The 9th International Congress of Morita Therapy
Sustainable Psychotherapies for the 21st Century
Thursday 1st and Friday 2nd September 2016
Programme and Book of Abstracts
The University of Exeter combines world class research with excellent student satisfaction at its campuses in Exeter and Cornwall. The University is a member of The Russell Group, which represents 24 leading UK universities committed to maintaining the very best research, an outstanding teaching and learning experience and unrivalled links with business and the public sector. Russell Group universities play a major role in the intellectual, cultural and economic life of the UK and have an international reputation for the high quality of their research and teaching.

Formed in 1955, the University of Exeter now has over 21,000 students from more than 130 different countries. Its success is built on a strong partnership with its students and a clear focus on high performance. Recent breakthroughs to come out of Exeter’s research include the identification and treatment of new forms of diabetes and the creation of the world's most transparent, lightweight and flexible conductor of electricity. The University is ranked amongst the UK’s top 10 universities in the Higher Education league tables produced by the Times and the Sunday Times. It is also ranked amongst the world’s top 100 universities in the Times Higher Education global rankings.

### Practical issues

**Venue:** The Congress will take place in the XFi Building, with accommodation in Holland Hall and Gala Dinner in Reed Hall (please see map inside back cover)

**Poster Room:** Posters will be displayed in Seminar Room B. Poster presenters need to set up their posters on Thursday morning between 08.30 and 09.30.

**Translation:** There will be simultaneous interpretation (Japanese/English) through headphones in the Henderson Lecture Theatre. Informal translation will be provided in Conference Room 2.

**Refreshments:** A buffet lunch will be provided in the Atrium Café in the XFi Building. There will also be tea/coffee available in the Atrium Café mid-morning and mid-afternoon. The nearest place to eat in the evening is The Imperial pub, New North Road. From Holland Hall, walk down to the bottom of Streatham Drive, turn right onto Prince of Wales Road, then left onto New North Road. The Imperial is on the right. We recommend the following restaurants in Exeter for evening meals: Harry’s Restaurant, 86 Longbrook Street

The Cosy Club, 1 Southernhay East

Zizzi’s Italian Restaurant, 21 Gandy Street

Circa 1924, 6 Northernhay Place

Abode Restaurant, Cathedral Green

**Social Activities:** There will be a Gala Dinner in Reed Hall on Thursday evening, starting at 18.00. Please see map inside back cover.

**Morning walks:** On the morning of Thursday 1st and Friday 2nd September, there will be a morning walk, starting at 06.30 from the reception area in Holland Hall. The walks will last about 45 minutes, which means you will be back well in time for breakfast which is served from 07.30.
This congress is convened by:

**Professor David Richards**, PhD, BSc, RN, FEANS, University of Exeter Medical School, UK

It is my pleasure to welcome you to the 9th International Congress of Morita Therapy and to the University of Exeter. Our congress is bringing together leading Japanese and international contributors for two days of presentations, parallel sessions and discussion on applying Morita Therapy in an international context.

But we are doing more than that. We have three themes to our congress. We will be discussing the thorny problem of applying Morita Therapy, a treatment designed as an in-patient therapy, to outpatient settings; we will be looking at evidence based medicine and what Morita Therapy can learn from this dominant health services paradigm; and finally we will be broadening our outlook to scan the horizon for wisdom present in other nature based and ecological approaches to psychotherapy.

As part of our congress there is also a half day pre-congress workshop on Wednesday 31st August where three international teams will present their different approaches to outpatient Morita Therapy.

I think you will enjoy the Congress, make new friends and renew old acquaintances. Finally, I hope you will have the opportunity to enjoy the rich cultural, architectural and landscape heritage of Exeter and Devon, one of the most beautiful parts of England and the UK.

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**Professor David Richards**

David is Professor of Mental Health Services Research at the University of Exeter Medical School, UK. For many years he has been at the forefront of national and international efforts to improve access to treatment for those suffering from high prevalence mental health problems such as depression.

A nurse by professional background, David is a UK National Institute of Health Research Senior Investigator, President of the European Academy of Nursing Science and chair of the European Science Foundation REFLECTION Research Network Programme, an interdisciplinary European Faculty of researchers, equipped to design, plan and implement programmatic, mixed methods and complex interventions research.

He has frequently challenged the research community to reduce waste in their work by refocussing their research activity towards clinically relevant programmes, driven by the uncertainties of clinical practice and the real concerns of the public, patients and clinicians.

*The Congress is supported by The Mental Health Okamoto Memorial Foundation and The Japanese Society for Morita Therapy.*
**Wednesday 31st August  Pre-Congress Workshop**

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| 11.30 – 12.00| Registration  
*At entrance to Henderson Lecture Theatre*
| 12.00 – 13.00| **Approaches to Outpatient Morita Therapy**  
*Henderson Lecture Theatre*
       Chair:  
*David Richards*
       Morita Therapy was developed 100 years ago in Japan within inpatient treatment milieu. Morita Therapy is now being used in outpatient settings worldwide. This workshop will compare and contrast international efforts to develop and test feasible and effective outpatient models for Morita Therapy.
       Opening Plenary and Discussion
       *Professor Ishu Ishiyama*
       *Professor Brian Ogawa*
       *Professor David Richards and Holly Sugg*
| 13.00 – 13.45| **Buffet Lunch**  
*Atrium Café*
| 13.45 – 16.45| Series of skills workshops, each lasting 50 minutes - attendees to attend all three. See allocation list on the day.
       *Professor Ishu Ishiyama—Team 1*  
*Conference Room 2*
       *Professor Brian Ogawa—Team 2*  
*Seminar Room A*
       *Professor David Richards/Pete Mason/Jo Mackenzie—Team 3*  
*Seminar Room B*
| 13.45 – 14.35| Workshop session 1
| 14.45 – 15.35| Workshop session 2
| 15.35 – 15.55| **Refreshments**  
*Atrium Café*
| 15.55 – 16.45| Workshop session 3
| 16.45 – 17.00| **Wrap up/Closing words**  
*Henderson Lecture Theatre*
# Thursday 1<sup>st</sup> September

