The Moral Compatibility of Two Japanese Psychotherapies: An Appraisal of the Ethical Principles of Morita and Naikan Methods

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Abstract

The article expounds and compares two representative contemporary psychotherapeutic approaches which grew out of the Buddhist cultural heritage of Japan and have proved successful in dealing with mental disorders in both Eastern and Western countries. Morita and Naikan therapies are regularly discussed and evaluated together as their compatibility and belongingness are unquestionable facts, even though they appeared at different times and in different milieus. One emerged from the clinical practice of a psychiatric department at a Tōkyō hospital where patients with neurasthenia were being treated, while the other appeared in rural Nara as a transformed version of an ancient ascetic tradition which aimed to assist devoted Buddhists attaining enlightenment. The article investigates the similarities and differences that form the foundations of the metaphysical, ethical, and therapeutic presuppositions of both therapies, pointing out the degree of their compatibility, and the possibility of conceiving a unified ethical framework for them.

Keywords: Buddhism, Ethics, Morita, Naikan, Psychotherapy

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Introduction

The idea that health—whether physical, mental, or both—is somehow related to morality is just as old as it is prevalent. If one traces the origins of this notion back to the Greek origins of Western philosophy, it is already evident in the writings of Plato, Aristotle, or the Stoics that mental health has been conceived as a moral virtue, whereas its opposite, mental disorder, has been seen as a result of a lack of moral virtue. According to this view, mental disorder reveals a *dis*-orderly human character that is not willing—or simply does not know how—to keep its thoughts, feelings, and passions in the correct, morally endorsed good *order*.

> Though the Stoics differ from Aristotle on the nature of the passions, they agree with his view that the conditions for mental health are the same as the conditions for moral virtue. We suffer from mental disorder and disturbance in so far as we suffer from delusions (cognitive error) or disordered emotions and desires (affective error). […] The mentally healthy person sees the world as it is, and can act on this correct view. The Stoics claim that a correct view of the world includes a correct view of human beings and what is good for them; when we form that view and understand it, we are able to act on it, and we exercise that ability. In their view, as in the Platonic and Aristotelian view, once we understand why mental health is good for human beings, we understand why they need moral virtues (Irwin 2013: 46).

Health care ethics is an essentially practically oriented branch of moral philosophy which deals with realistic moral issues that can commonly arise in our daily lives. Abstract ethical theories and metaethics are frequently criticised by the public for their overly obscure and abstruse nature and for being far-removed from the everyday concerns of ordinary people whose lives ethical theories are supposed to explain and assist. By nature, a practical ethical approach focuses on diverse topics of morality in a characteristically down-to-earth, pragmatic fashion. A significant branch among these diverse topics is concerned with health and health care issues, posing questions such as whether or not maintaining good health is a moral obligation or whether one is free to do whatever one wishes to do with one's body and mind.

Psychotherapy as a cultural phenomenon emerged in the Western world from the late eighteenth to the early nineteenth century in response to the general inward turn of the sciences, philosophy, and the arts. The inherited image of the disturbed, deviant, dangerously unpredictable madman which was typical of the Medieval Age and the Renaissance was gradually substituted with the image of the mentally insane patient whose inner motives and drives could be observed and explained. Modern psychotherapy surfaced as part of the new, scientific/medical model, and has developed partly from the so-called "moral treatment movement." This movement saw mentally ill people not as morally unaccountable lunatics whose faculty of reason had been irretrievably lost (as the Age of Enlightenment would see them), but rather as human beings whose illness could be cured by means of moral (or religious) re-education.

One of the earliest forms of psychotherapeutic practice, the Freudian psychoanalytic therapy of Vienna, openly and rather courageously broke away from the moral treatment movement, and pioneered instead the fundamentally value-free, scientific approach of curing mental illnesses. In Freud's view, the basic task of the psychiatrist as a therapist was not to re-educate the patient, but to help shed light on the inner conflicts (traumas) of the suffering person, and to assist one in making the unconscious part of the mind become conscious. The presupposition here was that more awareness of the mechanisms of the human mind, its drives, and its conflicts will naturally result in a more empowered, more responsible self, and in a healthier general functioning of the individual. Sanity in this understanding is correlated with knowledge and freedom: the more one knows, the freer one becomes; the freer one becomes, the healthier one is.

Following Freud, several other schools of psychotherapy have stated in a calm and dispassionate manner that their therapeutic goals did not include moral (re)education, and that therapy was no more—or no less—than an ethically neutral medical treatment. Transpersonal therapies—Jungian, Adlerian, or Lacanian psychoanalyses; existential and other kinds of psychodynamic therapies; cognitive, behavioural, and cognitive-behavioural approaches; Rogerian person-centred and Maslowian—are all inclined to present themselves in the light of objective value-neutrality. Nevertheless, as competently demonstrated by London (1964) and others, there have always been concealed axiological structures and ethical practices in every single approach related to mental healing. Psychotherapy is inherently goal-oriented; it attempts to help patients reach particular goals, a certain level of normality, and a desirable degree of health, happiness, well-being etc. Indeed, it would be hard to picture this curative enterprise which is declaratively and explicitly committed to transforming a "bad" state of human condition into a "good" (or at least a "better") one as something that manages to be utterly devoid of ethical values.

Hence one of the claims of the current article is that psychotherapies necessarily convey and uphold certain culture-specific and tradition-sanctioned ethical values; just as any form of medical approach, by defining health and illness, also regulates what is advisable in order to attain and maintain health. Thus medicine, no matter how objectively and impartially it prefers to perceive itself, in fact, always engages with ethical values. If a society believes that maintaining health is, to some extent, the responsibility of its citizens, then the medical establishment cannot help but enforce the generally held views as to which form of behaviour is desirable and which is not. As a rule, if a community believes that maintaining citizens' good general health is a moral duty, it is in part because caring about one's health sets a praiseworthy example of an admirable character that ought to be emulated by other members of the community. On the other hand, it can also be partially explained by pointing to the fact that a healthy person does not affect other members of the community in harmful, detrimental ways. A further factor could be that one's own health is deemed to be of value

in itself. If a society's rules and regulations are clearly established, then it is also clear what course of action is commendable and thus recommended for the individual, while there are in-built warnings and forms of admonitions against certain ways of conduct that go against what is believed to be healthy, acceptable, and good. Nonetheless, it is not the claim of this article that all values that are upheld by a given society, a given medical culture, or a specific psychotherapeutic practice are inevitably culture-bound; on the contrary, some values can and should be considered universal values of general worth that have the quality of benefiting any human person, regardless of one's cultural background.

