Zen in Classic Morita Therapy
A Heuristic Inquiry

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Declaration

This thesis is submitted in fulfilment of the requirements for the degree of

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The thesis is comprised of original work, apart from material appropriately cited and acknowledged throughout the text. The thesis word-count (counted by Microsoft Word) exclusive of Tables, Figures, References and Appendices, is 95,485.
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Dedication

_for my wife, without whom nothing of merit would have transpired,
& for my son, for whom all things of merit are pursued_
Abstract

Morita therapy is a native Japanese therapeutic system, for the treatment of a broad range of clinically diagnosable anxiety-based disorders. It has also demonstrated efficacy cross-culturally for post-traumatic stress, existential distress and health anxiety. Morita therapy is uniquely phenomenological, relying on natural processes and experiential understanding rather than cognitive or dialogical strategies. Still in the early stages of internationalisation, the influence of Zen in Morita's theory and method has been a contentious ambiguity for Morita scholars for decades.

This inquiry began by examining the question of whether a relationship exists between Morita therapy and Zen. While there are many perspectives on this question, the current inquiry is the first study to methodologically investigate experiential dimensions of the relationship between Morita therapy and Zen, beyond theoretical and comparative analyses. A hermeneutically informed meta-synthesis of perspectives from the Morita-Zen discourse revealed a consolidated position that a relationship does indeed exist between the two systems. These findings, in turn, re-oriented the inquiry toward exploring the nature and extent of that relationship.

Given the origins and aims of the inquiry, a qualitative approach was guided by heuristic, hermeneutic and phenomenological principles. Methods included experiential immersion fieldwork across three international Morita therapy contexts in Japan and Australia. Lived experiences were examined from both patient and therapist perspectives, with analyses that identified where and to what extent operational Zen principles were apparent in the reported lived experiences of Morita therapy. Data analysis strategies were matched with research design and data collection methods, to draw out a depth representation of where operational Zen principles were evident or absent in Morita's therapeutic method.

Findings indicate that operational Zen principles are embedded in the therapeutic mechanisms of Morita's 'staged' approach to treatment, and inherent to the ecologically engineered therapeutic milieu through which clients are exposed to Nature. Blending naturally with reality as it is, experiential insights into the nature of self, other and anxiety, and orientation toward unimpeded being-as-activity are dimensions of lived experience common to both systems. The study provides a translation-semantic explanatory model to articulate operational principles common to Morita's therapeutic system and the Zen practice systems, before a presentation of implications, limitations and possibilities for further research.
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Preface

I first heard about Morita therapy twenty years ago. It sparked a passing interest when discussed as a likely precursor to the development of Therapeutic Communities in Europe and America later in the Twentieth Century. Many years later, in May 2009, I registered for an Introductory Workshop on Morita therapy presented by Drs LeVine and WATANABE\(^1\) in Launceston, Tasmania. That workshop re-kindled the spark of former interest, and instigated an unfolding of events that would alter the course of my professional and personal life.

When I attended the workshop, I was working as a psychologist in the public health sector, with people presenting with psychological difficulties associated with living with complex chronic conditions. Chronic disease is an understated life-and-death working context, and as such, the work is often quietly but profoundly existential. From my professional perspective at the time, some of the fundamental concepts covered in the workshop spoke to my interest in the general relationship between psychological wellbeing and physiological health, and in particular, between anxiety and chronic illness. The material from the introductory workshop resonated with my clinical intuition, about the complex triangulated interplay between individual disposition, chronic health condition, and manifest anxiety in one form or another.

In the years between my first encounter with Morita therapy and my more substantial introduction in 2009, I had studied and practiced Zen under the guidance of a qualified Japanese Master in the Sōtō Zen tradition. This is relevant because the eyes and ears I took to the workshop were not simply those of a psychologist, but also those of a Zen practitioner. In tandem with my professional intuition, themes emerging from the workshop had much in common with my own experiential learnings from sustained Zen practice. Morita's central concepts of seishin kogō sayō (ideational contradiction), taitoku (embodied experiential understanding), moshojū shin (peripheral consciousness) and aurgamama (unimpeded experience of

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\(^1\) Consistent with Japanese literary convention, the Japanese surname always precedes the first name, and is always capitalised the first time it appears in a text.
phenomenal reality 'as it is'), had clear theoretical and experiential correlates in Zen, and the possible place of these in a therapeutic system was deeply intriguing.

Some of the basic therapeutic concepts introduced in the workshop had clear parallels in Zen literature. Even more intriguing, some of the structural and experiential elements of Morita therapy as presented by LeVine and Watanabe, had clear structural and experiential parallels in my own experiences of traditional monastic Zen training. In short, much of what was presented at that workshop on Morita therapy, resonated strongly with my own lived experience of Zen training, contexts and practice. This deep, personal resonance fully manifested my curiosity, and as with all genuine heuristic inquiry (Moustakas, 1990), my research topic had chosen me.

From psychological and Zen perspectives, the 2009 encounter with Morita therapy sparked a wildfire of personal curiosity and academic questing. A dramatic shift occurred, from a vague interest in Morita to a heart-felt imperative to grasp it in a significant way. That imperative was the true origin of this inquiry, and dictated from the very beginning that this was to be a heuristic investigation. It raised important questions regarding the possibility of an apparent but ambiguous relationship between Morita therapy as a therapeutic system, and Zen as a practice system.

Acknowledging this, the task was to curtail any imposition of meaning for this extended heuristic inquiry. My curiosity was born out of two kinds of experience. The first was working clinically with people who had different types of anxiety, 'living' thousands of hours in consulting rooms with them, using western psychological methods. While cognitive behavioural therapy (CBT) is identified as first line treatment of choice (Australian Psychological Society, 2010), the lived reality of contemporary, evidence-based, cognitive-behavioural intervention as a stand-alone treatment for anxiety disorders is sub-optimal outcomes² (Lindford & Arden, 2009; Norton & Price, 2007). I observed even 'good' outcomes to be narrow of scope and diminish over time. I had investigated, trained in, and been disappointed with outcomes from the Mindfulness-Based Interventions (MBIs) (Baer, 2006; Orsillo, Roemer & Holowka, 2005). For the most part, I found them to be re-packaging of old

² CBT is evidenced to produce better outcomes if provided in conjunction with pharmacotherapy.
cognitive-behavioural ideas, draped in the garb of 'Buddhist' ideals and practices (Turnbull & Dawson, 2006). They provided little theoretical depth and offered no substantial working model of the person. In short, my clients described some symptom alleviation, but did not exhibit any fundamental shift, leaving me dissatisfied with the limitations of current trends in psychology. Hubert Benoit (1955/1990) reflects:

"The misfortune is that man takes the relief which imagination obtains for him for a real amelioration of his state; he takes the momentary relief of his distress for progress towards its abolition. In reality his momentary relief merely results in a progressive aggravation of the condition from which he wishes to be relieved" (Benoit, 1955/90, p. 05)

The second kind of experience was personal transformation of perspective (and consequently wellbeing) through sustained Zen training and practice. This personal experience provided an opposing tension for my professional experience. It allowed me to tacitly 'know' from a lived and pre-verbal place that transformation of both perception, and relationship to the perceived, was not only possible, but that it held profound potentials for shifting anxiety. What I was seeking professionally for patients was something more akin to what I had experienced personally, a profound shift in perspective which didn't necessarily eradicate 'my stuff', but dramatically reconfigured my relationship to it. It was this potential that made it a personal imperative to explore the possibility of a relationship between Morita therapy and Zen.

Despite claims of Buddhist thinking and practice in current western psychological interventions, only Morita's original indigenous therapy had emerged from a context laden with Zen as a cultural subtext. Descriptions of the stages, structure and processes of Morita therapy were remarkably similar to my own experiences of traditional Zen training. Some of Morita's core concepts were immediately available from Zen literature. Yet, Morita hadn't claimed his to be a Zen-based therapeutic system. Unlike western MBIs, which lay claim to Buddhistic underpinnings, Morita therapy made no Buddhist claims, yet appeared to be influenced by Zen.
The literature revealed ambiguity about the relationship between Morita therapy and Zen. "Morita therapists dispute the relationship between Morita therapy and Zen Buddhism" (Iwai & Reynolds, 1970, p. 1032). The question originated in the dialogues between Japanese Morita therapist KONDÔ Akihisa and American psychoanalyst Karen Horney in the early 1950s, where "they discussed how Zen might inform psychoanalysis" (LeVine, in press). Horney was seeking a more 'authentic self' by evolving psychoanalytic theory and methods, and Kondô introduced her to a Zen understanding of self as therapeutically operationalised in Morita therapy (LeVine 1994). Had Horney not died in 1953, the question at the centre of this inquiry may have been explored decades ago. Instead, what endures is that "the Zen connection is a contentious issue among Morita scholars" (Tro, 1993, p. 37).

I set out to determine whether a tangible relationship existed between the systems, and if so, the nature and extent of that relationship. Was it possible that Morita had tapped into Zen principles, by design or by chance, and fashioned an experiential method for transforming perspective toward the therapeutic ends of overcoming anxiety? The more deeply I explored the literature on any relationship that might exist between Morita therapy and Zen, the more apparent it became that there was a profound and relevant gap in the literature that required exploration. An inquiry such as this is an ontological undertaking (Etherington, 2004). It is a quest to know more than one has known, and a transformation of lived perspective through the process of coming-to-know.
Introduction

"The psychological explanations for my method are not related to religion"
(Morita, 1928/1998, p. 36)

1.1 This inquiry

Morita therapy is a native Japanese therapeutic system, for the treatment of a broad range of clinically diagnosable anxiety-based disorders. It has also demonstrated efficacy cross-culturally, for post-traumatic stress, existential distress, and health anxiety. Morita therapy is uniquely phenomenological, relying on natural processes, ecological setting, and experiential understanding rather than cognitive or dialogical strategies. Zen is the general name used for a small grouping of Japanese Mahayana Buddhist traditions, which emphasise specific forms of practice over theory and intellectualisation. Drawing on phenomenological and often radical methods, the Zen practice systems seek to apprehend the true nature of the self. Zen was a prominent cultural feature of the context in which Morita developed his therapeutic approach. Still in the early stages of internationalisation, the influence of Zen in Morita's theory and method has been a contentious ambiguity for decades.

Morita therapy (Morita Ryōhō³) is a unique Japanese system of therapy designed to treat anxiety-based disorders that arise out of a person's sensitive predisposition. The original system is a staged residential model, delivered in a rural home-based environment, developed by MORITA Shōma ('Masatake') M.D. (1874-1938) in Japan in the 1910s and 1920s. Despite exposure to European and American psychiatric theories, Morita developed his therapeutic system in a responsive evolution based on clinical observation and case study. There are many aspects of Morita's therapeutic

³ Japanese terms, will be italicised throughout this thesis for ease of distinction.
system which mark it as unique, and perhaps foremost among these was his emphasis on lived experience in a natural setting as therapeutic medium and context, rather than the abstract and cognitive mechanisms we associate with common 'psycho'-therapeutic interventions for anxiety conditions today.

In the last ninety years, Morita's therapy has evolved along a number of concurrent lines, resulting in varying forms being practiced today, both in Japan and internationally. Some of these forms remain structurally and/or theoretically close to Morita's own theorising and practice, while others have become removed from his original formulation. With many contemporary variations of Morita's system, it is important from the outset to distinguish between them and Morita's own Morita therapy. The central interest of this inquiry rests with Morita's original staged, residential therapeutic system, which he himself referred to as his 'experiential' or 'natural' therapy (Fujita, 1986), and which came to be referred to by his professional descendants as 'Morita therapy'. Throughout this inquiry, the terms 'Morita therapy' (MT), 'Morita's therapeutic system', and 'classic Morita therapy' will be used to refer to the system of therapy pioneered by Morita himself, as the original and authentic version of Morita therapy among the many contemporary variations.

This inquiry presents the first qualitative, experiential investigation into the lived dimensions of the relationship between MT and Zen. It aims to fill a significant gap in knowledge and to speak to an ambiguous silence in the Morita-Zen discourse. It pursues this by inquiring beyond abstract conceptualisations and intellectual or theoretical comparisons between MT and Zen (or any other system of contemporary practice), by exploring and understanding the experiential dimensions of any relationship between classic MT and Zen. Such new inquiry holds promising potentials for western psychological and research paradigms. A clear and explicit distillation of the relationship is important now, because recent dilution of classic MT into new variations threatens the integrity of Morita's classic method and the loss of any inherent connection with Zen at the lived level of embodied and enacted principles.
1.2 Focus of the inquiry

The focus of this inquiry is on determining whether a relationship exists between MT and Zen, and if so, the nature and extent of that relationship. It achieves this by distilling and presenting the essences of each, in order to explore any possible relationship between them. The central interest of the inquiry is what the two systems might have in common. This thesis reveals that despite both systems being complex and tailored to meet the developmental ends of two distinct populations (monks and patients), MT and Zen share two inescapable similarities at the macro level. The first is implicit epistemological assumptions about nature, the self and human nature (Kitanishi, 2010; Fujita, 1986; Kasulis, 1981). The second similarity is that both aim, explicitly and through systemic structures, to bring the individual to a radically different understanding of self, and a profound consequent perceptual and psychological shift. Both seek to engender a capacity in the individual to see into their true nature, a 'clear discernment' (akiraka ni miki wameru koto) which fundamentally alters the individual's perceiving position and frees them from former imperceptible but self-imposed constraints of perspective. Both systems seek to apprehend the true nature of a self misapprehended, and in that clear discernment, make a leap toward self-overcoming: they begin from the same place and aim for the same destination.

The central interests of the inquiry have given shape and clarity to its guiding intentions. In place of aims and hypotheses, which can be as constraining as they are shaping (Taylor, 2009), the current inquiry maintained a consistent but relaxed grip on the central interests and guiding intentions of the study, in a bid to remain as sensitive as possible to what emerged. The guiding intentions of this inquiry were interwoven and symbiotic:

~ to compare a Zen-based with a non-Zen based lived patient experience of MT, then use a home-based experience from a different perspective to qualify experiential observations from a different experiencing perspective;

~ to go into experience completely, and experientially learn (heuristic) whether and where Zen was evident in Morita's therapeutic system;
to come out of experience, with adequate understanding and evidence to describe (phenomenological) and interpret (hermeneutic) that experience, toward a sufficient explanation of the nature and extent of Zen in classic MT.

As a research disposition, this called for de-emphasis of goals and outcomes in favour of an immersion in the here-now-this experience of self-in-process. In western paradigms, this approach is most closely aligned with heuristic, ethnographic, hermeneutic and phenomenological research strategies. These central interests and guiding intentions will be revisited throughout the thesis, and provide a focusing frame for the question at the centre of the inquiry.

1.2.1 Statement of question

Investigation into the relationship between MT and Zen has been called for previously (Kondō, 1952; Kōra & Sato, 1958). While comparative analyses at theoretical and structural levels have been carried out (eg Nakayama, 2012; Chihara, 2012; Rhyner, 1988; Triana, 1978), no qualitative investigation exploring lived phenomena common to MT and Zen has been undertaken. This inquiry aimed to access experiential dimensions of any relationship between the two systems, thereby disclosing and exploring the nature and extent of that relationship at the level of lived phenomena. Due to the complex, nuanced and ambiguous phenomena of interest, such an exploratory undertaking called for a qualitative style of inquiry, robust enough to accommodate heuristic aspects, in order to reveal any relationship that existed between MT and Zen at the lived, experiential level.

As a qualitative research process the heuristic approach (Hiles, 2008; Moustakas, 1990; Douglass & Moustakas, 1985) is an extremely personal and lived process of investigation. Douglass & Moustakas (1985) identified three basic phases of heuristic inquiry: immersion, acquisition and realisation. These three phases exhibit consistency and alignment with MT and Zen. Moustakas (1990) detailed these phases into the processes of initial engagement, experiential immersion, incubation, illumination, explication, and creative synthesis (though the phases are at times interpenetrating and re-iterative), providing a structural basis for this heuristic inquiry.
In conjunction with heuristic methods, phenomenology quickly emerged as the self-evident theoretical platform from which to explore the nature and extent of any relationship between MT and Zen. Morita's is a uniquely phenomenological (Reynolds, 1976) and practical system of therapy (Morita, 1928/1998), and Zen is a profoundly phenomenological system of practice (van der Braak, 2011; Kopf, 2001; Kasulis, 1981). Yet, it was also evident that another element was necessary, one that integrated culture, chronology, and linguistics in the process of interpretation.

Both MT and Zen have clear hermeneutic elements, and a hermeneutic aspect was required for an investigation of the relationship between them. Furthermore, arguments in the MT literature needed to be understood individually, but also as a collective body. Heuristics, phenomenology and hermeneutics were determined to provide a viable methodological approach of qualitative rigor which was entirely consistent with the two primary domains of interest, and the nature and extent of any relationship between them.

In pursuing this investigation it was necessary to first ascertain whether a relationship did indeed exist between MT and Zen. This was the precursory question and overarching aim of the inquiry. In order to pursue this methodically, adequate working understandings of both systems were required. A subsequent, rigorous review of the Morita-Zen discourse suggested a relationship between the two systems, but also indicated the nature and extent of that relationship was complex, ambiguous and experientially unfathomed. At that point, the research question at the heart of the inquiry coalesced into, 'what is the nature and extent of Zen in classic Morita therapy?'

1.3 Health Philosophy as translatory theory

From prolonged exposure to clinical work in chronic disease contexts, Health Philosophy has emerged as a relevant theoretical underpinning for clinical practice and health-related research (Todres, 2008; 2007; 2000; Todres & Galvin, 2010; 2008; Galvin & Todres, 2011; 2007; Dahlberg, Todres & Galvin, 2009; Todres, Galvin &
Holloway, 2009; Todres & Wheeler, 2001). Health Philosophy is a Human-scientific orientation, explicitly underpinned by phenomenology, hermeneutics, ontology and existentialism (Todres & Wheeler, 2001), and the implications of these for fathoming relationships between humanness, illness and wellbeing (Dahlberg et al., 2009).

Todres (2008; 2007; 2000), a pioneer of Health Philosophy, was a psychologist working clinically and researching qualitatively in chronic health fields. His approach brings us theoretically back from a purist, reductionist, Natural-science position, to a position of operational complementarity between the Natural-science and Human-science perspectives. Todres (2000) places 'ontological ambiguity' at the centre of our humanness and our subsequent therapeutic endeavours. Health Philosophy (HPH) establishes itself in theoretical contrast to the Natural-scientific positions typically taken up by medical and health professionals working with chronic illness, by framing wellbeing as a working "tension between the ways we are limited and the ways that we are free" (Dahlberg et al., 2009, p. 267). It navigates more conscious and collaborative paths toward optimal psychological adjustment for people compromised by illness.

Todres (2000; 2007) advocates a movement in phenomenology toward non-dualism, and on this foundation, paradigmatic parallels begin to emerge with MT and Zen. Just as HPH becomes clinically operational in the tension between limits and freedom, MT operates in the working tension between fear of death and desire to exist. In both their philosophical underpinnings and their operational foundations, HPH and MT share significant common ground. Both systems seek to facilitate the ontological shift of the individual from closed and unhealthy stasis/arrest, toward open and dynamic possibility. Some of the core processes of HPH applied to therapeutic intervention also have clear and explicit parallels with Zen (Todres, 2007).

Significant reciprocal potentials exist between Health Philosophy and Morita therapy. MT offers HPH a broadening of its theoretical, practice and research scope, while HPH offers MT a new population and global health platform for theoretical translation and intercultural transportability. While a full comparative analysis is beyond the scope and requirements of this inquiry, identification of key consistencies and distinctions between HPH and MT has not been done previously, and is
elaborated in Appendix A. Health Philosophy's paradigmatic compatibility with both MT and Zen makes it a relevant theoretical vehicle for translating and cross-culturally transporting key learnings from this inquiry for international health and mental health contexts. Bringing a Moritist perspective to HPH and clinical work in health environments also offers important theoretical, practical and research possibilities for global and population health. This important theme will be revisited in the concluding chapters of the thesis.

1.4 Structure of the thesis

This is a qualitative inquiry, guided by heuristic, hermeneutic and phenomenological principles, and the structure of the thesis reflects this methodological orientation. The thesis represents the lived process of the research as a protracted human experience, and the phases of the heuristic research process as described by Moustakas (1990), provide a basic structural scaffolding for that representation. It is informed by experiential immersion fieldwork, investigating a deeply and strongly 'felt' question. It explores, asks, seeks, loops back on itself, and to the extent that it can, it remains open to what might emerge from first-hand lived experience of the therapy alongside a rigorous study of Morita-Zen discourse.

As a qualitative inquiry, this is not so much an endeavour in search of 'evidence', as it is an open, formal and informed dialogue with the datum of lived experience. The thesis is structured in a manner that maps the course of inquiry, and fulfils the requirements of a rigorous qualitative investigation (Bloomberg & Volpe, 2012), while also remaining as true to the phenomena of interest and the heuristic process as possible. Recommendations for structuring a qualitative heuristic manuscript (Moustakas, 1990) were considered in developing the thesis structure.

The thesis consists of eight chapters in total. This introductory chapter reflects the initial engagement phase of the study. It frames the topic within the theoretical and methodological approach of the inquiry. It provides an overview of the possible relationship between MT and Zen, in order to establish a rationale for, and substantiate the value of, an exploratory inquiry. Health Philosophy is also introduced
as a relevant translatory theory, and the global potentials of MT applied for post-traumatic stress, existential distress and health anxiety, are used to situate this inquiry in the population and global health and mental health field.

Chapters 2 and 3 present classic Morita therapy and non-theistic Zen respectively, and provide a working frame of reference for each of the systems under investigation. Clarification of key concepts, identification of systemic structures and presentation of core principles in each system, assists in investigation of any relationship which may exist between them. These conceptual reference points also help to situate the methodological strategies of the inquiry.

Chapter 4 presents a review of the literature. It discusses the historical question of Zen in MT, using a meta-synthesis (Jensen & Allen, 1996; Walsh & Downe, 2005) of the relevant and available perspectives from the Morita-Zen discourse over the past ninety years. It addresses the precursory question and overarching aim of the inquiry by ascertaining whether a relationship exists between MT and Zen. While many perspectives have been expressed regarding the relationship between MT and Zen, no methodical investigation (i.e. beyond theoretical comparison) into experiential principles and phenomena common to both systems was identified by the review process. Specifically, no qualitative, experiential inquiry into the nature and extent of Zen in classic MT has been undertaken. Chapter 4 effectively informs and refines this inquiry's central question regarding a relationship between the two systems.

Chapter 5 provides an explicit philosophical and theoretical underpinning for the qualitative inquiry. The chapter presents phenomenology, hermeneutics and hermeneutic phenomenology as theoretical underpinnings for a heuristic approach to the question at the centre of the inquiry, and also demonstrates how these components are methodologically consistent with the target phenomena. It also outlines methods used to collect and analyse data from the two phases of experiential immersion fieldwork.

Chapter 6 presents a layered heuristic analysis of the experiential fieldwork data. The chapter is broken into subsections providing presentations from three episodes of experiential immersion fieldwork. The process of analysis through self-reflective and
iterative re-storying (Mulholland, 2007), and reflexively vigilant (Kinsella, 2006) creative synthesis (Moustakas, 1990), is used in conjunction with triangulated analyses. It aims to identify the presence or absence of overlaps, parallels, consistencies and discrepancies between MT and Zen, at the lived, immersed, experiential level of the patient (Phase 1), and the therapist (Phase 2).

Chapter 7 provides a creative synthesis toward a full and clear explanation of what occurred and what it means (Hiles, 2013; Moustakas, 1990). The purpose of the chapter is to rigorously distil tacit understandings from analysis of the experiential fieldwork data, into a concisely synthesised presentation of relevant core learnings from the study as a whole. In this thesis, and consistent with the heuristic approach, a simple translation-semantic explanatory program (Abbott, 2004) was developed, using Kojima's (1998) semantic phenomenology of self as a basis. The model illustrates a synthesised explanation of the nature and extent of Zen in classic MT. The creative synthesis is then situated as a contribution to the Morita-Zen discourse, and its reciprocal potentials for Health Philosophy are discussed.

Chapter 8 concludes the thesis. It identifies limitations of the study, and a variety of possibilities for further qualitative and quantitative research.

1.5 Chapter summary

Morita developed his theory and method in the early twentieth century, a period populated by contemporaries such as William James, Sigmund Freud, SUZUKI Daisetz, Edmund Husserl and NISHIDA Kitaro, and also an epoch in Japanese culture where native technologies were being either fused with, or subordinated to, western influences. Classic MT is native to Japan and a uniquely phenomenological system for the treatment of anxiety-based disorders, structured to re-orient and resituate the individual in relation to nature and other. The influence of Zen in MT has been an ambiguity for almost a century, and a clearer understanding of any relationship between systems is an area of clinical and theoretical promise. Methodical research into experiential dimensions of this question is absent, so exploring the nature and
extent of Zen in classic MT constitutes a significant contribution in a discrete theoretical and clinical domain.

This chapter introduced the idea that a relationship may exist between MT and Zen, a relationship as ambiguous as it is potentially significant. Due to systemic consistencies and compatibility, Health Philosophy has been presented as a relevant orientation to clinical practice and qualitative health research, which may enhance, and possibly be enhanced by, clearer understanding of the any relationship that exists between MT and Zen. The central interests and guiding intentions of the inquiry were offered as an overarching frame for the focused question at the heart of the investigation: does a relationship exist between classic MT and Zen, and if so, what is the nature and extent of that relationship?
2

Classic Morita Therapy

"Mind is neither wood nor oxygen,
it is the phenomenon of combustion"
(Morita, 1928/1998, p. 11)

2.1 Chapter overview

This chapter provides a working conceptual grasp of Morita therapy, so that it can be subsequently explored in relation to Zen. The chapter presents two important areas for an adequate understanding of MT. The first is Morita himself, including his context as hermeneutic consideration and his conceptualisations of human nature and anxiety pathology. The second is Morita's therapeutic theorising and his staged, experiential therapeutic method. These areas are presented sequentially, so an understanding of Morita's theory and method might be based on an appreciation of his contextual influences and philosophical position. Both areas are vital to the inquiry, as each provides important insights into how Morita's therapeutic system potentially relates to Zen.

2.2 Introducing Morita therapy

Through the 1910-20s, psychiatrist Morita Shōma MD (1874-1938) developed a unique therapeutic system, designed to treat a cluster of neurotic anxiety disorders (featuring hyper-sensitivity to somatic symptoms) which he termed shinkeishitsu (Morita, 1928/1998; Kitanishi, 1992; Fujita, 1986; Kōra, 1965). Morita's original diagnostic formulation of shinkeishitsu corresponds closely to western diagnostic formulations of Anxiety and Anxiety-related Disorders (Kitanishi, Nakamura, Miyake, Hashimoto & Kubota 2002; Ishiyama, 1986). He designed his staged,
residential treatment for people with non-psychotic psychological difficulties (Kitanishi et al., 2002; Ishiyama, 1986), who became existentially arrested and/or ontologically 'stuck' in these conditions. The therapeutic system is indigenous to Japan and the only such approach in the world which has evolved in a rural context (LeVine, in press).

Morita’s early practice as a psychiatrist was influenced by his university training in psychiatric models (Rhyner, 1988) and a clinical apprenticeship with KURE Shūzō (1865-1932), a proponent of German psychiatric thinking of the time (Fujita, 1986). Through clinical experience (Kitanishi, 1992), dissatisfaction with a number of western therapeutic approaches (Fujita, 1986), and an extended process of trial and error (LeVine, in press; Kitanishi, 1992; Fujita, 1986), Morita developed his theory and method for working with anxiety conditions over a period of years from 1918 through to 1926 (Kato, 1959).

Morita formulated his theoretical position based on a variety of clinical and personal influences. He gained clinical insights from exposure to German psychiatric theory, such as Weir Mitchell's rest and 'fattening' therapy, Otto Binswanger's normalisation and occupational therapy, and Paul DuBois' persuasion therapy (Fujita, 1986; LeVine, 1998; Kitanishi, 1992; Spates, Tateno, Nakamura, Seim, & Sheerin, 2011), and case studies from his own clinical practice highlighting the limitations of such methods (LeVine in press; Kitanishi, 1992; Takeda, 1964). He gained personal insights from overcoming his own anxiety as a young man (Shinfuku & Kitanishi, 2009), from an early, sustained interest in Buddhism and experience with Zen (Shinfuku & Kitanishi, 2009; Rhyner, 1988), and from the philosophical understandings fundamental to his Japanese culture and context (Fujita, 1986).

Comparisons have been made between MT and Behaviour Therapy (Fujita, 1986; Gibson, 1974), Logotherapy (Fujita, 1986), Cognitive Behaviour Therapy (Nakamura, Kitanishi & Ushijima, 1994), Psychoanalysis (Kitanishi, 2010; LeVine, 1991), Rational Emotive Therapy (LeVine, 1990), Existential Psychotherapy (LeVine, 1993) and the MBIs (Ogawa, 2013; McGowan, Reibel & Micozzi, 2010). However, it is evident that Morita's meta-theoretical perspective integrates Natural-scientific and Human-scientific elements, and his theoretical position is profoundly
phenomenological (Fujita, 1986; Reynolds, 1976). Given the experiential nature of authentic MT, it can only be accurate to identify it as a uniquely phenomenological model of therapeutic intervention.

The foundations of Morita's model blend explicit psychiatric theoretical positions and psychological assessment processes (Kōra, 1965), with implicit Zen principles and subtext (LeVine, 1991; Kondō, 1983; Ogawa, 2007; Rhyner, 1988; Fujita, 1986), and a profoundly phenomenological practice orientation (Fujita, 1986; Reynolds, 1976; Sato, 1961). The method he developed was residential, placing patients in a rural (LeVine, in press), pseudo-familial (Fujita, 1986) context, and facilitating their experiential shift through four distinct stages of the treatment process.

Morita's method constitutes an existential-experiential encounter with reality as it is (arugamama), resulting in a profound and embodied felt shift in the relationship between self and symptoms (LeVine, in press). LeVine describes the process:

"It is the pure encounter with anxiety in the first stage and the successive encounters with Nature [that] change the perceptual pathways in awareness. [Morita] therapy re-engages the client's senses... rest stage forces the client to stop translating experience into language... until free association of ideas ceases... promote spontaneous activity in the mind until one recaptures 'existence' as a pure state" (LeVine, in press)

The result is a radical re-orientation of consciousness and a transformed relationship with reality 'as it is', including symptoms and discomfort.

Morita's therapy was experiential and existentially transformative. "In this rebirth from the depths 'with a higher health' and 'with a second and more dangerous innocence' one's innermost nature bursts forth like a natural spring from which the covering debris has been removed" (Nishitani⁴, 1990, p. 51). The core principle at play is movement into and through anxiety, rather than indulging the tendency to resist and avoid emotional and physical discomfort.

⁴ Nishitani, Kyoto School Philosopher and decendant of Nishida, had previously visited the Zen-based Sansei Private Hospital in Kyoto, in the company of D.T. Suzuki and Kondō Akihisa
While MT impacts on the subjective lived experience of patients in a profound way, consistent with Zen, the model does not split psyche and body (Kitanishi, 2010). It approaches the body-mind-nature system as a monadic whole (Kitanishi, 2010) and makes full use of context, nature and experience as agents of change (LeVine, in press; Reynolds, 1976). Parallels between some principles fundamental to MT and those underlying some western Therapeutic Community models (e.g. Tucker, 2000) are apparent (Kitanishi, 1992; Miura & Usa, 1970).

2.2.1 Reconceptualisation of task & outcome

Morita understood individuals to be highly variable, each endowed with a basic disposition from which to navigate environment and experience. He understood this as a natural process, and that in some instances, the natural process becomes disrupted, usually by some kind of precipitating experience, and diverges tangentially away from its natural course. This divergence from natural human experience is into a more abstract, fixated and self-reflective convolution, which through various mechanisms\(^5\) becomes compounded and reinforced, eventually resulting in acute disruption to normal functioning capacity, such as various anxiety-based disorders.

Rather than focusing on symptom alleviation, Morita understood the therapeutic task as returning the individual to a more unimpeded flow of natural human experience. To this end, he developed a staged residential therapeutic approach, which methodically re-orientates the individual intra-personally, and then channels them through inter-relationship with nature and activity, back to a less constrained and more natural way of living their human experience, re-embedded in ecological rhythms. These features

\(^5\) Mechanisms such as 'toraware' and 'hakari', which will be explained fully later in this chapter
distinguish MT as a uniquely phenomenological form of therapeutic practice⁶ (Fujita, 1986; Reynolds, 1976; Sato, 1961).

Morita therapy has continued to be used widely and effectively in Japan for the past nine decades (e.g. Suzuki & Suzuki, 1981; Donahue, 1988; Kitanishi & Mori, 1995; Yamadera, Sato, Ozone, Nakamura, Itoh & Nakayama, 2005; Kurokawa, 2006), and has also demonstrated efficacy for anxiety disorders, post-traumatic stress and dissociation, adjustment disorders and contextual depression (LeVine, 2003) cross-culturally. Clinical effectiveness of Morita’s model in Japan is well established (Kitanishi & Mori, 1995; Fujita, 1986; Suzuki & Suzuki, 1981; Reynolds 1976; Iwai & Reynolds, 1970), and it has been acknowledged that Morita's therapeutic principles are infused with Zen values and ethics (LeVine 1998; Ogawa, 2007). Morita therapy applies fundamentally different understandings and principles to the same human problems as Cognitive Behaviour Therapy (CBT) and the Mindfulness-Based Interventions (MBIs) in the west (Kitanishi, 2010). MT reports generally higher efficacy on symptom outcome domains (Suzuki & Suzuki, 1981; Donahue, 1988; Kitanishi & Mori, 1995; Yamadera, Sato, Ozone, Nakamura, Itoh & Nakayama, 2005; Kurokawa, 2006), despite its de-emphasis of symptom alleviation (Morita, 1928/1998; Kitanishi, 2010; Nakamura, Kitanishi, Maruyama, Ishiyama, Ito, Tatematsu, Kuroki, Kubota, Hasimoto, & Ichikawa, 2010).

Due to the phenomenological nature of outcomes associated with MT, and the evidenced quantitative biases in the western research literature (Norcoss, 2002; Lindford & Arden, 2009; Rossouw, 2011), it is difficult to make realistic quantitative comparisons between MT and western CBT and MBIs. Just as non-CBT therapies in the west are recently being evidenced to be as, or more, effective than CBT due to advances in qualitative and quantitative research methodologies (Elliott & Freire, 2008; Leichsenring & Rabung, 2008; Shedler, 2010; King, Schweitzer, Giacomantonio, & Keogh, 2010; Samuels, 2008; Smith 2010), the capacity to effectively compare MT with western interventions is now emerging. Clearer understandings of qualitative phenomenological, existential and ontological outcomes from MT will make it more directly comparable to efficacy of western interventions.

⁶ As a phenomenological system, MT is philosophically and theoretically aligned with Zen, which is philosophically, theoretically and methodically aligned with phenomenology (Kopf, 2001; van der Braak, 2011), and specifically the phenomenology of the Kyoto School (Sakakibara, 2010; Ogawa, 1978).
2.3 Morita's context as a hermeneutic consideration

Morita was born in 1874 into a Samurai Class family on Shikoku Island shortly after the Meiji Restoration (1867-1868), and was raised and educated during the Meiji period (1868-1912). As theorist and practitioner, he was widely read in both eastern and western literature. Morita was a product of the cultural-conceptual melting-pot that was Japan's Meiji era, alongside Japanese contemporaries such as Nishida Kitaro (1870-1945) and Suzuki Daisetz (1870-1966), and European contemporaries such as Sigmund Freud (1856-1939), Friedrich Nietzsche (1844-1900), Edmund Hursserl (1859-1938) and William James (1842-1910).

2.3.1 Meiji Japan

While the patriarchs of contemporary western philosophy and psychology were theoretically influential in the Meiji academic foreground, the phenomenological practice systems of Zen and naturalism of Shinto (Kaya, 2010) provided cultural context and theoretical ground against which to re-cast new conceptualisations of old things. It is imperative to consider Morita's historical and cultural theorising context as a hermeneutic factor, to understand key influences in his perceiving and meaning-making, to derive a tactile feel for the conceptual tools available to him, and to gain important insight into contextual constraints upon his voice as theorist.

The Meiji period and Imperial Japan was a melting-pot of cross-cultural ideas, influences, pressures and possibilities. As a culture disoriented in its confrontation with overwhelming western advance, Japan was charged with the brief of reconstituting itself in a way that maintained what it chose to see as the essence of Japanese life and being, while fusing it with newly and rapidly acquired western conceptual and practical technologies (Sharf, 1993). The goal of such an amalgam was the retention of an inherent sense of Japanese cultural integrity, while integrating advances offered by the west. In short, this was a bid to retain a sense of cultural superiority while regaining an equal (perhaps eventually superior) technological footing, something Japan had lost in its centuries of self-imposed isolation (Sharf,
To Japanese theorists of Morita's time, this meant being widely read in western literature relevant to their specialist domains, and having adequate mastery of the western conceptual apparatus to wield it creatively for their own Japanese purposes and contexts. Such was the case for Japanese psychiatry in Meiji Japan (Fujita, 1986). Without this contextualisation, initial readings of major Meiji theorists can render their work as Japanese attempts to produce something western. Fortunately, the work other Meiji theorists (e.g. Nishida & Suzuki) has been contextually framed in the Meiji period, to a degree which allows a more adequate hermeneutic analyses of their works at both textual and sub-textual levels (e.g. Heisig, 2001). Morita, as yet with one translation of his initial work in English, has not been made as available to analytical scholars without fluent Japanese. As a result, Morita is often rendered at face value alone, a somewhat two-dimensional rendering of explicit concepts and methodological description. However, Fujita (1986) posits "that the Oriental wellsprings of his thinking served to support and reinforce" (p. 42) aspects of an applied natural-scientific perspective garnered from western psychiatric models.

Fujita (1986) further asserts that "Morita's mode of thought is clearly and deeply rooted in Japan's distinctive environment and traditional culture" (p. 5). He also proposes "the traditional philosophy of the Orient did have a definite influence on Morita's thinking, and his therapeutic system contains teaching material that embodies the essence of oriental religion" (Fujita, 1986, p. 45). However, Morita (1928/1998) explicitly stated his therapeutic system was not based on Zen Buddhist religion. Reynolds (1976) suggests this was because Morita's voice as a theorist was constrained by his Meiji context:
"He appears to have held the belief that only two options faced Moritists: to consider his therapy a science or to consider it a religion. He chose science. I believe that Morita's own views were much closer to a Zen perspective than to a scientific one, but that such views are no more religious than science is... choosing the scientific route offered many practical advantages in Morita's era" (p. 141)

Here, in Morita's choice to frame his therapy in a manner palatable to his Meiji peers and context, lies the origin of the ambiguous question of Zen influence in MT.

2.3.2 Explicit & implicit influences

In reading Morita it serves to consider the two sides to his theorising - an implicit Human-scientific cultural system and an explicit Natural-scientific medical system - as a counterbalance of implicit Japanese intuition and understandings and explicit western conceptual apparatus and methodological technology. This is depicted below in Figure 1, with each circle representing implicit or explicit influences on Morita's theorising.
Morita hybridised rather than polarised the Natural-scientific and Human-scientific perspectives into a new meta-theoretical position that transcended and integrated both. In doing so, he not only contributed an entirely unique therapeutic system, but also offered psychology a fundamentally different perspective as a theoretical point of origin. In this alone, MT offers contemporary western psychology a significant potential worthy of detailed exploration and disclosure.

From a cultural perspective, despite many decades of western influence, Japan retains a different basic disposition and orientation to life. Kitanishi (2010) compares the "control-oriented culture of the West and adjustment-oriented culture of the East" (p. 4). However, Spencer (1964) looked at the Japanese origins of MT and observed that while Shinto, Zen and Buddhism remained pervasive historical and cultural influences, the rapid westernisation of Japan had seen it become philosophically removed from the Japan of just fifty years prior. As Tani (1998) observes:
"...we (the Japanese) have become so permeated with Western-style Subject-Object thinking that it has come to be our starting point also"
(Tani, 1998, p. 252)

Such historical and cultural factors must be considered in any reading of Morita, and are relevant to considering any relationship between MT and Zen.

Cultural artefacts from Morita's context are an important consideration. The Japanese construction of 'self' remains distinct from the western construction of 'self' (Kirmayer, 2007), in ways both linguistic/semantic and psychological, social and cultural. The Japanese construction of self arises from situational and relational context, as evidenced pervasively in Japanese semantics. The Japanese self is more process-product of context and directed by social kata7, while the western self tends to arise as a product of ego/will and be taken to context (Kirmayer, 2007). Consequently, the Japanese perspective exhibits different implicit and unexamined notions of self from those underpinning western culture and psychology. It sees the self as contextually arising, a less individually fixed and essential phenomenon, and with alternative implicit assumptions regarding the nature of self and mind.

In contrast to western cultural constructions of the person, based on expressive and utilitarian individualism (Kirmayer, 2007), Japanese constructions of person-hood are based on group and contextual identity, the intricate web of social forms or kata (De Mente, 2003), social and familial roles, enryo (obligation) (Reynolds, 1976), kizukai (self-solicitous awareness) (Fujita, 1986), and harmony as socio-cultural imperatives (De Mente, 2003). The notion of kata as a socio-cultural structure has implications for understanding MT. De Mente (2003) explains kata in the following way:

"To the Japanese there was an inner order (the individual heart) and a natural order (the cosmos), and these two were linked together by form - by kata. It was kata that linked the individual and society. If one did not follow the correct form, he was out of harmony with both his fellow man and nature" (De Mente, 2003, p. 3)

7 Literally 'forms'.
The centrality of *kata* in Japanese social life in Morita's time, informs an understanding his conceptualisation of the self, and of neurotic anxiety as a process of the self.

*Kizukai* and *enryo* are pervasive and relevant Japanese cultural artefacts (Fujita, 1986). Life in feudal Japan saw *kizukai* as a cultivated disposition, characterised by a state of perpetual semi-anxious apprehension, manifest as a self-preserving solicitousness. *Enryo* is an applied grasp of interpersonal obligation system which regulates much of Japanese social interaction (Reynolds, 1976), and facilitates the successful navigation of social contexts permeated by *kizukai*. "The overall strategy in social interaction in Japan is to be well thought of by alter so that his interpretations and misinterpretations of your inner state are in your favour" (Reynolds, 1976, p. 96). By dichotomising the private self and the public face in the practice of *enryo* (Reynolds, 1976), the split between natural authentic self and socially fabricated functional illusion is structurally hardwired into Japanese culture. Moreover, the implications of unsuccessful mastery of *enryo* include poor navigation of *kizukai* and resulting in escalation of self-consciousness and anxiety. The implications of the interplay of *enryo* and *kizukai* as predisposing factors for neurotic anxiety in Japanese culture are clear.

Longstanding cultural and religious traditions also shaped Morita's context. Shinto is Japan's native spiritual tradition and is intimately intertwined with nature (Kaya, 2010). Japan had accommodated Buddhism in various forms for centuries, and when Chinese Zen (*Ch'an*), which had already blended Buddhism with its own native Taoism, was brought from China to Japan in the twelfth century, it blended naturally with Japan's Shinto. This infused Japanese Zen with a Shinto-esque embrace of nature, the natural order. Fujita refers to these influences as a fundamental influence in Morita's theorising and method (Fujita, 1986).

As shown in Figure 1, hermeneutic consideration of the interplay of implicit and explicit influences of Morita's Meiji context is important. For instance, Zen does not reject science as a methodology, but rejects the Natural-scientific perspective (Kasulis, 1981) that asserts its truth-seeking paradigm is the *only* valid and objective truth (van der Braak, 2011). Morita navigated this complexity between Zen and the
Natural-scientific perspective by contextualising Natural-scientific methods and understandings alongside his Zen understandings of the self, mind and human nature, within an integrative philosophical perspective that blended Natural-scientific and Human-scientific elements (refer Figure 1). This kind of working synthesis becomes viable when Zen is de-thesised to become a phenomenological system of praxis, and Natural-scientific methodology is separated from Natural-science as a meta-theoretical perspective.

Reynolds (1976) suggests that both Morita and Zen seek the alleviation of suffering by "abandoning the self" (p. 120), and similar themes are common in other literary work of Meiji era contemporaries, such as SOSEKI (Reynolds, 1976) and Edo period predecessors such as HAKUIN (Fujita, 1986). As Reynolds reflects:

"Morita's distinctive conceptualisation of neurosis and treatment was a distillation of ideas and orientations pervading the intellectual atmosphere of his time. It was essentially Buddhist in its emphasis on accepting one's experience of suffering as a means of transcending misery and losing one's self in productive effort" (1976, p. 119)

In Zen terms, losing one's self in productive effort implies becoming the activity in which one is engaged, rather than perpetuating a dualist split between the activity and one's cognising about that activity. Such interpretively significant subtleties yield themselves to hermeneutic readings of Morita.

### 2.4 Morita's understanding of human nature

Understanding Morita's background and context allows a more informed presentation of his philosophy of human nature. The way the Japanese have understood nature (shizen), and human nature (shizen no kokoro) as an aspect of the natural order (shizen no honsei), has evolved over many hundreds of years of Shinto and Zen influence. Nakai (1947) suggests that pre-feudal Japan had a non-dissociated and non-dual relationship between human nature and nature proper:

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8 Losing oneself in productive effort from a Zen perspective is not about productivity per se, but about blending seamlessly with reality as it is and the requirements for doing that interpenetrate our natural human being.
"It appears that the people of this era lived in simplistic harmony with nature. They experienced their own existence as flowing in the loneliness of eternity, with a sympathetic understanding of man and nature that is not yet self-conscious, having no awareness of themselves as set apart from and observing their natural environments" (Nakai, 1947, p. 19)

Strongly influenced by Shinto's naturalism, for the Japanese of the Edo and Meiji eras, this constituted an ideal notion of 'the natural' as a working synthesis of 'nature' and 'human nature'. Naturalism was a Japanese ideal in Morita's time (Reynolds, 1976), and "the term kacho fugetsu represents this refined oneness with nature" (Ogawa, 2007, p. 46). This cultural legacy is the implicit background against which Kitanishi (1992) suggests "the fundamental philosophical, cultural background of Morita therapy is traditional Japanese Shintoism and Zen Buddhism" (p. 188), while Ogawa (2013) refers to MT as "a Zen-infused psychiatric treatment" (p. 43). Reynolds (1976) points out the Taoist influences on Zen through its centuries in China before its movement to Japan, and Fujita (1986) includes Japanese Neo-Confucianism in the cultural influences relevant to Morita's thinking theorising. LeVine (in press) also identifies Jodo Shinshu Buddhism as an influential feature for Morita.

As indicated in the previous section, when Zen, as a cross-fertilisation of Buddhism and Taoism (Rajnish, 2001), was brought from China to Japan it arrived into a context already firmly established in a naturalism-based belief system - Shinto. Already carrying shades of Taoism, Zen in the Japanese physical and cultural environment was bound for a unique evolution with an emphasis on 'the natural'. Such naturalism is inherent to Morita's therapeutic system (Fujita, 1986), and as Ogawa suggests, from a Moritist perspective "to live naturally is to make nature an integral part of our lives and our lives an integral part of nature" (Ogawa, 2007, p. 47).

### 2.4.1 Nature-body-mind monism

Morita was highly critical of the Cartesian Mind-Body dualism that underpinned western psychotherapies (Kitanishi, 2010), and instead subscribed to a philosophical
position of Nature-Body-Mind monism as the point of origin for his theorising about human nature and psychopathology (Kitanishi, 2010). "Human health, in Morita therapy, is defined on the basis of Morita's fundamental conviction of the monistic unity of mind and body" (Fujita, 1986, p. 9). Kitanishi (2010) uses a monadic model of self to describe the therapeutic process of MT. Fujita (1986) argues that Morita's "aim was always to understand human nature, and the basis for this understanding was seishi no mondai (the issue of life and death)" (p. 177), and contends further that Morita's "therapeutic principles and techniques were derived from his view of human nature, his system of therapy being a scientific product of his philosophy of life" (p. 5).

Morita (1928/1998) advocated that to move toward holistic human mental-physical health, the individual must move toward their authentic human nature, and that this human nature is a manifest aspect of nature proper as a monadic whole. The life force of nature is held to be the life force behind the individual desire to live, inherent to human nature and manifesting in creative, spontaneous activity. Fujita (1986) states:

"...the desire arises from the life force, which is inherent to human nature (shizen no honsei)... to live in a state of nature, here and now, accepting 'things as they are' (arugamama) is to manifest the natural life force in the form of sei no yokubô, with pain and anxiety accepted as natural components of life" (1986, p. 7/8)

Authentic experience of the individual is understood by Morita as the desire to be and to live, manifest as unique activity of the individual human nature, as one aspect of the overall manifest expression of nature. This is Morita's notion of jijitsu-hon'i as the "natural manifestation of the desire to live" (Fujita, 1986, p. 77). Put simply, it is being authentically what and who you are, actively manifesting your own uniqueness as a natural and integrated aspect of the infinite manifesting activity of the universe.
"In our Japanese culture, there is an attitude toward nature believed to be the highest, the deepest, and therefore the ultimate spiritual attitude to be attained, an attitude to become one with nature, as being expressed "Nature becomes me, and I become Nature". In other words, it is a state in which man is in total communion with nature" (Kondō, 1991, p. 258)

Morita called his system his 'experiential therapy' (Taiken Ryōhō), emphasising the experiential nature of his methodology. It is noteworthy that the common and most direct translation for the English word 'experience' is keiken (used in Nishida's 1921/1990 junsui keiken as a translation for 'pure experience'). The Japanese word taiken however, with older linguistic roots and also used to render the English word 'experience', is infused with a nuance significant for an analytical reading of Morita's theorising. It infers 'embodied' experience and embeds that embodiment intimately with nature (Sharf, 1993). While Nishida chose keiken as quite a direct translation of the English 'experience', in his therapeutic theorising Morita conveyed something more nuanced with taiken: embodied experience as an embedded aspect of nature. Given the emphasis on the significance of nature in Morita's theorising, this is important to the developing themes of this inquiry.

Morita's (1928/1998) Meiji Japanese understanding of human nature was intuitively phenomenological, grounded in personal experience, reverence for the natural, and incorporated a fundamental grasp of Zen's non-dualism. Triana (1978) elaborates:

"Man's discrimination of himself as a self, an 'I' differentiated from the not-self, immerses him in a radical dualism that permeates his entire experience of existence. It is a condition of unawareness where man misconstrues the world around him, confusing existential shadows for life's reality" (Triana, 1978, p. 12)

This establishes Zen's misapprehension of the nature and self and reality, as a dissociation of self-as-subject in relation to objectified nature/other, at the foundation of Morita's conceptualisation of pathology, and Zen's clear discernment of both as fundamental to Morita's subsequent conceptualisation of treatment.

Two sub-points bear elaboration. The first is 'utilitarian' and the second is 'natural'. As will be elaborated in Chapter 3, the 'self' from a Zen perspective is understood to be a process phenomenon (Sills, 2009; Pawle, 2009; Kasulis, 1981) of multiple and interpenetrating existential modes (Kopf, 2001; Nishida, 1921/1990; Kasulis 1981). It is the utilitarian relative-subjective mode through which we relate to 'other selves' and our socially constructed environs, an abstract (cognitive-linguistic) construction for the purposes of complex interpersonal relating and subtle social navigations of the relative body (Sills, 2009; Kopf, 2001). But as an abstract fabrication, at the level of phenomenal process it can only be a functional illusion (Kondō, 1983). Moreover, by implication, it is functional in so far as it has and fulfils utilitarian functions. When this phenomenal process of abstract fabrication through which we relate to others and navigate our subjective horizons, evolves in such a way as to become an impediment to our functional relating and navigating, it can be understood to have become pathological, as having skewed away from its natural functionality (Kitanishi, 2010).

These subtle understandings of relative self as a process of functional illusion, and the various forms of dysfunction of that functional illusion, underpin Morita's conceptualisation of neurotic anxiety, and are also at the heart of Zen (Pawle, 2009; Sills, 2009; Kopf, 2001; Twemlow, 2001; Benoit, 1955/1990).

The second point is important because it also permeates Morita's conceptualisation of neurotic anxiety and therapeutic theorising. It is the complex, subtle and multidimensional notion of 'nature'. As Kondō (1998) states, Morita "recognised the interaction between a person's health and his or her relationship with the natural world" (p. xi). One of Morita's core therapeutic entreaties to the patient is framed as
'obedience to nature', and the themes of 'nature' (bird, stream, rock, tree), one's 'nature' (habituated movements of the relative - functional illusion - self), and nuanced variations on 'the natural', are implicitly constant when not being explicitly incorporated in Morita's theorising.

To discuss 'nature' and 'the natural' specific to Morita's understanding of human nature, requires subtle, discrete and interwoven interpretations. For instance, the (relative subjective) functional illusion is 'natural', in so far as we all need, have, and rely on it to relate in and navigate the relative existential domain. But it is also 'natural' in that it is its 'nature' as a phenomenal process to permeate and be permeated by other, concurrent existential modes of our being human (Kopf, 2001; Nishida, 1921/1990). To complicate matters further, beneath this 'natural' functional illusion, other non-relative existential modes are embedded in, and undifferentiated from, the fabric of monadic reality, in effect rendering them at once (non-dually) 'as nature' as well as 'of nature'. In so far as this is the true nature of reality as it is (arugamama), this is the deeper, truer truth of nature proper - it is the nature of nature.

When Morita directs patients to "obey nature because that is the only truth" (Kitanishi, 1992, p. 188), he is speaking at multiple interwoven levels. Morita's obedience to nature is not a resigned submission (akirame) to one's place in the world, but a form of liberation by dropping the resisting self, and the subsequent sinking into (manifesting as) reality as it is (arugamama).

2.4.2 Shin ki & sei ki

Morita understood human nature and the individual self as a process of functional illusion, stretched across a more natural and absolute mode of being. He conceptualises neurotic anxiety as a dysfunction of that natural phenomenal process. It follows that he theorises a therapeutic approach to re-establish the natural phenomenological process of the self, that returns the individual from an unnatural condition to a natural condition (LeVine, in press; Morita, 1928/1998). The implications of this vary dramatically between individuals according to their unique disposition and personal 'nature'. For some, it will involve practical changes to
enhance the functionality of, and return to, the utilitarian illusion. For others, experiential contact with more natural and non-relative modes of being instigates a radical transformative change in the level of awareness of the functional illusion itself, constituting a changed relationship between intra-individual existential modes (LeVine, in press). Morita points to this latter possibility when he suggests that his method can catalyse an awakening of perspective similar to Zen satori (Morita, 1928/1998; Kitanishi, 1992).

Identifying two ways individuals can move from dysfunctionality to 'natural' (i.e. functional illusion or altered relationship to functional illusion), suggests radically different potential qualitative outcomes from MT. A revitalised or re-synthesised functional illusion is more functional, less distressed and more natural, but remains fundamentally different from a quantum leap in awareness where the individual's relationship to the functional illusion becomes apparent and transparent. This speaks to inherent difficulties in approaching MT outcomes quantitatively, and suggests the need for qualitative approaches. Either way, Morita's understanding of human nature is closely aligned with Zen.

Morita developed his own understanding of human nature against a background of implicit cultural assumptions about nature and human nature characteristic of his Meiji Japanese context (Fujita, 1986). He understood human nature as a natural phenomenal process of dynamic opposing tensions in the foreground, against a background of natural pre-disposition. Consistent with the Meiji Japanese (Zen-Shinto) naturalist perspective, Morita understood a natural life force (ki) at the centre of, and energising, our human nature. He understood this natural life force to have counterbalanced inclinations - outward-moving, centrifugal, creative, expansive becoming (sei ki, 'vitality'); and inward-moving, centripetal, reflective, protective self-preservation (shin ki, 'self-preservation') (Fujita, 1986). These forces counterbalance one another in a perpetual dynamic interplay which maintains a natural blend of spontaneous creativity with reflective self-preservation:
"The outward bound, centrifugal motivation that is the essence of ki induces a counteractive, centripetal shin (heart/mind) directed toward basic self-preservation, manifested in a defensive and solicitous manner... These side-by-side centrifugal and centripetal mental attitudes have a mutually conflicting relationship. Concretely, the functions of self-expansion and independence develop complimentarily with self-introspection and harmony" (Fujita, 1986, p. 169)

Together shin ki and sei ki constitute desire for life (sei no yokubō) as the working tension between one's innate existential tendency for self-preservation and one's equally innate ontological impulse for self-overcoming. LeVine defines sei no yokubō in the following way:

"The literal meaning is innate human tendency to preserve the self, which is rendered often as the desire for life. The emphasis, however, is on the natural desire for life, which is linked to our natural fear of death" (in press)

Morita's opposing tension of shin ki and sei ki correspond closely to Health Philosophy's opposing existential tensions of dwelling and mobility (Todres & Galvin 2010). Sei ki corresponds closely to the self-overcoming notion of 'mobility' as described by Todres & Galvin (2010):

"The essence of mobility lies in all the ways in which we are called into the existential possibilities of moving forward with time, space, others, mood and our bodies. The feeling of this ‘moving forward’ is one of energised flow" (p. 5)

Shin ki corresponds just as closely to the self-preserving notion of dwelling:

"The essence of dwelling lies in all the ways that we existentially 'come home' to what we have been given in time, space, others, mood and our bodies. The feeling of this 'coming home' is one of acceptance, 'rootedness' and peace" (Todres & Galvin, 2010, p. 5)
Morita's notion of *sei no yokubō*, finds direct correspondence in HPH's Heideggerian notion of 'dwelling-mobility'.

From Morita's understanding of *shin ki* and *sei ki* as natural aspects of human nature, it is apparent that conflicts can emerge as a result of imbalance in these two dynamic forces operating in counter-balanced tension. Such conflict is highly variable, dependent on individual pre-disposition, environmental and experiential factors. Where balance of these forces results in healthy, natural, carefully creative and appropriately spontaneous manifesting of life force, opposition between *shin ki* and *sei ki*, results in an unbalanced system with forces arrested in discord. This results in a self-perpetuating spiral of centripetal life-force subsuming centrifugal life-force, and manifesting as reduced, internalised scope and diminished functional capacity - an unnatural spiral toward unhealthy stasis of internally oriented, self-preserving fixation.

Morita thought of nature in absolute terms: "what a person calls God, Buddha, or the Absolute is actually the truth of the universe, that is, the law of nature itself" (1928/1998, p. 89). Nishida (1921/1990), Morita's contemporary, thought similarly: "nature and spirit: the distinction between them results from differing ways of looking at one and the same reality. Anyone who deeply comprehends nature discerns a spiritual unity at its base" (p. 79). For both, nature constitutes a mode of subjective experience. Nishida philosophically offered 'pure experience' (*junsui keiken*), while Morita therapeutically proffered arugamama and 'pure mind' (*jun na kokoro*). Both share with western contemporaries such as James, Freud, Nietzsche and Hursserl, a common intuition that the dynamic pre-verbal juncture where the existential and ontological meets the phenomenological and embodied, is the heart of the human condition. Yet as Meiji Japanese theorists, Morita and Nishida base their theorising on different implicit assumptions about a monadic structure of human nature with nature as its foundation.

The conceptual canvas for Morita's theorising was the existential issue of life and death, a concept referred to in Zen as the 'Great Matter' (Merzel, 1991). Morita understood the human being as a phenomenal process rather than a phenomenal object, understood human nature as a creative dynamic tension of counterbalanced
life-forces, and understood the relative subjectivity as a functional illusion used to navigate relative interpersonal and social horizons of the lifeworld. These complex and subtle understandings of the human being and human nature underpin Morita's conceptualisation of neurotic anxiety. They are also at the heart of Zen.

2.5 Conceptualisation of neurotic anxiety

Based on his personal understandings and philosophy, and years of clinical observations, Morita began conceptualising neurotic anxiety with hypochondriacal undertones as a diagnostic classification. The term shinkeishitsu ('nervosity') was already in use as a general term in Japanese psychiatry, but Morita refashioned it as a diagnostic category "with a precise psychopathological character" (Fujita, 1986, p. 29), with obsessive, neurasthenic and paroxysmal sub-categories (Miura & Usa, 1970). "Shinkeishitsu is a term defining a group of neuroses that are considered to have common psychopathology, toraware, and recovery process, arugamama" (Kitanishi et al., 2002, p. 603). Kōra (1965) distinguishes between shinkeishitsu as an individual disposition of temperament, and shinkeishitsu-sho as a manifest morbid state of acute existential or developmental arrest, arising out of the interplay of temperament, psychological mechanisms and environmental factors. The current inquiry uses the term shinkeishitsu to denote both the disposition of temperament and the morbid state, with the distinction being made semantically in accord with the context of a given discussion.

Reynolds (1976) links Morita's conceptualisation of neurotic anxiety directly to the problematic self. "From Morita's perspective, the problem of neurosis is that too much 'self' stands out as figure against the background of the perception of the external world" (p. 10). Morita's conceptualisation of neurotic anxiety is built on his understanding of natural functionality as discussed previously. He understood neurotic anxiety as a movement of the psychological self in an unnatural direction, a trend which then reinforced itself by key mechanisms, and in doing so led to developmental arrest and atrophy of natural functional capacity. For Morita, natural equated to functional, as dysfunctional equated to unnatural manifesting in one neurotic form or another.
Kitanishi (2010) suggests a subtle form of narcissism at the heart of Morita's shinkeishitsu. Todres (2007) describes narcissism as follows: "the core quest is to be at one with the beautiful picture... this fascination binds his energy and attention" (p. 152). For both narcissist and shinkeishitsu, the extent to which energy and attention are bound to the ideal, is the extent to which pathology and suffering manifest. In contrast to the narcissistic personality however, where energy is channelled outward toward manipulation of external objects to govern image and reflection, the shinkeishitsu personality channels narcissistic energy inward, in skewed and ruminative self-reflection. Where the narcissistic personality engineers their external world to reflect their illusory grandiosity, the shinkeishitsu personality engineers their internal world to reflect their own neurotic fear and paralysing preoccupation with inadequacy. This narcissistic heart of Morita's shinkeishitsu, twisted inward instead of outward, holds a key to Morita's inter-cultural transportability and broad clinical potentials. Conceptualising a neurotic form of narcissism as an aspect of neurotic anxiety holds the key to understanding Morita's therapeutic system as an ontological process of potential self-overcoming.

Morita was particularly interested in neurotic anxiety, though his sub-categories of shinkeishitsu provide a basis for therapeutic work with other forms of neurotic personality development. For example, LeVine has employed MT extensively with diagnostically and culturally diverse populations, has researched the use of MT with disordered eating (1990) and anxiety with trauma-related dissociation (2003), and emphasises the place of the neurasthenic sub-category:

"Morita formulated his staged practice with an eye toward assisting patients to recover from neurasthenia. This category was coined in 1869 by George Miller Beard to denote a cluster of symptoms related to exhaustion of the central nervous system: anxiety, fatigue headache, sexual disinterest, depressed mood and neuralgia... After World War II, the term neurosis replaced neurasthenia in the literature. Currently, 'undifferentiated somatoform disorder' and trauma-based syndromes resonate strongly with neurasthenia. The seclusion, rest stage of Morita therapy gives the client a chance to recover neurologically" (in press)
Morita understood the nature of human self and mind as a natural process-event phenomenon, rather than as an essence-entity phenomenon (phenomenal process rather than phenomenal object). His fundamental theoretical conceptualisation of neurotic anxiety is as a pathological function of process rather than as a pathologised entity. He conceptualised neurotic anxiety as "a functional rather than a biological" (Fujita, 1986, p. 17) phenomenon. In a radical step away from contemporary western therapies of his day, which asserted methods to understand the psycho-dynamic origins of anxiety and use mind in efforts to control, suppress or integrate it, Morita argued that it is not consistent with human nature for phenomena of mind to be controlled (1928/1998). Instead, "the basis of his psychotherapy is to submit to nature and accept the phenomenon" (Kitanishi 2010, p3), because "a free (liberated) mind...will function effectively in every situation if the self accepts the natural laws of human mentality" (Fujita, 1986, p. 10). For Morita, the core of shinkeishitsu was the problematic relationship between self and reality.

2.6 Aetiology of Morita's shinkeishitsu

There are currently two diagnostic benchmarks used in western psychology and psychiatry. The Diagnostic and Statistical Manual of Mental Disorders (DSM V), the diagnostic bible in America, while the International Classification of Diseases (ICD-10), constitutes the diagnostic gold standard in Europe. Together they constitute psychological and psychiatric diagnostic criteria and categorisation for western psychological medicine, and correspond closely. In Australia, both are often used and either will suffice for the tasks of diagnosis and treatment formulation. Morita's formulation of shinkeishitsu symptoms and presentation correspond closely to the diagnostic criteria for a variety of Anxiety-based disorders (e.g. phobic disorder, panic disorder, somatoform disorder, generalised anxiety disorder and obsessive-compulsive disorder) as classified in the ICD-10 (Ogawa, 2013). His shinkeishitsu symptoms and presentation also correspond closely to Anxiety-based disorders as defined in the DSM V (LeVine, inpress), with significant diagnostic overlap into mood and personality disorders (Kitanishi et al., 2002). Table 1 below summarises
distinctions in presentation for Morita's neurasthenic, obsessive and paroxysmal diagnostic sub-categories of shinkeishitsu.

Table 1. Diagnostic Sub-categories of Morita's Shinkeishitsu

For individuals in a morbid shinkeishitsu state, phenomenal experiences of pain, distress, confusion, anguish, physical discomfort and fear, are believed to actually constitute the self (Reynolds, 1976). In identifying this fundamental error of apprehension and attribution at the core of shinkeishitsu, Morita has his feet planted firmly on Zen conceptual ground. Morita's conceptualisation of shinkeishitsu "postulates that anxiety-based disorders emerge from one's sensitivity to felt sensations or hypochondriasis" (Morita, 1928/1998, p. 106). It is a misapprehension of self as stream of consciousness manifesting as somatic distress. This misapprehension, this idea that what is subjectively experienced is wrong, abnormal or pathological (Morita, 1928/1998), is the seat of resistance for the shinkeishitsu individual, a resistance to what is uncomfortable and inconvenient in natural human condition. Rather than blending with the reality of human nature as it is, the shinkeishitsu individual opposes reality with a sustained force of will, utilising the tools of abstraction, intellect and cognition (toraware and hakari). This identifies a splitting by dissociation of the human nature from nature proper, a "disintegration ...the split identity that human beings experience in having lost a sense of integration
with nature" (Fujita, 1986, p. 35). The aim and function of Morita's *arugamama* is "fusing the individual...back together with that environment" (Fujita, 1986, p. 45).

### 2.6.1 Existential tensions

Like Zen's 'Great Matter' of birth and death (Merzel, 1991), Morita conceptualised *shinkeishitsu* from an existential appreciation of the relationship between being and non-being, as complimentary natural forces of fear of death (*shi no kyōfu*) and desire to exist (*seizō yoku*). Building on the opposing forces of *shin ki* and *sei ki*, he understood the human existential system as a dynamic tension between fear of death (*shi no kyōfu*) and desire to exist (*seizō yoku*) in relative relationship, as a form of perpetual, finely balanced and energising existential anxiety. He referred to this phenomenon as desire for life (*sei no yokubō*). Played out against this background, and predisposed to the degree ordained by an individual's basic hypochondrical tone, ideational contradiction (*shisō no mujun*) occurs between desire and fear. Distinctions in presentation vary according to individual predisposition and environmental factors, and correspond to variations of imbalance between *shin kei* or *sei ki* (Fujita, 1986), manifesting as profound ambivalent tension between *sei no yokubō* or *shi no kyōfu*.

The extent to which unimpeded flow of *sei no yokubō* is channelled into and aligned with the creative productive activity of manifest existential becoming, is the extent to which the individual blends naturally with nature. The extent to which conflict between *seizō yoku* and *shi no kyōfu* motivates neurotic, resistant, abstract manipulations of reality, and thereby inhibits natural processes of existential becoming, is the extent to which neurotic anxiety manifests and arrests the individual's lifeworld. The counterbalancing forces work in dynamic tension, with a genetic predisposition toward one inclination or the other, but subject to environmental and experiential shaping influences.

Partly a matter of individual pre-disposition, fear of death or desire to exist predominates. In the individual for whom the fear of death predominates over the desire to exist, what Morita's called the 'hypochondriacal basic tone' (*hypocondori seikicho*) becomes established as a basis for impeded *sei no yokubō* and onset of
shinkeishitsu. Chokusetsudoki, the precipitating event or factor, is that environmental element which interacts with a predisposed genetic inclination toward shi no kyōfu, to initiate a spiral into self-perpetuating introverted preoccupations and consequent neurotic anxiety.

Morita saw kizukai as a disposition of anxious solicitude common to the Japanese psyche, and believed it culturally catalysed development of the hypochondriacal basic tone in pre-disposed individuals. In itself, this predisposition is neither pathology nor symptom, however, from Morita's perspective it provides an environment for the psychopathological development of different forms of anxiety pathology. Fujita observes that "the temperamental tendency characterised by shinkeishitsu is introspective and delicately hypersensitive, with the emotional attitude of kizukai" (1986, p. 29). Kizukai as a feature of temperament, induces a particular tension between sei ki and shin ki, manifest as concurrent impulses to manifest ones creative potential while being constrained by self-preserving apprehension. These concurrent impulses have the potential to either counterbalance (healthy), or conflict (pathology).

2.6.2 Temperament, environment & experience

Morita identifies both environmental and genetic factors as contributing to the onset of the hypochondriacal temperament (or 'hypochondriacal basic tone'). According to Morita the hypochondriacal presentation:

"...is a condition in which a person has many concerns about his or her body and fears having or contracting a disease... is manifested according to the severity of one's fear of death and the means by which one's death might occur" (1928/1998, p. 108)

Miura & Usa (1970) describe the hypochondriacal temperament as "a kind of introvert inclination of predisposition, an extreme self-communion; that is hypersensitivity to one's own physical and mental indisposition or any unusual, morbid sensation which threatens one's own existence" (p. 3). Morita asserted the hypochondriacal temperament provides the prerequisite individual psychological
context for development of *shinkeishitsu* (1928/1998), but that predisposition as a latent potential alone does not necessarily see the formation of manifest neurotic anxiety pathology.

Morita suggested that for the hypochondriacally predisposed individual, subsequent development of *shinkeishitsu* is triggered by some precursory precipitating event or internal experience (*chokusetsudoki*, 'direct motive') (Morita, 1928/1998). Without the precipitating event or experience, an individual with a latent tendency toward the hypochondriacal temperament may never manifest neurotic anxiety pathology. "Symptoms of *shinkeishitsu* are like a 'philosophy'. They develop via autosuggestion when a person maintains fixed attention on a particular incident" (Morita, 1928/1998, p. 123). As the hypochondriacal temperament constitutes the predisposition for *shinkeishitsu*, so chokusetsudoki constitutes the precursor for *shinkeishitsu*.

The individual with the hypochondriacal temperament, by disposition, tends toward an inward focus on intra-personal somatic and mental phenomena, and by inclination, lends this focus a negative evaluative loading. There is a biased cognitive skewing, and attribution errors aplenty at the disposal of the individual with a hypochondriacal temperament. This pre-existing inclination to attend to, and become preoccupied with, somatic experiences, sensations or even mental phenomena, leads to the development of what Morita called psychic interaction (*seishin kogō sayō*), by which he meant a "mutual interaction of sensation and attention [by which] the sensation will become more and more excessive" (Miura & Usa, 1970, p. 3). Sensation and attention interact to mutually stimulate, aggravate and reinforce one another (Morita, 1928/1998). Morita describes the phenomenon as follows:

"When a person's attention is fixated on a sensation, awareness of that sensation becomes sharper and sensitivity to the sensation increases. The mutual interaction between sensation and attention heightens the person's awareness of self and the sensation" (Morita, 1928/1998, p. 111)

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9 The pivotal significance of a subjectively experienced precipitating event as precursor to the development of neurotic anxiety pathology is the fundamental link to the use of Morita Therapy with traumatised individuals.
This vicious cycle of attention and somatic experience perpetuating and exacerbating one another in an escalation that leads to fixation and consequent psychological distress was called seishin kōgo sayō by Morita (1928/1998). LeVine (1998) suggests that Morita "designed his treatment to dismantle seishin kōgo sayō" (Editor's note in Morita, 1928/1998, p. xxi/xxii). An aetiological cornerstone for Morita's formulation of shinkeishitsu is this fundamentally misdirected orientation of attention (Kitanishi, 1992), and its consequent pathological escalation. "For Morita, neurosis is fundamentally that misdirection of attention which interrupts the smooth flow of normal life with intrusive self-consciousness" (Reynolds, 1976, p. 120).

Intertwined with this misdirection of attention is the negative evaluation-interpretation of the somatic experiences to which the individual over-attends. The hypochondriacal individual is both deeply pre-occupied with the internal emotional and somatic phenomena, and strongly attached to specific ideas about how they should be, and what constitutes 'normal'. Kitanishi, (1992) describes this feature in the following way:

"Contradiction in thought can be said to be a rigid position in which thoughts are more dominant than feelings or experience and shinkeishitsu patients who think that things should be a certain way and cannot genuinely accept their physical states, emotions and reality which are always in flux" (p. 187)

This tendency toward consistent contradictions in thinking is referred to by Morita as 'conflict of ideas' or 'contradictoriness of thinking' (shisō no mujun ), and he explicitly identifies it as a Zen concept:

"That which is called akuchi (misplaced knowledge) in Zen, or tendō mōsō (upside-down illusory thoughts) mentioned in the Prajna sutra, is manifest in the contradiction by ideas" (Morita, 1928/1998, p. 3)

By virtue of their strong attachment to ideas about how reality should be, the shinkeishitsu individual uses habituated cognition to reflexively resist 'reality as it is' (arugamama):
"Being unaware of this difference between idea and fact, not only the patients of nervousity but also sane people think of things that are not real just as if they were actually real. They do their best trying to change what is imagined into real facts by intellectual means, which results in contradiction of thought" (Miura & Usa, 1970, p. 5)

Indeed, the individual becomes consumed with ruminative, strategic, cognitive manipulations and strategies (hakari) (Fujita, 1986), in a constant effort to try to force reality to bend to ideational contradiction about how reality 'should be'. Hill (2004) elaborates this process:

"Thinking can serve the ego’s need to maintain an idea about or an image of itself that it is attached to, at the expense of the truth and of its emotional connection to others. This reveals the essence of narcissism: the ego wants to see its image reflected off the surface of reality, regardless of what is happening in reality" (p. 35)

Understanding Morita's conceptualisation of the constituent pathological mechanisms of shinkeishitsu is fundamental to understanding his therapeutic theory and method. Together seishin kōgo sayō and shisō no mujun constitute toraware.