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<th>Time</th>
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| 06.30 – 07.15 | **Experiential session: Morning walk**  
                  **Meet in Holland Hall lobby**  
                  **Led by Melissa Marselle**  
                  **Join us on a 45-minute morning walk along the beautiful paths surrounding the Streatham Campus. Learn how nature walks are good for mental health and wellbeing.** |
| 08.30 – 09.30 | **Registration**  
                  **At entrance to Henderson Lecture Theatre** |
| 09.30 – 10.00 | **Henderson Lecture Theatre**  
                  **Opening Ceremony**  
                  **Professor Janice Kay**  
                  **Provost and Senior Deputy Vice-Chancellor, University of Exeter**  
                  **Professor David Richards**  
                  **Professor Kei Nakamura** |
| 10.00 – 10.45 | **Henderson Lecture Theatre**  
                  **Chair: David Richards**  
                  **Keynote 1:**  
                  **Practice of Morita Therapy**  
                  **Professor Kei Nakamura** |
| 10.45 – 11.15 | **Refreshments**  
                  **Atrium Café**  
                  **Posters**  
                  **Seminar Room B** |
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| 11.15 – 12.45| **Henderson Lecture Theatre**  
Parallel session A:  
*Approaches to outpatient Morita Therapy*  
1. Perceived compatibility of Moritian principles among trainees in Morita therapy workshops in Canada.  
*Ayumi Sasaki*  
2. Using Morita methods as an alternative to Brief Solution Focused counselling.  
*Donald Crowder*  
3. Appropriate rest and behavioral intervention in the convalescent stage of depression.  
*Hidehito Niimura*  
4. The emergence of J-Mindfulness - A new strategy of Morita therapy.  
*Hideyo Yamada* |
|              | Conference Room 2  
Parallel session B:  
*Nature and ecological approaches to psychotherapy*  
5. The Dose of Nature Project: can nature be prescribed for depression in a UK setting?  
*Dan Bloomfield*  
6. Outpatient Morita Therapy for Occlusal Discomfort Syndrome following depression.  
*Satoshi Ishida*  
7. The ‘Nature’ of Classic Morita Therapy: returning to one’s natural condition.  
*John Mercer*  
8. Members of the public associate natural environments with emotional healing.  
*Emmylou Rahtz* |
| 12.45 – 13.45| **Buffet Lunch**  
*Atrium Café*  
**Posters**  
**Seminar Room B** |
| 13.45 – 14.00| **Henderson Lecture Theatre**  
**Keynote 2:**  
*Evidence—why bother?*  
*Professor Ken Stein* |
| 14.30 – 15.00| **Refreshments**  
*Atrium Café*  
**Posters**  
**Seminar Room B** |
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| 15.00 – 17.00| **Henderson Lecture Theatre**  
**Parallel session C:**  
9. What should the Morita therapist keep in mind in the process of outpatient treatment with Morita therapy?  
*Junichiro Hinoguchi*  
10. Act, Be, Change & Do: Art psychotherapy and Morita in assertive outreach and outpatient settings.  
*Karen Huckvale*  
11. The importance of inquiring into negative feeling in outpatient Morita Therapy.  
*Kazuyuki Hashimoto*  
*Kumiko Iwaki/Yuko Imamura* |
|              | **Conference Room 2**  
**Parallel session D:**  
*Ishu Ishiyama*  
14. The therapist model in Morita Therapy; based on the clinical approach of Shoma Morita.  
*Mari Iwata*  
15. Morita Therapy and psycho-social reconciliation.  
*Masahiro Minami*  
16. Morita therapy-based group program for persons with chronic pain who are unemployed.  
*John Murray* |
| 17.00 – 18.00| Free time                                                                                                                                 |
| 18.00        | Bar opens  
*Reed Hall* |
| 18.30 – 19.00| **Demonstration of Morris Dancing**  
Outside Reed Hall  
A local group, Exeter Morris Men, will perform. |
| 19.00 – 19.30 and 20.30 – 21.00 | **The Exmouth Shanty Men**  
*Reed Hall*  
The group will entertain us with the singing of traditional Sea Shanties. |
| 19.30 – 21.30| **Gala Dinner**  
*Reed Hall* |
## Friday 2\textsuperscript{nd} September

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| **06.30 – 07.15** | **Experiential session: Morning walk**  
Led by Melissa Marselle  
Meet in Holland Hall lobby  
Join us on a 45-minute morning walk along the beautiful paths surrounding the Streatham Campus. Learn how nature walks are good for mental health and wellbeing. |
| **09.00 – 09.45** | **Henderson Lecture Theatre**  
**Chair:** Kei Nakamura  
**Keynote 3:**  
Basic concepts of Morita Therapy related to Eastern views of nature  
*Dr Kenji Kitanishi* |
| **09.45 – 10.00** | **Henderson Lecture Theatre**  
**Moments of change initiated by connections with nature**  
*Paul Dieppe, Sara L. Warber, Emmylou Rahtz* |
| **10.00 – 10.45** | **Henderson Lecture Theatre**  
**Conference Room 2**  
**Chairs:** Holly Sugg \(HLT\)  
Ruth Garside \(CR2\)  
**Parallel session E:**  
**Approaches to outpatient Morita Therapy**  
*Masahiro Minami*  
*Mihoko Kobayashi* |
| **10.45 – 11.15** | **Refreshments**  
*Atrium Café*  
**Posters**  
*Seminar Room B* |
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<td>11.15 – 12.45</td>
<td><strong>Henderson Lecture Theatre</strong></td>
<td>Conference Room 2</td>
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<td><strong>Parallel session G:</strong></td>
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<td><strong>Evidence based medicine and Morita Therapy</strong></td>
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<td>This session is presented in collaboration with the International Committee for Morita Therapy (a section of the Japanese Society for Morita Therapy)</td>
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<td></td>
<td><strong>Masahiro Minami</strong></td>
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<td>22. Investigating Morita Therapy for a UK population: a feasibility and pilot study.</td>
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<td><strong>Holly Sugg</strong></td>
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<td>23. Outcome research on traditional Morita Therapy and the notation of therapeutic recovery in Morita Therapy.</td>
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<td><strong>Toshihide Kuroki</strong></td>
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<td><strong>Mikiko Kubota</strong></td>
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<td><strong>Conference Room 2</strong></td>
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<td><strong>Parallel session H:</strong></td>
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<td><strong>Approaches to outpatient Morita Therapy</strong></td>
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<td>25. The principles of Morita Therapy: Implications for psycho-education.</td>
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<td><strong>Natalia Semenova</strong></td>
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<td>26. Q &amp; A Session: How is outpatient therapy informed by residential Morita Therapy for treating cruelty-based trauma?</td>
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<td><strong>Peg LeVine</strong></td>
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<td>27. Outpatient Morita Therapy for an atopic dermatitis patient—A study on the significance of assisting animals.</td>
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<td><strong>Ritsuko Hosoya</strong></td>
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<td>28. Is Morita therapy effective for the treatment of and recovery from schizophrenia?</td>
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<td><strong>Sadamu Toki</strong></td>
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<td>12.45 – 13.45</td>
<td><strong>Buffet Lunch</strong></td>
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<td>13.45 – 14.30</td>
<td><strong>Henderson Lecture Theatre</strong></td>
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<td><strong>Keynote 4:</strong></td>
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<td><strong>Nature-deficit disorder and nature prescriptions: their role in healthcare</strong></td>
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<td><strong>Professor Sara L. Warber</strong></td>
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<td>14.30 – 15.00</td>
<td><strong>Refreshments</strong></td>
<td>Atrium Café</td>
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| 15.00 – 16.30 | **Henderson Lecture Theatre**  
**Parallel session J:**  
*Evidence based medicine and Morita Therapy*  
29. Expansion and nature of Morita Therapy— dealing with obsession and emotion.  
*Masayuki Tsugeno*  
30. Study of pathophysiological mechanisms of the nervous TORWARE.  
*Jiangbo Li*  
31. Similarities between the theories of Morita Therapy and the Relational Frame Theory (RFT) of Acceptance and Commitment Therapy.  
*Noriaki Azuma*  
32. Factors of ineffectiveness and drop-out of inpatient Morita Therapy for patients with OCD.  
*Ayumu Tateno*  
**Conference Room 2**  
**Parallel session K:**  
*Nature and ecological approaches to psychotherapy*  
*Peg LeVine*  
34. Use of Zen Arts in the development of Morita-based counselling and therapy.  
*Walter Dmoch/Naoki Watanabe*  
35. What Morita Therapy (and other therapies) lack in multi-ethnic societies.  
*Yoshimi Matsuda*  
36. Intervention for patients with severe and enduring mental health issues.  
*Jane Acton* |
| 16.30 – 17.00 | **Henderson Lecture Theatre**  
Closing ceremony  
*Professor David Richards* |
### Keynote Speakers:

<table>
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<tr>
<th><strong>Professor Kei Nakamura</strong></th>
<th>Chair, Japanese Society for Morita Therapy. Director of the Jikei University Daisan Hospital, Japan.</th>
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<tr>
<td><strong>Dr Kenji Kitanishi</strong></td>
<td>Chair, International Committee for Morita Therapy. Director of the Institute of Morita Therapy and Kitanishi Clinic, Tokyo, Japan.</td>
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<tr>
<td><strong>Professor Sara L. Warber</strong></td>
<td>Professor of Family Medicine, University of Michigan Ann Arbor, Michigan, USA. Co-founder of the International Society for Complementary Medicine Research.</td>
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<tr>
<td><strong>Professor Ken Stein</strong></td>
<td>Deputy Director, PenCLAHRC (Peninsula Collaboration for Leadership in Applied Health Research and Care), University of Exeter Medical School, UK.</td>
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Dr Kei Nakamura, MD, is a professor in the Department of Psychiatry in the Jikei University Daisan Hospital and the director of this hospital. Dr Nakamura is also the director of the Jikei University Center for Morita Therapy which has an inpatient Morita therapy unit. He is the chair of the Japanese Society for Morita Therapy (JSMT). He graduated from the Jikei University School of Medicine in Tokyo with a doctoral degree in medicine. He is well known in Japan as a psychiatrist specialized in Morita therapy, psychopathology, and cross-cultural studies of anxiety disorders (especially social phobia) and depression treatment.

Title: Practice of Morita Therapy. In this keynote, Dr Nakamura will outline the current practice of Morita Therapy mainly in Japan. Morita Therapy has been applied to various neurotic disorders such as OCD, social anxiety disorder, panic disorder, generalized anxiety disorder, and somatoform disorders. Moreover, the application of Morita Therapy has been largely expanded to chronic depression, social withdrawal, PTSD, psychosomatic diseases, the anxieties of the physically ill, and counselling in school or business.

Morita Therapy has adopted inpatient treatment as a basic form, consisting of four phases of treatment. Recently, inpatient Morita Therapy is mainly provided at a limited number of medical universities and psychiatric hospitals, instead of the private institutes which used to provide it. On the other hand, we have observed a rapid increase in the number of private clinics which provide outpatients with Morita Therapy. In this situation, the Japanese Society for Morita Therapy developed the guideline for outpatient Morita therapy in 2009. It has also been translated into English, German, Russian and Chinese. The following five therapeutic components were identified as the basis for the guideline of outpatient Morita Therapy practice: (1) increasing patients’ awareness and acceptance of emotion as it is, (2) recognizing and mobilizing the desire for life in patients, (3) clarifying the vicious cycle, (4) offering behavioural instructions, and (5) facilitating patients’ evaluation of their behavioural patterns and lifestyles.

In addition, he will explain the commonalities and differences between Morita Therapy and CBT.
**Title: Basic concepts of Morita Therapy related to Eastern views of nature.**

Psychotherapies have developed closely associated with cultures. The 20th century was the era during which Western intellect, or scientific thought, was by far the predominant influence in the world. Under the influence of such scientific thought, psychoanalysis, behavior therapy, and cognitive therapy were developed, from which various psychotherapies have been derived. These can be regarded as control models with which ego enhancement is aimed at by controlling symptoms or conflicts.

Morita Therapy is a psychotherapy which lies at the other end of the spectrum. The therapeutic mechanism of this psychotherapy is based on the oriental understanding of human beings, which include naturalism or one embodiment theory for mind, body and nature, consideration of human ego and language as definite, and relational theory (a Buddhist idea that every phenomenon arises in mutual relationships).

In his presentation, Dr Kitanishi would like to first 1) clarify the characteristics of Morita Therapy related to Eastern views of nature, 2) to discuss the characteristics of self and acceptance/behavior change.

As for self, contrary to mind-body dualism, nature lies at the bottom of all of us, on which body exists, on which mind exists. These are mutually related and inseparable to one another, while being open to one another. In Morita Therapy, mind (consciousness) understood only to a limited extent in relation with nature and body (unconsciousness). It therefore strongly questions the omnipotent interpretation of thought mediated by language, which the other psychotherapies sometimes present. Morita therapy aims to be in touch with body and nature in different approaches. The above is what “following nature” means.