Indigenous Japanese psychotherapies, among which Morita 森田 and Naikan 内観 feature prominently, have been habitually considered culture-specific to the extent that it has been repeatedly suggested that they would not be efficacious for those unfamiliar with the cultural presuppositions of Shintoist, Buddhist, Daoist, and Confucian moral teachings and metaphysical tenets. Truth be told, both Morita and Naikan therapies seem to take for granted some core ethical values of the aforementioned religious and spiritual traditions and unapologetically advocate them as part of their world views. But one might wonder: is this sufficient reason to conclude somewhat prematurely that these therapies, provided we understand them as a form of practical ethics that overtly carries concrete moral values, cannot possibly have relevance for a wider, perhaps even a global community? Does something need to be confined to its place of origin merely because it originates in a specific time and at a specific place? After all, Freudian psychoanalysis—whose seeds were planted in the culturally rich soil of the extremely heterogeneous Austro-Hungarian Empire, and whose methodology not only closely resembled the tendencies of nineteenth century western sciences but, at the same time, also the strategies of the longstanding Jewish literary legacy of which Freud was an often unwilling modern-day heir—also spread well beyond its rather narrow original boundaries and has, at times, claimed rights of universality.

The successes and effectiveness of Naikan and Morita therapies have been demonstrated extensively by clinical studies over the past half century and are available not only in Japanese but in western languages as well.[1] Notwithstanding, it is undeniable that while both Morita and Naikan (or as their combination is called in America, "Constructive Living") have spread into western countries, for example to the United States, Australia, Canada, Austria or Germany, the number of practitioners is still quite insignificant. Moreover, the number of people to whom these therapies are virtually unknown is a great deal higher. It is safe to say that the western medical establishment still basically ignores these alternative modes of therapy for improving mental health, in all probability due largely to the fact that Morita and Naikan's usual presentation as foreign and intrinsically alien to western sensibilities keeps even those at bay who

[1] See for instance Kaspari, Lendawitsch, and Ritter 2015; Reiss 2016; Reynolds 1976, 1983; Sengoku et. al. 2010; Sengoku 2016.

would otherwise be more inclined to experiment with unconventional approaches. In the next section, we turn to the underlying values of Japanese psychotherapies, in particular to the ways in which they attempt to transform the self in the course of the therapy. We also take into account the metaphysical and ethical presuppositions of these theories, along with the general goals of Morita and Naikan therapies.

Morita Therapy: Compassionate Self-awareness in an Eco-Biopsychosocial Zen

> Morita therapy is perhaps the only reliable mental health treatment in the world designed deliberately to bring clients inside the rhythm of our natural environment. […] Morita never intended a 'psycho' therapy *per se*. He did not set out to cure anyone's mind. Instead, he gave clients a restorative and dignifying place to dwell during therapy (LeVine 2018: xxiv).

Morita therapy has often been called a form of Zen therapy or psychotherapy "in the way of Zen," albeit its founder, Masatake (Shōma) Morita 森田正馬 (1874–1938) put significant effort into contesting or at least downplaying Zen Buddhism's influence on the method that he designed to treat mental and physical illnesses (Chervenkova 2017: 57). Morita himself, who was born into the quickly changing realities of Meiji 明治 Japan in 1874, was admittedly under the heavy influence of Buddhist thought and imagery. Since he undertook his first medical fieldwork on his native Shikoku island 四国島 on spirit possessions and self-induced psychosis, he was also well familiar with Japanese folk religions. Nevertheless, it is important to highlight that Morita therapy—which was designed to heal neurosis (*shinkeishitsu* 神経質 or neurasthenia) and compulsive behaviour—did *not* emerge primarily from a religious background but from the highest circles of Japanese academia. It took approximately twenty years for Morita, who himself had also been suffering from neurosis dating back to his childhood, to develop his unique method. This development took place chiefly in clinical settings at two locations: The Medical Faculty of Jikei University 慈恵大学 in Tōkyō 東京 where Morita was appointed professor of psychiatry from 1925, and the Morita Clinic that was established in 1932 and which was in a facility adjacent to Morita's house. Therefore, it seems appropriate to maintain that Morita therapy is undoubtedly a religiously influenced form of psychotherapy which has utilised the rich tradition of Zen Buddhist *kōans* 公案 and religious notions that are explicitly concerned with self-transformation and enlightenment since its creation. The method is, nevertheless, firmly based on modern medical science and is supported by meticulous clinical observations.

Morita merged a variety of different strands of medical knowledge into his approach, and did not seem to shy away from medical novelties that could possibly improve the condition of his patients, some of whom were under the personal care and supervision of Morita and his wife at their home before the establishment of his clinic.

Clearly, his devotion to find a cure for neurosis stemmed partly from his earnest efforts to discover a solution to his own personal problems and suffering; yet, at the same time, his evident compassion and concern for other people's neurotic sufferings were also undeniable. At the beginning of the twentieth century, neurosis was not yet a condition for which medical science was prepared to offer a ready solution that would have lessened the mental anguish of patients. Morita knew this all too well as he had been trying to rid himself of his own mental and physical distress for an extended period, and was therefore experimenting with whatever seemed to offer positive and even mildly encouraging outcomes: hypnosis, occupational therapy, persuasion, strict daily-life regulation method (acquired from the practice of famed Swiss psychiatrist Ludwig Binswanger), and total bed rest etc. (Chervenkova 2017: 48–49). He did, in fact, have some notable successes by curing compulsive behaviours in some of his patients which, along with his candid and direct clash with contemporary psychoanalytic theory, made him a well-known academic figure in Tōkyō. While he conducted most of his research as a medical doctor, he never seemed to underestimate the spiritual side of illness and healing. His collaboration and mutual respect for Dr. Genyū Usa 宇佐玄雄, Zen Buddhist priest and founder of the Sansei Hospital, is well documented. After Morita's death, Usa introduced his work to D. T. Suzuki 鈴木大拙貞太郎 (1870–1966) who took interest and found that Morita's healing principles were essentially Zen in nature (LeVine 2018: 44–45).

What were these healing principles? First, it is crucial to understand that for Morita, as for many of his contemporaries in Japan, it was perceived to be an evident truth that body and mind are essentially interconnected and thus inseparable. In other words, body and mind are different aspects of the same reality. Morita likened them to an incense stick (the passive aspect/the body) and the fire (the active aspect/the mind); without the other, one could not emanate a scent (Chervenkova 2017: 61). Because the body-mind is conceived as an indivisible unity, it implies not only that problems which are seemingly only physical in fact stem from the mental, but also that mental suffering arises from physical maladjustment to environmental circumstances. This view obviously has far-reaching consequences as to the definitions of health and illness. It entails, among others, that a doctor cannot set out to heal the body without first trying to understand why it became dysfunctional in the first place. The reason behind any particular bodily dysfunction, and therefore behind any given symptom, is that the natural flow of life energy of the individual had been somehow blocked, and this blockage of the life force is manifested in physical symptoms. Zeroing in on the symptoms does not solve the root of the cause; it merely conceals it while providing temporary alleviation from distress. For Morita, the fundamental reason for the neuroses of the age was that people appeared to misconceive reality: just as it had been taught by the Buddha some 2,500 earlier, Morita envisaged curing people of their suffering by doing away with their misconceptions about the world and the self, and

teaching them to accept life as it is—devoid of delusions and illusions. As David K. Reynolds,[2] the celebrated American Morita and Naikan therapist, states:

> Although Morita was a psychiatrist, physician, and department head of a top medical university in Tokyo, he saw that neurotic suffering is not essentially a medical problem at all–it grows from misunderstandings about life. The solution to neurotic anguish, therefore, is not medical therapy, strictly speaking, but re-education. […] Neuroses are not illnesses. But, like illnesses, they are painful and they involve suffering. Instead, they are rather unfortunate life-styles that involve hurtful behaviour and self-destructive attitudes, and a sort of ignorance about human existence (Reynolds 1984a: 13).