2.6.3 Toraware

Toraware is the term Morita used to identify the abstract, cognitive, discursive complex that is the interplay of ideational contradiction (shisō no mujun) and psychic interaction (seishin kogō sayō) (Morita, 1928/1998; Kitanishi, 1992). This is the interplay of attention-evaluation-somatic experience. It relates directly to dissociation between mind and body, between body-mind and nature, and interprets what is essentially a normal part of the spectrum of natural human experience, as abnormal, intolerable, and potentially catastrophic. Attention that conforms to a non-conscious but wilful volition, and skewed cognitive appraisal and biased abstract interpretation-manipulation, are the key mechanisms of pathology in the exacerbation and perpetuation of subjective distress in the shinkeishitsu presentation.
In identifying *toraware* at the mechanistic core of shinkeishitsu pathology, Morita identifies the opposition of the individual relative subjective ego to the manifest nature of reality as it is. In this he is completely aligned with a Zen conceptualisation of the problem of the human condition, 'delusion' as a fundamental misapprehension of our authentic, natural, original human nature (Triana, 1978). Western therapeutic approaches attempt to resolve such a complex interplay with the same apparatus that is causing the problem; they use the abstract, cognitive and discursive mechanisms of mind, in an effort to get past mind. What is unique to Morita's theorising and methodology, is that he devised a phenomenological, experiential (non-discursive) therapeutic response to this pathological mechanism of interplay between cognition, attention and somatic experience.

As illustrated below in Figure 2, with the hypochondriacal temperament as predisposition for *shinkeishitsu*, and the precipitating event or experience as precursor, *seishin kōgo sayō* and *shisō no mujun* together, as *toraware*, constitute the perpetuator/exacerbator of the *shinkeishitsu* condition. Aetiologically speaking, "such a patient is captured or enmeshed in his or her network of errors" (Fujita, 1986, p. 5).

![Figure 2. Predisposition, Precipitator & perpetuation of Anxiety-Based Disorders](image)

More than six decades after Morita, Wegener, Schneider, Carter & White’s (1987) work on the implications of thought suppression demonstrated one of the fundamental premises around which Morita constructed his therapeutic system. In evidencing that
efforts to suppress unwanted thoughts paradoxically increase frequency of target cognitions, Wegener et al. (1987) substantiate what Morita had learned through clinical experience: that efforts to not think about certain phenomena actually exacerbate their cognitive prevalence. Later work in this area has further substantiated Morita’s observations (e.g. Abramowitz, Tolin & Street, 2001; Gibbs, 2007; Purdon, 1991), highlighting the role of psychological resistance to internal cognitive and emotional phenomena as central to its paradoxical exacerbation. While western cognitive behavioural approaches do integrate this understanding of the role of thought suppression into their working models (Abramowitz et al., 2001), they do so by utilising counter-cognitive techniques, whereas Morita’s system steps largely out of the abstract domain to draw on phenomenological methods.

Based on his understanding of the pathological mechanisms of toraware in shinkeishitsu, Morita offered lived phenomenological experience as a therapeutic pathway out of the cognitive/counter-cognitive trap in which the neurotic anxiety patient is caught. The tendency toward resistant avoidance of undesirable psychological experience is as central to Morita’s conceptualisation of neurotic anxiety pathology as the alternative tendency toward experiencing reality as-it-is is central to his conceptualisation of cure.

2.6.4 Assessing viability for Morita therapy

Sources identify a consistent cluster of characteristics typical of the optimal candidate for MT (Morita, 1928/1998; Kōra, 1965; Miura & Usa, 1970; Reynolds, 1976; Fujita, 1986). Morita believed that the hypochondriacal basic tone (hypocondori seikicho) was a genetic predisposition of individual temperament, and theorised that this temperament was a prerequisite feature of Shinkeishitsu (Morita, 1928/1998; Kōra, 1965). Kōra (1965) later referred to this predisposition as 'adaptability anxiety', and identified that it was usually manifest in the individual prior to their experience of a key precipitating event (chokusetsudoki). Somatic symptoms of the optimal candidate tend to be subjectively generated and exacerbated (Miura & Usa, 1970) by mechanisms outlined previously. This does not mean that symptoms are fabricated, but that they are subjective somatic experience based on interplay of somatic
sensitivity and fixated orientation of conscious attention, which is characteristic of this type of individual, and which persists and increases in scope and impact over time. Factors significant in the assessment of viable candidacy for MT are presented below in Figure 3.

To qualify for diagnosis and treatment, the individual must be older than fourteen years of age, suggesting that Morita considered the onset or origin of shinkeishitsu to be a feature of unnatural or disrupted transition from childhood to adolescence. Legitimate intellectual disturbance and dull affect must be ruled out for the optimal candidate (Reynolds, 1976), who requires both the wit to gain insight, and the affective range to both motivate engagement in treatment and gauge dramatic shifts in subjective emotional experience. Social avoidance due to self-conscious discomfort is usually present, though anti-social tendencies are not (Kōra, 1965). The individual has a capacity for insight necessary to undertake both the explicit training and the experiential learning aspects of MT.
Another key feature is the strong desire to overcome the presenting condition (Fujita, 1986). Ironically, this strong desire to overcome is part of the problem and fundamental to its resolution. Perfectionistic ideals tend to be intertwined with this strong desire to overcome symptoms and be 'normal' (Kōra, 1965), and this energises the ideational contradiction fundamental to onset and perpetuation of the condition. Where this strong desire is absent, the candidate would lack adequate contact with their own desire for life to 'push through' their suffering (Morita, 1928/1998) for pivotal experiential learnings.

Linking these characteristics together (Figure 3) is the central pattern of onset and development, constituted by pre-existing tendency, precipitating event or experience, and the neurotic mechanisms of psychic interaction. This pattern is ideally discerned at initial assessment, as understanding the relationships between tendency, precipitator, and exacerbating/perpetuating mechanisms is diagnostically and therapeutically important. Pragmatically however, Morita's structured, staged intervention provides time and space for ongoing assessment at the level of non-verbal presentation as well as the more typical discursive level (LeVine, in press).

LeVine (1998) identifies five character features as fundamental to assessment of the shinkeishitsu patient as shown in Figure 4, and these also correspond closely to points of later therapeutic emphasis. As a constellation, the features exhibit a profile of habituated negative interpretations of exaggerated perceptions, anchored in processes of over-attending to mental and somatic phenomena, energised by reflexive resistance, and perpetuated by internally focused abstracting mechanisms aimed at wilful control of undesirable emotion.
Assessment is an ongoing process in Morita therapy (Ogawa, 2013; LeVine, 1998), and ongoing assessment based on the features outlined by LeVine (1998) in Figure 4 provides a working therapeutic frame at the discursive level, and a gauge of individual shift across these five dimensions. It must be noted that all five features are discursive, cognitively skewed, abstract mental processes, an observation which underpins the rationale for an experiential intervention designed to undercut the discursive processes with a non-discursive phenomenological methods.

Morita's conceptualisation of the aetiology and fundamental pathological mechanisms of anxiety-based disorders have now been presented. They provide a conceptual platform for discussion of his therapeutic approach to neurotic anxiety.

2.7 Therapeutic approach to neurotic anxiety

Morita had employed trial and error experimentation with western therapeutic systems formulated by Mitchell, Binswanger and Dubois (Kitanishi, 1992; Fujita, 1986), and had even experimented hypnosis (LeVine, in press), yet found them unsatisfactory for
the needs of the shinkeishitsu population. Through clinical observation and experience, he formulated his own method in response to what he perceived as a presenting need of his era. Having elaborated Morita's understanding of neurotic anxiety, his therapeutic approach for facilitating shift from an unnatural condition to a more natural one (LeVine, in press) can now be presented. Morita's therapeutic theorising will be elaborated first, in order to provide an explicit foundation on which to base a subsequent presentation of his therapeutic method.

2.7.1 Morita's therapeutic theory

Based on Morita's previously presented conceptualisations of anxiety, what remains is presentation of how he applied these conceptualisations to therapeutic theory and method. Morita understood dynamic forces at play in natural human psychological health, and dis-integration between the individual human being and nature as central to dysfunction (LeVine, in press; Ogawa, 2013; Fujita, 1986). This firmly established re-synthesis of a working integration of the individual with nature as a central theme in his therapeutic system.

Morita's is a phenomenological system (Sato, 1961). He understood psychological phenomena from a phenomenological position (Fujita, 1986; Reynolds, 1976), and his therapeutic theorising occurs at the meta-theoretical level as well as the applied level. His meta-theoretical theorising establishes a foundation for his structural theorising about applied intervention. Reynolds (1976) suggests that Morita applied consistent (though unrecorded) therapeutic principles, but tailored application to fit the needs of individual patients. The consistent principles beneath the structural details of Morita's therapeutic system are arguably fundamental to Zen practice systems.

Meta-theoretically, Morita theorises about the natural state of the human being, about dysfunction as a skewing away from the natural condition, and blends Natural-scientific and Human-scientific perspectives rather than subscribing to either end of a dualistic meta-theoretical polarisation (as typical in western psychological theorising). His meta-theoretical theorising is a tempering of the Natural-scientific perspective in order to integrate its utilities into a more holistic perspective where the Human-
scientific contextualises the Natural-scientific. This allows scientific methodology to be retained in tandem with humanistic ethos.

Despite other evident structural similarities between Zen as a practice system and the contextual and activity elements in Morita's therapeutic system, it is at the meta-theoretical level that the pervasive influence of Zen is evident in Morita's work. It is also implicit however, remaining undisclosed to the reader without a working grasp of the meta-theoretical Zen perspective. The fact that Morita (1928/1998) initially referred to his method as his 'special or natural therapy' (Fujita, 1986) or his 'experiential therapy' (taiken ryōhō) (Dmoch, 2010; Tseng, 1999; Rhyner, 1988; Kato, 1959), speaks to his own sense of the essence of his system; that at its core it is a deeply experiential process of felt/lived shift in an individual. If 'experiential' speaks directly to his own sense of his method, then "Mind is neither wood nor oxygen, it is the phenomenon of combustion" (Morita, 1928/1998, p11), speaks directly to Morita's understanding of mind in relation to his experiential methodology. While wood and oxygen are the phenomenal objects, combustion is a phenomenon of process. Contra to Cartesianism and consistent with Zen, this implies Morita saw mind not as a sentient essence (object), but as an ongoing and fluid process of sentience, and specifically, a process that can only be re-oriented experientially.

As Morita recognised neurotic anxiety pathologies arise out of an individual's unique profile of resistance to reality as it is, it follows that his therapeutic theorising develops the theme of blending naturally with reality as it is (arugamama). "The unique theory that Morita created derived from his recognition that the desire for self actualisation and the disposition toward hypochondria share the same roots in human nature" (Fujita, 1986, p. 11). Western models based on 'acceptance' are based on acceptance in the service of control, acceptance as a strategy with which to gain a measure of control over one's subjective discomfort or symptoms (Kitanishi, 2010). Kitanishi critiques such applications of acceptance as inauthentic when he suggests "they can be regarded as the psychotherapeis of ego enhancement model, and of control model in a broad sense" (Kitanishi, 2010, p. 6).

Morita theorised away from 'acceptance' as an act of conscious volitional will. By emphasising reality as it is (arugamama) instead of engendering an acceptance based
on desired alleviation of symptoms, MT has an unparallelled capacity to free the patient from resistance to symptoms (reality), which Morita identified as instrumental in their reinforcement. From Morita's theoretical perspective, authentic acceptance is the absence of resistance (Kitanishi, 2010), a natural non-resistant blending with reality as it is, a qualitatively distinct process phenomenon from 'accepting in order to...'. This is the juncture where Morita's therapeutic theorising leads into more direct application, as Morita's therapeutic method.

### 2.7.2 Morita's therapeutic method

Morita's therapeutic system was designed to re-engineer individual ontology. Specifically, it is structured to re-engineer the ontological movement and natural flow of an individual who has become ontologically arrested as a result of dysfunction of process. It methodically pursues this end by shaking the individual’s attention free of their preoccupations by experiential confrontation with reality, and then channelling their natural life force into externally focused and self-perpetuating channels of manifesting activity (e.g. work, art).

Morita's method first aims to facilitate a deep experiential insight into the individual's hypochondriacal basic tone (Fujita, 1986; Miura & Usa, 1970). Then, based on that 'clear discernment' (akiraka ni miki wameru koto), it aims to subsequently re-engineer (or transcend) the abstract mechanisms of psychic interaction and ideational contradiction exacerbating and perpetuating the condition at the discursive level (Miura & Usa, 1970). Kitanishi (1992) identifies two fundamental principles in Morita's original therapeutic method. The first was acceptance of the individual, both in its own right and also as modelling and normalising the acceptability of the shinkeishitsu individual. The second was arugamama manifest in two basic ways, as a specific kind of therapeutic posture from the therapist (fomon) and as a forced confrontation with suffering (Kitanishi, 1992). Morita was clear in his therapeutic emphasis away from happiness and/or suffering and toward manifesting activity:
Morita’s method is entirely consistent with his understanding of human nature and neurotic anxiety pathology (Kitanishi, 1992). Because he believed that "ishiki no tai mokutekisei (immediate object orientation of human consciousness) and disregard of 'the fact of feeling' [are] an error, a form of 'false wisdom' that obstructs the natural flow of the mind" (Fujita 1986, p. 313), it follows that his therapeutic system should be designed to facilitate a reversal of these mental phenomena in order to resume natural human functioning. To this end, Morita (1928/1998) bids the individual move away from fixations on abstract and somatic phenomena, and toward an unfixed and naturally flowing peripheral orientation of consciousness (mushojū shin). This is the capacity to shift naturally between emerging and passing phenomena, in a responsive blending with emergent moment-to-moment manifesting reality. Morita (1928/1998) asserts that achieving mushojū shin is both an arrival from existential arrest and ontological stasis, and a point of origin for the rest of his treatment process; "treatment will lead the client’s state of mind to the state of mushojū shin. This is the place from where my special therapy begins" (p. 31).

Of significance for the current inquiry, Kondō (1992) reflects on the parallel between this pivotal mechanism in Morita’s system and a parallel phenomenon in Zen practice:

"Just as Zen sitting assists in cutting through ignorance and illusion, so the first bed-rest phase of Morita Therapy diminishes the individual's entanglement in ego. It is only after illusion is experienced by the Morita patient following bedrest, that social and work activity becomes less ego-conscious... Essentially one dies in ego and lives more freely because one is awakened to a deep wisdom - authentic human nature" (Kondō, 1992 p. 4)

Arriving at this peripheral orientation as a new point of ontological departure is the purpose of the Bed-rest Stage (Stage 1). Fujita identifies three variant types of Bed-rest common in MT as practiced in Japan, but asserts that "absolute, isolated bed-rest
does have a special effect according to Morita's clinical experience" (Fujita, 1986, p. 24). This special effect is the facilitation of the unique experience of "untampered suffering" (Morita, 1928/1998, p. 39), resulting in the individuals shift out of inward-oriented self-preoccupation, and instead orienting toward the external world and life as activity. This is the therapeutic pivot point, the experiential reorientation as natural non-discursive reflex where the individual "recaptures 'existence' as a pure state" (LeVine, in press), a state which can then be channelled into forms of activity in the following stages of treatment. LeVine goes on to qualify that isolated Bedrest does not equate to sensory deprivation:

"...brief and strategic rest of the sensory system is critical to the successful progression of Morita therapy ...credible Morita therapists never impose extreme isolation...the client is free to leave the seclusion stage at any time and has access to natural light and sounds, and other environmental stimuli. The early therapeutic room for resting provides a limited stimulus field that never approximates total deprivation" (in press)

Fujita (1986) describes Morita's approach as facilitating pure mind (junna kokoro) and insight into one authentic nature:

"...he will become aware of junna kokoro, as well as jiki honrai no seiyo (one's original human nature), and shift into a state of mind which is not self-deceptive. Junna kokoro signifies our innate nature, and the strict reality of that nature should not be negated or deceived" (p. 313)

This process was structured by Morita's progressive, staged approach to treatment.

2.7.3 Morita's progressive, staged approach

Morita's therapeutic method is a staged residential system, based in a context as closely integrated with ecological nature as possible, and imbued with a pseudo-familial atmosphere (Fujita, 1986). As well as creating close proximity between individual and the cycles and rhythms of the natural environment, Kitanishi (1992)
suggests that this "familial home-like atmosphere gave the patients feelings of security which decreased their anxiety/fear and allowed them to accept their own distress and symptoms" (p. 186). In classic MT, the therapist usually lives in close proximity to the patient's context and tends to spend much time 'being' in the therapeutic environment (Miura & Usa, 1970), thus setting and embodying the 'tone' of the context with a quiet, consistent therapeutic presence. LeVine (1991) suggests the foundations of the model and its structured implementation with patients blend explicit psychiatric theoretical positions and psychological assessment processes with an implicit Zen subtext.

Morita's classic method (Morita, 1928/1998) had four distinct stages, each approximately a week in duration, and as such is a therapeutic experience that deeply permeates the lived experience of patients in spatial and temporal domains. The stages begin with a week of unstimulated bed-rest, followed by a graded approach to reintegration into practical and social activity. The first stage of treatment is pivotal (LeVine, in press; Fujita, 1986), and is designed to facilitate a fundamentally new experience of self in relation to their subjective distress and/or symptoms (LeVine, in press; Morita, 1928/1998). While psychologically contained in the relationship between therapist and patient, this pivotal experience is physically, spatially and temporally contained in therapeutic context. It is lived experience of mushojū shin, arugamama and sei no yokubō in this first stage of treatment that allows progression of Morita's subsequent stages.

Nature plays an important role in Stage 1 of MT. Consistent with LeVine's (in press) earlier point regarding Bedrest not being an experience of sensory deprivation, it is nature, in forms such as natural light and rhythms, temperature, and environmental sounds, which provide an anchoring for the Bedrest patient in phenomenal reality. Nature in MT is a pervasive factor permeating the stages of treatment, but it is not merely nature as conceptual as object, or as a collection of natural phenomenal object. It is nature as the lived constitution of non-dual and undifferentiated reality. Understood in this way, nature is the anchor-point the individual uses to re-orient away from their internal fixated preoccupations and toward lived and actual reality in the Bedrest Stage of MT. Morita's progressive stages are summarised below in Figure 5.
Figure 5: Morita's Staged Therapeutic System

Social/Life Re-integration
(Stage 4)

Light Work & Heavy Work
(Stage 2 & 3)

Secluded/Isolated Bed-rest
(Stage 1)

'Actual life' application of lived understandings from former stages to actual life situations in preparation for return home; New capacities for recognising reality as it is, spontaneous manifesting of desire for life, & assertive channelling of it into desired constructive activity

'Light work' continued solation & opportunities for desire for life to manifest spontaneously & creatively & be channelled into activity

'Re-establishes diurnal physiological rhythms & resets familial tones

'Moving through suffering - existential confrontation with self and reality

'Heavy work' desire for life channelled into expanding scope of activity, responsibility & increasing social engagement

'Light work' continued solation & opportunities for desire for life to manifest spontaneously & creatively & be channelled into activity

Radical reorientation of consciousness from internal fixated to external peripheral

Tedium – natural emergence of desire for life
After radical re-orientation from inward/fixated to outward/peripheral (Stage 1), while continuing to operate structurally, experientially at the non-discursive level, Morita's method also begins to operate concurrently at the discursive level through its progressive stages. This takes the form of group meetings, formal lectures, and a daily diary completed and submitted to the therapist for process observations and guidance. At the discursive level, Morita's therapeutic approach allows the shinkeishitsu individual, through rational insight, to recast their own previously problematic character features as potentially positive attributes (Reynolds, 1976). It must be emphasised, that these strategies are secondary and subsequent to the pivotal, non-discursive, experiential re-orientation in Stage 1, and are therefore secondary discursive learnings underpinned by a more primary experiential understanding (taitoku). With the patient extricated from their abstract/somatic existential arrest after Stage 1, MT then structurally anchors external orientation in activity designed to "induce authentic self-discovery" (Fujita, 1986, p. 6), progressively in Stages 2 and 3.

Morita designed his treatment system to facilitate an experiential understanding of human nature (Kōra, 1965) through the non-discursive processes of akiraka ni miwakeru koto ('seeing clearly' or 'clear discernment'), and mushojū shin ('pervasive awareness' or 'peripheral consciousness') (LeVine 1998, Editor’s note in Morita, 1928/1998). Morita emphasised that while a false kind of wisdom (akuchi) can be acquired through discursive manipulation and skilful abstraction, the adaptive relaxed and spontaneous movements of what he called 'pure mind' (junna kokoro) is an experiential form of 'knowing' rather than a static object of abstract knowledge. "The difference between junna kokoro (pure mind) and akuchi (false wisdom) cannot be acquired by verbal explanation alone but must be truly experienced" (Fujita, 1986, p. 314).

Morita's method facilitates experiential realisation rather than abstract understanding. He did this by creating a structured context where the individual was situationally forced to confront rather than avoid their apprehension and anxiety, and thereby moved through a natural process of peak and atrophy of distress, through which they achieved a deep experiential insight into the natural cycles of human emotion through the medium of non-discursive lived experience (Kitanishi, 1992). Fujita (1986)
suggests that this process stimulates the individual’s intuitive realisation of "their authentic human nature [by]… having patients discard all discretionary mental artifices" (Fujita, 1986, p. 4). He goes on to propose that the philosophical underpinning for this therapeutic process "is grounded in the oriental perspective of a monistic, non-dichotomizing mode of thought" (Fujita, 1986, p. 4).

From this new, outwardly-oriented point of ontological departure, achieved in the Bedrest Stage, Morita's model makes staged and structured experiential steps designed to channel and reinforce the natural flow of *sei no yokubō* until it becomes self-sustaining and self-perpetuating. These structured experiential steps are activity. They are the manifestation of 'doing' in the world, but a doing which is a natural intuitive manifesting responsiveness, in place of the former *toraware* cognitive clutter of ruminations about what 'should' be done. Meiji Japan placed high cultural value on work, and usually work oriented toward the wellbeing and harmony of the group. Reynolds (1976) suggested "the taken-for-granted value of work prominently underlies Moritist Philosophy" (p. 130). Morita's Stages 2 (Light Work) and 3 (Heavy Work) are traditionally focused on a graded approach to activity in the form of work; light manual work only in Stage 2 and heavier manual and intellectual work in Stage 3 (Ogawa, 2013).

In modern adaptations of Morita's classic method, which have retained the underpinning principles of his system as intact and fully operational, other natural and creative activity is used at times in conjunction with or instead of work (e.g. LeVine's practice at Classic Morita Therapy Institute in Australia). The emphasis remains on manifesting activity as a natural creative process - doing in the world as a natural manifestation of being in the world. "Manual work is a path through which a patient unifies with nature" (Kumasaka, 1965, p. 641). In this implicit adherence to the importance of creative responsive activity for re-balancing the human system, Morita is closely aligned with the Zen understanding of the individual as a phenomenological process, the individual as activity. From this perspective, the individual who is neurotically anxious manifests their being as neurotic anxiety, while the individual who is weeding in the garden is the being-doing activity of weeding, the individual doing *sumi-e* painting is the activity of the painting, and the person word-carving is the phenomenal process of the activity of carving.
The non-discursive, experiential understanding that individual human 'being', as manifest in naturally responsive, creative activity, is not mutually exclusive of symptoms and discomfort. This realisation, that both can co-exist in a natural flux of changing proportion and cyclical shift, that the latter does not eclipse and preclude the former, is the unconditioned embrace of the phenomenal experience of reality as it is. As Fujita (1986) reflects, "to take an action that needs to be taken, while enduring anxiety as such, is, in fact, the act of accepting 'things as they are'" (p. 9).

Sources such as Miura & Usa (1970), Kōra (1965) and Fujita (1985), identify the cornerstones of Morita’s therapeutic method to be facilitation of a) insight into the mechanisms of toraware (i.e. interplay of seishin kogō sayō (psychic interaction) and shisō no mujun (ideational contradiction) including hakari (abstract manipulation), at the discursive/cognitive level; b) experiential understanding (taitoku) of the nature of anxiety and human nature at the non-discursive level; c) mushojū shin as reorientation from fixated/internal to external/peripherally oriented consciousness; d) a natural consequent blending with reality of human nature and nature as it is (arugamama) rather than imposing intellectual resistance; and e) and natural freeing of the formerly impeded desire for life (sei no yokubō).

A therapeutic posture termed fumon, constituted by profound experiential presence at the non-discursive level while maintaining a gently firm non-engagement with the patient's discursive-ruminative processes, is a feature of therapeutically 'holding' this progressive process through the stages of treatment. Kōra (1965) also emphasises its importance during the Bedrest Stage, therapeutic guidance of the individual’s internal processing by providing diary feedback, and the role of work and activity as channels for manifesting re-animated sei no yokubō. A Morita therapist "should start by increasing the natural mental activity of the patient, enlarge the sphere of this activity and guide him to a free mental attitude" (Miura & Usa, 1970, p. 6).
2.7.4 Therapeutic use of community

Kelman's (1960) notion of 'communing', as a constituent aspect of 'community', is interpretively significant for a discussion of Morita's therapeutic method. The modal movement between relating, co-operating and communicating as interpersonal aspects of community life, and communing as a more co-emergent, inter-subjective, and less distinct experience of self, reflect the Zen principle of modal shift between relative and absolute modes of subjective experience. Morita's use of community and communing begins when the patient emerges from seclusion/isolation at the end of Bedrest (Stage 1), and begins to encounter the 'otherness' of fellow patients at various stages of treatment, and therefore involved in various forms and degrees of activity. Tucker (2000) reflects that "what creates membership of a community, what binds a group of individuals together and creates a sense of belonging, is a commitment to struggle together" (p. 28). The Morita therapeutic community shares tacit understandings inherent to their struggle-in-common.

Having reoriented subjectivity from intra-subjective in Stage 1, Morita's method channels the reoriented subjectivity of the patient into structures which provide a graded exposure to inter-subjectivity and otherness. The first grade of exposure to 'otherness' (Stage 2) is primarily nature, facilitated by activities such as garden sketching ('light work'). This provides external anchoring for the reoriented subjectivity of the patient, and nature-as-other serves to reinforce the absence of self-reflective self-consciousness. The second grade of exposure is engagement with otherness at the inter-subjective level, working with other people in co-operative activity, fulfilling roles (Stage 3) which relate directly to other community roles and functions ('heavy work'). This provides the structured and facilitated opportunity to bring the reoriented subjectivity to inter-subjective relating, re-enforcing subjective reorientation in interpersonal encounter. This is where 'communing' shifts to 'community', taking on the added layers of communicating, co-operating, and fulfilling specified roles. The last grade of exposure is the supported movement toward community re-integration (Stage 4), leaving the context and taking the new re-oriented subjectivity back into former inter-subjective contexts.
Morita used communing (as later conceptualised by Kelman, 1960) in the first two stages of treatment, and then graduated communing to community proper in the latter two stages. It is historically significant that Kelman was associated with Horney, Kondō and Suzuki, and had visited Japan to explore MT.

"In Summer of 1958, Harold Kelman, successor of K. Horney in the American Institute for Psychoanalysis, visited Japan and emphasised the points of similarity between Morita therapy and Zen" (Miura & Usa, 1970, p. 2)

While Kelman did not attribute his notion of 'communing' to his exposure to Morita's theory and methods, that exposure did occur two years prior to his theoretical formulation of community and communing.

2.7.5 Morita's use of Zen's mushojū shin & arugamama

Many authors have cited Morita's use of Zen terms and concepts as evidence of Zen influence in his theory and method (e.g. Ogawa, 2013; Nakayama, 2012; Chihara, 2012; Okamoto, 2010a; Dmoch, 2010). Such observations have value, but remain in the theoretical and structural domains of comparative analysis. The current inquiry extends beyond theoretical and structure comparisons into the lived domains of actual experience, and systemic principles evident therein. Given the focus of the current inquiry on the nature and extent of any relationship that might exist between Zen and classic MT at the experiential level, it is warranted to examine Morita's use of mushojū shin and arugamama beyond concepts, as living and applied Zen principles in his therapeutic system.

Mushojū shin: peripherally oriented consciousness

The role of attention in mental health pathology has taken the fore since the development of interventions which harness its utility, interventions which develop and apply some kind of 'mindfulness' skill (McGowan et al., 2010; Orsillo & Roemer, 2005; Baer, 2006). Merzel, (1991) defines wisdom in Zen (Sanskrit prajna) as the
perspective "that transcends the duality of subject and object" (p. 138). Herein lies the pivotal distinction between mechanisms of attention in western psychological interventions, and as they pertain to MT. Due to their cognitive bias (Drummond, 2006), their implicit subject-object assumption (Mikulas, 2010), and rendering sensation as a cognitive event (Drummond, 2006; Mikulas, 2010), the psychological interventions using mindfulness skills inadvertently reinforce the ego (Turnbull & Dawson 2006) in the very process of trying to use focused attention to get past undesirable cognitive detritus. In Zen terms, this use of attention is misguided and antithetical to wisdom.

Attention as a phenomenon of interest in both Zen and MT is subtly different to attention as it is understood and used in western therapeutic paradigms. It is more adequately described as an orientation of consciousness (LeVine, in press).

"In Zen one description of mental pathology is fixated attention, attention thereby not being available for use as needed. Conversely, one way to describe mental health, or living no-self, is free attention, attention that is available. By focusing attention on a single object, it becomes possible to see the activity of attention: what one commonly discovers is that attention is functioning exclusively in a subject-object way, a way that is rooted in the ego as a self. Upon realising no-self, fixated or pathological attention disappears and attention becomes free to function optimally" (Pawle, 2009, p. 55)

Pawle (2009) alludes to a two-fold process of attention in Zen which can be identified in MT. The first is bringing focused attention to bear on an object of consciousness, and all phenomena are subjectively experienced objects of consciousness (Nishida, 1921/1990). Second is bringing peripheral attention to the ways in which the ego gives rise to a subject-object relationship with that upon which the first focused attention was placed. This resonates with Morita's conceptualisation of healthy attention as "a fluid state without attachment to any one spot... fully alert and fluidly in contact with the whole environment" (Morita, 1928/1990, p. 99). When attention becomes arrested on an object of consciousness, some cognitive or somatic phenomenal object upon which the individual fixates attention, the individual arrests developmentally.
This Zen understanding of attention is central to Morita's conceptualisation of consciousness and its place in both pathology and treatment, and he uses Zen terms such as mushojū shin (peripheral consciousness) and akiraka ni miwakeru-koto (clear discernment) to describe this (Ogawa, 2007) as an operational principle.

It is a subtle and pervasive misconception that attending to the mental events and cognitive representations of the happenings and stimuli of the outside world (external reality), is actually attending to external phenomena. There is a fundamental distinction between attending to an internal construction of something 'out there in the world', and actually attending to it, fully and completely in its unconstructed 'suchness'. The former is attending to an internal phenomenon - the internal cognitive construction of something out there - while the latter is truly attending to it as it is. In the former instance the self is reinforced, while in the latter, the self is dropped. This is pivotal in that it indicates the possibility of a radical re-orientation of fixated, narrow and internalised attention (or a misconstrued outward which is in fact also inward), to a truly outward and peripheral orientation of consciousness. Morita used the Zen term mushojū shin to describe this kind of peripheral orienting of consciousness, and the modal shift from inward, narrow and fixated attention, to outward peripheral and pervasively oriented consciousness, is a fundamental operating principle of both MT and Zen.

The shift in mode from an inward and fixated preoccupation with self to an outwardly oriented mode of consciousness, can be experienced at distinct levels. Often referred to as 'samadhi' in Zen, there are acknowledged to be different types of samadhi (Sayama, 1986), and a grasp of samadhi is central to understanding two subtle but distinct variations in outward orientation of consciousness. Senauke (2006) distinguishes focused samadhi and pervasive samadhi.

"If you are caught and fix your mind on a thing or an idea, the genuine, spontaneous, free outflow of your intuitive activity will be hampered, the clarity of your sight will be blurred, and you will come back to your conventional secondary life" (Kondō, 1952, p.12)
Experiences of dissolving any sense of self by being lost (or indistinguishably embedded) in the doing of some activity is focused samadhi of the particular, where consciousness is oriented toward and then anchored in the phenomenal field by an intimate continued engagement with it as an undifferentiated aspect of it. This is characteristic of many of the Japanese arts, where self becomes at once dissolved and fully expressed in the doing of some long-practiced\(^\text{10}\) form. In this way the Japanese 'Ways' (dō) facilitate the cultivation of samadhi, and to an extent mirrors the path of Zen practice. MT draws heavily on this form of external orientation to anchor attention in the real world and away from internal self-reflective preoccupations (e.g. garden sketching, wood carving, 'light work').

Zen practice focuses on techniques for cultivation of samadhi of both particular (e.g. mindful or mindless attention toward an activity), and pervasive forms of samadhi. The second form of samadhi is pervasive and peripheral consciousness directed toward both the internal and external fields, but having disengaged the automated functions which separate self-as-subject from either the phenomenal field or the internal horizon of being. This leads to an entirely undifferentiated experience of 'self-as-no-self', as the constructed boundaries between the idea of self and the idea of other-than-self have been dropped leaving pure experience of all. In MT, this constitutes an authentic experiential liberation from the mechanisms of self which have historically held neurotic anxiety fixed in place.

The implications of this subtle distinction in outward orientation bring the Zen notion of samadhi into clear relationship with Morita's use of mushojū shin as a working principle in his method. In re-orienting the neurotic patient from internal, fixated, self-reflective preoccupation, into either a specific or pervasive outward, peripheral orientation of consciousness, MT facilitates a profound shift in mode of subjective experiencing. Morita (1928/1998) uses the term mushojū shin to describe peripheral orientation of consciousness required to release the neurotic individual from their internalised preoccupations with self-reflection, but the distinction between samadhi of the specific and the pervasive suggest two qualitatively distinct possible outcomes from Morita's therapeutic process. Either the individual learns to orient and anchor

\(^{10}\) Long-practiced as this facilitates the dropping of the orientation of attention toward internalisation of the practice or technique.
consciousness toward specific external phenomena, or they experientially arrive at pervasive, peripheral and free consciousness.

**Arugamama: blending with phenomenal reality as it is**

These outward, peripheral orientations of consciousness offer the individual a different apprehension of, and relationship with, phenomenal reality. Just as inward and self-reflective preoccupation fixates attention and narrows consciousness to abstract constructions of reality, outward, peripheral orientation of consciousness allows actual, 'pure experience' of phenomenological reality as it is. Zen uses the term *sonomama*, while Morita used the less formal term *arugamama*, to theoretically describe and clinically apply the principle of directly experiencing, and not egoically resisting, "phenomenal reality as it is" (Iwai & Reynolds, 1970, p. 1032).

Implicit in western psychological theory and practice, the self remains understood as an 'entity' (e.g. Fowler, 2004). From a Zen perspective, western culture has misunderstood the self as a process/event (Pawle, 2009; Kasulis, 1981), and in error, misapprehended it as an entity in its own right (Kasulis, 1981; Pawle, 2009; Kopf, 2001). We 'think of' this entity (cogni-linguistically construct it), using the personal pronoun 'I' (Kojima, 1998), and then reinforce the utilitarian fabrication with a perpetual acquisition of mental objects and web of associations in what might be referred to as 'clinging' (Mikulas, 2010). By contrast, the Zen understanding of self is entirely holistic, incorporating mind, body and nature as a monadic structure of self (Kitanishi, 2010), as an all-inclusive contextual process/event, rather than a discrete entity (Pawle, 2009), and this understanding is fundamental to MT (Kitanishi, 2010).

The implications of these contrasting perspectives for diverging conceptualisations of psychological disorder and treatment are profound. As a phenomenal process, acceptance based on the assumption of self as entity has a radically different structure and mechanisms (i.e. ego enhancing) to acceptance based on the assumption of self as process/event (i.e. ego transcending). By not engendering an acceptance based on a hoped-for alleviation of symptoms (Morita, 1928/1998; Kitanishi, 2010), MT has an
unparalleled capacity to free the patient from their resistance to their symptoms (i.e. authentic acceptance) (Kitanishi, 2010).

Acceptance is a core theme in contemporary western 'third-wave' MBIs, and relevant to contemporary discussions of anxiety. All convey a theme of 'accepting' symptoms or experiences which cannot be changed, however, these notions are developed and employed in the service of the ego toward alleviation of negative feeling states and behavioural patterns (Kitanishi, 2010). As such they are not authentic acceptance, but rather a strategy aimed at control (and thereby egoic reification) (Kirmayer, 2007), and conceptually packaged as acceptance. Morita's *arugamama* is a different phenomenon. It is a seamless blending with reality as it is, in stark contrast to an act of egoic agency or fatalistic acquiescence, a secondary control mechanism (Kirmayer, 2007). What the western mind interprets as acceptance is interpreted from the egoic position ('I') of pathological narcissism contextualised in a dualist conceptualisation of reality (Kitanishi, 2010).

To authentically 'accept' a symptom, situation or experience as it is, infers a complete absence of agenda or striving toward its alleviation. Authentic acceptance is a complete absence of resistance, rather than an active, volitional process of 'accepting'. To cultivate 'acceptance' as a skill, disposition or a perspective, establishes a loaded dualistic polarisation of acceptance and resistance. The polarisation is not a battle to be won with one end overcoming or suppressing the other. The resistance-acceptance polarity can only be transcended, and herein lies the key distinction between notions of acceptance from western psychological and Zen perspectives. In MT conscious awareness is radically re-oriented away from the resistance-acceptance polarity altogether, by orienting externally toward a third, transcendent position: reality as it is (*arugamama*). There is a vast distinction between accepting the self as a form of reifying the ego, and accepting the self as-it-is by dropping the ego which resists its ‘as-it-is-ness’. Morita operationalised this discrete understanding by having patients move into and through suffering.

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11 Such as Mindfulness Based Stress Reduction (MBSR), Mindfulness Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), and Mindfulness Integrated Cognitive Behaviour Therapy (MiCBT).
Morita's formal successor, KŌRA Takehisa, used a Zen term to qualify and elaborate on Morita's use of arugamama as a therapeutic principle. Encountering something purely as it manifests naturally, without experiencing through the reactive colouring of either aversion or attachment, is referred to as seiju fuju in Zen (Kōra, cited\(^\text{12}\) in Fujita 1986, p. 313). It infers a kind of natural blending with manifest reality as and how it manifests. Far from a form of detachment or indifference, seiju fuju is a fully engaged embrace of what is, as it is, without conditioned psychological loadings. It is the state of fully available, creative and spontaneously responsive, receptivity to reality as it is.

Morita's principle of arugamama, with its origin in the more formal Zen term  sonomama (Rhyner, 1988), is distinct from the western notion of 'acceptance', and yet ironically, it closely represents what the west imagines it pursues when it refers to acceptance. LeVine (in press) equates Morita's arugamama with Zen's "isness of reality" (p. 149), and goes on to make the distinction between it and western interpretations of it as 'acceptance'.

"Morita was not interested in whether someone accepts reality or not. What matters is that someone responds to reality as it unfolds... arugamama is about being sharply attuned to the moment 'arising' - the emphasis is on the movement of happening moments rather than the here-and-now. This distinction cannot be stressed enough as it forms a unique difference between being mindful of the moment and sensing and responding to the arising moment. In such moment, acceptance has no place" (in press)

Western interpretations of MT suggest it is an 'acceptance method', and yet when compared with the western acceptance-based models it remains something apart. This is because Morita's arugamama, underpinned by Zen meta-theory and phenomenology, is something fundamentally distinct from acceptance as conceptualised by the west, i.e. as a desired commodity acquired in the service of control of averse symptoms and uncomfortable experience. Morita's use of arugamama as a therapeutic principle, does not engage in resistance-acceptance struggle, but instead re-orient an individual toward, and methodologically embeds

\(^{12}\) Kōra is cited by Fujita in this instance without specific date or reference.
them in, an experiential and phenomenologically transcendent position in relationship to the polarised dichotomy. As the ultimate goal of MT (Morita, 1928/1998), *arugamama* is not acceptance, but reality experienced 'as it is' devoid of acceptance or resistance.

It is noteworthy, that Todres & Galvin (2010) discuss Heidegger's notion of 'letting-be-ness' (Gelassenheit), and their own extrapolation of it to 'dwelling mobility', as central notions for Health Philosophy. The correspondence of these HPH principles with Morita's *arugamama* can be neither overlooked nor understated. They present these notions in the following way:

"In the comportment of ‘‘Gelassenheit’’ or ‘‘letting-be-ness’’ there is an openness to allow whatever is there to simply be present in the manner that it is present, before one rushes in to try to change it. We would like to express the essence of this quality in the term ‘‘existential dwelling’’... The essence of dwelling is simply the willingness to be there, whatever this ‘‘being there’’ is like... Dwelling is intentional in its attunement in that it allows the world, the body, things, others and the flow of time to be what it is. It is a form of being grounded in the present moment, supported by a past that is arriving and the openness of a future that is calling" (Todres & Galvin 2010, p. 4)

Once again, MT finds common theoretical ground with HPH where it finds stark contrast with contemporary western psychological paradigms.

**2.8 Chapter summary**

The aim of this chapter was to provide a working grasp of Morita's therapeutic system, in order to begin to understand the possibility, nature and extent of a relationship between MT and Zen. In order to explore the relationship in a methodical and informed way, adequate representations of each system were required. Morita's background and contextual features were outlined as insights into the cultural and theoretical influences evident in his thinking and practice. His philosophy of the person was then presented as a foundation for his conceptualisation of various forms
of anxiety pathology. This was subsequently used as a basis to introduce his therapeutic theorising, and his progressive, staged, experiential method of treatment.

A variety of Morita's operationalised therapeutic principles were discussed, and the following MT principles have been suggested to have some form of (explicit or implicit) theoretical and/or structural consistency or overlap with Zen:

~ **Nature (shizen)** - including human nature (*shizen no kokoro*), nature of other and community (i.e. being and inter-being);
~ **Toraware** - as a complex of phenomenal experiences and process (*seishin kogō sayō* and *shisō no mujun*) establishing and reinforcing a misapprehension of the true nature of self and reality;
~ **Taitoku** - experiential learning leading to experiential understanding (a transcendent re-integration of dualism) over conceptual knowledge;
~ **Modal shift** - in subjective experiencing position from internal fixated preoccupation, to external world-oriented consciousness;
~ **Pure mind or pure experience** (*junna kokoro* or *junsui keiken*);
~ **Mushojū shin** - reorientated, externalised, peripheral consciousness
~ **Arugamama** - clear discernment of, and blending with, phenomenal reality as it is; and
~ **Sei no yokubō** - unimpeded, natural flow of desire for life (being-as-doing).

Having presented and elaborated the Morita therapy element of a possible relationship between MT and Zen, it is now necessary to present and elaborate Zen as it pertains to MT.
3

Non-theistic Zen

"You ceaselessly chase things & turn them into the self, and chase the self & turn it into things"

(Dōgen, 2004, p. 56)

3.1 Chapter overview

In the previous chapter, a clear working grasp of MT was provided, in order to explore the nature and extent of a possible relationship between it and Zen. Similarly, this chapter provides a clear and adequate working grasp of Zen as it pertains to MT. There are vast philosophical and religious discourses on Zen beyond the scope or requirements of the current inquiry. What was required in this instance was to determine what form/s of Zen may have been influential in the development of MT. This chapter aims to introduce and outline 'Non-theistic Zen' and the Zen principles relevant to this inquiry. Together, these working understandings of both MT and Zen will provide an overarching and adequate frame of reference to explore any relationship that exists between the systems.

3.1.1 Emphasis on Morita's Zen

Of the five schools of Zen in Japan, Triana (1978) suggests the Rinzai and Sōtō schools were of particular significance to MT. The Rinzai School (Rinzai-shū) was brought to Japan from China by Myoan Eisai in 1187, while the Sōtō School (Sōtō-shū) was brought to Japan from China by Eihei Dōgen in 1227. These two schools share an emphasis on 'practice' but take different methodological approaches, and both systems were influential in Japan's social structures and culture in Morita's time.
Rinzai Zen, often referred to as 'Samurai Zen', was associated with the intellectual and philosophical inclinations of the Samurai class. It was common for the Samurai class to bring prior education to their Rinzai study and training. It is the school of 'sudden' enlightenment, relies heavily on the mechanisms of kōan ('public case') practice, and its structures and ontological processes are psychodynamically inclined (Kasulis, 1981). In contrast, Sōtō Zen, commonly referred to as 'Farmer Zen', was Zen of the common folk with little or no formal education. It is understood as the school of 'gradual' enlightenment, and relies heavily on phenomenological practice (particularly sitting meditation or Zazen). Its structures and ontological processes are arguably more hermeneutic and phenomenological (Kasulis, 1981).

Dōgen's Sōtō Zen approach is radically phenomenological, placing central emphasis on returning to the pre-ontological ground of being Zazen as the central anchorpoint of not only Zen practice, but for all relative experience (Kasulis, 1981). Dōgen (1253/2007) also explicitly emphasises manifesting the Zen perspective in both community and work practice, themes arguably inherent in Morita's therapeutic system. Taken together, the two systems of Zen practice provide a methodological complementarity which integrates psychodynamic and phenomenological processes, and manifests them systematically in ordinary daily being and doing.

Morita was born into a Samurai class family (Fujita, 1986), and his reported period of Zen training was at Engaku-ji, a Rinzai monastery in Kamakura (Rhyner, 1988), under SHAKU Sōen (1860-1919), the Zen Master who taught DT Suzuki13. This suggests that if Morita's theory and method were influenced by Zen, it was likely influenced by the Rinzai Zen practice system into which he was born, and in which he had some formal training. However, Morita also used Sōtō Zen metaphors and references (e.g. a shodo scroll brushed in Morita’s own hand, featuring an obscure Sōtō Zen reference from Fascicle 63 of the Dōgen’s (1253/2007) Shōbōgenzō), and his emphasis on practice, community and work mirror similar emphases of the Sōtō school.

13 The famous Zen scholar who published widely on Rinzai Zen in the USA.
Such observations raise questions regarding what kind of Zen was influential for Morita. This inquiry explores such questions, and part of that exploration involved discussing this point with a Zen Master in Dokusan\textsuperscript{14}, who said, "Zen is just a system to get to what lies beneath the system" (Korematsu, August 2010, personal communication). The implication was that MT did not seem to be tied to a specific form of Zen, but did seem to be built on similar implicit assumptions and principles to those of the Zen practice systems. Comparative theoretical analyses (e.g. Triana, 1978 and Rhyner, 1988) suggest the principles MT has in common with Zen are among the principles the Zen practice systems had in common with one another. This understanding, that 'Zen' in relation to MT was likely to be a Zen of fundamental principles, rather than a particular style, form or school, effectively reorients the question from 'which Zen', to what is Zen as a set of principles fundamental to its various forms? It points to an authentic or pure Zen (\textit{junsui Zen}), unattached and unbound to notions of sects and schools. LeVine (1998) alludes to this when she distinguishes between Zen as a religion and Zen as a philosophical system in relation to MT.

Looking at MT through this lens suggested that Morita's was a cleverly engineered, structured, systemic overlay, resting on a bedrock of creative-intuitive principles. From a lived perspective, one might hope to observe complementary aspects from both Zen practice systems manifest in MT. Rinzai elements are suggested in Morita's theory and philosophy as much as Sōtō elements are in his engineering of context and method. This results in an interpretation of Zen in MT which undercuts notions of 'style' or 'school'. Morita's system is one that has been designed to allow the individual a more natural, creative-intuitive way of living their own unique humanness. This renders the question of which 'school' of Zen influenced Morita redundant, and effectively evolves the question into 'what fundamental principles are common to both Zen and MT'?

Zen in its primal form is constituted by original principles prior to any formal systematisation of Zen Buddhism as a religious institution (van der Braak, 2011). Such principles are neither soteriological nor theistic, and they constitute an authentic

\textsuperscript{14}Dokusan is a private conversation between a qualified Zen master and one of his formal students. On the occasion mentioned it was with Korematsu Ekai Osho, Abbot of Jikishoan Zen Buddhist Community, Melbourne Australia (2010).
Zen. It was these principles this inquiry sought to either confirm or deny as manifest in Morita’s therapeutic system. The answer to the question of whether Morita infused these principles consciously into his therapeutic system is lost, but the question of whether these principles are manifest in his system can been explored in depth from within the lived experience of his therapy.

The 'Zen' that asks to be presented in this chapter is non-soteriological, non-theistic Zen; Zen as a meta-theoretical perspective and as fundamental phenomenological principles applied as a system of practice. Conceptualisation and articulation of these aspects of Zen is a broad and complex task, which can only be partially addressed in this thesis.

### 3.1.2 From Mahayana Buddhism to non-theistic Zen

The Mahāyāna streams of Buddhist tradition originated with Nāgārjuna (0150 – 0250) (Vladimir, 2004; Nishijima, 1997). As the origin of Mahāyāna Buddhism, Vladimir (2004) argues that Nāgārjuna’s *Mūlamadhyamakakārikā* was a radical reorientation of Buddhism of the day (Garfield, 1995). He likens Nāgārjuna’s dialectic to Dōgen’s (a thousand years later), in that they both ultimately "teach the truth of non-attachment to the very words being used" (Vladimir, 2004, p.14). Nargarjuna emphasised the implications of emptiness:

> "Ultimate truth for Nāgārjuna is the truth of an enlightened clarity which does not mistake the conventional for something essential (reification). This is where emptiness comes in as Nāgārjuna teaches that all things are empty and the understanding of this emptiness leads to a greater truth of the way things really are" (Vladimir, 2004, p. 5)

After comparative theoretical analysis, Nishijima (1997) concluded that Dōgen’s *Shōbōgenzō* was a detailed reiteration of Nāgārjuna’s *Mūlamadhyamakakārikā*:
"I found that the ideas set for in the Mūlamadhyamakakārikā were exactly the same as those in the Shōbōgenzō... Although the theory is complex, it has a unique, but rational structure which is mirrored in both Master Dōgen’s works and Master Nāgārjuna’s writings" (Nishijima, 1997, p. 4)

Eight hundred years after Dōgen, Nishida’s work can be argued to constitute a non-theistic philosophical re-presentation of the structural core of both Nāgārjuna and Dōgen, in that Nāgārjuna, Dōgen and Nishida all deal explicitly with emptiness, non-attachment and the subsequent phenomenology of no-self (Kopf, 2001):

"By his readiness to transgress the traditional readings and contradict orthodox teachings, Dōgen is able to challenge our usual understanding and generate a new way of ‘taking’ the world freed from our usual linguistic dualisms" (Loy, 1999, p. 251)

While some Zen traditions have historically placed soteriological (salvation) emphasis on enlightenment and/or nirvana, the absence of God/s in the Japanese Zen practice traditions defines them as categorically non-theistic (Von Glasenapp, 1966). The emphasis of Rinzai and Sōtō Zen on practice is, perhaps paradoxically, antithetical to striving for nirvana or satori. In transcending and integrating the polarised theism-athieism dichotomy, Zen:

"...is neither theistic nor atheistic but simply non-theistic. Non-theism is the in-between position between atheism and theism... [it] seems to encompass nearly all or most of theism and atheism... it seems to be both theistic and atheistic at the same time" (Roy, 2008, p. 2)

Nāgārjuna’s Mahāyāna and Dōgen’s Sōtō Zen arrive at a non-soteriological, non-theistic (van der Braak, 2011) meta-theoretical status, through Nishida's Kyoto School philosophical resynthesis, and underpinned by a phenomenology of no-self as presented by Kopf (2001).

It is the paradoxical nature of Zen to be many things, and no-thing. While Zen as a religious system traces its lineages back twenty six hundred years to the historical
Buddha, some scholars from both academic and practice backgrounds assert that Zen is a distinct phenomenon from Buddhism (e.g. Yamada, 2011; Hubbard & Swanson; 1997; Swanson, 1993). That leads to much confusion about Zen, which is a Japanese term for 'meditation'. Meditation in the Zen practice traditions can be defined as:

"...leaving behind all 'images', all contents or objects of consciousness, whether external or internal, in order to produce a no longer object directed state of mind. This is unanimously seen as implying a letting go of one’s own self (one’s ego) as well. Paradoxically, however, it is precisely this 'forgetting' of oneself that is held to lead to a comprehension of one’s own true nature" (Fasching 2008 p. 463)

As a religious system, Zen is a form of Mahāyāna Buddhism. However, to draw comparison between religions generally, and Zen as a system based on meditation, is to make the distinction between systems of meta-physics and a system of meta-theoretical practice. Most major religious traditions are theistic and soteriological systems of meta-physics, fulfilling the social and individual needs of people to have a comprehensive paradigm of knowing, which explains where they came from, how they should behave, and what happens when they pass from being in the world as they know it (van der Braak, 2011). By contrast, Zen is a meta-theoretical system that 'sits with' existential uncertainty, and the human need to alleviate it with explanation.

This is not to say that most people who approach Zen do not think of it as a religion, and of course, Zen has religious aspects which provide for the needs of people who seek religious Buddhism. However, at its very root, Zen is a non-theistic and non-soteriological perspective attained, rather than a belief system constructed, and for both the attaining and sustaining of its perspective, Zen turns to profoundly phenomenological and experiential methods of practice.

Zen is not about understanding who one is, where one came from and where one is going (i.e. continuity and permanence) but rather, is about realising the phenomenal nature of what one is (Kasulis, 1981). Morita (1928/1998) was explicit that he did not want his therapy associated with religion, leading to great ambiguity regarding the

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15 Extensive elaboration of 'Buddhism' and 'Mahayana Buddhism' was determined to be beyond the requirements and purpose of the current inquiry.
influence of Zen in his theory and method. This inquiry focuses away from Zen Buddhism as a religious system, and toward non-theistic Zen as a system of praxis-based, philosophical, self-overcoming (van der Braak, 2011). It is the distinction between Zen Buddhism as religion and non-theistic Zen as a system of ontological-phenomenological practice.

3.2 Non-theistic Zen

Non-theistic Zen and western phenomenology share much theoretical common ground (Sakakibara, 1998; 2010; Kopf, 2001; Mikunas, 1993). Hursserl's phenomenology was a system, designed to reach past itself as a system, in a return to 'the things themselves' (Overgaard, 2004). Zen is also a system designed to reach past itself as a system, to return the individual's perspective to its natural state (Korematsu, August 2010, personal communication). Zen refuses to be cast as a static 'thing' (abstract object) to which one might attach, and Zen philosopher and founder of the Japanese Sōtō Zen tradition, Dōgen (1253/2007) asserts that when one finally attains Zen, even that must be relinquished. How a given individual understands Zen has little to do with the independent authenticity of Zen as a system of the Way-seeking paradigm (van der Braak, 2011). Non-theistic, non-soteriological Zen is a systematic and methodical investigation of the phenomena of self, consciousness and reality, toward the ultimate end of self-overcoming (van der braak, 2011). Fasching (2008) describes the process in the following way:

"...one must basically draw a distinction between two meanings of 'self-consciousness', namely (1) the self-identification with certain configurations of what one experiences and (2) the self-presence of experiencing itself. My suggestion is that meditation aims at a temporary inhibition of the former - which is... at the same time a self-concealment - in favour of the latter which brings to light (and constitutes) our being as subjectivity" (p. 464)

Non-theistic Zen is a lived phenomenological system of practice-based philosophical áskēsis (van der Braak, 2011). Foucault (1989) reflects that 'áskēsis' is radically distinct from 'ascetic', stating "asceticism as the renunciation of pleasure has bad
connotations. But the áskēsis is something else: it's the work that one performs on oneself in order to transform oneself or make the self appear" (p. 309).

This Zen work of transformation is not an easy topic to present through the medium of words and concepts. Zen is fundamentally experiential. Ideas about Zen are not Zen (Pawle, 2009), and "Zen not understood from the inside is Zen not fully understood" (Pawle, 2009, p. 48). In a way, a conceptual rendering of Zen is antithetical to Zen as manifest in the subjective lived experience of the practitioner. The challenge of this chapter is to furnish a conceptual representation of non-theistic Zen, which effectively alludes to the existential realities of lived, experiential Zen. But it is also necessary to tailor this presentation of Zen to the requirements of this inquiry, and so it is intended, as much as is practicable, to avoid the riddles and paradoxical linguistic devices of Zen made available by the distinguished lineages of Japanese Patriarchs and Zen Masters. For the purposes of this inquiry, it is necessary to provide a rendering of Zen understandings of the person, of human nature, of mind, consciousness, reality, self and human suffering, because this is the nature of Zen as relevant for MT. To a great degree, the work of key non-theistic Zen scholars will be used to accomplish this.

Zen is a tradition of lived, embodied practice (Kopf, 2001). While Zen as a system relies on language and texts at the relative level, it is essentially non-discursive at the practice and experiential levels, with primary understandings developed at the level of what Kirmayer (2007) calls "bodily felt meaning" (p. 234). Intellection about Zen is at best juxtaposed and at worst antithetical to Zen practice, the aim of which is, essentially, to drop intellection and move into a natural and spontaneous response to co-emerging moment-to-moment reality as it is (Kasulis, 1981). Lived understandings of Zen arising from embodied practice are primary in Zen understandings of Zen. Hermeneutic processes of textual analysis and intellection about Zen, are a significant but secondary part of the Japanese Zen traditions. Ives (1992) refers to the complimentary interplay of practice and study as "gakugyō ichinyo" (p. 71). It is these primary (experiential) and secondary (intellecting/abstracting) processes in Zen which make the relationship between it and MT so subtle, unique and intriguing.
Quite apart from the religious aspects of Zen Buddhism, Zen as embodied practice is a deeply phenomenological process (Kopf, 2001; Nishida 1921/1990). Zen is sometimes referred to as a heretical tradition (Masutani, 1965; Abe, 1976) due to its resistance to intellectualised stasis, and tendency to remaining unfixed and unattached, even to itself. While religious Zen, as a structural socio-cultural phenomenon, must by definition be static in order to preserve and transmit its tradition, Zen at the level of individual practice is a perpetual and phenomenological process of self-overcoming, a Way-seeking path of self-cultivation of body-mind, a lived praxis of philosophical áskēsis (van der Braak, 2011). This distinguishes Zen as a Buddhist religion from non-theistic Zen as a Way-seeking path.

As a system of phenomenological practice non-theistic Zen confronts an existential and ontological problem. In our human condition we have enmeshed and then fused self and subjectivity. The constructed self has been woven into the very fabric of our subjective being, as an inadvertent function of language and languicised cognition. In this fusion the constructed self has taken declarative and agentic primacy, relegating subjectivity to the secondary and utilitarian status of a function. Subjectivity is experienced by the self as an artefact of, a perceiving position of, itself. This reinforces the inherent and unchallenged premise that self is an essential entity. Non-theistic Zen approaches this human predicament head-on, aiming to clearly discern and then resolve the problem of self. Self-overcoming can be a conscious leap, an accidental stumble, or a practiced form of methodical process. Non-theistic Zen training and practice is the methodical de-fusion of self and subjectivity. Kelman (1960) describes this as follows:

"By a process of dismantling all physical and Psychologic phenomena which have been made into entities in the west, the subject ultimately meets itself. We then have pure, absolute subject which is pure being"
(p. 76/77)

Non-soteriological, non-theistic Zen methodically de-couples subjectivity from the constructed self. Over time, the practitioner gains daily and incrementally increasing access to subjectivity de-fused from self. This is the practice-process of coming to know the true nature of the self and reality. Zen training and practice draws on
experiential heuristic, phenomenological and hermeneutic methods, to facilitate a modal shift in the practitioner, a shift from constructed self as prime to subjectivity as prime.

Any discussion of Zen is potentially vast, but the constraints of the current study call for a focus on Zen as it might relate to MT. Therefore, the remainder of this chapter will be dedicated to a presentation of non-theistic Zen as meta-theoretical system, the Zen understanding of self as multiple interpenetrating modes of subjective experience, and of non-theistic Zen as a system of experiential, praxis-based philosophical ἀσκήσις.

3.2 Non-theistic Zen as meta-theoretical perspective

To substantiate the claim that the Zen perspective is meta-theoretical, a working definition of 'meta-theory' is required. Wallis (2010) analysed definitions of the term 'meta-theory' in order to determine the primary thematic consistencies of it as a theoretical construct. He found three main components to a working definition of meta-theory a) that meta-theory is constituted by the study of theories, b) that a fundamental aim of meta-theory is explication of implicit assumptions, and c) that they are structurally either integrative (bringing theories together) or deconstructive (breaking theories down into constituent components) (Wallis, 2010). Wallis concludes that the "process leads to the creation of a meta-theory, metatheorum, or a theory of theory" (p. 78), and defines meta-theory as:

"Primarily the study of theory, including the development of overarching combinations of theory, as well as the development and application of theorems for analysis that reveal underlying assumptions about theory and theorising" (2010, p. 78)

In determining whether the non-theistic Zen perspective fits this contemporary working definition of meta-theory, we must consider a comprehensive philosophical and theoretical rendering of Zen.
3.2.1 Substantiating Zen as meta-theory

Dōgen's (1253/2007) Shōbōgenzō ('The Treasure House of the Eye of the True Teaching) is, among other things, a presentation of the Zen meta-theoretical perspective. It draws at different times on explicit description, clear instruction, and layered metaphor, toward the end of transmitting the Zen meta-theoretical perspective, a perspective which is more intuited than intellectualised. Dōgen explicitly theorises about the implicit assumptions and theory-of-self common to human beings, and about this endemic self-theory from the working meta-theoretical perspective of non-dualism. Dōgen also presents a theory of applied praxis based on sitting meditation (Zazen) as both vehicle and context for coming to understand the true nature of the self from the experiential, non-dual perspective. His methods are profoundly phenomenological in that they deal with the relationship with, and between, phenomenal objects and phenomenal process as experiences of the subject, across their horizons of being and consciousness. Dōgen then brings phenomenological insights derived from non-dual experience into the inter-subjective (but empirical) testing-ground of applied practice in everyday activity and interpersonal engagement. As Mikunas (1993) reflects:

"Zen and phenomenology constitute two efforts to attain immediate awareness not of some object, thought, or event - whether inner or outer - but of the lived dimensions that precede, pervade, and subtend all other modes and levels of awareness" (p. 273)

Noda (1996) situates Dōgen in the philosophical company of Husserl, Nietzsche & Heidegger. As a meta-theoretical system, non-theistic Zen accommodates various theoretical subsystems, such as a presuppositionless phenomenological system akin to Husserl's (Noda, 1996) and a hermeneutic system of embodied practice (Noda, 1996; Kasulis, 1985).

In the 13th Century, Dōgen presented an overarching non-dual theory about the endemic and implicit human theory-of-self as a dualistic entity. As a meta-theory it encompassed existentialism and ontology, integrated a theory of phenomenological praxis, and prescribed both contextual and activity variables as inter-subjective
empirical testing-ground. It allowed experiential analysis to reveal a theorem for uncovering and debunking implicit and previously undisclosed theoretical assumptions about the nature of self and being. Dōgen's theorem is reliable and generalisable as a working meta-theoretical principle. It is the resolution of apparent conflict between polarised positions by virtue of a third perspective which transcends and integrates polarities. The theorem contends with the apparent existential conflict between being and not-being with experiential shift to the transcendent position of non-being. Dōgen resolves the phenomenological praxis polarity between thinking and not-thinking encountered by all Zen practitioners with the experiential shift into non-thinking in Zazen. In Rinzai Zen the theorem for shift in mode of subjective experience is encoded in the kōan system. Kōan are metaphorical devices presenting the student with an irreconcilable conceptual polarisation, requiring a radical perspectival shift for intuited resolution.

With its overarching embrace and integration of sub-theories, its explication of previously implicit assumptions, and its development and application of a reliable integrative theorem for resolving theoretical conflicts, Dōgen 's (1253/2007) presentation of Zen in the Shōbōgenzō clearly fits Wallis' (2010) contemporary definition of meta-theory. As depicted below in Figure 6, non-theistic Zen constitutes a meta-theoretical system.
The overarching aim of Zen as a meta-theoretical system is clearly discerning and dropping the 'illusory' relative self, a construct closely aligned with psychodynamic notions of 'ego' (Pawle, 2004). Such a dropping alters relationships between subject and object, and facilitates radical shifts in the nature of subjective and inter-subjective experience. Object relations change fundamentally when there is no longer a working distinction between self as subject and other as object (Muzika, 1990). Due to its emphasis on the relationship between subject and object, and the constructed nature of phenomenological experience, the Zen traditions have had a turbulent historical "romance" (Segall, 2003, p. 1) with the western psychodynamic traditions of thought and practice (e.g. Morvay, 1999; Suzuki, Fromm & De Martino, 1960).
As a meta-theoretical system, Zen sits alone in the way it refuses to attach to goals for happiness and alleviation of suffering. While the aim of other traditions may be alleviation of suffering and provision of apparatus to pursue it (Fronsdal, 2001), the goal of Zen remains to simply be as you are, fully and completely, without any self interfering with notions of should or shouldn't (Suzuki, 1970). If you suffer, just suffer, don't resist it, don't exacerbate it, just experience, that is all (Suzuki, 1970; Merzel, 1991; Yamahatta, 2002). This unique dispositional feature of meta-theoretical non-theistic Zen underpins the therapeutic features of *fumon* and *arugamama* in MT.

### 3.2.2 The meta-theoretical, non-theistic Zen 'self'

Meta-theoretical Zen conceptualises self in a particular way, as a contextually embedded, multi-modal subjectivity, with conscious working interface between the relative and absolute modes of subjectivity across different existential modes. It exhibits an unhindered capacity to switch between modes in natural and spontaneous response to the contents and context of a given moment. From a non-dual meta-theoretical perspective, Zen renders self as multiple inter-penetrating modes of subjectivity, which are not separate, in that one gives rise to, and is the context for, the others. Meta-theoretical non-theistic Zen understands the relative subjective egoic-agentic 'self' as a utilitarian function-process within the context of the absolute mode of subjective consciousness (Suzuki, Fromm & DeMartino, 1960; Suzuki, 1949/1969; 1951).

"One mind has two aspects. One is the aspect of mind in terms of the Absolute (Tathata; Suchness), and the other is the aspect of mind in terms of phenomena (Samsara; birth and death). Each of these two aspects embraces all states of existence. Why? because these two aspects are mutually inclusive" (Asvaghosha, 1967, p. 5)

Conceptualising self this way accounts for the enigmatic and confounding language of paradox and seeming contradiction which enshrouds Zen. The apparent mystique of Zen falls away when we understand that in one sentence, Zen refers to a self (relative subjectivity), and a self (absolute subjectivity), and that they are at once the same and different (multi-modal but non-dual). As a meta-theoretical system, non-theistic Zen
is designed to facilitate lived, experiential, existential, intuitive insight into this fundamental truth, and to provide a structural approach to aligning the modes of subjectivity so that they are congruent (natural) and not conflicted (unnatural).

One of the profound relevences of the Zen meta-theoretical perspective is its implication for understandings of nature and our relationship to it. The Zen relationship with nature is multifaceted. One aspect of the relationship is the understanding of self-nature, or subjectivity, our human condition. Another is understanding self-nature as an embedded micro-process of nature proper, the relative-subjective self experienced as embedded in nature as context. A third is of nature experienced in the absolute subjective mode, where there is no 'self' to be experienced as 'other-than' nature. These subtly differentiated facets of the relationship between the Zen perspective and nature, are at the heart of the context features and process mechanisms in Morita's model and method.

Watts (1951/1999) explored Zen notions of self extensively, resulting in some powerful eastern insights rendered in western philosophical language and concepts. He drew explicit distinction between the mode of self as 'I', and the mode of self as 'me'. According to Watts, the 'I' mode is a mechanism of language and construct, the verbal/cognitive framing of individual agency itself, more vested in future and past (continuity/permanence) than the present (1951/1999). In contrast, the 'me' is here-and-now moment-to-moment awareness, self as 'here-now-this' experience, rather than self as agentic 'experiencer of' here-now-this.

This is a subtle but significant distinction. In describing it, Watts pointed to a conflicted dynamic in the western conceptualisation of self: self as 'I' wanting permanence and security for 'I' (seeking to reinforce itself at every turn), is at odds with self as unconstructed 'me', which is grounded in nature, does not move in words or concepts, and is inextricably enmeshed with moment to moment experience (self as the entire tapestry of experience). The extent of conflicted tension between relative ('I') and absolute ('me') modes of subjective experiencing varies from individual to individual, depending on the veracity of egoic attachment to 'I' (DeMartino, 1991). This constitutes what Zen refers to enigmatically as the "disease of the mind" (Sekida, 1985, p. 163), and Humphries (1987) refers to this dynamic tension between 'I' and
'me' as the "paradox of man" (Humphries, 1987, p. 71). Suzuki (1949/1969; 1951) presents the Zen understanding of self by distinguishing between the relative subjective 'I' and the absolute subjective 'me', contextualised against the ground of 'absolute no-thing-ness'.

At the cognitive level, language splits compartmentalised units off from whole reality, making it possible to compare, categorise, economise and generalise. These internalised systems of compartments and symbols (remembering that imagined mental images are also a system of cognitive symbols), provide the basic units for higher order cognition and are the content of relative subjective stream of consciousness. "The concept of personal identity creates the illusion that the subjective function comprises a persistent object" (Kopf, 2001, p. 32). DeMartino (1991) explains:

"...not only does the person split itself from the universe without, it also splits itself from itself within. That is, in the self-predication or self-assertion 'I am', or 'I am I', the person thereby fractures itself into a subject-predicate, asserter, or affirmer, and an object-predicate, asserted and affirmed... the consequences of these dualistic bifurcations are legion" (DeMartino, 1991, p. 279)

However, "the self is different from a thing" (Todres, 2007, p. 142). Non-symbolic perception and awareness, direct perceiving and not internally generating symbolic representations of external 'objects', does not split but preserves perception at the level of the integrative whole, and constitutes pervasive-peripherally oriented absolute subjectivity (Drummond, 2006).

From a Zen perspective, "self is a fabrication of the mind" (Kondô, 1992, p. 2) and "the essence of self is not to possess an essence" (Kopf 2001, p. 54). The Zen perspective sees misapprehension of the relative subjective mode as essential entity, as the fundamental problem of the human condition. Western psychology has some conceptual distance to travel to grasp Zen's notion of self without the prerequisite experiential background of Zen practice. In stark contrast to a the Cartesian dualist western notion of self as an essential entity (phenomenal object), the Zen notion is
one of self as situated, experiential event (phenomenal process) (Kasulis, 1981; Kopf, 2001). Self conceptualised as a phenomenal process, is a radical but functional juxtaposition to a self conceptualised as phenomenal object, and the juxtaposition holds profound and pervasive implications.

Zen posits that the core problem of the human condition is that, as a by-product of language, we have 'thought' a separate self into existence (Kondō, 1983). This process has set its cognitive-semantic product at odds with the reality in which it is embedded (from which it was abstractly drawn/fabricated), and this setting at odds, in turn, has given rise to a profound ambivalent tension. This tension is the only possible result from the (cognitive-semantic) setting apart process at the root of dualism, as the cognitive-semantically constructed notion of self can never really be separated from the perspective/consciousness of reality (as it is a function of it).

The function itself however, the relative 'I', does not have independent consciousness, only proxy consciousness through its ambivalent relationship with the absolute 'me', so is not inherently aware enough to recognise itself as a utilitarian fabrication-illusion. It intuits it's origin beneath the ambivalence to substantiate and energise its own ontological movement toward self-overcoming. This is the human predicament from the Zen perspective, the 'dis-ease of the mind'.

Zen takes a radically different phenomenological approach to resolving the ambivalent tension between the cognitive-semantically constructed relative self and the absolute self - it simply drops the 'I', leaving only 'me'. 'Me' makes no 'I' statements, has neither assumption nor expectation. 'Me' simply 'is'. When the Master asks the Zen student of his original face before his parents were born, this face is 'me'. Me has no words with which to answer, and anything 'I' might say (any cognitive-semantically structure) can never approach the lived truth which is the direct uncontaminated experience of the actual, absolute 'me'.

From this presentation of the Zen meta-theoretical position, the radical divergence between an eastern therapeutic system based on Zen, and western psychological systems based on implicit Cartesian dualist assumptions, is evident. In trying to use mechanisms of the 'I' to get past inherent characteristics of the 'I', western approaches
inadvertently reinforce the 'I'. An alternative eastern approach, based on meta-theoretical Zen which drops the 'I', returns the 'me' unobscured to it's natural condition.

After association with both Kondō and Horney, and exposure to MT in Japan, Kelman (1960) concluded that the subject in the eastern subject-other relation is essentially different from the subject in the western subject-object relation (Kelman, 1960):

"The symbolic self is a sub-whole within the organism... By the actual self I mean the total self at any given moment as different from the empiric self which is what is immediately apprehendable and observable at any given moment. Then there is the self-system. The organism which integrates as a whole is constituted of a hierarchy of systems, some static, rigid and formed and others plastic, dynamic and forming. An oscillating equilibrium obtains between the formed and the forming aspects of the self-system and of each there is a symbolic conception" (p. 84)

These understandings constitute a profound and fundamental meta-theoretical distinction between western therapeutic models16 and MT.