It is the understanding that fears (inner nature) have to be accepted as nothing but fears, and desires (also inner nature) cannot be given up. By awakening to the fact that there are things that are out of our control, one realizes the presence of desire for life that Self possesses, and its exertion becomes a possibility. This is what we call the state of “Arugamama (bring as-is)” being comprised of the tension between the two poles of desire and fear, which is highly dynamic.
Professor Ken Stein

Ken Stein, MD, PhD, is Deputy Director of the Peninsula Collaboration for Leadership in Applied Health Care (PenCLAHRC), and in addition to involvement in a range of projects being carried out within PenCLAHRC, he has Executive responsibility for the PenCLAHRC Evidence Synthesis Team and the Peninsula Collaboration for Operational Research and Development (PenCHORD). Alongside his work at the University of Exeter, he is Chair of the Editorial Board for Health Technology Assessment, a monograph series within the NIHR Journals Library, and was Vice Chair of one of NICE’s Technology Appraisals Committees for ten years until 2016. He graduated in medicine from University of Bristol in 1987, then trained and worked as a general practitioner in Australia and Hampshire before specialising in public health medicine in Southampton, where he subsequently became Deputy Director, NETSCC, HTA. In 1999 he began work as a Consultant in Public Health Medicine at North and East Devon Health Authority, then Director of Public Health for Mid Devon Primary Care Trust. He combined this NHS work with academic work at the University of Exeter as founding Director of the Peninsula Technology Assessment Group (PenTAG), becoming a full time academic at Exeter in 2003. He was appointed to a Chair in Public Health in 2007.

Title: Evidence—why bother?

In this talk he will discuss the nature of evidence in the context of making different kinds of decisions in health care. Ken is Deputy Director of the Peninsula Collaboration for Leadership in Applied Health Care (PenCLAHRC) which is an organisation funded by the UK National Institute for Health Research (NIHR) to support the generation and use of evidence. Building on examples from the PenCLAHRC work programme Ken will demonstrate how the development and implementation of scientific evidence can make a difference in our health system.

Professor Sara L. Warber

Sara Warber, MD is a Professor of Family Medicine at the University of Michigan (UM) Ann Arbor, Michigan, USA and an Honorary Associate Professor at the European Centre for the Environment and Human Health, University of Exeter Medical School, Truro, Cornwall.

Her current research focuses on two related areas: 1) the effects of complex multi-modal psychosocial-spiritual programs on whole person well-being and 2) the effects of time spent in nature on human health and well-being.

She is the co-founder and leader of the UM Integrative Medicine program as well as co-founder of the International Society for Complementary Medicine Research.

Title: Nature-deficit disorder and nature prescriptions: their role in healthcare.

Professor Warber will provide a provocative overview of nature-deficit disorder, a dis-ease that may affect many without their awareness. She will go on to explore the effects of nature on health and well-being, building a case for the concept of making nature prescriptions. Professor Warber will conclude with action-oriented recommendations for health professionals.
Parallel Session Abstracts

Parallel Session A: Approaches to outpatient Morita Therapy

Abstract 1: Perceived compatibility of Moritanian principles among trainees in Morita therapy workshops in Canada. Ayumi Sasaki and Ishu Ishiyama

In examining the cross-cultural applicability of Morita therapy, a key point that arises is the compatibility of the therapeutic approach to the new culture. Around the same time that Morita therapy was developed, the mental hygiene movement was taking place in North America, where emotional problems were viewed as a sickness that needed to be fixed. The North American view of mental health has shifted since then, as seen through the introduction and expansion of different therapeutic orientations such as humanistic psychology, family therapy, and more Eastern models of health. This presentation discusses the perceived congruence between Moritanian principles and trainees' worldview. Specifically, it presents what trainees in Morita therapy workshops found compatible with their own views, beliefs, and philosophies about helping and working with clients. It further discusses the applicability of Morita therapy in different cultural contexts.

Abstract 2: Using Morita methods as an alternative to Brief Solution Focused counselling. Donald J Crowder

The concept is using Morita methods in place of the "brief solution focused" with at risk kids. The view is that solution focused risks reinforcing the maladaptive behavior as it gives the child special attention from the therapist. The activity centered Morita method allows intervention within the context of regular daily events reducing the chance of rewarding the child for the negative attention seeking behavior.

The intervention is based on traditional Morita methods adapted for a nonresidential setting. The first phase is the “Physical Presence” phase. This is where the caregiver engages the population by simply being present. The “Passive Modeling” phase exposes the population to art, music, and fitness activities the caregiver engages autonomously. Phase three is “Encouraged Participation” where children who participated prior are actively engaged. The fourth is “Cross Dialogue” phase where topics are allowed to emerge naturally within the social dynamics of the task groups. The population analyzed will be an adolescent age group of both boys and girls engaged with Morita field work. This naturally occurring system in which the fieldwork takes place is a community recreation center.

Abstract 3: Appropriate rest and behavioral intervention in the convalescent stage of depression. Hidehito Niimura/Kenji Kitanishi/Mizuno Masafumi

There is no doubt that rest is indispensable for patients with depression. However, it is not clearly discussed how rest should be taken. We present a clinical case and discuss, when and how appropriate rest should be prescribed. There are two types of rest: physical and psychological rest. The therapist advises the patient to take rest, avoiding activities during the acute stage, and advises to gradually resume activities of daily living during the convalescent stage. However, if the patient has an obsessive personality and a vicious cycle of depressive thinking; even if he/she can take physical rest, it is difficult to take psychological rest and recovery tends to stagnate. When managing such a case, the key points are: 1) Making the patient aware of the vicious cycle; 2) Telling the patient “Your illness will never heal if you simply take rest;” 3) Simultaneously advising the patient to take positive actions in daily living. If the patient follows advice, he/she can restore fluency of mind and take psychological rest.
Abstract 4: The emergence of J-Mindfulness - A new strategy of Morita therapy.

Hideyo Yamada

As you know, in the last several years, the new wave of psychotherapy finally began to use such non-scientific methods as meditation, breathing techniques, or Buddha's anecdotes.

In order to make these suspicious but effective tools attend to the clinical fields of psychotherapy, the terminology Mindfulness has been thought to take very significant roles as a kind of enzyme.

However, even though the very existence of Morita therapy in Japan, lots of Japanese clinicians, including, psychiatrists, clinical psychologists, and many other therapists have kept a blind eye to our Morita method, and at the sometime, are strongly motivated to learn Mindfulness.

This tragic situation should be overcome by our own efforts, for the sake of the surviving skills of Morita therapy in the international stage of psychotherapy in the 21st century.

Parallel Session B: Nature and ecological approaches to psychotherapy

Abstract 5: The Dose of Nature Project: can nature be prescribed for depression in a UK setting? Dan Bloomfield

Since 2013 a project has been running at the University of Exeter that looks at how doctors in GP surgeries across the south west of England can prescribe a course of engagement with the natural environment. This presentation will summarise the results so far, and discuss how the project will develop further evidence through research projects co-developed with patients, doctors and nature-based therapists. The author is a psychotherapist whose practice, rooted in Buddhist and existenstalist conceptions of the self and other, has included taking individual clients out into nature. The impacts of the Dose of Nature on individuals' wellbeing will be discussed in the light of this theory.

