like doing without postponing it, and to broaden her goals beyond housework (problem-solving, activation of desire for life). Though her fear of mercury recurred at times, after cooking with her husband's help for some time she began to cook by herself. She decided to do shopping as her next goal, which she accomplished. She gradually resumed normal living and delivered her baby several months later.