According to Morita, people misconceive reality by pathologically inflating their sense of self, becoming preoccupied with their symptoms and with themselves,[3] instead of focusing on what is in front of them: reality *as it is.* What is reality *as it is*? Part of the answer to this question is that reality is inevitably rife with suffering. There is no going around it: life offers its fair share of misery and affliction to every single one of us. One may deny this primary existential fact, as many indeed do, while others may attempt to soften its ramifications or its significance, but the fact remains: we all go through painful experiences of unwelcome emotional turbulence, mental anguish, bodily discomfort, disappointments, failures, sickness, loss, dying, and ultimately death. Because mankind has a natural disinclination to experience events that are deemed to be detrimental to their sense of security and wellbeing, we try to avoid anything that threatens our existence and our welfare. The automatic reaction to the dark side of our existence is that we struggle to diminish and eliminate whatever appears to endanger our lives. Some might postpone dealing with their ailments; they may trick themselves into believing that they will never get sick, never age, never die etc. Alternatively, one might get entangled in focusing single-mindedly on his or her adverse conditions, compulsively magnifying the problems and obsessing about them until the fear of death overgrows one's sound decision-making abilities, and gradually overshadows one's quality of life. Reality is a tricky phenomenon, for as soon as one constructs concepts about it, one misses it. But how could one think, talk, and even feel about reality if one refrains from segmenting it and putting it into well-defined categories and verbal notions?

Morita pays heed to the dual nature of our engagement with reality: on the one hand, one lives in a social world where one uses language and conceptual thinking in

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[2] Reynolds launched the so-called "Constructive Living" approach that is based on the amalgam of Naikan and Morita therapies (see Reynolds 1984b). As he wrote in his book *A Handbook for Constructive Living*, "Constructive Living (CL) is an interpretation and extension of ideas found in two Japanese therapies, Morita and Naikan" (Reynolds 2002: 14). In trying to unite the two approaches that are apparently similar in some ways, yet also rather different in others, he had been sometimes criticised and sometimes praised in both Naikan and Morita circles in Japan.

[3] This pathological preoccupation with the self is called *toraware* とらわれ in Japanese.

order to communicate and get along with one's fellow human beings. It is thus unavoidable that one separates oneself from the totality and fluidity of reality. Yet this is a compromise that is necessary to make so that one can live together with other people in a civilised society: one needs to use one's abilities to think, talk, understand, and cooperate. However, it is also crucial to see that, on the other hand, reality can be experienced in a fundamentally different manner, in a *private mode* so to speak, when one directly engages with the flux of existence. This kind of deep involvement with reality can occur when, for example, one encounters minutely concrete events in the natural order of things. One needs no words, no rational categories, nor even concepts to be able to *see* a bird, *feel* a rock, or *smell* a fragrance. These are direct experiences of reality that can be named and conceptually understood only *after* they have taken place. One does not need to know the names of bird species in order to appreciate the beauty of a single bird that is pecking in front of one's eye. Similarly, one does not need to know the scientific classification of a rock to be able to experience its refreshing coolness or its powerful sturdiness. This second sort of direct experience of reality is not only more elementary but, in Morita's view, vital for humans to remain both physically healthy and mentally sane (these two are, of course, deeply interlinked). When one learns to see reality in this latter way, by experiencing it as it is without adding to it an oppressive mass of mental constructions (worries and expectations, joys and sorrows), one is on the way to complete healing. Kondo and Kitanishi elaborated on this attitude the following way:

> Can we really, by knowing ourselves, relieve or control our anxiety? Can we direct the movements of our minds at our convenience? Morita believed that our attempts to control and use our minds like this are the reason why worries and suffering arise. […] Deliberately to try to forget and remove the unpleasant memories and desires of the past, which are no more than natural reactions, was to contradict reality and to risk increased attachment to those memories and desires. Neurosis itself was produced by just such contradiction (Kondo and Kitanishi 2015: 113).

On the whole, Morita therapy is more a form of re-education than one of the many varieties of medical psychotherapy (in the western psychiatric sense of the word). Consequently, being open to learning new ways of seeing reality—and, at the same time, being prepared to unlearn some of our harmful old habits—is of crucial importance to attaining a greater level of mental health and overall well-being. When one commits oneself to a Morita clinic, one is obliged to proceed through four different phases: *total bed rest* (four to seven days); *light occupational therapy* (three days); *heavy occupational therapy* (tendays or more); *resocialisation* (tendays or more). During the *first phase* one stays in a private room where no form of disruption is permitted: no reading or writing; no television, radio, computer or mobile phone; not even talking (except end-of-day interviews with one's doctor). The objective is to force the client's mind to slow down and break with their habitual thought patterns. This lack of stimuli normally makes one feel anxious at first as people are not used to

bearing their own stillness and silence. No physical activity is encouraged, and one thus has nothing left to do but concentrate on one's flow of consciousness out of which one's inner conflicts emerge.

Painful and frightening though it may be (and *should be*, Morita would add, because greater anxiety indicates the better chances for a breakthrough), one needs to learn to detach oneself from one's habitual flow of consciousness—from the same old ruts that made one unwell in the first place. Letting the symptoms emerge does not mean that one ought to analyse them; moreover, it also does not mean that one ought to fight them. One merely needs to recognise them, accept them as they are without assessing or evaluating them, and then let them pass. By learning not to cling to one's mental images and emotional responses, and by recognising how swiftly one's emotions change—provided that one does not feed them by refuelling them over and over again—one can gain the upper hand over one's assumed helplessness against the symptoms. Neither the symptoms, nor the source of the symptoms, will likely simply evaporate if they are addressed directly. However, their power over one's life may very well weaken, provided that the symptoms are no longer regarded with special attention. This, nevertheless, does not mean that one should ignore or suppress one's emotions. On the contrary, emotions should be paid due attention and accepted as they come. One should *not*, however, become attached to them or take them as fixed, decisive, or final. As the Buddha had taught, nothing is fixed and final in this world, and one may find true solace in the fact that everything keeps changing—no condition or emotion, be it positive or negative, will stay forever. Acknowledging that suffering is part of the game can paradoxically give relief to the sufferer. Morita, drawing on a familiar Zen Buddhist idea—*mushojū-shin* 無所住心 or peripheral vision of consciousness—explicates what he means:

> The word *mushojū-shin* is used in Zen to describe healthy attention. It occurs when one does not limit her or his attention to a single focus and uses the mind fully. *Mushojū-shin* describes a state in which attention is not fixed on a particular point and the entire mind is alert and functioning; attention extends in all directions. […] Symptoms of *shinkeishitsu* occur because the client's attention is fixed on her or his symptoms. My therapy for those with *shinkeishitsu* promotes spontaneous activity in the client's mind, directs her or his attention toward external circumstances, and removes narrowly focused attention. Hopefully, treatment will lead the client's state of mind to the state of *mushojū-shin* (Morita 1998: 30–31).