Abstract 6: Outpatient Morita Therapy for Occlusal Discomfort Syndrome following depression. Satoshi Ishida

Patients with occlusal discomfort syndrome continue to complain about abnormal sensations of occlusion, without any organic findings, and demand treatment for occlusion. The patient received dental treatment along with treatment for depression. The patient’s life and symptoms were reviewed with a therapist during the interview with the patient for 60-90 minutes. Subsequently, based on the patient’s explanation about clinical conditions related to the onset of oral complaints outpatient Morita therapy was recommended. The therapist listened to the patient’s complaints about oral symptoms, supported the patient’s life and thought about death, and recommended the patient to live with nature, by growing vegetables in the kitchen garden. Finally, the patient’s abnormal sense of occlusion, uncomfortable oral symptoms, as well as depression improved.
Abstract 7: The 'Nature’ of Classic Morita Therapy: returning to one’s natural condition.

John Mercer

We are natural beings in a built, abstract, and virtual world, resulting in an unnatural human condition, and manifesting as variants of anxiety. Morita aimed to return an individual from an unnatural condition, to a natural one. Beginning with secluded bedrest, he employed natural principles and experiential processes to amend a dischordant relationship with reality. Natural rhythms and processes, context-as-process, nature, ecology and community, are all fundamental aspects of Morita’s phenomenological therapeutic method. Morita therapy re-introduces the individual to their natural intra-personal condition (Stage 1), before progressively re-situating them in the physically natural (Stage 2), and then interpersonally natural world (Stages 3 & 4). Through this progressive process, Morita therapy re-orient the individual toward reality as it is. Based on PhD research, this presentation explicates and elaborates nature and the natural in Morita’s experiential therapy.

Abstract 8: Members of the public associate natural environments with emotional healing. 

Emmylou Rahtz

Background: We were interested in members of the public’s views on the role of the environment in healing.

Methods: Qualitative data collection took place in the Eden Project, an environmental visitor attraction. We asked ‘What does the word healing mean to you?’ and ‘Do you think natural spaces like Eden can help with healing?’ Different groups were asked to respond either by drawing a picture, writing or speaking.

Results: 62 people took part, including 7 children. The word ‘healing’ had diverse meanings. Many initially thought of biomedicine, e.g. hospitals and medicines. However, most also presented more complex concepts. Over half mentioned emotional and mental wellbeing. They cited factors like sensory pleasure, relaxation and the therapeutic power of plants.

Parallel Session C: Approaches to outpatient Morita Therapy

Abstract 9: What should the Morita therapist keep in mind in the process of outpatient treatment with Morita therapy?

Junichiro Hinoguchi

I am a psychiatrist working at the psychiatry outpatient department in Japan, using the Morita therapeutic approach. The Morita therapy is originally psychotherapy made on the assumption of hospitalization, however more recently it is mainly administered to outpatients. I have treated an outpatient case with obsessive-compulsive disorder for ten years, using Morita therapy. This time I will report what kind of attitude is important for the Morita therapist through describing the scene in which I had particular difficulties in the treatment.
Abstract 10: Act, Be, Change & Do: Art psychotherapy and Morita in assertive outreach and outpatient settings.  Karen Huckvale

Wherever we work engaging people, pacing the work appropriately to enable clients to do differently in the world is complex. Therapeutic issues include managing ambivalence and anxiety about: starting; doing; being overwhelmed; fearing change and loss.

A fusion of Morita and Art psychotherapies can effectively loosen some of the ‘stuckness’ inherent in mental ill health, enabling sustained, significant changes that begin with the deceptively simple act of doodling.

Arts based methods offer many transferable skills for developing emotional resilience by increasing our Window of Tolerance (Siegel) for coping with mixed thoughts, feelings and relationships.

This presentation shares case work from one therapist’s work over 20 years in NHS assertive outreach/outpatient work. Doodling using Morita principles creates a feasible, ‘secure base’ (Bowlby) from which clients with expanding symptoms can safely explore and subtly extend active ways of doing and being different.

Abstract 11: The importance of inquiring into negative feeling in outpatient Morita Therapy.  Kazuyuki Hashimoto

In a circumstance where unpleasant feelings of anxiety, changes in mood, anger and sorrow emerge, some may attempt to avoid, resist, “swallow” or “shake off” such natural feelings. Psychological illness may emerge when the very attempt becomes excessive. In order for a Fumon stance towards patients’ symptoms to be therapeutic, Morita therapists must discover the target of therapeutic change. The key to the discovery lies in an inquiry into an inevitable unpleasant feeling in a circumstance where it is due but a patient does not allow it. In a case of a patient with an obsession, the target revealed by inquiring into his reasonable anger “swallowed” when his superior demanded of him unreasonable tasks. The inquiry helped him to discover his unreasonable habit of “swallowing” his reasonable feeling and of taking on too much, and these are the very targets of change. This presentation highlights the importance of inquiry approach in outpatient Morita therapy with concrete examples from sessions.

Abstract 12: Making use of a Shinkeishitsu-personality.  Kumiko Iwaki/Yuko Imamura

Dr. Shoma Morita used to confess to his patients that he himself had a Shinkeishitsu-personality, and that people with this personality have a strong desire for life and powerful self-contemplation capabilities. Living according to emotions and thoughts arising from these personal characteristics becomes a way of life that makes full use of this Shinkeishitsu-personality. Morita repeatedly stated that living in this manner leads to a radical cure of neurosis, and can further lead to human growth. In this presentation, I will first describe the Shinkeishitsu-personality which Morita recognized in himself. I will then elaborate on how this personality type is involved in the development and progression of neurotic symptoms, and explain why a way of living that makes use of features of the Shinkeishitsu-personality can lead to a radical cure. Lastly, I intend to present an example of instruction and guidance that makes use of the Shinkeishitsu-personality at my outpatient clinic.
Parallel Session D: Evidence based medicine and Morita Therapy

Abstract 13: Enhancement of multi-cultural clinical competencies through Morita therapy training. Ishu Ishiyama and Ayumi Sasaki

Morita therapy training is discussed as a valuable method for enhancing trainees' clinical awareness and personal growth and expanding their multicultural counselling competency. Morita therapy, developed in Japan around 1920, has evolved into a therapeutic and educational approach with a broad range of applications beyond the traditional psychiatric settings and the original target syndrome (shinkeishitsu-sho). Qualitative workshop evaluation survey data have recently been analyzed for themes and categories regarding graduate-level counselling psychology trainees' views on the clinical value and personal meaning of Morita therapy and the training experiences. We will explore the nature of their learning and perceptions of Morita therapy and the feasibility of incorporating Morita therapy into their clinical practice, and discuss how Morita therapy training can contribute to the enhancement of multicultural clinical competencies. The use of the current survey instrument will be explored.