3.2.3 Relevant western reflections

Underpinned by Cartesian dualist assumptions, on western psychology's behalf it was Freud who furnished the Id, Ego and Super-ego as a working multi-modal model of the human self. Around the same time, on phenomenology's behalf "William James posited an explanatory 'me' to make sense of the 'I' acting in the present moment" (Farb, Segal, Mayberg, Bean, McKeon, Fatima & Anderson, 2007, p. 313). Nietzsche preached the 'non-doctrine' of self-overcoming, inferring the self to be overcome, the self as overcoming agency, and the self as transcendent post-static-self (Nietzsche, 1891/1999; van der Braak, 2011). Tani (1998) posits a model of self which integrates the "Implicit I', the "Explicit I' and the 'I-Less', Horney theorised about a tension between the real self and the idealised self (Kondō, 1983), and Austin (1999) uses the "I-me-mine' triad" (p. 146) to discuss the semantic interplay of different operating

16 Including the Mindfulness-Based Interventions.
modes of human subjective experience. There has been a consistent intuition underpinning theories of self throughout the history of western psychology which correspond in some ways to Zen's meta-theoretical perspective, resulting in western psychotherapeutic interest in Zen (e.g. Kelman, 1960 and Suzuki, Fromm & DeMartino, 1960). As Triana (1978) suggests:

"...the interest of western psychotherapies in Zen was effected by the assertion, of some Zen scholars, that it was able to reorient a person to a new mode of experience, via the intuition that results in the alleviation of suffering and the activation of man's potential; a psychological transformation that is independent of a belief system of cultural context" (p. 45)

With rapid evolution and application of neuro-cognitive science in the past decade, distinctions in modes of subjectivity are being physiologically evidenced. For instance, the first person perspective has been demonstrated to be neurologically distinct from a third person perspective (Ruby & Decety, 2004), identifying different neuro-anatomical combinations involved in each. Magnetic Resonance Imaging (MRI) research into different modes of self-reference has also revealed that narrative and experiential modes of self-reference exhibit distinct constellations of neuro-anatomical activity (Farb, Segal, Mayberg, Bean, McKeon, Fatima, & Anderson, 2007). In profiling neural distinctions in different modes of self-referencing, Farb et al. (2007) have effectively located the brain activation of what they refer to as the Narrative Self as distinct from the embodied moment-to-moment Experiential Self. There is neuro-anatomical evidence for the concurrence and interweaving of these modes, and also evidence that the linguistic and cognitive brain activations which characterise the Narrative mode are the default mode of brain activity.

This lends neuro-anatomical support to the meta-theoretical Zen thesis of distinct, interwoven modes of subjective experience, and the habituated primacy of the relative subjective (narrative) mode over the absolute subjective (experiential) mode of experience. The narrative 'I' which persists as a construct of continuity across time and contexts is (neuro-anatomically) in a functional juxtaposition with the experiential 'me' that moves and acts with responsive momentary consciousness. Such
physiological evidence of differentiated neural modes of 'self' support the meta-theoretical perspective of self as a process of multiple, interwoven, existential modes. Moreover, these neuro-cognitive findings lend themselves equally to the theorising of both western phenomenologists and the Zen meta-theoretical perspective alike, in that they suggest we can and do shift between different but interwoven modes of subjective experience.

Based on non-theistic Zen as meta-theoretical perspective, Morita's original conceptual platform was the implicit working assumption that self is a multi-modal process phenomenon.

**3.3 Zen 'self' as a process of multiple modes**

Nishida's (1921/1990) philosophical rendering of de-theisised Zen principles independent of Zen's religious form, explicates the distinction between Zen as a religion, and Zen as a working perspective on the human condition. Influenced by Husserl's phenomenology (Sakakibara, 2010; Sakakibara, 1998; Ogawa, 1978), Nishida's Kyoto School philosophy was a "phenomenology of a different voice" (Sakikabara, 2010, p. 679), a comprehensive and integrative philosophical system:

"Though Nishida's philosophical exploration is based on his experience of Rinzai Zen meditation, Nishida strives for establishing a genuine philosophical system without any specific religious reference" (Matsudo, 2003, p. 169)

Nishida presented Dōgen's meta-theoretical formulation of human being as phenomenal process (event) rather than phenomenal object (entity), a process spanning distinct existential modes of subjective experience (Kopf, 2001). For the purposes of the current inquiry into a possible relationship between MT and Zen, this area of non-theistic Zen requires elaboration.

Nishida philosophically pursued the same no-self conceptualisation of self as Dōgen (Kopf, 2001: Matsudo, 2003), just as Dōgen did with Nāgārjuna (Nishijima, 1997).
Nishida's (1921/1990) existential modes (detailed in Kopf, 2001) in conjunction with Kojima's (1998) semantic phenomenal/ontological 'I's, provide a comprehensive explanatory apparatus for self as multi-modal process-event, and demonstrate close alignment with the philosophy and lived phenomenal experience of MT. Nishida provided the west with a rendering of Zen principles de-robed from its religious construction and furnished in a western philosophical frame (Nishitani, 1991; Abe, 1990) as a working philosophy of phenomenological practice (Kopf, 2001) toward the ontological ends of self-overcoming (van der Braak, 2011). Kojima (1998) uses western phenomenological framing to elucidate distinctions in modes of self at the semantic level, making them not only tangibly available, but imbuing them with potential therapeutic utility.

Just as Kojima points to the 'semantic duplicity' (1998) of 'I' as an inherently multiple means of self-reference, so too does the term 'self' share this multiple implication of meanings embedded in the singular linguistic symbol. In a direct comparison with a Zen presentation, Kojima's 'Serial I' is consistent with relative subjectivity and his description of the 'Primal I' is consistent with absolute subjectivity. In Zen the term 'Mind' is often used as an English translation also, and once again this term features the same semantic duplicity, lending to the apparent sense of paradox in many Zen references. 'I', 'self' and 'mind'; all terms to describe multiple layers of subjective experience rolled into one cohesive subjective unity.

Nishida (1921/1990) provided a phenomenological breakdown of the self into four distinct existential modes - the Abstract, Phenomenal, Lived, and Actual - against an existential ground (Kopf, 2001) of absolute nothingness (mu, no-'thing'-ness) (Kopf, 2001). Theoretical elements from Nishida and Kojima are integrated below in Figure 7.
Figure 7. Zen Phenomenology of Self: Nishida's Modes & Kojima's I's as Explanatory Apparatus
"...the lived world for Nishida is the phenomenological field of experience in which the hard mind-body/subject-object distinction is weakened (by being rendered ambiguous), and the active body is recognised as intimately linked both with the cogito as well as the 'external' world in which it is embedded... the actual world is established by acting-intuition. Put simply it is a non-dual field of pure experience in which mind-body/subject-object distinctions are not simply weakened but dissolved altogether... it denotes a state of knowing by becoming...acting intuition, as an existential modality, is the experiential standpoint from which (to) embody pure experience" (Krueger, 2007, p. 8)

Nishida's existential modes and Kojima's Serial and Primal I's point to multiple modes of subjective being, to embeddedness of those modes in natural context, and to an ontological imperative to overcome the limitations of the predominant mode to dwell in a more natural, balanced, fluid and flexible integration of existential modes. In Zen terms, the Actual existential mode is pure experience and absolute subjectivity, is nature experienced as non-dual whole, is reality as it is (sonomama/arugamama). Kopf (2001) calls Nishida's Actual mode "non-positional awareness" (p. 225).

Abe (1990) asserts "pure experience is a metaphysical organ in and through which one can contact ultimate reality" (p. xviii). Along with the former three 'worlds' (modes) of experience, it is the Abstract which is central to our human predicament. For the average cogito, the Abstract existential mode is misconstrued (by internal representation and cognitive construction) to be a blend of phenomenal-lived-actual (or 'real'). The Abstract mode, by virtue of the noisy cognitive machinations of its own modal nature, obscures the other existential modes, thereby effectively repressing them and reinforcing its apparent singularity. It is perhaps in this area, where the contemporary Zen use of the term 'ego' (to denote the Abstract existential mode) most closely corresponds to its western conceptual cousin of the same name.

An explicit meta-theoretical cornerstone of Zen philosophy, Dōgen's (1253/2007) Genjōkōan17 begins thus: "To learn the self is to forget the self; to forget the self is to be manifested by the ten thousand things" (Dōgen, 1253/2007, p. 32). This makes

17 Fascicle 3 of the Shōbōgenzō.
profound sense when we understand 'self' as a process of multiple interpenetrating existential modes of subjective experience and constitutes a radical leap from implicit western assumptions about the primacy of the 'I', to an explicit entreaty to discover the true nature of the self. Dōgen's entire *Shōbōgenzō* (1253/2007) can be distilled down to explication of this one meta-theoretical proposition, and the provision of phenomenological principles through which to inhabit it as a lived experiential perspective. While western psychology is arguably a cognitive study of abstractions about what we think, feel and do, Zen is an applied existential-phenomenological study of what we actually are. Contemporary psychology studies the by-products of our unexamined self-hood, while Zen unearths its tap-root. In stark contrast, MT, like non-theistic Zen, facilitates experiential shift between modes of subjective experience.

### 3.4 Zen as phenomenological praxis

Zen's non-dual meta-theoretical perspective, with its fundamental premise of self as a process of multiple, interpenetrating existential modes, is the conceptual platform upon which Zen has developed its phenomenological method of self-overcoming. Zen is experiential and anchored in the embodied practice of meditation as described by Hill (2004):

"Focussing the mind in this way can relax it to the point where it can even stop thinking for a moment. If and when that happens, we enjoy a simple experience of being an observer, or witness, and nothing else. Being able to concentrate allows us to rest in the simple awareness of experience. Normally we are in the habit of constantly thinking in line with the intentions and confines of our ego. Indeed, as we cultivate simple awareness in meditation, so we observe our habits of thought" (p. 36)

Zen methods actively engage and develop insight into our relationships with phenomenal objects and phenomenal processes (Sekida, 1985). The Zen practice traditions, with their strong emphasis on internal struggle, confronting and overcoming layers of self, are clearly framed in a subjective phenomenological
approach to lived moment-to moment experience (Sayama, 1986; Sekida, 1985). This is apparent in what at first seems quixotic, obtuse or eccentric language and imagery used in the transmission of understanding. Emphasised in Rinzai Zen, kōan study is a tangible example of a vehicle for transmission of understanding from sensei (one who has gone before) to kohai (one who comes after), that has been developed to go beyond the structured linguistic approach to transmission of intellectual knowledge (Gerard, 2008), and into the domain of facilitating a lived body-mind experience of understanding (Stelter, 2000). Sōtō Zen emphasises Zazen as embodied practice.

Through various methods and devices, Zen emphasises 'being' in relationship with 'as-it-is-ness'. In Zazen (sitting meditation) the practice is to allow self to naturally 'drop off' (not actively 'drop' self). The phenomenology of Zazen allows an 'actively-passive' 'non-doing', and through this 'non-doing', 'being' arises in manifest clarity. The phenomenological relationship is one of 'being-non-doing', which in existential, ontological, phenomenological and object-relations terms, is an entirely different phenomenon to that which arises in contemporary western psychological approaches that emphasise the 'doing-being'.

### 3.4.1 Non-theistic Zen & phenomenology

Zen is often compared with western phenomenology (e.g. Kopf, 2001), and clear parallels are drawn between some of the assumptions and processes of these two as conceptual paradigms (e.g. Steffney, 1977). While many of the assumptions and values they share are consistent however, they depart from one another at the earliest point possible: implicit meta-theoretical assumptions about the phenomenal nature of self. No matter how far the western phenomenological tradition has come in its efforts to get past the self in a return "to the things themselves" (Hursserl, 1901/2001, p. 168), the point of departure for its expedition remains a Cartesian dualist notion of self - a notion based on the split between psychic phenomena as res cogitans and physical phenomena as res extensa (Tani, 1998). This contrasts the point of departure for the non-dual meta-theoretical perspective and assumptions underpinning Zen's phenomenological enterprise.

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18 It is noteworthy that kōan study has previously been investigated phenomenologically due to the consistency between target phenomenon and methodology (Gerard, 2008).
Tani (1998) makes the distinction between phenomena as processes of consciousness, and phenomena as objects of consciousness, and phenomenologically speaking, the human self might be apprehended in either way, or in both ways concurrently. Husserl's original project was to develop and use phenomenology as a structure of enquiry to reach toward that which lies beyond phenomena (Smith, Flowers & Larkin, 2009). However, later phenomenologists did not take up Husserl's project in its entirety. Western phenomenology pursues a more authentic and qualitative, but still 'scientific', end - for the self. Perhaps more consistent with Husserl's original aspiration, Zen pursues a practical application of its phenomenology, which goes beyond the phenomenal, to the lived life of the practitioner toward the end of radical personal transformation. As Hill (2004) describes:

"By becoming an observer of the flow of thoughts whose current sustains the image of the 'me', the space of emptiness opens up, in which the flow of life simply manifests as experience. Here we can enter the awareness of an observer that transcends the division into subject and object, including that reflexive division of subject and object, the 'I' and the 'me', that sustains the image of self" (p. 40)

In Zen's applied phenomenological method, transcending the division of subject and object means lived experience of 'no-self'. In terms of a facilitated re-orientation from one existential mode to another, it constitutes a radical additional element to western phenomenological models. Dōgen's original Zen teachings (1253/2007) of the breakdown of the human experience into four distinct existential modes outlined previously (Kopf, 2001), present four intertwined experiential-perceptual-referential positions. This provides the conceptual bridge between where western phenomenology stopped short in Husserl's quest to utilise phenomenological method to reach beyond normal human experience, and methodically arriving at a place beyond the relative subjective 'self'. Relevant for MT, it also provides an explicit and consistent methodical process for re-orienting unconscious fixation in one existential mode, toward a capacity to spontaneously respond with the most appropriate existential mode for each moment-to-moment experience.
Sakakibara (2010) asserts Zen to be an alternative phenomenology to its western counterpart. Due to Morita's conceptualisation of pathology and treatment, two aspects of non-theistic Zen as a system of phenomenological praxis which are relevant to MT are thinking and emptiness.

### 3.4.2 Beyond thinking

Kasulis (1981) provides a clear explanation of Dōgen's phenomenological approach to the thinking activity of the Abstract existential mode. As phenomenal objects of consciousness, 'thinking' and 'not-thinking' are drawn into a dichotomised cognitive, and cognitive-'counter-cognitive' polarisation. Thinking is objects arising in and passing out of consciousness. Not-thinking is the cognitive process of countering thinking, by suppressing it, by cutting it off even as it emerges, almost before it emerges. In itself however, it is still a cognitive process, in that it constitutes a recognition of the 'thinking' arising, and the cognate decision to inhibit it.

Contemporary research evidences that efforts to suppress unwanted thoughts result in temporary inhibition, but also in a higher frequency and valency of reoccurrence of the unwanted cognitive material (Koster, Rassin, Grombez, & Näring, 2003). This supports Dōgen's assertion that counter-cognition is not the answer to undesirable cognition. In some Zen schools this is discussed in terms of first and second nen (Sekida, 1985). Not-thinking is a cognitive counter-thinking, a negating process, but still a cognitive activation of the Abstract existential mode of subjective experience. It inadvertently reinforces the cognitive object of consciousness (Wegener et al., 1987) as a phenomenal target.

Long before western psychology was discovered and integrated the implications of thought suppression into models of intervention, Morita was using his working knowledge of the paradoxical effects of thought suppression in developing his approach to neurotic anxiety. It is also noteworthy that more than six centuries prior to Morita, Dōgen was working with the problem of thought suppression, and like Morita, his methods were profoundly phenomenological.
As illustrated above in Figure 8, Dōgen provides an avenue to transcend the dichotomised polarity, with a third phenomenological possibility: without-thinking (Dōgen, 2004). This is the space in Zazen where whatever arises, passes without ever being taken up by engaging a flow-on cognitive process of association and attachment. Without-thinking is pre-reflective. It is the primal ground of experience before the construction and imposition of categorisation, interpretation and meaning-making. It is the pre-ontological ground of being (Kopf, 2001). Phenomenologically, while thinking is a passive or active affirming process, and not-thinking is an active negating process, without-thinking offers a 'prior ground' and context from which both functions originate. In the without-thinking mode of consciousness, there is only direct experience, without the constructed cognitive overlays inherent to both the thinking and the not-thinking (which is a thinking-kind-of-counter-thinking) modes (Kasulis, 1981). Heine (2004) presents Zen’s transcendence and integration of such polarised dichotomies formulaically:

"...denial is evoked to overcome a fixation on assertion and assertion is similarly used to expose and refute a fixation on denial, following the formula 'a is a and is not not-a, but not-a is also a as well as not-a'" (p. 39)

Without-thinking provides the Zen practitioner with lived experience of an absolute existential mode as an alternative to the abstract mode of the thinking-not-thinking dichotomy. As discussed previously, Nishida refers to this as the 'Actual' (Kopf, 2001;
Nishida, 1921/1990). This Actual existential mode is the domain of Nishida's 'pure experience' (junsui keiken) and Morita's 'pure mind' (junna kokoro).

As Yox (2008) suggests, "one's authentic experience of reality must be preceded by the realization of the pure non-reflective state of consciousness" (p. 2). This approach to examination and cultivation of the self at the relative (Abstract) and absolute (Actual) levels, is encoded in embodied textual forms such as posture, breath and movement (e.g. Zazen), and in the fluid and organic constructs of symbol and imagery (e.g. kōan). By their nature, these methods access self at less cognitively and linguistically structured domains (Gerard, 2008). This experiential learning is akin to Morita's adherence to the principle of embodied experiential learning (taitoku).

Whereas contemporary western philosophical traditions orient toward the abstract (Truth-seeking), the Zen traditions have had a more praxis-oriented (Way-seeking) philosophical orientation. In conjunction with experiential understandings of without-thinking, an experiential understanding of nothingness is also pivotal for non-theistic Zen.

3.4.3 Mu

Often translated as 'emptiness', 'nothingness' or 'void', mu is a fundamental Rinzai Zen kōan, and one which Fujita (1986) used to conceptually underpin Morita's interpretation of arugamama. Heine (2004) explains the centrality of emptiness in Zen in the following way:

"Zen, deriving from the Mahāyāna school of Emptiness, is based on the 'rhetoric of reversal or negation' that explores all possible viewpoints without adherence or commitment to any particular one. From that standpoint, Zen advocates negating any theoretical position as soon as - and as part of - its assertion taking place. This is done in order to avoid the predicament of theoretical entanglements and attachments, however subtle or cloaked, or an adherence to one-sided and therefore false views" (p. 37)
Mu must be grasped experientially at an 'actual' rather than 'abstract' level, in order for the student to progress. From Zen perspective, 'nothingness' is in fact 'no-thing-ness', dissolution of distinction between subject and object. Emptiness is at the heart of Zen as paradox:

"As empty, reality is negated, but as Thusness it is affirmed as real. Both are part of the same reality, and together present the absolute as a paradox" (Triana, 1978, p. 11)

Through training and practice, Zen evolves 'emptiness' and 'nothingness' from conceptual constructs to experiential understandings. Rinzai Zen uses mu as an existential confrontation between being and not-being.

"Once mu is achieved there occurs what Dōgen and Hakuin called, respectively, the 'molting of body and mind' and the 'Great Death'. It is only with the shedding of the ego that this implies and the casting off of all old associations and conceptualizations that one can connect with the flow of pure experience that is satori. For Dōgen, this idea of flow meant nothing less than the experience of the Taoist universal flux, the inexorable flow of temporal events" (Yox, 2008, p. 2)

The answer to Mu (which manifests in myriad relative forms) is the inherent emptiness of all phenomena, non-being as directly validated/experienced in the context of Dōgen's 'without-thinking'. Mu is the transcendent position integrating the latent potential for being and not-being. Grasping mu is touching the experiential understanding of self as phenomenal process rather than a phenomenal object, a foundation for 'no-self' as an embodied perspective. "One must become mu...and this becoming mu is, in essence, what Zen is" (Yox, 2008, p. 1).

As previously discussed, the Japanese construction of the individual has more plasticity than its western counterpart, and this more flexible, fluid and context-defined self is more readily located in non-being, than it's more rigid and static western cousin. This lived, tacit insight, makes it more possible for Japanese Zen to...
directly approach what lies beneath the intricately constructed nature of our subjective human experience: the nature of reality.

In order to approach reality as it is (sonomama), Zen uses mechanisms to shatter the relative constructedness we habitually overlay on our lived experience. Anchoring notions of personal identity in non-being (Kopf, 2001) calls forth the same transcending equation as thinking, not-thinking and without-thinking. Polarised being and not-being, are contained and integrated in the transcending experience of non-being. Non-being as a subjective position allows direct experience of reality as it is, is prior to either being or not-being, is uncategorical potentiality for both, either and neither. A subjective position operating from a foundation of non-being is aware that any individual identity is a utilitarian convention in the service of specific functions, but there is no blurry misapprehension of an 'I' separate from context or the beginningless/endless flow of experience.

This position encompasses potentials to 'exist' and operate in the relative domain, to 'not exist' and operate in the absolute domain, and to move seamlessly between these existential positions as situation and context require. This results in non-being as the operating context of the Zen practitioner, and without-thinking as their primary mode of consciousness. There are clear implications of these potentials to shift between modes of subjective experience and orientations of consciousness for the relationship between non-theistic Zen and MT.

One of Zen’s unique features, or primal principles, is stepping beyond the dichotomies cast by linguistic cognition into a transcendent perceiving position, where a dichotomy becomes an observable continuum rather than an unconsciously ‘lived’ categorisation. This feature has now been clearly demonstrated, and it is closely aligned with what Hashi (2008a) identifies as a twin logic system in the Zen practice traditions.

Non-theistic Zen has been presented as meta-theoretical system and phenomenological praxis, and the Zen phenomenology of 'self' has also been described. This is the conceptual platform required to present non-theistic Zen as a
radical and embodied philosophical path of self-overcoming and transformation (van der Braak, 2011).

3.5 Non-theistic Zen as lived philosophical áskēsis

Zen aims to support and catalyse a lived, visceral, tacit understanding of the relative self as illusory. In Zen, to realise this is to awaken, to see clearly, be liberated. As a system of practice, non-theistic Zen facilitates an ontological movement beyond of the illusory self, a self-overcoming. van der Braak (2011) compares the self-overcoming process of non-theistic Zen with the existential-ontological self-overcoming described by Nietzsche (1891/1999). Like non-theistic Zen, Nietzsche's self-overcoming was based on the application of philosophy to the business of being and living. van der Braak (2011) refers to such forms of self-overcoming as philosophical áskēsis. As the ontological purpose of non-theistic Zen, and with relevance to any exploration of the relationship between it and MT at the experiential level, Zen's philosophical áskēsis requires elaboration.

From a non-theistic Zen perspective, the illusion of skin gives rise to the most significant attribution error of the human condition. "Man misperceives the description of the object as being the actual reality as it exists within the object itself" (Triana, 1978, p. 14). We misapprehend internal representations of what is perceived for the actual objects they represent, without ever understanding what has occurred. We create a synthesised tapestry of internal representations with infinite associations and inter-relationships between constructed objects of consciousness, and then mistake it for authentic, unconstructed reality. But this synthesised tapestry, as the product of interplay between senses (soma), language/categorisation (cogito), and the relative subjectivity, is not 'reality', and therefore immediately falls into a permanent state of juxtaposed conflict with actual, undifferentiated, unconstructed, reality as it is (sonomama/arugamama).

Influential western Zen commentators (e.g. Suzuki, 1949/1969; Suzuki, Fromm & DeMartino, 1960; Watts, 1951/1999) contrast virtual life lived in words (words/constructs, verbally constructed ideas etc) with real life lived in the world of
nature. The first life they call 'I' and the second 'me', and they identify a fundamental conflict between this 'I', or verbal idea of self and life, and this 'me' which is the authentic self lived moment-to-moment, in-and-as context. They identify this as the fundamental human predicament, a trade-off of the beautiful real of flux for the apparent security of permanence. Along with parallels with other phenomenological thinkers (e.g. Heidegger, 1971), there is also a parallel here with Morita's notion of shisō no mujun, the ideational contradiction between how one thinks self/life should be, and how reality actually is.

Reconciliation is conscious integration of 'I' and 'me', understanding that 'me' cannot be an individual identity, and that 'I' is only a convenient and (non-consciously) shared convention. 'I' am a convenience, a construct, a mere mechanism, but that 'I' don't, cannot, 'know' it due to the nature and limitations of the mechanism itself. Non-theistic Zen's ontological task is to launch into consciousness of this as a lived fact, to rest at ease in the 'me' while exercising the 'I' mechanism in the game of focused volition and inter-subjectivity.

That which lies beneath theistic and/or soteriological Zen as an organised and ritualised religious system, is non-theistic Zen as an individual phenomenological practice. A practice which at its most fundamental is aimed at the re-positioning of the practitioner from one way of being human, to a radically different way of being human. It is an embodied, praxis-based philosophical áskēsis systemically applied as context-process toward self-overcoming of the illusory self.

All of Zen is aimed at overcoming an illusory self, but what is this illusory self that all of Zen is aimed at overcoming? As discussed, Zen suggests self is not a sentient-entity, but an embodied process-of-sentience. Yet, if the Zen self is a process, then what kind of process? A natural process of ontological movement, one which calls (usually unheeded) for a radical shift in mode of subjective experiencing. The notion of self-as-process suggests movement from and to, so from what position does this process begin, in what position does it conclude, and what happens between these two lived positions?
As presented in Section 3.3, there are various ontological-existential modes or positions from which the subjectivity operates. Three are particularly relevant to this presentation of non-theistic Zen, and the overarching question of this inquiry:

2. Self-as-áskētic-practice/experience-toward-overcoming-self-as-object; and

In Zen terms, the first of these is delusion, the perpetuation of the illusion of self as object. The second is some form of 'áskētic' practice, a praxis-based process of perpetuated overcoming of self as object. The third is a lived grasp of self as multi-modal sentience-process of subjectivity. Of these three, it is the second which constitutes the process of honing the human instrument, and the third which represents the 'dis-illusioned' human condition. It is a subjectivity that is beyond the invisible and habituated traps of self-referencing which manifest as either anxiety or narcissism. But more, it is a subjectivity with an intimate proximity to phenomena, free of the fetters of first position ('self-reflective-preoccupation-with-self-as-object'). In phenomenological terms, this is to experience 'the things themselves' without the self getting in the way.

Corresponding to relative subjectivity, the first mode of subjective experiencing is 
*Self-as-embodied-sentient-process-of-self-reflective-preoccupation-with-self-as-object* and is illustrated below in Figure 9. It is an internally oriented mode of subjective experiencing, energised by neurotic narcissism and/or existential anxiety. The misapprehension of self-as-object impedes apprehension of non-dual reality as it is, and fixates consciousness on the misapprehended self-as-object.
In its fundamental rejection of duality, Zen establishes a radically alternative (Raz, 2010) epistemological platform for theoretical systems such as object relations (Muzika, 1990), psychodynamics, and phenomenology, resulting in parallel, but meta-theoretically distinct systems. Our usual and somewhat (non-pathological) narcissistic object relations construction of self-as-subject preoccupied with self-as-object, is the phenomenon impeding direct and intimate contact with reality as it is. Self-as-object, constructed and projected as implicit foundation for our fore-structures of understanding (Sandage, Cook, Hill Strawn & Reimer, 2008), is the membrane through which our relationship with reality is mediated - "humans project an interpretation of life experience from their forestructure of understanding" (Sandage et al., 2008, p. 264).

It is our self-reflective preoccupation with constructed and projected self-as-object which instigates and perpetuates our alienation from reality as it is, and subsequently requires an object relations based construction of reality itself. This perpetual experience of a self misapprehended as object-entity, and therefore reality unapprehended and consequently constructed, is Zen's 'delusion', Zen's 'dis-ease of the mind'. For Zen we are not what we think. While thinking remains a phenomenon of mind, phenomenologically, we are what we are beyond thinking (Dōgen, 1253/2007).

The second mode of subjective experiencing is the ontologically transformative process of self-as-áskētic-practice/experience-toward-overcoming-self-as-object (self-overcoming). van der Braak (2011) uses the term 'áskēsis' to identify the perpetual
practice of self-overcoming toward the ends of overcoming the illusion of self-as-object, and experiencing intimate, unmediated reality contact. The áskētic (distinct from 'ascetic') practice-process ontologically shifts the practitioner toward experiential understanding of self-as-multi-modal-subject, a process which experientially overcomes self-as-object and facilitates an unprecedented and intimate capacity to blend with reality as it is. As illustrated in Figure 10 below, the self overcome in the process of áskētic self-overcoming is self-as-object.

![Figure 10. Self-as-áskētic-practice/experience-toward-overcoming-self-as-object](image)

Beyond common soteriological and/or mystical interpretations and representations of Zen, non-theistic Zen is arguably "a practice of continual self overcoming and self-transformation" (van der Braak, 2011, p. xii) which "makes use of techniques of the self that are as much bodily as intellectual" (van der Braak, 2001, pxii). Non-theistic Zen is embodied, philosophical, praxis-based self-overcoming.

"...the role of áskēsis has been underemphasised in western interpretations of Zen... Zen is all about practice, not only meditation practice but all kinds of áskēsis" (van der Braak, 2011, p. 22)

If the self overcome in the process of áskētic self-overcoming is self-as-object, the self arrived at beyond self-as-object, is self-as-multi-modal-subject (refer Figure 7). Corresponding to absolute subjectivity, this third mode of subjective experiencing is self-as-embodied-sentient-process-of-multi-modal-reality-oriented-self-as-subject. It is externally oriented, energised by natural desire for life and blends seamlessly with reality as it is. It is self manifest as the authentic activity of being (Kasulis, 1981).
Movement beyond self-as-object and all its concomitant implications for unimpeded reality contact and inter-subjectivity, is the core business of Zen. It is what is meant by Dōgen's entreaty to 'drop the self' (1253/2007). It is emancipation from the illusions and attachments of constructed and projected object relations. It is "the release from our egoic self-contraction" (Boaz, 2010, p. 169). It is a direct seeing into the nature of reality as it is, a kensho. Neither self nor reality can ever be experienced from the same position after such a lived experience cultivated through áskētic practice, and this is imperatively because áskētic practice is an embodied and perpetual process beyond the abstractions of thinking:

"...enlightenment is perpetually in danger of being turned into an essence, a telos, and an anthropocentric personal accomplishment. This is why Dōgen redescribes the Zen áskēsis in order to safeguard the innocence of becoming: practice is no longer separate from enlightenment" (van der Braak, 2011, p. 139)

Like the concepts of 'enlightenment' in Zen and 'cure' in MT, áskēsis is not a static point one arrives at (van der Braak, 2011), but is instead a perpetual ontological movement toward continual self-overcoming, the hallmark of authentic and actualised human nature.

### 3.6 Chapter summary

Zen is a vast topic, and this chapter was constrained in its treatment of Zen by the focused purpose of this inquiry. This chapter rendered a conceptual presentation of non-theistic Zen, so that it might be considered in relationship to MT. It pursued this task by initially distinguishing between Zen Buddhism as a religion, and non-theistic Zen as the Zen relevant to discussions of MT. It continued with presentations of non-theistic Zen as meta-theoretical perspective, the Zen self as a process of multiple modes of subjective experiencing, and non-theistic Zen as system of phenomenological praxis. On this foundation, non-theistic Zen was then explained as a process of philosophical áskēsis.
Together with Chapter 2, the working grasp of non-theistic Zen presented in this chapter allows an informed exploration into a possible relationship between MT and Zen. A variety of Zen principles have emerged which are relevant to the remainder of this inquiry:

~ The relative self as a utilitarian illusion;
~ Self as a phenomenal process of multiple co-emergent, interpenetrating modes of subjective experiencing;
~ Experiential understanding of the non-dual relationship between body and mind;
~ Emphasis on embodied, experiential knowing rather than intellectual knowledge;
~ Co-emergence of intra-being, inter-being, and nature;
~ Modal shift from relative subjective to absolute subjective, or pure experience of reality as it is (sonomama and 'suchness');
~ Being-as-doing, the capacity of self-as-process to dwell 'as-and-in' manifesting activity in relation to otherness (human or nature/environment/work/art);
~ Transcendence and integration of polarised dualities;
~ Peripheral orientation of consciousness (mushojū shin) as a characteristic feature of meta-theoretical Zen (no 'self'-preoccupation or 'self'-consciousness); and
~ Heuristic, hermeneutic, phenomenological, and experiential processes and methods.

That which lies beneath Zen Buddhism as an organised and ritualised religious system, is non-theistic Zen as an individual phenomenological practice, a practice which at its most fundamental is aimed at the re-positioning of the practitioner from one way of being human, to quite a different way of being human. These distinct ways of being human constitute qualitative differences in disposition, orienting, embodiment and perception. It is this possibility of multiple ways to be human, and a capacity to move naturally between them, which underpins exploration of the relationship between non-theistic Zen and MT.
Having presented both classic MT and Non-theistic Zen, it is now theoretically clear that MT shares both meta-theoretical foundation assumptions regarding the nature of the human condition, and the same emphasis on phenomenological praxis as the Zen practice traditions. The next chapter carries these working grasps of MT and Zen forward as an overarching frame of reference, to be drawn upon in a thorough examination of the Morita-Zen discourse.
Literature Review

"Zen & Morita therapy have a similar point of view about human problems & their solution"
(Suzuki, 1989, p. 198)

4.1 Chapter overview

This chapter presents an overview of the literature on the subject of whether a relationship exists between classic Morita therapy and Zen. The topic is a sub-discourse within the MT literature, and will be referred to hereafter as 'the Morita-Zen discourse'. This chapter aims to provide a hermeneutically informed meta-synthesis of significant perspectives from the Morita-Zen discourse. The chapter concludes by summarising these perspectives, so that they might qualify, contextualise and clarify each other, and provides a consolidated position on the research question of whether a relationship exists between systems.

The aim of this literature review was to determine whether Morita scholars believe a relationship exists between MT and Zen. It was methodologically essential to consider the most appropriate approach to the literature, as relevant publications addressing this issue in Japanese, German, French and English have emerged over the decades since Morita's original work. As a non-Japanese psychologist interested in a classic Japanese system of therapy and its relationship to another Japanese practice system (Zen), there were two significant challenges in undertaking the literature review. The first was that I neither read/think in Japanese, nor been socialised in Japan. This meant a dependence on existing translations, or seeking translation of formative or key supplementary texts.

19 In key instances relevant material in languages other than English have been translated for inclusion.
The second challenge was inherent to the nature of the question itself, and the nature of the material addressing the question. As far as could be ascertained, the relationship between MT and Zen has not been the focus of any previous methodological qualitative inquiry. Consequently, what was available in the literature on this discrete subject was not evidence born of research, but perspectives born from experience. While a review of the literature usually undertakes to consolidate a position based on evidence available from previous studies, in this instance such evidence is unavailable.

The lack of evidence regarding a possible relationship between MT and Zen had two implications. The first was that any form of methodological research would constitute a significant contribution. The second was that a weighing and consideration of existing research evidence as a basis for the current inquiry was impossible. Consequently, a literature review strategy had to be matched with both the nature of the question, and the nature of the material available addressing the question. The most viable approach was determined to be a hermeneutically informed meta-synthesis of perspectives from the Morita-Zen discourse.

4.2 Hermeneutic meta-synthesis of perspectives from the Morita-Zen Discourse

The rationale for a hermeneutically informed meta-synthesis was that a thorough review of the literature identified no publications detailing a methodical and specific inquiry into the relationship between MT and Zen. What was available in the Morita-Zen discourse, was a variety of comparisons and perspectives on the issue spanning decades. A synthesis of these perspectives toward a consolidation of consistent themes was required as a basis for this inquiry. Due to cross-cultural and cross-paradigmatic factors, such a meta-synthesis must account for the contexts and backgrounds of key authors as either qualifiers and/or confounders of the perspectives they offer. A hermeneutically informed meta-synthesis (Zimmer, 2006) was determined to be the most strategically viable form of literature review.
Meta-synthesis (Jensen & Allen, 1996; Walsh & Downe, 2005) is a literature review technique distinct from systematic review and meta-analysis, which are more suited to consolidating bodies of quantitative material (Kepreotes, 2009; Sandelowski, Docherty & Emden, 1997). Meta-synthesis has been used previously to amalgamate bodies of qualitative research to distil consistent themes toward the ends of interpretation rather than evidence (Walsh & Downe, 2005). This inquiry required a review technique that would similarly enable the consolidation of perspectives and themes from key authors on the subject of MT and Zen. While this literature is not constituted by qualitative studies per se, the items remain qualitative in that they are the subjective impressions and positions of a wide variety of informed commentators, and therefore constitute a cumulative body of qualitative material.

An explicit hermeneutic component was also required to support the process of meta-synthesis. Hermeneutics emphasises time, place and author background, and these are also considered important in the process of meta-synthesis. Hermeneutic meta-synthesis is particularly relevant for this study, where in key instances, some authors form part of the background and/or context for other key authors on the subject of Zen in MT, and where authors and publications move across time and between cultures and languages.

The meta-synthesis process involves a sequential approach (Walsh & Downe, 2005; Kepreotes, 2009). The first step is to identify the central aims, questions or phenomena under investigation (Kepreotes, 2009). The second step is to obtain all relevant and available publications that deal with that question, and in the case of the current inquiry, this was sought on the basis of topical similarity (Sandelowski, Docherty & Emden, 1997). From this material, decisions are made regarding which items to include and exclude. In this inquiry, the basis for inclusion in the meta-synthesis was articulation of some form of significant, substantiating argument (screening out unsubstantiated statements of opinion). Appraisal of the included material is the next step, and for the current study, appraisal necessarily included hermeneutic consideration of the experience and authority of the author expressing the perspective. Analysis is then pursued through a process of comparing and contrasting (Walsh & Downe, 2005) the included material for consistency and/or contradiction, in a movement toward a consolidated position. The final step is
synthesising that position into an articulated summative translation of the fundamental aspects of the body of material relevant to the initial framing of the meta-synthesis. In this inquiry, the hermeneutic aspect of the meta-synthesis was breaking the Morita-Zen discourse into parts, as delineated by decades, and then considering the parts in relation to the Morita-Zen discourse as a whole.

4.2.1 Search strategy & process

As perspectives, representations in the MT literature are influenced by the culture, clinical training, orientation and experience of the author. This is complicated by the variety of 'Morita-based' therapies being practiced globally, meaning some perspectives refer to methods other than classic MT. Therefore, there were inherent challenges to presenting an overview of classic MT without it being coloured by some form of interpretive lens. An initial priority was to identify patterns of consistency, overlap and contradiction in a review of the relevant available perspectives on the apparent relationship between MT and Zen. Due to the phenomenological aspects of both systems, and the hermeneutic phenomenological underpinning of this inquiry, phenomenologically-based studies were sought first, by using the term 'phenomenology' as a triangulating denominator in literature searches.

The study benefited from access to two university search engines. The first, at Monash University, did not yield articles in other languages. The second, at University of Melbourne, yielded and allowed searches in other languages including Japanese. A timeline was constructed, situating the literature that addressed MT and Zen across time and place over the decades, with the first reference after Morita passed in 1938, appearing in 1952.

The Monash University search engines were initially used to survey the SciVerseScienceDirect (Elsevier), Health Reference Centre Academic (Gale), MEDLINE (NLM), OneFile (Gale), PsycARTICLES (American psychological Association), Sage Publications (CrossRef), Wiley Online Library, SpringerLink, and Arts&Sciences (JSTOR) databases. Boolean logic and advanced 'AND' and 'OR'

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20 For a fuller description of this sequential process see Walsh & Downe (2005).
search functions, as described by Aveyard (2014), were used to strategically search key term combinations, including 'Morita therapy and Zen', 'Morita Ryōhō and Zen', 'Buddhism and Morita therapy', 'Heuristic Inquiry and Morita therapy', 'Phenomenology and Morita therapy', 'Heuristics and Zen', 'Zen Phenomenology, Phenomenology and Zen and Morita therapy', 'Japanese Psychiatry', 'Japanese Psychotherapy', and 'Morita therapy and Cross-cultural Psychiatry'. Google Scholar, PubMed and PsycInfo were also used to undertake literature searches seeking references on the same constellations of key search terms.

The University of Melbourne's 'Discovery' search engine was also used to undertake searches using the same constellations of key terms and themes. Key terms were also searched in Japanese to identify any items on this topic not identified in the initial literature search. This search of the literature yielded a further eight items in English, five in Japanese, and one item in German.

A secondary layer of reference material was interrogated based on reference lists from the initial body of material, whenever a relevant Morita-Zen reference came to light. Literature on MT and Zen is a much narrower discourse than MT in general, and within that narrowed domain, significant cross-referencing and key authors quickly emerged. It is noteworthy that while literature was identified linking Zen with both hermeneutics and phenomenology, no literature linking MT with heuristics, hermeneutics or phenomenology was identified using these search strategies, suggesting that this methodological approach to the subject was unique at the time of submission of the thesis.

Reference sources directly addressing the topic of MT and Zen in some detail were colour coded violet (N=43), and material mentioning MT and Zen superficially in passing were coded blue (N=13). A smaller body of references, colour-coded orange (N=8) was comprised of articles from the International Bulletin of Morita Therapy (a periodical publishing between 1988 and 1993), and had to be sourced directly from the editors of the publication.

Where English-language texts deal with the relationship between MT and Zen, and reference relevant publications in other languages, those works were obtained (where
possible), and translated into English in order to review the issue in as robust a manner as practicable. In instances where this occurred, these items have been colour-coded green (N=6). Finally, across all colour-coded groupings of material, any reference which articulates some form of case against a relationship between MT and Zen has been colour-coded gold (N=3).

From the initial and secondary layers of reference material, a total of N=74 publications emerged that explicitly addressed MT in relation to Zen in some form. The material spanned decades from the 1950s, including a 1998 translated edition of Morita’s own 1928 publication, through to an article published in 2014. At the time of submitting this thesis, one further reference was currently in press, but was not yet available in its entirety for inclusion in the meta-synthesis. As constituted by the material derived from the process described above, the Morita-Zen discourse is summarised by decade and author in Table 2.
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Table 2. The Morita-Zen Discourse (by decade)
Items from the Morita-Zen discourse were then screened for inclusion in the meta-synthesis process. While many publications touched on the topic superficially, only those which articulated some form of significant substantiating argument for their position were included in the meta-synthesis of perspectives (N=41). The distillation of the Morita-Zen discourse into items included in the meta-synthesis is presented below in Table 3.

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<th>Decade</th>
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Table 3. Items for Meta-synthesis (by substantiated arguments)
The remainder of this chapter presents a hermeneutically informed meta-synthesis of these significant, substantiated perspectives on the relationship between MT and Zen. It closes with a summative position on whether a relationship is believed to exist between the two systems. The first perspective considered in the meta-synthesis is Morita's own controversial position on the subject.

4.3 Morita (1874–1938)

The ambiguity around the relationship between MT and Zen is firmly anchored in Morita's own writing. Morita (pictured below in Figure 11) wrote in his native Japanese and his work fills volumes. His translated writing, available to the English-language reader, is a single but pivotal offering, selected, translated and edited to furnish the quintessence of Morita's theorising and therapeutic method. Morita published Shinkeishitsu no Hontai Ryōhō (True Nature and Treatment of Anxiety-based Disorders) in 1928, with an array of later works expanding on key themes emerging from and after its initial publication. Morita's 1928 publication was translated by Kondō Akihisa M.D, edited by Dr Peg LeVine, and published by State University of New York Press in English in 1998. It allows Morita's own voice to speak both historically and currently in the international MT literature. The text presents Morita's conceptualisation of anxiety and rationale for his therapeutic approach. It is his own pure and simple statement of the philosophy, principles and mechanisms of his system, and therefore held to be pivotal by both Japanese and international Morita scholars alike.
Morita provided complex mixed messages regarding Zen, yet many scholars suggest a relationship clearly seems to exist between MT and Zen (Nakayama, 2012; Kasai, 2009; Nakamura, 2006; Takeda, 1964; Sato, 1961; Kato, 1959; Kōra & Sato, 1958; Jacobsen and Berenberg, 1952). References to Zen in Morita's 1928 work are many and varied. He begins making references to Zen concepts, texts and teaching devices from the first page of chapter one of his text, and advocates a Zen understanding of mind at the base of his system by pages 9-11. Throughout his (1928/1998) work, he makes reference to key Zen texts such as the Prajna Sutra (p. 3), Sandokai (p. 78) and the sermons of Hakuin (p. 36). He uses well known Zen teaching metaphors such as a donkey tied to a post (keroketsu) (p. 8), the bell and the stick (p. 10), using waves to eliminate waves (p. 39), and even paraphrases the Buddha's four noble truths in his discussion of suffering on page 91.

Morita referenced Zen concepts liberally throughout his work to illustrate the conceptual bones of his therapeutic system, alongside more psychological and phenomenological concepts. Central concepts discussed in Chapter 2, such as ideational contradiction (shisō no mujun), peripheral consciousness (mushojū shin)
(Nakamura, 2006), false wisdom (akuchi) (Kōra, 1990), pure mind (junna kokoro) (Fujita, 1986), and reality 'as it is' (arugamama) and experiential understanding (taitoku) (LeVine, 1991), are principles taken directly from Zen and adapted toward the ends of giving conceptual structure to Morita's therapeutic system. Despite this permeation of apparent Zen influence in his work, Morita provides a few explicit indications to mix his messages regarding Zen. For example:

"I have read a collection of Buddhist sermons by the Zen priest, Hakuin (1686-1769) about the method of introspection and the way to enlightenment and found that we hold similar ideas. However, the psychological explanations for my method are not related to religion" (Morita, 1928/1998, p. 36)

This statement clearly suggests that Morita's system is not related to Zen as a Buddhist religion. Yet, if we examine the statement more closely we find clues for fuller interpretation. Morita first states that he holds similar ideas to the Zen author Hakuin, who wrote about the overcoming of melancholic malaise through application of a Zen perspective and natural process (Reynolds, 1976). It has been asserted that Morita actually based much of his own therapeutic formulation "rooted in Hakuin's therapeutic approach" (Fujita, 1986, p. 33). Morita then qualifies this alignment with Hakuin's explicitly Zen ideas, by stating that his method is not related to religion. For people unfamiliar with the subtleties of Zen, it is natural to implicitly assume Zen is a religion, and it is often understood and practiced as such. As presented in Chapter 3 however, Zen is also practiced as something quite other than religion. The relevant hermeneutic question is whether Morita's statement, that his method is 'not related to religion', was denying the influence of Zen, or was distancing his theory from Zen Buddhism as an institutionalised religion?

Morita's position regarding 'religion' is complex. As well as his work with neurotic anxiety, Morita is known to have done significant work in the area of superstition and invocational psychosis (Fujita, 1986). This is relevant to interpreting his subtleties of meaning when he dissociates his therapeutic system from religion. Morita distinguished between superstition and genuine faith and "saw superstition as having an opposite relationship to genuine spiritual faith" (Fujita, 1986, p. 86). Morita
understood superstition as a form of delusion that could lead into anxiety-based disorders and in some instances invocation psychosis. This adds an important, discrete dimension to interpreting Morita's statement that his system is not associated with religion. It reveals a layer of interpretation where the hermeneutic reader of his work must separate out the nuances of religion-as-superstition from religion-as-authentic-spiritual-faith. This insight lends itself to clarifying Morita's own mixed messages regarding Zen, insofar as the latter can be understood in both ways.

Of the five surviving schools of Zen in Japan, some are more soteriological and theistic while others are praxis-based philosophical áskēsis. 'Zen' can be understood and practiced as either. Indeed, the rejection of Zen during the Meiji period was based on the superstitious aspects of Zen as a religious system (Sharf, 1993), but Morita was adequately educated in the liturgy of the Zen practice systems (Rinzai and Sōtō) to understand them not as religious or superstitious, but as non-theistic, non-soteriological systems of applied practice.

Morita provides a mixed 'it is, and it isn't' message, about the place of Zen in his work. Amidst the prolific use of Zen terms, metaphors and concepts, this mixed message gives rise to a significant initial ambiguity in the Morita-Zen discourse. Morita addresses the issue of religion again later in his text:

"When a person transcends her or his ego and refrains from satisfying egocentric desires with religion, s/he can find liberation, peace of mind, and the meaning of true religion. It is only in this regard that true human nature and the treatment of shinkeishitsu are related with religion" (Morita, 1928/1998, p. 95)

Where previously Morita distinguished his thinking (aligned with the Zen thinking of Hakuin) from 'religion', he now distinguishes between 'religion' as a device in the service of the ego, and 'true religion', which by inference seems something more akin to transcendence of the ego. He then explicitly associates this second category, this 'true religion' with 'true human nature' and his treatment system. Morita's distinction between 'religion' and 'true religion', to some degree qualifies the statement he made thirty pages earlier regarding his system not being related to 'religion'. The two
statements considered in the context of one another, suggest that Morita believes his system to be associated with something other than soteriological theistic Zen as religious system, something of a higher, transcendent, more authentic nature. However, on the very next page (p. 96), Morita seems to contradict the clarity he just provided:

"My therapy is different from Zen, which prescribes sitting in meditation. It is 'training by experiencing practical events'... My training does not direct a person to concentrate his or her mental energy solely on the hypogastric region, as practiced in the art of abdominal yogic breathing. ...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)

The ambiguity is re-invigorated by this strong, clear statement that 'my therapy is different from Zen'. Moreover, Morita identifies a concrete point of core methodology where his system is distinct. For those unfamiliar with the ways of Zen training, this statement might seem an adequate resolution to any uncertainty regarding Zen in MT. Yet for those with a practice background in Zen, it constitutes another subtle mixed message. Morita distinguishes his treatment system from Zen by pointing to Zen's central emphasis on sitting meditation (Zazen) as a cornerstone of practice, and its complete absence in his method seems to resolve any ambiguity at the methodical level of applied practice.

There are two subtle points to be considered in a full reading of his statement. The first is the significance of the Bed-rest Stage (Stage 1) as an embodied textual form in Morita's system, and its possible experiential and phenomenal parallels with sustained sitting meditation practice (Kondō, 1958). The second is the distinction that Morita makes here between meditation practice and 'carrying buckets of water and chopping wood'. While sitting meditation is a cornerstone of Zen practice in monastic contexts, what is learned from this is then applied to the mundane practices of living and doing. This is the distinction between Zen as a device, and Zen as manifest in a life fully lived by the authentic practitioner. Indeed, 'chop wood, carry water' is a common Zen reference to manifesting practice in every activity. This embodied activity is the other
side of Zen practice, the natural manifesting side, and as an ethos it permeates the later stages of classic MT. A Zen reading of Morita's statement above then, suggests that his system is not about systematised Zen discipline, but that it shares Zen's emphasis on manifesting a particular kind of perspective or disposition in everyday activity.

Later authors (e.g. Gibson, 1974) cite Morita's statements that his system is not related to religion or Zen at face value, and suggest western influences in his psychiatric training as the origins of his theorising. This fails to incorporate a hermeneutic reading of his many statements on the issue, either individually or as a whole. Such attempts also selectively ignore the following:

"My therapy has a radical nature that constantly pushes the client to obey nature by means of actual proof and experiential understanding. I do not emphasise suggestion therapy as does Charcott (1877), nor do I believe in miracles wrought by therapy. I no longer employ the mechanical life-control method of Binswanger (1911), and I do not treat my clients using persuasive arguments as does DuBois (1908). Moreover, I do not find it necessary to search in depth for circumstantial events that serve as causes to symptoms as does Freud (1916-1917). My therapy does nothing other than provide experiences that educate clients about nature and their lives, behaviours, emotions, and mental attitudes" (Morita, 1928/1998, p. 34)

Here, Morita clearly states that his method is not attributable to the western influences so often cited by western authors as an alternative explanation to Zen as a theoretical point of origin for his system (e.g. Spates et al., 2011). In this statement there are no mixed messages or ambiguities. Morita clearly states that these western influences constitute what his system is not.

The question to be explored now regarding Morita's mixed messages about the significance of Zen in his therapeutic formulation is, 'Why'? Why the ambiguity? Why are there pervasive implicit messages suggesting the influence of Zen throughout his work, yet some explicit (if ambiguous) messages against it? What influences might have been at play in his writing context to either give rise to mixed feelings within
him as an author, or prompt him to insert mixed messages in his theoretical work? To provide the cultural and epochal context for a hermeneutic reading of Morita's pivotal work, and specifically to understand his mixed messages regarding the place of Zen in his theoretical formulations, an appreciation of his Meiji Japan (1868-1912) practice and academic context is imperative.

As discussed in Section 2.3, the Japanese Meiji period is an important consideration as the context for Morita's early work. It began just six years before his birth and endured during his formative years and education. It was his intellectual climate, and despite the fact that his quintessential work was published in 1928, the Meiji influence on Morita is evident in his writing. It was a pivotal period in Japan's history which marked the end of the feudal Shogunate with its isolationist policy, and the ushering into Japan of a rush of mixed international cultural influences. The close association between Buddhism and the former feudal order, cast Buddhism in the light of an outdated superstitious institution, and government policies verged on anti-Buddhist causing a pseudo-reformation of Zen Buddhist systems in Japan during the early Meiji period (Sharf, 1993). At the same time, western technological and academic influences were pouring into Japan and being rapidly integrated into Japanese commerce and education systems. The period was characterised by a valuing of the western and a devaluing of the 'old ways' associated with the feudal regime which had isolated Japan from global progress. In short, the influence of the Meiji period in Japanese academic and clinical culture had led to placing high value on western education, and a kind of intellectual scorn for religion as obsolete superstition.

The Meiji context must be incorporated into a hermeneutic reading of Morita's statements regarding Zen, religion, true religion, and his therapeutic system. An interpretation emerges of Morita being self-protective in an academic and clinical environment hostile to any apparent influence of Zen and its associations with a redundant feudal Japan. It was not theoretically 'safe' for Morita to identify his system with Zen, either as a religion or as something else, in the clinical, academic and socio-cultural context of Meiji Japan. To openly do so would have been to court intellectual invalidation by his peers (Reynolds, 1976). This casts a new and important light on Morita's writing. Indeed, mixed and ambiguous messages become subtle qualifying
statements making discrete distinctions, easily lost to the contemporary western reader, when his context is accounted for in a hermeneutic reading of his work.

But as well as a Japanese Meiji theorist in the area of anxiety, Morita also had personal experiences relevant to a hermeneutic interpretation of his writing. For instance, he was academically exposed to German theories of psychiatry at university, and his mentor Kure (1865-1932), had strong clinical leanings toward German psychiatric theory (Fujita, 1986). This was in keeping with the trends and influences of his time and place. It is significant because in developing his own theory of anxiety based disorders and their treatment, Morita's moved against the tide of his westernising academic climate.

Morita also had ongoing personal experience of acute anxiety during his medical school years (Shinfuku & Kitanishi, 2009), and his own lived experience of anxiety is highly relevant to an interpretation of his work.

"This personal experience was rooted in his Zen practice, which ignored thought processes and emphasised direct individual experiences and physical activity... he suffered neurosis and treated himself based on the teachings of Zen" (Shinfuku & Kitanishi, 2009, p. 8)

There can be no doubt that this personal experiential learning is of evidenced influence (Ozawa-De Silva, 2006) in his theorising about the nature of anxiety and his therapeutic formulation. Morita theorises about the nature of anxiety and the place of lived experience as a methodology, from personal lived experience of anxiety and its self-overcoming. This situates lived experience at the heart of his system from its pre-conceptual origins, and in itself might be thought of as the embryo of his consequent work. Indeed, it might be suggested that Morita was his own initial, self case-study.

Morita is known to have had some Zen training in the Rinzai tradition (Kasulis, 1981) under Shaku Sōen Roshi (D.T. Suzuki's teacher) at Engaku-ji in Kamakura in 1910 (Rhyner, 1988), and Figure 12 below depicts the meditation hall (zendō) where Morita would have practiced Zen under Sōen Roshi.
This was prior to development of his therapeutic system, and it validates Rinzai Zen practice as an influence in his theorising. *Shodo* scrolls brushed in Morita's own hand (at Sansei Hospital, 2009) quoting fascicles from Dōgen's (1253/2007) *Shōbōgenzō*, the cornerstone text of the Sōtō tradition, also indicate that aspects of Sōtō Zen had significance in Morita's therapeutic thinking.

In short, we see aspects of Morita the person at play in his work, and these must be accounted for, as much as his text, in a full and adequate reading of his expressed meanings and intentions. Morita's own personal experience was not untouched by the anxiety with which he was theoretically concerned. Nor were the Zen terms, metaphors and concepts he used in his methodological formulation abstract and impersonal. In his work he notably turns away from his German theoretical training and orients himself toward something more phenomenological and philosophical, something he used Zen constructs to build and communicate. And all of these personal factors in the pro-western and anti-Zen intellectual climate of Meiji Japan.
Morita's writing is pervaded with Zen ideas and devices, providing a strong case for the influence of Zen in his work. Alongside this, he makes a few statements against a direct relationship with either religion or Zen, each of which he qualifies with coupled statements to assist the reader to a fuller interpretation of his nuanced meanings. These offerings were published in a clinical and academic climate overtly hostile to any explicit reference to Zen as a theoretical orientation. It stands to reason that if Morita wanted his theorising taken at all seriously in 1928 Japan, he needed to counterbalance the apparent influence of Zen with some explicit and self-protective statements (Velten, 2007; Watanabe & Machleidt, 2003) denying that his system was based on Zen as a religion.

In Morita's work then, we identify the origin of the ambiguity around the influence of Zen in his therapeutic system. His implicit presentation for the influence of Zen is counterbalanced by his explicit statements minimising a connection. This constitutes a mixed message, implicitly for and explicitly against the influence of Zen in his theory and method. However, a hermeneutic reading of Morita's work, factoring in his personal influences, the epochal climate of Meiji Japan as a theorising context, the pervasive Zen content throughout the text, the explicit statements that his system is not Zen and not related to religion, and the nuanced qualifying statements attached to these explicit statements, all lead to an interpretation of his work as being significantly influenced by Zen. Not Zen as a soteriological or theistic religious system, but as a philosophical and/or phenomenological practice system, and presented somewhat self-protectively in a climate unreceptive to anything associated with the thinking of the old feudal order of Japan. A hermeneutic interpretation of Morita reveals that the Zen influential in his therapeutic system, was non-theistic Zen.

4.4 Perspectives following Morita

The perspectives following Morita in the Morita-Zen discourse, follow in more ways than one. They follow him in time, in scholarship, in the pursuit of clarity and meaning. They also follow Morita in pursuit of the nature and extent of the relationship between Zen and classic MT.
There is a gap of twenty-four years between Morita's 1928 work and the next offering that mentions the subject of MT and Zen. For the purposes of hermeneutically structuring the meta-synthesis process, the discourse is broken into decades, with the exception of what Fujita (1986) refers to as the 'Barren Age' of MT, the period between Morita's original work and the end of World War II, where there is an evident absence of any reference to it whatsoever.

4.4.1 The 1950s

Seven years after the end of World War II and some fourteen years after Morita's passing, MT emerges as a topic in the western psychotherapy literature in 1952. The first voice to be heard and read in English on the subject of MT and Zen is one that persists across four decades in the English language literature. It is the voice of Kondō Akihisa M.D. (1911-1999), a Japanese psychiatrist who trained under Dr Kōra Takehisa M.D. (1899-1996), Morita's protégé and successor as chair of Psychiatry at Jikei-kai University School of Medicine in Tokyo. As well as his training in MT from Kōra, Kondō was psychoanalytically trained and oriented, and also had a background in Zen.

It was this unique blend of professional interests and philosophical understandings that made Kondō a person of interest to Karen Horney's American psychoanalytic movement in the early 1950s (LeVine, 1994). At the time, Horney was deeply interested in Zen (DeMartino, 1991). She was stretching her own interests into new ways of thinking about the nature of 'true self' (Morvay, 1999) and consciousness (LeVine, in press), and this sparked intense curiosity in her inner circle of psychoanalytic thinkers regarding Zen. This interest in the possibilities of Zen for psychoanalytic theory, saw Horney and her group develop ties with two key figures, Kondō Akihisa and Suzuki Daisetz. Suzuki, a Japanese Zen-trained translator, was the key figure bringing Zen to America and western literature at the time. Kondō, a Japanese psychoanalytic Morita therapist, offered a unique cross-fertilisation of western psychoanalytic thinking with Japanese Zen and Moritist thinking.
It was under these conditions that Kondō visited the United States to spend time with Horney's inner psychoanalytic circle in the early 1950s. He presented an oral paper to that group, an edited version of which was published as 'Intuition in Zen Buddhism' in Horney's *American Journal of Psychoanalysis* in 1952. The article is an extensive treatment of a subtle and nuanced Zen topic, and Kondō ties it loosely to MT in his summation:

"...in the past as well as at the present, not only the normal Buddhist but also the person who suffered from a neurosis went to the Zen temple, practiced Zen training, and was cured. Their anxieties were cured and they could enjoy their life more actively and constructively. Twenty years ago a Japanese psychiatrist named Dr. Kōra introduced a therapy for Neurosis which has been proved to be effective in our country. It is a kind of shortened Zen training" (Kondō, 1952, p. 14)

This is the first known appearance of the subject of Zen in relation to MT in the western literature, and clearly Kondō was committed to the position that Zen was significant to MT in a fundamental way. His writings must be considered hermeneutically, as Kondō wrote from Zen experience, personal experience and therapeutic experience. The Kōra that Kondō refers to in his 1952 paper was his own mentor and Morita's protégé. In Japanese terms, this kind of direct relationship, from Morita to Kōra and Kōra to Kondō, is of great and validating import, and gives Kondō's voice in the English-language literature an unassailable authority. Furthermore, like Morita himself, Kondō came to his interests in MT after weathering an acute existential crisis, and moving through it intuitively in a manner akin to Morita's method (LeVine, January 2012, personal communication). This lends Kondō's position the additional and highly relevant aspect of experiential authority. It is of great significance that the published piece is primarily on the Zen understanding of intuition and its therapeutic implications.

The following year, Kondō (1953) publishes 'Morita Therapy: a Japanese Therapy for Neurosis', in Horney's journal. The article provides a first full overview of the theory and structure of MT for the English-language reader. Reynolds (1976) identifies Kondō as the representative proponent of what he refers to as the Psychoanalytic
Style of MT, and Kondō was well trained in psychoanalytic theory and extensively experienced in psychotherapy. Kondō was instrumental (together with D. T. Suzuki) in the development of Horney's own interests in Zen (LeVine, 1994; DeMartino, 1991), which were arguably influential in Horney's later theorising regarding 'authentic self'.

It would seem that this meeting of Zen and psychoanalysis, as epitomised in the cross-pollination between Kondō and Horney, was not only significant for Horney's psychoanalytic theories, but also influential in Kondō's theorising about MT21. However, despite Reynolds (1976) suggestion that Kondō represented the 'Psychoanalytic Style' of MT, a hermeneutic reading of Kondō's collected publications suggests that he was a proponent of an authentic 'Zen Style' of MT, and that his Zen-Moritist fusion was complimented and further evolved by Horney's psychoanalysis. Kondō (1953) is explicit about the association between MT and Zen:

"It not only actually uses popularised Zen words and terminology, but also its fundamental orientation is regarded to be along the Zen way of thinking" (p. 37)

Unlike Morita's original writing, there is no ambiguity about the influence of Zen in Morita's theory and method from Kondō's perspective, yet he addresses what he sees as mainstream misapprehension:

"But often this is not fully realized or clearly and consciously followed by the Morita school. Re-examination, therefore, of the whole system in the light of a re-appreciation of Zen Buddhism can help this therapy develop more effectively and profoundly" (Kondō, 1953, p. 37)

Above, Kondō exposes the extant schism between Morita's clinical descendants. At that time there were already marked differences in thinking about the influence of Zen in Morita's theorising and method. Moreover, Kondō's entreaty above for a 're-examination' of Morita's system 'in the light of a re-appreciation of Zen', is a pre-iteration of the research question at the heart of this inquiry.

21 Both are likely to have been influential in Suzuki's theorising about psychoanalysis from a Zen perspective.
Kondō's extensive personal background in Zen training and practice could be used to call into question his interpretation of Morita's theorising and method. But it could just as readily be called upon, from a different perspective, to qualify his Zen interpretation of MT. This quandry is entirely relevant to the current inquiry. Does a Zen background contaminate or qualify an investigator or commentator to make interpretations about the place of Zen in MT? That an individual has a perspective influenced by Zen training, does not mean they perceive everything as Zen, but does mean that which relates to Zen, and that which does not, is immediately apparent. Zen training is arguably the discipline of 'unskewing' cognitive interpretations of perception, and unpicking the webs of association in which objects are inter-related in constructed subjective experience (Sekida, 1985). The cultivated Zen perspective does not colour the perceived, but to the contrary, clearly discerns the (usually invisible) colourings of subjectivity, and affords a clear perception of phenomena as they are, unsullied by perceptual bias or interpretive skew. Morita (1928/1998) referred to the 'clear discernment' of Zen and the place of this kind of clean perception in his therapeutic system. Seeing clearly allows the neurotic individual to understand and move through and beyond their illusory struggles. It is this 'clear discernment' that Kondō brings to his Zen reading of Morita's theory and method, a clear discernment cultivated in his own Zen practice and applied in his own therapeutic practice.

"As a student of Zen I have personally profited a great deal. But as a therapist of neurotic patients I am greatly indebted to Zen teaching for their recovery" (Kondō, 1958, p. 61)

Furthermore, in Kondō's case, his training relationship with Kōra mitigates any challenge brought to bear against his Zen background, and instead further validates his Zen interpretation of Morita's therapeutic system. We see in Kondō an embodied synthesis of MT with Zen, with a complimentary dash of Horney's psychoanalysis, resulting in a master of three related theoretical systems capable of their spontaneous, subtle and intuitive interweaving in response to therapeutic presentations, but bound by the structural constraints of no single system. As a valid Japanese voice of authority in the Morita-Zen discourse, Kondō is without parallel, and his historical significance in the chronology of the literature, situates his position on this subject as
second only to Morita's own. His writings, considered together, consolidate the significance of Zen for psychotherapy in general, and then speak clearly to the fundamental relationship between Zen and Morita's therapeutic system.

It was psychoanalytic interest in Zen in the early 1950s that saw the emergence of MT in the English-language literature. The context of western psychiatry and psychology was dominated by psychoanalytic theory at the time, and it was Horney's stretching of this theory into new conceptualisations of self and consciousness that provided an opportunity for Morita's work to be introduced in the west. The fact that Kondō, as introducer, was a Japanese psychoanalytically-trained Morita therapist with a background in Zen, is neither coincidental nor insignificant. It was the meeting of Kondō's background with the American Psychoanalytic Association, during a brief period of intellectual openness in the presiding paradigm, which allowed the Morita-Zen discourse to emerge.

Given that psychoanalytic interest in Zen was the intellectual conduit for MT's emergence in the west, the 1950s constitute not only a western point of origin, but also a taken-for-granted kind of 'givenness' about a relationship between MT and Zen. This relationship resided in underpinning theoretical understandings about the nature of the self and consciousness that were common to both. At the end of the 1950s, the discourse comes to rest at the working assumption that there is a relationship of sorts between the systems, but that as Kondō (1953) and Kōra & Sato (1958) both suggest, a more adequate understanding of the nature of this relationship was required. More than sixty years later, this study pursues that course of inquiry.

4.4.2 The 1960s

While the 1950s predominantly saw Japanese Moritist authors publishing in English, the 1960s saw non-Japanese authors entering the Morita-Zen discourse. The 1960's also introduced a feature which, over decades, evolved into a complicating ambiguity. This feature is the implicit assumption of some authors that the terms 'Buddhism', 'Zen Buddhism' and 'Zen', are entirely synonymous and can be used interchangeably and without apparent theoretical implication.
Spencer (1964) contributed to the Morita-Zen discourse by publishing in the Medical Journal of Australia. This was the first appearance of MT in the Australian literature. She states outright that "although Professor Morita denied that his theory was in any way connected with Zen, the influence of this philosophy on Morita therapy is only too obvious" (Spencer, 1964, p. 845). Spencer's concerns are around the therapeutic implications of Zen for what she calls the 'real self':

"Morita held that only through understanding the structure of the self and accepting it could an emotional disturbance be overcome... Morita tried to concentrate on what he considered reality - namely, the structure of the self - and not the illusion - namely, the symptom formation in the objective mind" (1964, p. 847)

This succinct description of Morita's priority and process suggests strong and clear parallels with the priority and process of Zen. While they may be structurally distinct and bent toward different utilitarian ends, Spencer argues both systems share consistency of priorities and processes:

"The patient...is taught to look at his problems collectively as things that simply happen; and is made to stand aloof from the conflict-laden lesser self by engaging his whole person in something else... Zen Buddhism teaches that the perception of one's separate individual self is the most disturbing, and has to be dissolved in the feeling of unity with one's surroundings or with Nature" (1964, p. 847)

Spencer concludes by explicitly linking MT and Zen, and identifying the implication of this for western psychotherapy:

"We can summarise the difference between eastern and western psychotherapy by saying that the eastern method tries to transcend the psychopathology of the patient, whereas the western method tries to eliminate it" (Spencer, 1964, p. 848)
For an Australian author writing in the 1960's, Spencer interprets Morita's work with remarkable depth, applying a working grasp of Zen to her reading of Morita's theorising around neurotic anxiety and therapeutic formulation. She demonstrates this by offering more than mere opinion or speculation, instead going into detail about where she sees philosophical and operational principles common to both systems.

In the same decade, Ohara & Reynolds (1968) offer a more anthropological interpretation of MT. They identify the influence of Zen in Morita's theoretical framing of the problematic self at the centre of his system. They relate this directly to the social value of work as a Japanese cultural phenomenon, and the function of work as both a Zen and a therapeutic phenomenon i.e. 'losing' the problematic 'self' in manifesting constructive activity:

"Morita, also influenced by Zen philosophy, saw too much self-consciousness as the cause of neurosis, and losing oneself in work (William James' "sciousness") as the cure. From such a perspective work had ultimate positive value, for by work one gave oneself to the group and lost oneself in the work simultaneously" (Ohara & Reynolds, 1968, p. 309)

This identifies that the central place of work as activity in the later stages of MT, had a well established precedent in Monastic Zen practice specifically, and Japanese culture more generally. It introduces a significant interpretive thread which winds its way through subsequent decades, the influence of the thinking of William James in Morita's theorising. In the excerpt above, Ohara & Reynolds situate the philosophical question of the nature of self at the centre of Morita's theory and method, and then bring both Zen and William James to bear as interpretive factors.

The 1960s saw the discourse spread beyond a Japanese-American dialogue into a genuinely international arena. This suggests interest in MT and Zen, as represented in the western literature, had moved beyond the initial relationship between Japanese Morita therapists and American psychoanalysts, evolving into a global discourse. At the end of the second decade of publications on this discrete subject, it is noteworthy that as yet, no opinion or argument against a relationship between MT and Zen has
been encountered. A hermeneutic reading of the literature to this point leaves little doubt that there seems to be a relationship between Morita’s therapeutic systems and the Zen practice systems. Yet ambiguity has also emerged regarding where the Zen influence came from, and the nature and extent of Zen influence manifest in Morita’s theory and method.

4.4.3 The 1970s

The beginning of the 1970s presents exactly what previous decades did not; a publication suggesting that Morita was not influenced by Zen. An important contribution to the discourse is made by Miura & Usa (1970), which some later writers (e.g. Gibson, 1974) draw upon to substantiate their own positions. It is significant because they reinforce and perpetuate the ambiguity around the relationship between MT and Zen. They do this by suggesting MT, as practiced in Japan in 1970, had been significantly influenced by Zen, but that this influence had not originated with Morita himself, and was instead attributable to USA Genyu, who was one of Morita’s direct disciples. They argue that:

"As G. Usa originally was a Zen monk, he naturally inevitably developed the Morita Therapy along the line of Zen. So this therapy in the end also included the Zen-mode of thought, though Morita did not receive it directly from Zen" (Miura & Usa, 1970, p. 2)

Miura & Usa provide a number of interpretively important insights. First, they suggest there is a Zen aspect to MT, but that Morita did not put it there, that it came after as an influence introduced by Usa Genyu. Second, like previous authors (e.g. Kōra & Sato, 1958, and Kondō 1953), they point to the emergence of a number of streams of MT in Japan, shaped by the secondary influences of Morita's various disciples. Miura & Usa's (1970) contribution argues both sides and reflects a divergence in thinking about the issue of MT and Zen (i.e. different clinical rationales and divergent theoretical explanations), which subsequently perpetuated and exacerbated the ambiguities initiated by Morita himself.
After making their initial statement that Morita did not bring Zen to the early development of his theories and method, Miura & Usa later acknowledge that Morita's approach "owed very much to oriental philosophy" (1970, p. 13), and that Zen was a fundamental aspect if this philosophy. Miura & Usa suggest that rather than a Zen influence at its origins, Morita's therapeutic system arrived at, or converged with a Zen-like perspective or orientation. Their final position is that there was Zen influence in Morita's original therapeutic formulation, but a Zen naturally 'arrived-at' rather than Zen as explicit origin, and as such, a natural, unconstructed and certainly non-religious Zen (Miura & Usa, 1970).

It must be noted that while Miura & Usa assert their position, they do not substantiate it, or provide evidence that Morita was not influenced by Zen where later authors (e.g. Reynolds, 1976; Kasulis, 1981; Rhyner, 1988) provide details about his Zen experience. They do not compare Morita's original method with Usa Genyu's variation, and use distinctions to evidence Usa's Zen influence after Morita. They assert, and as one of the authors, USA Shinichi, was the son of Usa Genyu (and had succeeded him as Director of Sansei Private Hospital in Kyoto), they assert their position with some authority. Yet explicit substantiation is lacking22, thus compounding rather than resolving the ambiguities surrounding the issue.