After the first phase of the therapy, the clients sense a growing need to do something, *anything*, because extended inactivity and isolation makes them increasingly bored and restless. In direct proportion to the mounting feeling of boredom, their desire for life rises sharply, and aims to express itself in creative activities. During the *second phase*, the light occupational therapy phase, silent, monotonous work is introduced into the clients' daily routine to facilitate spontaneous voluntary interaction

with the natural world. Finding small, concrete details in the environment and observing nature's course is encouraged. At the same time, as a rule, no specific chore is prescribed; one needs to find the most suitable tasks without relying on any sort of external authority. The goal is to aid building natural and sincere connections with the immediate reality one is surrounded by, and by doing so, improving one's intuitive capacities to naturally and trustingly relate to the world as a whole. Diary writing is also introduced at this point, although it is important to note that writing about emotions and reflecting on one's cognition is discouraged; instead, factual observations are supported, specifically what one *did* during the course of a day. Silent observation of nature is assumed to help reconnection with it and to internalise its order which is supposed to be highly beneficial.[4]

The *third phase,* which can take about two weeks, initiates heavier occupational therapy and tests the client's ability to endure anxiety. Simultaneously, the natural joy of work and activity is highlighted, whereas the inescapable downsides of activity, such as fatigue, pain, struggle etc., are learnt to be accepted as they come and as they are without falling into the trap of enlarging their significance and clinging to their negatively perceived impacts. One thus learns to grow independent of one's unruly inner life. After all, in Morita's view, emotions and thoughts cannot be controlled directly. One may wish away negative thoughts and destructive emotions, but just as we did not directly cause the emergence of these emotions and thoughts, we likewise cannot directly wipe them out.[5] A more constructive and expedient way of influencing our thoughts and emotions would be to *try not* to influence them, suggests Morita. Not allowing one's capriciously shifting moods to interfere with one's daily tasks and with one's life is the utmost goal of Morita therapy. As soon as one realises that the key to a balanced and healthy lifestyle rests in experiencing one's inner life to the fullest yet never letting one's feelings and thoughts take control, one has already arrived at the gate of enduring contentment. Happiness immediately materialises when one's focus turns towards the immediate experience of daily life, which can be most effortlessly

[4] Brian Ogawa, American Morita therapist and popular writer, remarks that "respecting nature (*shizen*) and her enduring cycles has been an archetypal theme throughout Japan's history. The Japanese resisted wholly objectifying/enumerating nature as routinely occurs in the sciences (e.g., botany and zoology) and Western philosophy. Human beings are an integral part of nature, with no value differentiations between humans and insects, animals, trees, or even inorganic things like stones. [...] In concert with this Japanese spirituality (connectedness), Morita Therapy holds that the nurturing of human well-being depends upon tapping nature's 'warehouse of energy'" (Ogawa 2013: 109).

[5] Ogawa comments that human emotions are like the waves of the sea. He advises that we should not even try to pretend that we have the power to control them. "One of the features of emotions is that they cannot be directly manipulated or managed at will. […] All exhortations of 'Don't worry', 'Be happy', or 'Don't be sad' imply that what we feel is what we *choose* to feel. This is both illusory and flawed" (Ogawa 2007: 92).

achieved through reviving one's creative potential by creating art: calligraphy, painting, wood carving etc.

Finally, the *fourth phase* is the resocialisation phase. By this time, it is permitted to send clients outside or to let them stay at home overnight. They may return to their schools or workplaces gradually. Nevertheless, returning to the *former lifestyle* is not recommended because it would inevitably bring about the same habitual responses and unfavourable behavioural patterns that one had decided to overcome. Therefore, applying in one's daily life what one learnt at the Morita clinic is highly advised, albeit it is not expected that one's personality would miraculously transform after the "healing" took place. Morita's approach is more clear-headed than that. He believed that every single person had the capacity to heal oneself from one's inner healing sources. The new, altered self would still be the same old self in the same old body and with the same old mind; however, the change that takes place during the client's stay at the Morita clinic allows for a more independent and improved mentality. This new mentality directs one's attention to an immediate experience of reality whereby one does not easily get ensnared by the deceptions of the mind—something that is possible even after one has been effectively reinstalled into society. The new mentality does not attempt to evade suffering but instead accepts it with a somewhat detached, relaxed attitude by taking in both the positive and negative aspects of life as they come.

Having surveyed the praxis of Morita therapy, it is now time to consider its ethical characteristics that operate behind (and frequently in plain sight of) the scene. As previously remarked, Morita was in the habit of downplaying the Zen Buddhist features of his method, although if one objectively assesses both the metaphysical grounding and the ethical connotations of his therapy, little doubt remains that Morita was heavily influenced by the ethos of Japanese Zen Buddhism. Finding suffering universal, seeing the root of illness in the deception of the mind, accepting suffering as a natural part of life while advising direct experience of the concrete reality of the self are all unmistakably (Zen) Buddhist tenets that Morita himself was surely aware of. Naturalness and straightforwardness in dealing with one's emotions and with nature as well could plausibly be assigned to Shintoist cultural heritage, while the call to experience things as they truly are is evidently a Buddhist imperative. Connectedness to nature fosters (re)connectedness with other people and a general interconnectedness of beings which in turn stimulates feelings of compassion. Detachment from the contents of the mind is supposed to help achieve greater tranquillity and equanimity in the face of life's adversities. By refusing to let ourselves become the victims of our circumstances and symptoms, the Morita method reinforces a sense of agency and potency concerning one's life that one may freely develop further. Furthermore, it is worth mentioning that accepting reality as it is does not equate to submitting to it, and it certainly does not imply passive acceptance. On the contrary, it emphasises active engagement with the world which can only be based on a disinterested, well-grounded familiarity with reality. Just as in Zen Buddhism, experiential learning is of supreme

importance: one can only truly learn through one's embodied personal experiences; one needs to learn to think with one's body. That is why creative engagement with the world is significant: it enables one to stay in the direct experiential mode of perception while letting one's body naturally interact with its environs.

Morita believed that human nature was essentially good, and that life's goals were to let the person grow, learn, and experience. This fundamental trust in the good side of human nature and the positive light in which Morita depicted the possibilities of human life lent a generally affirmative and optimistic air to the ethical framework of Morita therapy. Even amidst sickness and dying, if one learns to enjoy wholeheartedly the simplest activities and to immerse oneself with a rediscovered childlike attitude into the flow of life, one can manage to transform the misery and suffering of one's ailments into sincere appreciation of and serene gratitude for life. Morita also believed that if the client's mental attitude and lifestyle fundamentally change then, even without external medical treatment, various symptoms may eventually disappear. Morita often emphasised that it is usually the patient who unwittingly causes his or her own poor health by failing to adapt well to the environment or by responding to external circumstances with either extreme sensitivity or emotional dullness. According to Morita, anxiety originates from the delusions of the mind which are projected onto one's organs, causing malfunctioning and pain. Thus, a reversal of one's mental attitude and a mindful, constructive mode of relating to the world can put an end to the self-fuelled circle of anxiety and to all unnecessary suffering. The healing forces are within; one only needs to learn to unleash them.