Abstract 14: The therapist model in Morita Therapy; based on the clinical approach of Shoma Morita. Mari Iwata

This study examined the model psychotherapist in Morita therapy, based on a review of articles and clinical records written by Dr. Shoma Morita. He did not explicate how Morita therapists should behave in therapeutic settings. However, it is possible to clarify his ideas about his model therapist through his writings. In his inpatient venue, which was his home, he considered his patients to be his family members, and allowed them into his daily life. The outstanding characteristics inherent to him were openness, playfulness, curiosity, good humor, and devotion to treatment. His patients could learn not only through his words, but also from his attitude towards his daily life. As a result, his patients came to understand that they need not be perfect, and that it was all right to remain as they were. It is suggested that this was Morita’s model of an ideal therapist. A Morita therapist does not have to become a blank screen and should remain as they are (arugamama).

Abstract 15: Morita Therapy and psychosocial reconciliation. Masahiro Minami

Psychosocial reconciliation between survivors and perpetrators of the 1994 Rwandan genocide is considered one of the most important priorities to maintain peace and harmony in Rwanda. Traditionally, a forgiveness-seeking approach has been employed to foster reconciliation, yet fatal limitations of the model not only hindered the process of reconciliation, but also created further psychological suffering in the survivors. The presenter has developed an alternative Morita-based psychosocial reconciliation approach and implemented it in two rural villages of Rwanda. The project has finished its 3-year piloting phase and is now preparing for a countrywide implementation and evaluation phase in Rwanda. This presentation introduces core mechanisms of this action-based and ecological approach to reconciliation and features key findings from the piloting phase. Implications to self-sustainability and cost-effectiveness in post-war/conflict recovery and peace building will be highlighted.
**Abstract 16: Morita therapy-based group program for persons with chronic pain who are unemployed.**  *John W. Murray and Ishu Ishiyama*

Recent statistics have shown that the prominent cause of disability in Canada is pain, which can be influenced by a number of factors, including loss of self-efficacy and low levels of chronic pain acceptance. Acceptance-based interventions for the chronic pain have proven to be equally effective to CBT interventions, yet they include a focus on creating cognitive acceptance of negatively-appraised body-states. Morita therapy instead helps to build non-judgmental acceptance of reality as it is while forgoing positive or negative appraisals of one’s experience. We report the results of a pilot study to evaluate the impact of an innovative Morita therapy-based 5-week group program on the job-seeking attitudes and behaviours of unemployed persons with chronic pain with a mixed method of analyzing qualitative and quantitative data using the Job-seeking Self-efficacy Skills scale, the Chronic Pain Acceptance Questionnaire, post-session questionnaires, and a post-program focus group.

**Parallel Session E: Approaches to outpatient Morita Therapy**

**Abstract 17: Development of the ‘Brilliant Cut’ Diamond Model of outpatient Morita Therapy treatment protocol.**  *Masahiro Minami*

The presenter has developed a model of an outpatient Morita therapy treatment protocol termed the ‘diamond model’ (Minami, 2013). Therapeutic principles of Morita therapy were distilled from a pool of literature, and explicated into ‘modes’ with each consisting of (a) clinical markers, (b) therapeutics, and (c) therapeutic markers. 8 modes constellate a ‘diamond’ shape equipped to capture fluidity and dynamic flux of a relational outpatient Morita therapy session. The presenter conducted a single-case feasibility and acceptability study at the Wellbeing Centre, University of Exeter and the results showed a promising prospect for the model. However, evidence-base incorporated into the initial model represents only a handful of what is available in Japan, and the model is due to incorporate remaining evidence-base. This presentation explicates plans, paths and rigor in enhancing the ‘diamond-at-a-rough’ into a ‘brilliant cut’ diamond model with full evidence synthesis.

**Abstract 18: Making Morita Therapy familiar for use in clinics and everyday life: An attempt to create "Mild Morita" based on clinical practice.**  *Mihoko Kobayashi*

Although Morita therapy was created in Japan, many therapists are not familiar with this therapy because of its difficult terminology. In this presentation, I will report about the psycho-education movement to prevent the relapse of depression by using Morita Therapy as a basic framework as well as using other techniques together. I attempt to replicate Morita’s philosophical orientation with simple words, so that everyone can approach it more easily. Specifically, I help patients start doing “what they can do” as a collaborative exercise. We especially focus on the balance between “sleep”, “dietary habits”, and “physical exercise” as well as organizing everyday life. As stated above, patients will find a way to live better lives if we simply suggest “the direction of what to do.” In addition, this practice is also helpful for practitioner’s self-care.

Melissa R. Marselle/Katherine N. Irvine/Sara L. Warber

Nature may act as a stress buffer. However, studies of actual use of nature as a stress buffer are few. This study investigated whether participating in group walks in nature, and the frequency of such walks, alters the mental health impacts of stressful life events. A non-experimental research design compared individuals who did (Nature Group Walkers, n=1081) and did not (Non-Group Walkers, n=435) attend nature group walks (NGW). To test frequency, a sub-sample of Frequent Nature Group Walkers (once per week or more, n= 631) was compared to Non-Group Walkers (n=306). Groups were statistically matched using propensity score matching. Data were analysed using moderated multiple regression. NGW and the frequency of NGW did not significantly moderate the effect of stressful life events on perceived stress, depression, negative affect, positive affect, and mental wellbeing. Group walks in nature may not be a stress buffer and may be an appropriate for use in psychotherapy.


Despite the increased scholarly interest in the senses and sensory experiences, the topic of older people’s sensory engagement with nature is currently under researched. This presentation presents the findings from a qualitative evidence synthesis about how older people describe their sensory engagement with the natural world. Ten databases were searched from 1990 to September 2014 and forward and backward citation chasing of included articles was conducted. Screening was undertaken independently by two reviewers and discussed with a third reviewer where necessary. Twenty-seven studies were included. Thematic analysis revealed that descriptions of sensory experiences are encompassed within five themes: descriptions from ‘the window’; sensory descriptions that emphasise vision; descriptions of ‘being in nature’; descriptions of ‘doing in nature’; and barriers to sensory engagement. Older people derive considerable pleasure and enjoyment from viewing nature, being and doing in nature.