In the same year, Iwai & Reynolds (1970) identify the differing opinions about the influence of Zen in MT already suggested by former authors. Rather than contend with the issue directly, they offer an anthropological interpretation of the reasons why opposing opinions had emerged:

"One group interprets Morita therapy on a rational, scientific basis with hopes of expanding its recognition and adoption by the West... The other group emphasizes that the attitudes underlying the psychotherapeutic method and the terms used are related to or identical with those of Zen Buddhism" (Iwai & Reynolds, 1970, p. 1032)

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22 This may be a Japanese cultural factor, as in Japan, seniority in a given field is often accepted as substantiation in and of itself.
They go further, to reframe the 'dispute' from an either-or dilemma, to a continuum-of-perspectives regarding the nature and extent of Zen in MT. They propose some very human reasons for differing perspectives, and touch on how human interests skew the matters we pursue, and the way that we pursue them:

"...it is the strength of the connection that is in question. Investigators who look at Morita therapy from their own therapeutic and theoretical standpoint tend to pay little attention to this connection. On the other hand several authors have taken an interest in Morita therapy primarily because they see in it a working out of Zen principles" (Iwai & Reynolds, 1970, p. 1032/1033)

Clarifying this position has important implications for the ambiguity surrounding MT and Zen. It owns the pre-dispositional human element in any array of perspectives, and points to our human tendencies for real and relevant cognitive skew and self-confirmatory biases. They point out how these human pre-dispositions have influenced the Morita-Zen discourse:

"Some investigators who emphasize the relationship between Morita Therapy and Zen Buddhism have done their primary research in hospitals that do not. However, the converse does not hold" (Iwai & Reynolds, 1970, p. 1032/1033)

If researchers interested in the relationship between MT and Zen have observed contexts where the prevailing opinion has had more western psychiatric leanings, it makes sense that this will further muddy the waters around the issue. And if researchers who avoid the Zen question have not investigated Zen-based clinical contexts, this serves to compound the ambiguity further.

At this juncture it becomes apparent that any inquiry into the relationship between MT and Zen must ideally explore clinical contexts representative of each orientation. To investigate the nature and extent (rather than 'if') of Zen in MT, it makes robust and intuitive sense to accommodate predispositions by comparing and contrasting a clinical setting acknowledged to be explicitly 'Zen-based' with one explicitly acknowledged to be other than Zen-based.
Iwai & Reynolds address the issue of Zen again when they discuss the central Moritist idea of *arugamama*, and suggest common aims but distinct methodological approaches for MT and Zen:

"Others have attributed a deeper, satori-like quality to the arugamama attitude... the aim of Morita Therapy, just as in the practice of Zen, is to release action from the interference of the resistive, doubting, observational self. If the ultimate result of such a change in attitude and attention is a satori-like experience, then at least the means of achieving such an experience is certainly different from that of Zen Buddhism" (1970, p. 1033)

By identifying the common aim, they infer common principles at play in Morita's therapeutic system and Zen practice systems. Their final contribution is a re-framing of the definition of *arugamama*. "Arugamama, approximately means 'the accepting of phenomenological reality' (literally,'as it is')" (Iwai & Reynolds, 1970, p. 1033). Their re-frame incorporates the term 'phenomenological' and thereby elaborates on previous definitions of *arugamama* in a highly relevant way. As with Sato (1961), bringing phenomenology into explicit relationship with MT is another significant thread of association with Zen, because the Zen systems, ultimately, are systems of phenomenological practice (Kopf, 2001).

Following Iwai & Reynolds, Veith (1971) wrote based on observations she had made at a Dr Suzuki's private MT hospital in Tokyo, a context with an explicit Zen-based orientation. This was a step forward from a western author, a stepping beyond theory and 'conceptualisation about', into the realms of more Human-scientific observation, comparison and interpretation. Veith begins with some relevant background of the historical place of Zen as a Japanese cultural mediator of mental health:
"...two basic tenets of Zen Buddhism are the importance of nature and life in and with nature, and immersion of the individual in the family, the group and the community. Deviance from these tenets are deemed an alienation from the religious and social aspects and also from the point of view of mental health in general... Psychotherapy is not a part of Zen doctrine, nor were the monks conversant with or eager to undertake any form of therapy. To all comers, healthy and disturbed, they applied the same treatment: insistence upon strict conformity with the rules of Zen" (1971, p. 1458-1459)

Veith emphasised that life in a Zen setting "counteracted alienation from nature and society" (1971, p. 1458), speaking as clearly to Morita's staged, residential, community-based method as to the monastic Zen setting. Veith suggests that Morita borrowed directly from the structures and practices of monastic Zen communities based on cultural precedents. She goes on to compare this with the structure and mechanisms of Morita's therapeutic system as observed at Suzuki's hospital:

"Morita, of Jikei University, conceived the idea of exacting the essential elements from Zen conduct and constructing from them a form of psychotherapy. Thus it was that Morita Therapy was born: an absolutely typical Japanese mode of dealing with neurotic patients that has no correlate or parallel in the western world. Its first major element is the combating of the egocentricity that is the most striking symptom of the patient's neurosis. The second element of Morita Therapy is the correction of the patient's alienation from nature because dependence upon, and love of, nature characterises the Japanese physical and emotional health" (1971, p. 1458-1459)

Rather than simply assert or generally allude to a relationship between MT and Zen, Veith identifies specific Zen tenets and then situates them as active principles in MT. This is fundamentally distinct from opinion. It offers an argument for a relationship between MT and Zen, and two tangible points of substantiation, the abolition of egocentricity and restoration of a balanced and harmonious relationship with nature.

Veith makes one further salient point relevant to this inquiry when she states that "from my description it will be realised that this form of therapy is entirely impossible on an outpatient basis" (1971, p. 1459). This observation is included here as a point of
interest, given the international push in the last decade to develop MT as an outpatient treatment method, and also to lend substantiating weight to the focus of the current inquiry on Morita's original formulation. Vieth saw the community and nature aspects of MT as unique and fundamental, and saw both as aspects of the relationship between MT and Zen.

Three years later, Gibson (1974), a British psychologist, presents the first western voice explicitly against a relationship between MT and Zen. An important contribution to the discourse by coming from a behaviourist perspective, Gibson vehemently asserts that no relationship exists between the systems. This is interpretively significant, because in prior decades the disciplines of psychiatry and psychology had been dominated by psychoanalytic thinking. Gibson represents not only the first behaviourist commentator on the subject, but also the first explicit interpretation against any relationship between the two systems.

In expressing his intention to definitively debunk suggestions that such a relationship exists, Gibson discusses Morita's objection to Freudian psychoanalysis, and asserts parallels between Morita's system and Eyesink's behaviourism. Rather than go into any detail regarding where Zen was thought to be in MT, however, and then refuting it with a viable alternative explanation, Gibson instead cites Kure's 'Kraeplin' (German psychiatric) influence as fundamental to Morita's work, and then rests his assertion that there is no relationship between MT and Zen by referring to Miura & Usa (1970):

"One of Morita's influential followers, Gen-yu Usa, was originally a Zen monk and naturally developed his therapy from that standpoint, although he was clear that it did not have Zen origins" (1974, p. 349)

As an initial statement leading into a substantiated argument on the issue this might be a viable assertion, yet without detail or further substantiation, we are left with Gibson's claim that his assertion, in and of itself, is adequate to substantiate his position. This amounts to 'because-I-said-so' logic, substantiated by 'because-they-said-so' validation. Gibson does offer a behaviourist critique and interpretation of
Morita's approach, yet what he offers regarding Zen is assertion without substantiation. Moreover, while he wholeheartedly embraces Miura & Usa's (1970) initial position, Gibson fails to acknowledge or account for their later qualifying statements about Morita's system having a close natural alignment with Zen. It is evident that Gibson is biased toward a behaviourist interpretation of Morita, and that he does not have an adequate grasp of Zen to grapple with the complex question of the relationship between it and Morita's system.

In 1976, Lebra's *Japanese Patterns of Behaviour* clearly identifies a relationship between MT and Zen:

"Morita Therapy is closely linked with Buddhism, especially Zen Buddhism. Indeed, Morita and others, including Kondō (1953), Kōra & Sato, 1958, Miura & Usa (1970), Sato, 1972, and Tomonori Suzuki (1970), have revealed this association in their minds by referring to Zen tenets or parables in their discussions of Morita Therapy" (p. 216)

Lebra's treatment of Morita's system reveals three parallels with fundamental Zen principles: arugamama, taitoku and jijitsu-hon'i. Jijitsu-hon'i is sometimes translated as the "fact principle" (Lebra, 1976 p. 226) and refers to the phenomenal realities of objects and behaviour as tangible facts in contrast to abstract ideas about things. As an operational Moritist concept, it is intimately related with arugamama, things (the facts) as they are, with the ideal self constituting a kind of interface resulting in a seamless blending with phenomenal reality as it is. "The arugamama principle endorses the union of the human self with the external, natural universe, in accordance with the Buddhist ideal" (Lebra, 1976, p. 224). When Morita therapists entreat patients to accept the facts, they are seeking a blending jijitsu-hon'i with arugamama. Morita's system is designed to facilitate a process of lived experience which provides space and time for this embodied insight to naturally arise. Lebra approaches this when she states:
"The main tenet of Morita therapeutic philosophy is the imperative of accepting things arugamama, 'as they are'... The therapy aims at persuading the patient to abandon his unnatural, 'artificial' attitude toward his mental and bodily condition, to renounce his will to keep them under the control of his ego. The patient instead is urged to experience the 'natural' motion and processes of mind and body" (1976, p. 233)

By suggesting a relationship between Morita's system and Zen, and then elaborating on the Moritist principles of arugamama, taitoku and jijitsu-hon'i (which are also fundamental to the Zen practice systems), Lebra (1976) provides insight and detail specific to where Zen may be manifest both in Morita's theorising, and in the lived experience of MT.

In the same year, Reynolds (1976) published the first English-language book on MT called Morita Psychotherapy. Reynolds approached MT from an anthropological perspective, making efforts to account for culture and context in his western interpretation of MT. There is merit in Reynolds' approach to Morita. As an anthropologist, he delved emically into MT, and then provided a fuller, etic presentation of some of the subtler points of MT which had previously been unavailable in English. In making an experiential approach to his study of MT, Reynolds appears to be the first English-language scholar to orient toward the subject in a manner consistent with the subject itself. It makes a profound and intuitive sense when studying something from another culture to clarify and account for one's own contaminating cultural predispositions, by actually entering into the experience, as it is experienced in its own time and place. Such an experiential approach affords the opportunity to learn about MT drawing on the Moritist (1928/1998) principle of taitoku, a form of knowing that comes from embodied experience rather than cognitive abstraction. This establishes Reynolds (1976) contribution with a unique claim to methodological consistency and subsequent validity.

Throughout his book, Reynolds makes a number of points relevant to the question of the relationship between MT and Zen. Reynolds identifies two important points:

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23 Reynolds was the first western scholar to undertake a valid ethnographic study of Morita therapy as a doctoral thesis.
"From Morita's perspective, the problem of neurosis is that too much 'self' stands out as figure against the background of the perception of the external world. When self-consciousness fills our attention we cannot attend to the other aspects of our world which require our interest and attention. For 'self' we can substitute terms like 'pain', 'anxiety', 'fear', 'sorrow', and the like because in a phenomenological sense (and Moritist theory operates from a phenomenological perspective) these experiences are the self" (1976, p. 10)

Reynolds clearly identifies that Morita sees the 'self' as the central problem for the neurotic individual, and also how that 'self' is problematic as a function of subjective orientation. This situates Morita's central concern across philosophical as well as psychological domains. In doing so, Reynolds aligns Morita's theoretical position with Zen's theoretical position, as Zen's universal aim is to see into the true nature of the self (Dōgen, 1253/1997). Placing too much emphasis on the self, as a central tenet of Morita's theory of pathology and cure, aligns it with centuries of Zen practice traditions which methodically pursue either the dropping (Sōtō Zen), or transcending (Rinzai Zen) of the self, which they deem to be the root cause of attachments, and therefore all human turmoil. The parallels Reynolds draws between Morita's and Zen's positions are clear:

"Zen doctrine holds that the misconception that there exists a 'self' is the source of all man's hesitation, suffering, and desire. Ultimately, according to Zen philosophy, the self, or ego, does not exist at all; it is a social fiction. ...When one thinks in term of a 'self' that 'has' these experiences, rather than in terms of an acceptance of these experiences as they occur, one is thinking falsely in Zen Buddhism's estimation and 'neurotically' in Moritist terms" (1976, p. 169)

Reynolds identifies that the disruptive effect of fixated internalised orientation toward the self, lies at the core of both Zen understanding of suffering and Morita's understanding of neurotic anxiety. Reynolds then highlights the essential philosophical commonality between Zen's orientation and Morita's theorising in stating that "cure must come from abandoning the self" (1976, p. 120). As an implicit assumption underpinning a therapeutic system, this Zen conceptualisation of self, as
evident in Morita's theorising, establishes Morita's system on a conceptual platform unique from anything in the west. This philosophical subject of 'self' is extensive, and was the theme of significance in Karen Horney's interest in Zen and MT (Kondō, 1991). It suggests Morita's therapeutic system was a structured approach to re-engineering the 'self' of the neurotic individual in some significant way, and based on an alternative understanding of what the self actually is.

Reynolds also argues that "Moritist theory operates from a phenomenological perspective" (1976, p. 10). Some six years prior, Iwai & Reynolds²⁴ (1970) had introduced 'phenomenological reality' into their definition of arugamama, a central principle of MT, and Sato (1961) had previously associated phenomenology with MT. Reynolds (1976) commits to the position that Moritist theory is phenomenological, and this is significant in a variety of ways. To begin with, a phenomenological approach to therapy as an alternative to either the Freudian orientation to the psyche or the Behaviourist orientation to observable behaviour, positioned MT as unique among therapeutic systems. A phenomenological approach connotes a particular kind of philosophical underpinning, as well as an embodied immediacy in application. Each set MT apart from its contemporaries with their emphases on either psyche or cogito. Also, as previously indicated, identifying Morita's theory as phenomenological implicitly aligns it with Zen, which is acknowledged to be a phenomenological practice system (van der Braak, 2011; Kopf, 2001; Kasulis, 1981).

Reynolds (1976) also tackles Morita's own mixed messages on the subject of the influence of Zen head on:

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²⁴ The same David Reynolds as Reynolds (1976).
"Morita explicitly disclaimed any strong connection between his therapy and Zen Buddhism. There is no doubt however, that Morita was strongly influenced by Zen modes of thought, both in his personal background and through the general socio-cultural setting of late nineteenth-century and early twentieth-century Japan. Morita's distinctive conceptualisation of neurosis and treatment was... essentially Buddhist in its emphasis on accepting one's experience of suffering as a means of transcending misery and losing oneself in productive effort" (p. 119)

Reynolds provides some anthropological framing for Morita's original claim that his therapeutic system was "not related to religion" (Morita, 1928/1998, p. 36), and then goes on to assert that this original claim conflicts with the evidence obtained through his analysis. He identifies significant Zen influences for Morita at both the personal and socio-cultural levels, and suggests that these are evident in Morita's theorising and methods. Reynolds provides an explanation for why Morita might have claimed his system was not based on Zen, despite its obvious and pervasive presence in the language and concepts Morita used in his theorising:

"Attempts to establish Morita Therapy as a science began with Morita's own efforts and desires. He disavowed any direct connection between Morita Therapy and Zen Buddhism. He appears to have held the belief that only two options faced Moritists: to consider his therapy a science or to consider it a religion. He chose science. I believe that Morita's own views were much closer to a Zen perspective than a scientific one, but that such views are no more religious than science is. Moritists themselves are divided on this point. Clearly, choosing the scientific route offered many practical advantages in Morita's era" (1976, p. 141)

This supports the influence of Morita's Meiji context as an interpretive factor, as outlined previously in this thesis. For Morita, not suggesting that his therapeutic system was based on science, would have been to court harsh criticism and clinical invalidation by a peer group committed to a new romance with western scientific ideals and methods. Reynolds both aligns Morita's thinking with the Zen perspective, and at the same time, distances that Zen perspective from 'religion' per se. In presenting his case, Reynolds again highlights the important question of whether Zen
is a religion, something else, or both. For the moment, it is sufficient to note that Reynolds suggests Morita was influenced by Zen, but that this Zen was not religious.

Reynolds clearly articulates the origins and nature of the schism of perspectives on the Morita-Zen question in the decades following Morita's passing:

"The development of Morita Therapy along several lines was apparently promoted by Morita himself. He took several of his students aside and suggested areas that needed special investigation" (1976, p. 45)

Reynolds suggests a form of systemic drift and he goes on to identify no less than ten 'styles' of MT. "Each emphasises a different aspect of Morita's therapy and most claim that because of their particular emphasis they are more effective and truer to Professor Morita's intent than the others" (Reynolds, 1976, p. 46). This separation has been suggested by previous authors (e.g. Kondō, 1953; Kōra & Sato, 1958; Muira & Usa, 1970), but Reynolds contextualises the apparent schism by suggesting that it was Morita's intention to have his therapeutic system developed in a variety of directions.

This has significant implications for the question of Zen in MT. If Morita intentionally fostered different streams of his therapeutic system, to perpetuate and evolve along discrete lines, and one of those streams was a Zen stream, it logically follows that Morita must have intended for a Zen-based version of MT be given the opportunity to manifest and bear fruit. It seems that what Morita may have intended to be concurrent and complimentary streams of his therapeutic tradition, entered into a kind of systemic sibling rivalry after Morita's passing. This implies that if worked back from the ten styles of MT operating in Japan when Reynolds was writing, ten interpenetrating aspects of Morita's own classic MT will be identified. A significant one of these ten aspects is Zen.

Reynolds also identifies clear theoretical and methodological parallels between MT and Zen. For instance, he explicitly marries Zen and MT in terms of
phenomenological principles, a fundamental thread common to the weave of both systems:

"One's phenomenological reality is a product of one's inner state and one's objective reality. By manipulating either factor it is possible to change phenomenological reality... the west is more accepting of activity directed toward changing objective reality and the east is (or was) more accepting of actively changing one's inner attitudes" (Reynolds, 1976, p. 110)

Reynolds identifies other parallels between MT and Zen, including that both systems rely on personal experience and experiential understanding rather than abstract knowledge. Whether a student seeking satori or a patient seeking 'cure', both systems re-orient the individual away from attachments to such abstract objects, and toward embodied, manifest activity. In each, there is an early process of desensitisation to the individual's former constraints, and this process unfolds in the midst of a structured re-socialisation culture (i.e. monastic community and therapeutic community). Both systems emphasise the social meanings of space, place, time and interpersonal relations. In identifying such parallels, Reynolds goes some distance in substantiating a significant similarity between Morita's system and Zen at the philosophical, theoretical and structural levels.

By the end of his text on MT, Reynolds's position on the relationship between it and Zen is clear and explicit: "The overlap in theoretical and methodological orientation between Morita therapy and Zen Buddhism is sufficiently striking and consistent to warrant acknowledgement of Morita therapy's intellectual debt to the historically prior Zen" (Reynolds, 1976, p. 172). Reynolds substantiates his position with explicit detail and examples. He identifies and interprets Morita's motives for denying a relationship between his therapeutic system and Zen, and also clearly identifies the undeniable parallels at both theoretical and methodological levels. In doing so, Reynolds achieves significant progress toward the substantiation of a relationship between MT and Zen in the discourse👿.

\[25\] It is of interpretive relevance that Reynolds would later take what he had learned about MT and evolve some selected aspects of it into a hybridised western system he would brand 'Constructive Living'. While the Constructive Living model constitutes an entirely different therapeutic phenomenon to Morita's model, it is evident that Reynolds borrowed some of Morita's ideas and
Two years after Reynolds, Triana (1978), an American psychoanalyst, submits a Religious Studies Masters thesis examining the relationship between MT and Zen. The thesis is a comparative theoretical analysis, and examines the two systems at conceptual and theoretical levels. Like Reynolds, Triana suggests that Morita's denial of Zen as an influence in his therapy was socio-culturally and academically self-protective. Triana (1978) then asserts Zen was a causal influence in MT, and proceeds to argue his case based on comparison of core systemic concepts and features. He begins by arguing both systems attend to the same problematic of the self:

"Man's discrimination of himself as a self, an 'I' differentiated from the not-self, immerses him in a radical dualism that permeates his entire experience of existence" (Triana, 1978, p. 12)

He continues, arguing the self-consciousness of this problematic self to be the core business of Zen:

"The I-consciousness of man is a false premise (duality) that engenders a fictitious experience of reality. Zen seeks to alleviate man's suffering by awakening him to the true nature of reality...one of the focal points of Zen is that self-consciousness is the root source of man's indwelling dualism and the cause of his suffering. Self-consciousness incarcerates man" (Triana, 1978, p. 16)

Triana asserts the common ground between MT and Zen to be that both seek to "release him/her from his/her misperception of reality" (Triana, 1978, p. 8), clearly identifying the same ontological and existential concerns as fundamental to both systems. Consequently, he also sees their aims and objectives to be completely aligned:

"The awakening of man to the true self is therefore the faculty by which Zen seeks to liberate man from the anxieties, fears and conflicts that confront man's dualistic existence" (Triana, 1978, p. 13)
Triana locates this awakening to the true self as remedy for the problematic self, and as central to both MT and Zen. He specifies arugamama to be "the quintessence of Morita thought" (Triana, 1978, p. 24), and then explicitly equates Morita's arugamama with Zen's satori:

"From the perspective of Morita therapy attachment to the subjectivity of being an 'I' results in neurosis; from the perspective of Zen attachment results in ignorance. The goal of Zen is to bring about the realisation of the true state of phenomena, a condition that functions without attachment. This is brought about through satori. Morita therapy reorients the shinkeishitsu personality by providing it with a new experience of self, which involves a diminution of the attachment to the generalised anxiety which is essentially common to all people. This is effected in Morita Therapy through the experience of arugamama" (Triana, 1978, p. 41)

Triana states MT achieves its kindred aims through facilitated therapeutic experience, structurally infused with Zen principles. He explains the outcome of MT in onto-existential Zen terms:

"...this synthetic experience resolves the spiritual deficit that results from man's experience of alienation from himself, his fellow man and nature" (1978, p. 44)

Triana presents MT as a skilful operationalisation of Zen principles (distinct from religion), and concludes by framing MT in unequivocally Zen terms, as upāya (skillful means):

"As an upāya, in the form of Morita therapy, Zen is able to alleviate the suffering of man separate from religious practices...Morita therapy as an evolution of Zen in a modern context may therefore be a precedent for a future western form of psychotherapy employing Zen ideas " (Triana, 1978, p. 46)
In sum, Triana (1978) substantiates clear comparisons and precise arguments regarding a fundamental relationship between MT and Zen at the conceptual and theoretical levels.

4.4.4 The 1980s

By the 1980s there are notably less psychoanalytic interpretations of MT in the literature, and the influence of paradigmatic shift toward cognitive behaviourism in psychiatry and psychology is evident in the discourse.

Kasulis (1981) makes an interesting and unique contribution to the Morita-Zen discourse in *Zen Action Zen Person*. Kasulis comes from a philosophical Zen perspective rather than a psychiatric, psychological, Moritist or anthropological orientation. His book on Zen addresses MT in the context of applications of non-theistic Zen. Speaking from a western philosophical position of expertise on Zen, Kasulis says of Morita:

"...he did have training in Zazen, frequently quoted the great Zen Masters, and used Zen-influenced terminology. In this way, Morita exemplifies what we may increasingly see in the west: a person trained in Zazen who does not consider himself or herself a Zen Buddhist and yet develops a humanistic theory with a distinctly Zen perspective" (1981, p. 146)

Kasulis (1981) distinguishes between an operational version of Zen and a religious and/or institutionalised version of Zen Buddhism. This provides a window in the Morita literature into a common artefact in Zen literature, and this window furnishes an important insight. Just as there is 'mind' and there is *mind* in Zen, so too there is 'Zen' and *Zen*. Zen as a practice system is not attached to Zen as conceptual construct (Matsumoto, 1997), so while religious Zen Buddhism can (and perhaps must) exist, it cannot be assumed to be entirely authentic.

According to van der Braak (2011), authentic Zen is non-theistic, and can either operate in tandem with the theistic, religious Zen Buddhism, or as a stand-alone
phenomenological practice system (Kopf, 2001). This distinction has been emphasised in the previous chapter, and the implications for this study are profound. There is religious Zen Buddhism and there is non-theistic Zen as a phenomenological practice system. They are two distinct, if at times interwoven phenomena. This insight allows a shift in interpretation of arguments for and against the influence of Zen in MT, from oppositional, to a working juxtaposition. When 'Zen' can be two distinct phenomena, it becomes possible for MT to both have a significant relationship with it, and at the same time, have no relationship with it whatsoever. This pivotal point reverberates all the way back through the Morita-Zen discourse and even through Morita's own writings.

Kasulis (1981) articulates four domains common to both MT and this non-religious Zen perspective:

"First, the therapy is not scientific in that its goals - self-awareness and action - are achieved without passing through the intermediate stage of theoretical self-understanding...Second, Morita therapy is present-directed rather than retrospective or prospective...Third, Morita ultimately defines the person in terms of action. Finally, self-consciousness, even as a reflective mode, is accepted as a natural part of human life. What causes suffering however, is being trapped in self-reflection" (p. 149)

In contrast to authors who provide an educated opinion, but without explicit points of comparison and/or substantiation (e.g. Gibson, 1974; Miura & Usa, 1970), Kasulis explicitly offers an argument with four substantiating points to demonstrate exactly where he believes the relationship between MT and Zen resides. For example, he interprets Morita's arugamama as akin to Dōgen's Gengokōan ("to learn the self is to forget the self"), and situates self-overcoming by seeing into self's authentic nature as fundamental to both systems. To clarify Zen's complimentary with Morita's phenomenological scientific orientation, Kasulis states:
"...in emphasising the pre-reflective ground of all experience, Zen is pre-scientific and pre-humanistic... Zen Buddhism might object to scientism even though it has no objection to science per se. Scientism is reductionistic: it claims that the scientific perspective is the only valid one. In Morita's terms, the scientistic view is caught in its own conceptualisation" (1981, p. 152)

By distinguishing between science and 'Scientism', Kasulis infers the possibility of pseudo-religious zeal, that science can be as blindingly predisposing as any other system if it is taken to be the system of truth rather than a system of understanding. Kasulis locates Morita's theorising in a non-theistic Zen perspective, and he also situates Morita's thinking as congruent with, but not constrained by scientific theory. What Kasulis suggests, is that Morita's theorising and therapeutic system blends elements of both non-theistic Zen with elements of scientific theory and fuses them into operational principles bent toward therapeutic ends. From a Zen perspective, this resonates with mixed messages in Morita's own original writings and clarifies the combined influences of Zen and science in Morita's theorising and methods. The common ground between Zen and science is phenomenology.

Ten years after Reynolds published his book on the subject, Fujita (1986), another student of Kōra Takehisa, published a more comprehensive English-language text called *Morita Therapy: A Psychotherapeutic System for Neurosis*. From the outset, Fujita provides a clear sense of what he is attempting to convey. "The objective of MT is to stimulate self-awareness, self-discovery and an authentic perception of the substance of human nature" (Fujita, 1986, p. 2). The pre-occupation with the 'self' which was evident in Reynolds' (1976) and Triana's (1978) explanations of Morita's theorising, are again central in Fujita's opening framing. Despite its circumspect brevity, this summary statement makes grand claims. It presents MT as an ontological process of evolving the 'self', that the self in its current form is somehow overcome or transcended through MT, to arrive at a more authentic manifest version of itself. There are echoes of Kondō (1952/1953) and Horney's psychoanalytic preoccupation with versions of self, both of which were familiar to Fujita. Importantly, Fujita suggests that for the neurotic individual, MT provides a form of self-overcoming, and that this is achieved through authentic perception. Without mentioning Zen
specifically, Fujita marries it in orientation and process, with Morita's fundamental intentions, arguing MT is:

"...based on stimulation of intuition, in which patients are naturally awakened to a recognition of their authentic human nature. The principle of this approach is having patients discard all discretionary mental artifices and learn to behave in harmony with their authentic human nature. The principles of this approach form the 'root' of Morita Therapy, one that is grounded in the Oriental perspective of a monistic, non-dichotomizing mode of thought" (Fujita, 1986, p. 4)

Fujita explicates his assumptions regarding the nature of the self: "the self transcends verbalizing and is not controlled by emotions if one has the simple acceptance of 'things as they are' (arugamama)" (1986, p. 9). Again, without any mention of Zen, Fujita expresses an attitude infused with a Zen perspective. Also aligned with Zen thinking, he defines acceptance of things as they are, not as an attitude, but in terms of manifest action: "to take action that needs to be taken, while enduring anxiety as such, is, in fact, the act of accepting things as they are" (Fujita, 1986, p. 9). He commits to a monadic (rather than dualist) epistemological underpinning for MT. "Human health, in Morita Therapy, is defined on the basis of Morita's fundamental conviction of the monistic unity of mind and body" (Fujita, 1986, p. 9).

This monadic unity of the body-mind is at the centre of Zen's conviction that the 'self' is a construction, a 'convenient fiction', that it essentially does not exist as an entity apart (Triana, 1978). Without mentioning Zen at all, Fujita presents MT on Zen epistemological foundations. Fujita suggests that Morita himself "induced, in the patient, an Oriental discipline which included a 'religion which is not a religion'" (Fujita, 1986, p. 11). This resonates strongly with Reynolds (1976) previous assertion that Morita's thinking was aligned with Zen, but that this had nothing to do with religion, with Triana's (1978) position that the Zen in relation to MT was not religious Zen, and also with Kasulis' (1981) assertion that MT was based not on Zen as a religious system, but based instead on Zen as operational principles.
Due to Chinese influence in Japanese culture, Fujita includes Neo-Confucianism along with Zen in his conceptualisation of what he refers to as the 'Oriental attitude' or philosophical disposition, at the foundation of Morita's theorising (1986). Rather than manifesting as philosophical abstraction however, this disposition is instead applied toward manifesting philosophical activity. He summarised this position in the following way:

"Mind and reason are essentially conjoined. We become aware of reason through its manifestation in the mind by means of action... This practice-oriented system of learning dominated the intellectual life of the Japanese until they turned toward European culture. It was reinforced by amalgamation with Zen Buddhism and formed the style and structure of their consciousness" (Fujita, 1986, p. 39)

Fujita identifies that Zen was one part of an interwoven cluster of cultural sub-systems that were influential in Morita's theorising. He argues Morita believed that in the neurotic individual, the impulse to become a better version of oneself is the origin of neurotic anxiety, that when this natural phenomenon becomes complicated by an overly internalised orientation, neurotic anxiety manifests.

This parallels Zen's position, that the ordinary individual approaches Zen training to 'become enlightened', or in other words, to overcome the self and all its pains and constraints. Both systems are aimed at self-overcoming; MT for the self-overcoming of the neurotic self, and Zen for the self-overcoming of the ordinary (relative) self. This indicates that while MT and Zen are bent toward different points on a continuum, one therapeutic and one not, they differ as a matter of degree rather than of kind. Morita moves the individual from neurotic to cured, while Zen moves the individual from deluded to satori. It is perhaps in this message, again without direct reference to Zen, that Fujita demonstrates a fundamental relationship between MT and Zen. Fujita also lends his weight to Reynolds (1976) assertion that MT is a phenomenological system:
"His insistence that we must 'attempt to perceive the phenomena of the world as they are' or that 'the fact in itself is truth' pertains to both natural and social phenomena. The efforts of the Japanese to search for and recognise absolute meaning in the phenomenological world can be construed as a search for the 'roots of truth'" (Fujita, 1986, p. 42)

This phenomenological emphasis aligns Morita's orientation with Zen as phenomenological practice system (van der Braak, 2011; Kopf, 2001; Kasulis, 1981). Fujita concludes: "Although it is true that Morita's cognitive view of human nature sprang from a naturalistic scientific perspective, which included psychiatry, it is arguable that the Oriental wellsprings of his thinking served to support and reinforce his cognitive processes" (1986, p. 42). From this statement we can identify that from Fujita's perspective, Morita's therapeutic system contained both Natural-scientific and Human-scientific elements.

While Fujita refrains from explicitly attributing Morita's system directly to Zen, he does make reference to Zen in his explanations of Morita's thinking (e.g. p. 10), and he repeatedly uses terms such as 'Oriental perspective' and 'Oriental philosophical view', to indicate the cluster of relevant cultural influences, of which he acknowledges Zen as one. What Fujita provides are insights into the subtleties and nuances of Morita's theorising, and in so doing, allows us to compare them in detail with conceptual parallels from the Zen perspective. Fujita (1986) even raises the issue of mu (p. 49), a pivotal Zen principle, and states "it is exactly this condition that Morita calls junna kokoro (authentic or intrinsic mind; pure-mindedness)" (p. 50). Fujita's paralleling of this fundamental Zen tenet with one of Morita's, strongly suggests a close alignment between Morita's system and Zen at the level of operational principles:
"What lies behind Morita Therapy is the postulate that the condition of the world inheres in obedience to the 'truth of the universe and nature', including human nature, and further insists that this truth is the awareness of Mu (nothingness)... This is oriental philosophy: only if one empties oneself and casts the self into the Mu of nature can the authentic subjectionhood of the self be realized and the state of freedom attained, as advocated by Buddhism, particularly Zen Buddhism" (Fujita, 1986, p. 317)

Fujita also explores criticisms of MT, including studies with an interest in the relationship between MT and Zen. His central observation seems to be that "Morita therapy is also perceived as being a religious therapy" (p. 328). This emphasis on 'religious' is an invalidating sticking point for Fujita, and he determines religious interpretations of Morita to be superficial and/or in the service of the inquirer's interests.

Like Triana a decade earlier, the German scholar, Rhyner (1988a), dealt specifically with the question of MT and Zen. He undertook a comparative theoretical analysis between the process of MT and the process of kōan study in Rinzai Zen training, concluding that "Morita therapy is not based on western medicine" (Rhyner, 1988a, p. 7). Rhyner furnishes details valuable for a more hermeneutic reading of Morita. For instance, stating that Morita "in 1910, had some experiences in Rinzai Zen Buddhism under Zen Master Shaku Sōen (1859-1919) Abbot of Engaku-ji temple in Kamakura and teacher of D.T. Suzuki" (Rhyner, 1988a, p. 7). Knowing that Sōen Roshi (and by association Suzuki) was a part of Morita's Zen experience provides a layer of personal context, allowing a richer interpretation of what Zen is likely to have meant to Morita.

For Rhyner, the inescapable commonality between MT and Zen is the centrality of arugamama as underpinning principle in both systems. "The state of arugamama in Morita therapy is equal to zenchi, a complete cure" (Rhyner, 1988a, p. 11). The term sonomama is an informal term used in Japanese Zen to refer to the amalgam of subject-object, the non-dual 'isness' (shin nyō) or 'suchness' of outer reality with the inner experiential reality of this individual, just 'as it is'26. Rhyner identifies the

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26 This understanding is arguably the pivotal distinction between western phenomenology and the phenomenology of Nishida's Kyoto School.
parallel with Morita's nuanced use of *arugamama* to refer to the same construct, reframed for conceptual application in his therapy. Rhyner then uses this principle, common to both systems, to theoretically underpin the parallel processes of therapy and kōan study, processes which systematically shift the Morita patient from neurotic to *zenchi*, and the Zen student from delusion to *satori*. This important idea has been encountered previously (e.g. Fujita 1986). However, Rhyner's analysis indicates that while on a sliding scale of phenomenal experience the beginning and end points differ for neurotic patient and Zen practitioner, the underpinning principle and systematic mechanisms which progress experiential-phenomenal shift are virtually identical:

"...in developing his own conceptions about the formation and cure of shinkeishtsu-neurosis he was mainly influenced by his background and strong interest in Buddhism, especially Zen Buddhism. In his ideas about the formation of neurotic symptoms through the main factors of an egocentric attitude, contradiction of thought, a strong wish to be cured, and psychic interaction he follows Zen Buddhist lines... the main theoretical concepts of Morita psychotherapy developed along the lines of Zen Buddhist ideas" (Rhyner 1988a, p. 13)

Rhyner's theoretical comparison arrives at a similar conclusion to that of Kasulis' (1981), that Morita's system, while not based on Zen Buddhism as a religion, sits squarely astride Zen conceptual foundations and phenomenal mechanisms. Of course, Rhyner's contribution has its limitations. For instance, Zen is more than simply the process of kōan study, which happens in a monastic community context and is guided (mostly non-verbally) by a senior practitioner who 'knows' where the student is going. Rhyner also overlooks some of the more anthropological parallels and socio-structural elements that MT shares with Zen. However, the essential point is that while Morita stated his therapy was not based on religion, its implicit theoretical foundation - *arugamama* - is most certainly a Zen understanding of the phenomenology of human nature.

Rhyner (1988b) also published in the *International Bulletin of Morita Therapy*. He suggests that in its emphasis on lived experience as a foundation for lived understanding, and a natural orienting toward and responding to that which reality
actually presents, Morita's system is aligned with Zen. Consistent with his previous article (1988a), he states:

"Morita therapy is not based on Western medicine but Morita's thoughts were stimulated by studying western methods. While struggling with the western methods on his patients, Morita developed his own method of treatment which has characteristics similar to Zen rather than western therapies of his time... Morita's strong and lifelong interest in Buddhism must be acknowledged. He pursued his Buddhist studies for a long time before he became interested in psychiatry" (Rhyner, 1988b, p. 10)

Rhyner (1988b) establishes Morita's long-term interest in Buddhism and Zen as context for his use of Zen terms and concepts. This effectively connects Morita's thinking to Zen in a way that is prior, fundamental and formative. Considered alone, Morita's use of Zen terms and concepts might simply be the convenient, culturally available teaching tools and literary devices that many have claimed them to be (e.g. Ishiyama, 1988). However, hermeneutically speaking, when we weigh "Morita's strong and lifelong interest" (Rhyner, 1988b, p. 10) into an interpretation of his use of Zen terms and concepts, we arrive at a different interpretation of Morita's ownership and utilisation of these terms and concepts. Indeed, it might reasonably be suggested that this distinction changes Morita's use of Zen terms and concepts from mere literary devices, into evidence of Zen principles in his work.

A psychologist, anthropologist, and clinical MT descendant of Kondō, LeVine (1988) makes significant observations relevant to the relationship between Morita and Zen. She reflects: "it is the Zen philosophical underpinnings of Morita (Zen as philosophy not Zen as religion) that provide the impetus for assuming non-dualism, living fully in the present moment - accepting what reality brings" (p. 12). This distinction between Zen as philosophical system and Zen as religious institution is pivotal, and acknowledged previously in the Morita-Zen discourse. LeVine’s presentation of philosophical Zen in Morita’s system resonates with earlier authors (e.g. Kasulis, 1981, Triana, 1978 and Reynolds, 1976) and speaks to Morita’s own original mixed messages on the place of Zen in his theorising. The implications for a deeper
understanding of the nature and extent of Zen in classic MT are pervasive. Like Morita, LeVine also uses Zen to present Moritist ideas:

"There is a saying in Zen: 'to keep your seat'. One sits with what is. In a Morita sense, the 'problem' comes when one struggles not to be hurt or sad or angry. Fear comes through attachment to ideas. So even seeking 'rational' thoughts can create struggle. The Morita perspective brings the self closer to experience until self and experience are the same" (LeVine, 1988, p. 17)

This statement is as quintessentially Moritist, as it is quintessentially Zen.

Suzuki (1989) psychiatrist and director of his own private Morita therapy hospital in Tokyo, is identified by Reynolds (1976) as one of two examples of the Zen Style of MT. Suzuki's Zen content was explicit in his approach to MT:

"In Morita therapy, the solution for a neurotic problem lies in accepting one's phenomenological reality as it is rather than seeking to realize what it is not. One's awareness starts to flow freely when one accepts and becomes one with one's anxiety. The therapy is necessary to let a patient accept himself as he is. Therefore, Zen and Morita therapy have a similar point of view about human problems and their solution. To help attain satori, Zen uses such methods as sitting meditation and the kōan. Daily work, which is necessary to maintain temple life, is also an integral part of Zen training... Also in Morita therapy, a patient is encouraged to pay attention to what he is doing at work" (Suzuki, 1989, p. 198/199)

As a Morita therapist who clinically implemented Zen-based MT for decades in Japan, the quintessential bottom line for Suzuki resides in his statement that "Zen and Morita therapy have a similar point of view about human problems and their solution" (Suzuki, 1989, p. 198).
4.4.5 The 1990s

In the 1990s, Kōra (1990), a Japanese psychiatrist, Morita's clinical successor at Jikei-kai University, and Kondō's mentor, provides a powerful and succinct comparison between conceptualisation of psychological suffering from Zen and Moritist perspectives:

"If a person ignores factual data and judges the feeling of the moment to be real, he or she might get captivated by the agony of the latter. He or she will then repeat the errors in his or her thinking and be trapped in what is known as akuchi (wrong wisdom) in Zen. That is, being dragged into bewilderment all the more. I have come to think that what is known as satori in Zen Buddhism is the state whereby a person has awakened from this bewilderment" (Kōra, 1990, p. 11)

Kōra's comparison of parallel theoretical concepts and human process, identified at the heart of conceptualisation of neurotic pathology, locates Zen thought as central in Morita's theorising. He relates this Zen conceptualisation to MT:

"The attitude of facing and suffering the pain by accepting it is the shortest way of reducing the shackles of agony. Patients can be freed rapidly from the symptoms they have been suffering for years when they achieve the state of arugamama" (Kōra, 1990, p. 11)

Kōra equating Zen's satori with Morita's arugamama suggests at least a parallel process of self-overcoming, if not a parallel psychological state. From a Japanese Moritist of Kōra's calibre and authority, this constitutes a cornerstone substantiation of Zen influence in Morita's theorising and methods.

In 1991, LeVine offers an overview piece on MT in the Australian psychology literature. As psychologist-anthropologist, LeVine exhibits the capacity to observe and interpret the subtleties and nuances of culture and context imperative to a robust western reading of Morita. She identifies arugamama, taitoku, intimate contact with the present moment, and non-attachment as fundamental Zen underpinnings of
Morita's theory and methods, and argues "it is the Zen philosophical underpinning of nonattachment that gives Morita its strength to be utilised across cultures" (LeVine, 1991, p. 104).

A student of Kondō, and having experienced MT, at the time of her 1991 contribution to the literature, LeVine was an editor of the International Bulletin of Morita Therapy. This qualifies her perspective on the relationship between MT and Zen with her own lived experience of the method ('taitoku'), and also by her formal training with Kondō. She was acquainted with and had interviewed Kōra as Morita's protégé and Kondō's own mentor. Her contact with Kōra and formal training relationship with Kondō establish LeVine's grasp of MT as one of unparalleled pedigree among western Morita scholars.

In a review of the Morita literature, Goddard (1991) addresses the question of Zen as an influence in Morita's formulation, and identifies three main parallels between Morita's therapeutic system and the Zen practice systems. They are 1) the underpinning principle of arugamama; 2) the central function of manifest activity as evident in the work ethic fundamental to both systems; and 3) "implicit trust in a superior Master and subsequent dependence upon him are common both to Morita and Zen" (Goddard, 1991, p. 111). Goddard also offers an explanation regarding why Morita might have decried the evident influence of Zen in his theorising and method:

"Because Morita’s therapy had so obviously borrowed from Zen principles, his contemporaries often tried to reduce his theories to a philosophy. Morita, determined to prove his therapy’s scientific value, at times attempted to undermine connection between his method and Zen Buddhism. Today, Moritists do not deny the connection, but continue to debate its strength" (Goddard, 1991, p. 110)

For Goddard, the question is not whether Zen was a significant influence in Morita's system, but rather the extent to which Zen was influential.

A year later in 1992, forty years after his first English-language article on the subject, Kondō wrote more explicitly on Morita and Zen, and relevant Zen understandings of
ego and self that pertain to MT. Kondō begins with the fundamental premise which both systems have in common, that "ego or self is a fabrication of the mind" (1992, p. 2). Compared with western psychotherapies, this is a radically different epistemology of consciousness and self as implicit assumption for a therapeutic system:

"Ego and self are concepts created by the mind; one mistakenly believes the mind and body hold solid existence to which one's emotions can be attached. Once the notion of ego or self is firmly established in one's mind, it becomes the master of the mind and commands behaviour and emotions to serve its desires" (Kondō, 1992, p. 2)

This highlights the distinction between the assumption of self as sentient substance/essence in a western epistemology of self, and as a sentience/event in Zen's epistemological framing. This illusion of mental construction of a self of essence and continuity, is what Zen refers to as the delusion which ensnares the human condition and obscures clear discernment of authentic human nature (kensho). Zen has its own phenomenological processes and experiential mechanisms for cutting through delusion, to allow glimpses of authentic human nature beneath the cognitive noise of illusion and delusion. Kondō points explicitly to these parallel processes and mechanisms in Morita's system:

"Just as Zen sitting assists in cutting through ignorance and illusion, so the first bed-rest phase of Morita Therapy diminishes the individual's entanglement in ego. It is only after illusion is experienced by the Morita patient following bedrest, that social and work activity becomes less ego-conscious... Essentially, one dies in ego and lives more freely because one is awakened to a deep wisdom - authentic human nature" (Kondō, 1992, p. 4)

Adept in both Zen and MT, Kondō's opinion carries great authority when he parallels the processes and mechanisms of Zen sitting (Zazen) with Morita's Bedrest Stage. Moreover, he also parallels their purposes, in that he clearly suggests both systems seek methodical, experiential self-overcoming of the structural constraints of the neurotic (Morita) and delusional (Zen) self, and seek to arrive at authentic and unfettered human experience. It is in their common aim to overcome the limited self,
as well as in their common phenomenological processes and experiential mechanisms that Kondō identifies the unmistakable similarities between Morita's therapeutic system and the Zen practice systems.

In 1992, KITANISHI enters the Morita-Zen discourse in response to Goddard (1991), and critiques her stating, "in general, westerners' understanding of and responses toward Morita therapy ... all lack an adequate understanding of Morita therapy as a systematic, integrated psychotherapy" (1992, p. 182). Kitanishi then offers a presentation of the western influences he believed to be significant in Morita's theory and method as "the fattening therapy of Weir Mitchell of Philadelphia, the regulated living method of L. Binswanger and the persuasive therapy of P. Dubois for neurasthenia" (1992, p. 183). However, he also concedes that Zen was a philosophical underpinning to Morita's theorising, offering an observation of similarities between systems:

"The similarities between Morita therapy and Zen Buddhism include the following: (1) affirming and accepting worldly passions, desires and conflicts; (2) stressing practice in daily life (Zen practice, work in Morita Therapy). Both the Zen trainee and the Morita patient are directed to "Do only what you should do in this situation"; (3) stressing the form of practice "By arranging the external appearance or behaviour, the internal appearance or mind will mature naturally". This Zen proverb is quoted frequently by Moritists. (4) Stressing personal, behavioural experience through actual practice, not through abstract, ideal understanding. (5) The similarity of satori and arugamama (accepting things are they are)" (Kitanishi, 1992, p. 188)

Kitanishi presents an argument with five salient points of substantiation. Similar to Kasulis (1981), who provided four substantiating points to his argument for a relationship between Morita's system and Zen, and Rhyner (1988) who also articulates points of clear explicit substantiation for the relationship between MT and Zen, Kitanishi is explicit about where he believes the relationship between MT and Zen resides.
In 1993, Tro brings an important reflection to the Morita-Zen discourse, calling MT "the medium for the psychotherapeutic application of Zen principles" (p. 35), and arguing that "much of what is taught by Morita therapists is also reflected in Zen teachings" (p. 38). However, he suggests that the origins of the relationship between MT and Zen are as complex as they are secondary, and calls for a movement away from debate and toward acceptance of the relationship:

"Whether the similarity between Zen Buddhism and Morita Therapy is intentional or coincidental, whether Zen precepts are so deeply embedded in Japanese culture that they must manifest themselves in other theories, or whether they come mostly from the interpretation of Japanese Moritists who are also Zen practitioners, or whether it is a consequence of the western interest in Zen that was brought into psychotherapy by such luminaries as Karen Horney and Eric Fromm are almost moot questions. In a very Zen way, and a very Moritist way we must accept the 'Zen connection'" (Tro, 1993, p. 38)

Pragmatically, Tro concludes: "whether it is Zen-based or not is beside the point; it is replete with practically applied Zen concepts" (1993, p. 44). It is this permeation of MT with Zen principles that is of interest to this inquiry.

By the mid-1990's, Kitanishi & Mori (1995) clarify the divergence of thinking in the Morita School regarding the place of Zen in Morita's theory and practice:

"The opinions of other researchers are divided regarding the relationship between Morita therapy and Zen Buddhism. There are those who positively affirm the similarities between the treatment process of Morita therapy and the psychological condition of Satori (enlightenment) that it is expected to achieve, and those who recognize the influence of Zen Buddhism as an ideological background, but maintain that there is a difference between Morita therapy and Eastern religion" (p. 248)

Kitanishi & Mori clearly suggest it is not a matter of if Zen was significant in Morita's work, but whether it was a foreground influence in his actual therapeutic formulations, or a background influence in his philosophical disposition and implicit
assumptions. This effectively re-situates the issue of Zen in MT from a yes/no question, to a question of the nature and extent of Zen influence. On a more applied level, Kitanishi & Mori make one further observation:

"Morita lists from his detailed observations that bed rest proves (i) assistance for diagnosis, (ii) rest of mind and body, and (iii) suffering an inner conflict to its conclusion which eventually leads to enlightenment" (1995, p. 250)

The relevance lies in their pointing to the Bedrest Stage of MT as an experience which potentially leads to an enlightenment of sorts. The use of the term enlightenment implies at the very least, a parallel between the mechanism at work in Morita's first stage of treatment and the mechanisms at work in the Zen practice systems, suggesting that Zen has a place in the operational foreground of Morita's therapeutic system.

In 1998, some seventy years after his initial publication in Japan, the English-language translation of Morita's cornerstone (1928) work is published. Morita is finally available to the western reader as more than reflections from other authors. Translated by Kondō, Morita's nuances are arguably safe in the hands of such an authority. As editor, LeVine includes an important reflection from her personal conversations with Kōra, on the subject of Morita and Zen:

"The influences of Zen Buddhism, in particular, and Shintoism on Morita's theory and practice cannot be ignored... Morita did not want his method of treatment to be associated with Buddhism as a religion. Morita thought that his treatment would not be taken seriously as a reliable and valid therapy if people associated it with religious or iconoclastic practice" (LeVine 1998, p. xxii)

Formally trained in MT by Kondō between 1984 and 1998 and a practicing Morita therapist in a variety of non-Japanese contexts, LeVine (1998) proceeds to offer her own insights on the relationship between the systems and where she believes the heart of the relationship to reside:
"Zen facilitates the development of one's peripheral vision of consciousness (mushojū shin) or a 'widening of awareness' so that a person can respond to the uniqueness of each moment. In traditional Zen practice in Japan, methods of sitting have assisted the development of mushojū shin (though the attainment of clear discernment is not the goal). Similarly in Morita Therapy, the peripheral vision of mushojū shin just happens as the client begins the isolation-rest stage and moves through the successive stages of treatment; the 'self' simply drops into the larger ecological system in which the person thrives" (LeVine 1998, p. xxiii)

Like previous Morita scholars, such as Kondō and Kitanishi, LeVine points to a pivotal experiential shift in consciousness that occurs during the Bedrest Stage as the place where MT and Zen intersect in actual application. Pointing to this stage indicates not an abstract, philosophical or theoretical Zen influence, but a Zen principle applied as therapeutic mechanism. This strongly suggests any inquiry into the place of Zen in the lived experience of MT must delve directly and experientially into the progression of stages that begin with the Bedrest Stage. LeVine concludes her discussion of the Zen influence in MT:

"It remains tricky territory today to decide when to point to the Zen principles that clearly run through the practice and theory of Morita therapy - and when to keep them hidden beneath clinical terms" (1998, p. xxiii)

In 1999, Japanese psychiatrist and Morita therapist Watanabe, co-authored a book on MT in German with Lothar Katz (Katz & Watanabe, 1999). Watanabe & Katz write about fundamental differences between epistemologies based on western philosophy, and a Japanese epistemology based on Zen understandings of nature, the natural order, and the implications of the difference between body-mind split and body-mind interpenetration as a basis for therapeutic systems. In the midst of their argument, Katz & Watanabe (1999) point to Descartes 'cogito ergo sum' as the fore-structure of understanding underpinning western epistemologies, and contrasts this with implicit Japanese epistemic assumptions underpinning Japanese culture and MT.
Katz & Watanabe (1999) assert that fundamentally different understandings of nature and human nature have developed on radically different epistemic assumptions, and that these different understandings hold important, if subtle, implications for understanding and working with human psychopathology. They use Zen terminology to elucidate the phenomenological distinction between a western understanding of the self as phenomenological object, and the Japanese understanding of the self phenomenological process. The setting apart of subject that Katz & Watanabe (1999) identify at the core of western culture is also at the core of shinkeishitsu pathology, and to some significant degree this implies that a resolution of pathology resides in a return to an alternative understanding of self, nature and human nature. They also use the Zen term mushojū shin, pertaining to relaxed, peripheral, reflexive, unfixated orientation, to describe the fundamental process of MT in epistemically consistent and viable terms.

4.4.6 The 2000s

After the turn of the century, Tseng, (2001) points directly to the way Morita used Zen terms and phrases to substantiate a Zen influence in his theorising. He identifies the following as examples: "arugamama (accepting things as they are), shizen-fukuzui (obedience to nature), kohdo- honyi (action-orientation), ichi-nich kore kaji ('every day is a good day'), and heijosin kore michi (to keep an ordinary mind is the way of life)" (Tseng 2001, p. 546). While the first two are terms associated with Morita’s operational principles, the latter two are common Zen sayings used in MT "as slogans in the patient's daily life, with the intention of changing this basic life attitude" (Tseng, 2001, p. 546). Tseng argues that Morita's use of Zen terms and phrases in this manner clearly indicates a functioning conceptual and applied overlap between Morita’s system and the Zen systems. He also points out that the relationship between the Morita therapist and their patient is similar to the relationship between master and student in other Japanese practice traditions. Tseng proceeds to highlight more structural parallels between MT and Zen:
"Through programmed and staged life experiences, coupled with philosophical instruction, the therapy aims to create a new life experience for the patient. Through therapeutic mechanisms such as enlightenment about life, the therapy encouraged the patient to reach the psychological condition of accepting life as it is" (2001, p. 546)

This emphasis on stages and structure in the facilitation of experiential learning processes is fundamental to Morita’s staged residential method, and such learnings provide primary experiential understandings on which to build secondary philosophical understandings. Finally, Tseng concludes that "the basic therapeutic attitude and ideology emphasised in Morita therapy, as illustrated by the concept of 'acceptance (of symptom of illness) as it is', is related to the teaching of Zen Buddhism" (2001, p. 547). Tseng (2001) uses the terms 'Zen' and 'Zen Buddhism' interchangeably, without acknowledging the implications of this subtle distinction. His contribution to the discourse is in attending to the obvious, which is often overlooked as a given by authors seeking to penetrate more deeply into the relationship between MT and Zen. Morita's use of Zen terms and concepts prolifically must be acknowledged as a valid form of substantiation of a relationship between his system and Zen.

In 2003, Watanabe & Machleidt write in German on the subject of Zen and MT. They summarise their ideas on the subject:

"The substantial theoretical basis and therapeutic principles were taken from Zen Buddhism, such as the development of the ego in the space between subject and object, the unity of body and soul, the distinction of inner and outer nature, and the principles of emptiness and nothingness... Morita, sees the healing of the patients not in the removal of their fears but in the inner acceptance (arugamama) of the fears they have experienced - corresponding to an essential principle in Zen Buddhism" (p. 1021)

Watanabe & Machleidt clearly locate Zen principles at the heart of Morita's therapeutic process, and explicitly suggests these principles were taken directly from Zen. In a personal communication with Watanabe to discuss the contents of his article
(Tokyo, November 2014), he elaborated that Morita conceptually de-coupled his system from Zen for fear that in his context, an explicit association with Zen would risk invalidation (by his psychiatry peers) of his work as a religious rather than clinical phenomenon.

In 2005, Kitanishi delves into underlying assumptions of eastern and western therapeutic systems, and provides important insights into the nature and extent of Zen influence in Morita’s work. He identifies a Zen-based epistemological assumption of circular causality as central to Morita’s system, in stark contrast to the western linear causal assumptions at the foundation of western therapeutic systems. Kitanishi refers to this as:

"...in-nen: cause and relational connection. Events occur in the body and mind are understood in relation to other things. This is the basic epistemology behind Morita's understanding of mental phenomena"

(2005, p. 162)

This discussion takes a theoretical step beyond Kitanishi's earlier (1995) observations of overlap between the Morita's system and Zen. Clearly, identifying a Zen assumption of circular causality as epistemological underpinning for Morita's theorising is a valuable contribution, substantiating the extent to which Morita's system is infused with theoretically complex and implicit Zen principles.

Kitanishi (2005) also discusses the influence of Zen in MT with regard to "eastern naturalism, mind-body-monism, and egolessness" (p. 162). He emphasises "the therapy focuses on the development of a self that incorporates nature" (p. 168). Like Zen, with its emphasis on what it calls delusion, Kitanishi focuses directly on pathological narcissism as the core mechanism of suffering in the human condition. Indeed the two concepts are almost completely interchangeable between the Zen and Morita systems. Both emphasize a misapprehension of the self as the central issue (Triana, 1978) to be experientially realised in order that overcoming might naturally follow.
To make a conceptual comparison between the Moritist and Zen systems, we might compare Kitanishi's "The first step to overcoming the self is to know the self" (2005, p. 165) with Dōgen's "To learn what the True Self is, is to forget about the self. To forget about the self is to become one with the whole universe" (1253/2007, p. 32). In both systems, the centrality of the self is matched by its misapprehension, and overcoming is equated with seeing the phenomenon for what it really (i.e., phenomenologically) is. Kitanishi ties this misapprehension and self-overcoming directly to his interpretation of Morita's operational concept of *arugamama*:

"A person with attachment toward self seeks strengths and perfection in her or himself and cannot accept personal weakness, fearing that others will discover this weakness. This attachment is what creates suffering. Arugamama means to recognize and accept one's weakness. It also means to reawaken from narcissistic, perfectionist illusions about one's self and to find one's natural self" (2005, p. 166)

Kitanishi (2005) also describes how Morita rejected some of the western theoretical influences which have often been identified as alternative influences in his therapeutic theorising (e.g., Dubios).

Ogawa (2007), with a background of ministry and counselling, wrote a book about MT entitled *A River to Live By: The 12 Life Principles of Morita Therapy*. He outlines principles he felt were essential to Morita’s therapeutic system, refers to Morita's system as "Morita-Dō" (Ogawa, 2007, p. 122) and frames it as a 'life-way'. This echoes a Taoist flavour but also resonates loudly with the Japanese understanding of 'Ways' (*dō*). Like Morita, he uses Zen metaphors and references often throughout his book to illustrate Moritist principles27, suggesting a significant association between systems. Ogawa points out, again like Morita, that "Morita-Do is not a religion but a life-way" (2007, p. 122), and suggests that Morita's own use of Zen terms and concepts may have reflected a need to use "terms familiar to his clients and colleagues to describe his treatment theory" (2007, p. 122).

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27 E.g. p. 93 where he uses Morita’s own Zen reference to movements of mind being like a wave trying to overcome a wave.
Ogawa lends himself to Reynolds' suggestion by stating that Morita "was basically concerned with perceptible reality: with observable phenomena" (2007, p. 123). He writes about the importance of experiential understanding and the place of embodiment, and relates this, which he calls kofu, as a central mechanism in both Morita’s system and the Zen systems. "What Morita and Zen call kofu, the naturalness in bodily action when the mind allows the body full harmony of its own co-ordination" (Ogawa, 2007, p. 77). Ogawa also uses the example of the Tenzo (kitchen work) in the Sōtō Zen tradition as an example of 'attending' to the mundane activities of life in a particular way, to emphasise the place of subjective orientation and community in the applied practice of MT.

In the same year, OKAMOTO (2007) provides a chapter on Morita and Zen in his book on MT which was published in French by a Japanese publisher. Okamoto is a psychologist who worked for many years as an attending consultant at Usa Shinichi’s explicitly Zen-based Sansei Private Hospital in Kyoto. His choice to publish on the subject in a language other than his native Japanese is interpretively significant, and Okamoto summarises the chapter28 as follows:

"Morita therapy, inspired by Buddhism, especially by Zen, is a typical Japanese psychotherapy, the essence of which is to pursue 'the true self' as Zen does. 'The true self' is just the self with the 'pure mind' (by Morita's own words), which accords with the nature both outside and inside oneself. Morita therapy is, therefore, not 'natural science' dealing with human mind as fixed object, but the science of 'the nature of human mind', which is fluid. There are two currents in Buddhism, Mahayana and Theravada. Zen contains both elements. The discipline of Zen consists in the complementary fusion of their ways of 'experience', through which the experience of Zen training or Morita therapy attains the true self" (2007, p. 2)

Okamoto substantiates his position regarding the relationship between Morita's system and the Zen practice systems by identifying areas of consistency and overlap. Notably, he returns to an explicit emphasis on the 'self' and indicates that Morita's, like Zen, is a system designed to overcome the self in pursuit of the 'true self'. He also

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28 This chapter is the basis for Okamoto's oral presentation on Morita therapy and Zen at the 2010 International Congress of Morita Therapy.
indicates that the mechanisms for such a self-overcoming are 'pure mind' and 'according with nature', both of which have strong conceptual correlates in Zen theory and practice. He underpins his position with the central role of experience as the cornerstone in both systems and the gateway to the true self.

Okamoto (2007) also uses Zen's Ten Ox-herding Pictures as a vehicle to compare the ontological processes of self-overcoming in both MT and Zen. It effectively breaks down a quintessentially Zen process, into the processes and structures of Morita's staged, residential system of engineered therapeutic experience, and toward a consistent end. Okamoto is explicit that at a level of principles and ontological processes of the self, there is a profound relationship between MT and Zen. The fact that he has come to this position via taitoku, lived experience of a Zen-based MT hospital, the very mechanism Morita advocates as the heart of clear discernment, lends his position a clinical practice validity.

In 2008, Hashi, a Japanese comparative philosopher from Vienna, enters the Morita-Zen discourse, where she deals exclusively with the relationship between MT and Zen. Hashi (2008b) substantiates that the term arugamama, a conceptual cornerstone for Morita's theorising and an experiential pivot-point in his method, has its roots sunk deep in Zen ground. Anchoring the term in the original sanskrit term tathata, locates it at the very heart of the Zen perspective. One of the names for the historical Buddha is tathata-gata, meaning the 'one who is awakened to a true seeing of reality as it is'. When Zen systems assert that everyone has inherent Budddha-nature they are not making a soteriological claim to inherent divinity, but are instead pointing directly to this human capacity to experientially awaken to see reality as it is (Hashi, 2008b). The implication may be subtle, but this important nuance is relevant as a hermeneutic consideration that permeates throughout Morita's work, and it situates his thinking in a fundamental Zen premise:

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29 The Ten Ox-herding Pictures are a teaching tool of the Zen schools dating back to Chinese Zen of the twelfth century.
Hashi (2008b) suggests that Morita's conceptual bedrock is a Zen understanding of clear discernment of reality as it is. With this basis established, she proceeds to extrapolate relevant implications. It underpins Morita's conceptual emphasis of 'the facts' of human experience (i.e. phenomenological reality), and his entreaty to 'obey nature' (i.e. both one's own inherent nature and one's integrated place in nature proper), unfettered by the mental clutter of ideas about reality and nature:

"The transcendent truth appears in the empirical world of immanent life. This idea is clearly reflected in the following terminology: 諸法実相 shōhō jissō; various ways of truth (dharma in Buddhism) appear in the empirical phenomena of real life... Basic philosophical concept of shōhō jissō is: The truth is recognized in 'Reality Being As-It-Is'" (Hashi, 2008b, p. 6)

There are historical roots of Zen evident here in the notions that there is no real distinction between our mundane daily activity and transcendence, and that the only genuine truth is found inherent to actual, lived, manifest phenomena. Hashi identifies further Zen concepts evident in Morita's theorising and method, specifically the first Stage of MT:

"Awakening (enlightenment) to universal truth is parallel to the self liberation from one's own suffering and sickness. Morita said that keeping an absolute silence during the 1st phase is the best time in which the patient can concentrate on reflecting what the essence of his own suffering is" (Hashi, 2008b, p. 8)

Hashi identifies a recurring and salient theme; that the human process in the Zen practice systems is parallel with the human process in Morita's therapeutic system,
despite beginning from different points of origin and culminating at different points along the ontological continuum.

Often unacknowledged by others, Hashi also identifies the importance of the contextual factor of community in Morita's system (as discussed in Section 2.7.4). Zen practice systems function on the premise of community, and the place of an individual self as a micro-aspect of manifest activity in the larger movements of inter-being. What Hashi identifies is that through Morita's staged approach, an intra-personal shift in awareness (Stage 1) is then migrated into the context of interpersonal relationships (Stages 2 & 3) and eventually larger social systems (Stage 4):

"Human Being is Inter-Being, self-existence is Being between this Self and another Self. (This idea is reflected in the word of ningen, 人間 human being.) Morita’s therapy brings patients to self-awareness, to the Inter-Being. During the healing process the suffering self learns to live in a field of relations between various persons. This field is a network of co-existential relations" (Hashi, 2008b, p. 9)

Other commentators tend to overlook the central place of community in both Morita's system and the Zen practice systems. This is an important contextual and structural parallel, and points to a dual process - an individual process of growing intra-personal awareness in tandem with a process of inter-personal engagement with a community of others - for individuals experiencing both systems.

Finally, Hashi posits Morita may have been modest about his degree of Zen insight, rather than self-protective of his therapeutic credibility when he denied an association between his system and Zen. She reiterates that the process of liberation from delusion in Zen is a parallel to the process of liberation from neurotic suffering in MT. While both processes are constituted by the same mechanisms - clear discernment, awareness, acceptance of reality as it is and dwelling in that reality with others (Hashi, 2008b) - each starts from and finishes at different points along the ontological continuum. It is in clear discernment of phenomenal reality through reflection, by virtue of a peripheral feature of consciousness, and then the consequent acceptance of
reality as it truly is, that Morita's therapeutic system parallels the Zen practice systems.

It is hermeneutically relevant that Hashi also produced another article in the same year (2008a), and while not explicitly related to MT, she makes points relevant for a qualification of her 2008b contribution to the Morita-Zen discourse. The most important point is that while western philosophy and science operate on the basis of a singular formal logic system, Hashi (2008a) demonstrates that Zen operates on the basis of two interwoven logics. Her demonstration that this is fundamental to the Zen perspective, has profound implications for any analysis of Morita from a western perspective of a singular formal logic system. It implies that only half of Morita's conceptual picture will be perceived and therefore yielded for analysis.

In 2009, Shinfuku & Kitanishi assert that "Morita therapy was born from the spirit of Zen" (2009, p. 7). They draw attention to the relevance of Morita's own experience of Zen and how it was significant in his own experiential self-overcoming of anxiety:

"He suffered neurosis and treated himself based on the teachings of Zen. His personal experience is considered the basis for the development of Morita therapy as a unique Japanese psychotherapy" (Shinfuku & Kitanishi, 2009, p. 8)

This is the first time in the Morita-Zen discourse that authors suggest Morita's personal Zen training was instrumental in his own self-overcoming of anxiety as a young man. For his own use of Zen principles to have facilitated his experiential movement through anxiety, and that this personal experience of self-overcoming via Zen was precursory to his therapeutic theorising, arguably establishes Zen as fundamental to the forestructure of understanding Morita took to therapeutic theorising.

Shinfuku & Kitanishi (2009) proceed to identify a number of relevant points, including identification of process parallels between Morita's system and the Zen systems:
"In Morita therapy, verbal dialogue is not essential, however behaviour and experience by the patient is valued. Zen Buddhism also shares similar attitudes with Morita therapy. Satori (enlightenment) ignores verbal definition and can be achieved only through internal experience and sitting meditation" (Shinfuku & Kitanishi, 2009, p. 10)

The authors are not suggesting that Morita's therapeutic system leads to satori, but rather, like Hashi (2008b), they point to a parallel process beginning from different positions and ending at different points on an ontological continuum. Again, like Hashi (2008b), they go on to identify the central theme of MT as "to become aware of the limitation of the self, which results in the acceptance of symptoms as they are, and helps the client to realize the self as dependant on human networks" (Shinfuku & Kitanishi, 2009, p. 16). This identifies the same parallel intra-personal and inter-personal processes at the heart of MT that Hashi identified previously in relation to the Zen practice systems.

Shinfuku & Kitanishi further suggest MT places "importance on therapeutic milieu and therapeutic interpersonal relationships. In this sense, Japanese psychotherapies could be called a sort of milieu therapy similar to therapeutic communities" (2009, p. 17). Again, the central importance of the self in Morita's system is emphasised, a self that is first intra-personally reconfigured in the Isolation-Bedrest Stage, and then inter-personally reintegrated in a community context. The parallels here with monastic Zen training, where the self is intra-personally reconfigured while concurrently being interpersonally reintegrated in monastic community (van der Braak, 2011), are evident.

A final relevant point is that, in contrast to western psychotherapeutic systems which seek to fortify and bolster the ego, Shinfuku & Kitanishi (2009) suggest both MT and Zen seek to over-come or drop the ego, in order to move into a less ego-constrained mode of subjective lived experience:
"Western psychotherapies (Psychoanalysis, cognitive therapy and behaviour therapy) all aim to strengthen the ego. On the other hand, Eastern psychotherapies (Morita Therapy and Naikan Therapy) ask clients to break down their small ego and seek no-ego. Through this process of seeking the no-ego, the client is expected and encouraged to achieve comprehensive self (positive self). In both therapies, the ultimate goal is similar to Satori (Buddhist enlightenment)" (p. 18)

The authors suggest that as parallel human processes, both systems lead to a movement past former self-constraints, for the neurotic to the normal, and for the deluded to enlightened.

Throughout the 2000's we see more theoretically sophisticated perspectives on the relationship between MT and Zen. These perspectives are often qualified by extensive clinical experience conducting staged, residential MT, and at times come from MT 'establishment' figureheads (e.g. Kitanishi). Such sophisticated perspectives effectively go beyond any question of whether a relationship between systems exists and move into identifying aspects of MT in which the relationship might reside.

4.4.7 The 2010s

In 2010, Kitanishi emphasises that MT was established on an alternative set of implicit cultural assumptions to its western cousins, a set of assumptions he describes as "the oriental understanding of human beings, which include naturalism or one embodiment theory for mind, body and nature" (2010, p. 2). He make the important distinction between what he calls "control-oriented culture of the West and adjustment-oriented culture of the East" (p. 4). Kitanishi (2010) stresses that in western cultures where therapeutic systems are based on dualist mind/body assumptions, "anxiety is viewed as a negative object to be controlled or eliminated by self" (p. 4), and that based on this assumption treatment is bent toward fortifying and "strengthening the ego" (p. 5). He contrasts this with the nature-body-mind monism as the implicit assumption of Japanese culture and MT:
"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 is understood only to a limited extent in relation with nature and body. It therefore strongly questions the omnipotent interpretation of thought mediated by language, which the other psychotherapies sometimes present. These understandings are the backbones of the framework of Morita therapy" (Kitanishi, 2010, p. 7)

Kitanishi touches on the central Zen themes of self and the relationship of self to physical environment and inter-subjective other. "Nature is understood here to include both life and its forms of expression as well as nature as environment" (Kitanishi, 2010, p. 8). This reflects the Zen conceptualisation of self as an inseparable and unique manifest expression of nature, a conceptualisation which sees the influence of Shinto in the unfolding of Zen over the centuries in Japan. This inextricability of the individual human nature (shizen kokoro) from nature (shizen) is radically removed from western conceptualisations of self and nature, where both are seen through the Cartesian lens as distinct and often at odds, with the latter being subjugated to the former via the various technologies of science. This establishes Morita’s therapeutic system as a 'returning-to' the natural order, as it is conceptualised from the Japanese philosophical position. Consequently, this frames Morita's pivotal concept of arugamama as an entirely juxtaposed concept to contemporary western conceptualisations of acceptance. Kitanishi elaborates:

"...to accept one’s own symptom is nothing but to feel the nature in oneself as it is, which results in the deactivation of ego based on language. Such deactivation of ego leads to the change to form a new Self. In other words, the process of trying to accept the natural in our Self entails the work to become aware of the natural phenomena in our Self (including fear and desire), and through this work, it will become possible to accept Self, reality and nature as environment. When this experience deepens, we will be awakened to a new relationship with nature, that is, we do not live our life disconnected with our environment or nature" (2010, p. 8/9)
What Kitanishi presents is a Zen understanding of the self, and consequently, a Zen understanding of acceptance, as conceptual underpinnings for a phenomenological system of therapeutic practice. Kitanishi highlights Morita's theoretical undercutting of the primacy of linguistic cognition as therapeutic mode, and situates his therapeutic system in the experiential domain prior to/beyond language. The 'deactivation of ego based on language', which Kitanishi gives a central emphasis in MT, also holds a central place in the Zen practice systems. Kitanishi's clear explication of this point identifies an undeniable overlap between Zen and Morita's system at the levels of theoretical conceptualisation and applied practice. From Kitanishi’s explanation, it is apparent that western therapeutic systems using the terms self and acceptance, are referring to entirely different theoretical constructs and phenomena, based on entirely different epistemological premises:

"It becomes possible to acquire the psychological attitude to realize that the life of Self does not exist independently, but is dependent on nature, others and be grateful. This is the third step in self-acceptance, which is the deepest level of self-understanding and self-acceptance. The treatment on this level requires a spiritual, existential approach. It is the level of acceptance which those who have recovered from deep despair, or those who are faced with realistic death may sometimes be able to reach. This state may be somewhat similar to enlightenment in Buddhism, which should be a topic to be explored in the future" (2010, p. 10)

Kitanishi effectively re-locates the core business of therapy from a preoccupation with the apparent historical and situational causes of neurotic pathology of the self (western), to a clear focus on grasping the actual nature of the self (eastern). This allows dissipation of resistance to things as they phenomenologically are, at an entirely different level of human experience. Finally, in an echo of Kondô’s (1953) entreaty of 57 years earlier, Kitanishi (2010) concludes with the assertion that further exploration of the relationship between MT and Zen is required.