Morita's unsystematic yet clearly outlined ethical theory rests on the assumption that anyone has the power to open up a space within themselves, a space of freedom and self-determination wherein one may witness how one's moral agency resurrects from its seeming deadness. The ideal complete cure for Morita does not mean the disappearance of all symptoms; it is, instead, the state where we can function healthily *despite* our continuing difficulties. The extraordinarily empowering message of this approach is that no matter how great one's sufferings are and how hopeless the future appears, one has the potential to keep on living, even living well, by coming to an awareness that sticking to one's meaningful daily activities and concentrating on the here-and-now enables one to overcome anything—including that which had appeared insurmountable before. When we cease to care too much about ourselves and our problems, we notice how others also suffer, and we begin to genuinely care about the world. Once one's gaze is directed outward, the self disappears behind this gaze and becomes one with the world. When this happens, the world appears to be more real and, according to the testimonies of numerous Morita patients, more stunning too. The world does not need to be idealised or forced into artificial concepts; it needs to be experienced: *experienced as it is*. Mulling over the past or worrying about the future only produces mental chimeras that poison one's body and soul. Sticking to the present is the path—the Zen-like path that Morita chose as a guiding principle in finding

both emotional balance and a firm ethical ideal that has the ability to make a person well-grounded and vigorously healthy.

Naikan Therapy: Repentance and Gratitude for the Invisible Grace of Amida Buddha

There are plenty of similarities between the Morita and Naikan methods. One of the most striking is that even though it is abundantly clear that neither Naikan nor Morita could have come to existence without the substantial aid of Buddhist thought and practice, both of their founders—Morita Masatake and Yoshimoto Ishin 吉本伊信 (1916–1988)—argued against claims that their respective therapies were religious in nature (Chervenkova 2017: 57, 81, 97–98). Apparently, this reticence to admit the strong impact of Buddhist metaphysical, epistemological, and ethical ideas on their teachings was largely due to the negative image that the acknowledgement would have likely exerted on their reputation in the eyes of an increasingly secularised society. After all, Japanese people were becoming progressively more wary of both the multiplicity of newly emerging religious sects and also of long established Japanese religions, such as Shinto or Buddhism—especially after the catastrophic end of World War Two.[6] Interestingly, both founders developed their methods from first-hand spiritual experiences (Chervenkova 2017: 46–48, 91–95), although in the case of Morita, a medical professional, it was evident that he quickly endeavoured to back up his initial spiritual insights with evidence-based medical knowledge. As a result, he aspired to form his method in a reputable scientific mould, taking care not to lend it the appearance of a merely rigorous spiritual practice. Yoshimoto Ishin, on the other hand, who was not a scholarly man from academia but a fervently devoted Buddhist priest

[6] As Shimazono (2015: 159) notes, Yoshimoto's attitude concerning the religious nature of Naikan therapy changed significantly during the formative years of the Naikan method. Yoshimoto "certainly believed in rebirth in the Pure Land after death, with the aid of Amida Buddha. And he thought that a person who successfully went through introspection would attain religious faith." However, later "Yoshimoto became less insistent on the ideas of salvation by Amida Buddha and rebirth in the Pure Land as a result of his experience of guiding his employees through Naikan. Workers who went through *mishirabe* (or Naikan) at the instruction of Yoshimoto began to feel a greater sense of gratitude for their working life. They tended to grumble less, and interpersonal relations improved. Witnessing such practical effects, Yoshimoto seemed to realise that he no longer needed to preach salvation by Amida Buddha and faith in rebirth in the Pure Land. In addition, he considered that Naikan ought to be spread widely amongst people and not be practised only by a special group. Perhaps Yoshimoto thought that, in order to achieve this, Naikan ought no longer to be a religious activity. In these terms, secularisation seems to have been a success, since Naikan came to be well known and practised, with the help of psychologists and psychiatrists who were willing to consider it a form of psychotherapy. Scholars and the media too, who in general have taken strict positions in opposition to New Religions, have been supportive of Yoshimoto Naikan" (ibid.: 159–160).

as well as a man of astute business sense, would have likely been more candidly religious vis-à-vis his method were the times more favourable for religious practice. Despite the fact that obscuring the spiritual nature of the practice—originally a religious one—was the prudent thing to do in 1950s and 1960s Japan, spreading the teachings of the Buddha, and in particular of Shinran 親鸞 (1173–1263), the famous thirteenth century Japanese Buddhist monk, always remained one of the main goals of Yoshimoto.[7]

What were these teaching that the Naikan founder was determined to spread to such secular settings as prisons, hospitals, universities, juvenile reformatory institutions etc.? The term "Naikan" literally means introspection or "looking inside"; however, the gaze that is directed toward the self during the one weeklong intensive therapy is not an ordinary gaze. It is the gaze that penetrates the ego-centred nature of the "little self," and struggles to transcend its selfish perspectives by catching a clear sight of the message of Pure Land Buddhism: the message that everyone can be saved by the vow of Amida Buddha. According to Shin Buddhism, of which the aforementioned Shinran was the founder, the everyday self tends to busy itself with its own petty matters and is, as a general rule, lost in a world of its own creation. Thus, it is unaware of its belongingness and indebtedness to the world. Preoccupied with its own selfish schemes, the self forgets that without the continuous and often invisible support of other beings it would not be capable of surviving, not to mention flourishing, in this life. Among other beings, one may count such obvious examples as one's family members, friends, and even unknown people whom one never actually encounters, but whose existence helps one in many unexpected ways. The person who makes one's shoes, the person who bakes the bread that one eats for breakfast, the person who makes sure that one's heater is functioning properly during cold winter nights, and so on, all belong among the invisible others without whose assistance one would sooner or later be reduced to a very rudimentary lifestyle, or without whom one would simply perish. We all tend to take for granted that we have food on our tables, clothes

[7] As Chervenkova (2017: 97–98) summarises: "The gradual transformation of mishirabe into Naikan was already taking place, but up until 1942 the religious elements in the practice were rather noticeable, for which reason Yoshimoto was criticised that the method was in fact a religious one. He therefore started eliminating these such elements gradually and in order to defend the new method, he stated that

- Naikan does not deal with anything related to Buddha's mercy and salvation.
- Naikan is not based on any religious doctrine.
- Naikan does not deal with the supernatural nor does it rely on the oracle of a particular spiritualistic medium.
- Naikan is only a method for self-reflection; as such, it does not stipulate that the practitioner should join the ranks of a certain religion once they accomplish the practice.