Parallel Session G: Evidence based medicine and Morita Therapy


The Japanese Journal of Morita Therapy (JJMT) is a peer-reviewed journal solely dedicated to publishing articles on Morita therapy. It was first published in April 1990 and has been publishing 2 volumes annually for the past 26 years. It has counted the release of the 52nd volume as of October 2015. Although a one-page English abstract is paired with each publication, the vast majority of the contents are available only in Japanese. While the JJMT has earned the status of the most authoritative journal in the area, accessibility is critically limited for foreign professionals. To bridge the gap in accessibility, the presenter has been conducting a systematic review of the JJMT. This presentation summarizes in English the result of the review of the first 20 volumes published between April 1990 and October 1999. The presenter will highlight key implications and makes suggestions for the direction of an outcome research endeavor based on the review.

Morita Therapy, currently little known in the UK, is in sharp contrast to established western approaches. In line with the Medical Research Council (MRC) framework for the development and evaluation of complex interventions, we are undertaking a pilot randomised controlled trial and qualitative research to begin the UK investigation of this approach.

Aim: To investigate the feasibility, acceptability and variance of outcome measures used to assess Morita Therapy for a UK population.

Methods: Sixty participants with depression will receive either Morita Therapy or treatment as usual. We will collect quantitative data to inform future sample size calculations and assess the feasibility of a large-scale trial; and undertake qualitative interviews to explore people’s views of Morita Therapy.

Results: Our outcomes will prepare the ground for the design and conduct of a fully-powered UK evaluation of Morita Therapy, or inform a conclusion that such a trial is not feasible and/or appropriate.

Abstract 23: Outcome research on traditional Morita Therapy and the notation of therapeutic recovery in Morita Therapy.  Toshihide Kuroki

The efficacy of traditional Morita therapy has been discussed by Dr. Morita and his followers using a number of clinical case studies and case illustrations. Researchers have also used follow-up outcome survey data for both descriptive and non-inferential statistics for analysis. The researchers who have reported these studies are practitioners of Morita therapy themselves, and according to them, over 80% of residential clients became able to resume a normal and active life after the treatment. It should be noted that successful treatment of shinkeishitsu clients using traditional Morita therapy does not require the elimination or minimization of anxiety symptoms and other ego-threatening feelings and traits. Recovered clients may still experience anxiety from time to time, but they do not stay preoccupied with resisting anxiety and uncomfortable feelings any longer. One traditional Morita therapist has said: “A cure is achieved by a non-cure.” This notion of therapeutic recovery in traditional Morita therapy may not be compatible with the modern outcome research methodology for evaluating therapeutic effects of psychotherapy.

Abstract 24: Efficacy studies on Morita Therapy in Japan and its future tasks.  Mikiko Kubota

Today, the efficacy of psychotherapies needs to be demonstrated with evidence, and Morita therapy is no exception. Reflecting such a background, The Japan’s Association of Morita Therapy has conducted a series of multi-site joint studies using the common evaluation method since 2000, and elucidated the therapeutic effect of inpatient Morita therapy. However, the evaluation method of “attitude towards symptom and self” which is an important index to show the efficacy of Morita therapy still has some room for more investigation. In recent years, outpatient Morita therapy has become prevalent, of which the efficacy study is also necessary. In this paper, the author therefore reviews the previous efficacy studies and reports the result of the efficacy study of inpatient Morita therapy. The future tasks to further demonstrate the efficacy of Morita therapy is discussed, comparing it with that of cognitive-behavioral therapy.
Abstract 25: The principles of Morita Therapy: Implications for psychoeducation.

Natalia Semenova

Psychoeducation has been developed to increase patients’ knowledge of, and insight into, their illness and its treatment. It is supposed that this will enable people with schizophrenia to cope in a more effective way with their illness. Since the mid 1980s, psychoeducation has evolved into an independent therapeutic program with a focus on the didactically skillful communication of key information within the framework of a cognitive-behavioral approach. The purpose of this paper is to propose a psychoeducation which integrates a number of Morita Therapy strategies into a cohesive treatment package. This covers a range of points including the continuum between mental health and ‘mental illness’, and the understandability of many ‘psychotic’ experiences in terms of normal psychological processes. The contextual richness of the first-person accounts (‘arugamama’) engenders understanding of patient’s experiences.

Abstract 26: Q & A Session: How is outpatient therapy informed by residential Morita therapy for treating cruelty-based trauma?  Peg LeVine

Having designed the first and only residential Morita therapy centre in the English-speaking world in 1994, Peg LeVine will present a visual overview of her practice over the past twenty years in Australia and new directions in the United States. This session focuses on (1) Basics of a Classic Morita Therapy Ecological Environment; and (2) Basics of Delivering the Evolution of the Stages. Following a short visual illustration, LeVine will open a Q & A forum. Discussion will center on factors in residential treatment that inform a reliable outpatient practice.

Abstract 27: Outpatient Morita Therapy for an atopic dermatitis patient – A study on the significance of assisting animals.  Ritsuko Hosoya

Some of the patients with refractory atopic dermatitis scratch habitually. They scratch their skin unconsciously and impulsively when they are irritated, nervous or anxious. Some become dependent and even obsessed with scratching. For such patients, outpatient Morita therapy is indicated.

The case is one of such patients, a 21 year-old man, whose dermatitis exacerbated at around 12, and who became absent from school, withdrawn at home and keeping unusual hours. He had a strong feeling of repulsion towards his father. Outpatient Morita therapy was combined with dermatological treatment. Instructions for behavior-oriented life were not effective. He happened to start living with a dog which his family kept, which enabled him to live a behavior-oriented life. This further led to a change in his way of thinking and living, and his relationship with his father also started improving. The significance of the mediation of a pet animal in Morita therapy is discussed.
Abstract 28: Is Morita Therapy effective for the treatment of and recovery from schizophrenia? Sadamu Toki

Morita therapy was originally intended to treat patients with anxiety disorders. However, its application has recently been expanded. For example, Tashiro (2005) discussed the effectiveness of Morita therapy in treating schizophrenia.

In this presentation, I will describe the case of a patient with schizophrenia.

He had been suffering from ‘thought broadcasting’ and believed that other people were aware of his evil thoughts. Therefore, he felt that he should never have such thoughts. Subsequently, he started to have ‘Toraware’, which indicates a situation in which an individual experiences a conflict between ideal and reality. Morita therapy was used for his treatment, and it resulted in a reduction in ‘Toraware’.

On the basis of this case, I would like to discuss the application and efficacy of Morita therapy in the treatment of and recovery from schizophrenia.