Dmoch (2010), a German psychoanalyst who had experienced MT as a patient at Sansei Private Hospital in Kyoto, has an extensive practice background in Kyudo ('Way of the Bow'). He uses the concept of 'dropping the ego' to draw parallels
between Kyudo and MT, and explicitly underpins both with Zen principles. Dmoch also had experience in Zen training and practice, and is equipped to bring a valid Zen lens to his interpretation of some of Morita's key terms, concepts, and therapeutic experiences. He compares some of the core theoretical constructs and structural features which overlap MT and Zen, and identifies the following Zen principles as evident in MT:

"1) kyoge betsuden (delivery beyond the scriptures) 2) furyu monji (no trust in letters/scriptures) 3) jikishi ninshin (straightly allude to man's spirit) 4) kensho (clear sight into the own nature and discover buddha nature inside yourself)" (Dmoch, 2010, p. 46)

Dmoch emphasises that Morita called his therapeutic system taiken ryōhō, his experiential therapy. He then anchors this to the concept of taitoku as lived, experiential, intuitive understanding (in contrast to abstract, linguistic, cognitive understanding), and identifies this as a central mechanism in the core processes of both MT and Zen. Dmoch suggests taitoku, as felt-knowing born from lived experience, is beyond words and concepts, and is a fundamental feature that both systems share. It effectively establishes an experiential/phenomenological platform, rather than cognitive/abstract platform, at the foundations of both MT and Zen, and points the way for any inquiry seeking to understand the nature and extent of Zen in MT.

Dmoch also identifies a number of structural features common to MT and Zen. He suggests that Morita's Bed-rest Stage is similar in duration and function to the waiting period required for new Zen monks entering monastic training. He suggests kowa lectures, a structured part of MT where the therapist lectures on key themes to the community of residents, share common features of structure, theme and function with the Zen 'teisho', a formal presentation by a Zen Master to his students, usually on a key theme, metaphor or instructional anecdote. He identifies the function of work (samu) in the MT context as a form of engagement in meaning and activity more akin to work in Zen monasteries, as a form of practice, rather than as a distraction as it is used in western therapies.
Domch (2010) proposes that in the Morita context the patient's condition is understood and treated in much the same way as the kōan, and in this, Morita's use of the term *hanmon soku gedatsu* is of interpretive relevance:

"This term 'conflict equal to solution' (hanmon soku gedatsu), which Morita used, points to a Zen Buddhistic background: gedatsu is the Buddhistic term for salvation, which means the achievement of absolute freedom; the corresponding term in Zen-Buddhism is 'bonno soku bodai' = suffering is enlightenment/satori" (p. 59)

Dmoch points to the relationship between Morita's *hanmon soku gedatsu* and *arugamama*, each of which have clear conceptual correlates in the Zen practice systems, as the conclusive commonality between MT and Zen. Dmoch's personal, lived experience of both MT and Zen training equip him, through the process of *taitoku*, to make his observations from an experientially informed perspective. As a practicing western psychiatrist he argues: "Morita therapy is rooted deeply in the spirit of Zen and has little in common with the theory of western psychiatry and psychotherapy" (Dmoch, 2010, p. 82).

While a valuable contribution, Dmoch's experience was not a methodological investigation, and was limited to a Zen-based MT hospital. This raises pivotal questions regarding whether MT itself evidences these features in common with Zen, or whether these features were artefacts of that specific Zen-based MT context. Were these features imbued systemically by Morita, or infused later by the context? Were they imbued by Usa Genyu, Usa Shinichi's father and predecessor as Director of Sansei hospital, as claimed by Kōra & Sato (1958) and Miura & Usa (1970) decades prior? This point is not accounted for by Dmoch. It makes sense that seeking Zen, with a Zen lens, in what is identified as a Zen-based MT context, one will inevitably find Zen. What Dmoch effectively does, is demonstrate a clear need to explore the overlaps he identifies, but in a structurally similar MT hospital that explicitly identifies as a non-Zen-based context.
Also in 2010, Okamoto published the first of two articles on what he calls Zen-Morita Therapy in Japanese\textsuperscript{30}. As well as a practicing Morita therapist, Okamoto has been a lecturer on Buddhism at Kyoto University. As a commentator on the relationship between the two systems he has highly qualified insight and proximity. Okamoto uses the concept of \textit{jikaku}, a principle-concept of industrious, perpetual self-overcoming toward enlightenment, to underpin the core processes of both MT and Zen.

Of great significance for this inquiry, Okamoto distinguishes between Zen, MT and a third, blended version he calls 'Zen-Morita Therapy\textsuperscript{31}', of which he suggests Sansei Hospital is an example. Okamoto distinguishes between Zen-Morita therapy at Sansei Hospital under the former direction of Usa Genyu (a direct disciple of Morita's), and Zen-Morita Therapy that evolved at Sansei Hospital after the passing of Usa Genyu saw the Directorship of the institution pass to his son, Usa Shinichi. Okamoto claims that Usa Genyu, trained as a Zen monk prior to undertaking his psychiatry studies, incorporated Zen into Morita's therapeutic system, and he refers to this as authentic Zen-Morita Therapy. Okamoto contrasts this with what he refers to as Usa Shinichi's hybridisation of MT and Zen, and suggests that this is a movement away from an authentic Zen-Morita Therapy model.

Okamoto (2010b) also writes about Morita's conceptualisation of \textit{junna kokoro} as the natural state of being human, and the emergence of a kind of natural therapy from it. He equates \textit{satori} with \textit{chiyu}, enlightenment with cure, at the level of ontological process, and then qualifies this by equating both concepts with the lived experience of dissolution of subject-object distinction. These are important contributions to the Morita-Zen discourse, coming from an explicitly Zen-based context. As well as providing important details about overlaps between systems at the level of operational principles, Okamoto's work also raises important questions about authentic Zen-based MT.

\textsuperscript{30} Assistance with literal & conceptual translation of this publication was generously provided in personal communication by Morita scholar Dr MINAMI Masahiro.

\textsuperscript{31} This Zen-based form of MT at Dr Usa's Sansei Hospital in Kyoto has been identified previously by Smith (1981), though it was a description from personal impressions.
Okamoto published again in Japanese in 2011, from the same platform on closely related topics. The former article might be considered context, while the second offers a more detailed comparative analysis, between the categories Okamoto identified previously. Okamoto compares Zen, MT and Zen-Morita Therapy across ten domains. Overlaps between Zen-Morita Therapy and MT occur, according to Okamoto (2011), in the domains of patriarchal environment, stringent rules, hierarchical/apprentice basis for therapeutic relationship, and transference. Overlaps between Zen-Morita Therapy and Zen appear to occur in the domains of patriarchal environment, stringent rules, hierarchical basis for therapeutic relationship, and closedness (Okamoto, 2011). A domain unique to Zen-Morita Therapy and not shared with either other system is what Okamoto called 'Divinisation' which he suggests is a construction of the therapist as an almost divine or deitised figure. In conjunction with some of the conceptual overlaps identified by Okamoto (2010b), these structural and contextual overlaps provide important insights into the nature of the relationship between MT and Zen, specifically at Sansei Hospital in Kyoto.

NAKAYAMA (2012), a Professor at the Department of Psychiatry at Jikei-kai University School of Medicine in Tokyo, writes about a number of similarities between Morita’s therapeutic system and the Zen practice systems. The first is a similar emphasis on understanding through non-linguistic, experiential means, which he refers to as furyu monji. He explicitly likens Morita's thinking to the philosophical position of Zen's Bodhidharma. He writes at length about the parallels between the stages, contexts and structure of Morita's therapy, and training in the Japanese Sōtō Zen training temple, Eihei-ji. He draws an alignment between the systems based on the principle of jikishin ninshin, meaning to understand and accept the nature of your own mind, identifying this as a process-phenomenon central to both MT and Zen practice. This is reminiscent of Kondō (1953) who suggested much the same. Nakayama explicitly compares Morita’s epistemological assumptions with those of Zen, and draws the same comparison that Rhyner (1988) did between the Morita patient and the Zen monk. The article concludes by offering the same mandate to monk and patient alike - drop the self and become the now, to be free of the disease of

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32 Assistance with literal & conceptual translation of this publication was generously provided in personal communication by Morita scholar Dr MINAMI Masahiro.
33 In this matter Okamoto distinguishes between the authentic Zen-Morita therapy of Usa Genyu and the contemporary hybridised model of Usa Shinichi.
the mind (Nakayama, 2012). As a recent offering in the Japanese literature, and from a clinical figurehead at Jikei University (home of Jikei University Centre for Morita Therapy) as the context of origin, this paper constitutes a current landmark in the Morita-Zen discourse. It travels some significant distance to substantiate that a multifaceted relationship has and continues to exist between MT and non-theistic Zen. The fact that Nakayama makes reference to and comparison with Sōtō Zen, rather than the Rinzai Zen system Morita was known to have studied under Sōen Roshi (Rhyner, 1988), is significant in that it suggests a more phenomenological than intellectual foundation at the base of Morita’s system from Nakayama’s perspective.

Also in 2012, CHIHARA makes a significant contemporary Japanese offering to the Morita-Zen discourse. Like Nakayama (2012), Chihara makes repeated comparisons between Morita’s system and Sōtō Zen, and specifically at points of what he asserts to be theoretical overlap. He emphasises the Zen principle of actualisation of muga and emphasis on egolessness as a central operational principle in MT. He refers to Dōgen's *Fukan zazengi*, *Shinjin datsuraku*, and *Genjokōan* (fascicles from Dōgen’s (1253/2007) *Shōbōgenzō*), as operationalised in Morita’s therapeutic stages, structure and process. Chihara goes so far as to equate Dōgen’s *Shinjin datsuraku* with Morita’s *zetai gajoku* (Bed-rest) insofar as they both facilitate the pivotal, experiential and reorienting dropping of mind. Reminiscent of Kasulis (1981), Chihara uses Dōgen’s *Gengokōan* to elucidate Morita's *arugamama* concept as working principle. Chihara maps a comparison between MT, Sensation/Perception/Cognitive Psychology and Zen, which leads him to suggest that the Zen principles embedded in Morita's approach lead to "liberation from hakari and toraware" (p. 8). This is an important contribution to the Morita-Zen discourse in that it clearly identifies specific principles pre-existing in Zen (since 1253) which are operating in Morita's therapeutic system.

Ogawa’s (2013) book on MT highlights the fundamentals of Morita's theory and methods for the western practitioner. He asserts that Morita's theorising was "not based on western medicine; rather its development was stimulated by western forms of treatment as well as influenced by Zen Buddhism" (Ogawa, 2013, p. 26). He draws on the writing of Kondō as he articulates his own position on the subject, and calls

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34 Assistance with literal & conceptual translation of this publication was generously provided in personal communication by Morita scholar Dr MINAMI Masahiro.
MT "a Zen-infused (but not Zen) psychiatric treatment" (Ogawa, 2013, p. 34) for anxiety-based disorders. Ogawa reiterates his former (2007) suggestion that Morita's use of Zen metaphors and concepts was "likely appropriating terms familiar to his clients and colleagues to describe his treatment theory" (2013, p. 118), and qualifies this by asserting that MT "is not strictly a religion but a transformative lifeway" (p. 118).

Ogawa highlights the similarity between the fundamental aims of Zen and MT when he suggests that the task of the MT patient is "to develop an intimate relation with daily living" (2013, p. 148). He again draws upon the role of the Tenzo (monk in charge of the kitchen) in the Sōtō Zen tradition to exemplify the Moritist ideal of full attending and engagement with the task at hand (being as manifest in activity):

"Morita therapists, accordingly, guide their patients to pay attention to the details of their designated tasks, with co-occurring development of attention to the details of relationships, work, and other responsibilities. This teaching is similar to Sōtō Zen's inculcation of tenzo, the reverential preparation and partaking of food, constituting training for every aspect of life" (Ogawa, 2013, p. 173)

Finally, in 2014, and once again from a comparative philosophy perspective, Hashi revisits MT, this time as a therapeutic basis for comparing Zen with cognitive science. She identifies arugamama, intuition, the problematic of self and subjectivity, and alternative notions of pathology and cure as key contrasts between Zen and cognitive science, arguing that MT is based on the former. Hashi (2014) defines Zen as "a profound insight in the midst of experiencing an active, fully concentrated, clear state of consciousness" (p. 637), and proceeds to describe the therapist patient relationship in Zen terms as "a field of co-existence" (p. 638). These conceptually clear and theoretically underpinned comparisons indicate a strong and multifaceted relationship between Zen and MT.

This brings the literature on the subject of the relationship between MT and Zen to a current day conclusion, with the last two decades seeing significant advances in the discourse. Contributors have provided substantiated arguments and specified areas
where Morita’s therapeutic system has theoretical, structural and methodological consistencies with the Zen practice systems. Having moved chronologically through the written contributions in Morita-Zen discourse across the decades, and evolving informed conclusions about the relationship between MT and Zen at the end of each decade, it is now possible to close the hermeneutic circle of analysis by considering these as a whole.

4.5 A hermeneutic circle: the Morita-Zen discourse

Having considered the decades as distinct periods in the history of the Morita-Zen discourse, it is now viable to bring those parts together to make an informed hermeneutic consideration of the discourse as a whole. Morita himself is, of course, the first and most significant contributor to the discourse on the relationship between his own therapeutic system and the Zen practice systems. What is unusual is that Morita effectively makes appearances during two very different periods in the chronology of the discourse. The first is his appearance at the time of publishing his primary work, Shinkeishitsu no Hontai Ryōhō u, in Japan and written in Japanese in 1928. It formed the basis of what many would say on the subject in decades to follow, and the stimulus to which scholars and authors responded. The second is also Morita's original primary work, but this time it appears in the discourse in English as True Nature and Treatment of Anxiety-based Disorders some seventy years later in 1998. In this manner Morita's primary contribution to the discourse constitutes both its origin in 1928, the basis of much of the ambiguity on the issue in the following decades, and also a retrospective qualifier of earlier interpretations and assumptions from 1998 onwards.

A hermeneutic interpretation of Morita's work, accounting for Meiji restoration context, Japanese language, and significant personal aspects of Morita as an individual, strongly suggests that he neither subscribed to Zen Buddhism as a religious system, nor wanted his therapeutic system associated with religion in any way. However, it is equally apparent that non-theistic Zen, Zen as a system of operationalised phenomenological principles applied in practice, was a significant

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35 Hermeneutics brings together the parts of a text to inform and interpretation of the whole, an interpretation which then informs a re-reading of the parts, which in turn informs a more subtly informed re-reading of the whole.
element in his personal ontology and an important factor in his subsequent therapeutic formulation.

Between Morita's publication and the early 1950s, there were no contributions to the Morita-Zen discourse. The absence is significant in itself, and constitute a chapter for consideration in the hermeneutic circle as a whole. This 'empty space' reflects the way MT was regarded by Japanese psychiatry during this era, and the way that native Japanese therapeutic methods went largely unnoticed by the western therapeutic establishment. Also significant during this era, was World War II and the impact of that conflict on relationships between Japan and western nations. It is shortly after the end of this war that we begin to see the Morita-Zen discourse emerge between Japanese and American therapist-scholars in the US. These quiet decades in the discourse might be understood as a period of embryonic consolidation of practice for MT in Japan.

After WWII, American interest in Zen became a significant factor in the western discovery of MT and its subsequent arrival in the international literature. It was the apparent relationship between MT and Zen that first had American psychoanalysts (e.g. Horney & Kelman) interested in possible implications of Zen for their psychotherapy, and intrigued by Morita's therapeutic system. Significant contributions were made in the literature suggesting and partially substantiating a relationship between MT and Zen (e.g. Kondo, 1952; 1953), while notably, no contributions on the subject during the period denied or refuted a connection. At the end of the 1950s, resulting from dialogue between Japanese Moritists and American psychoanalysts (primarily Kondō and Horney), we arrived at an informed working assumption that a relationship did indeed exist between the two systems. This refined and relocated the question away from whether a relationship existed, and toward the nature and extent of Zen influence in classic MT. The contributions of the 1950s might be consolidated into the position that some form of significant relationship existed between MT and Zen, but that the relationship needed to be investigated further to be adequately understood.

The 1960s saw the discourse broaden internationally, and some publications in that decade added further detail and substantiation to the working assumptions established
in the 1950s. Psychoanalysis still held sway as the interpretive benchmark of psychiatric and psychological paradigms of the day, and this is evident in the literature of that decade (e.g. Spencer, 1964). As with the 1950s, the 1960s saw neither opinion nor substantiated argument against a relationship between MT and Zen published. Instead, the decade saw further clarification, and reiteration that further inquiry into the subject was warranted.

In the 1970's we encounter two significant challenges to this consolidated position. One came from Gibson (1974), a British author with behaviourist perspective, reflecting a shift in the dominant western psychological paradigm from psychoanalytic to cognitive behavioural. This shift reflects a new and more mechanistic (rather than dynamic) way of thinking about person-hood, consciousness and the self in western 'behavioural sciences'. The author in this instance not only opposes a relationship between MT and Zen, but at the same time asserts a relationship between MT and the western behaviourist tradition instead (without substantiated argument).

The other challenge came from within the Morita establishment in Japan. It was not so much a refutation that Zen was influential in MT, as a proposition that it was one of Morita's mentees, Usa Genyu, rather than Morita himself, who infused a Zen perspective into Morita's system. This constituted a mixed for-and-against message regarding ties between Morita's system and Zen. There were many other contributions to the discourse during the 1970s (e.g. Reynolds, 1976 and Triana, 1978) which were neither opposed nor mixed. These publications supported a relationship between systems with clearly articulated arguments and substantiating points. The publications include the first book in English on MT (Reynolds, 1976). In consolidating the contributions of the 1970s into a collage of perspectives and insights, we arrive at a position clearly acknowledging a relationship between MT and Zen, and with more developed and articulated presentations of some of the operational principles and structural mechanisms which constitute overlaps and consistencies between the two systems.

During the 1980s more arguments are made for Zen influence in MT by highly credible authors (e.g. Rhyner, 1988, LeVine 1988 and Suzuki, 1989). Coming from a
philosophical rather than psychiatric or psychoanalytic perspective, Kasulis (1981) makes distinction between Zen as a religion and Zen as a philosophical system of applied practice, and this insight qualifies some of the subtleties and nuances in Morita's own writings. The second book in English on MT (Fujita, 1986), provides mixed messages reminiscent of Morita's own mixed messages on the subject. It suggested that while MT is underpinned and anchored by 'the oriental attitude', this attitude is not Zen Buddhist religion, but instead incorporates aspects of Zen thought with Shintoism, Taoism and Neo-Confucian thought (Fujita, 1986). Rhyner (1988) produced one of few articles specifically about the relationship between MT and Zen and makes a substantiated and convincing case for his position. Considered as a whole, the 1980s progress the general working premise that a relationship exists between MT and non-theistic Zen and that this relationship needs further exploration.

By the 1990s the discourse still has not produced a significant argument against a relationship between MT and Zen. Instead, it has produced many opinions, and some clearly substantiated arguments, that a relationship does exist, and some indications of the areas in MT where Zen influence seems evident. Such arguments not only support the connection between systems, but also help to profile the relationship. Publications during the decade (e.g. Kondō, 1992 and Kitanishi & Mori, 1995) further develop the theme of a distinction between Zen as a religious system and more philosophical and theoretical interpretations of Zen as a system of phenomenological practice. This supports the theory that such a distinction (alluded to by Morita himself in 1928) is at the heart of the ambiguity which he generated on this subject.

In the 2000s, the distinction between Zen as a religious system and Zen as a practice system, effectively provides a resolution to some of the original ambiguity and its perpetuating ripples through the decades. This is evident in the literature by the absence of any substantial arguments against the relationship, and also the reiteration of a kind of 'givenness' regarding the relationship in a variety of publications (e.g. Tseng, 2001 and Kitanishi, 2005). When considered together, such publications serve to consolidate the position that while religious Zen was not an influence in Morita's theorising, Zen as a philosophical and phenomenological practice system was certainly influential. Late in the decade, Hashi (2008b) provides another publication specifically about the relationship between MT and Zen. She makes a strong case for
the relationship and substantiates it on overlapping points of theory, context and practice. The consolidated position at the end of the 2000s leaves little room for question that the relationship exists, and once again, effectively relocates the question from if a relationship exists to the nature and extent of that relationship.

So far, in the 2010s, we again find no articulated arguments against a relationship between MT and Zen in the discourse. Instead we find literature which lends deeper insight into the question of the nature and extent that relationship. Papers such as Nakayama (2012), Chihara (2012), Kitanishi (2010) and Dmoch (2010), make clear the need to investigate the relationship in a more explicit and methodical manner than has been previously undertaken and presented.

Bringing these hermeneutic considerations to bare on Morita's original contribution clarifies, illuminates, and to some extent resolves the ambiguity which emerged around the influence of Zen in his thinking and practice. Morita was motivated to avoid his Meiji peers discrediting his therapeutic system by an apparent association with superstitious religion. However, he was also motivated to make the subtle distinction between Zen as a religious system, and Zen as a practice system from which he borrowed some key concepts, principles and structural mechanisms. Such a distinction is not immediately available to a superficial reading of his work, or without an appreciation of Zen as a phenomenological system of practice. However, this subtle but important distinction does yield itself to hermeneutic analysis and interpretation, and that yielding opens up the fuller and richer cluster of important and subtle understandings which are Morita's nuanced meanings. Including Morita at the centre, as both the origin and the destination of the hermeneutic circle, we can conclude from this meta-synthesis of perspectives that a) there was indeed a relationship between his therapeutic system and non-theistic Zen, b) that we have some sense of where that relationship might manifest in his classic method, and c) that further investigation into the nature and extent of that influence in the experiential domains of his therapeutic process constitutes an unprecedented and worthwhile contribution.
4.5.1 Consolidating the meta-synthesis of perspectives

In the final weighing of perspectives and arguments in the Morita-Zen discourse, it is clearly apparent that substantiated arguments for the relationship both outnumber and outweigh the few stated opinions against the relationship. Moreover, in two of the three arguments against the relationship between classic MT and Zen, there are mixed implicit and explicit messages. One of these is Morita's own, and his complex motivations for doing this have been considered.

It could be suggested that there is a silent representation against the influence of Zen in MT, and that this representation is made by explicitly attributing the influences behind Morita's system to western psychological and psychiatric theorists (Spates et al., 2011). In not dealing with the question of Zen explicitly, such representations passively perpetuate the ambiguity of a relationship between Morita and Zen, and seemingly hope to circumnavigate the question by offering alternative explanations without acknowledging the question. However, the central interest of this inquiry is the relationship between MT and Zen, and consequently, must be constrained to what qualified commentators have said regarding that relationship, rather than trying to accommodate what amounts to circumnavigation by allusion and omission. What is clear from the meta-synthesis, is that many of the references in the literature are either superficial or glancing, or reference a previous author's position on the subject.

Emerging from the meta-synthesis of perspectives, a simple categorisation and comparison of themes as recommended by Aveyard (2014), provides a consolidated summation of the position of the Morita-Zen discourse on the question of Zen in MT. As a whole, the Morita-Zen discourse introduces twelve key themes where MT and Zen are identified to coincide and/or overlap. These are summarised by author36 below in Table 4.

The meta-synthesis of perspectives provides a clear indication of the domains MT and Zen are believed to share. Zen is apparent in MT at three levels: therapeutic theorising, context-process structure, and the level of principles as manifest in lived

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36 Some authors contribute multiple publications, at times decades apart (e.g. Kondō), and in such instances their work is consolidated into a singular representation in Table 4.
experience. Theory of mind and understanding of pathology are closely related for most authors, as are the place of nature (including human nature), the centrality of experiential learning (taitoku), reorientation of consciousness (mushojū shin), and the pivotal experience of arugamama.
Table 4: Theoretical & Structural Consistencies Between Morita Therapy & Zen (by Author)

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Summarising key themes by author reveals, quite conclusively, that a relationship is believed to exist between MT and Zen. The Morita-Zen discourse suggests parallels at the levels of theoretical construct, human process, systemic structure, context and environment, and such parallels yield themselves easily to comparative analysis. A striking consistency between authors regarding areas of overlaps and consistency between systems is clearly evidenced from the meta-synthesis process.

The meta-synthesis of perspectives also identifies gaps in the discourse, and the need to fill those gaps with further inquiry. A more adequate answer to the question of Zen in MT is required, if the relationship between these systems is to be understood to a degree which adequately informs ongoing development of authentic Moritist theory and practice. The nature and extent of Zen principles in the lived experience of MT has not been methodically explored in the literature. While bringing together an articulated grasp of 'Zen principles' and the 'lived experience of MT' is conceptually and methodologically complex, this inquiry does so, thereby lending experiential and evidentiary dimensions to what is currently known about Zen in classic MT.

### 4.6 Chapter summary

Using a hermeneutically-informed meta-synthesis of perspectives, this chapter revealed a significant relationship between classic Morita therapy and Zen. It established that classic MT is not based on Zen Buddhist religion, but that it is influenced by implicit non-theistic Zen understandings and principles (outlined previously in Chapter 3). The nature of Zen in relationship with MT is Zen as a non-theistic practice system. Zen influence is theoretically evident in three areas: a) metatheoretical assumptions underpinning clinical theorising, b) phenomenological principles and methods as active components of therapeutic process, and c) the human processes manifest in pathological anxiety and ontological movement.

What was called for at the beginning of this chapter was a meta-synthesis of perspectives from the Morita-Zen discourse, toward distillation of consistent and common themes and a consolidated position. A meta-synthesis of perspectives is
presented here precisely because specific and methodological investigations into the nature and extent of the relationship between MT and Zen are not available in the literature. The identified gap was a specific and methodological investigation which builds on this meta-synthesis of perspectives with evidence.

Four important artefacts were uncovered by this hermeneutic meta-synthesis exercise which influenced the progressive unfolding of the inquiry. The first is that the relationship between MT and Zen needed to be more adequately explored (Kitanishi, 2010; Kondō, 1953; Kōra & Sato, 1958), and that there is no evidence of such research being conducted. The second was the centrality of experiential understanding in both MT and Zen (Rhyner, 1988), which suggested a depth exploration of the Morita-Zen relationship needed to be experiential to remain consistent with the target phenomenon. The third artefact was that any balanced inquiry needed to compare both Zen-based and non-Zen-based MT contexts (Iwai & Reynolds, 1970) to make valid and reliable observations. The fourth was that the first two stages seemed to be a pivotal place to identify principles common to both systems (Hashi, 2008b; LeVine, 1998; Kitanishi & Mori, 1995).

These artefacts had a shaping influence on methodological choices and research design for this inquiry. Together they indicated that in order to understand the nature and extent of Zen in MT, it was necessary to 'live' the Bedrest stage of MT (at minimum), to derive experiential understandings of the therapeutic mechanisms operating there. It was also necessary to do this in both non-Zen and Zen MT contexts, and then mine those veins of lived experience and experiential understanding for Zen principles. To unearth the experiential dimensions of the relationship between MT and Zen, the patient experience of Morita's Bedrest Stage needed to be lived, in two different contexts. When brought together with the origins of the inquiry, these factors pointed directly toward a heuristic research design with explicit hermeneutic phenomenological foundations. The meta-synthesis of perspectives from the Morita-Zen discourse re-framed the origin and motivations of the inquiry into the most consistent, valid and viable research design possible to approach the nature and extent of non-theistic Zen principles in classic MT.
What remains is to inquire beyond the theoretical level, by delving into the intimately lived experience of MT, in order to qualify these theoretical findings with qualitative, experiential depth and dimension. As a conclusion to this hermeneutic meta-synthesis of perspectives from the Morita-Zen discourse, the refined question carried forward into the rest of the thesis is *what is the extent of non-theistic Zen in classic Morita therapy?*
Methodology

"Science is a conversation between rigor & imagination"

(Abbott, 2004, p. 3)

5.1 Chapter overview

This chapter outlines the methodology of the inquiry. It presents how the study was pursued, the mechanics of what was done where and when, and the rationale for why it was pursued that way. The overarching epistemological and theoretical foundations (philosophy) of the inquiry are presented, followed by detailed specifics of data collection and analysis (methods). The purpose of this is to present a clear logic path, and demonstrate an irrefutable consistency with the target phenomena at the levels of both methodology as research orientation, and methods as applied techniques of research practice. Laverty (2003) distinguishes between a method and a methodology as follows:

"Method focuses the researcher on exact knowledge and procedure whereas methodology uses good judgement and responsible principles rather than rules to guide the research process. This use of methodology requires the ability to be reflective, insightful, sensitive to language, and constantly open to experience" (p. 16)

This inquiry is situated in the qualitative research paradigm. Qualitative inquiry is essentially a process of mining veins of data to unearth buried understandings which underpin not mere bodies of abstract 'knowledge', but bodies of experientially lived 'knowing', that have been encoded and 'buried' in linguistic symbols. Language, concept and theory are, and only ever can be, crudely adequate constructed representations of that to which they point (Kinsella, 2006; Jackson, 2005). This
mining of veins must be acknowledged from the outset as what it is not: it is \textit{not} a direct experience of reality, but an informed, creative and methodically crafted representation of a deeper reality.

Qualitative approaches are diverse. As Rolfe (2006) argues, "whilst the term 'qualitative research' might be used to accurately describe methods of data collection, it cannot adequately encompass the full range and diversity of 'non-quantitative' methodologies" (p. 309). In qualitative research circles over recent decades there has been a call by some authors that researchers not hamstring themselves with method (e.g. Holroyd, 2008; Sandelowski, 1993; Thorne, 1991; van Manen, 1990; Caputo, 1987). Thorne (1991) threw down the methodological gauntlet when she challenged researchers to "reconsider our acceptance of the wisdom of methodological orthodoxy" (p. 195). Yes, methodological rigor must be a cornerstone of validity and reliability in any form of research endeavour. Yet, the methodical parameters of the Natural Sciences have been brought to bare on Human Sciences in an effort to make qualitative inquiry conform to the same notions of 'evidence' as quantitative inquiry (Teo, 2005), giving rise to a pervading ambiguity embedded in implicit assumptions.

This problem is philosophical, insofar as it represents what the prevailing Natural-scientific paradigm deems to be a certain kind of 'truth', and furthermore, that this is the only real kind of 'truth' (Teo, 2005). Unfortunately, it subordinates the truth-seeking endeavours of Human Sciences, to 'truth' as defined by the Natural Sciences, which can at times manifest as a crippling subservience to method (Caputo, 1987). But the experiential 'truths' of the Human Sciences are of a different nature to the 'objective' truths of the Natural Sciences. They are lived and felt truths, intuited and subtle, profound and often beyond language (Todres & Galvin, 2008). They are \textit{human} truths, and qualitative methodologies are a way to explore them:

\begin{quote}
"\textit{Qualitative methodology has undergone extensive refinement, and makes its claim for a status alongside quantitative methodology by requiring transparency, scrupulous documentation and presentation of data, and exhaustive verification}" (Smith 2010, p. 6)
\end{quote}
For this qualitative inquiry, rather than narrow the scope of the study or constrain data collection according to pre-determined methods (Taylor, 2009; Pereira, 2004), thereby subordinating the datum of lived experience to "methodolatry" (Taylor, 2009, p. 295), method was subordinated to lived experience. A methodological formulation 'emerged-out-of' the interweaving of lived experience exposure with theoretical learning over time. This allowed 'the things themselves' (Husserl, 1936/1970) to retain their primacy.

This is an inquiry into the nature and extent of Zen in classic MT. From the nature of this question and the phenomena of interest, a natural interweaving of hermeneutic and phenomenological components was clearly apparent in the methodological orientation of this study. There was also an inevitable heuristic aspect cast into the methodological formulation by the origin of the inquiry and the N-of-one research design. Bodily felt meanings (Kirmayer, 2007), embodied understanding (Todres, 2008), felt senses (Gendlin, 1968), tacit knowing (Todres, 2007), intuited orientation, all of which have validated places in MT and Zen, are often considered precarious in qualitative scientific inquiry. However, to the extent that these phenomena were inherent to the systems under study, they were necessary to the methodological formulation of the study.

5.2 Methodology: philosophy & methods

For the purposes of methodological rigour, it is necessary to make a clear and explicit presentation of philosophy (epistemic and theoretical) and methods (data collection and analysis) as the constituent parts of the inquiry's methodology. The aim of this section is establish a solid epistemological and theoretical foundation for the methods selected and applied to the systematic collection and analysis of data.

The components of the methodological approach of this inquiry, depicted below in Figure 13, will now be presented sequentially, beginning with epistemology and theory as aspects of philosophy, and then moving on to methods of data collection and analysis.
The above methodological blueprint provides a philosophical foundation and practical apparatus required to undertake a rigorous, reliable and valid heuristic inquiry into the relationship between non-theistic Zen and classic MT.

### 5.3 Philosophy: Epistemology

For the purposes of this inquiry, epistemology includes "how people know what they know, including assumptions about the nature of knowledge and reality" (Sleeter, 2001, p. 213). Due to the central significance of Zen to this inquiry, it is explicitly accommodated as a fundamental epistemological presupposition. The inquiry is
subsequently situated in the epistemological domains of meta-theoretical perspective, paradigm and philosophical position.

5.3.1 Meta-theoretical Zen

As an unarticulated epistemological and theoretical point of origin for the Natural Sciences, the Cartesian Dualist premise deserves explication as an epistemological contrast to meta-theoretical Zen. The conceptual separation of the body and mind reaches all the way back to the Greeks in the western philosophical tradition (van Manen, 2007). However, it was Descartes (1596-1650) who asserted that body and mind were separate substances, and that while there was an interaction between them, they could theoretically exist independently of one another. This position split subject and object, and even postulating an interaction between them perpetuates their separation. The implicit assumption evident in Descartes (1924/2008) position was a religious one which separated body and soul, and which he presented as the separation of matter and mind. His motivations were partly scientific, and in part to substantiate that a soul can exist without a body, thereby providing a rational foundation for belief in God and an afterlife (Skirry, 2014). Therefore, as a silent, implicit presupposition behind the Natural Sciences, is not only the separation of subject and object, but also an associated but sub-textual assumption of the divine.

Descartes (1647/1986) declared us a primarily cerebral entity, ensconced in the machinations of abstraction when he wrote, "But what then am I? A thing that thinks" (p. 19), and this is the quintessence of our western epistemological bedrock. The 'I-ness', and the 'thing-ness' as estranged from the 'other-than-I' as a function of 'thinking'. The implications of this fundamental premise ripple throughout western culture and its philosophies, sciences and methods. The notion of objectivity to which the Natural Sciences and scientific method are inextricably bound, is based on the separation of subject and object.

The main problem with the Cartesian dualist premise as an epistemological and theoretical point of origin for the Human-sciences, is that lived human phenomena, as an experiential fusion of body-mind, do not fit neatly into the categories and
structures of the dualist paradigm the way that the objects of the Natural-sciences do (Gadamer, 1996).

"Both modern natural sciences and scientific technology in general are grounded in such a dualistic way of thinking...the modern dualistic paradigm, is now one of the most serious problems of present-day philosophy" (Sakakibara, 1998, p. 255)

And yet, in a bid to be validated as a science, the Human-sciences have attempted to make disciplines fit the paradigm (Teo, 2005). They have not done so by expanding the parameters of the paradigm, but by reducing the parameters of the disciplines. The implication is that much of the 'human' has been lost to the Human-sciences in their bid to be held in equal regard with the Natural-sciences.

There is, however, an epistemological alternative. Non-theistic Zen, as a meta-theoretical alternative to Cartesian dualism (van der Braak, 2011; Kopf, 2001; Kasulis, 1981; Nishida, 1921/1990; Dōgen 1253/2007), has been presented previously in Chapter 3. Our western notions of self are all bound up in the illusion of skin, but not so in Zen. The skin provides the illusion of separateness from context. Everything inside the skin is 'I' (as subject) while everything outside the skin is 'other' or 'Thou' (as object relative to subject). This optical illusion that skin imbues the individual being with its self-hood is extrapolated to the psyche, and indeed, as a byproduct of the dualistic casting function of language, we develop the illusion of an individuated psychic skin also. This illusion is a device with unquestionable utility, and ultimately inevitable with the evolution of language which "effectively fuses words with the things they represent" (Jackson, 2005, p. 87). Yet, it is this illusion which has displaced the core of the conscious being, and which reinforces and perpetuates itself at the cost of psychological isolation and poverty of the authentic self (Kopf, 2001).

And so, the illusion of skin, this 'real', tactile, relative phenomenon, which we internally misrepresent and construct as a separate sense of self, a self at odds with all that is not the self, is the fundamental problem from a Zen perspective. It is from a grasp of this pivotal understanding as a 'lived knowing', rather than an abstract knowledge construct, that the Zen practitioner interprets Dōgen:
"To learn what the True Self is, is to forget about the self. To forget about the self is to become one with the whole universe. To become one with the whole universe is to be shed of 'my body and mind' and 'their bodies and minds'" (Dōgen, 1253/2007, p. 32)

In stark and radical contrast to the Cartesian dualist position, Nishida "defines reality as 'self-unification' of subject and object" (1958, p. 51), and identifies both 'nothingness' and 'pure experience' as central to this alternative epistemological position. It is not merely a theoretical, but also an operational position, a position from which the perspective operates practically in the moment to moment movements of being and doing. The Zen perspective is operationally different in that rather than perpetuate and reinforce the separation of subject and object, sustained Zen training and practice progressively diminishes the distinction between them. They become not one, and not two, but at once both and neither. Hashi (2013) argues:

"Experiencing, perceiving, embodying and realizing truth is based on a fully concentrated unity of body and mind....There is a transparency of the mind without clinging to any fixed idea. A subjective attitude in thought or imagination is not given. Instead there is an objective and transparent attitude of mind, which leads to a clear perception of given things without subjectivity interfering" (Hashi, 2013, p. 19)

The contrast between Dōgen's and Descartes' fundamental propositions is nothing short of profound. But what does this pivotal, radical Zen understanding mean for epistemology in western philosophical and qualitative research traditions? It means there is an alternative epistemological and theoretical underpinning for qualitative methodology37, one where the 'self' does not obscure phenomena.

As an operational meta-theoretical position, non-theistic Zen offers a radical but entirely viable alternative to Cartesian dualism. It offers a different kind of intimate relationship with phenomena, one not so much contaminated by subjectivity, as facilitated by subjectivity. The fuller potentials of this epistemological alternative for the development of phenomenological theory and methodology are beyond the scope

37 A full treatment of this topic is beyond the scope of the current discussion and will be dealt with elsewhere.
of the current inquiry (refer Chapter 8). Nonetheless, accommodation of this alternative epistemological position must be acknowledged at the philosophical foundation of the current inquiry, as it is a significant thread woven through the entire research process and thesis.

**Zen practice as 'clean subjectivity'**

Due to the nature and focus of this inquiry, and the place of Zen practice in my own lifeworld and fore-structure of understanding, Zen had to receive explicit methodological consideration. At first glance, taking a research lens coloured by significant experience in Zen to an inquiry into the relationship between MT and Zen would seem likely to predispose perspective and taint interpretation of phenomena under study. However, this is a superficial interpretation of Zen and what it might mean for the human instrument. To understand Zen as a non-theistic and non-soteriological method (van der Braak, 2011) of phenomenological practice (Kopf, 2001), rather than Zen as a soteriological, theistic, religious perspective, is the key to exploring the relationship between Zen and MT. At the phenomenological level, Zen is the practice of disciplined micro-reflexivity, of clearly discerning the web of psychological attachments and associations inherent to one's perspective, of decolouring habituated and tainted perception, and of unskewing the entrenched 'self'-serving cognitive biases of a lifetime (Sekeda, 1985). As a perspective brought to research, Zen is not a colouring or skewing of the lens through which phenomena are observed; it is the opposite. As a de-fusion of self and subjectivity, Zen practice is brushing one's perspective clean of presupposition, predisposition and bias to apprehend reality as it manifests.

Conceptualisation of Zen as it pertains to this inquiry is reflected by Yamada: "Zen is not a religion... Zen is the pursuit and clarification of one's true self" (2011, p. 1). Understanding non-theistic Zen as embodied, philosophical āskēsis (refer Chapter 3), is to understand Zen as a method of overcoming the illusory nature of the relative self, and to understand subjectivity as multiple co-emergent and interpenetrating modes. Given the centrality of 'self' in phenomenological approaches, it is important to
explicitly consider what might this mean for both research orientation and human instrument.

"Zen practitioners tend to have a 'double orientation'. That is, they are oriented not only to the experiential world of union... but also still to the experiential world of separateness. They are not stuck in the chaotic world of self/object blurring" (Krynicki, 1980, p. 245)

The implication for the human instrument (and research orientation) is a capacity to clearly discern, and volitionally move between, modes of subjective experiencing. For example, shifting consciously and naturally from relative to absolute subjectivity, from abstraction to pure experience and back. Sustained Zen practice "transforms the subjective function of the self & discloses the experience of selflessness... a transcendence of the limiting relativity between subject and object" (Kopf, 2001, p. 66). In revealing and dropping the web of unconscious relative associations and attachments, "one can connect with the flow of pure experience ...or 'presence of things as they are'" (Yox, 2008, p. 2). The result is a cleaner, more translucent relative subjectivity. This is Hashi's (2013) "clear perception of given things without subjectivity interfering" (p. 21/22). Such a clean, unfettered subjectivity provides uncontaminated and intimate proximity with lived phenomena, as they are, in their own 'is-ness'.

While phenomenologists attempt to disclose and bracket their presuppositions (Ashworth, 2003), Zen explicitly embraces its radical presupposition of 'nothingness' (or no-thing-ness) as a basis for phenomenological inquiry and heuristic self-search. As Suzuki asserts, "if anything can be called radically empirical, it is Zen" (1964, p. 132). Embracing the presupposition of nothingness is not a process of abstract or intellectual 'knowledge', but an embodied & experiential process of 'knowing'. Zen's radical embrace of nothingness as the presupposition is the key to unlock a neo-heuristic-hermeneutic-phenomenology based on an alternative epistemology38.

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38 This theme is too extensive to explore here, but it holds important potentials for qualitative research paradigms, and specifically heuristics, hermeneutic phenomenology and Health Philosophy.
Zen's explicit presupposition of no-thing-ness, opens the way for what Taylor (2009) refers to as 'no-method', an informed methodological posture of unpredisposed openness. It is "not a denial of systematic approaches … it is the 'non-stuckness' of the researcher" (Pereira, 2004, p. 7). It is a highly skilled and practiced disposition, free to engage and respond spontaneously and effectively, rather than react in a way habituated by attachment to preconceived notions. As skilled and embodied micro-reflexivity, Zen training is the discipline of 'unskewing' cognitive interpretations of perception, and unpicking the webs of association in which objects are inter-related in constructed subjective experience (Sekida, 1985). Non-theistic Zen is not another membrane stretched across subjectivity to colour and skew perception and interpretation. It is the systematic identification and removal of such membranes, leaving a clean subjectivity, able to experience reality as it is, in its own 'suchness'. To adequately inquire into a relationship between MT and Zen, beyond the constraints of theoretical conjecture and abstraction, one must be adequately experienced in both.

**5.3.2 Situating this inquiry epistemologically**

It is in keeping with the qualitative nature of this research endeavour to explicitly situate its meta-theoretical assumptions, paradigmatic disposition, perceiving orientation, and theoretical position as a contextualising precursor to a discussion of research methods and their rationales. Situating the inquiry across epistemological and theoretical continua provides two distinct advantages. The first is that it exposes a consistency between various epistemological and theoretical domains as a basis for subsequent relationship between philosophy and methods. The second is explicit disclosure of what the research is not, thereby opening up the possibility of a working complementarity between this research approach to the topic, and other, differently disposed research approaching the same topic from vastly alternative orientations. This is a form of qualitative macro-reflexivity, and also an embrace of explicit paradigmatic complementary in research. This explicit situating of the inquiry occurs across four polarised continua, Epistemological Presupposition, Meta-theoretical Perspective, Theoretical Paradigm, and Philosophical Position, is illustrated below in Figure 14.
As an Epistemological Presupposition, Zen is not entirely polarised to the non-dual end of the Dualism/Non-Dual spectrum, precisely because it can and does integrate the relativities of the dual position within its non-dual expanse. This position is unique in that it allows a working union of the dualist as part of, and encompassed within, the non-dual. This effectively brings it back some small distance from the polarised Non-dual end of the continuum.

Regarding Meta-Theoretical Perspective, the majority of published research in contemporary western psychology is based on implicit Natural-scientific meta-theoretical assumptions (Teo, 2005; Norcoss, 2002), which fit neatly with a medicalised model of the physical person, and a cognitive-behavioural model of the psychological person (Smith, 2010; Lindford & Arden, 2009; Drummond, 2006; Teo, 2005). Informed by HPH, the current inquiry does not take this position. Instead, it rests on assumptions that situate it more closely to the Human-scientific end of the meta-theoretical continuum, the pole associated with a more humanistic, existential and phenomenological conceptualisation of the person. In this instance there is an element of critique of the Natural-scientific perspective implied in the Human-scientific, particularly regarding the limitations of the former's pervasively dualistic assumptions and dichotomising and reductionist tendencies, which brings it some way back from the purist end of the polarity and toward the centre-point identified as the Critical perspective. This leads to situating the Meta-theoretical Perspective of the
current inquiry toward the Human-scientific end of the spectrum, but with an acknowledged and secondary Critical aspect. This meta-theoretical perspective provides the conceptual underpinning for the inquiry.

The next domain is theoretical Paradigm, with the Positivist paradigm situated at one end of the continuum and the Interpretivist paradigm at the other. A paradigm is "the net that contains the researcher's epistemological, ontological, and methodological premises or an interpretive framework" (Denzin and Lincoln, 2000, p. 19). Determining the paradigmatic assumptions in which one is situated is a process of subjective reflection, and goes some significant distance to philosophically 'owning' the orientation and approach of the research. The Positivist end of the polarity deals in tangible givens, testable 'realities' and absolutes, and is closely aligned with Natural-scientific methods and the philosophy of empirical science in general (Teo, 2005). The opposing pole of the continuum, the Interpretivist paradigm, "assumes that reality is socially constructed and the researcher becomes the vehicle by which this reality is revealed" (Andrade, 2009, p. 43). Once again, this inquiry is situated some distance back from the purist end of the Interpretivist pole, for reasons which are fundamentally more experiential than philosophical.

To elaborate, Zen practice provides experiential insight into the subtle processes of construction inherent to cognised experience (Sekida, 1985; Sayama, 1986). These processes must be primary to any secondary processes of interpreting constructed experiences (Sekida 1985). We deal here with a subtle matter of qualifying primacy, which places 'Constructivist' as a qualifying prefix to Interpretivist, and situates the paradigmatic position of this inquiry about half-way between the Constructivist and Interpretive positions in the paradigmatic spectrum. The interweaving of philosophical understandings with experiential qualification in this paradigmatic situating is not a matter of subjective skewing, but a matter of symbiotic interface of philosophy and practice: the point where philosophy fuses with lived experience and each informs the other. This paradigmatic positioning then, not only situates the inquiry along this continuum, but also sets a precedent for an explicit key feature of this research: it is a 'philosophically lived' inquiry, as experiential as it is philosophical, academic or clinical, and this experiential component was a consistent thread throughout the fabric of the study. As the meta-theoretical perspective provided
the underpinning, this paradigmatic situating provides a conceptual foundation on which the inquiry was built.

The final of the four situating continua, shown in Figure 14, is Philosophical Position. Aligned with the Natural-scientific meta-theoretical perspective and the Positivist theoretical paradigm is the philosophical Realist Position, characterised by a particular way of thinking about the apparent 'tangibles' and 'givens' of what is 'real' in human experience. From the Realist position, reality is a particular kind of 'givenness' based on absolutes, and any limitations on our understanding of such an absolute given reality arise due to not having found ways to adequately understand absolute phenomena in and of themselves. This is 'reality' as the observable, behaving in experiencable and measurable ways which conform to (and confirm) the positivist paradigm and the Natural-scientific perspective.

Once again, the subtle and nuanced phenomena of interest to this inquiry, and the most natural manner in which to approach them, require a situating of the research closer to the other end of the Philosophical Position polarity: the Relativist Position. The purist relativist position, opposes the realist position (that reality is 'real') by proposing that there are no absolutes. 'Reality' is proposed as an entirely fluid dynamic of relative positions, experiences and perspectives in constant movement and a flux of changing inter-relativity. Nothing is 'real' in an absolute sense, it's all just subjectively experienced, constructed, interpreted phenomena, in relative relationship to all other subjectively experienced, constructed, interpreted phenomena.

Again, in qualifying where the true situatedness of this inquiry rests across the philosophical Position continuum, the experiential is brought into working synthesis with the philosophical. Zen practice provides a subtle and conscious re-synthesising of the interpenetrating relationship between the absolute and relative positions in moment-to-moment lived experience (Sayama, 1986), a sentient awareness of movements between the two, and the salient predominance of one over the other in different human experiences. This lived experience means that philosophically, neither position can exclude the other. The inquiry is situated closer to the Relativist end of the polarity, but with an explicit accommodation of the absolute (albeit an 'experientially grasped' rather than 'conceptualised' absolute), running as a current
beneath the relative position. This brings the situation of the inquiry on the Position continuum back from the relativist end to something closer to a Subtle-Realist-Relativist Position.

By explicitly situating the dispositions of this inquiry across the four continua illustrated in Figure 14, its bedrock assumptions and natural orientation to the phenomena of interest have been established. The study is situated in a way that naturally lends itself to qualitative inquiry. There is explicit consistency between Epistemological Presupposition, Meta-theoretical Perspective, Theoretical Paradigm and Philosophical Position in this inquiry. This consistency makes a robust union with the inherent nature of MT and Zen, and provides the strong conceptual underpinning for a sustained, valid and reliable qualitative investigation. The potential contribution of this inquiry rests precisely in the fact that it speaks to the area of interest with a theoretical voice and philosophical posture distinct from the Natural-scientific mainstream, and in doing so, addresses a void in not only content, but also in the spectrum of perspectives.

5.4 Philosophy: Theory

The philosophical-theoretical influences for this study were phenomenology, hermeneutics, hermeneutic phenomenology and heuristics. The primacy of 'experiencing', as fundamental and prior to both describing and interpreting experience, establishes heuristics as the methodological centre for this inquiry.

5.4.1 Phenomenology

Phenomenology is the theory and methodical process of observation and description of phenomena, as either objects in, or processes of, consciousness. It is an epistemology, a theory, and also a method, pioneered by Husserl (1859-1938), who offered it as "the science of the essence of consciousness" (Smith 2006, p. 2).
"Phenomenology is the study of consciousness as experienced from the first-person point of view. Its domain is the entire field of conscious experience: including perception, imagination, thought, reasoning, desire, emotion, volition, and embodied action, as well as temporal awareness, awareness of self and personal identity, awareness of others, and practical and social activity" (Smith, 2006, p. 1)

Phenomenology involves methodical observation-reduction-description of phenomena as experienced through the senses (phenomenal objects), and also of the phenomena of mind as it reflects on the objects of the senses and relationships between them (phenomenal processes). Husserl’s (1936/1970) phenomenology was influenced by the work of William James, and his phenomenological system bid its proponents return from philosophical abstraction to plumb the depths of lived experience. Husserl proposed a practical method referred to as phenomenological reduction, the aim of which was "to experientially investigate the essence of any and all phenomena and to disclose the mysteries of consciousness and being" (Hanna, 1993, p. 181).

Husserl did not completely separate from Cartesian dualist assumptions (Overgaard, 2004), and from its origins, phenomenology has been a system which studied the interweaving of 'experience' and 'ideas about' experience. Husserl’s phenomenology both validates the subjective self as instrument (Mecham, 2010), and equips that instrument with the apparatus to make rigorous observations and reliable and consistent representations of subjective experience. As Mecham contends:

"Phenomenology can best be described as the philosophical and scientific approach to understanding how we experience our experiences. It is the study of experience itself... of the world as it truly is by means of using the only thing truly available to us: our own selves" (2010, p. 2/3)

The notion of the 'lifeworld' is central to Husserl’s phenomenology (Ashworth, 2003), and Husserl elucidated the concept as follows:
"The life-world is a realm of original self-evidences...The contrast between the subjectivity of the lifeworld and the 'objective', the 'true world', lies in the fact that the latter is a theoretical-logical substruction, the substruction of something that is in principle not perceivable, in principle not experiencable in its own proper being, whereas the subjective in the lifeworld, is distinguished in all respects precisely by its being actually experiencable" (1936/1970, p. 128)

After Husserl, phenomenology was progressed in various directions by Heidegger, Merleau-Ponty and Satre, and was also brought to hermeneutics by Gedamer and Ricoeur. A student of Husserl's, Heidegger (1889-1976) took phenomenology in a more ontological direction (Overgaard, 2004), toward 'Being-in-the-world' (Heidegger, 1962). Heidegger diverged from Husserl on the point of intimate access to the phenomenon (Overgaard, 2004), and urged phenomenology beyond mere perception, observation, reduction and description, and into the dimension of lived experience of phenomena (Overgaard, 2004). To be human is to be immersed or embedded in the lived embodied experience of 'being-in-the-world' (Hornsby, 2010, p. 1), to at once be, and be embedded in, the horizon of one's subjective lived experience - one's lifeworld. Heidegger argued that "the return to the things themselves, thoroughly undertaken, reveals the hidden within the phenomenon" (Ashworth, 2003, p. 1). Husserl and Heidegger were primarily interested in 'being' (Overgaard, 2004), and in this they share common ground with Zen (Dorrell & Berguno, 2004). As Galvin and Todres (2012) explain:

"...the central spirit of phenomenology involves proceeding on the basis of an epistemology where understanding is never simply cognitive, but is always intertwined with senses, moods, qualities and multiple inter-subjective and cultural contexts that are given to consciousness in the ways they are holistically presented" (p. 6)

Phenomenology has reported shortcomings however, such as the impossibility of neutral description (Gendlin, 2004), and the futility of trying "to logify what is never to be logified adequately" (Sakakibara, 1998, p. 269). It is impeded by its own need to think about and represent experience linguistically. It attempts to gain intimate access to phenomena through the medium of lived experience, but is subsequently thwarted
by the membranes of linguistic re-construction and re-presentation which constitute its mode of operation. Phenomenologists have theoretically quested after the primordial, the pre-reflective and pre-ontological at the base of being and pure lived experience, but have lacked the conceptual and methodological apparatus to access it in reliable, consistent, and articulable ways. Despite its continuing evolution (Embree, 2001), and its proximity to lived experience, phenomenology remains a tradition of observation, interpretation and representation.

As a matter of methodological consistency, phenomenology was a natural theoretical component of this inquiry because Morita therapy (Fujita, 1986; Reynolds, 1976) and non-theistic Zen (Kopf, 2001) are in themselves, phenomenological methods. Smith (2006) suggests that as a method, phenomenology can either be a human process of reflection and interpretation, or a more formally analytical scientific process. In the context of this inquiry, phenomenology explicitly assumes the first of these positions, as a more reflective and interpretive method of first-person inquiry. The place of phenomenology in this inquiry was to provide a theoretically underpinned capacity to observe and describe the phenomena of interest, namely, the presence or absence of Zen principles in the lived experience of MT.

5.4.2 Hermeneutics

Hermeneutics is the theory and methodical process of penetrating and interpreting the meanings of some form of linguised text. van Manen (1990) calls hermeneutics "the theory and practice of interpretation" (p. 179), and Lopez (1988) describes it as "principles for the retrieval of meaning, especially from a text" (p. 1). Western hermeneutics evolved from scholarly interpretation of biblical text in the seventeenth century (Holroyd, 2007), and it has been put forward as a meta-theoretical position with the potential to transcend Cartesian dualism (Christopher & Richardson, 2000). Like phenomenology, it offers a range of working positions across a theoretical continuum, and can emphasise either understanding or a combination of understanding and explanation (Sandage et al., 2008). However, its explicit foundation premise is the primacy of linguistic forms in human experience. Gadamer (1975) proposes that "language is the fundamental mode of operation of our being in
the world and the all-embracing form of the constitution of the world" (p. 3). As an approach to inquiry, hermeneutics offers the following features:

"(a) seeks understanding rather than explanation; (b) acknowledges the situated location of interpretation; (c) recognizes the role of language and historicity in interpretation; (d) views inquiry as conversation; and (e) is comfortable with ambiguity" (Kinsella, 2006, p. 3)

The overarching goal of a hermeneutic approach "is to seek understanding rather than a mere explanation, authoritative reading, or conceptual analysis of a text" (Kinsella, 2006, p. 3). Such understanding is not a superficial 'knowledge of', but a more penetrating 'knowing' resulting from genuine 'transmission of meaning' from one human being to another. The very human process of making sense and synthesising meaning from life experience is at once ontological and hermeneutic (Sandage et al., 2008; Gadamer, 1975). Insofar as the penetration of the deeper meanings of a text is an act of interpretation in the lived experience of the interpreter, it constitutes an intersubjective communion which facilitates both understanding of author, their meanings and intentions, and also more informed self-reflective understandings (Ricoeur, 1981).

"...the interpreter's inner world meets the unique world of each text to create a new picture or understanding of a possible world in the consciousness of the interpreter" (Ghasemi, Taghinejad, Kabiri & Imani, 2011, p. 1625)

Like phenomenology, hermeneutics has a methodical mainstay, the hermeneutic circle. The notion of the hermeneutic circle is twofold. It relates specifically to the relationship between the parts of a text and the text as a whole, and also, the relationship between the text as a whole and its social, cultural and historical context (Sandage et al., 2008). The circularity is the movement between the parts and the whole. Deeper understanding of the parts lends depth to an enhanced appreciation of the whole. This enhanced appreciation of the whole is then brought to iterative and subtler re-examination of the parts. The relationship between the text and its contexts moves through these same mutually informing cycles. As an approach, hermeneutics:
...stresses the creative interpretation of words and texts and the active role played by the knower. The goal is not objective explanation or neutral description, but rather a sympathetic engagement with the author of a text, utterance or action" (Gardiner, 1999, p. 63)

Hermeneutics structures an experiential and inter-subjective relationship between an interpreter of text and the author of the text, which leads to deeper and subtler understandings, and self-as-instrument plays a key role. An important potential of hermeneutic inquiry is that it "offers the intellectual resources to move beyond a particular method of social science research or therapeutic practice" (Sandage et al., 2008, p. 355). It opens a dialogue with text that leads to both the hidden depths of the text, and also the self-reflective ontological depths of the inquirer in bringing themselves to the act of interpreting. However, the limitation of hermeneutics, in some ways consistent with phenomenology, lies in its implicit assumptions. In assuming the primacy of linguistic textual forms in human experience, hermeneutics limits itself to the dimension of what can be expressed in language, and in doing so, it confines itself to experience as framed by linguistic cognition.

Both MT and non-theistic Zen have clear hermeneutic elements, so including hermeneutics in the methodological theory increases the consistency between target phenomena and methodological approach. The place of hermeneutics in the current inquiry was to provide a theoretically reliable capacity to interpret and derive meaning from the textual forms of data gathered during lived experiences of MT.

### 5.4.3 Hermeneutic phenomenology

Hermeneutic phenomenology brings the observational and descriptive methods of phenomenology together with the interpretive and meaning-making apparatus of hermeneutics. Todres & Wheeler (2001) explicitly discuss the ways in which hermeneutics and phenomenology can lend the best of each to the other:
"In pointing to the life-world, phenomenology grounds our research inquiries, turning us to the concrete happenings of living situations, the what of our reflections... In acknowledging the positionality of knowledge, hermeneutics adds reflexivity to our research inquiries, turning us to meaningful questions and concerns that are culturally and historically relevant... Hermeneutics without phenomenology can become excessively relativistic. Phenomenology without hermeneutics can become shallow" (Todres & Wheeler, 2001, p. 6)

While hermeneutics and phenomenology are natural bedfellows (Todres & Wheeler, 2001), bringing them together also gives rise to conceptual and methodological challenges. Phenomenology asks that we bracket and observe in as objective a manner as humanly possible, while hermeneutics bids us use our fore-understandings, ontological interaction with a text, and the self-reflection, as explicit mechanisms in interpretation (Laverty, 2003). Hermeneutics asks that "the biases and assumptions of the researcher are not bracketed or set aside, but rather are embedded and essential to interpretive process" (Laverty 2003, p. 21). This can be distilled to the simple but fundamental question of the role of 'self' in inquiry. Hermeneutic phenomenology poses a viable and conciliatory compromise that blends the best elements of each orientation.

One of the ways Heidegger diverged from Husserl was on this pivotal point of bracketing (Smith 2006), which Heidegger believed was unviable and unrealistic (Sandage et al., 2008). Heidegger asserts:

"Our nature or being as humans is not just something we find (as in deterministic theories), nor is it something we just make (as in existentialist and constructionist views); instead, it is what we make of what we find" (1971, p. 212)

In identifying that our being is bound up with 'what we make of what we find', Heidegger embeds both the hermeneutic and the phenomenological in ontological context.39

39 NB: thematic parallels between this notion and Morita's own theoretical underpinnings should not be overlooked.
Gadamer (1996; 1975) and Ricoeur (1981; 1971) were both instrumental in advancing a conceptual fusion of hermeneutics and phenomenology. Ricoeur offered the concept of ‘distanciation’ as both a methodological compromise for Husserl's 'bracketing', and also as a 'happy substitute for the positivist concept of objectivity. (Sandage et al. 2008, p. 355). Gadamer also agreed with Heidegger that bracketing was theoretically untenable (Sandage et al., 2008), and conceptually progressed hermeneutics in a phenomenological direction by advancing the notion of authentic appropriation of meaning. This was a hermeneutic phenomenological unfolding from pre-understanding, through deconstruction and explanation, and on into an appropriation where the interpreter/experiencer makes the deeper meanings of a textual form one’s own (Sandage et al., 2008, Ricoeur, 1981; Gadamer, 1975). They also suggested hermeneutic phenomenology was 'empirical' in that it studied "experience based on observations rather than theory" (Sandage et al.. 2008, p. 352). van Manen (1990) describes hermeneutic phenomenology in the following way:

"It is a descriptive (phenomenological) methodology because it wants to be attentive to how things appear; it wants to let things speak for themselves; it is an interpretive (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena. The implied contradiction may be resolved if one acknowledges that the (phenomenological) 'facts' of lived experience are always already meaningfully (hermeneutically) experienced" (p. 181)

Holroyd (2007) asserts that working the researcher's fore-structure of understanding explicitly into the hermeneutic phenomenological process is imperative. The fore-structure of understanding is what phenomenologists argue must be bracketed toward objective knowledge of the things themselves, and what hermeneutes argue must be integrated and employed toward appropriated understanding. Todres & Galvin (2008) suggest there is a primacy to the embodied felt senses of the researcher in experiencing and interpreting the text phenomena of the subject, and that conveying these embodied felt senses inherent to interpretation of linguistic textual forms sometimes needs to go beyond mere re-presenting and into a creative linguistic re-synthesising. They argue for a hermeneutic phenomenological movement between the linguistic textual form and the interpreter's bodily felt sense (Gendlin, 2004) of meaning.
Honouring and including the felt sense and tacit understanding as forms of embodied textual form in hermeneutic theory is a legacy of Ricoeur's thinking, and was a development which provides an important conceptual axis for the current inquiry. Todres & Wheeler (2001) suggest that Ricoeur:

"...opened up the whole field of hermeneutics to include other sources for enquiry beyond written texts. He thus sees meaningful speech, writing and action as texts in need of interpretation..." (p. 4)

This loosening of the hermeneutic definition of 'text' to include 'meaningful speech' and 'action' opens the field of inquiry to entirely new dimensions. Taking hermeneutics beyond the phenomena of linguistic representation and into the lived phenomena of being and doing, essentially takes it past the constraints of language and into the experiential dimension. The notion that meaning can be consistently encoded and transmitted in non-verbal ways, ways that due to their consistency still constitute textual forms, is a hermeneutic doorway into human experiences transmitted through embodied practice.

Hermeneutics lends a human dimension to phenomenology which imbues it with the character of an ontological process of inquiry toward the áskētic (van der Braak, 2011) end of transcending the limitations of our own perspective. The hermeneutic phenomenological quest for understanding is an intimately ontological process of interpretation and appropriation through lived experience. In seeking more dynamic and lived forms of understanding it is explicitly distinct from processes of seeking static forms of knowledge. While the latter attempts to approach objectivity, the former must develop and employ skilled forms of subjectivity. As Gadamer suggests, "thus the circle of understanding is not a methodological circle, but describes an element of the ontological structure of understanding" (1975, p. 293).

The place of hermeneutic phenomenology in the current inquiry was to reconcile the differences between hermeneutics and phenomenology and in doing so, provide a theoretically solid and encompassing underpinning for the heuristic component of the methodology. The auto-biographical fact of Zen training and experience, and its
implications for my own explicit forestructure of understanding in this inquiry, make hermeneutic phenomenology an ideal theoretical underpinning for a heuristic approach to the study.

5.4.4 Qualitative heuristics

Heuristics is a qualitative, Human-Science approach to methodological inquiry (Douglas & Moustakas, 1985). Heuristic inquiry is an intimate, experiential and creative journey (Djuraskovic & Arthur, 2010), which "offers a systematic way of incorporating the self into inquiry methods while ensuring a high level of reflexivity and transparency" (Hiles, 2008, p. 392). The origin is a burning personal question and the destination is a lived knowing. Born out of the nature of the question and its deeply personal origins in my own experience, this study defined itself as a heuristic inquiry (Hiles, 2008). It aimed at disclosure of principles often operating in the spaces between and beyond language, and therefore, demanded an approach that had the scope and capacity to both tap into, and then render those principles linguistically.

Qualitative heuristic inquiry as it pertains to this study adheres to conceptual principles of heuristic investigation described by Douglas & Moustakas (1985), and to the methodological guidelines set down by Moustakas (1990):

"The research question and the methodology flow out of inner awareness, meaning, and inspiration... I search introspectively, meditatively, and reflectively into its nature and meaning. My primary task is to recognize whatever exists in my consciousness as a fundamental awareness, to receive and accept it, and then to dwell on its nature and possible meanings... I begin the heuristic investigation with my own self-awareness and explicate that awareness with reference to a question or problem until an essential insight is achieved, one that will throw a beginning light onto a critical human experience" (p. 11)

Douglas & Moustakas (1985) call heuristic research the "polyconceptual core of human science" (p. 45). They break the process of heuristic inquiry into three distinct phases: immersion, acquisition and realisation (Hiles, 2008). 'Experiential immersion'
is the experiential position and situatedness of authentic experiencer (not separate from the phenomenon), and constitutes an experiencing position beyond 'complete-participation', which retains/sustains the research artifice of 'participant' (still separate from the phenomenon). Experiential immersion is complete immersion in the research question as much as the fieldwork. It involves living the quest for understanding, embodying the question with a singular and dedicated focus for an extended period of time (Douglass & Moustakas, 1985). This occurs both in formal fieldwork where complete immersion steps beyond complete-participation and into authentic and complete lived experience, and also in informal contexts, where anything even slightly related to the question becomes the raw data of immersed experience.

Acquisition involves coming to embodied understanding (Todres, 2007) and tacit knowing (Moustakas, 1990) by processes of extensive internal self-search (Ozertugrul, 2015), and reflexive, iterative self-dialogue. It is the process by which the investigator becomes the embodied consolidation of both question and answer, a whole (knowing) greater than the sum of its parts (data). Realisation involves the methodical but creative process (Abbot 2004; Moustakas, 1990) of synthesising embodied understanding and tacit knowing into a languicised representation, into an adequate explanation of the lived experience of phenomena that answers the question and can be disseminated (Abbot, 2004).

In the heuristic process, tacit knowing, intuition, indwelling and focusing (Moustakas, 1990) consolidate into heuristic discernment. This can be understood as "a participatory process of reflection and discovery, leading to fresh insight, greater awareness, or new conceptual or practical distinctions" (Hiles, 2008, p. 392). Moustakas (1990) identifies tacit knowing to be fundamental, and also the aim of all other elements of heuristic methodology. Tacit knowing is the complete felt sense of an 'owned' knowing, and distinct from static knowledge as abstract artefacts (Todres, 2007). It is beyond languicised and abstract conceptualisation, an integration of implicit and explicit, specific and peripheral, conscious and subconscious constituent aspects of knowledge and experience, blended into lived, embodied understanding. Moustakas (1990) states "the bridge between the explicit and the tacit is the realm of the between, or the intuitive" (p. 23), yet the place of intuition in heuristic inquiry affords freedom to the extent that it demands responsibility.
An important aspect of the heuristic approach, indwelling is the constant, reiterative process of turning inward, working in reflexive self-dialogue and self-search (Ozertugrul, 2015), storying and re-storying of data (Mulholland, 2007). It involves dwelling with and as target phenomena, with disciplined intention and attention, until new understandings, themes and meanings emerge from within. It is a percolating, fusing incubation of knowledges and knowings, which in their own time, bare newborn embodied understandings (Moustakas, 1990).

The heuristic process of 'focusing' is a sustained inward holding of attention, a firm but relaxed mental grip on all the stark and discrete elements of relevance to the question. Focusing is in some ways consistent with the micro-reflexive Zen process of holding and watching the movements of one's own web of attachments and associations, but brought to bare specifically on the research question. Together these processes lead to heuristic discernment, which has conceptual correlates in both MT (taitoku/arugamama) and Zen (clear discernment/suchness), demonstrating validity through methodological consistency.

Heuristic methods initially use internal processes of the self to explore, reflect on, and derive meaning from the lived experience of phenomena of interest (Djuraskovic & Arthur, 2010; Moustakas 1990; Douglas & Moustakas 1985), before elucidating (West, 2001), explaining and disseminating (Abbot, 2004) newly gleaning experiential understandings. Heuristic methods demand the inquirer have a direct, personal and intimate knowledge of the phenomena of interest (Djuraskovic & Arthur, 2010; Moustakas, 1990), and are "deeply rooted in tacit knowledge that leads to a deeply subjective and creative connection between the researcher and phenomenon (Djuraskovic & Arthur, 2010, p. 1572). Rather than generating and testing hypotheses, heuristic methodologies emphasise human processes of coming-to-know through experience and self-inquiry (Hiles, 2008). There is a methodological consistency between a qualitative heuristic approach and psychotherapeutic processes (Hiles, 2008; West 2001), which provides an optimal fit for investigating the subtle aspects of a therapeutic system such as Morita's.
As with MT and Zen, the 'self' of the researcher must be at the centre of heuristic inquiry (Douglass & Moustakas, 1985). It is amidst the process of self-search (Ozertugrul, 2015) through experience and iterative internal dialogue (Moustakas, 1990), that the researcher arrives at clear discernment in the forms of greater self-knowledge and self-awareness in relation to the phenomena of interest (Hiles, 2008). The researcher is at once the context, the vehicle and the text of the fieldwork and data collection processes, and then becomes the arbiter of rigor and reflexive synthesiser of meaning from the embodied understandings derived from the whole heuristic process.

A heuristic approach also offers hermeneutic phenomenology a more intimate proximity to the phenomena of interest. "The heuristic researcher has undergone the experience in a vital, intense, and full way" (Moustakas, 1990, p. 14). West (2001) suggests that "it is through our very humanness that we can understand other humans" (p. 128), and observes that due to such intimate proximity, heuristic approaches demand rigorous reflexivity through "vigilant subjectivity" (Kinsella, 2006, p. 8) and "disciplined subjectivity" (West, 2001, p. 128). With its emphasis on internal self-search and rigorous reflexivity, the consistency between heuristic inquiry and Zen training is evident, and it is also closely aligned with Health Philosophy (Todres, 2007). Douglass & Moustakas (1985) suggest that freedom from "the restraining leash of formal hypotheses, and... external methodological structures that limit awareness or channel it" (p. 44), allows such an intimate proximity to be uncontaminated by preconception and presupposition.

The heuristic approach is a natural human process, refined and distilled toward methodically accessing internal and deeply intimate 'lived' phenomena:

"A natural process is in play when one attempts to know a thing heuristically: (1) an immersion in the theme or question becomes paramount and nearly all experiences appear relevant; (2) acquisition of data involving expressions of and meaningful associations to the theme is achieved through a whole and pervasive immersion; (3) realisations occur, growing out of sheer, graphic, experiential involvement in and reflection on the theme or question" (Douglass & Moustakas, 1985, p. 47)
Kleining & Witt, (2000) identify some key points toward heuristic methodological validity. They suggest dialectical rather than linear research procedures, a flexible research disposition open to modifying preconceptions and changing course in response to new experiences and understandings, collection of data from structurally varied perspectives, and analysis based on reflexive internal dialogue (Kleining & Witt, 2000).