However, it did not mean that Yoshimoto was no longer religious or that the practice did not involve any religious sentiments at all. In fact, Yoshimoto admitted to calling himself jūshoku 住職, i.e., 'chief priest of a temple' […]."

to wear, books to read, money to earn, and air to breathe, while our friends and relatives give us emotional and other kinds of support. Regrettably, we only seldom remember how important each one of these factors is in our health and wellbeing, and in becoming who we truly are. In fact, according to Buddhism, the idea of an independent or substantial self that stands on its own is none other than an unmistakable sign of our ignorance and vanity. The idea that we are separate beings is an illusion: in reality, one lives in interdependence with others; not only with people and other living beings, but also with inorganic entities such as natural phenomena (air, water, fire, etc.). As Naikan practitioner Yoshihiko Miki 三木善彦 maintains, we are not only individuals but at the same time we belong to and are comprised of the richness of the universe:

> Humanity is, of course, essentially a collection of solitary individuals. At the same time, however, our lives are bestowed as a gift to us by the web of environment[al] forces including people, animals, plants, seas, rivers, mountains, and the sun, all of which have played their parts in creating us (Miki 2015a: 53).

Shinran's interpretation of the Buddha's message was what Yoshimoto was working diligently to keep alive and adapt it to the changing circumstances of post-war Japan. Whereas the message of universal salvation is not foreign to the Zen approach, deliverance from the earthly illusion-world does not occur in Shin Buddhism as a result of the efforts one puts into attaining an enlightened vision (meditation, mindfulness etc.) but rather due to Amida Buddha's saving grace. If one views the Morita method as a therapy in the Zen mode, one may also recognise that one's own efforts engaging in the painstaking process of re-education make all the difference in Morita therapy. Due to these efforts, one can realise a different, more balanced, and healthier way of relating to one's environment, and ultimately to one's life.

In contrast, the influence of Shin Buddhism is decisive in Naikan therapy. This means that putting effort into transforming the self is *not* the adequate attitude: one must witness, through a carefully structured week of isolated self-inspection, how one's undeniable sinfulness and self-centeredness emerge. Only after one bears witness to one's sinful nature and to the ungratefulness exhibited up to that time is one ready to accept the divine grace that is generously provided to anyone who experiences genuine gratitude. In order to prepare oneself to receive the grace and feeling of gratitude, one needs to repent for one's past sins by creating a space in one's heart where the blessing power can reveal itself. If one clings on to oneself and is too much attached to his or her own views and opinions, one will never be prepared to take this crucial step away from one's small-minded shadow. Trusting the Other Power (*tariki* 他力) and abandoning the inborn selfish perspective will likely lead one to an openness that is a prerequisite for change. Gregg Krech, American Naikan therapist and author puts it as follows:

> To be cured is a function of two essential ingredients: Acceptance of ourselves and our karma – not only the suffering we have had to bear, but also the suffering we have imposed on others. And secondly, the recognition that, despite our transgressions, our selfish acts and the problems we have caused, we are loved. Our suffering is understood in the context of love. We are not loved because of how we have lived, but despite how we have lived. This is nothing less than the recognition of grace in our lives. And this awareness is, in itself, grace (Krech 2017: 61).

How does the Naikan method assist its clients so that they realise their natural interconnectedness with the rest of the universe? How do they come to see and acknowledge their sinful ways of life? First, one ought to clarify what "sin" stands for in this context. Contrary to the Christian theological tradition, sin in Buddhism is not a substantial feature of human nature. Like the Christian understanding, one is born with a sinful nature, but one becomes sinful only when the true vision of reality does not present itself on account of one's ignorance. One lives in sin until one finally comprehends that the feeling of separateness is just a figment of the imagination. Sin is not seeing Buddha's grace; that is, not seeing how we are all connected. Since the self does not realise its essential connection to the totality of the world, it often justifies itself and puts the blame on others for all the things that did not turn out well. This sort of self-justifying thinking and behaviour is sinful, according to both Shin Buddhism and Naikan therapy, for it does not see situations through the eyes of the other participants, but only through its own biased and self-serving vision. Therefore, the principal goal of Naikan therapy is to make people see, for the first time, how their lives and their actions have affected those in their environment:

> Naikan provides a systematic approach to reflecting on ourselves and our relationships that helps us appreciate the ways we are being cared for and supported, many of which we take for granted during the course of an ordinary day. It also helps us become aware of the impact our lives are having on the world around us. In essence, we get to see ourselves from the world's perspective, instead of our own (Krech 2014: 40).

The Naikan method is uncomplicated and straightforward, revolving around three simple questions: "What have I received from a significant other? What have I given back to that person? What troubles and difficulties did I cause that person?" First and foremost, one needs to reflect on how one's relationship has evolved over the years, from one's early childhood up until the present, with regard to one's primary caregiver—usually the mother. The time for reflection for each period is about one to two hours and must be divided among the three questions based on a twenty-twenty-sixty formula. For instance: first, what did my mother do for me from when I was six years old to nine years old? (twenty per cent); second, what did I do for her during the same time period? (twenty per cent); and third, what troubles did I cause her during this time? (sixty per cent). The client needs to ensure that he or she recalls concrete, vivid memories of the past, not just generalities, and that one does not dwell on how one

saw those events. Rather, the point is to examine them from the point of view of the other person.

The Naikan interviewer only enters the secluded, quiet room once every two hours or so. Their role is to check upon the client, specifically whether he or she is reflecting on past events in accordance with the simple principles of the method, and to make sure that he or she is not undertaking unnecessary (and counterproductive) mental ramblings about rationalising and justifying his or her past actions.[8] The aim is not to judge or accuse the client; the interviewer is not there to provide clues as to whether he or she agrees, disagrees, accepts, or refuses the clients' deeds. The client must learn to experience *by him- or herself* how self-centred his or her life has been. Despite the many immoral acts one has cumulatively committed during a lifetime of lying, deception, cheating, and stealing, one has always been, and still is, accepted and supported by the world. Ozawa-de Silva, a distinguished Naikan researcher, discerns various forms of "altered perception" that is characteristic of those clients who have successfully undergone Naikan therapy. One of these is when the client's view of herself changes dramatically during and after therapy:

> Once the client recognises the immeasurability of what he or she has received from others, any sense of being a self-made person collapses, and the client feels profound regret for things that cannot be undone and a sense of indebtedness to others that cannot be repaid. However, not only does the client's view of self change, but the view of the 'old self' changes dramatically. Clients may come to feel that in the past they were callous, self-centred, cruel and lacking in understanding (Ozawa-de Silva 2006: 75).

Becoming aware of one's indebtedness and the constructive guilt that urges one to rejoice over the gratitude one feels for all the care and support one has been constantly given is the chief ethical content of Naikan therapy.[9] It can be understood as a symbolic death and rebirth experience, whereby one assiduously scrutinises one's prior, sinful self, preparing for its symbolic death, and then lets oneself be reborn via an

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[8] Akira Ishii, who is known for popularising the Naikan method in German-speaking countries, remarks that trying to avoid the past is just as unwise as it is common. "Some people do not acknowledge the facts of the past and try to act as if certain events never took place. But if we try to deny our past, we also deny our present existence as the result of these events. By looking at reality from another perspective, we can accept this reality more easily. Thereby, we will be freed from the past" (Ishii 2000: 176–177).