Parallel Session J: Evidence based medicine and Morita Therapy

Abstract 29: Expansion and nature of Morita Therapy—dealing with obsession and emotion. Masayuki Tsugeno

Recently, Morita Therapy has been applied in various fields worldwide. It is effective for managing heavy emotions in situations such as illness, injury, bad environment, disaster and war. I shall show several cases during this presentation. In such high-anxiety situations, people who usually have no obsession show obsessive states, with no tolerance for emotional ambivalence. In Morita Therapy, subjects are guided to deal with their obsessions through actions in their daily lives; they learn the Guiding Principles of Emotion and accept their own emotions. In regard to emotions, general psychotherapies allow the subjects to handle emotional ambivalence and to express more differentiated emotions through words. They then become able to sympathize and coexist with others. Morita Therapy is advantageous over other psychotherapies as a therapeutic strategy for obsession and acceptance of emotions.

Abstract 30: Study of pathophysiological mechanisms of the nervous TORaware. Jiangbo Li

Co-authors: Xiaobin Liu, Xin Chen, Wei Rong, Xiying Wang, Shengjuan Wu, Nan Zhang, Kei Nakamura

Objectives: To explore the pathophysiological mechanisms of TORaware state (TORaware is through spiritual interaction and thinking distorted, leads to attention fixed on some concepts, or attention fixed on a body feeling unwell state) of Neurosis. Methods: 30 outpatients with neurosis and 33 normal persons were tested by Physical Stress Analyzer, Self-rating Scale and SCL-90 to measure the level of toraware state and psychiatric symptoms. Results/conclusions: When the TORaware state of Neurosis level increased, the Neurological symptoms level increased and parasympathetic nervous (HF) systems activities decreased. The physical stress increased due to this vicious cycle, sympathetic and parasympathetic neurological excitability and activity, autonomic nervous activity were low, it may be one of the pathophysiological mechanisms of neurological diseases.
Abstract 31: Similarities between the theories of Morita Therapy and the Relational Frame Theory (RFT) of Acceptance and Commitment Therapy.  Noriaki Azuma

Stefan G. Hofmann (2008) said “In fact, the ACT techniques show striking similarities to old Eastern approaches, including 80-year-old Morita therapy.” Hofmann mentioned the similarities of techniques between Morita therapy and the ACT. However, he did not mention the similarities of theories. In this presentation, I clarify the similarities of theories between three theories of Morita therapy and Relational Frame Theory (RFT) of the ACT. The first theory is Shiso-no-mujun: Contradiction between Ideas and Reality. The second theory is Seishin-kogo-sayo: Vicious cycle of interaction between a person’s attention and somatic symptoms. The third theory is Taitoku: Experiential Embodied Understanding.

Abstract 32: Factors of ineffectiveness and drop-out of inpatient Morita Therapy for patients with OCD.  Ayumu Tateno

The number of OCD patients who were hospitalized at The Jikei University Center for Morita Therapy during the period from 2007 to January, 2016 amounted to 149. The comprehensive outcome was judged on a five-grade scale according to the degree of therapeutic change, from highly improved, moderately improved, slightly improved, no improvement to drop-out. The number of patients who showed no improvement or discontinued treatment was 53, which was 35.6% of the total. The factors such as symptom and the level of pathology that contributed to the ineffectiveness and drop-out were investigated using the clinical records of all the 53 cases.

Parallel Session K: Nature and ecological approaches to psychotherapy


This author chronicles ‘peripheral consciousness’ and allied therapy methods developed by Japanese psychiatrist Shôma Morita (1874-1938). Eurocentric views to the side, Morita challenged his colleagues’ endorsement of an unconsciousness that resides inside the self. By envisioning consciousness as a cosmological phenomenon, Morita moved forward a foundational theory for the field of Ecotherapy.

Since cognitive science took hold in the 70s and mindfulness methods moved into vogue in the 90s, consciousness philosophy lost footing in psychology and medical curricula. The presence or absence of consciousness theory sways how, what, and where we practice. Consciousness terms determine the scope of case formulation, and health promotion plans.

As illustration of a sequenced path to such “consciousnesses”, a case study of an Australian client who endured cruelty-based trauma is presented. By grounding consciousness in Nature’s dynamics, attachment theory is advanced as well.
Abstract 34: Use of Zen Arts in the development of Morita-based counselling and therapy.  Walter Dmoch/Naoki Watanabe

These authors draw on the practice of kyūdō (art of archery) to illustrate the essential deportment of the Morita therapist. Morita structured his therapy to begin with silence before he engaged his clients in work and social engagement in the wider environment. Zen practices might enhance clients’ experience of solitude and life force in outpatient therapy. The authors illustrate how heart-mind-spirit practices can be integrated into Morita Therapy practice, as well as assisting the training of therapists’ professional and personal characters.

Abstract 35: What Morita Therapy (and other therapies) lack in multi-ethnic societies. Yoshimi Matsuda

Many methodological and theoretical difficulties have been identified from the onset of the evidence-based movement, and many remain unresolved. The questionable theoretical rationale presents more fundamental problems than the methodological issues in providing a sound mental health care system. Our empirical evidence is valid only when we produce unbiased evidence and interpret it in an unbiased fashion. This becomes possible if we do not ignore implicit cultural/social beliefs in theorizing. With increasingly multi-ethnic societies in the first world, and if we take the bio-psycho-social paradigm seriously, predominant models of mental health seem to require revision. One important component of mental health in multi-ethnic societies is how our social identity develops and how this influences mental health. Therapists’ realization of their own developmental stage helps in understanding patients. This paper discusses one way of conceptualizing such development.

Abstract 36: Intervention for patients with severe and enduring mental health issues. Jane Acton

Referred by health professionals, 2 women and 6 men each diagnosed with severe and enduring mental health issues including schizophrenia, psychosis and depression. With an 80% retention rate, all who completed 6-weeks achieved a Level 1 Forest School certificate. Using a set of well being indicators and coded transcripts from interviews before, during and after the intervention allowed for baselines set using the WEMWBS and also expressed hopes and expectations to be revisited.

The activities were iterative, participant-focussed and included survival skills, cooking over a fire and reflective play in local community woodlands. Those attending were also encouraged to take inspiration from the woods and try their hand at creative tasks: “I carved a wooden spoon from some cherry wood, it’s the sort of thing I wouldn’t even have attempted before, but it was really good for me to sit down and make the best wooden spoon I could. It’s in my kitchen, I use it!”

This participant was able to come off anti psychotic prescription.

Names have been changed. This research has been published in Royal College of Nursing Mental Health journal, February 2016†.

†Acton, J (2016) 'Out of the Woods: spending time among trees in the open air could prove therapy for patients' RCN Mental Health Practice,