Due to the evident hermeneutic and phenomenological elements of both MT and Zen, this study was initially framed in a manner as consistent with the target phenomena as possible. Yet over time, the true nature of the inquiry made itself apparent through the actual processes of investigation. Experiential immersion is the medium of heuristic inquiry (Moustakas, 1990). Experience was the origin of the research question, and also the vehicle that progressed the inquiry toward a lived, embodied understanding of an answer. As a methodological approach, heuristics lends itself to the validity and necessity of first-person lived experience, and is consistent with and supported by a hermeneutic phenomenological theory (Todres, 2007). It also provides a remarkable consistency with MT, for "while empirical studies presuppose the actuality of cause and effect, heuristic inquiry challenges the scientist to uncover and disclose that which is, as it is" (Douglass & Moustakas, 1985, p. 42).

The place of heuristics in the current inquiry was to theoretically and methodically equip entry into first-person immersion experiences of MT, and explore them for lived understandings which would provide a valid basis for a linguicised representation of Zen in classic MT.

5.4.5 Morita's 'taitoku' as heuristic

A heuristic approach is methodologically akin to MT, with the relationship being explicitly evident in Morita's notion of taitoku. Morita (1928/1998) distinguishes between abstract intellectual knowledge, or rikai, and embodied knowing born from lived experience, or taitoku. Like Zen's interpenetrating twin logic systems (Hashi, 2008a), MT also draws on the hermeneutic interpenetration of intellectual learning
and experiential understanding toward the ends of ontological movement. For instance, experiential understandings from the Bedrest stage are discussed in abstract terms (in kowa lectures) in the later stages of classic MT. In terms of methodological consistency, the heuristic approach to inquiry shares much in common with both MT and Zen, insofar as they all emphasise the movement between intellectual learning and experiential understanding in the context of self-exploration and discovery. In Morita's own words:

"I explained that this was taitoku (experiential embodied understanding) - akin to enlightenment. It is neither theory nor ideology" (Morita 1928/1998, p. 65)

Morita's taitoku has various conceptual correlates in western therapeutic theory, and qualitative research theory, such as tacit knowing (Moustakas, 1990), embodied understanding (Todres, 2000), the felt-sense (Gendlin, 2004), and the "level of bodily felt meaning" (Kirmayer 2007, p. 234). For Morita though, distinct from western psychotherapeutic approaches, this "experiential embodied understanding" (Morita, 1928/1998, p.65) was a central mechanism of therapeutic shift. The approach to validity taken in the current inquiry is methodological consistency. Morita shared Zen's emphasis on experiential understanding over abstract conceptualisation, and this shared emphasis is carried over in their parallel with a heuristic approach to research. Morita's taitoku, this encountering and realising with one's whole being (LeVine 1991), is the product of heuristic experiential immersion, and is a feature that links his system inextricably to heuristic methods of inquiry.

5.5 Methods: Data Collection

The previous sections of this chapter have established a solid philosophical, epistemological and theoretical foundation for this study. The research design for the inquiry will now be presented, before moving on to methods of data collection and analysis used in the investigation. An inductive 'N-of-one', repeated measures, auto-ethnographic, self-case-study research design was employed to explore the nature and extent of Zen in classic MT.
5.5.1 Subject frequency: N-of-one researrch design

Nuttall (2006) advocates case study as an integral component of heuristic research design investigating psychotherapeutic intervention. Case studies are real, inductive and illuminating (Wallis, 2007). A case study approach, where a "unique example in great detail" (Abbott, 2004 p. 14) facilitates exposure and explanation of previously ambiguous phenomena, is well suited to exploratory and explanatory inquiries (Andrade, 2009; Platt, 1992). Willis (2007) identifies three advantages of case study as a qualitative method: a) the richness of the qualitative data, b) the authenticity of the data, and c) the absence of predetermined hypotheses allows exposure of what is there (rather than what one seeks to find). As a research method, the case study "investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 2003, p. 13).

Given the clear blending of context and process as aspects of the relationship between MT and Zen, case study was determined to be an optimal fit for the requirements of the current investigation. Nelson-Jones (2001) suggests that "studying theories of psychotherapy is both an intellectual undertaking and a personal journey" (p. 1). This suggests a therapeutic self-case study, consistent with the ethos of heuristic self-search (Ozertugrul, 2015), as an ideal method to facilitate a holistic depth understanding of complex, experiential, therapeutic phenomena in context (Andrade, 2009; Creswell, 1998).

Most qualitative inquiry relies on depth datum from relatively few subjects in order to delve deeply into complex qualitative domains (Jackson, 2005). But a complex of subtle mediating layers exists between the direct lived experience of the research subject and the researcher's reproduction of it. These layers include the subject's own conceptual interpretation of their experience, their representation of that interpretation to the researcher, the researcher's interpretation of that representation, and then the researcher's methodically configured re-representation of that (now somewhat obscured) representation of lived experience. This places a minimum of two layers of
interpretation, and two layers of representation, between the actual lived experience of the subject and the final representation of that lived experience by the qualitative investigator. In an effort to make more authentic and intimate contact with the phenomena of interest, and a less layered representation of 'the things themselves' (Husserl, 1936/1970), this inquiry attempted to reduce that distortion by half. It does so by employing an N=1 case study research design, but to further qualify, it is a 'self-case study, and so it is an 'N-of-one'.

### 5.5.2 Rationale

The rationale for becoming the 'N-of-one' subject for the inquiry was that it offered authentic and intimate proximity to the target phenomena, while reducing the layers of languicised complexity. Single-subject research design "boasts both a storied history and largely unappreciated potential for basic science and professional practice" (Morgan & Morgan, 2001, p. 119).

Qualitative research based on a single-subject, in-depth case study, usually involves a double-hermeneutic process. This sees the investigator make a methodical but secondary interpretations of the reported lived experience of the subject. The subject, in turn, is making a lived and intuitive interpretation of their experience of a given phenomenon in a particular context. The researcher is interpreting the subject's interpretation of their lived experience. The foremost advantage of the current research design is a reduction and simplification of this process, because with researcher as subject, there is no need for secondary interpretation of the subject's primary interpretation. This provides access to tacit, experiential understandings that defy, or are contaminated by, languicised layers of interpretation and translation.

Single subject research design is not uncommon (Engel & Schutt, 2009; Backman & Harris 1999; Weiner & Eisen, 1985), and self-search is fundamental to a qualitative heuristic approach (Ozertugrul, 2015). This study uses both in conjunction as N-of-one self-case study. While such an idiographic, auto-biographical and auto-ethnographic self-case study research design is not common, but not without precedent (Smith, Flowers & Larkin, 2009). Such an approach allows the researcher
to become immersed in the culture, context and phenomena of an environment, to grasp from within, and is particularly useful in settings where low verbal usage is a factor (Morse & Field, 1995), such as MT.

As an 'N-of-one', the experiential immersion mode of fieldwork takes a step beyond participant observation and the anthropologically emic, in that it doesn't just place the researcher in the external context of the research subjects, but also in the internal context of the research subjects. This provides first-hand, intimately lived proximity to phenomena of interest, outward oriented observations of external phenomena, and inward oriented observations of internal phenomena. This reduces the dialogical space where the research subject represents their lived experience in language and the researcher interprets and re-presents in further layers of language. The unique potential product of an 'N-of-one' with 'researcher-as-subject' is that the experiential immersion yields data with only one layer of representation/interpretation. This enables sensitivity to subtleties and nuances that might otherwise be lost.

The research design for this inquiry was all about intimate proximity with the lived phenomena of the relationship between MT and Zen. This meant going into MT as an inpatient and being experientially immersed in the context and phenomenon, and watching as the experience unfolded within and around me. This effectively trades off adherence to the myth of 'objectivity' in Human-science inquiry, for authentic intimate proximity with the phenomena of interest through valid and translucent subjectivity. "We must dialogue with ourselves, and hence we must do battle with ourselves" (Hardot, 1995, p. 91). Based on heuristic experiential immersion, the lived process of this study embraced the fundamental.askētic commitment in the self-search for tacit understanding of Zen in MT.

### 5.5.3 Fieldwork phases & contexts

Zen and MT are both experiential and phenomenological methods, and this identified experiential immersion in MT as a primary component of research design. To represent both Zen-based and non-Zen-based MT orientations, it was necessary to compare and contrast lived experiences of MT. This was achieved through two
progressive phases of experiential immersion fieldwork in classic MT contexts. In exploring the possibility of Zen principles in Morita's original model and method, it was important to go beyond any single therapeutic environment that may either endorse or deny the presence/influence of Zen.

The N-of-one research design called for repeated experiences across different contexts and facilitated by different therapists. It is a repeated measures design, comparing three self-case-studies of the same research subject, varied by therapeutic context. It is not comparison between multiple subject’s experiential data, but comparison between one subject’s multiple experiences of the phenomenon in different therapeutic contexts. As a measure of methodological rigor (Koch & Harrington, 1998), it was imperative to compare lived experience as a patient in an explicitly Zen-based therapeutic context, with lived experience as a patient in an explicitly non-Zen-based context (Phase 1). As a measure of methodological validity, it was imperative to qualify this comparison of lived patient experiences by changing the experiential position from patient to therapist (Phase 2). This third lived experience was undertaken in a context which was neither explicitly Zen-based nor non-Zen-based.

The first phase of fieldwork comprised two episodes of experiential immersion as a MT patient. The first was a twelve-day experiential immersion at Sansei Private Hospital (hereafter referred to as 'Sansei'), in Kyoto in 2009, under directorship and supervision of Dr Usa Shinichi, providing an explicitly Zen-based form of MT. The second was an eleven-day experiential immersion at Jikei-kai University Hospital (hereafter referred to as 'Jikei'), in Tokyo in 2011, under directorship and supervision of Dr Nakamura Kei, providing an explicitly non-Zen, Psychiatric Ward-based form of MT. The episodes of immersion fieldwork were then compared and contrasted, seeking to identify philosophical, structural and methodical overlaps with Zen, and distinctions between environments and experiences. The sequencing of experiential immersion episodes was strategic, in that the first lived experience of MT in a Zen-based context yielded the densest body of explicit Morita-Zen data. This was then used as a basis for comparison with the second episode. These two episodes from the immersed experiential perspective of the patient, constitute Fieldwork Phase 1.
When Phase 1 fieldwork was completed, further validation of experiential immersion observations was sought by changing experiential position. To lend a further, distinct, dimension to the inquiry, while maintaining immediate and intimate proximity to the phenomena of interest, a third episode experiential immersion was undertaken. This was as 'Morita therapist-in-training', supporting a patient through the stages of classical MT. This allowed intimate, tactile and visceral insights into the lived experience of MT from both subjective positions. This third episode was an eleven-day experiential immersion, undertaken at the Classic Morita Therapy Institute (hereafter referred to as 'CMTI'), in Daylesford Australia in 2012, under the directorship and supervision of Dr Peg LeVine, a facility providing a rural, Home-based form of MT. This second experiential perspective (i.e. therapist) was necessary to question, clarify and validate some of the observations and experiential learnings from Fieldwork Phase 1. The shift in experiential position, from the patient to the therapist position, maintained the necessary intimate contact with MT as a process phenomenon, while allowing a completely different experiential perspective, thereby providing qualifying insight into the patient experience from both personal and proxy experiential positions. The third immersion involved a different lived, felt, tacit contact with the experience of MT, a 180 degree shift in experiencing position from 'experiencer' of the therapy, to 'holder' of the patient's therapeutic experience, and it constituted Fieldwork Phase 2.

Part of the profound value of qualitative methodology is precisely that it engenders a progressive and organic development of approach in response to what is encountered during each fieldwork experience. This allows an incremental but perpetual movement ever closer to the phenomenal target. In this instance, as illustrated below in Figure 15, it resulted in a process of: a) approach-capture (Sansei Private Hospital), b) evaluate-realign, c) reapproach-recapture (Jikei University Centre for Morita Therapy), d) re-evaluate-realign, e) re-approach-recapture (Classic Morita Therapy Institute), and f) collate and analyse data across the three experiences.

\[\text{This form of classic MT most closely resembles Morita's original, natural, rural home-based therapeutic setting.}\]
Holroyd (2007) suggests "the intent is not to develop a procedure for understanding, but to clarify the conditions that can lead to understanding" (p. 1). The above is process facilitated optimal conditions for understanding the nature and extent of Zen in the lived experience of MT.

Entirely consistent with heuristic, hermeneutic and phenomenological research traditions, and also the traditions of MT and Zen, "the conditions that can lead to understanding" (Holroyd, 2007, p. 1) of the relationship between MT and Zen were living the experience of MT equipped with an adequate grasp of Zen. The only way to understand the relationship in a way that was beyond abstract knowledge, was to pursue a heuristic tacit knowing (Moustakas, 1990), an embodied understanding (Todres, 2007), and the only way to do that was to live the experience.
5.5.4 Targeting the Bedrest Stage

Phenomena evidencing and profiling the relationship between MT and Zen were the target of this inquiry, and this was the rationale for focusing the episodes of immersion fieldwork specifically on the early stages of treatment. Consistent with Morita's *taitoku* principle, heuristic experiential immersion provides lived, embodied, visceral experiences of 'knowing', that occur prior to and beyond intellectualisations and abstractions 'about' experience. The pivotal experiential understanding in MT arises during the Bedrest Stage, where the individual is forced to move into and through an intimate confrontation with phenomena they have been trying to avoid (*totsunyō*). Only through this contextually framed and structured moving-into-and-through does the individual come to understand, experientially rather than intellectually, that the anxiety they have lived with is not what they had believed it to be. The individual then takes this liberating understanding forward into the progressive stages of MT, toward other experiential learning experiences and a more functional reintegration with nature and the social world.

This first and pivotal *taitoku* arising during the Bedrest Stage, was targeted as the optimal place to identify the fundamental mechanisms in Morita's method. It is also the place to look for Zen principles operating as fundamental mechanisms. Morita's Bedrest Stage (*zettai gajoku*), was therefore identified as the stage most likely to yield lived experience evidencing Zen principles. Consequently, this stage of the MT experience was explored completely in each context, with abridged versions of later stages of MT included after a full and normal Bedrest Stage.

The Bedrest Stage was markedly different across therapeutic contexts where the phenomenon was experientially explored. At Sansei, the experience was one of 'Isolated' Bedrest, a term that emerged initially by reference to it in the literature, which was then reinforced by the lived experience of a profound isolation in the Bedrest Stage. In contrast, from the first moments of the Bedrest Stage at Jikei there was a qualitative distinction in lived proximity. Jikei's Bedrest experience, conducted

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41 The Bedrest Stage was observed to be different in two Japanese therapeutic contexts.
42 With one other patient, in a distant room, on the entire floor of the wing where the Bedrest Stage was experienced at Sansei Hospital, the tactile sense of isolation in the hours and days of Bedrest was a constant feature of the phenomenon.
the width of a sliding door from the common living area of the rest of the therapeutic community, was removed and 'secluded', but certainly did not impart the isolation of its therapeutic counterpart.

Facilitating the Bedrest of another person, as therapist-in-training at the CMTI, provided yet another intimate proximity experience of the Bedrest phenomenon, but from a different experiential position. The Bedrest experience at CMTI had elements in common with both Sansei and Jikei, but also elements unique from the other contexts. Bedrest at CMTI was a secluded but therapeutically 'held' experiential phenomenon. Targeting experiential immersion fieldwork toward the Bedrest Stage and abridged later stages in different therapeutic contexts, was determined to optimise fieldwork focus during the treatment period where the densest overlap between MT and Zen was likely to be evidenced.

5.5.5 Methodological consistency: living the inquiry

'Lived experience', understood as "experience-as-we-live-through-it in our actions, relations and situations" (van Manen, 2007, p. 16), is a significant qualitative research conceptualisation with correlates in both MT and Zen. Nishida (1921/1990) used the term 'pure experience' (junsui keiken) to derobe the Zen perspective, and Morita used 'pure mind' (junna kokoro) and 'experiential therapy' (taiken ryōho), to situate lived experience at the centre of ontological and therapeutic process.

This inquiry stands squarely on the platform of lived experience as medium, context, method, apparatus and datum. As lived experience is central to both MT and Zen, it is a matter of methodological consistency that lived experience had a central role in an inquiry into the relationship between them. Experiential immersion is the medium of MT, Zen and the heuristic approach. Heuristics, hermeneutics and phenomenology are philosophically and methodologically aligned with the explicit structures and nuanced experiential understandings of both Zen and MT. Therefore, this inquiry exhibits a consistency and natural union of question, and the manner of pursuing that question. It is an inquiry lived in the lifeworld of the N-of-one subject:

On occasion, this unusual feature of the research design, necessitates the inescapable use of first person language in this thesis.
"In building on knowledge of the pre-scientific character of the lifeworld and the specific phenomenon to be studied, we suggest reflexively inter-relating the general ontology throughout the research process in order to be able to guide the resulting methodological procedures and decisions. This means placing general ontology in the context of specific fields of interest" (Berndtsson, Claesson, Ffiberg, & Ohlen, 2007, p. 3)

Explicating and integrating one's preunderstandings (Berndtsson et al., 2007) and forestructure of understanding into the research process is fundamental to hermeneutic phenomenology (Holroyd, 2007; Laverty, 2003) and the vehicle for heuristic inquiry (Hiles, 2008). The practice traditions I have studied combine explicit linguistic textual forms with implicit embodied textual forms. They are living heuristic hermeneutic phenomenological traditions, featuring interplay between linguistic and embodied textual forms in perpetual, if incremental, ontological movement. My own lifeworld has been shaped by these traditions, and such background features influence methodological choices one brings to inquiry (Morse & Field, 1995).

In a sustained bid for transparency, no claim was made to have gone into this research process free of a Zen perspective. On the contrary; a life of traditional practice shapes the origins of this research. Taking the presuppositions and forestructure of understanding of my own lifeworld into the research process, it was imperative to clearly define the domains that were significant to the research. It was necessary to own them as origins and account for them as influences, validate and integrate them as what they are, fundamentals of my subjective lived experience, and then accommodate them methodologically while engaging research phenomena.

There was a need to constantly cast a critical, self-reflective and reflexive eye on my own evolving micro-processes, motives, understandings, presuppositions and predispositions, as 'the researcher' unfolded ontologically in a parallel process with the unfolding of the research. Answers to the questions posed in this research were pursued through a rigorous and methodical heuristic hermeneutic phenomenological approach. In doing so I furnished myself as investigator with an opportunity to
embark on a profoundly ontological journey (Pietersen, 2002), and took on responsibility to make the richness of that experience as available to analytical scrutiny as possible.

5.5.6 Gathering data

True to the heuristic approach, the main method of data collection was through the medium of experiential immersion. Across the three episodes of experiential immersion, two types of data were gathered: languicised and embodied. Heuristic qualitative methods rely heavily on reflective and reflexive self-dialogue (Hiles, 2008; Moustakas, 1990). The languicised data was in the form of idiographic, auto-biographical, and to some extent auto-ethnographic journaling, fieldnotes and Morita diaries. Internal and external moment-to-moment observations were made and recorded. Much of this was written by hand in leather-bound field diaries commissioned for the task (Figure 16). Some was also typed directly into the Microsoft Word software program onsite, using a laptop computer. These two different recording media reflect slightly different dialogical processes. Observations recorded by hand were slower but more immediate and insitu. The writing was embedded in the lived experience, and was part of the contextual unfolding at that moment. Typed observations were more flowing, faster, more reflective, and always after events which, for the sake of authentic immersion, made written recording unviable.
The fieldwork journaling and Morita diaries provided detailed reflections of both external and situational phenomena, and also internal experiential phenomena. They reflected a vacillation between living, documenting, and living-the-documenting, from the lived experiential position of 'other'.

While this study is not an ethnography, it did employ some ethnographic data collection methods. Due to the N-of-one, idiographic and auto-biographical case-study design, and the nature and contexts of the target phenomena, data collection methods were largely auto-ethnographic. The rationale was that an intimate record (e.g. fieldwork journals and Morita diaries) of the lived experience of the N-of-one subject (myself), yielded the closest proximity and most accurate linguistic/abstract reflection of the embodied learnings accumulated throughout experiential immersion fieldwork. Full experiential immersion goes a step beyond 'participant-observation' (Moustakas, 1990) insofar as one has-while-observing-the-having of the experience in context, rather than observing 'other' having the experience in context. This makes for a heavy reliance on the reliability of human instrument which is being experientially immersed in the context/phenomena, with an explicit emphasis on reflexivity. Todres & Galvin (2008) speak to the potentials and process of such embodied forms of interpretation in research:
"Embodied interpretation is a body-based hermeneutics in which qualitative meanings are pursued by a back-and-forth movement between words and their felt complexity in the lived body. This movement between the whole of the felt complexity at any moment and the part that 'comes to language' is a practice that keeps open the creative tension between words and the aliveness of what the words are about" (p. 575)

Photographs, artistic representations and sketches provide visual texture to languicised data (Morse & Field, 1995), lending interpretive dimensions. In this research design, visual data such as garden sketches, photographs, sumi-e and wood carvings gathered during immersions, provided valuable contextualising and interpretive reference points for the languicised data.

One of the key therapeutic tools in MT is the Morita diary. Along with the modal shift from internal preoccupation to external orientation through natural and contextual influences, the patient writes a daily diary entry which the therapist reads and comments on overnight⁴⁴. This is returned the following morning and in conjunction with the 'presence' of the therapist as an environmental influence, provides explicit therapeutic guidance in tandem with implicit experiential learnings. These diary entries, and the therapeutic commentary provided by the therapist, constitute a dense and concise body of data. As the therapeutic process progresses from Bedrest into Stages 2 and 3, patient activity broadens, as do daily diary entries, to include non-verbal representations of the therapeutic process, such as sketches, paintings, carvings, and even brief, accurate (phenomenologically correct) verbal descriptions of phenomena. These explicit, tangible, multi-dimensional and varied products-of-process are of great interpretive value.

As datum of lived experience, a significant part of data collection was recorded in my body. The next chapter presents an abstract construction in language, that conveys to some degree what it was like to listen to feet shuffling past my door as I lay in Isolated Bedrest on day four at Sansei Hospital. However, 'the experience' as the complex and embodied blend of lived feelings and felt senses that it actually was, is beyond languicised re-presentation. It can be recalled, and to some extent the recalling

⁴⁴ This practice begins after transition from Bedrest into Stage 2 of MT.
is to re-experience in the body-mind some of the fraught, intense, lived and known complexity, but in order to convey it, it must be condensed into an abstraction encoded in linguistic symbols.

5.5.7 Data: Linguistic & embodied textual forms

Two basic types of data were accumulated during fieldwork in this inquiry. The first type was experience encoded in language, as data recorded in linguistic textual forms, such as idiographic, auto-biographical, auto-ethnographic journaling and Morita diaries. The second type of data was experience encoded in the body, as embodied textual forms, such as Bedrest lying prone and unstimulated, sketches, photos, sumei, carving, quill pen making, archery, and weeding the garden. These embodied textual forms constitute an important form of data, but one difficult to make available without decoding and recoding them in language. They are central to MT, Zen and this inquiry. It interweaves, qualifies, and informs the linguistic textual forms of data, and must be acknowledged as a significant factor providing texture to the linguistic textual forms of data collection. However, the point must be clear that my 'lived knowings' of what occurred in MT reside in my embodiment, while my extrapolated abstract knowledge resides in mind and subsequent linguistic representations. For this inquiry, these two types of data constituted a working fusion of embodied knowing and extrapolated abstract knowledge, a fusion of linguistic and embodied textual forms into a heuristic hermeneutic phenomenological approach as shown below in Figure 17.
There were occasions during fieldwork episodes where a decision had to be made whether to fully experience, or to reduce/contaminate experiential immersion as a research mode by recording the experience as it unfolded. The act of recording was a linguistic/abstracting/representing of experience, and therefore recording of an experience as it unfolded potentially set up an abstract/linguistic layer of cognitive activity (relative subjectivity) as an impediment to any available absolute subjective lived experience. Such subtle modal shifts in subjective experiencing are at the heart of Zen and central to this inquiry. In such instances, and consistent with the ethos of
complete experiential immersion, it was decided to live the experience and reflect on it dialogically after the fact. A prime example of this is the Isolation Bedrest Stage at Sansei Hospital, where recording of experience had to be consciously abandoned in order to actually live an uncontaminated experience of Isolated Bedrest.

5.6 Methods: Data Analysis

Data analysis for the current inquiry was a layered undertaking. A combination of triangulated analysis based on qualitative data coding, and heuristic analysis based on iterative re-storying of raw field texts was implemented.

The first layer of analysis was a straightforward analytic triangulation, and provided the basic findings regarding overlaps, gaps and consistencies between MT and Zen. Two reference points in space allows a two dimensional relationship to be drawn between points, but a third reference point brings three dimensional depth. It is the triangulation between three points which allows a deeper exploration of the relationship between points. The second layer was a heuristic analysis for each episode of immersion fieldwork. These two layers of analysis for each episode then inform and qualify one another toward more nuanced understandings.

The process of analysis was strategic and sequential. Data from the three episodes of immersion fieldwork were approached in chronological sequence. Each episode was initially read through and analysed individually, sifting them for emergent themes and fundamental overlaps in principle. They were then considered as a collective data set. Patterns and relationships were explored between themes and also between immersion experiences to identify consistencies across the whole body of data. In a hermeneutic circle of refinement, what was learned from the consolidated whole was taken back to a revisiting, refining, re-screening and subtler re-analysis of the individual immersion episodes. The purpose was to clarify and explore more subtle connections between the particular, from the perspective of the whole. This led to re-constitution of the whole body of data, having refined the re-analysis of the parts, with focused emphasis on fundamental principles and themes. This process constitutes two hermeneutic loops of analysis of rich, heuristically gathered, first-person phenomenological data, data not
contaminated by secondary construction/interpretation/representation. In this instance, the hermeneutic circling was combined with heuristic iterative re-storying of raw fieldwork data into distilled and synthesised research text (Mulholland, 2007). Relevant to this investigation, Todres and Galvin (2008) describe a process for iterative, embodied interpretation of research text toward a synthesised fusion of both content, and resonant 'felt sense' of that content:

"We focus on our own bodily sense of what comes and write down these initial experiences of engaging in such body-based, empathic imagination - it is about paying attention to what the presence of the communicated phenomenon is like when we stand before it in an embodied way. We then go back to the narrative structure, focusing on the details of the text and checking those details against our bodily felt sense: whether they confirm or resonate with the bodily felt sense, or whether the details change the bodily felt sense. If the details change the bodily felt sense, then we write some words or phrases that capture the felt change of this sense" (p. 575)

The layered analyses of research text are presented as subsections in chronological order in Chapter 6, before the learnings are consolidated into a simple explanatory model to illustrate the nature and extent of Zen in classic MT in Chapter 7.

5.6.1 Triangulated analysis

The first layer analyses which follow are qualitative triangulations. The qualitative dimensions of Context, Process and Content (LeVine, 2010) are explored as a triangulation, and Zen principles, Morita principles and Modal shift are explored as a second triangulation. These two triangulations are then explored, repeatedly, across the three episodes of immersion fieldwork, at Sansei Hospital, Jikei Hospital and the Classic Morita Therapy Institute, allowing a third triangulation and resulting in a 'triangulation of triangulations' as illustrated below in Figure 18.
This approach to first layer data analysis was tailored to the relationship between the lived phenomena of interest and the data derived from experiential immersion fieldwork as both patient (Phase 1) and therapist-in-training (Phase 2). An N-of-one research design demands an emphasis on methodological rigor (Koch & Harrington, 1998), but in order to glean what might be available from such idiographic depth datum, it is also important not to allow methodological rigor to bind and blind (Sandelowski, 1993). In this instance, the relationships between the phenomena of interest are contextualised in a relationship with the investigator, who is also the experiencing subject. Furthermore, experiential immersion and taitoku (experiential understanding) as methodological cornerstones, situate lived experience with bodily felt meaning as the centrepiece of the data. Rigorous reflexivity (Koch & Harrington, 1998) was brought to the analysis, so that the experiencing subject was the best placed to interpret the experiential data, providing as close an abstract interpretation/representation as possible.
The first layer analysis examined the data across the qualitative dimensions of Process, Context and Content. In this instance, Process pertains to two discrete sub-domains, Morita's therapeutic process and Zen's process of phenomenological practice. Context spans a variety of discrete sub-domains, including physical context, cultural context, interpersonal context, and the intra-personal context of the N-of-one subject. For the purposes of the current analysis, Content related to explicit references (some by the experiencing subject and some by inter-subjective other) which were either explicit or content-consistent with either Zen and/or MT. These three qualitative dimensions with their discrete sub-domains then constituted the first qualitative triangulation. These dimensions were colour coded in the analysis, green for Context, red for Process and orange for Content.

The data was also analysed for Morita principles, Zen principles, and Modal Shift in subjective experiencing. Morita principles include seishin kōgo sayō (psychic interaction), shisō no mujun (ideational contradiction), taitoku (experiential understanding), sei no yokubō (desire for life), mushojū shin (peripheral awareness), fumon (non-engagement with neurotic material), shizen (nature) and arugamama (reality as it is). Zen principles include self-as-process (rather than entity), embodied-experiential understanding, non-dual and multi-modal experience (including 'no-self' and 'nothingness'), transcendent subjective position (observing/integrating dichotomies), and interpenetrating (twin) logic system. Modal Shift identified any movement from one mode of subjective experiencing to an alternative existential-experiential mode of subjectivity, and specifically from inward to outward orientation of consciousness. The modes of Absolute (or Actual), Relative (or Abstract), Phenomenal (embodiment) and Lived (otherness - Nature or inter-subjective other) were identified as alternative Modes of subjective experience where experiential overlap in Morita principles and Zen principles was most likely to be evidenced.

While structural and environmental comparisons between Morita therapy and Zen have been made in the literature previously (Rhyner, 1988), the current inquiry explored overlaps at the level of principle as evident in the lived experience of the N-of-one subject. These three clusters of operational principles, Morita Principles, Zen Principles and Modal Shift, then constituted the Operational Principles triangulation.
These principles were colour coded in the analysis, purple for Zen principles, light blue for Morita principles and dark blue for Modal Shift.

Both analytic triangulations were then compared across each of the three international fieldwork contexts. The two phases of experiential immersion fieldwork, across three environmentally distinct therapeutic contexts, then constituted the lived experience triangulation. The findings from this first layer of analysis are presented next in the Chapter 6.

### 5.6.2 Heuristic analysis

The second layer of analysis was heuristic, and was built around and integrated with the first layer, so that each layer might inform and qualify nuances of the other. It provides a heuristic hermeneutic phenomenological analysis of experiential immersion data for each episode of experiential immersion, and is consistent with a heuristic approach to the management and presentation of qualitative data (Hiles, 2008; Moustakas, 1990). Denzin & Lincoln (2000) clarify heuristic analysis as "...a complex, dense, reflexive, collage-like creation that represents the researcher's images, understandings, and interpretations of the world or phenomena under analysis" (p. 2/3).

True to a purist heuristic approach, the process of data analysis was also experiential. The fieldwork data was so personally intimate that it demanded analysis in a rigorous but organic manner. As the languicised data was a symbolic representation of the experiential data carried in embodiment, the only way to remain true to the data was through an analytical process of cyclical movement between the languicised and embodied data born out of experiential immersion (Todres, 2007). This cycling back and forth between parts of a body of text and the whole is consistent with Heidegger's (1971) hermeneutic circle. The distinction in this instance is that half of the text is linguistic while the other half is embodied, and in this way the movement between textual forms is literally organic.
For each episode of experiential immersion, the languicised text is a representation of the embodied text, with reflective, reflexive and analytical movements back and forth between them, ever mutually refining and qualifying. The heuristic analysis involved sitting with-and-in the languicised textual data, mining it for corresponding resonances with lived text encoded in the body. This heuristic analysis process is similar to that described by Hiles (2008):

"It is possible to view qualitative analysis as a process involving the systematic and rigorous application of indwelling or discernment. This process is particularly important in at least three ways: (1) indwelling especially stresses the participatory nature of tacit knowing; (2) indwelling is crucially involved in the sifting through and interpretation of data, and (3) indwelling seems to offer the possibility of a specific methodological tool within qualitative research" (p. 7)

The full body of data also demanded that the heuristic analyst be completely immersed (Moustakas, 1990), emerging only when a consolidated 'tacit knowing' had been derived, which could then be synthesised into an articulable representation. Moustakas (1990) asserts "the task involves timeless immersion inside the data, with intervals of rest and return to the data until intimate knowledge is obtained" (p. 49). This process of heuristic case-study analysis and direct interpretation (Abbott, 2004) was employed in the current study45.

As analysis progressed, the writing, reflection and iterative re-storying of the original raw idiographic material became a predominant analytic method in its own right (Mulholland, 2007). This constituted a metamorphosis of languicised field data into synthesised, representative and meaningful research text (Mulholland, 2007). This immersive analytic process was not linear, but organic, circular, iterative and incremental movements toward an adequately synthesised representation of the tacit knowing attained through successive experiential immersions. The overall goal of this analytic process was to step beyond a mere recounting of what occurred into a synthesised representation of what happened and what it meant. This second layer of analysis is presented in conjunction with the first layer in Chapter 6.

45 This method is consistent with the experiential self-search methodologies of both MT and Zen.
5.7 Chapter summary

With deeply personal origins, and as an inquiry into the relationship between two profoundly phenomenological and experiential systems, in many ways this study defined itself methodologically.

This chapter presented the epistemological and theoretical aspects of philosophy underpinning this study. Built on that foundation, it then presented the specifics of research design, and the processes of data collection and analysis. Clear rationales for pursuing the study with a qualitative heuristic approach, based on hermeneutic phenomenological philosophy and theory, and for implementing an N-of-one, self-case study research design, have been provided. Consistency between MT and Zen as target phenomena, the methodological approach of the investigation, and the methods of data collection and analysis was also demonstrated.

The next chapter presents the analysis of the findings from the two phases (three episodes) of experiential immersion fieldwork. It undertakes to provide a tangible answer to the question at the centre of this inquiry, regarding the nature and extent of Zen in classic MT.
Analysis

"To curtail the tacit in research is to limit the possibilities of knowing"

(Douglas & Moustakas, 1985, p. 44)

6.1 Chapter overview

In studies based on qualitative heuristic inquiry, 'analysis' and 'synthesis' take the place of more traditional 'findings' and 'discussion' sections (Moustakas, 1990), and that is certainly the case in this instance. While presented sequentially, the analysis and synthesis chapters are a symbiosis. This chapter presents the key learnings from the processes of analysis implemented, while Chapter 7 synthesises those learnings into representation, explanation and extrapolation.

This inquiry began by presenting working conceptualisations of both MT and non-theistic Zen, so that the question of a relationship between them might be explored. It then progressed by exploring scholarly perspectives on the relationship between MT and Zen, and arrived at a consolidated position that a relationship existed, but that further investigation was required to determine the nature and extent of that relationship. It continued, to articulate a methodological orientation tailored to, and consistent with both systems, in order to allow an experiential exploration of the phenomenon from within the lived experience of it in its native contexts. Thus informed and equipped, the inquiry has now arrived at a presentation of that experiential exploration.

Taking a lived understanding of Zen into the lived experience of MT, to discern the nature and extent Zen principles evident in Morita's therapeutic system, has always
been the central aim of this study\textsuperscript{46}. As detailed in the previous chapter, complete experiential immersion in MT has always been necessary for this investigation, to identify aspects of Zen which are not readily available to cognition, conceptualisation, and articulation. Comparing complete experiential immersion in an explicitly Zen-based MT context, with a parallel experience in an explicitly non-Zen-based MT context, was necessary in order to differentiate what might be Zen principles at the heart of Morita's system. If Zen principles were evident in both Zen and non-Zen therapeutic contexts, it follows that those principles are inherent to Morita's therapeutic system, regardless of the orientation of the individual/s governing its implementation in a given therapeutic environment. The inquiry sought to reveal whether non-theistic Zen principles were evident in the lived experience of MT, regardless of the context in which that therapy was conducted. If not, Zen is more likely to be a secondary artefact of context and not a true aspect of classic MT. If it is, Zen is evidenced to be a unique feature of Morita's therapeutic system, regardless of where and by whom it is implemented.

This chapter is a layered analysis of two phases of fieldwork, constituted by three episodes of experiential immersion, exploring the lived experience of MT. The central themes of significance for the inquiry emerging from each episode of experiential immersion are then considered together, so that the woven parts might inform a reading of the whole, and in hermeneutic turn, the whole might inform further readings of the parts in new and subtler lights. The chapter is structured to provide a natural and loosely hermeneutic treatment of the 'three episodes of experiential immersion' at the heart of the inquiry.

\textbf{6.2 Phase 1, Episode 1: Room 33, Sansei Private Hospital, Kyoto, 2009}

Phase 1, Episode 1 of experiential immersion fieldwork for this study was undertaken at Sansei Private Hospital in Kyoto, and consisted of Isolated Bedrest (Stage 1) and

\textsuperscript{46} It is noted that the data from the three experiential immersions exhibited more dimensions and emerging themes which could have been explored, but which were beyond the scope and focus of the current inquiry.
abridged later Stages. Sansei Private Hospital is an urban private psychiatric facility in Kyoto, formerly a part of the Tofukuji temple complex.

I was formally admitted by the Director of the facility, Dr USA Shinichi M.D., and had to place my thumb print in red ink on the admittance form in lieu of a Japanese hanko (personal seal) or a signature. With this formal gesture I was officially admitted as a patient, to be released at the discretion and clinical judgement of the Director. After admission I was taken to Room 33, which was in a separate wing of the facility, up a staircase, on the second floor. Only one other patient occupied a room on that floor, which had 14 rooms in total. I was provided with a copy of the guidelines for Stage 1 of MT at Sansei in Japanese, and a translation of this in English.

6.2.1 Experiential Immersion as patient in an explicitly Zen-based Morita therapy context

I entered Sansei Private Hospital in Kyoto in October 2009, only weeks into my doctoral candidature. This was intentional. Undertaking immersion fieldwork before intellectual preconceptions about MT had time to fully form and potentially load my experience with self-confirmatory biases was a strategic decision. It was imperative to experience MT before my conceptualisations around it coalesced and consolidated. The heuristic approach required I go into experiential immersion as cleanly as possible, exploring what might be there rather than collecting and attaching pieces of experiential evidence to what I had already determined Morita's system to be. From the beginning, lived experience was to inform the formulation of any intellectual understandings that evolved. As researcher and subject, observations were of the internal and external unfolding of lived phenomena.

Being admitted as a patient to a psychiatric hospital is experientially full. There are no half measures and there is no psychologically 'safe place' to withdraw to in order to step out of lived experience to ground oneself in constructed identity. Eating and sleeping in a psychiatric facility half a globe away, in a country where the language,

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47 Before being gifted by the then Abbot to Dr Usa's father (Usa Genyu) for use as a MT hospital.
48 Due to the N-of-one research design first person referencing is a necessary feature of this heuristic analysis.
food and social norms are all unfamiliar, and where the phenomenon of interest is one's own lived experience, went beyond participant observation into the realms of heuristic experiential immersion.

Stage 1: Isolated Bedrest

The Bedrest Stage lasted six days and nights⁴⁹, and then I moved into and through abridged versions of Stages 2-4 as a MT patient. Despite efforts to enter the experience clean of assumptions and preconceptions and open to whatever unfolded, a number of subconscious expectations emerged which need to be acknowledged. For example, that Sansei had formerly been a part of the Tofukuji temple complex had seeded expectations that the physical environment would have a monastic feel to it, that the gardens would have 'old bones', and a sense of planned age, movement and natural beauty. Knowing Morita's method evolved in a rural environment with a warm, familial overtone led to subconscious expectations of safety, tranquillity and kindness. Sansei's reputation as Zen-based had also given rise to subconscious assumptions about the way the environment would function, and the feelings of community rhythm, cohesion and compassion. These subconscious expectations and assumptions were exposed in the process of being shattered by the reality of the actual lived experience of becoming a MT patient at Sansei.

There were also a variety of unexpected happenings and challenges for which I was completely unprepared. Sansei is opposite a public hospital on a busy main road. The road maintained a loud urban rhythm of light and heavy vehicle traffic well into the early hours of the morning, and started again before daybreak. The traffic lights at the front gate of Sansei have a loud, two-tone sound for pedestrian crossing, and this too sounds incessantly on a cycle through day and night. The public hospital emergency department, directly across the road from Sansei, marks frequent ambulance arrivals (approaching sirens heard for minutes prior), by directions being barked on a loud speaker. Such context was as far from restful as conceivable. Added to this was an inch-thick futon on old tatami, and a 'pillow' full of dried beans - which felt like ball-
bearings after the first hour - and by the early hours of the first night at Sansei it was obvious that the 'Bed-rest' Stage was going to be far from restful for a Westerner unaccustomed to Japanese sleeping arrangements. While there had been no expectations regarding food, I had not expected to find it difficult and at times impossible to consume. While previous experiences of Japanese cuisine had been wonderful and varied, the food at Sansei shifted between bland and aversive to the senses.

Another challenging issue for which I was unprepared in the Bedrest Stage, was the complete absence of the Morita therapist for the first three nights and four days (approximately 80hrs). My understanding from a limited engagement with the MT literature was of fumon as therapeutic posture, that the nature of the therapeutic relationship was minimal during this period, but that there would be a brief daily contact for the purposes of the therapist gauging the condition of the patient. I had assumed some small anchor-point of human contact and caring - some sense that the therapist was 'there', holding the therapeutic process, even in their apparent absence. This did not occur, and as a psychologist, after days and nights alone I could not help but wonder at the ethical implications of this complete absence, which as a patient, I experienced as a complete abdication of compassionate and clinical responsibility.

I had not been clinically assessed in any way prior to entering Sansei, and so any clinical history and possible issues or risks were entirely unknown. And yet, with little to no opportunity to observe me whatsoever, and thereby gauge either safety or progress, I was left without contact for approximately eighty hours. On the fourth night, I chanced to meet Dr Usa on the stairs on the way to use the bathroom. Through an interpreter he asked 'do you understand the rules?' That question alone, constituted my visit on the fourth evening.

With vast differences between my usual socio-cultural environs and the therapeutic micro-cultures in which traditional MT occurs, an auto-ethnographic dimension was folded through the Phase 1 experiential immersion fieldwork. The initial research context within the therapeutic environment was a 'three-tatami' room (approximately

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50 By the end of the Bed-rest stage I was limited mostly to the rice which arrived with meals.
3m x 3m), and this was the physical container for the pivotal first stage of the lived experience of treatment. Stage 1, Isolated Bedrest was a complete and intense experiential immersion in MT at Sansei. Phenomenologically, it was physically, mentally and emotionally painful, and gave lived experiential validation to Morita's notion of 'moving through suffering'. The small room was sparsely furnished, with a window allowing natural light to mark the passage of time. Lying prone on the 1-inch thick futon on old tatami, the hours of Isolated Bedrest unfolded into days. Three times a day meals would be delivered to the floor outside my sliding door by other patients. The sleeplessness and discomfort escalated over days into genuine distress and physical pain. For an individual without a diagnosed mental health condition, the escalation of mental suffering was notably severe, and the embodied feelings of being trapped in despair and abandoned without supervision or care was powerful. By the later part of Isolated Bedrest, I was experiencing periods of dissociation and waves of overwhelm which exhibited a secondary peak on Day 5 and a primary peak on Day 6.

The secondary peak of overwhelm on Day 5 culminated in a psychological regression experience. As a result of lying prone and isolated, my mind moved ever backward chronologically through relationships and experiences, and stages of regressive distress and despair, until it arrived at a state of original, unconstructed consciousness. This final state was free of distress to the extent that it was free form any construction of self. This was a lived experience of mind becoming so overwhelmed that it simply dropped, leaving only pristine consciousness. The embodied experience was reflected in linguistic textual form in journal entries on Day 5:

I have had such regressive experiences before, about four or five days into an extended meditation retreat. While powerful, they have never been quite so detailed, quite so chronological, quite so clearly one layer of experience atop its experiential precursor. And while I have connected with the unconstructed original space of conscious self before, this occasion was longer in duration, and yielded a depth and clarity, almost a tangible tactile presence in the space, that was unprecedented. It was an intense experience without being overwhelming, where I experienced consciousness as simultaneously agentic, and at the same time, completely absolved of, yet somehow encompassing, that smaller, individuated sense of agency. At the regressive destination, or perhaps more accurately, my 'unconstructed origin of consciousness', I experienced a pervasive felt sense of consciousness, as both dual and non-dual, and somehow beyond both and either. I was left with a knowing that I'd gone further than I had before in a familiar direction, and arrived more clearly, more consciously at a destination which had formerly been a felt sense, but was now more accurately a lived experience.

After the Day 5 regressive experience, I assumed that it was precisely the experiential learning that Bedrest was to facilitate for the patient. However, the experience went
unmarked and unnoticed by the therapist, and I remained in Isolated Bedrest. Pain returned to body and mind returned to its usual nature. Frustration, isolation and mental distress began to escalate and overwhelm once again until, on Day 6, an auditory stimulus from the garden catalysed the second and primary peak.

It was a unique experience. Mental and emotional distress and despair saturated consciousness, suffering peaked, and then a radical shift in mode of subjective experience occurred. The modal shift was from abstract subjective (relative experience) to actual subjective (absolute experience). Distinction between subject and object vanished and relationship to time and place was completely lost. This experience invested Morita's mushojū shin, sei no yokubō and arugamama with the character and textures of tacit embodied knowing and lived understanding. Moreover, this profound experience constituted a lived, embodied modal shift in subjective experiencing akin to pivotal Zen experiences of no-mind, no-self and no-thing-ness. Clear discernment (akiraka ni miwakeru koto) of my own fundamental human nature had occurred.

These two peak experiences in the Isolated Bedrest Stage at Sansei established a phenomenological Modal Shift, the radical reorientation of consciousness from one experiencing position to another, as a pivotal experiential theme common to both MT and Zen. As a manifest operationalisation of both Morita's therapeutic principles and non-theistic Zen principles, Modal Shift emerged as a key marker of experiential overlap and consistency between systems.

Understanding the nature of being challenged in body-mind from previous experience in Japanese traditions, it was apparent that without such experiences as referents, what amounted to complete abandonment for an extended period of days and nights, might well have been psychologically detrimental. As it happened, significant experiences occurred on Days 5 and 6 of the Bedrest Stage, yet the nagging question remains as to whether these occurred because of, or despite, the way MT was conducted in this instance at Sansei. I was left with a strong felt sense that without pre-existing skills and experience, what was perhaps intended (by model and method) to be an

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51 duration of the experience was estimated in hours due to the movement of sunlight across the room
existentially liberating experience, stimulating desire for life, might have instead been nihilistically reinforcing and psychologically detrimental.

Abridged later stages

After six nights and days I transitioned into Stage 2 of MT, the broader physical and social therapeutic context. Isolated Bedrest (Stage 1) had removed inter-subjectivity and facilitated an intra-subjective modal shift from a fixated internalised orientation of consciousness (on abstract and somatic phenomena), to an external and peripheral orientation of consciousness (mu\(sho\)j\(ū\) shin). Transition into Stage 2 provided new, natural stimulus, to anchor, channel and reinforce this externalised and peripheral orientation of consciousness toward actual and lived phenomena. Activities such as garden observation, nature sketching, and art focused and absorbed consciousness toward otherness in the form of the natural environment. This facilitated pure experience in Nishida's sense (Dilworth, 1969), of nature, uncontaminated by habituated self-consciousness. Stage 2 lasted for three days and as it progressed, activity began to evolve into light work, such as collecting fallen leaves and sweeping paths. At this point, basic interaction and communication with other patients became naturally necessary as an aspect of activity, and otherness expanded again to incorporate inter-personal other. Re-oriented consciousness in Stage 2 saw the phenomenological blending of nature, otherness and activity coupled with the phenomenal absence of self-consciousness.

After three days and nights of Stage 2, the research context expanded again as I was transitioned into Stage 3. The scope of daily activities broadened to include excursions into the broader community. The initial shrinkage of physical and social context experienced in Stage 1, and then staged, progressive social contextual and inter-personal expansion, was an important structural aspect of the therapeutic process.

Throughout the Sansei immersion, the issue of stimulus was significant. In the therapeutic context, food is stimulus as well as sustenance, and I often found the food at best bland and at worst an aversive stimulus. Due to the poorly kept state of the
garden, emerging into Stage 2 for garden sketching and light work left me, after only a short while, reverting to 'cognitive processes of search' for stimulus subjects upon which to focus, and there was a strong sense that some aesthetic elements to draw and absorb attention would anchor an external orientation of consciousness. Instead, I found the absence of aesthetic shapes, textures and features in the therapeutic environment saw emergence of a 'seeking mind', one actively trying to find a subject on which to rest, rather than a mind naturally coming to rest upon some external natural feature. There was an experiential distinction here between the phenomenal processes of being actively passive ('not-thinking') and being passively active ('without-thinking'). This seemed to mark a qualitative distinction between authentic arugamama and simply doing as one had been told.

This theme emerged in different guises repeatedly, and I recognised how easy it would be to observe the same manifest presentation and behaviour of two patients, one with their being completely absorbed in their doing, and the other simply doing the prescribed activity. This raised important questions regarding true engagement in therapeutic process and mere compliance with direction, and whether there are qualitative outcome differences for patients who genuinely engage when compared with those who merely comply. There was a deeply unsettling felt sense that the former held the potential to be existentially liberating, while the latter might hold an equal potential to seed a sense of 'therapeutic failure' and potentially reinforce nihilistic despair. With such a strong focus on the central therapeutic importance on a lived-felt-embodied grasp of mushojū shin and arugamama, the question of implications of authentic versus inauthentic must be considered.

Emerging from the Bedrest Stage into Stage 2 also revealed new hermeneutic processes, such as kowa Lectures and Morita diaries. Therapeutic presentation of key ideas in linguiscised textual forms, constitute one hermeneutic dimension of classic MT. The interspersing of daily, externally oriented lived experience, with teachings designed to inform and reinforce such an orientation, facilitate a mutually informing cyclical movement between linguiscised and embodied textual forms, between conceptual and experiential learning.
Kowa lectures are therapeutic teachings delivered by the therapist to the group of patients, and are a feature of classic MT. They teach core therapeutic principles, and notes taken during them clearly evidence explicit conceptual consistency and overlap between Zen and MT as it is practiced at Sansei. The following excerpt from field notes taken during a kowa lecture illustrates in explicit text some of the places where overlaps in Zen and Morita content and process occur:

A significant question emerged from the nature and content of the kowa lectures at Sansei, which were based on eighty-year-old shodo scrolls, brushed by Morita himself and featuring explicit Zen content. While romantic, content-significant, and lending felt connection to Morita, I was left wondering about patients without a rudimentary background in, or inclination toward Zen. How would they make sense of such material? This wondering was reinforced by observations in these Zen-based lectures of patients not engaging with the material or learning process, some staring out
opaque windows, some doodling, and some dozing. The Zen-based kowa lectures did not feel like a dynamic engaged learning experience, but felt instead like a static presentation of lifeless material. There were no questions, no teisho-like dynamic dialogue between learned and learners such as I had experienced in Zen contexts. Many principles of Zen as manifest in 'community' also seemed absent in the therapeutic community. Again I observed what from an etic perspective might seem to be a Zen-based curriculum, but from an emic perspective was experienced as something other than Zen in either principle or subtext.

Moving into Stage 2 of MT at Sansei also saw initiation of the Morita diary process. This process is a prime example of an unusual interplay of hermeneutic and phenomenological dimensions in Morita's method. The patient completes a daily diary entry which is submitted in the evening for the therapist to read and comment on, before being returned to the patient in the morning. This is a therapeutic process of hermeneutic circling, where the therapist 'adjusts' the orientation and interpretations of the patient through a languicised textual form. The patient learns from the therapist's languicised feedback on their diary entry, and then takes that learning to the next day of lived therapeutic experience. The aim of the diary process is to support channelling of orientation of consciousness outward, toward external phenomenal reality as it is. This is illustrated in the Morita diary entry below:
From the therapist's comments written in red pen on the diary entries, within two days it was clear that the absence of self-referencing was required for an 'approved' diary entry. The therapeutic utility of this for the fully engaged MT patient was clear. Also clear, was that for the patient inclined toward 'therapist-pleasing' and 'therapeutic success', it would be a relatively simple representation to make at the expense of authentic therapeutic engagement and progress. It was easy to see and provide what was required. Also clear from the above example is the therapist's explicit utilisation of Zen principles as therapeutic constructs. His references here to "living by Zen" and "no reference to your mind", speak to absorption in externally anchored consciousness and the atrophy of internally oriented, self-reflective habituation.

A therapeutic highlight of Stages 2 and 3 were the shodo and sumi-e classes. As a totally new experience, these activities absorbed my attention and anchored being in the process of creative 'doing' (Figure 19). Expressions on other patient's faces, their total engagement, their social participation in admiring and encouraging one another, all brought the assumed feeling of a classic MT experience to the fore in a way that was deeply reassuring.

![Figure 19. Sumi-e Class at Sansei (2009)](image)

Pivotal themes emerged from heuristic analysis of the lived understandings gleaned from experiential immersion at Sansei in 2009: clear discernment of one's own nature; modal shift and pure experience of reality as it is; time, space and nature; fumon; observation/duty of care; otherness and community; manifesting self-as-activity as a

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52 After these classes I learned these are not a part of the usual curriculum at Sansei Hospital.
function of orientation of consciousness. Some of these themes were purely experiential, while others were also structural and/or theoretical.

6.2.2 Analytical triangulations

Emergent themes from the raw Sansei experiential immersion data fell naturally into two groups. The first group was constituted by the categories of Context, Process and Content\(^{53}\), while the second group was constituted by the categories of 'Zen Principles', Morita Principles' and 'Modal Shift'. Of significance for the current study, which sought to disclose the nature and extent of the relationship between MT and Zen at the lived, experiential level, are areas where two or more of these categorical dimensions co-occur and/or overlap. Such overlaps, and the days on which they were evident, are presented in Appendix B, Table 7.

Context-Process-Content

The first triangulated analysis of the Sansei data brings together the general qualitative dimensions of Context, Process and Content, which have been demonstrated to facilitate a depth exploration of dense qualitative data (LeVine, 2010).

Context is multifaceted in this instance, consisting of both the internal subjective context as primary, and the secondary external physical context of the environment. This conceptual construction of Context is consistent with a phenomenological position built on Nishida's (1921/1990) Kyoto School philosophy. The macro-context for the Sansei fieldwork is, of course, Kyoto, Japan, with all of the cultural influences and artefacts that entails. The physical environment is constituted by various therapeutic spaces (e.g. the Bedrest room, the garden) across the duration of the immersion fieldwork. People (as inter-subjective other) can also be considered an aspect of Context in some instances, and time of day, temperature and season are also relevant.

\(^{53}\) These themes correspond closely to the dimensions of qualitative research
Both MT and Zen are process phenomena, and the construct of Process in the Sansei fieldwork pertained specifically to the onto-existential processes inherent to both MT (therapeutic) and/or Zen (ontological). Content at Sansei was more unilateral insofar as I was seeking to identify any explicit Zen and/or Moritist content that was part of either the Context (therapeutic) or the Process (therapeutic). In seeking to ascertain the nature and extent of the relationship between these two systems, any explicit references specific to each were of particular interest and relevance.

The analysis process for the triangulation between these qualitative domains, consisted of collation of all Sansei fieldwork data into a singular raw data document. Context (green), Process (red) and Content (orange) material was underlined in the physical document using different coloured pens, and overlaps where statements and references belonged to more than one domain were underlined with all relevant colours. This provided both a clear visual separation of domains in the data, and at the same time clear points of convergence and overlap, where two or three domains were encapsulated in a singular statement or reference.

As depicted in Figure 20, the analysis revealed that at Sansei, Context and Process were intimately related, and at times the interpenetration of context-as-process was clearly identified. A poignant example is the modal shift (Process) stimulated by the sound of a paintbrush tapping on a jar of water outside in the garden (Context) during

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54 A tangible example is the 100 year old shodo scroll hanging in the tokonoma in the Director’s office, brushed with the kanji for ‘what is this?’
Bedrest. Another significant overlap in these two domains is the Bedrest room (Context) as a therapeutic container for an unspecified period of days of isolated rest (Process). This context-as-process phenomenon is an interesting feature of the MT milieu, and is emphasised as the individual moves from one Stage to the next, in a progressive widening of therapeutic context in tandem with a progressive broadening of therapeutic scope (from intra-subjective to inter-subjective). Also highly relevant is the Context-Process overlap in the persona of the Morita therapist.

Context and Process dimensions were independently evident at Sansei also. For instance, in Bedrest the Context was evidenced to shift constantly between the physical room (Context-external) and the inner subjective experience (Context-internal). This natural shifting between internal and external Context was eventually linked with a reorientation of consciousness (* mushojū shin*) from internal preoccupation to external orientation and in the shape of desire for life (*sei no yokubō*) at which time it became a function of therapeutic Process.

A clear overlap of Context-Process was evidenced at the point of transition from Bedrest into Stage 2, as illustrated by the following excerpt from the fieldwork journal:

> This example illustrates overlaps at physical, interpersonal and socially constructed (i.e. Stages) levels of Context as a function of therapeutic Process.

Significant overlaps between Process (therapeutic) and Content (Morita & Zen) were strongly evidenced in the *kowa* lectures provided to patients by the Morita therapist at Sansei, the therapist, who had taken over directorship of the facility from his father (himself a direct student of Morita) some decades prior, was both a shaper of therapeutic context and a holder of therapeutic process, an embodied transmitter of both as two co-emergent and interpenetrating Morita principles.
(e.g. Day 7 in Figure 20). As a therapeutic device, these formal lectures provide patients with intellectual Content learnings (rikai) to compliment the experiential understandings (taitoku) that the staged method in Context is designed to facilitate. It is this interplay between experiential learning and the material formally presented that constitutes a clear hermeneutic-phenomenological aspect of Morita’s system, and also evidences the interpenetrating twin logic system that Hashi (2008a) identifies as an pivotal feature of Zen. The therapist’s first lecture (October 25th 2009), was presented based on a shodo scroll brushed by Morita himself in the 1920s depicting an explicit Zen reference56, which the therapist unrolled with reverence and hung on the wall for the audience’s reference. Such tangible Content (Zen) used as a therapeutic teaching device (Process) was also a shaper of Context in this instance (ie 'Morita’s shodo'). The Content documented from that kowa lecture provides clear examples of overlap between Content (Morita) and Content (Zen). However, the explicit Morita and Zen Content lends itself to a broader framing of the Context (therapeutic) as a Zen-based MT environment, and also Process (therapeutic) as a domain underpinned by Content (Zen) and Content (Morita).

The densest interplay and overlap between Context, Process and Content occurred on Day 7 (refer Figure 20) of experiential immersion, the day I transitioned from Stage 1 to Stage 2, and which also featured a kowa lecture. It is noteworthy that in the later stages of the experiential immersion the Process domain begins to co-emerge and at times overlap with the Morita Domain from the second analytical triangulation. This is hardly surprising, given that explicit Content (Morita) was to be expected as an embedded aspect of Process (Therapeutic).

Morita-Zen-Modal Shift

The second triangulated analysis of the Sansei immersion draws on the study-specific dimensions of Morita Principles57 ('Morita' light blue) and Zen Principles58 ('Zen' purple), both as previously defined, and the third dimension of Modal Shift (dark blue) which emerged as a pivotal factor during experiential immersion. Analysis of

56 Reference from Fascicle 63 of Dōgen’s (1253) Shōbōgenzō.
57 As outlined in Chapter 2, Section 2.8.
58 As outlined in Chapter 3, Section 3.6.
this triangulation involved mining the data (Appendix B, Table 7) for representations of lived experience of operationalised principles from both systems, as at times evidenced by a shift in mode of subjective experiencing.

Zen is represented at multiple layers in the data, and due to the self-as-subject research design, there is a high degree of sensitivity and disclosure of this as a dimension where it exists throughout the data. The dimension refers at times to an explicit Zen reference, such as a shodo scroll depicting a Zen phrase or kōan (Content). On other occasions it identifies a Zen principle manifesting in lived experience (Process or Context). A third aspect of the Zen dimension is constituted by an active Zen perspective or understanding recognised in the lived experience and/or used to either navigate or make sense of that experience. The following excerpt from the fieldwork journal illustrates the subtle and complex overlaps between dimensions in this triangulation:

As awareness settled into a stable pervasive experience, leaving behind the 'T altogether for a time, there was an unconstructed tranquility, full of dynamic movement and pregnant with potential, but at the same time without fixed form or shape - 'form is emptiness, emptiness is form'. This was empty awareness, but far from being static or dead or numb - empty awareness, naked awareness is complete; and there was a knowing of the truth that there was nowhere else to go or to be; that everywhere else and every other moment was right there in that emptiness, that all my striving had become an arrival at a place I'd always been, and there was some acknowledged release from any 'T-generated hungers for more-ness' or becoming different or better. As that state persisted, occasionally, a faint echo or shadow from the ego would manifest in the emptiness, only to be gently disbursed by empty awareness. Even in the silent depth of it, there was a knowing that when this experience was over, my understanding would have changed.

The Morita dimension operates on the levels of lived experience of tangible Morita Principles manifesting in therapeutic Process and Context, and also in explicit references and Content (e.g. during kowa lectures). At the structural and mechanical level, both Context and Process evidence much overlap with the Morita domain. At more subtle lived levels however, Morita Principles have an extrapolatable flexibility and applicability, and it is at this level that consistencies with Zen Principles are of significance to the current study.

The third dimension, Modal Shift, emerged from the data itself as the analysis progressed. The Modal Shift dimension identifies a phenomenon of movement

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59 This is a unique sensitivity to Zen principles in the complete immersion fieldwork, due to honing of the human instrument through sustained Zen training and practice.
between distinct subjective modes of lived experience. In Chapter 3 (Section 3.3), four distinct modes of subjective lived experience were identified, and during experiential immersion, movement between subjective modes quickly emerged as both a pivotal feature of the lived experience of MT, and concurrently, as a fundamental operational principle in common with non-theistic Zen. Modal Shift, as a triangulating dimension, identifies phenomenal movement in subjective mode of experiencing, either independently as a function of Context or Process, or as a feature in relationship with one or both of the other dimensions in this analytic triangulation. This triangulation of dimensions first emerges in the Sansei data on Day 3 of Isolated Bedrest (Stage 1). The beginnings of felt Modal Shift began to emerge, as did the first reference to a manifest Morita Principle (sei no yokubō), and these were in close proximity to, though not overlapping with a Zen Principle ('detached calm'). However, strong tangible relationships and overlaps between these dimensions emerge in the linguicised data on Day 5 as indicated in Figure 21 below, where after days of lying prone in Isolated Bedrest, a significant psychologically regressive experience occurred. This clearly demonstrates interplay and overlap between dimensions beyond the structural, and in the realm of principles as manifest in lived experience.

Overlaps between these dimensions peak on Day 6 of the experiential immersion (Figure 21), when another lived experience unfolded (re-orientation of consciousness (mushojū shin)) which was dense with overlaps of domains from within this

Figure 21. Morita-Zen-Modal Shift Triangulation - Sansei, 2009

Overlaps between these dimensions peak on Day 6 of the experiential immersion (Figure 21), when another lived experience unfolded (re-orientation of consciousness (mushojū shin)) which was dense with overlaps of domains from within this
triangulation. It also demonstrated overlaps between this triangulation and the Context-Process-Content triangulation. An example is where "an overwhelming negative swamping of subjective experience" was documented in the fieldwork journal, a reference which is categorised in the Morita, Zen and Process (therapeutic) domains. Significant categorical overlaps between Modal Shift and Zen domains, and relationships between Morita Principles, Zen Principles and Modal Shift are clearly evidenced. The dense interplay and overlaps between domains in this triangulation indicate a relationship between Morita Principles and Zen Principles moderated by Modal Shift.

As discussed, on transitioning from Isolated Bedrest to Stage 2 (Day 7), the 'Light Work Stage' (which today equates more to artistic activity such as sketching in the garden, than work tasks), I attended a kowa lecture by the Morita therapist. It was at this point that explicit relationships and overlaps between the Morita, Zen and Content domains emerged. The content of the lecture - the role of language in obscuring the non-dual nature of reality - was explicitly Zen and clearly straddled both the Zen and Content domains. The fact that it was the topic of the kowa lecture also situates it in the Morita, Context and Process domains. As a point of reference for explicit Zen Content in Morita’s system, this serves as a prime illustration.

The triangulation between Morita, Zen and Modal Shift evidences consistencies and overlaps to be strongest on day six of experiential immersion in Isolated Bedrest. This corresponds with the pivotal experience where consciousness was re-oriented from an internalised preoccupation with self-reflection to a world-oriented reality orientation. The emergence of this mushojū shin experience, the subsequent arising of desire for life (sei no yokubō) and genuine unconstructed reality contact (arugamama), constitute the manifest phenomenological overlap of MT and Zen at the lived, embodied, experiential level. As Modal Shift indicates a lived change in mode of subjective experiencing, the overlaps between Morita/Zen/Modal Shift, Zen/Modal Shift and Morita/Zen on Day 6 (Figure 21) all evidence a radical shift in subjective experience on that day, and also correspond directly to the therapeutic turning point in Stage 1.
Correlation between the Zen and Morita domains is strongly evidenced on Day 6 as mediated by Modal shift, and then after transitioning to Stage 2 (‘Light Work’) as a direct result of the explicit Zen content of both the kowa lectures and the Morita diary feedback from the therapist. A nuanced interpretation of these features in the data, based on the embodied textual forms of first-person lived experience, is that Zen is first manifest in MT as an experiential phenomenon on Day 6 and then reinforced with explicit Content and channelled in the Process of transitioning into Stage 2.

6.2.3 Therapeutic process

Mechanistically and structurally, the therapeutic Process at Sansei consisted of movement through the four stages of treatment (outlined in Chapter 3). However, as depicted below in Figure 22, the lived experience of therapeutic Process in Context was evidenced to be more subtle, complex and organic.

Figure 22. Therapeutic Process at Sansei Private Hospital, Kyoto 2009

This process (therapeutic) was facilitated by timed and progressive movement between stages of treatment, and essentially constitutes what Morita referred to as
moving into and through suffering. At Sansei, the number of days in Isolated Bedrest depended on the therapist's ongoing assessment of the individual, and while experiencing Bedrest, this factor lent a strong loading to contact with and construction of the therapist, the therapeutic relationship and therapeutic process. The hallmark therapeutic posture (fumon) of 'strategic disregard' associated with MT was also felt to be a significant factor in therapeutic process insofar as it compounded the isolation and exacerbated the escalation of internal preoccupation.

It was the escalation of internal orientation-preoccupation leading to overwhelming disorientation and despair that catalysed modal shift (from relative to absolute subjectivity) as a radical reorientation of consciousness (mushojū shin) toward external world-oriented reality as it is (arugamama). This experiential shift and reorientation of consciousness toward unconstructed reality contact is facilitated by MT, and is also a defining feature of Zen. Following this pivotal, experiential reorientation, the second and later stages of MT serve to shape, reinforce and channel the unshackled life force (sei no youkubo), first toward nature as otherness, and then interpersonal other as community and social engagement. This Process is structurally supported by both Context and Content, toward the gradual atrophy of former internal, intra-subjective preoccupation.

As a result of therapeutic process at Sansei, of existential confrontation, clear discernment of the nature of the self, and moving through suffering, the disruptive relationship between the self and anxiety was fundamentally altered. Entirely consistent with Zen, this therapeutic process constituted a self-overcoming of self, and therefore a fundamentally altered relationship between self and anxiety.

6.2.4 Sansei 2009 - Summary

A combination of analysis based on qualitative data coding and heuristic iterative re-storying of raw field texts was used to distil raw data from Sansei, toward identification of fundamental and lived consistencies and overlaps between MT and Zen at the level of manifest phenomenological principles.
When the Context-Process-Content triangulation is combined with the Zen-Morita-Modal Shift triangulation, a clear clustering of peaks in consistency and overlap between MT and Zen is evidenced between Days 5 to 9 as illustrated below in Figure 23.

![Figure 23. Zen in Morita Therapy - Sansei, 2009](image)

The earlier peaks in systemic consistency in operationalised principles as manifest in lived experience, while later peaks correspond more to explicit content and process factors. When these findings are integrated with heuristic analysis, an interpretation emerges that MT and Zen coincide in the pivotal experiential reorientation which occurs in Isolated Bedrest, which is then reinforced and channelled in Stage 2 with Contextual, Process and explicit Content factors. This amounts to a dense clustering of experiential, structural, contextual and theoretical overlaps and consistencies between MT and Zen in the early stages of MT.

Zen was found inherently throughout Context and Processes, and explicitly in the theoretical and textual Content of MT as it is practiced at Sansei. However, providing an alternative point and giving rise to an interpretive tension, heuristically speaking, some aspects of the Zen infused in MT at Sansei were found to be static, dead, Zen-as-intellectualised object, rather than dynamic, living, Zen-as-ontological-movement. The implications of this are ontologically and therapeutically complex. The question arising from the first episode of immersion fieldwork was: existential liberation or
narcissistic/nihilistic reinforcement? Is Zen-based MT as practiced at Sansei facilitating genuine 'without-thinking' and 'being-doing', or is it skilling patients for 'not-thinking' (thought suppression) and behavioural compliance?

It is a lived embodied truth, that an ontological event of research and personal significance occurred during the Isolated Bedrest Stage at Sansei. Pure mind (Junna kokoro) gave rise to Peripheral orientation of consciousness (mushojū shin) resulting in reality as it is (arugamama) and then desire for life (sei no yokubō) as an energised orientation away from being-as-reflection (internally oriented cogito/entity) and toward being-as-doing (externally oriented process/event) in relation to nature and other. This profound modal shift was at the embodied-experiential level of the tacit knowing and felt sense, rather than the cognitive level of intellectual learning, and constituted a fundamental overlap between MT and Zen at the level of operationalised therapeutic, ontological and phenomenological principles. The question that remains is, did it occur because of, or despite, the therapeutic process as it is practiced at Sansei?

Zen in MT at Sansei was structural, experiential, explicit, and conceptual/theoretical. While interpretation of the Zen content was at times questionable, Sansei was a Zen-loaded context (e.g. old monastery grounds/buildings, Zen shodo scrolls, han and taku to mark time and activity). Context-as-process was evidenced, and concurrent physiological and psychological processes resulted in a tangible modal shift in orientation of consciousness. Natural phenomena such as time, space, nature, rhythms and community were pivotal experiential factors. The therapeutic posture of the Morita therapist, being unmonitored and uncertainty of duration during Bedrest duration, and recording disallowed, were also of experiential significance. Due to the isolated nature of the Bedrest Stage, mushojū shin, sei no yokubō and arugamama emerged out of existential confrontation with suffering and despair, and desire for life was a reflexive self-overcoming existential distress.

The first experiential immersion (Phase 1, Episode 1) fieldwork provided an experiential understanding of MT, dense research data, and identified some preliminary propositions and methodological considerations which informed the
evolution of the study. Key learnings emerging out of the Sansei immersion fieldwork were clear and significant:

- The practice orientation and disposition of the Morita therapist shape both the context and therapeutic subtext of the lived-experience of the patient;
- Therapeutic framing and relational containment in the therapeutic context are as important in MT;
- There is a structural therapeutic role played by physical space and place, and the alignment of therapeutic shift with corresponding changes in space and place as the individual moves through stages of MT;
- There is a pivotal lived-experience of modal shift, subjective re-orientation from the relative to the absolute mode of subjectivity during Stage 1, paralleling Zen practice processes;
- What has been called 'desire for life' in the Moritist literature is a direct result of the emotional freedom arising from this re-orienting experience, and this is then channelled into the later stages of the therapeutic process by the Morita therapist;
- The significance of stimulus after bed-rest (food, garden, tactile experience, movement) as a key factor which can either facilitate (anchor externally) or inhibit therapeutic process;
- The subtle but important distinction between ‘not-thinking’ and ‘without-thinking’, and the implications of this distinction for dramatically different therapeutic experiences and outcomes.

These key learnings identify strong consistencies between MT and Zen at the theoretical, structural and experiential levels. The experiential understandings also refined and adjusted the focus of the second episode of experiential immersion.

6.3 Phase 1, Episode 2: Room 160, Jikei-kai
University Centre for Morita Therapy, Tokyo 2011

Phase 1, Episode 2 of experiential immersion fieldwork for the study was undertaken at Jikei-kai University Centre for Morita Therapy in Tokyo, and consisted of
Secluded Bedrest (Stage 1) and abridged later Stages. In contrast to Sansei's old Zen monastery buildings, Jikei is situated in an urban Tokyo university hospital, and the MT unit is a modern and cleanly refurbished psychiatric ward.

I was formally admitted by the Director of the facility, Dr. Nakamura Kei M.D., and provided with a Patient ID card. After admission, I was taken to Room 160, a 3 tatami room with a sliding screened window and a sliding door, situated just off the Centre's common room. On admission I was informed I would be checked by nurses regularly, that I would be visited by a psychiatrist once daily, and that I would be in Bedrest for eight days. As a researcher and in stark contrast to Sansei, I was encouraged to write about my experience of Bedrest while in Bedrest at Jikei. From the beginning of the experiential immersion, close proximity to the sounds of the community (i.e. 'seclusion' rather than 'isolation'), the experience of being medically monitored and cared for, and writing in Stage 1, all immediately suggested that Jikei was to be a very different lived experience of MT when compared with Sansei.

6.3.1 Experiential Immersion as patient in an explicitly Non-Zen-based Morita therapy context

The Bedrest room at Jikei (Figure 24), was comfortable and infused with natural light coming through the screened window. Immediately apparent was the fresh tatami giving off a green tea aroma, the very thick futon and the soft pillow. Sounds of the MT community could be heard just beyond the sliding door, providing a lived rhythm to the small space. Sounds from beyond the window included distant traffic, birds and rain, and the light from the window provided a natural rhythm for the passage of time. A nurse 'call button' was on the wall, above the pillow, and staff checks on comfort and wellness occurred a few times each day. Meals were selected in advance from a choice of two options per meal, and were initially nutritious if somewhat bland.