[9] "There are many problems in the world such as bullying, juvenile delinquency, and school truancy among youth; divorce, drug, and alcohol dependence among adults; corruption and crime in the business and political world; a population explosion and a food crisis. These crises threaten the future of our world. [...] To solve these problems, it is necessary to create a new value to overcome self-centered egoism and benefit our races, our nations, and the human race. The way of Naikan thinking—not sticking to our own point of view, but looking from different angles, denying egoism and living cooperatively with other races and animals is one of the methods to bring on a new value" (Miki 2015b: 83).

elated event of spiritual awakening to a new experience of the self that is deeply embedded in the texture of reality (Chervenkova 2014).

Although the Naikan method does not teach explicitly about Amida Buddha's saving grace nor demand that the practitioner belong to any sort of religious affiliation, Buddhist or otherwise, the structure of the method provokes a strong emotional response from clients that is, for many, akin to a religious conversion. Clients describe an experience of unity with the universe, a deep sense of gratitude for their lives, a renewed desire to live and live well by taking better care of not only themselves and their lives, but also those of others. In sum, a successful Naikan therapy transforms the heart. Compared to its pre-therapy state, it is less selfish to a remarkable extent and, at the same time, more appreciative of one's family and friends, one's body, and the blessings of one's life in general. It teaches one to gain unexpected insights into the previously unconscious layers of one's personality and patterns of behaviour that seem to have functioned virtually automatically before. By recalling past events and seeing them from a different angle, one reshapes one's habitual narratives of the past in a more compassionate manner. By the same token, through achieving a total vision of one's life up until the present moment, one comes to accept the fleeting, transitory (and thus infinitely precious) nature of life. All this can lead to more constructive behaviour, improved interpersonal relationships, better health, and a feeling of belonging that takes place as a result of reconnecting the self in good faith and with a joyful outlook to the social, natural, and universal world in its entirety. As Krech writes:

> When our attention is focused outward, we notice opportunities to give to others. But when our attention is focused inward on our discomfort, anger, inconvenience, or desires, then such opportunities go unnoticed. The qualities of outward attention and compassion are so intermingled that it is difficult to imagine a person possessing the latter quality without the former (Krech 2002: 71).

Conclusion: A Unified Ethical Framework?

There has been a mindfulness boom in the past twenty or so years both in academia and the popular literature of self-help books. As Manu Bazzano—philosopher and Zen therapist—observes, the role and range of mindfulness and other Buddhism-inspired techniques in health care settings are important, and these should be both appreciated and critically discussed. "We are in a phase of transition in the integration of Eastern contemplative practices and Western psychology" (Bazzano 2014: ix). Some recent publications on this issue are indeed critical, but rather constructively so. Jules Shuzen Harris, an American Zen priest, argues for instance of the need to discern the essential ethical tenets of Buddhism and warns against severing them from a therapeutic practice that seeks to employ mindfulness meditation and a compassionate regard for all

living beings. For Harris, the construction of mindfulness as a "tool" or a mere "technique" to answer our mental health problems is fundamentally mistaken. Instead, an attempt to wed Buddhist practical and *ethical* teachings with compatible contemporary psychological findings could both enrich and return its original meaning to Buddhist approaches in mental health care.

> Mindfulness is being touted as the answer to everything from PTSD to workers taking too many sick days, but it's been completely abstracted from the philosophical and ethical underpinnings that give it power. It's become a tool to fix a problem rather than a complete shift into a different way of thinking and being. Psychology is a way back to those ethical underpinnings and helps keep Buddhism from following down the path of American yoga (Harris 2019: 16).

Zen Buddhist therapeutic approaches have been on the rise for some fifty years, thanks particularly to western mental health care specialists who are enthusiasts of East Asian cultural achievements. These professionals have detected a natural alliance between the Buddhist project of bringing enlightenment to people who suffer the consequences of the workings of the deluded human mind, and the project of psychotherapy—one that seeks to bring understanding and relief to those whose minds bring forth mental anguish and misery. One of the authorities in the field, David Brazier, a British Zen Buddhist psychotherapist, underscores the importance of the ethical in therapy, explaining that the precepts of Buddhism are not "merely descriptions of the goal, they are also an essential part of the means" (Brazier 1995: 48). Precepts have the ability to guide the right action and reveal the *buddhata*, namely the Buddha-nature or the essence of the Buddha mind that lies dormant in every being. This buried Buddha-mind can be awakened by the right practice; however, in therapy, one needs to be circumspect lest one pushes particular ethical contents onto the client too vehemently. Such an attitude would beat its purpose. Brazier writes:

> Generally, in a modern cultural context, it is not appropriate to instruct clients in the precepts, though to do so in some cases is valuable. Nonetheless, we can rely upon the client's buddhata. The precepts simply describe an ethical sense which everybody already has. It is not the therapist's part to help the client to evade this reality. On the other hand, to impose a model of it would be counter-productive" (ibid.: 49).

In other words, in the Buddhist view it is not the therapist's task to compel the client to follow certain externally defined ethical rules and principles. It is instead the client who needs to discover these ethical rules *internally*, in one's own heart and mind, perceiving them as morally valid and existentially meaningful. This is possible precisely because everyone is endowed with the seeds of the enlightened mind which contains the same ethical principles for everyone. In this understanding, one does not need to struggle to emulate the examples of some virtuous other; one merely needs to see reality as it is in an undistorted form. This clear vision of reality would naturally involve seeing one as part of a larger whole, one *organically* belonging to this larger

whole, which would lead one to *want to* benefit from the general good of this whole. This is why Naikan and Morita therapies, which are in line with Buddhism in their moral guiding principles, can claim to address not only clients of Japanese origin or those well-versed in Buddhism, but virtually anyone and everyone. Everyone experiences suffering, everyone is subject to the delusions of the mind, and everyone can discover the same truths that can guide them to the cessation of suffering. This is the core of Buddha's teaching, and the core of Zen, Morita, and Naikan therapies too.

This circumstance also explains why clients do not need to rely on the therapist's authority. All of these Buddhist-influenced methods have at least this in common: they gently steer the client to the realisation that the answers to his or her questions, the key to solving one's problems, are all *within*. One may well learn from a valuable therapeutic method how to discover and appropriate these inner sources that can transform one's mental attitude towards the world: Zen therapies might teach one to meditate attentively,[10] the Morita method may appropriately instruct one on how to bring mindfulness into everyday activities and a natural approach to life, while Naikan therapy may assist one in owing up to one's human sinfulness and help one to realise the extraordinary power of forgiveness and grace. But all of these insights and new knowledge must be gained experientially; one cannot simply copy and emulate a wiser and healthier person and thus automatically become wise and healthy. Emulating good examples may help because the right action might direct one to discover important truths, but the discovery must be made by the self—not only on an intellectual level, but through one's very own flesh-and-bone experiences.