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60 NB: shift from 'isolated' to 'secluded'.
61 Food and presentation became notably more stimulating close to the end of Secluded Bedrest.
Stage 1: Secluded Bedrest

In contrast with Sansei, the Bedrest Stage at Jikei was a secluded, but not isolated experience. It was set apart from, while remaining in the midst of, community life in the unit. At no point during the bedrest experience did I feel isolated, disoriented, unobserved or abandoned. The physical comfort of the Bedrest room meant I experienced less physical pain and emotional distress than I had during the first episode of experiential immersion.

The sounds of activity from the other patients were constant in the unit at Jikei. Early morning exercise led by a recorded voice (7am), general conversation, meal-time sounds, clean-up sounds, afternoon Ping-pong (3pm), the sound of wood craft (light hammering of chisels), music at times, even the occasional yapping of a small dog. Evening group meetings could also be heard from the Bedrest room, usually with one leading or lecturing voice (kowa lectures). From the beginning of Bedrest my orientation was often drawn outwards toward the community.

I was visited daily, each time by a different psychiatrist, while in Bedrest at Jikei. The psychiatrist always had some basic English, and only ever stopped in very briefly, yet
the sense of being observed and cared for was maintained. Nurses visited routinely at 7am to take temperature, check pulse, and record frequency of urination and defecation. Nurses delivered meals during bedrest, and each night one would shine a torch into the room at around 2am doing a bed-check. The felt sense of being medically monitored and contained at Jikei was constant and gave the experience of Secluded Bedrest a 'safe and secure' quality.

Writing had been encouraged by the facility Director on admission, and this was a methodological double-edged sword. It allowed me to gather rich, dense, moment to moment data about the experiential immersion, but the very act of writing also drew me constantly into an abstract, cogni-linguistic mode, representing languicised, abstract ideas about experience. This was a stark contrast to Sansei, where writing had been forbidden during Isolated Bedrest. At times during Secluded Bedrest at Jikei, I could feel the very process of writing fulfilling a pseudo-dialogical function. I was conversing with myself, distracted by the writing, engaging in purpose-driven activity, and sometimes it did have a dissipative effect on any escalation of discomfort and distress. Once I realised this, I monitored it closely, and recorded less when that recording was related to any felt alleviation of any process of escalation. I had also experienced the Bedrest Stage previously (although quite differently), and this is likely to have influenced the process of Bedrest at Jikei.

The nights in Secluded Bedrest were long and quiet. Faint light through the screened window cast a shadow from leaves on a very thin branch. The leaves moved very gently with the breeze, and their shapes reminded me of Siamese fighting fish. Their appearance on the shoji screen meant that dusk had arrived, and their fading meant that dawn had come. Fieldwork recordings such as "the fish have left the shoji and the birds are welcoming the morning" illustrate the role that nature plays in MT, re-establishing both an external reality-oriented consciousness and at the same time, a different, less abstract and more natural and rhythmic lived experience of space and time.

There was a clinical transparency of process at Jikei, and as a clinical experience, Secluded Bedrest was a basic physiological recipe; eight days with a flat spine. Somewhere between Day 4 and Day 8, desire for life would manifest as boredom. By
Day 8, that boredom escalates into a strong outward orientation and impulse to 'do' anything toward its alleviation. As indicated in the following excerpt from the fieldwork journal, this was a clear and explicit Morita Process during Secluded Bedrest at Jikei:

It worked, because by Day 5 I was bored beyond frustration. I had observed the troughs and peaks in cognition, preoccupations, and even a little anxiety across the days of Secluded Bedrest, but the fundamental therapeutic mechanism was sheer boredom, giving rise to a strong impulse to 'do' anything. While there was a secluded and supported gentling of the busyness of life and re-engagement with more natural rhythms, there was no seeing into my own nature during Secluded Bedrest at Jikei. As reflected in languicised textual form during Bedrest:

Of significance, my boredom peaked in its intensity on Day 5 of Bedrest and was sustained until Day 6. My felt sense was that had I been moved into Stage 2 at this point, my external orientation would have been optimised, easily channelled and reinforced. I did observe in myself however, that the knowledge I would remain in Bedrest regardless began to subdue the natural surge in my desire for life, as boredom and frustration began to transmute into resignation and resentment. It was a pivotal experiential and clinical learning, that moving a patient from Stage 1 to Stage 2 at the right time could facilitate process, whereas moving them either too early or too late would actually undermine Morita's progressive process.

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A behaviourist might suggest that this was, effectively negative reinforcement in that the removal of an averse stimulus - boredom - reinforces external orientation and active doing.
The last days of the Secluded Bedrest stage at Jikei did see a notable change in food as stimulus. Blandness gave way to gradual introduction of more colour, texture and spice in meals. My bored and hungry mind orientated toward this stimulus with enthusiasm. Tiny origami of gradually increasing complexity also began to appear on the paper wrapping of my chopsticks, and this gave my boredom some visual creative stimulus to anchor toward.

Abridged later Stages

With some significant relief I transitioned into Stage 2 on Day 8 at Jikei. I was introduced to the other patients, joined in with guided morning exercises and then ate breakfast with the group. It was wonderful to have the boredom alleviated and it was also challenging in new ways. In contrast to the hermeneutic components of MT encountered in the first episode of immersion, I did not experience kowa lectures or write a Morita diary while at Jikei.63

Despite feeling a little 'overcooked' in Bedrest, it was easy to give myself over to the creative activity of wood carving. This was an absorbing activity, using fine motor skills with small tools to carve kanji into wood (Figure 25). It constituted the 'Light Work' Stage, and the tangible process of hands and wood channelled and anchored my orientation externally.

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63 This effectively reduced variety of data sources and exposure to explicit 'Content' which may have included Zen principles.
As 'doing' became the therapeutic medium, I moved progressively into more activity throughout the abridged later Stages of MT. This allowed me to work as a patient, caring for plants and animals\textsuperscript{64}, washing up after meals and doing some general cleaning. Once, third in line waiting to wash my dishes after a meal, I waited for more than forty minutes to get to the sink. Both patients in front of me had OCD, and waiting while they cleaned their dishes impressed on me the realities of living as fully as possible \textit{with and despite} the symptoms of disorder. These patients were 'doing', had shifted from static to dynamic despite the limitations their symptoms placed upon degree of movement.

Engaging with patients, despite some language challenges, was both possible and necessary. The later stages of MT are based in community as interpersonal other, and the patients at Jikei demonstrated a strong sense of community cohesion and support. The evening before I left Jikei I gave a speech to the patients\textsuperscript{65}, thanking them for their support and encouragement, respecting them for their therapeutic effort, and wishing them well on their ontological journey. The effort and gesture of the speech in Japanese was received with great vigour by the patients, with a long, standing ovation. The following day an exit ceremony occurred\textsuperscript{66} where patients and staff lined the corridor toward the exit and cheered and clapped as I walked to the unit door, while I put on my shoes, and as I left. It was a wonderfully supportive and emotionally charged farewell. Perhaps as an artefact of the experiential immersion, I 'burst' away from Jikei with a profoundly felt desire for life, a yearning for stimulus and powerful orientation toward 'doing'.

As an experiential immersion, Jikei was a very different kind of 'challenging' to Sansei. Where Sansei facilitated a stark existential despair in Isolated Bedrest, Jikei facilitated an overwhelming boredom in Secluded Bedrest. Where Sansei's process resulted in seeing into the nature of self and a consequent self-overcoming of self, Jikei's process resulted in will-to-activity and a self-overcoming of the limitations of the symptoms of anxiety. These are radically different qualitative outcomes. What was

\textsuperscript{64} The unit has a small dog, a rabbit, and pigeons.  
\textsuperscript{65} The speech was translated with the assistance of another patient with fluent English, and I delivered the translated version.  
\textsuperscript{66} The exit ceremony is standard practice for patients departing.
most profound at Jikei was that a simple and tangible therapeutic shift in orientation occurred as a function of the structure and processes of the Context.

### 6.3.2 Analytic triangulations

Consistent with the first episode of experiential immersion, data (Appendix B, Table 8) from this second episode of immersion in Phase 1, was also submitted to analytic triangulations across the Context-Process-Content, and Morita Principles-Zen Principles-Modal Shift dimensions.

**Context-Process-Content**

Due to the absence of explicit Zen loading in the Jikei environment, the analytic Context-Process-Content triangulation for Jikei, illustrated below in Figure 26, was less complex than it was for Sansei. As a psychiatric ward in an urban hospital complex, Context at Jikei was a comfortable but very 'built' and closed environment. This was to some degree moderated by natural light through large windows, live plants and animals in the unit, and a large homing-pigeon coop just outside the back door. The primary contextual features in common with Zen however, were found in therapeutic process, moving through progressive stages and then roles in relation to 'otherness', and the function of the therapeutic community of 'fellow practitioners'.

![Figure 26. Context-Process-Content Triangulation - Jikei, 2011](image-url)
As illustrated in Figure 26, recorded overlaps between Context and Process occurred across the episode of experiential immersion, but most densely in the first few days of the Secluded Bedrest Stage, where to a significant degree the room itself constitutes Context-as-Process. A changing relationship to the Bedrest room as therapeutic context-process is evidenced in linguicised textual forms generated on Day 5:

I woke at 4:30am to go to the toilet and have tossed and turned since then, dozing, half dreaming. The fish have left the shoji now and there has been a light rain falling for an hour or so. Outside sounds are muffled in here but a wet road still sounds different to a dry one. Lying here this morning I had the feeling of being quite at ease, and it occurred to me that my relationship to this space has changed somehow. It is the morning of day 5 in bed rest and I am feeling okay today, listening to the birds complaining about this rain. I am not sure how to describe the change in relationship to the space in words, but if I had to I’d say I feel less trapped by it and more held by it. I know that makes little sense but it is closest to a representation of what I’m feeling right now.

Context-Process overlaps were also evidenced at both transition to Stage 2 (Days 7 and 8) and transition toward exit (Day 11). While context-as-process early in the immersion is a reflection of relationship to the Bedrest room as a phyla context, context-as-process in the later parts of the immersion reflects transitioning into larger, interpersonal, social contexts. This feature of MT, where physical context (Bedrest room/intrapersonal-self) and social context (stage transition/interpersonal-otherness) are fundamental aspects of therapeutic process, have clear structural and experiential correlates in monastic Zen settings.

A clear overlap between explicit Moritist theoretical Content and Process (therapeutic) was evident in recordings from Day 6 (only) of the experiential immersion, as shown in the following excerpt:

While there are clearly Zen-associated themes in this excerpt, as a lived experience of coming to experiential understanding (taitoku), it most accurately reflected an overlap between explicit Morita Content and therapeutic Process. It is interpretively significant that as a result of Day 5 boredom not being channelled and reinforced externally, a Day 6 secondary modal shift in orientation (back toward internal self-preoccupation) was evidenced. This suggested that while a form of fundamental MT
process (Modal Shift) was facilitated by Secluded Bedrest at Jikei, in this instance, due to remaining in Bedrest after the initial shift occurred, there was a secondary, reflexive Modal Shift. Not being provided with opportunity and stimulus to externally anchor re-orientated consciousness soon after it emerged (by a well-timed stage transition), effectively diminished the therapeutic impact of the initial re-orientation of consciousness in this instance. This was a function of the standardised duration of the Secluded Bedrest Stage at Jikei.

Morita-Zen-Modal Shift

Regardless of the absence of evident Zen loading in the Jikei environment, and the absence of explicit Zen content in the linguistic textual forms employed therapeutically there, non-theistic Zen principles were still evident in the embodied forms experienced during the Jikei immersion. As a tangible consistency and overlap between MT and Zen, experiences of shift in mode and orientation of consciousness (Modal Shift), clearly identify a fundamental Zen principle operating in the phenomenological mechanisms of MT at Jikei. The following journal entry illustrates:

Being allowed to record phenomenological data during Bedrest had positive and negative aspects. While the negative included a partial contamination of Process (discussed previously), the positive included the opportunity to identify and record experiences of modal shift as and when they occurred. This provided a significant degree of qualitative depth and detail\(^{67}\) in the languicised textual forms of data (summarised in Appendix B, Table 8) gathered during the Jikei fieldwork\(^{68}\).

The Morita-Zen-Modal Shift triangulation at Jikei revealed two Zen-related Modal Shift experiences during Secluded Bedrest, on Days 3 and 6 as presented below in Figure 27.

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\(^{67}\) That would not have been available to a different research approach.

\(^{68}\) A contrast is noted with the level of immediate detail in the languicised Sansei data due to imposed limitations of recording.
It is noteworthy that on both days, Zen-Modal Shift was evident to a lesser degree the days prior (Days 2 and 5) to each major peak in principle overlaps. Interpreting from an experientially informed perspective, this reflects an initial significant Zen-Modal Shift in Secluded bedrest, followed by a secondary shift back toward internal self-preoccupation, before building toward a second significant Zen-Modal Shift. This Process phenomenon in Secluded Bedrest indicates an initial re-orientation from internal preoccupation to external orientation of consciousness, and then a regressive secondary re-orientation back toward internal preoccupation, before building toward a second re-orientation of consciousness toward external, lived reality. This was attributable to the standardised duration of Stage 1 at Jikei.

Significantly, Morita principles were evident in conjunction with the second, Day 6 Zen-Modal Shift (refer Figure 27). Overlaps between Morita and Zen principles were recorded on Day 4 (following the Zen-Modal Shift on Day 3) and Day 10 (where it reflects a shift in orientation toward transitioning out of MT the following day).

The processes of mind, modal shifting, and orientation of consciousness were available for close and reflexive scrutiny during Secluded Bedrest at Jikei. Metacognitive observation of the habituated orienting and reorienting of consciousness (multi-modal awareness cultivated in Zen practice) allowed significant micro-processes to be identified and recorded during the experiential immersion. The following example demonstrates the process by identifying fixation of orientation.
toward an internal and abstract phenomenon as a distraction from a deeper process of the lived body-mind (minor anxiety):

To some degree, this revelation of the micro-processes of multi-modal awareness in Secluded Bedrest constitutes a 'clear discernment', a seeing into one's own true nature (as a process phenomenon), with clear correlates in Zen at both the theoretical and process-experiential levels. This analytic triangulation revealed that while Jikei was not an explicitly Zen-loaded context, clear overlaps and consistencies were evident between MT and Zen during experiential immersion as a patient there.

6.3.3 Therapeutic process

Without explicit Zen Content, Jikei demonstrates a different operationalised version of classic MT when compared with Sansei. In contrast to Sansei, at Jikei the patient knows exactly how many days and nights of Secluded Bedrest they will experience, and in my own experience this strongly influenced therapeutic Process in this Context. The distinction between the isolation experienced at Sansei compared with the seclusion experienced at Jikei, also saw fundamental qualitative differences in therapeutic processes and outcomes.

The discomfort/distress prior to internal preoccupation experienced at Sansei (refer Figure 22) was absent at Jikei. As illustrated below in Figure 28, instead of the post-internal preoccupation disorientation/despair which occurred pre-modal shift at Sansei, boredom/frustration was the key mechanism facilitating shift in orientation of consciousness in the Jikei immersion.
The therapeutic process at Jikei did re-orient consciousness from internal preoccupation toward external, world-oriented activity. The therapeutic process was kinder and gentler at Jikei, and moving through suffering at Jikei was much less an existential confrontation than a confrontation with the tedium of self-reflection. These factors resulted in a qualitatively different self-overcoming outcome from the therapeutic process at Jikei. Whereas Sansei resulted in a self-overcoming of self, and therefore a fundamentally altered relationship to anxiety, Jikei resulted in a self-overcoming of the limitations of the symptoms of anxiety, insofar as patients live more fully and actively despite anxiety symptoms. While this is a reconstituted relationship between patient and anxiety, the self of the patient in that relationship remains fundamentally unchanged.
6.3.4 Jikei 2011 - Summary

As the second episode of Phase 1 experiential immersion fieldwork, Jikei was consistent with Sansei in terms of duration and emphasis on Stage 1 and abridged later Stages of classic MT. While there were many structural and procedural consistencies across the two therapeutic contexts, there were also key differences. Where Sansei was old Monastery buildings, Jikei was a refurbished hospital ward. Where Sansei was explicitly Zen-based, Jikei was not. Where clinical contact and containment at Sansei had been at best minimal, clinical contact and containment at Jikei had been more than adequate, and the extreme physical discomfort that was an aspect of the Sansei immersion was all but absent at Jikei. Constant medical monitoring, daily visits by different psychiatrists, fixed duration of and recording during Bedrest, were all features of experiential immersion at Jikei in stark contrast with Sansei. Despite these distinctions however, Context-as-Process did co-emerge with tangible Zen Principles and Modal Shift during the Jikei immersion, as reflected in fieldnotes:

Zen Principles were identified in the embodied, psycho-physiological (body-mind) patient experience of MT at Jikei. The Zen at Jikei was in stark contrast to Sansei, where Zen was identified in explicitly Zen-loaded Context, Process and Content. Zen was identified in MT at Jikei in the consistencies and overlaps with both Morita Principles and Modal Shift. Zen at Jikei is experientially evident in operational principle, but conceptually subsumed into explicit psychiatric framing.

As shown below in Figure 29, Zen-Modal Shift experiences peaked twice at Jikei during the Secluded Bedrest Stage, while experiential overlaps in Morita Principles and Zen Principles peaked on Day 4 of Bedrest (between the Zen-Modal Shift peaks), and then again moving toward transition to exit from MT on Day 10. The presence of overlaps between Morita, Zen and Modal Shift, interpreted against the ground of the
absence of Zen identified in Context, Process and Content, indicated that the Zen principles operating in MT at Jikei are implicit, subtextual and experiential. It follows that these principles are inherent to the experience of classic MT, regardless of the presence or absence of explicit Zen-loading.

Figure 29. Zen in Morita Therapy - Jikei, 2011

Zen in MT at Jikei was structural, subtextual, experiential and implicit. Like Sansei, Context-as-Process was evidenced to be a pivotal therapeutic factor at Jikei, although the absence of Zen-loading in the therapeutic context meant that Context-as-Process did not explicitly overlap with Zen principles per se. Also like Sansei, concurrent physiological and psychological processes did result in a tangible Modal Shift in orientation of consciousness. The secluded nature of the Bedrest Stage at Jikei revealed a qualitatively different therapeutic processes, which led to an interpretively significant qualitative distinction in lived Modal Shift phenomena. Stimulation of mushojū shin and sei no yokubō resulting from the mechanisms of boredom, frustration, and re-engaging natural rhythms, led to a strong will-to-activity and a consequent self-overcoming of the limitations of the symptoms of anxiety. Arguamama at Jikei meant living as adaptively as possible by accommodating symptoms of psychopathology.
Key learnings derived from the second episode of Phase 1 immersion fieldwork were:

- The pivotal qualitative and process distinction between Isolated (Sansei) and Secluded (Jikei) bedrest, and its implications for possible qualitative distinction in therapeutic outcome;
- The functional distinction of boredom in contrast with existential distress as a mechanism during the Bedrest Stage;
- The central significance of Context-as-Process, the therapeutic role of physical space, time, natural rhythms and progressive Stage transition;
- Modal Shift occurs, but can be a qualitatively distinct phenomenon as a result of different contextual and therapeutic process features;
- The importance of food as a stimulus building and orienting toward transition during Secluded Bedrest, and then wood carving as a focused and tactile channel/anchor for externally oriented consciousness in Stage 2;
- The clear experiential parallel between the role of the therapeutic community of fellow patients (interpersonal/otherness), with the role of the Monastic community of Zen practitioners;
- Zen principles are experientially evident in MT regardless of the absence of any explicit Zen loading in the therapeutic environment.

At the conclusion of Phase 1, it was clearly evident from experiential overlaps and consistencies in Morita Principles, Zen Principles and Modal Shift, that while the extent did differ, inherent non-theistic Zen was identified in MT regardless of whether the context was explicitly Zen-loaded (Sansei) or not (Jikei). While the Zen-loaded Sansei also evidenced explicit overlaps between Zen and Context, Process and Content, Jikei still exhibited inherent, implicit, subtextual and experiential features in common with Zen.

6.4 Phase 2: Classic Morita Therapy Institute,
Daylesford 2012

Phase 2 of the heuristic experiential immersion fieldwork for this study was undertaken in a different therapeutic context. The third and final episode of
immersion in Morita therapy was undertaken at the Classic Morita Therapy Institute (CMTI) in Daylesford, Victoria, Australia, which is approximately 1.5 hours outside Melbourne. The centre is situated on a 1.5 acre block of land, populated by mature pine trees, sheep and goats, native Australian birds and animals. The Director of CMTI, Dr Peg LeVine, resides onsite. Of the three therapeutic contexts sampled during this inquiry, CMTI was the only rural home-based therapeutic context. As such, the nature of MT at CMTI is structurally and contextually closest to the classic version that Morita conducted in his own home-based rural therapeutic context.

CMTI is the only place in the western world where classic MT is practiced. The director, Dr Peg LeVine, trained for many years with Kondō Akihisa, who trained with Kōra Takehisa, Morita's formal successor. Kondō was an experienced practitioner of Zen as well as MT, and to the Zen-sensitive eye, much Zen is evident in the classic MT he passed on to Dr LeVine and her facility.

The primary aim of the Phase 2 fieldwork was to retain an intimate experiential proximity with MT, but from a different experiencing position, that of attending therapist rather than patient. As a psychologist with many years of professional experience, and also having trained and worked in a therapeutic community in Australia, experiencing the therapeutic relationship from the therapist's perspective was not new. What was new however, was experiencing that perspective through the experiential lens of a 'Morita' therapist.

The purpose of living the Bedrest and abridged early Stages of MT from the other side of the therapeutic relationship, was to question, explore, qualify and validate, or refute findings from Phase 1 fieldwork. The experiential perspective of the therapist provided a third triangulating perspective for the two previous experiential immersions as patient. It must be stressed that this third experiential immersion was not observation of the patient's experience but observation of my own experience as Morita therapist-in-training, watching and recording the phenomena of self-as-process in the role of self-as-therapist. Observations of the patient's presentation and experience in this instance are reflections of that self-as-therapist/process.

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69 The MT patient during this experiential immersion provided verbal and signed informed consent for his therapeutic experience to constitute an aspect of this research process.
6.4.1 Experiential immersion as therapist-in-training in an implicitly Zen-based Morita therapy context

Experiential immersion in MT as a therapist-in-training at CMTI was a very different kind of intimate proximity to the phenomena of interest. It was an experiential shift from being therapeutically contained and facilitated, to doing the therapeutic holding and facilitating. Experientially, it was the other side of the therapeutic relationship, and embodied understandings of it needed to be derived in order to consolidate a whole and complete lived grasp of MT from both sides of the therapeutic process. It was also a shift from a Japanese therapeutic context to a western one, diminishing linguistic and cultural barriers.

Zen at CMTI was qualitatively different to Zen at the Zen-based Sansei. Where Zen at Sansei was explicit, and openly available in both the linguistic and embodied textual forms of therapeutic context and process, Zen at CMTI was more discrete and implicit. Authentically practiced Zen, if apparent at all, is generally understated, invisible, living principles infused into perspective, countenance, posture, and conduct. This distinguished explicit, 'dead' Zen-as-abstract/intellectual-object (static) at Sansei, from implicit, 'living' Zen-as-Actual/lived-principle (dynamic) at CMTI, a distinction between dead Zen and living Zen.

As a therapist-in-training, Zen principles at CMTI was evident in dialogues with the director about contextual factors, therapeutic posture, techniques for ongoing assessment of the patient's state, and trajectory of therapeutic process. As a therapist, time is available while 'holding' the Secluded Bedrest of the MT patient, and during the CMTI immersion, this time was spent in clinical supervision and also immersed in the archival MT records and resources at CMTI. As an immersion experience this provided a constant shifting characteristic to this fieldwork, between therapeutically engaging with the patient, clinically engaging with the director, and as at other times engaging personally with the literature and recordings at CMTI. The episode was a blending of theoretical exposure with experiential learning as a trainee therapist. Profoundly relevant to the current investigation were Dr LeVine's 'Kondō tapes',

recordings of many of her supervision sessions with Kondō throughout her ten years of formal supervision with him.

The Kondō tapes covered topics such as 'Morita therapy and Zen', 'enlightenment and cure', Zen and psychoanalysis', and methods and standards for 'appropriate training of the Morita therapist'. There were many hours of Kondō tapes, and to detail their extent and scope is beyond the current investigation. What is highly relevant however, is that CMTI was both shaped by and reflected much of Kondō’s grasp and therapeutic application of the principles common to MT and Zen. Many of the Morita-Zen principles Kondō discussed in the recordings were manifest in the classic Morita therapy context and process at CMTI.

As with the former episodes of experiential immersion, the CMTI fieldwork was for the duration of Stage 1, Secluded Bedrest, and abridged later Stages. The experience spanned from admission of the patient on the first day to his discharge from residential care eleven days later. The patient was a gentle and sensitive being, a male in his early forties, emotionally and socially paralysed (seishi kōgo sayō) by internally oriented, ruminative preoccupation with his own somatic and psychological phenomena.

As a home-based MT context, the natural and built environment at CMTI was very different to the previous MT contexts. The facility is situated on undulating land in country Victoria, and had established garden beds and open grassy spaces, mature pines, sheep, goats and geese. Native Australian wildlife and birdlife were prolific. The facility felt more like a home than a clinical setting. Unlike Sansei and Jikei, no urban or traffic noise could be heard inside the building; the smell of food emanated from the kitchen; works of visual and tactile art filled the environment with dynamic, organic and creative textures; a log-fire burned in a dimly lit living room, and the sound of animals bleating and the wind in the pines outside could be heard from the rooms. It was a natural and lived context.
Stage 1: Secluded Bedrest

The patient was admitted into Secluded Bedrest at CMTI on the first day of the experiential immersion as therapist-in-training[^70]. My therapeutic role consisted of attending to the patient's needs, such as bringing food and drinks, collecting dishes, preparing baths and making adjustments for his comfort (e.g. changing his bedding). During these seemingly mundane processes, the role also involved making observations of his energy and embodiment, and watching for indications of where the patient was in the trajectory of his therapeutic process. This would often consist of making observations of the patient and then consulting with the director of CMTI about the significance of what had been observed. I was encouraged to make clinical observations, while also allowing tacit understanding, intuition and felt sense to gauge changes in the patient's energy and orientation. This was a subtle and complex therapeutic procedure and amounted to much reflection and processing in constant clinical consultation. It was essentially a therapeutic use of self to both rationally, tacitly and viscerally assess the state and internal shifts of the patient in a constant way throughout Secluded Bedrest.

With correct orientation and practice it was certainly possible to feel the internal shifts of the patient from one encounter to the next. From the experiential position of the therapist, the subtle shifts in energy and orientation of the patient were more intuitively recognised having lived the patient experience of MT myself during previous experiential immersions. I 'knew' where he was in his process to a significant extent, because I had corresponding experiential reference points. This changed observation from a purely abstract/clinical process, to a clinical process enhanced and qualified by lived experiential understandings.

In the first days of Bedrest the patient's body language and energy indicated he was keen to engage as I entered the room, to speak, to tell of his experience, to seek some reflective response from which to gauge himself. This provided opportunity to come

[^70]: Experiential immersion recording in a fieldwork journal began prior to his admission, and additional, formal observation notes were also recorded four times daily.
to an experiential and embodied understanding of the nature and function of the therapeutic *fumon* posture\(^7\). As time passed in Bedrest, I clinically observed and physically 'felt' a marked change in his orientation and energy level. It was at this point that his internally oriented preoccupation with self began to escalate. He was no longer keen to direct energy into engagement and his body posture changed in the bed as he withdrew further into his own internal preoccupations. In an embodied way I could feel that he was 'moving into suffering', as reflected in the following fieldwork journal excerpt:

> As a therapist, holding the therapeutic process of the patient as he moved into and through suffering was conscious and constant. However, on Day 7, when upon entering the room to deliver his evening meal, I could clinically observe subtle behavioural differences, and physically feel/recognise a radical shift in his energy and orientation as a felt phenomenon. Observations were conveyed and discussed with the director of CMTI, who then made her own evaluation of the patient's shift, determining that the process of Secluded Bedrest had progressed to a point where he was ready to transition to Stage 2 the following morning.

**Abridged later stages**

The next day the patient left the Bedrest room and emerged into Stage 2 of classic MT. Together we learned and practiced making quill pens from bird feathers, discovering how a subtly different tactile relationship to the new and different instrument makes conscious the usual, taken-for-granted processes of drawing and writing (Figure 30).

\(^7\) Often translated and mis-represented as 'strategic inattention' or 'ignoring complaints'. 
There was something more natural, intimate and conscious in the fine motor skills employed when the fragile tool had been crafted by one's own hands. I felt the patient orient to the exercise in a fully engrossed way, his desire for life and orientation toward being-as-doing evident in his posture, focus and enthusiasm. He poured himself into the task of creating, and then took what he had created to the next creative task of sketching outside in the natural environment. This was observed to be a significant transition point for him, from a structured therapeutic context 'inside', to the broader natural context as macro therapeutic space. It was expansive, and as he moved outside he breathed deeply of the fresh air, and closed his eyes and raised his face to the sunshine in a gesture of drinking in nature and reality. He found himself a place in the garden and began to sketch. When he came in later in the day, he was stimulated to write his first haiku using his quill pen. Reflected in the following journal entry, his former internal preoccupation seemed largely absent:

The director of CMTI timed the patient's next Stage transition in strategic response to his therapeutic progress, and his need and readiness for more complex and taxing activity. His consciousness was externally oriented and he was seeking reality-based
visual stimulus to anchor his orientation. His desire for life was channelled into light and gradually heavier work as he moved further and further into embodied experience. On the afternoon of Day 9, he was introduced to the postural and technical basics of archery. This practice channelled his actual/reality/world-oriented consciousness into a precise external, distant but physical focal point (the target), and he sustains his orientation and engagement with the embodied practice of drawing the bow with his whole body, aiming, settling and releasing. After the relatively passive embodied experiences of Bedrest, the archery provides a complete re-situating in embodiment. This particular patient, a filmmaker and photographer, was able to articulate his own experientially perceived shift from the abstract mode of watching and capturing 'happenings', to the actual mode of being those happenings:

and feel how it is perhaps supposed to feel. The archery places T112 in his body in a new way. He says "I'm used to being behind my camera" referring to his new sense of being 'in' rather than being buffered from experience through the filter of the lens.

The theme of shift into a more active and actual mode of subjective experience emerged consistently during the remainder of the patient's time in the abridged later Stages of MT at CMTI. In particular, he articulated in a number of ways his experiential understanding of a fundamental difference between experiencing reality in an abstract/relative/constructed manner, always seeking the 'right angle' to capture images of experience from, to experiencing reality in a more actual/absolute/unconstructed manner as subjectivity at the heart of experience. In the final hours before the patient left CMTI, I found myself up in a rather large treehouse towards the front of the property with him. His treehouse reflections summarised his lived experience of re-orientation eloquently: "It's different now, like I can see with my whole self for the first time". The felt sense of shift he conveyed was familiar to me in a resonant way that comes from having lived a similar experience of shift. If I had not experienced MT as a patient myself, his comment would have been an abstraction for me, a piece of significant data, but as it was, his comment was a chord struck deep in my own felt knowing.
6.4.2 Analytic triangulations

The third experiential immersion was undertaken from the experiential position of Morita therapist-in-training, and this provided both an intimate proximity to the lived phenomena of MT and also an alternative experiential position to the previous two immersion experiences. Data from this episode of experiential immersion is summarised in Appendix B, Table 9. CMTI is not an explicitly Zen-based environment, yet the therapeutic context and process was pregnant with implicit Zen principles which were experienced as a therapist-in-training, reflectively recognised, and recorded.

Context-Process-Content

The early peak in Process-Content illustrated below in Figure 31 identifies overlaps between explicit theoretical content and the process of MT at CMTI.

![Context-Process-Content Triangulation](image)

Figure 31. Context-Process-Content Triangulation - CMTI, 2012

Context-as-process was evidenced on Days 4 and 8. The Day 4 peak indicates where the patient stopped spending emotional energy on engagement with therapist, and began to focus more exclusively inwards on his intra-personal 'moving through suffering' as reflected in the following fieldwork journal excerpt:
The second peak in Context-as-Process (Day 8) is a reflection of the patient's transition from context as the secluded Bedrest room, to the inter-personal context of the broader natural and social world.

Content coincided with Context on Day 5 of experiential immersion at CMTI, and was the result of implicit Zen principles being evident in expressed understandings and orientation (Content) that the Morita therapist, as a fundamental aspect of therapeutic Context was bringing to the therapeutic process. As a Home-based MT context, Zen at CMTI was often evidenced in embodied and nonverbal textual forms such as the presence and physical posture of the therapist.

**Morita-Zen-Modal Shift**

What is immediately and clearly evident from the Morita-Zen-Modal Shift triangulation for CMTI is the co-emergence and clustering of both Morita-Zen and Morita-Modal Shift on Days 7, 8 and 9 of the experiential immersion. As illustrated below in Figure 32, Day 7 reflects overlaps between Morita and Zen principles closely associated with an escalation in Morita-Modal Shift. This escalation point corresponds to the felt sense of the patient's re-orientation during Secluded Bedrest. The external orientation of consciousness was then channelled and reinforced by transition to Stage 2 (on Day 8), where overlaps between Morita principles and Modal Shift peak. The following day, recorded overlaps between Morita Principles and Zen Principles grow as experiential indicators Morita-Modal Shift decline.
What was evidenced was not only a clustered peak of overlapping instances of Morita Principles, Zen Principles and Modal Shift, but also clear evidence of therapeutic utilisation of that clustered peak to transition the patient from Stage 1 to Stage 2 (in a way that optimised therapeutic shift in orientation of consciousness). It is interpretively significant that in the case of CMTI, it is Morita-Modal Shift at the fore of therapeutic process, whereas for both Sansei and Jikei experiential immersions, Zen-Modal Shift emerged first and retained primacy. This is a clear example of Modal Shift primarily utilised as a fundamental Morita mechanism, and secondarily as a manifest Zen Principle.

### 6.4.3 Therapeutic process

In keeping to Morita's classic and progressive staged approach, the therapeutic process at CMTI was structurally similar to both Sansei and Jikei, although there were significant and fundamental differences. Due to the unusual phenomenological nature of Context-as-Process in MT, the natural, rural, home-based context was the first significant distinction. CMTI was more embedded in nature and its rhythms than the two former contexts. Like Jikei, the Bedrest Stage during the CMTI immersion was more secluded than isolated, yet the seclusion had a different quality at CMTI. Where seclusion at Jikei had a very 'psychiatric-ward' rhythm and feel to it, seclusion at CMTI was more of a structured withdrawal by the patient, supported ('held') and nurtured by the therapist. Whereas Isolated Bedrest at Sansei had been virtually
unattended, and Secluded Bedrest at Jikei had been a standardised period, Secluded Bedrest at CMTI was tailored to the process of the patient as observed, intuited and 'felt' by the Morita therapist. This nuanced distinction meant that the patient was transitioned out of Secluded Bedrest at the moment when the Morita therapist observed/intuited that their orientation had shifted from internal preoccupation toward external reality and world-oriented activity (refer Figure 33). It also meant that the patient was channelled into tailored Stage 2 activity, which the therapist observed to naturally engage and anchor the patient's externally oriented consciousness.

From the lived experiential perspective of Morita therapist-in-training, the therapeutic process at CMTI facilitated an escalation (and peak) in internally oriented self-preoccupation, and then harnessed-channelled the natural phenomenon of radical re-orientation by a well-timed transition into Stage 2. In this instance, the patient (a
visual artist) was engaged in the fine motor task of making quill pens by hand and then using these hand-crafted tools to sketch in the natural environment. Later in Stage 2 the patient was facilitated toward re-embodiment by being introduced to archery on the CMTI property. In these tailored ways, his re-oriented being-in-the-world and desire for life were situated and anchored in his embodied being-as-doing.

Due to the nature of the CMTI context, and the therapeutic experience and orientation of the Morita therapist governing treatment there, MT at CMTI was a more subtle, unique and tailored therapeutic experience for the patient, than I had personally experienced as a patient in Phase 1 immersions. From context-as-process and therapeutic posture, through to stage transitioning and the shape of anchoring and channelling activities, the therapeutic process at CMTI was based on the therapist's felt sense of where the patient was in their own therapeutic process, and what opportunities would optimise their therapeutic re-orientation.

From the lived, embodied perspective of the therapist, the áskētic process and phenomenon of self-overcoming at CMTI was qualitatively distinct to both Sansei and Jikei. Sansei catalysed an existential crisis and facilitated a self-overcoming of self, and Jikei catalysed an intensely frustrated boredom to facilitate a self-overcoming of the limitations of the symptoms of anxiety. In contrast, CMTI facilitated an ontological shift due to radical re-orientation of consciousness from internal preoccupation to external reality orientation in a movement toward being-as-doing. CMTI therapeutically facilitated a self-overcoming of the anxiety pathologies of the self, which fundamentally changed the individual's perspective and consequently their relationship to anxiety symptoms.

**6.4.4 CMTI 2012 - Summary**

Experiential immersion in MT as a therapist-in-training at CMTI (Phase 2) provided an alternative intimate proximity to the relationship between MT and Zen to experiential immersions as a patient (Phase 1). The main findings from experiential immersion data from CMTI in 2012 were Modal Shift as a fundamental consistency in principle between the MT and Zen (observed, 'felt', and articulated by the patient),
experiential understanding of holding the MT process (*taitoku*), reality of the 'felt' and 'sensed' patient as he was (*arugamama*), as a natural unfurling from Secluded Bedrest (*sei no yokubō*), and use of natural phenomena such as time, space, nature (garden sketching in rural context), art, embodiment (e.g. archery) and interpersonal otherness (e.g. cooking, weeding). Consistency between the lived experience of Zen principles in MT by the patient and by the therapist was evidenced in the third episode of experiential immersion. This served to validate and qualify the former observations made as a patient (Phase 1) from the alternative experiencing position of the therapist.

Presented below in Figure 34, as implicit principles pervading Context and Process, Zen was evident throughout the experiential immersion as therapist-in-training at CMTI. Zen Principles were evident in therapeutic Context, Process and Content during the Secluded Bedrest Stage, with clear overlaps between Morita Principles and Zen Principles beginning and increasing as the patient transitioned out of Bedrest and into the later stages of treatment.

![Figure 34. Zen in Morita Therapy - CMTI, 2012](image)

Zen at CMTI was evident as implicit operational principles embedded in nature, natural processes and rhythms, not subsumed in the linguistic textual forms of psychiatric or psychological framing. CMTI was the most natural of the three MT contexts, and the Zen at CMTI was a living Zen of principles manifesting and operating spontaneously and naturally as a function of context and process. *Arugamama* - reality as it is - was about nature and returning to one's natural state and rhythms. Desire for life was about the freeing up of the individual's ontological
'stuckness', a self-overcoming of the *anxious self*, and consequently, an altered relationship to anxiety pathology. CMTI was a natural context permeated with implicit Zen principles, a context designed to facilitate re-orientation of consciousness of the patient, and then channel that externally oriented consciousness toward nature, reality, with the authentic freedoms of creativity and spontaneity.

**6.5 Zen in Morita therapy: Phases 1 & 2**

The three episodes of experiential immersion fieldwork\(^{72}\) have been considered individually. It is now necessary to consider the three episodes of experiential immersion together, as a whole body of experience and data. The two experiential positions (patient/Phase 1 and therapist/Phase 2) of intimately lived proximity with MT can now be brought together and considered holistically. This is completion of a hermeneutic circle of heuristically gathered episodes of idiographic phenomenological material\(^{73}\).

**Thematic contrasts & consistencies**

Significant thematic and experiential distinctions and contrasts were revealed through the two phases of fieldwork and these are presented below in Figure 35. Contrasts include marked contextual and process differences between contexts, such as level of observation and embeddedness in nature. Distinctions include whether Zen was revealed as explicit (Sansei), subtextual and subsumed (Jikei), or implicit (CMTI), and whether it was Zen as static intellectualised abstractions (Sansei) or as dynamic operationalised principles (CMTI).

\(^{72}\) All three immersions focused on Bedrest (Stage One) and abridged later Stages and were of comparable duration.

\(^{73}\) This section is structurally representative of the many times hermeneutic circling occurred throughout the process of analysis, where the parts were taken to the whole, which was then taken to subtler interpretations and analyses of the whole, etc.
Figure 35. Episodes of Experiential Immersion: the 'Body of Lived Experience' as a Whole
Common & consistent principles

When the data from Phases 1 and 2 of this investigation was combined, analysis revealed a variety of evident Morita principles and Zen principles. The principles identified in each system fall into sub-categories of Theoretical, Structural and Experiential principles, and are presented in Table 5.

Table 5. Overlaps & Consistencies Between Morita Therapy & Zen (experiential domain)

<table>
<thead>
<tr>
<th>Morita Principles</th>
<th>Zen Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-dualism</td>
<td>Non-dualism</td>
</tr>
<tr>
<td>Shīshō no mujun-seishin kōgo sayô</td>
<td>Misapprehension of self &amp; reality</td>
</tr>
<tr>
<td>Fear of death &amp; desire to exist (neurotic anxiety)</td>
<td>Great matter of life &amp; death (Way-seeking mind)</td>
</tr>
<tr>
<td>Hermeneutic-phenomenological</td>
<td>Phenomenological-ontological</td>
</tr>
<tr>
<td>Interpenetrating twin-logic</td>
<td>Hermeneutic-phenomenological</td>
</tr>
<tr>
<td>Self-nature/Nature proper (shizen no hokorei)</td>
<td>Interpenetrating twin-logic</td>
</tr>
<tr>
<td>Therapeutic community-structure/nature</td>
<td>Self-as-Nature (shizen kokoro)</td>
</tr>
<tr>
<td>Therapist-Trainee (fumon)</td>
<td>Monastic community-structure/nature</td>
</tr>
<tr>
<td>Inter-subjectivity (community)</td>
<td>Master-Student</td>
</tr>
<tr>
<td>Manifesting-self-as-doing (work/art)</td>
<td>Inter-subjectivity (co-emergent)</td>
</tr>
<tr>
<td>Being-as-doing (sei no yokubô)</td>
<td>Manifesting-self-as-doing (practice)</td>
</tr>
<tr>
<td>As it is (arugamama)</td>
<td>Being-as-doing (Practice)</td>
</tr>
<tr>
<td>Pure Mind (Junna kokoro)</td>
<td>As it is (sonomama/suchness)</td>
</tr>
<tr>
<td>Self-as-process/sentience event</td>
<td>Pure mind/No mind (Junsul keiken/mushin)</td>
</tr>
<tr>
<td>Modal shift (Kinesthetic Unity)</td>
<td>Self-as-process/sentience event</td>
</tr>
<tr>
<td>External/Peripheral (mushôji shin)</td>
<td>Modal shift (Kinesthetic Unity)</td>
</tr>
<tr>
<td>Embodied-experiential (taiyoku)</td>
<td>Phenomenal-Peripheral (mushôji shin)</td>
</tr>
<tr>
<td>Zenchi (alleviation of subjective distress)</td>
<td>Embodied-experiential (taiyoku)</td>
</tr>
<tr>
<td>Kensho (realizing the nature of self &amp; reality)</td>
<td></td>
</tr>
</tbody>
</table>

This tabulated list of operational principles from both MT and non-theistic Zen, derived from lived experience data and broken into theoretical, structural and experiential categories, demonstrates significant consistencies with the theoretical and structural consistencies between systems indicated previously in the Morita-Zen discourse (refer Table 4). Derived from lived experience data (as both patient and therapist), the overlaps and consistencies between MT and Zen identified in this study both qualify and build upon perspectives found in the existing Morita-Zen discourse.

Systemic overlaps & parallels

The analysed data from the three episodes of experiential immersion (Appendix B, Table 10) revealed that a relationship between MT and Zen exists at the lived experiential level for both patient and therapist. It evidenced occasions where Morita
Principles and Zen Principles coincide and/or overlap one another, and also instances where Modal Shift occurs (equally fundamental to both systems) occurs.

That Zen principles were identified during experiential immersions in MT is enough to demonstrate the nature and extent of Zen in MT. However, it is the instances where Morita principles overlap and/or coincide with Zen principles that provide the strongest evidence that Zen principles are inherent to MT in significant ways. These overlaps, at the level of principle essentially indicate experiential observations of where the Morita principle and the Zen principle are either the same operational principle manifesting in lived experience (systemically distinguished by language/conceptual forms), or are consistent in that there is a distinct but closely related (parallel) principle in each system, as shown above in Table 5.

When consolidated, the whole body of experiential immersion data (Phases 1 and 2 combined) evidences overlaps between Morita Principles and Zen Principles, Morita Principles and Modal Shift, Zen Principles and Modal Shift, and also overlaps between Morita Principles, Zen Principles and Modal Shift. These overlaps are illustrated in Figure 36:

![Figure 36. Morita-Zen-Modal Shift Triangulation - Phases 1 & 2](image)

Across the three episodes of immersions, and as an integration of two experiential positions, Morita Principles and Zen principles were evidenced to overlap most on Day 6 of the therapeutic experience, with other significant overlaps on Days 8 and 10.
Morita Principles overlapped with Zen Principles and Modal Shift on Day 6, corresponding to lived experiences of reorientation of consciousness from internal preoccupation to external reality. This coincided with recorded overlaps between Zen Principles and Modal Shift on the same day of experiential immersion, with overlaps between Morita Principles and Modal Shift evidenced on Days 7 and 8, (sequentially following the Zen-Modal Shift). This demonstrated that a Modal Shift, interpreted as a manifest Zen principle, occurs as primary and prior to subsequent Modal Shift as a manifest Morita Principle. It also clearly evidences that Modal Shift as a reorientation of consciousness underpins and moderates the relationship between Morita Principles and Zen principles. Modal Shift is the 'absolute' foundation on which the relationship between MT and Zen rests, and a therapeutic phenomenon Morita referred to with the Zen term mushojū shin.

Including the analytical dimensions of Context, Process and Content, presented below in Figure 37, evidences a high density of Zen Principle phenomena in the lived experience of MT, whether as patient or therapist.

![Figure 37. Zen in Morita Therapy - Phases 1 & 2](image)

This holistic representation integrates explicit Zen Context-Process-Content (Sansei) with subtextual and implicit Zen Context-Process-Content (Jikei and CMTI), and demonstrates that overlaps between Morita Principles and Zen Principles are evident in therapeutic contexts and processes, and to a lesser degree content, across contexts, regardless of whether they identify as Zen-based MT environments. Whether explicit, subtextual or implicit, dead Zen (abstract/theoretical) or living Zen (operationalised
phenomenological/ontological principles) was evidenced across all three experiential immersions.

**Zen in variations of classic Morita therapy**

The findings of this study, as presented in this chapter, have shown that the nature and extent of Zen in classic Morita therapy varies in different therapeutic environments. *Taitoku*-based interpretations of the three episodes of experiential immersion revealed three distinct versions of classic MT being practiced across three international therapeutic contexts. They were differentiated as Zen-based, (non-Zen) Psychiatry-based, and Home-based contexts. Zen has been found to be manifest in various ways across these therapeutic contexts however, and the process of analysis has afforded a nuanced qualification of the subtle distinctions between forms of Zen manifest in each of the MT environments. Subtle distinctions in process across the contexts manifested subtly distinct qualities of re-oriented consciousness, desire for life and pure experience as illustrated below in Figure 38.

![Figure 38. Zen in Classic Morita Therapy: Three Experiential Immersion Perspectives](image)

As predominantly explicit abstract/conceptual therapeutic constructs, Zen at Sansei was a 'Dead-Zen'. It was the Zen of 'words and letters' rather than Zen 'beyond words and letters', and in being so, in some ways was a parodical antithesis of Zen. It was

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34 It must be noted that the manifest Zen Principles at Jikei were more structural, subtextual and subsumed in psychiatric-ward culture than at Sansei and CMTI.
evident as content text in the various contextual and process forms of MT at Sansei, but it was not found to be the dynamic subtextual lifeblood of MT at Sansei. In its potential to catalyse unobserved and unsupported existential distress, Dead Zen as an aspect of therapeutic context-process-content at Sansei, was as likely to facilitate movement of the self toward nihilistic despair, as movement toward existential self-overcoming of self. Its therapeutic potential as an ontological vehicle rested more with the innate tendencies and capacities of the patient than with Morita's model and method as practiced there.

As a MT environment where Zen principles were revealed to be operational, but subtextual, Zen in MT at Jikei was subsumed in the contemporary and explicit 'psychiatrisation' of the context. As a Morita-Zen phenomenon, Modal Shift was a fundamental and pivotal aspect of the lived patient experience at Jikei, yet it was qualitatively distinct to Modal Shift at Sansei, in that at Jikei it was experienced as a reaction formation to boredom and frustration. Subsumed Zen at Jikei was revealed in the subtextual fabric of context-as-process which effectively rendered it implicit and invisible, and to a significant degree also minimised its potential utility to facilitate ontologically transformative therapeutic process. From lived experience and observation as a patient, while this achieved a self-overcoming of the limitations of the symptoms of anxiety, this was a form of diminished-resistance symptom accommodation in lieu of authentic self-overcoming.

Zen was also evidenced to be significant in MT at CMTI. Experiential immersion revealed an implicit, lived and living Zen, which invisibly and unobtrusively permeated context, process and content of MT at CMTI. It was Zen of dynamic principles, operating naturally beyond the textual forms of words and concepts, Living Zen 'beyond words and letters', an authentic form of Zen which was therapeutically available precisely because it was not made-into-something. The intimate fusion of context-as-process with nature at CMTI was a key factor in both the implicit relationship between MT and Zen, and the qualitative distinction in therapeutic process-outcome. The implications for distinction in therapeutic process were subtle but significant. Modal Shift gave rise to a peripheral world-oriented consciousness, an energised, creative and spontaneous engagement with and through lived experience (unfettered by abstract self reflective internal preoccupations), a pure
mind and pure experience of reality as it was. A radical ontological movement toward re-embodiment and unimpeded authenticity, a self-overcoming of the anxious self had occurred through the implicitly Zen-permeated therapeutic context-process at CMTI.

6.6 Chapter summary

This chapter documented heuristic analysis of data from three episodes of experiential immersion in MT, from two experiential perspectives, and involved a layered analytic process. One layer was iterative re-storying of the idiographic, auto-ethnographic, phenomenological self-search recording, made during and about the episodes of experiential immersion. The other process was to mine the original data sets for evidence of overlaps between Morita Principles and Zen Principles (refer Table 5), and also Modal Shift as a phenomenon fundamental to both systems. These analytic processes were conducted for each episode of experiential immersion, then integrated to bring the three episodes together as a whole, so that the whole might further inform interpretive-analytic readings of the parts. In this manner, the nature and extent of Zen in the lived experience of MT, was unearthed and disclosed.

Reynolds (1976) identified that Morita's system was a phenomenological therapy. However, like Zen, Morita's therapeutic system is phenomenological to the ends of ontological movement toward self-overcoming of one sort or another. Radical re-orientation of consciousness from obsessive preoccupation with internal and abstract constructions of self, toward lived and actual reality as it naturally manifests, is fundamental to both MT and Zen, and leads to altered perspective and relationships with relative phenomena of the intrapersonal and interpersonal self. Morita's system allows the individual to recolonise their own embodiment in a way that is at once more intimately fused with mind and nature, and at the same time, no longer hamstrung by the illusory (and in their case pathological) self.

The next chapter presents a synthesised explanatory system for Zen in MT, and situates that as a contribution in both the Morita-Zen discourse, and also the applied clinical and theoretical Health Philosophy discourse.
Synthesis

"One must use language to reveal what, paradoxically, words can never say"
(Kinsella, 2006, p. 8)

7.1 Chapter overview

The previous chapter used heuristic methods to analyse data from three episodes of experiential immersion fieldwork, to reveal the nature of Zen in MT as theoretical influences, structural features, and operational principles manifest in lived experience. The analysis further revealed that the extent of Zen in MT is as implicit and subtextual, as it is fundamental and pervasive. This chapter has two aims. The first, is to provide an adequate synthesised explanatory system for the relationship between MT and Zen. The second, is to then situate learnings from both analysis and synthesis in relation to the Morita-Zen discourse specifically, and the Health Philosophy (HPH) discourse more generally.

7.1.1 Heuristic creative synthesis

The analysis used first-person intimate proximity with the phenomenon of MT, to access tacit understandings of lived principles it shared with Zen. Tacit experiential understandings are as fundamental to MT and Zen as they are to Health Philosophy (Todres, 2008; 2007) and heuristic inquiry (Moustakas, 1990; Douglas & Moustakas, 1985). Douglas & Moustakas (1985) emphasise the tacit:
Heuristic inquiry and HPH are congruent and compatible (Todres & Galvin, 2008). They share hermeneutic phenomenological underpinnings (Todres, 2007), and both place ontological and existential emphases on embodied understanding of "thick experiential patterns" (Todres, 2008, p. 1571). Where Todres employs embodied interpretation (2008) and aesthetic phenomenology (Galvin & Todres, 2011), Moustakas (1990) suggests creative synthesis based on tacit knowings derived from experiential immersion. Each approach "transforms rigorous qualitative research findings into more evocative re-presentations" (Galvin & Todres, 2011, p. 524). The process of heuristic creative synthesis in this inquiry, was informed by embodied interpretation, a valid and explicit integration of embodied and languicised forms of knowing as described by Todres & Galvin (2008):

"Embodied interpretation is a body-based hermeneutics in which qualitative meanings are pursued by a back-and-forth movement between words and their felt complexity in the lived body. This movement between the whole of the felt complexity at any moment (that is 'in the more') and the part that 'comes to language' is a practice that keeps open the creative tension between words and the aliveness of what the words are about" (p. 575)

Todres advocates a process of empathic interpretation and evocative representation of the experience of other, while Moustakas recommends first-person exploration of experience and a subsequent process of creative synthesis. Both aim at languicising experiential domains which are beyond language, by bringing the creative forces of felt sense and tacit knowing to the rendering of research learnings based on embodied textual forms. Todres's HPH and Moustakas's heuristics offer paradigmatic

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75 Morita's parallel principle of 'taitoku' (experiential understanding) should be recognised.
consistency and methodological complementarity. Both are drawn upon in this inquiry, as they employ creative expression of experientially derived understandings to elucidate the phenomenal structure and texture of experiential phenomena of interest. The distinction between these approaches is one of intimate proximity with target phenomena, and it was this distinction that determined creative synthesis as more suited to this inquiry. Moustakas (1990) describes the process of creative synthesis as follows:

"It invites a recognition of tacit-intuitive awarenesses of the researcher, knowledge that has been incubating over months through processes of immersion, illumination, and explication of the phenomenon investigated. The researcher as scientist-artist develops an aesthetic rendition of the themes and essential meanings of the phenomenon. The researcher taps into imaginative and contemplative sources of knowledge and insight in synthesizing the experience, in presenting the discovery of essences" (p. 52)

In this inquiry, the process of creative synthesis draws learnings from fieldwork analyses into a working fusion with the Morita-Zen discourse. It achieves this by building a simple explanatory model on the heuristic hermeneutic phenomenological conceptual foundations introduced in Chapter 5. Understanding based on rigorous embodied inquiry needed to be translated into an articulable explanation of the experiential dimensions of the relationship between MT and Zen. An interpretation and then translation of embodied lived experience needed to be moulded into a sufficient and substantiated explanation. Based on heuristic, hermeneutic and phenomenological principles, it was determined that a "translation-semantic explanatory program" (Abbott, 2004, p. 31) was an optimal fit for an inquiry into these phenomena of interest, especially given the cross-cultural, cross-contextual and experiential factors involved.

Abbott (2004) distinguishes such a semantic explanation from pragmatic and syntactic explanations, by defining it as "an account that suffices... an account that enables us to stop looking for further accounts" (p. 8). He further qualifies semantic explanation into two types, the one most suited to the current inquiry being the 'translation-semantic explanatory program', where the investigator "has translated, however
imperfectly, their world into one that we can find comprehensible" (Abbott, 2004, p. 31). This emphasis on experiencing, then interpreting and translating languicised and tacit understandings, in a way that provides a sufficient explanation, was deemed to be the natural fit with both the phenomena of interest, the epistemological and theoretical orientation of the inquiry, and the data from experiential immersions. The task that remains is presentation of a sufficient translation-semantic explanation of the nature and extent of Zen in classic MT.

7.2 The Nature & Extent of Zen in Classic Morita Therapy

The Zen in relationship with MT is not religious Zen as soteriology or teleology, but non-theistic Zen as meta-theoretical system, based on ontological processes and phenomenological principles. van der Braak's (2011) notion of Zen as a form of praxis-based ἀσκήσις, self-overcoming and self-transformation (through somatic practice) as described in Chapter 3, is the key to grasping the experiential dimensions of the relationship between classic MT and non-theistic Zen.

Ἀσκήσις, the process of self-overcoming through sustained, structured practice experience of some form, is an inherent aspect of both MT and Zen. The role of context-as-process in MT, and the therapeutic structure of progressive movement through stages of graded exposure to one's intra-subjective nature, and then inter-subjective nature as an integrated aspect of nature proper, is the form and substance of ἀσκήτης process in MT. Such a process facilitates a modal shift in subjective experiencing, a radical re-orientation of consciousness from abstract, internal and fixated to actual, external and free. Such ἀσκήτης process is closely mirrored in Zen context-as-process. This investigation demonstrated nuanced but significant distinctions between ἀσκήτης process as manifest across three episodes of experiential immersion.

This investigation revealed mushojū shin, as modal shift in subjective experiencing and radical re-orientation of consciousness from fixed-internal to external-peripheral, as a fundamental mechanism common to both MT and Zen. The reason for, and
implications of this mechanism now require explication, in answer to the burning question at the heart of the inquiry: the nature and extent of Zen in MT. Āskēsis - perpetual, embodied, praxis-oriented self-overcoming - is the nature and extent of Zen in classic MT. While Zen was not explicitly conscripted into application by Morita in his therapeutic formulation, the same ontological process of freeing and movement is inherent and fundamental to both systems. To the extent that Zen is an embodied, praxis-based process of philosophical āskēsis to the ends of self-overcoming an illusory self, MT is an embodied, praxis-based process of therapeutic āskēsis to the ends of self-overcoming an anxious self. 'Beyond words and letters' (Bodhidharma, 600 AD), in tacit and viscerally lived terms, it is this embodied praxis-based process of āskētic self-overcoming that is the formless within the relative forms of both systems.

This inquiry has established that MT evidences clear examples of non-theistic Zen principles and perspective beyond the mere use of Zen terms and concepts. These parallels include:

~ Morita worked from the fundamental assumption of self-as-process rather than self-as-entity, and consequently, his system is a staged phenomenological, ontological process;

~ Morita engineered the re-synthesis of body and mind (in both Bedrest and activity);

~ Morita based his system on embodied textual forms of somatic practice as a function of context and structure\(^{76}\);

~ Morita's system facilitates re-synthesis of, and re-exposure to, otherness in the form of nature and community (after experiential intra-subjective insight) to furnish opportunities for manifesting activity (i.e. self-as-process as-and-in activity in relation to otherness);

~ Morita's system evidences a twin logic system, like Zen (Hashi, 2008), and the transcendent function which steps beyond habituated linguistic dichotomising (Dōgen, 1253/2007).

\(^{76}\) Even the hermeneutic aspects of his system (kowa and diary) are aimed at facilitating embodied experiential insight and undercutting the fracturing function of languicised textual forms.
These parallels are not evident due to methodological conscription, but because the inherent, natural, human principle-mechanism of ontological self-overcoming is enabled and manifests as a result of the systemic structures and process of both systems. They are systemically akin, while remaining discrete of purpose. This distinction between Zen as *philosophical áskēsis* (self-overcoming the illusory self) and MT as *therapeutic áskēsis* (self-overcoming the anxious self) is the essence of where the two systems are the same in principle, and different in detail. It is the relationship between MT and Zen, and beyond theoretical and structural comparisons, it constitutes the *nature and extent* of the experiential relationship between systems.

Non-theistic Zen as lived philosophical áskēsis has been presented previously, in Chapter 3. What is now both necessary and possible, is presentation of a translation-semantic explanation of MT as lived therapeutic áskēsis, based on tacit understandings of the relationship between MT and Zen derived from experiential immersion fieldwork.

### 7.2.1 Morita therapy as lived therapeutic áskēsis: a translation-semantic explanatory model

To reveal Morita therapy as a process of therapeutic áskēsis was significant, but it also called for an adequate and sufficient explanation of how the process of áskēsis works in MT. Such explanation incorporates Morita's conceptualisation of neurotic anxiety pathology, his therapeutic conceptualisation, and the phenomenological breakdown of the lived experience of his classic method. It must include psychic interaction (*seishin kogō sayō*) and ideational contradiction (*shisō no mujun*), experiential understanding (*taitoku*), reorientation of consciousness (*mushojū shin*), pure experience (*junna kokoro*) of reality as it is (*arugamama*), and desire for life (*sei no yokubō*) and its channelling as an onto-existential imperative. It also corresponds directly to the parallel non-theistic Zen process of philosophical áskēsis, as presented previously in Chapter 3\(^{77}\).

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\(^{77}\) Section 3.5
The radical re-orientation of consciousness is fundamental to the therapeutic áskēsis that is MT. It is the sudden shift from an internal 'self'-oriented perspective, with its characteristic preoccupations with abstract and somatic phenomena of the individual self, to a world-oriented perspective (van der Braak, 2011), with its characteristic external orientation toward actual and lived phenomena of reality as it is. In my own experience this was lived as a sudden leap from the 'I' of self-referencing as the origin of phenomenal experience, to the non-self-referential 'me' mode as an extensive and pervasive mode of phenomenal experiencing. This radical re-orientation of consciousness from self-oriented to world-oriented, the subsequent emergence of desire for life, and then channelling it into world-oriented manifesting activity are core experiential phenomena of MT as therapeutic áskēsis.

Theoretical foundation for an explanatory model

Outlined previously regarding non-theistic Zen78, Kojima's Primal 'I', Serial 'I' and Kinaesthetic Unity (1998) correspond closely to Kopf's (2001) description of Nishida's existential modes. The two are compatible, and in conjunction provide a comprehensive basis for translation-semantic explanation of the relationship between MT and Zen. The Serial I, in its cognizing and constructing activity, corresponds to Nishida's 'Abstract' mode, while in its more receptive sensing-perceiving activity, it corresponds to Nishida's 'Phenomenal' mode. These two primary operating modes of the Serial I, depicted below in Figure 39, correspond directly to Morita's understanding of neurotic pathology mechanisms, such as seishin kogō sayō, shisō no mujun, toraware and hakari79, as internal preoccupation with abstract and somatic phenomena (symptoms).

78 Section 3.3
The Primal I, in its spontaneous-creative fluid state of pure experience (*junsui keiken*) corresponds to Nishida's 'Actual' existential mode, while its acting-intuition state corresponds to Nishida's 'Lived' existential mode. There is interface between Serial and Primal I's at the juncture of the Lived existential mode however. At this interface, the Lived mode can manifest either as a function of the Primal I through pure experience, acting intuition and spontaneous-responsive creative activity (free/unfixed - *mushojū shin*), or as a function of the Serial I through normal constructed (inauthentic) inter-subjective transactions with nature and other perceived subjects/objects. This interface is what makes Nishida's Lived existential mode pivotal in MT, because it can be a manifestation of either the Serial I (in the case of MT patient, pathological), or the Primal I (ie. pure experience/acting intuition). This provides a theoretical foundation for an explanation of MT as therapeutic ἀσκήσις.

Kinaesthetic unity as Morita's 'natural condition'

Morita understood the therapeutic task as returning the individual from an unnatural condition of neurotic anxiety, to a more natural human condition (LeVine, in press). Consistent with Morita's theorising, according to Kojima's (1998) phenomenology of self, the Serial 'I' (abstract, cognitive, linguistic, 'knowing' with mind) of the physical
body (third person subjective position), and the Primal 'I' (acting-intuition, 'known' with embodied self as distinct from 'knowing') of the lived body (first person subjective position), are bound in an interpenetrating symbiosis as a Kinaesthetic Unity (co-emergent alternating multimodal subjectivity). This Kinaesthetic Unity is manifested contextually in reflection or authentic encounter with Thou (projected or actual subjective other).

As illustrated in Figure 40, the Kinaesthetic Unity constitutes a symbiotic, interpenetrating and functional balance of Serial and Primal I's in relation to Thou, and equates to Morita's conceptualisation of the natural human condition. It is an onto-existntial condition where balance allows optimal and harmonious and orientation of consciousness and psychological adjustment.

**Morita's understanding of pathology as 'unnatural condition'**

Consistent with Zen, Morita conceptualised self as a multi-modal ‘existential system’, designed to move responsively, intuitively, fluidly between varying existential modes,
each with distinct but interpenetrating phenomena. The relative, Serial I, consists of two distinct but interpenetrating Existential Modes: the Abstract and the Phenomenal (somatic). The absolute, Primal I, also consists of two interpenetrating Existential Modes: the Lived (mediated by Thou/Nature) and the Actual (non-duality).

Morita's conceptualisation of neurotic anxiety as unnatural condition, was the schism between relative-Abstract (Serial I/self-preserving/shin ki) and absolute-Actual (Primal I/self-overcoming/sei ki) existential modes, leading to a profound and arresting internal ambivalent tension. Pathological mechanisms (seishin kogō sayō/shisō no mujun/toraware and hakari) perpetuate and reinforce this tension, further dissociating the relative-subjective Serial I from the absolute-subjective Primal I. This results in an unbalanced and neurotically skewed existential system, with one existential mode pathologically eclipsing the alternative mode of its natural counterbalance, thereby inhibiting natural sei no yokubō.

Morita conceptualised neurotic anxiety as a de-stabilising of the existential system due to a self-perpetuating and self-reinforcing imbalance. Fixation of consciousness in the relative-Abstract existential mode, eclipses other existential modes, and grinds the dynamic existential system to a skewed-imbalanced static (arrested) state of profound ambivalent tension. Profound ambivalent tension then manifests as symptomatic phenomena of psyche and soma, directly related to Abstract mode, as illustrated in Figure 41.
This skewed and imbalanced existential system, manifesting various forms of neurotic anxiety, equates to Zen's delusion and Morita's conceptualisation of the unnatural human condition.

**Therapeutically 're-setting' the system**

As therapeutic áskēsis, MT is the engineered, experiential praxis-activity of self-overcoming, interpreted here as overcoming the fixated-stasis of relative-Abstract existential mode - 'self' - in state of profound ambivalent tension. It is the re-accessing, re-initiating, and re-dynamising of absolute subjectivity in Actual and Lived existential modes. Illustrated below in Figure 42, it is Morita's mushojū shin is an eco-contextually facilitated re-orientation from Abstract/Phenomenal to Actual/Lived existential modes in a bid to re-balance the existential system (as Kinaesthetic Unity).
Facilitated askētic experience undercuts pathological anxiety mechanisms with non-theistic Zen's clear discernment (akiraka ni miwakeru koto) and experiential understanding (taitoku), culminating in re-orientation of consciousness (mushojū shin) and lived Primal I experience of pure mind/pure experience (jūnna kokoro/junsui keiken) and arugama. Profound ambivalent tension resolves as desire for life (sei no yokubō) becomes unimpeded, and re-emerges as a powerful dynamic ontological imperative (life force), an experiential impulse toward self-overcoming, which breaks through the obstructive pathological mechanisms of the relative-Abstract existential mode. Morita then channels this life force into activity, tailored to the nuances of the existential system in question (that individual), in order to facilitate, anchor and reinforce its continued flow into the Lived existential mode. The Kinaesthetic Unity is re-synthesised with a (once again) freed, responsive, intuitive, fluid (i.e. natural) movement between existential modes appropriate to contextual and environmental 'reality as it is' (arugamama).

Presented below in Figure 43, through the progressive stages of MT, the existential system is returned from an unnatural, static condition, arrested by profound ambivalent tension and manifest in psychological and somatic symptoms, to a
dynamic, natural existential system moving freely between its modes of subjective experiencing.

Fujita (1986) pointed to MT as an áskētic process when he said "the objective of Morita Therapy is to stimulate self-awareness, self-discovery and an authentic perception of the substance of human nature" (p. 2), and Kondō (1952) directly identified MT's capacity to experientially switch modes. MT uses the Lived existential mode (taitoku) as its phenomenological medium, and through the Bedrest experience, the patient caught pathologically in relative-Abstract/Serial I mode, shifts naturally from a Serial I engagement in the Lived existential mode to a Primal I engagement in the Lived existential mode. The inter-subjective nature of Morita's original, pseudo-familial, therapeutic community provides a consistent and regulated I-Thou context in the shapes of the therapist in fumon posture, other patients (at various stages in differing existential modes), and the natural environment in its pristine Actual mode suchness/givenness.

Figure 43. Returning the Existential System to its 'Natural Condition'
Therapeutic posture & 'Thou'

Kojima's (1998) 'Thou' takes various forms in Morita's therapeutic áskēsis. For example, the authentic I-Thou/Thou-I second person encounter, is the preverbal (intuition/assessment), verbal (engagement), non-verbal (fumon) and post-verbal engagement (fumon) of the Morita therapist with the patient\textsuperscript{80}. It is here that MT debunks and re-engineers the patients I-Thou/Thou-I interface (experientially) through the mediation of the second person mode, thereby re-configuring ('dis-illusioning') a dysfunctional first person (Primal I)/third person (Serial I) Kinaesthetic Unity, through the moderating medium of 'Actual' contact/encounter\textsuperscript{81}. "The strategic use of silence has little to do with the client's relationship with the therapist, and everything to do with the relational enhancement between client and nature" (LeVine, in press).

This inter-subjective relationship underpins the pivotal therapeutic phenomena of re-orientation of consciousness (\textit{mushojū shin}), and subsequent natural flow of desire for life (\textit{sei no yokubō}). Blending with reality ‘as it is’ in accord with nature, and therefore self-nature (\textit{shizen}), and accessing the Actual existential mode through pure experience, gives rise - naturally - to desire for life, which breaks through the structural (pathological) fixated arrest in Abstract existential mode (anxiety pathology)\textsuperscript{82}. Once the MT patient's Thou has been inter-subjectively re-engineered, it is then progressively exposed to Thou in the forms of nature, other individuals, social roles and community.

Morita therapy as therapeutic áskēsis

A synthesised translation-semantic explanation can now be framed specifically for non-theistic Zen in classic MT. The Serial I (neurotically self-reflective, self-conscious, ruminating) of the physical body (somatic and symptomatic preoccupation), and the Primal I (experientially re-accessed in Bedrest and channelled

\textsuperscript{80}The phenomenology of fumon in particular as the anchoring I-Thou phenomenon. Fumon demonstrates the mediating function of the 2nd person perspective in re-synthesis of balanced 1st and 3rd person perspectives (re-balancing the kinaesthetic unity).

\textsuperscript{81} None of this is engaged in the Mindfulness Based Interventions or Cognitive Behavioural Therapy which remain in and reinforce separateness of the Serial I encountering Serial 1 of Other (rather than Actual encounter with Thou) at the cost of further estrangement from the Primal I and increased stress for both the Primal I and unreconciled tension within the Kinaesthetic Unity.

\textsuperscript{82} MT without facilitating the lived experience of desire for life, can only be something other-than-MT.
into creative intuitive activity in Stage 2) of the lived body (being-doing), are bound in an interpenetrating symbiosis as a Kinesthetic Unity (‘natural’ = non-conflicted/balanced, ‘unnatural’ = conflicted/unbalanced). This is manifested contextually (Bed-rest room, therapeutic context) in reflection or authentic encounter with Thou (Morita therapist in authentic fumon posture i.e. Actual existential mode) as initial Primal I reference point.

The shift from the internally focused and languicised (fixated consciousness) Serial I, to the externally focused and embodied (peripheral consciousness) Primal I, is a shift in existential mode of subjective experiencing. The peripheral consciousness of the Primal I features mushojū shin. When channelled toward nature as world-oriented reality, this kind of peripheral consciousness allows direct an unimpeded reality contact (arugamama). Mushojū shin and arugamama naturally give rise to disinhibited desire for life (sei no yokubō), uncontaminated by the attachments and associations of the relative-Abstract Serial I. This modal shift, the radical re-orientation of consciousness as mushojū shin is, in Morita's own words, "where my special therapy begins" (Morita, 1928/1998, p. 31), and is as much a non-theistic Zen phenomenon as a Morita phenomenon.

van der Braak (2011) marks a distinction between 'Truth-seeking' and a 'Way-seeking' paradigms, which corresponds naturally with Kojima's semantically distinguished modes of Serial I and Primal I. Truth-seeking is an inherently abstract, rational, and cognitive pursuit of Truth as an abstract and idealised construct with an apparently independent reality of its own. Way-seeking, in contrast, is an inherently embodied, intuitive and praxis-based process of āskēsis (van der Braak, 2011). The self which is overcome is the Serial I, and the self at which one arrives after the Serial I has been overcome, is the Primal I.

The urge to overcome the self at the heart of āskēsis, is the Primal I calling to be heard over the cognitive noise of the Serial I, and brought into a balanced

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83 Just as the Zen master is not indifferent to the struggle of the student, but 'knows' (i.e. can tacitly viscerally feel) that the student's struggle is itself a function of the Serial I - the Master speaks to the Primal I of the student (in dukosan, teisho, silently through embodied practice), provides a anchoring reference point for the student by embodying the Primal I and employing the Serial I only when it has utility. This is the same as true therapeutic Fumon - not indifference or ignoring complaints per se, but not participating in the Serial I process of the patient, and instead 'presencing' with the Primal I as an experiential, qualitatively-felt, anchor point for the patient.
Kinaesthetic Unity. This balanced Kinaesthetic Unity is a functional synthesis of interpenetrating existential modes of subjective experience, resulting in natural and responsive movement between modes as required by the constituent elements of a given moment. In Zen terms, it is one's 'original nature' embedded in the context of reality as it is. MT is a form of therapeutic áskēsis for the neurotic individual, in that it is a Way-seeking paradigm (rather than Truth-seeking), and a practice of continual self-overcoming (overcoming the neurotic movements of the Serial I) and self-transformation (re-synthesising a more balanced Kinaesthetic Unity and engaged relationships to Thou).

The Lived existential mode of the patient in the therapeutic context looks much the same regardless of whether it manifests as Serial I or Primal I. However, qualified from the experiential position of the patient living the experience of the Lived existential mode in the therapeutic context, there is a profound felt shift in manifesting the Lived existential mode (i.e. from activity as being-doing to activity as doing-being), from the Serial I position prior to Bedrest, to the Primal I position during/after Bedrest. The marker of this lived/felt shift from Serial I to Primal I during Bedrest is the surge of life force (sei no yokubō) around Day 5 or 6, with the associated shift of orientation from internal (Abstract mode) to external (Actual mode). The patient has effectively entered Bedrest locked in a vicious cycle shifting between the Abstract (cognizing) and Phenomenal (somatisation) existential modes of the Serial I, and through the structured experience of the Lived existential mode in during Bedrest, emerges from that experience reoriented in the Actual (pure experience) and Lived (spontaneous responsive creative activity) existential modes of the Primal I.

Phenomenologically speaking, abstract desire for life, raised and discussed (co-constructed) in an outpatient consulting room (at the discursive level in the abstract and phenomenal existential modes), can only be a function of the relative-subjective Serial I. In contrast, embodied desire for life, a natural phenomenon of self-as-process through lived experience (at the level of bodily felt meaning in the lived and actual existential modes), is a manifestation of the absolute-subjective Primal I.

84 This distinguishes between fundamental mechanisms operating in classical MT and outpatient MT models.
The therapeutic ἀσκητικός process of MT is re-synthesis of the Serial I and Primal I as a balanced Kinaesthetic Unity in Bedrest, and then reintegration of the re-synthesised Kinaesthetic Unity into natural, and then progressively inter-subjective contexts - i.e. mediating the Kinaesthetic Unity through encounter with Thou (either nature or therapeutic community). The emphasis on activity maintains the Lived embodiment of the Primal I (re-established/rebalanced in bedrest) in the I-Thou encounter, and reinforces the place of the Serial I as the secondary 'function' of self.

Morita's emphasis on taitoku as embodied methodology relates directly to the need to re-synthesise an unbalanced Kinaesthetic Unity, one with a pathologically skewed Serial I. Much the same as 'transmission' in Zen, Morita's taitoku methodology in the context of therapeutic fumon posture, re-balances the Kineasthetic Unity by providing a lived/felt/intuited/known primacy of the Primal I. In this way, classic MT returns a person from an un-natural condition (unbalanced and de-contextualised Kinaesthetic Unity) to a natural condition (re-balanced and re-contextualised Kinaesthetic Unity)\(^85\).

Morita made the leap from non-theistic Zen’s "philosophical ἀσκησις" (van der Braak, 2011, p. xv), to his own formulation of 'therapeutic ἀσκησις'. The sequential process of Morita's therapeutic ἀσκησις begins with ἀσκητικός framing (conceptual – e.g. lectures in Sansei & Jikei), as a primer for ἀσκητικός experience. This is, in turn, broken down into two modes a) structurally facilitated by context-process (passive, existentially confronting and re-orienting), and then b) channelled as ἀσκητικός activity (active, creative and perpetuating).

Ἀσκητικός activity is an embodied textual form, a praxis-based being-doing 'toward' pure experience, but does not necessarily ever arrive at pure experience. Dōgen (1253/2007) would argue this is practice enlightenment, enlightened activity, and Kondō (1983) framed it as clear discernment. Either way, due to the changed perspective and re-orientation of the subject, manifesting activity is no longer impeded by a pathological self. This does not mean that the pathologies of the self are

\(85\) This is why outpatient MT can only ever be a Morita-based (i.e. based on Moritist 'ideas') Therapy - without the deeply experiential embodied learning experience (therapeutic process beyond the discursive at the level of bodily felt meaning) - which re-balances the Kinaesthetic Unity of the individual in the classical method. Morita's peripheral feature of consciousness (Morita, 1998) - mushōjū shin (a Zen term) - is the acting-intuition of the Primal I in Actual and then Lived existential modes - as contrasted with fixated attention in the Abstract and Phenomenal modes. This pivotal distinction is where the MBIs potentially reinforce the Serial I.
extinguished or 'cured', but only that manifesting activity is no longer impeded by symptoms, which is why 'cure' is not emphasised in MT\textsuperscript{86}.

By stipulating his model is an experiential method, Morita established himself as a phenomenological (Reynolds, 1976) psychiatrist and ontological engineer. He makes his therapeutic domain in Nishida's Actual and Lived existential modes (i.e. experiential therapy at the level of bodily felt meaning), rather than in the Abstract and Phenomenal existential modes which are the domain of contemporary discursive level (Kirmayer, 2007) cognitive and psychodynamic therapies. This phenomenological-ontological philosophical stance, as a foundation for an applied praxis, is entirely in keeping with Nishida's (1921/1990) presentation of non-theistic Zen as philosophical self-overcoming, and Dōgen's (1253/2007) Zen as a tradition of philosophical áskēsis (van der Braak, 2011). With the Actual and Lived existential modes as Morita's domain of practice, his therapeutic activity is phenomenological re-orientation and re-balancing, and subsequent ontological/existential movement.

7.3 Alternative outcomes from therapeutic áskēsis

Rhyner's (1988) comparative analysis between MT and Rinzai Zen training compared the MT patient's neurotic obsessive preoccupation with their problem, with the Zen monk's kōan study. It was a useful, if psychologistic, interpretation of both systems. Rhyner (1988) summarises his analysis with the following passage:

"The central conception and the goal of Morita psychotherapy, arugamama, taking one's own psychic reality as it is and not trying to match it to a constructed ideal, was most likely taken over by Morita from Zen Buddhism, where the more informal sonomama, to see reality in its isness, is equal to satori, the great awakening" (p. 13)

While Rhyner provides clear and explicit analysis at theoretical and structural levels, demonstrating consistencies between MT and Rinzai Zen, it remains an abstract presentation of something which goes beyond abstraction. Given the psychodynamic

\textsuperscript{86} This has implications for any attempt to measure outcome with tools and measures based on alleviation of symptoms and attitude - because altered perception and orientation - the real ontological-existential outcomes from MT - are beyond attitude and symptoms.
processes evident in sitting meditation (Zazen) (Krynicki, 1980), Rhyner's comparative analysis refers to the significance of, but does not elaborate the centrality of, the "non-verbal experiential" in MT. As highlighted in Chapter 3, Rinzai Zen is a more psychodynamic process, while Sōtō Zen is more phenomenological (Kasulis, 1981). However, non-theistic Zen precedes and encompasses the potentials for both, and this has not previously been discussed in relation to MT.

To compare Rhyner's (1988) analysis of similarities between MT and Rinzai Zen, with a parallel analysis of similarities between MT and Sōtō Zen, is to make the phenomenological distinction between Way-seeking with the mind and Way-seeking through the body. Rhyner compares Rinzai Zen kōan with the Morita patient's neurotic preoccupation as a comparative analysis of mental grappling for self-overcoming. However, it is also important to compare Sōtō's resynthesis of body-mind in the practice of Zazen with Morita's own therapeutic version of embodied somatic practice: the process of re-synthesising body-mind in the Bedrest stage.

An adaptation integrating the Sōtō Zen emphasis on the phenomenological with the Rinzai Zen emphasis on the psychodynamic, is of utility to the current inquiry, and is illustrated below in Figure 44. Supported by experiential immersion fieldwork from this inquiry, it demonstrates that processes from both Zen systems, evident in non-theistic Zen, are relevant to of MT as therapeutic āskēsis. Rinzai Zen pursues sudden insight through psychodynamic processes drawing on the semantic devices of kōan study. Sōtō Zen pursues gradual experiential understanding at the non-discursive, phenomenological level, the level of bodily felt meaning, through the somatic practice of embodiment in Zazen. Rhyner (1988) made valid comparison between the shinkeishitsu patient's struggle with their anxiety and the Rinzai monk's struggle with their kōan. He emphasised the supra-rational leap into sudden non-discursive insight when the individual finds the avenue to transcend and reconcile the problem through a psychodynamic process of complete immersion in the existential distress inherent to the paradox (Morita's (1928/1998) 'untampered suffering')\(^7\).

\(^7\)The evident parallels with HPH's 'liberating self insight' moving into 'tacit understanding' cannot be underemphasised.
Sōtō’s sustained phenomenological practice of Zazen and Morita’s somatic immersion experience in Bed-rest (experienced during Phase 1 fieldwork), demonstrate re-synthesis of the body-mind at the tacit level of bodily felt meaning. Whereas Rhyner’s study of interpenetrating Zen Processes in Classic Mind Therapy as Therapeutic Aksesś
(1988) comparison remained one of cognitive, semantic, abstract processes, a concurrent parallel comparison with Sōtō Zen reveals a process of resynthesis of the formerly split somatic and the psychological, the actual and abstract. From a Rinzai perspective, 'mind drops' as a direct result of its psychodynamic process, and from a Sōtō perspective, 'body-mind arises' as a direct result of its phenomenological process. Either can result in a freeing of the previously arrested desire for life in an anxious individual. It follows that the MT patient can experience either Rinzai's new insight into the relationship between the true nature of the self and neurotic symptoms, Sōtō's newly unfettered and re-synthesised body-mind to channel into manifesting activity, or ideally both\(^8\). As discussed in Chapter 6, experiential immersions from this study evidenced a blend of these possibilities.

Comparing Morita's system with the Rinzai and Sōtō Zen systems together, not only demonstrates where different elements of the áskētic Zen systems are starkly apparent in MT as therapeutic áskēsis, but also points to three discretely distinct qualitative outcomes from Morita's method. Morita (1928/1998) made clear that cure in his system equates not with symptom alleviation but with a lived, manifest embodiment of arugamama (Fujita, 1986). The current comparison makes clear that this can occur at either the psychodynamic or phenomenological level, or perhaps optimally both together coupling insight with bodily felt meaning. This revelation points to a profound difficulty in reliably quantifying outcome in MT, and indeed most outcome research has relied heavily on the quantitative symptom alleviation criteria which Morita himself asserted was entirely secondary to his aims of treatment.

The current inquiry revealed three qualitatively distinct self-overcoming outcomes from lived experiences of MT in different international contexts. These potential outcome variations, from subtly distinct processes of therapeutic áskēsis in different therapeutic environments, are presented below in Figure 45.

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\(^8\) This demonstrates how non-theistic Zen as meta-theoretical system and áskētic process is prior to notions of School and Styles of Zen.
Figure 45. Alternative Outcomes from Asketic Process in Classic Morita Therapy
Senauke (2006) explains the distinction between "Samadhi of the particular (Ji Zanmai)" (p. 37) and "Ocean King Samadhi or (Kaio Zanmai)" (p. 37). These are two forms of active, external and fully engaged orientation of consciousness, with the particular and with the pervasive, from a non-theistic Zen perspective. They go beyond 'will' in the sense of the European philosophical traditions, and endow agency with the authentic spontaneity of non-egoic intuition. Senauke (2006) explains:

"Ji zanmai manifests only in the midst of a certain activity, as a result of absorption in the performance of that activity... Kaio zanmai is much different. It involves a person’s entire being" (p. 51)

As illustrated in Figure 45, therapeutic áskēsis which achieves modal shift from Serial I to Primal I, and reorientation of consciousness from internal to external, can manifest as either a focus on the particular (i.e. being focused and anchored in external activity) and/or as more pervasive and peripheral external orientation of consciousness (i.e. 'being'-the-doing of the activity). From a Health Philosophy perspective, Todres (2007) also points to a qualitative distinction in possible experiential outcomes from therapeutic áskēsis when he identifies that:

"... there is a profound difference between the type of insight that allows us to grasp a more flexible self-as-object and the kind of insight that relieves the quest for self-definition per se" (p. 143)

Such distinctions were manifest in the comparison of outcomes from different experiential immersions in the current inquiry.

Morita's notion of jijitsu-hon'i as the "natural manifestation of the desire to live" (Fujita, 1986, p. 77) refers to living in a natural accord with one's own authentic nature, and the embeddedness of that uniquely authentic nature in the non-dual vastness of nature proper, or reality as it is. The influences of both Japan's native Shinto (Kaya, 2010), and also the early Taoist influences in Japanese Zen are reflected in this notion of one's natural place in the natural order. The natural self, as consciousness oriented toward the being-doing of the phenomenal field and horizon
of being, is what Morita referred to as *arugamama*. *Arugamama* is the natural blending-with-reality-as-it-is, which can only manifest when obstructive self-construction and self-reflection are dropped. This notion is as fundamental to Zen as it is to MT, and specifically identifies the problematic self Morita's therapeutic áskēsis was designed to overcome. Authentic *arugamama* is distinct from *arugamama* as an internalised object of consciousness in relation to an 'I'. Authentic experiential versus ingenuine abstract *arugamama*, is the distinction at the root of the split in practice dispositions and orientations of divergent streams of MT, and suggests qualitatively distinct outcomes from different therapeutic contexts.

In ontological and áskētic terms, the three episodes of experiential immersion fieldwork undertaken for the current study evidenced subtle but significant qualitative distinctions in self-overcoming outcome, such as external orientation being either specific or pervasive as illustrated in Figure 45. Therapeutic process at Sansei (2009), evidenced a self-overcoming of self, a self-overcoming outcome closely aligned with Senauke's (2006) Samadhi's of the pervasive and the particular, and was the kind of profound liberating self-insight Todres (2007) identifies at the heart of embodied, praxis-based áskētic process. This "kind of self-insight indicates a shift in personal identity not just to where a person is less defined than previously, but to where self-definition is not possible, to where it does not exist" (Todres, 2007, p. 143). Ontologically, this was a self-overcoming of self.

Immersion at Jikei (2011) evidenced subtle conceptual and interpretive variations in its application of MT, and consequently yielded a qualitatively distinct self-overcoming outcome. Entirely consistent with HPH's emphasis on living forward into existential possibilities despite existential limitations, the Sansei (2009) experiential immersion evidenced a self-overcoming of the limitations of the symptoms of anxiety. This is an important qualitative distinction; one that Todres (2007) suggests is a function of the distinction in ontological processes inherent to spiritual awakening and therapeutic insight respectively.

The Classic Morita Therapy Institute (2012) evidenced a third distinct self-overcoming possibility, again due to subtle conceptual, interpretive and practice variations. This immersion evidenced a self-overcoming of anxiety or 'the anxious
self'. These subtle qualitative distinctions in self-overcoming outcome from different lived experiences of MT, have pervasive ontological implications for the human being, and clinical implications for international health and mental health disciplines.

### 7.4 Classic Morita therapy as self-overcoming of anxiety

This inquiry found the nature and extent of non-theistic Zen in classic MT to be implicit and pervasive. MT and Zen are related in their respective experiential bedrock principles, prior to overlaps of systemic structures, in that they are both systems of áskētic practice for ontological shift from 'self' to 'beyond-self'. A key distinction is that in the case of the Zen practitioner, this constitutes a 'self-overcoming of illusory self', while for the MT patient it constitutes a 'self-overcoming of self-generated anxiety'. Whether philosophical or therapeutic, áskēsis brings the individual into direct confrontation with reality as it is, on a journey into authenticity.

"To endure the inevitable is a way of returning to the self itself. The very act of submitting to fate is a returning to one's own innermost nature. It is to become oneself, shaking off what is not oneself and what prevents one from becoming oneself" (Nishitani, 1990, p. 51)

Dōgen (1253/2007) emphasises that there are two methods of Way-seeking, with mind and with body. With the mind refers to self-overcoming through spiritual development, via self-cultivation through expanded capacities for awareness, insight and wisdom. With the body refers to self-overcoming via self-cultivation through embodied, somatic practice (van der Braak, 2011). Dōgen's naturally phenomenological orientation orients him toward a strong praxis emphasis on the somatic, and the Zen vehicle for this is sitting meditation (Zazen). Zazen is not pursuit of mystical states of consciousness, but is a practice of self-overcoming through self-cultivation of the primacy of the (Actual) existential mode of the body, over the (Abstract) existential mode of the mind.
Zen seeks a re-discovered balance of body and mind in natural equilibrium - body-mind. This turns western dualistic conceptualisation of the mind's primacy over the body upside down, and places somasticity of body-mind at the heart of the Zen Way-seeking áskēsis. Attempting to achieve re-synthesis of mind/body balance through contemporary, abstract-conceptual psychological intervention, inadvertently and perpetually reinforces the dualism at the heart of the problem of human distress. Only through the body can the mind be brought into alignment, into proportioned balance, re-synthesised as non-dual body-mind.

This is relevant, because in doing so, Dōgen advocates a constant return, in committed daily practice of Zazen, from the realms of the existential and phenomenal Abstract (mind) to the realms of the existential and phenomenal Actual (body). It is in this way that Dōgen's Zazen, as the foundation of Sōtō Zen áskēsis, re-synthesises non-dual body-mind (Actual) from the dualistically split (Abstract) mind-and-body. In terms of existential modes, this provides a constant lived, experiential anchoring in a radically alternative existential mode to the generally accepted (and cogni-linguistically constructed) mode of being human; the Abstract. Dōgen's emphasis on embodied somatic practice is not about being rid of mind, but about re-synthesising body-mind as the primary lived, experiential position of the person, thereby contextualising mind as one available existential mode in the greater context of body-mind.

The explicit material embedded in the didactic therapeutic process of MT (e.g. kowa lectures and discursive content), correspond to Zen's Way-seeking through self-cultivation of the mind. The implicit material, embedded in somatic experiential process of MT (i.e. radical re-orientation from Abstract to Actual existential mode and subsequent re-synthesis of body-mind, and bodily-felt-meaning (taitoku, somatic) content), corresponds to Dōgen's Way-seeking through self-cultivation of the body. The two together are phenomenologically distinct, and constitute parallel, co-emergent and interpenetrating Zen aspects of Morita's process of therapeutic áskēsis.

What cannot be overlooked is the somatic nature of neurotic anxiety presentations. Case conceptualisation in the west implicitly reinforces mind-body dualism in models where mind has primacy as both precipitator of anxiety responses and apparatus in anxiety treatments. If we approach case conceptualisation from a non-dual body-mind
perspective however, we inevitably open the way toward therapeutic methods of self-overcoming involving interwoven and interpenetrating body-mind processes. This was Morita's unique insight, based on his personally lived grasp of áskētic self-overcoming, and therefore tacit understandings and intuition adequate for developing a methodology that would undermine natural tendencies for over-intellectualisation by theoreticians and practitioners.

The therapeutic process role of the somatic practice of Bed-rest as an embodied textual form in MT cannot be underemphasised. It is in this pivotal experiential domain that unbalanced mind/body duality, which is at the heart of neurotic anxiety pathology, is re-synthesised, not as a function of intervention with the psyche, but as a function of the somatic system re-establishing its place in a natural equilibrium of the re-synthesised body-mind.

Zen as embodied, praxis-based, philosophical áskēsis provides the conceptual platform/underpinning for the development of a therapeutic method with the express aim of self-overcoming, a therapeutic aim quite distinct from self-enhancing or self-'fixing' goals of its cousins. MT was built on this foundation, and what Morita constructed was a form of carefully staged therapeutic áskēsis for the individual suffering from neurotic anxiety. Morita sought to overcome the pathological self, a task radically different from any contemporary form of psychotherapy which seeks to reify and reinforce the self.

Morita developed a path of therapeutic self-overcoming, soon after which, western psychologies veered away from this profound task and toward self-enhancement. The contrast between Morita's experiential therapy and its western counterparts, is a comparison between one unique model of therapeutic self-overcoming, and a vast array of models of therapeutic self-enhancement. Morita's model is the therapeutic application of a philosophical system-process, a therapeutically applied philosophical áskēsis, a utilitarian system straddling the same fundamental principles as the Zen systems. It is this profound distinction that sets Morita's work apart, and places upon it a unique significance in the contemporary world of the cross-cultural psychologies.
7.5 Situating New Understandings

This inquiry has generated new understandings about the subtle and complex relationship between MT and Zen. These new understandings have emerged from the process of experiential immersion fieldwork, heuristic analysis and creative synthesis, and now need to be situated, first in the Morita-Zen discourse, and then in the Health Philosophy discourse.

7.5.1 The Morita-Zen Discourse

This inquiry contributed a hermeneutic interpretation of Morita's (1928/1998) work, confirming he neither subscribed to Zen Buddhism as a religious system, nor wanted his therapeutic system associated with religion. It then resolves the question of whether Zen was influential in MT, by distinguishing between theistic soteriological Zen Buddhism as religion, and non-theistic Zen as a system of embodied áskētic practice, demonstrating a tangible relationship between the latter and MT at the level of applied principles.

The study picked up the thread of psychoanalytic interest in Zen and MT which emerged in the 1950's, between authors such as Kondō (1952; 1953), Kelman (1960) Suzuki (Suzuki, From & DeMartino, 1960) and Horney (Kondō, 1991). It responded to the call for further investigation of the relationship between systems originating in that decade (e.g. Kōra & Sato, 1958; Kondō, 1953). The study speaks to Gibson's (1974) claims that MT is aligned with behaviourism rather than Zen, by demonstrating that a fundamental relationship between Zen and MT in lived, experiential dimensions prior to language and more discrete than observable behaviour. It builds on Kitanishi's assertions of Zen notions of self in MT (2010), by elucidating non-theistic Zen's notion of self (Kopf, 2001; Kasulis, 1981; Nishida, 1921/1990), and bringing that elucidation to qualitative investigation of MT.

This inquiry concurred with Tro (1993), that regardless of whether Morita consciously infused Zen principles in his taiken ryōhō, Zen influence in MT is pervasive and profound. It substantiates Reynold's (1976) assertions that MT is a phenomenological
method, by examining the relationship between it and non-theistic Zen as another phenomenological system. The inquiry supports Rhyner's (1988) comparative analysis, in that it both adds experiential dimensions to his theoretical and structural dimensions, and also in brings Sōtō and Rinzai systems together in relation to MT. This investigation builds on the work of authors such as Chihara (2012), Nakayama (2012), Okamoto (2010a), Shinfuku and Kitanishi (2009) and Kitanishi & Mori (1995), who provide theoretical and structural points of substantiation for a relationship between MT and Zen. The inquiry also supports Hashi's (2008b) assertion of a fundamental relationship between Zen and MT, and also evidenced the twin logic system Hashi identifies with Zen (2008), in the lived experience of MT.

This study evidenced the core mechanisms of classic MT identified by Fujita (1986), in experiential immersion fieldwork as both patient and therapist-in training, by a western subject in Japan and Australia. This effectively addresses doubts about the intercultural transportability of classic MT (e.g. Ishiyama, 1994), and poses important questions for emerging Morita-based outpatient models (e.g. Nakamura et al., 2010).

The learnings from this inquiry bring the Morita-Zen discourse a new framing of MT as a process of facilitated self-overcoming, of therapeutic áskēsis, a process both aligned and consistent with Zen's philosophical áskēsis. Like Zen's áskētic process, Morita's therapeutic áskēsis is an embodied, praxis-based process which facilitates liberating self-insight as the radical reorientation of consciousness, which it then nurtures through successive stages of treatment into embodied, tacit understanding. The áskētic process first emphasises the self which is to be overcome, before moving through a structured, systematised, progressive and facilitated process of self-overcoming. Grasping both Zen and MT as fundamentally áskētic processes of self-overcoming, clarifies the nature and extent of non-theistic Zen in classic MT, and brings a contemporary philosophical reframing of MT to the Morita-Zen discourse.

The meta-synthesis of perspectives from the Morita-Zen discourse (summarised in Table 4, Section 4.5.1) demonstrated twelve conceptual, structural and theoretical domains where MT and Zen were consistent and/or overlapped. This constituted a presentation of systemic consistency at the theoretical and structural levels. What remained unexplored and unrepresented in the Morita-Zen discourse was consistency
and overlap at the experiential level of lived classic MT, and that is precisely what this inquiry pursued. The fruits of that pursuit, which this inquiry can now contribute to the Morita-Zen discourse are threefold. First are qualitative findings of the experiential level overlaps and consistencies between MT and Zen (presented previously in Table 5), with a particular emphasis on modal shift as radical re-orientation of consciousness. Second is a contemporary re-framing of MT as therapeutic áskēsis as the nature and extent of the relationship between MT and Zen, and presentation of a simple translation-semantic explanation of the mechanisms of áskētic process in MT (Figures 39-43). The last builds on these, to offer the Morita-Zen discourse, and the Morita discourse as a whole, a new systemic avenue forward into cross-cultural translation and intercultural transportability.

Overlaps & consistencies

The lived, experiential overlaps and consistencies revealed through this inquiry constitute a significant contribution to the Morita-Zen discourse. Morita was influenced by Zen philosophy and practice (Rhyner 1988). Such influence was fundamental to his understanding of the human condition (Kitanishi, 1992; Kondō, Kasulis, 1981) and inherent to the development of his therapeutic model and method (LeVine, in press; Ogawa, 2013; Okamoto, 2010a; LeVine, 1998; Rhyner 1988; Fujita, 1986; Kasulis, 1981; Kondō, 1958; Kondō, 1952). Non-theistic Zen principles are therefore an implicit and pervasive aspect of Morita's therapeutic system.

In the unreceptive academic climate of Meiji and Post-Meiji Japan (Sharf, 1993), the Kyoto school philosophers de-theisised Zen (Kopf, 2001) and rendered what remained as a phenomenological system of applied philosophy (Kopf, 2001; Nishida, 1921/1990). Non-theistic Zen is a meta-theoretical frame around embodied praxis-based philosophical áskēsis (van der Braak, 2011). Morita spent time in Rinzai Zen training in Kamakura89 (Rhyner, 1988), and his grasp and application of Zen principles is evident (Kasulis, 1981). He stated that his therapeutic system was based on tacit understanding, "a kind of satori or realization and not theory or thinking"

89 He trained under Soen Roshi at Engaku-ji in Kamakura (Rhyner, 1988)

"Self-consciousness, even as a reflective mode is accepted as a natural part of human life. What causes suffering however, is being trapped in self-reflection (unnatural)" (p. 146)

Morita developed his method along much the same lines Zen developed its own methods, orienting the individual's consciousness away from their self-reflective internal preoccupation and toward nature and ecology of the inter-relational world. On foundation understandings of Zen as both meta-theoretical system and áskētic process, Morita designed his staged residential treatment for people who became existentially arrested, and thereby, ontologically delayed in an unnatural condition, as indicated by the following:

"It is difficult to explain the difference between the pure mind and misdirected intellect simply through words because actual experience is required. The pure mind can be experienced only when clients are liberated from troublesome and uneasy relationships with others, ideals of right and wrong, and fixed prejudices – and when they are genuinely themselves. This state of mind is often experienced during one’s secluded stage of treatment and is further developed in a gradual way during the four stages of this therapy" (Morita, 1928/1998, p. 54)

At no point were the qualitative findings of this inquiry inconsistent with the perspectives represented in the Morita-Zen discourse (e.g. Kondō, 1952, Spencer, 1964, Triana, 1978, Rhyner, 1988 and Shinfuku & Kitanishi, 2009). On the contrary, the findings of this experiential heuristic investigation lend qualitative support and phenomenological dimension to the collage of perspectives represented in the meta-synthesis undertaken in Chapter 4. They also go further, revealing new experiential dimensions of the Morita-Zen relationship, through qualitative inquiry based on first-person, intimate proximity with the target phenomena.

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* Original text sought but not obtainable.
Morita emphasised *taitoku*, *mushojū shin* and *sei no yokubō* as key phenomena in his system of therapeutic áskēsis. Across three experiential immersions in different internationally recognised MT contexts, the current inquiry found a marked experiential shift in mode of subjective experiencing and orientation of consciousness to be of pivotal significance. Todres (2007) would call this 'liberating self-insight'. Despite *mushojū shin*, *sei no yokubō*, and *arugamama* being conceptually and theoretically represented in the meta-synthesis of the Morita-Zen discourse, their phenomenological nature as experiential processes, and their pivotal place in the lived process of therapeutic áskēsis remains underemphasised. This inquiry contributes to the Morita-Zen discourse by explicating and emphasising the centrality of these phenomena as experiential domains of the relationship between MT and Zen. As Todres (2007) suggests that coming to tacit understanding is a gradual process after liberating self-insight, so Morita emphasised experiential understanding in his progressive approach to channelling natural desire for life into and through his stages of treatment. Mapping modal shift in orientation of consciousness as an experiential overlap between classic MT and non-theistic Zen, is a significant contribution to the Morita-Zen discourse.

Morita's idea of a natural condition is a healthy working balance between the Primal I as the intuited base of being, and the Serial I as the administrator of language and interface with Thou (either Nature proper, subjective other as nature, as otherness in general). "There must be a healthful balance between sharp focus and diffused awareness to allow our attention to readily shift whenever prudent or pressing within the context of the moment" (Ogawa, 2007, p. 30). When Morita writes of returning an individual from an unnatural to a natural condition (LeVine, in press), he is speaking of taking an unbalanced system and re-synthesising the balance, reconfiguring a viable Kinaesthetic Unity, and then contextually re-embedding and reinforcing that balance in relation to nature and activity in the social environment.

It is now clear that MT is not based on the ritual and practices of Zen Buddhist religion, but was definitely influenced by non-theistic Zen as non-dual epistemology, meta-theoretical perspective, and philosophical áskēsis. MT shares the same implicit
meta-theoretical perspective, and the same emphasis on phenomenological methods of áskētic practice, as the major Japanese Zen traditions. In Morita's words:

"I have read a collection of Buddhist sermons by the Zen priest Hakuin (1686-1769) about the method of introspection and the way to enlightenment and found that we hold similar ideas. However the psychological explanations for my method are not related to religion" (1928/1998, p. 36)

From a non-theistic Zen perspective, the fundamental problem of the human condition is that we have thought a separate self into existence, and from a Moritist perspective, that separate self develops tangentially into a pathological process phenomenon under certain specific conditions.

Reframing & explanation

The second significant contribution from this inquiry is a contemporary re-framing of MT as therapeutic áskēsis, as the nature and extent of the relationship between MT and Zen, and presentation of a translation-semantic explanation of Morita's therapeutic áskēsis. Non-theistic Zen as meta-theoretical perspective and philosophical áskēsis underpins and contextualises Morita's theories of pathology and treatment (as therapeutic áskēsis), and clarifies the phenomenology of the therapeutic experience of self-overcoming. An understanding of the nature and extent of Zen in MT (i.e. embodied therapeutic áskēsis) brings the Morita-Zen discourse an elucidation of MT as a form of facilitated, embodied-experiential, praxis-oriented self-overcoming. That such a presentation is based as much on experiential, tacit understandings (from immersion fieldwork) as theoretical insights, brings theory and experience together in working fusion.

Like his Kyoto School contemporary Nishida, Morita advocated an approach of philosophical praxis as áskēsis. Morita arrived at an embodied and lived experiential form (taitoku) of therapeutic self-overcoming (Fujita, 1986; Morita, 1928/1998), while Nishida arrived at a lived philosophical path leading from self, through pure experience, to no-self in the context of absolute no-thing (van der Braak, 2011; Kopf,
2001; Nishida, 1921/1990). Perhaps due to distinctions in discipline, the influence of Zen on Nishida's work is clear and explicit (Kopf, 2001), while the influence of Zen on Morita's work remained more implicit (Okamoto, 2010a).

MT as therapeutic áskēsis consists of experiential self-overcoming of the pathological and unbalanced relative-subjective Serial I, with its constituent Abstract and Phenomenal existential modes. This does not suggest becoming unbalanced in the polarised opposite, the absolute-subjective Primal I with its constituent Lived and Actual existential modes. It suggests experientially moving into and through Primal I modes, re-synthesising the Kinaesthetic Unity, re-establishing the natural movement between (and interplay of) existential modes, and re-establishing their functional interface with Thou/Nature as moderator. Built on an alternative epistemology as juxtaposed conceptual platform (to western health and mental health paradigms), therapeutic áskēsis becomes an alternative therapeutic ethos (alternative to cure as alleviation of suffering). Overcoming the self that suffers, is not the same as no longer experiencing suffering, but is instead a fundamental change in the relationship to the experience of both self, and the suffering which that self experiences. Zen áskēsis, as embodied philosophical practice, becomes a conceptual cornerstone of therapeutic praxis from this alternative perspective.

In Zen's philosophical āskēsis terms, "to learn the self [Primal I] is to forget the self [Serial I]; to forget the self [Serial I] is to be manifested by the ten thousand things [Nature/Thou/Absolute nothingness]" (Dōgen, 1253/2007, p. 32). Morita's pathological toraware and hakari are Abstract mode mechanisms which interact with Phenomenal mode somaticity to fixate and unbalance the Kinaesthetic Unity, and reinforce the pathological dominance of the (de-contextualised) Serial I over the Primal I.

Morita's therapeutic āskēsis re-orientates the patient from the Abstract and Phenomenal Modes of the Serial I, to the Actual and Lived Existential Modes of the Primal I, through experiential methodology which provides "a direct confrontation between the self and reality as it is" (LeVine, in press). This philosophical reframing and explanation of MT as therapeutic āskēsis provides a new context for both transmission of what authentic classic MT is, and how its principles and processes are no more culturally bound than Zen's.

Translation & transportability

In the context of this conceptual liberation and philosophical reframing, we now turn to the last significant contribution this inquiry offers the Morita–Zen discourse. Intercultural translation and transportability has proven challenging for MT, and there has been a noteworthy trend toward evolving classic MT into 'Neo-Morita Therapy' (Reynolds, 1976), 'Morita-Based' interventions (e.g. Ishiyama, 2003 and Ishiyama, 1987), and 'Outpatient Morita Therapy' (Nakamura et al., 2010). This has largely been attributed to cultural factors impeding the intercultural transportability of classic MT (Ishiyama, 1994; 2000).

Such discussions do not consider the phenomenology of self in MT, or present MT as a self-overcoming of anxiety, and do not include these complex subtleties in discussions of intercultural transportability. They do not account for the centrality of mushojū shin, sei no yokubō and arugamama as experiential phenomena beyond abstract languicised constructs. Considering these classic MT phenomena as experiential domains beyond language and culture, circum-navigates arguments that
MT is not inter-culturally transportable and requires fundamental alteration for international contexts. As lived, experiential and pre/post languicised, these pivotal classic MT phenomena\(^{91}\), are universal principles beneath the linguistic and symbolic constructions of culture which are overlaid on our 'primal-humanness-in-common'.

Ogawa (2007) identified something significant when he framed MT as a 'Way', however, this has an obscure and esoteric loading in western culture. By framing it so, his point was imbued with ambiguous soteriological connotations. Ogawa's presentation lacked an explicit conceptual bridge that allowed his readership with a Truth-seeking orientation (Natural Scientific academics/practitioners) to glimpse a therapeutic model based on a Way-seeking philosophical ethos and premise. Bringing an understanding of MT as therapeutic áskēsis together with the explicit epistemology and theory of Health Philosophy, offers that bridge.

The potentials MT offers HPH will be discussed in the next section, and will focus on what MT might lend HPH in both philosophical and theoretical terms, and applied practical and research possibilities. The relationship is bi-directional however, and HPH offers a bridge to MT for intercultural transportability, from an eastern philosophical underpinning to a consistent but western underpinning epistemology. Just as MT and Zen are conceptually, paradigmatically reconciled in an understanding of both as forms of áskēsis, the same process of embodied lived self-overcoming also provides an undisputable conceptual link to HPH. Due to its paradigmatic compatibility, HPH offers MT unprecedented potential for intercultural translation and transportability.

Understanding embodied therapeutic áskēsis as the nature and extent of Zen in MT, allows HPH to be an epistemological and theoretical moderator for intercultural translation and transportability into application and research in international health and mental health contexts. In providing clear and explicit epistemological underpinnings close to those inherent to Morita's therapeutic system, HPH promises MT a viable intercultural epistemological translation, so that classic MT might be adequately understood and practiced in non-eastern cultures. To date, intercultural

\(^{91}\) As pure experience and re-orientation from Abstract/Phenomenal to Actual/Lived existential modes and from Serial I to Primal I.
transportability of MT may have been impeded by linguistic and cultural barriers, but as an epistemological and paradigmatic frame in contemporary international health contexts and literature, HPH offers MT the intercultural conduit it has required to step beyond East Asia in its authentic and undiluted form.

In 2010, the Japan Society for Morita Therapy (JSMT) presented the ‘Guidelines for Practicing Outpatient Morita Therapy’ (English Edn) (Nakamura et al., 2010) at the International Congress for Morita Therapy in Melbourne Australia. It was an effort to guide and facilitate uptake of a Neo-Morita-based therapeutic models for international contexts. Removed from its phenomenological underpinnings in context, process and experience however, outpatient adaptations of Morita's principles can be therapeutically useful, but remain abstract and existentially impoverished. They do not constitute classic MT as a therapeutic system of áskētic self-overcoming. Diluting the Moritist content in a therapeutic model to some of Morita's conceptual material and a few cognitive strategies, which were structurally secondary in Morita's original system, effectively strips away any common ground between 'Morita-based' models and Zen as a form of ontological self-overcoming.

The implication is that the question of the relationship between Zen and MT may soon sink unspoken and unnoticed beneath the waves, leaving only the dominant paradigm in Japan as it is today, and Outpatient Morita Therapy as the cost-effective and interculturally transportable international future. Yet, how far can MT devolve away from Morita's initial intention and fundamental theorising and still remain 'Morita therapy'? Indeed the question of the relationship between Zen and MT is all the more pivotal at this juncture, as it is about to be subsumed to the past in Japan, than at any other time in the history of MT. If the relationship between them is not understood and articulated now, it will inevitably be lost, taking something profoundly fundamental to authentic, classic MT with it. HPH offers MT a viable theoretical, practice and research bridge across linguistic and cultural barriers in a way that can protect and preserve its integrity as a unique system of embodied, experiential, therapeutic áskēsis.
7.5.2 The Health Philosophy Discourse

As indicated, the relationship between MT and non-theistic Zen has bi-directional implications for a relationship between MT and Health Philosophy. HPH is an emerging discipline (Todres, 2007; 2000; Galvin & Todres, 2011; 2007; Todres & Galvin, 2010; Dahlberg, Todres & Galvin, 2009; Todres, Galvin & Holloway, 2009; Todres & Wheeler, 2001), borne out of hermeneutic, phenomenological, ontological and existential philosophical traditions, and brought to the complexities of applied health care practice and research. It is the application of philosophy to the lived complexities of humanness in health and medical paradigms. The priority of HPH is the extent to which qualitative research can serve and extend practices of human caring (Galvin & Todres, 2011), systemically in health contexts (Todres, Galvin & Holloway, 2009), and individually in experiences of illness and wellbeing (Todres & Galvin, 2010).

Health Philosophy's emphasis on the psychotherapeutic philosophy of Gendlin (Todres, 2007) also establishes it as a somewhat psychologistic orientation for health research and practice. While it identifies as a Human Scientific orientation, and certainly retains the epistemic consistency and methodological rigours of same, it also prepares a platform for a fragile first step beyond Human Science into what Gendlin (2003) calls a new epistemology and a new "first person science" (Gendlin & Johnston, 2012). In re-situating the lived realities of illness, wellbeing and meaning-making at the centre of health as co-experienced by both patients and practitioners, HPH promises the possibility of re-humanising authentic care in health contexts characterised by reductionism and commodification.

In the introduction to this thesis, HPH was introduced as a health practice and research paradigm so consistent with MT, as to allow clear and explicit conceptual translation relevant for current international health and mental health contexts. Having presented a translation-semantic explanatory model of Zen in MT as therapeutic áskēsis, it is now possible to situate this understanding in the HPH discourse. Todres (2007) points to systemic similarities between HPH, MT and Zen when he suggests

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92 One of HP's leading proponents, Professor Les Todres was also a psychologist working and researching in health paradigms.
that the processes of both philosophical and therapeutic áskēsis lead to "…personal identity where one finds oneself with the birds and the trees…no clinging to self high or low" (p. 143).

The thematic consistencies with MT cannot be overstated, which makes HPH not only the ideal health theory with which to consider MT and Zen, but also important to return to with new theoretical insights and tacit understandings. Potential contributions of this inquiry for the HPH discourse exist in the areas of therapeutic philosophy and theory, the implications of áskēsis and nature, and the enhancement of its existing research paradigm.

**Therapeutic philosophy & theory**

Epistemological and theoretical aspects of MT and Zen as áskētic processes, lend themselves to potential enhancement of HPH as a theoretical and therapeutic paradigm. Perhaps due to their mutual consistency and compatibility with non-theistic Zen as áskētic embodied practice-process, both MT and HPH exhibit remarkable conceptual correlation. Understanding MT as a process of therapeutic áskēsis has theoretical implications for HPH, and applied implications for therapeutic practice and qualitative research in health contexts. The current inquiry contributes to HPH methodologically and theoretically, by bringing heuristics into an operationalised fusion with hermeneutic phenomenology, applied as qualitative inquiry into therapeutic áskēsis (as an applied form of Zen's philosophical áskēsis). In their utilisation of Heidegger's 'dwelling-mobility', Todres & Galvin (2010) not only highlight relevant conceptual correlates with classic MT (e.g. sei no yokubō and arugamama), but also reveal conceptual correlates with Zen as philosophical áskēsis\(^9^3\). Where HPH has looked to Heidegger for a 'contemplative direction' (Galvin & Todres, 2007) the current inquiry has looked to non-theistic Zen as a meta-theoretical system.

\(^9^3\) Consistency between and complementarity between Heidegger and Zen has been demonstrated (e.g. Dorrell & Berguno, 2004, and Steffney, 1977).
Zen’s embodied philosophical áskēsis is entirely consistent with Morita’s embodied therapeutic áskēsis, and points more toward a working tension between well-being and illness than an either/or dichotomy of illness and cure:

"Dōgen’s áskēsis stresses continuous self-overcoming, not attaining some kind of static or final state of redemption... Rather than present a new version of 'the Zen experience' as a new attempt at radical transcendence or a new conception of religious experience, Dōgen’s imminent transcendence, his radical phenomenalism, can serve to overcome the implicit dichotomies in Western modes of thought between inner and outer, mind and body, meditation and ritual, individual and society, spiritual and secular" (van der Braak, 2011, p. 191)

Psychology, as an aspect of western health and mental health paradigms, has stepped away from its original path as Human Scientific Way-seeking paradigm, and beaten a new track for itself as a Natural Scientific Truth-seeking paradigm. In the quest for self-overcoming, Way-seeking, as a paradigm of embodied praxis, is fundamentally life-affirming. In the quest for self-enhancement, Truth-seeking, as a paradigm of abstraction and ideals, is fundamentally self-affirming. Way-seeking frees the self while Truth-seeking shackles it. As a health discipline, psychological medicine set out to find ways to affirm life well lived, and has come instead to find ways to affirm the self which lives life poorly. It is precisely in its juxtaposition to contemporary western models of humanness, illness, wellbeing and intervention, that MT offers HPH the perfect apparatus to explore a Way-seeking method of therapeutic self-overcoming.

Áskēsis & nature

Understandings of áskēsis and the therapeutic place of nature presented in this study are a potential contribution to HPH. As a system of embodied therapeutic áskēsis MT offers western health and mental health paradigms great potential. An experiential system of intervention, MT straddles the border between applied philosophy and therapeutic process, utilising the best of each without being limited by the constraints
of either. Its theoretical and applied potentials for HPH lie in its pragmatic utility and its uniquely experiential modus operandi.\footnote{Though neither of these are subordinate to the philosophical underpinnings through which it must come to be fully grasped.}

Áskētic process has been demonstrated to be the bedrock of both non-theistic Zen (embodied philosophical áskēsis) and MT (embodied therapeutic áskēsis), and this is a feature that both systems share with HPH. HPH exhibits an explicit and applied grasp of emptiness and non-dualism (Todres, 2007), and subsequent emphases on hermeneutic phenomenology (Todres & Wheeler, 2001), embodied inquiry (Todres, 2007) and embodied interpretation (Todres & Galvin, 2008), applied to both clinical work and Human Scientific qualitative inquiry. It is an embodied, praxis-based philosophical system for the qualitative practitioner-researcher in health contexts. As an orientation, HPH asks an intimate proximity with phenomena under investigation, and the valid integration of embodied textual forms and tacit understandings. In doing so, it provides the apparatus and framework for ontological movement of the researcher toward a self-overcoming of their prior frame of reference. HPH potentially offers the explicit possibility of a 'scholarly' áskēsis, where the researcher, through the embodied process of inquiry, comes to a new, more open and expansive tacit understanding of not only their research subject, but also themselves as a manifest reflection of the research process.

In a comparison of Zen and therapeutic processes, Todres (2007) describes "how liberating self-insight becomes tacit understanding" (p. 141). The consistency with MT as therapeutic áskēsis, where sudden liberating self-insight arises in Bedrest, and then gradually comes to tacit understanding through successive stages, is explicitly apparent. "Liberating self-insight occurred suddenly… the tacit understanding grew gradually… bumping his insight against specific life situations and actual encounters" (Todres, 2007, p. 148). Todres defines liberating self-insight in ontological terms, "as a direction that frees self-understanding from the objectification of self and other" (Todres, 2007, p. 142). He offers Zen and therapy as parallel processes, with a differentiation of degree of liberating self-insight and tacit understanding.\footnote{In therapy "less fixed possibilities for self" (p. 149) and in Zen "no-self" (p. 149).} Todres goes on to suggest that the interplay of these is a mutual and perpetual ontological movement, a notion with clear áskētic qualities:
"...define liberating self-insight as an understanding which allows personal identity to shift in a direction that is less restricted by one's previous enacted definitions. In the case of psychotherapy, this can lead to a more flexible self-concept: one more in accord with the limits and freedoms of human existence. In the case of spiritual practice, this can lead to a fundamental reevaluation of personal identity as a whole, where the boundaries of the self are experienced as 'convenient fictions' and understood as empty of independent existence" (2007, p. 143)

The two degrees of liberating self-insight Todres refers to here, correspond closely to outcomes from experiential immersions at Sansei and Jikei. Todres and Galvin (2010) suggest that a therapeutic application of HPH "would be concerned with facilitating possibilities for 'movement', as well as possibilities for 'letting-be-ness' at both existential and literal levels" (p. 5). The current inquiry potentially progresses HPH by identifying a uniquely ontological and phenomenological model of care which does precisely and explicitly that; classic MT.

Like Morita, HPH constructs its notions of illness "as the truncation of, or deficit in, healthy existential possibilities of spatiality, temporality, intersubjectivity, embodiment and mood" (Todres & Galvin 2010, p. 3). As a form of therapeutic ἀσκήσις, MT attends to each of these, as does Zen, as concurrent dimensions of sequential context-process. HPH advocates an existential orientation toward health, wellbeing and illness that approximates a western translation of Morita's arugamama. "'Letting-be-ness'...constitutes a kind of peace, in spite of everything, that is different from the kind of peace that depends on the eradication of limiting conditions" (Todres & Galvin 2010, p. 4). The underpinning agenda of HPH for the individual is non-resistant adjustment to the existential limitations of their unique human condition, and an open orientation to the existential possibilities of their lived situation despite those limitations (Dahlberg, et al., 2009). Todres & Galvin (2010) present this as 'dwelling-mobility':
HPH is evolving as a new Human-science research and practice paradigm. While it re-humanises the individual and re-situates their embodiment in the context of their unique dwelling-mobility, as yet it does not explicitly re-situate their dwelling-mobility in the greater ecological context of nature and natural rhythms. While HPH explicitly emphasises human nature as central to both research and practice, it has not incorporated Morita's emphasis on nature, ecology and the natural rhythms of humanness. This is an evident gap in HPH theory and research, to which MT might lend its well-developed tacit knowings. The place of nature in therapeutic (and all human) processes, the re-embedding of the re-embodied human in their natural context, is distinct from clinical environments and abstract constructions of illness and wellness. MT offers HPH the opportunity to take re-humanisation of illness and resituation of the individual a step further, back to its own authentic and natural horizon of being.

7.6 Chapter summary

Like Zen, MT reveals one's original face, and in doing so, returns one to one's original nature. The fundamental distinction between Zen and MT is that Zen deals directly with delusion inherent to human nature, while Morita deals with delusion which has devolved into neurotic pathology. This is a distinction of degree rather than kind. Both systems aim to re-synthesise a functional non-dual relationship with nature and phenomenal reality as it is, as a stable context from unimpeded relative subjectivity. To assert that this radical re-orientation from reflexive resistance to a natural accord with reality as it is began with Morita, is true as it pertains therapeutic practice. However, a larger truth is that its origins are much older, reaching back through the unfolding of Zen and its traditions of origin.
Morita did not base his method on Zen as a Buddhist religion, but he did base it squarely on non-theistic Zen as a meta-theoretical system and as an embodied, praxis-based, philosophical askēsis. Morita had an adequate experiential grasp of Zen to understand that it deals methodically with interwoven but different existential modalities across what Nishida and Dōgen would call different ‘Worlds’ – the Abstract, Phenomenal, Lived and Actual (nature). Morita had a profound enough grasp of the human capacity to shift between different subjective positions and existential modes, to design his therapeutic method to engage with the very self-nature (shizen) of the human being. It is in the nature of one existential mode to get ‘fixed’ in the specific, the detail, and it is the nature of another existential mode to remain free, responsive and unfixed. Morita developed a natural, experiential method, to re-orient the existential modality, the subjective experience of the individual human being, away from the internal stuck point and toward external, freed, natural movement. Morita's method facilitates a fully lived experience of re-orientation and then re-engagement with the natural flow of human ‘being’. MT is not a ‘psycho’-therapy, it is an ontological ‘therapy-of-being’, a therapeutic self-overcoming.

A breakdown of Zen principles identified in this study (refer Table 5) reveals key experiential principles Morita used to formulate a way to free up the neurotic stuckness which hinders the natural flow of being human. A reading of Nishida provides not only a western philosophical framing of Zen, but also a western philosophical rendering of the non-theistic Zen principles Morita operationalised in his therapeutic method.

This inquiry contends that Morita Shōma developed a structural therapeutic method for re-orienting the individual who is 'fixed' in a neurotic cycle/experience of the Abstract existential mode (i.e. from resistance to according with nature, and from internal fixation to external orientation of consciousness), toward the Actual existential mode (nature), and then re-engage them in the Lived existential mode through progressive activity and community integration. Like Zen, Morita’s methodology is essentially anti-abstract, completely short-circuiting the cognitive mechanisms perpetuating the subjective ‘fixed-ness’ in the abstract existential mode. Instead, it is phenomenological, re-situating the embodied individual in the Actual (Stage 1 - Bed-rest), and then Lived (Stages 2 and 3), existential modes. This amounts
to a profound non-participation in the pathology (*fumon*), and relies instead on a contextually facilitated, natural re-orientation from one existential mode to another (*mushojū shin*) under predictable contextual conditions and influences.

The next chapter presents the conclusion to the thesis, and discusses the limitations and possibilities of this inquiry.
Conclusion

"As an upāya, in the form of Morita therapy, Zen is able to alleviate the suffering of man separate from religious practices"

(Triana, 1978, p. 46)

8.1 Summation

Morita therapy is a Japanese system of treatment for anxiety-based disorders, with demonstrated cross-cultural efficacy for existential distress, health anxiety and post-traumatic stress. Its uniquely phenomenological method relies on progressive natural processes, ecologically embedded therapeutic context, and experiential understandings. The influence of Zen in MT has been a contention among Morita scholars for decades, but has never before been investigated qualitatively, beyond comparative structural and theoretical analyses. This inquiry used a hermeneutic-phenomenologically informed heuristic approach, to investigate the nature and extent of Zen in the lived, experiential dimensions of classic MT.

This inquiry began with a question of personal and clinical origins, about whether a relationship existed between MT and Zen, and it was pursued in a manner consistent with the systems of interest. Classic Morita therapy and non-theistic Zen were then presented, to clearly define the systems under examination. Many theoretical consistencies were identified between the systems, and many structural-systemic overlaps were also clearly apparent.

The inquiry progressed by undertaking a meta-synthesis of the perspectives available in the Morita-Zen discourse, which arrived at a consolidated position that a relationship did exist. However, both MT and Zen are profoundly experiential systems with a particular orientation to the natural world, and research exploring
experiential domains of the relationship was conspicuous by its absence. This refined the research question, from whether a relationship existed between MT and Zen, to understanding the nature and extent of that relationship.

The tailored methodology brought hermeneutic phenomenology into an explicit theoretical fusion with a qualitative heuristic approach. The inquiry compared lived experience as a patient in an explicitly Zen-based MT context, with lived experience as a patient in an explicitly non-Zen based context, before changing experiential positions and investigating the phenomena of Zen in MT from the lived perspective of the therapist. In doing so, it sought adequate understanding and evidence to consolidate, describe (phenomenological) and interpret (hermeneutic) those experiences, toward a sufficient explanation of the nature and extent of Zen in MT. The compatibility of Health Philosophy with classic MT and non-theistic Zen made it an optimal health-specific theory with which to examine and consider the relationship between the two systems.

Episodes of experiential immersion fieldwork in three international MT contexts provided the necessary embodied, tacit understandings to explicate the experiential dimension of the relationship between MT and Zen. The processes of analysis following experiential immersion fieldwork was consistent with both Moustakas's (1990) heuristic inquiry and also HPH as a qualitative orientation to research in health and illness. The analysis found that overlaps and consistencies between classic MT and Zen were clearly evident at theoretical, structural and lived levels, regardless of whether Zen was explicit and/or acknowledged in a given therapeutic context.

More was required, however. Tacit understandings and lived knowings needed to be reconciled with theoretical knowledge, and blended into a creative synthesis of understandings which provided an adequate and sufficient explanation of the nature and extent of the relationship between MT and Zen. Bringing theoretical constructs from earlier chapters to findings from experiential immersion and analysis, a translation-semantic explanatory system was devised to present áskēsis - embodied, praxis-based ontological self-overcoming - as the nature and extent of the relationship between the two systems. MT is an embodied therapeutic áskēsis toward self-overcoming of the anxious self. It is an ontologically parallel process with Zen, which
is an embodied philosophical áskēsis toward self-overcoming of the illusory self. The manner in which therapeutic context and process facilitates radical reorientation and channelling of consciousness in MT, as a re-balancing of Kinaesthetic Unity of self-constitution in a self-overcoming of anxiety, was then explained.

Presentation of a translation-semantic explanation of MT as therapeutic áskēsis (Chapter 7, Section 7.2.1), as an elucidation of the fundamental relationship between classic MT and non-theistic Zen based on heuristic investigation, is a significant contribution to the Morita-Zen discourse and the MT literature. This explanatory model of MT as therapeutic áskēsis holds promise for both western psychological practice and also the inter-cultural translation and transportability of MT.

Through a qualitative heuristic approach, this inquiry explored and answered the original and refined research questions. The nature of Zen in MT is non-theistic, and the extent of non-theistic Zen in MT is inherent, implicit and pervasive. As the first qualitative heuristic inquiry into experiential dimensions of the relationship between non-theistic Zen and classic Morita therapy, this study makes an original contribution to the Morita-Zen discourse specifically, and the MT literature generally.

Non-theistic Zen is evident in classic MT at four levels: 1) implicit epistemological assumptions and conceptualisation of human nature (e.g. self); 2) aetiological and theoretical devising based on such assumptions and conceptualisation; 3) structured methodical practice as an application of that theoretical devising (including context-as-process); and 4) as operationalised principles evident in the lived experience of MT (as both therapist and patient). The first three of these were disclosed by the meta-synthesis of perspectives in Chapter 4. The fourth level, Zen principles evidenced in the lived, experiential dimensions of MT, qualifies and substantiates the former three with qualitative evidence from heuristic hermeneutic phenomenological investigation.

The final task to be addressed is a presentation of both limitations of, and possibilities emerging from, this heuristic inquiry into the relationship between classic MT and non-theistic Zen.
8.2 Limitations

As a Human-scientific, qualitative, heuristic, N-of-one investigation, geared toward acquisition of first-person tacit understandings, and subsequent synthesis of interpreted meanings and adequate explanation, there were many things this inquiry was never intended to be. Such things defined the inquiry, and also defined a variety of limitations.

One limitation is inherent to the N-of-one, self-case-study research design. The rationale for this approach was to access tacit understandings of experiential dimensions of the relationship between MT and Zen, while reducing linguistic translation and re-representation of linguicised second-person data. This could only be achieved through an N-of-one research design, and is in keeping with a heuristic approach underpinned by hermeneutic phenomenological principles. However, it also yields highly individuated findings. As the Human-scientific orientation is not so constrained by the Natural-scientific priority of generalisability, the reality of this inquiry is that it arrived at a (lived/subjective) truth regarding the relationship between MT and Zen. From a Natural-scientific perspective this would constitute a limitation in that this inquiry does not offer the (abstract/objective) truth. From a Human-scientific perspective, arriving at a subjective and experiential truth, via a methodologically valid and rigorous path, refines the focus of future qualitative and quantitative studies.

Another limitation inherent to the research design was that the same N-of-one subject (myself) undertook three episodes of experiential immersion with intimate proximity to MT. This was a strategic trade-off, where the benefits of being able to make first-person comparisons between lived experiences of MT, was determined to be more utilitarian toward the ends of the inquiry, than either conducting a single episode of immersion, or observing others in experiential immersion. As a limitation however, the fact remains that the sequence of experiential immersions (Sansei, Jikei and CMTI) meant that the second and third episodes were not experientially pristine. The valid question of whether subsequent immersions (Jikei and CMTI) would have yielded different experiential data if they had been unprecedented (by Sansei),
constitutes both a limitation of the current study, and also a possibility for future research.

A final limitation rests in the question of diagnosability. Being undiagnosable, with shinkeishitsu or any other psychopathology, raises questions regarding the validity of experientially exploring contexts and processes designed to engage diagnosable conditions. Was genuine therapeutic process accessible to me as an undiagnosable N-of-one? How might therapeutic experience be gauged, if the psychopathological yardstick taken into the experience is fundamentally different from that taken into the experience by a diagnosable patient?

Morita was aware that the diagnostic categories of his time were less than reliable. This inquiry attempted to reach through abstract, reductionistic assumptions about psychopathology and diagnosis, to get at the actual lived experiential dimensions of being human, being fixed and distressed by that fixedness, and then becoming unfixed and free to move into a more natural way of human 'being'. Our humanness-in-common is to suffer psychologically and struggle existentially. Undiagnosable people have been seeking the same freeing experience as diagnosable MT patients for millennia. The distinction is one of degree rather than kind. Áskēsis is not a process limited by diagnosability. The process of self-overcoming can begin from any point on the individual ontological continuum, to arrive beyond itself. Upon grasping MT as therapeutic áskēsis the apparent conundrum of diagnosability naturally resolves, and the essential experiential phenomena of MT remain the same for the diagnosable and undiagnosable individual.

8.3 Possibilities

Inherently intertwined with limitations are possibilities. As might be expected from a qualitative investigation of this nature, it has opened into more subtle and nuanced questions than it answers. Some are specific to the practice of MT, some more epistemological and theoretical, and some relate to potentials for intercultural transportability.
For instance, this inquiry has raised important questions regarding qualitative distinctions in self-overcoming outcome from variants of classic MT, as represented by Sansei, Jikei and CMTI. Acknowledging that there are at least three qualitatively distinct forms of outcome from MT – including a more functional illusion and a radical shift in perspective – indicates further qualitative investigation into the nature and extent of MT outcomes, and perhaps into subject differences linked to qualitatively different outcomes. Findings from such further qualitative explorations of these subtle distinctions could enhance theoretical understanding, service delivery and patient outcomes.

The modal shift mechanism, evidenced to be an experiential pivot-point in Bedrest across immersions, is also an important area for future investigation. The mechanism of re-orientation from internal preoccupation to peripheral consciousness is potentially relevant for any pathology of self-reflection (i.e. beyond anxiety-based disorders). Both qualitative and quantitative investigation of the modal shift phenomenon could potentially be highly beneficial for the general field of therapeutic intervention.

Possibilities for methodological theory were also suggested. In an attempt to remain as true to the phenomena at the centre of this inquiry as possible, the methodological orientation was necessarily 'Zen-sensitive'. Yet, for the purposes of the study, it was also imperative to remain within the current and accepted bounds of methodology. As the inquiry unfolded in dimensions and incarnations across time, the possibility of an innovative methodological adaptation, a neo-phenomenological methodology based on Zen epistemology coalesced. The possibility of a process for honing of the human instrument toward an experiential lived grasp of 'nothingness', from which to undertake qualitative investigation (with all of its implications for unimpeded proximity to phenomena), took on a life of its own. Due to its theoretical volume and methodological complexity, it was decided to set aside the potentials of a Zen-based neo-phenomenological qualitative methodology for further development and exploration at a later time. Yet, the inadvertently discovered potentials for qualitative methodology cannot be underemphasised, and it is a primary recommendation from this inquiry that these potentials be more fully explored and developed as lines of subsequent theoretical and methodological inquiry.
Another possibility pertains to Health Philosophy, which as yet, does not explicitly integrate qualitative heuristics into its research paradigm. The possibility of building on the research potentials of HPH by integrating core concepts and processes from Moustakas's heuristics, and also from understandings of MT and Zen as áskētic processes, deserves attention and development beyond the scope of this inquiry. In explicitly honouring embodiment in its epistemology, HPH validates the place of the body in practice and research in health and mental health contexts. In emphasising the key role of tacit understanding in qualitative inquiry, Todres (2007) acknowledges the philosophical contribution of Polanyi (1891-1976), and Moustakas's subsequent theoretical contribution of the heuristic approach to qualitative investigation. This constitutes conceptual common ground between HPH as a research orientation and heuristics as a qualitative approach.

The perpetual interplay of liberating self-insight and tacit understanding so fundamental to HPH, is self-evident in the intimately human process of heuristic self-search and discovery, and fundamental to both MT and Zen. There are great potentials for HPH to evolve further, and one such potential is for more explicit integration of qualitative heuristic theory and methodology into its applied frame of reference. This inquiry exemplifies a discrete area of health and mental health research where qualitative heuristics has lent its methodological potentials to HPH in a way that integrates head, heart and hand96 (Galvin & Todres, 2007).

As a basis for various forms of health practice and qualitative health research, HPH works explicitly in the tension between existential vulnerability and existential possibility (Dahlberg et al., 2009), as the medium for ontological self-overcoming. HPH's theory of well-being integrates the paradoxical tensions of peace and movement, dwelling and mobility, rootedness and flow, homelessness and homecoming (Todres & Galvin, 2010). This is the tension between being and becoming, the co-emergence and interpenetration of being-with-what-is, and moving-with-becoming (Todres & Galvin, 2010; Todres, 2007). This conceptualisation parallels Morita's shin ki and sei ki97, and Zen's form and emptiness. HPH's framing of

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96 "The head (knowing), the heart (ethics) and the hand (the art of action)" (Galvin & Todres, 2007, p. 35).
97 refer Chapter 2 Section 2.4.2
this process as a movement from inauthenticity, through difficulty and/or suffering into authenticity (Todres & Galvin, 2010), clearly establishes their process as an áskētic self-overcoming. Bringing an understanding of both Zen's philosophical and Morita's therapeutic áskēsis to HPH, offers new potentials to extend it theoretically and methodically in both research and clinical application.

Both HPH and MT provide epistemological orientations, underpinning an understanding of the person, from which to normalise and humanise pathology and/or illness, and a subsequent consistent approach to intervention. The theoretical correlates between systems are remarkably aligned, as are their respective understandings of, and respect for, the struggles of humanness, and the honouring of embodiment and authenticity. They share an emphasis on áskētic process, embodied and liberating self-insight unfolding through experience into tacit, lived understanding. In developing áskēsis as a theme, MT offers HPH an opportunity to expand theory, and classic MT offers HPH a perfect clinical paradigm for further qualitative investigation.

A final possibility for further exploration and research relates to the important issue of the inter-cultural transportability of classic MT. This study found that the reality of nature and human nature is essentially pre-linguistic and pre-cognitive. Immersions from this study spanned eastern and western contexts, and indicate that because MT undercuts linguistic and cognitive processes with experiential processes, it also undercuts linguistic constructions of culture. As a pre-existing and highly compatible western theory of health, HPH offers MT an ideal vehicle for theoretical translation. Futheremore, it offers MT a viable epistemological and theoretical bridge into practice and research paradigms in international health and mental health contexts. Now identified, these potentials deserve to be more fully explored and developed.

### 8.4 Conclusion

This inquiry found that the relationship between MT and Zen resides in understanding both as áskētic processes of self-overcoming. At an experiential level, Zen is implicitly manifest in the context, structures and processes of Morita's therapeutic
system, regardless of whether it manifests in explicit content. However, the extent to which Zen manifests is moderated by the extent that the Morita therapist is aware of, and attuned to, its place in Morita's therapeutic system. Consequently, the nature and extent of non-theistic Zen in classic Morita therapy remains variable, as a function of the training and understandings of the therapist as reflected in the therapeutic context.

In place of theistic and soteriological overtones, or deity, both MT and Zen seek the true nature of the self. Beneath its construction and status as a Buddhist religion, non-theistic Zen is a philosophical meta-theory, raised on a platform of embodied phenomenological practice, and wrapped in an intricate weave of moral reasoning and ethical conduct; a holistic, comprehensive and perpetually lived philosophical áskēsis. Morita's Taiken Ryōhō is an applied onto-existential philosophy (arugamama/me-being-here-now-this), based on phenomenological methods, and therapeutically applied toward resynthesis of an unbalanced Kinaesthetic Unity; an embodied, experiential and perpetually lived therapeutic áskēsis. These two embodied systems, one therapeutic and one philosophical, share an emphasis on lived experience through a praxis-based, philosophically lived process of self-overcoming. Both are methods of applied experience, through which the acting-intuition of the absolute-subjective Primal I becomes a solid foundation for the articulated movements of the relative-subjective Serial I.

As an applied system of psychological understanding, Morita's experiential therapy is unique among psychologies, in that it is a phenomenological model of intervention rather than an abstract or cognitive model. Moreover, it is phenomenological in the true sense that it seeks to structurally re-engage the patient in pure experience in the Actual existential mode ('reality as it is/'the things themselves'). This process is distinct from other apparently applied and lived interventions which, while they may look similar, jump therapeutically to social and lived activity, without first re-synthesising the Kinaesthetic Unity, and without first returning the individual to their natural condition from which to emerge into true Lived and Actual phenomenological experience.

It is the principle at the heart of Zen, a clear discernment of one's true nature as an essentially empty, ever-shifting, responsive event of multiple interpenetrating modes
of subjectivity, which rests at the heart of Morita's model and method. In Morita therapy, such authenticity is enabled by lived experience of the ever-shifting, and unshifting, cycles of nature. From the re-orienting mechanism of Bedrest, through the anchoring and channelling phenomenological mechanisms of emerging into nature and art, work and community, the hermeneutic mechanisms of kowa lectures and diary writing, the therapeutic mechanisms of fumon, diary feedback and environmental tonal regulation. What remains consistent is the Zen principle of slipping spontaneously, naturally and appropriately, between the relative and absolute experiences of subjectivity which constitute our true nature as human beings. In a process of facilitated self-overcoming, Morita therapy addresses an arrest of our authentic human nature, by re-introducing us to a more natural, fluid and authentic way of being human.

Morita's therapeutic process distills down to something very simple and natural. It is a process structurally engineered to initially re-orient the inwardly preoccupied individual outward, then channel his or her energised outward orientation into a supported structured re-situating in the environment and relationships. Morita did not conscript elements of Zen for his therapeutic method. This inquiry has revealed that there are principles operating in the Zen systems, which precede Zen as a system. These ontological, existential, naturalistic and phenomenological principles, silently permeate Morita's system, the way they permeate Zen, because they are more fundamental and lie beneath methodical structures and concepts we, or Morita, Dōgen or Rinzai, might overlay atop them. When Morita excavated the truth of the human condition, he arrived at the same place the Zen systems had arrived: our authentic human nature, our 'original face'.


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Velten, E. (2007). Hard acts for ACT to follow: Morita therapy, general semantics, person-centred therapy, fixed-role therapy, cognitive therapy, values clarification, reality therapy, multi-modal therapy, and - yes, of course - rational emotive behaviour therapy (Ch.7). In E. Velten (Ed.), *Under the influence: reflections of Albert Ellis in the work of others*. Tucson AZ: Sharp Press.


Appendix A

There is alignment and consistency between the ethos and theoretical principles of Morita therapy and those of Health Philosophy. MT provides an example of an operationalised model for the re-embodiment of knowing and the re-situating of the individual at the centre the health care experience. Dahlberg, Todres & Galvin (2009) suggest 'Life-world-Led Care' consists of "three dimensions: a philosophy of the person, a view of well-being and not just illness, and a philosophy of care that is consistent with this" (p. 265). Morita’s system also exhibits these dimensions, demonstrating strong and relevant parallels.

There is also a close theoretical alignment between resistance (adjustment/orientation) in chronic health presentations as conceptualised by HPH, and Morita's principles of toraware and hakari (vicious cycle and mental manipulations of reality). HPH advocates a lifeworld-led rather than patient-led view of care. A "lifeworld-oriented view of well-being... means an existence that is characterised by vitality, which encompasses the possibilities of movement and the possibilities of peace" (Dahlberg et al., 2009). HPH conceptualises well-being in a manner consistent with Morita:

"A well-being that is fully actualized as vitality would thus contain both a strong quality of settling intimately into the present moment, as well as an energetic feeling of flow that comes with being open to the invitational call of the future" (Dahlberg, Todres & Galvin, 2009, p.

HPH frames well-being in ontological terms, as a self-overcoming of the truncation of existential possibilities imposed by illness, and identifies meaningful activity and vitality (as a co-emergent and interpenetrating blend of movement and peace) as its defining features (Dahlberg et al., 2009). Their notion of vitality is a sense of being able to inhabit existential possibilities, while their notion of peace is a sense of non-resistant blending with the reality of existential limitation as it is (Dahlberg et al., 2009). These ideas provide a philosophical foundation for a health-specific philosophy of the person.

A philosophical platform of ontological, existential, hermeneutic and phenomenological theory.

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98 It must be noted that mainstream, contemporary psychological models (e.g. CBT) tend not to incorporate an underpinning philosophy of the person.

99 A philosophical platform of ontological, existential, hermeneutic and phenomenological theory.
interpretation of Morita's therapeutic system, while at the same time offering clear conceptual correlates. Key consistencies and distinctions between HPH and MT are summarised below in Table 6.

<table>
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<tr>
<th>Health Philosophy</th>
<th>Morita’s Theory of Health</th>
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| **Epistemology** | ‘cogito ergo sum’ (“I think therefore I am”)  
Aesthetic phenomenology as subjectivity & inter-subjectivity | “To learn the self is to forget the self” Multi-modal subjectivity |
| **The person** | Moving toward more authentic & actualised self (within life/death existential constraints) | Moving toward more authentic & actualised self (energised by shin-i/chi life force) |
| **Precipitator** | Diagnosis and/or disease event (giving rise to disease preoccupation) | Precipitating event (chokusetsudoki) (stimulating hypochondriacal temperament) |
| **Illness** | Existential stuckness & truncation of possibilities | Psychologically mediated symptom aggravation (seishin kōgo sayō) & developmental arrest |
| **Wellness** | Tension between limitation & freedom, vitality as movement & peace (Living a full life despite existential limitations of disease) | Tension between fear of death (shi no kyōfu) & desire to exist (sekzon yoku) (thoughts/feelings do no inhibit action) |
| **Learning process** | Experiential (Gendlin’s ‘embodied understanding’) | Experiential (Morita’s ‘taitoku’) |
| **Therapeutic process** | Clinical – re-humanising of health & illness but still heavily cognitive and abstract | Progressive stages - resynthesis and restructuring of body-mind |
| **Acceptance** | “…relaxing into what is…” (distinct from acceptance in service of control) | Reality ‘as it is’ (arugamama & selju fujia) |
| **Orientation** | Away from limitation & toward possibility | Away from symptoms & toward action |
| **Nature/Ecology** | Re-Inhabiting the lived body alienated by illness and medicalisation of condition | Re-Inhabiting somatic embodiment, re-inhabiting social environment, and re-embedded in Nature & the natural order |
| **Context** | The lived world of the individual at interface with clinical service delivery | The lived world of self-nature, the therapeutic community & Nature proper |

Table 6. Morita Therapy & Health Philosophy: Consistencies & Distinctions

As shown above, paradigmatic consistency between HPH and MT are clearly evident. HPH's movement, vitality and peace are reminiscent of Morita's sei no yokubō (desire for life) and arugamama (reality as it is). Morita's taitoku (experiential understanding) is similar to HPH's 'embodied understanding'. Both systems suggest a precipitating event and both place individual disposition in the role of mediating adjustment to that precipitator. Both systems embrace limitation in order to also know freedom despite limitation.
There are also distinctions between MT and HPH. For instance, while HPH emphasises the lifeworld in conceptualisations of care, MT goes further, and experientially re-situates that lifeworld in nature and the natural order. While HPH emphasises a re-humanising of health and illness, it still retains heavily cognitive and abstract emphases, while MT progressively re-synthesises and re-situates body-mind. Many of Morita's fundamental principles, and perhaps some that Morita shares with Zen, offer HPH an important opportunity for evolving forward in terms of both working principles applied in health contexts, and methodological advances for applications in qualitative research.
## Appendix B

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Table 10. Raw Data - Phases 1 & 2
Author/s: Mercer, John Robert

Title: Zen In classic Morita therapy: a heuristic inquiry

Date: 2015

Persistent Link: http://hdl.handle.net/11343/58613

File Description: Zen In Classic Morita Therapy: A Heuristic Inquiry