As described in the introduction, western psychotherapies grew out of the "moral treatment movement," the objective of which was to morally re-educate mentally ill patients. Following Freud and others, psychotherapy sought to break away from its morally and religiously laden legacy, and instigated instead a value-neutral, purely objective, scientific inquiry which intended to cure people by taking advantage of the methodologies of modern medicine. However, such a therapy of complete value-neutrality remains unconvincing and unrealistic. Medicine and institutionalised health care as a human enterprise aims by definition to better the human condition. Any form of medical—or nonmedical—therapy necessarily works towards creating better health, and more human happiness and wellbeing, while at the same time leading the way to less (internal and external) conflict and to fewer medical or nonmedical problems.

[10] "The first step to seeing what life requires is for us to understand that to have a self means we are self-centered. Doing zazen we begin to see our patterns, our desires, our needs, and our ego drives, and we begin to realise they are what we call the self. As our practice continues we begin to understand the emptiness and impermanence of these patterns. With this understanding, we can abandon our attachment to them. To do this, we must have patience, persistence, and courage" (Harris 2019: 18).

Therefore, instead of concealing its ethical presuppositions and goals, it seems sensible that a therapy would openly engage moral questions from the outset and would not hide behind the mask of scientific/objective value-neutrality. Having ethical values is not something that ought to be abolished by the progress of science; it is doubtful that any human endeavour that is utterly free of the dilemmas of morality could exist.

The moral values that Morita and Naikan therapies manifest can be considered universally applicable because they offer solutions to primary human concerns that are easily accessible to anyone belonging to the human race. These methods touch upon universal human problems and hence transcend narrow culture-specific limitations. They deal with death and anxiety, the significant role of the mother as a primary nurturer in one's life, the importance of belonging and how lack thereof causes mental health troubles, how separation causes distress and might result in illness, how health and vitality are inseparable from spontaneous and active engagement with nature and the world, and how a positive attitude and trust in oneself and trust in the rest of reality can bring about a momentous change in the quality of one's life. These values, when discovered through one's personal experiences—not just internalised from external regulations—can be beneficial to anyone regardless of age, culture, gender, or religion. Morita and Naikan therapies seem to adapt well to different cultural milieus, and since they do not require belief in their religious groundings (e.g. in the existence of Amida Buddha), they can work harmoniously with other religious and nonreligious belief systems. As Reynolds (1989: 3) notes, "Morita therapy and Naikan have centuries of history rooted in Zen Buddhism and Shinshu Buddhism respectively. Yet both have adapted into secular psychotherapy forms with no necessary connection to their religious roots. Both have shown a remarkable ability to meet the needs of [the] Japanese in a rapidly shifting social milieu." What is more, they emphatically propagate such moral values as autonomy and freedom, unbiased judgment, and democratic equality; overall, they are rather positive and empowering. They have faith in one's natural ability to learn, grow, and become a person that is an integral and caring part of his or her community while, at the same time, remaining genuinely him- or herself.[11] From this viewpoint, the good of the group is not necessarily in conflict with the good of the individual; they both support and sustain each other.

Would it be possible, then, to bring Morita and Naikan therapies under the same umbrella by establishing a unified ethical framework? Are they compatible with each other? On many levels, they are indeed positively like-minded. They share several of the central Buddhist (and Shintoist) teachings about the world, the self, and the goals

[11] One does not need to give up one's unqiue personality to become a healthier and morally better person; one just needs to realise one's elemental connectedness to the world. This alone will accomplish becoming a more compassionate, altruistic, and caring human being.

of human life. They might be considered not only compatible but perhaps even complementary—the Morita method embodying the sterner, fatherly aspect, and the Naikan method adopting a softer, motherly approach. The values they disseminate are indeed rather similar, although Morita places more stress on the positive sides of life, such as the joy of creativity and one's innate power to heal oneself, whereas Yoshimoto drew attention to the somewhat negative or problematic aspects of human life, namely one's sinful nature (lying, cheating, stealing, ungratefulness, and selfishness). Nevertheless, the categories of "positive" and "negative" are used here only in a relative sense: the Morita method advocates seeing and accepting the negative sides of life just as much as the Naikan method directs one's realisation towards all the positivity that awaits one beyond despair, including gratitude, compassion, and love. As Murase points out, the central value in these therapies is the so-called *sunao* 素直—genuineness or authentic originality—which "implies the harmonious and natural state of mind *vis-à-vis* oneself and others. It is directly associated with honesty, humility, docility and simplicity" (Murase 1982: 327). Murase argues that this central value is not actually Buddhist (or Confucian) in origin, but rather Shinto, and has been firmly ingrained in the ancient Japanese folk tradition for millennia (ibid.).

Notwithstanding all the similarities and the compatibility of the two approaches, some prominent differences still exist between them, including how one therapy focuses on the present reality (Morita) while the other looks to the past (Naikan). I believe this is not just a superficial difference: it proves to be essential in the therapeutic process. The Naikan method would not function without the orientation of the past, while the Morita method would lose its essence if it were to renounce its primary focus on the awareness of the present reality. Another point where the two approaches do not quite seem to agree is that in Naikan therapy one needs to make an effort to keep one's thoughts in the prearranged framework of the three main questions, whereas in Morita a more spontaneous and therefore less structured engagement with reality is encouraged. A third apparent difference is that while the Morita method progressively increases the proportion of physical activities, the classic Naikan therapy proposes a rather inactive form of guided mediation where physical movement is restricted and discouraged. A fourth point on which they diverge is the issue of the apparent dichotomy vis-á-vis the emphasis on Self-power (*jiriki* 自力) or the Other Power (*tariki*). Whereas Naikan therapy advocates the reliance on *tariki* and the acceptance of the grace emanating from the Other Power, Morita therapy places far greater emphasis on the personal efforts of the self.

Even though the two analysed Japanese psychotherapies appear to differ in important ways from each other, it seems plausible to suggest that their differences regarding the moral values they deploy could be harmonised into a unified practical ethical framework. The same could probably not be said about their therapeutic methodologies, but this article is not concerned with that question. Acquiring a correct view of reality, the human condition, and the self in particular are imperative for the

unified ethical framework of Morita and Naikan therapies. Hence learning to live without illusions and developing an ability to face reality as it is are of crucial importance. Since these Japanese therapies maintain that the self, others, and nature are intrinsically connected, the question of any moral obligation to care for one's health can now be answered without difficulty: one certainly has such an obligation. Since one is inseparable from one's environment, one negatively influences one's surroundings if one neglects one's health, not only by setting a bad example but also because the self *is* its environment. Once we acknowledge that we are all interdependent, it naturally follows that by hurting ourselves we hurt others too.

As a result, the ethical practicalities of Morita and Naikan are highly relevant since these therapies deal with broader social and ethical questions as well as health care issues. In a nutshell, they venture to reinstall and reintegrate the isolated individual into the social and cosmic order by re-educating him or her about the true nature of reality. Learning to control one's emotions and thoughts by *not wanting* to control them any longer is a critical part of this ethos, and it goes along well with the humility one learns to express when faced with life's difficult challenges: illness, death, one's own immorality etc. In this regard, it does not actually matter whether one prioritises the Self-Power or the Other Power approach; these two approaches can be complementary rather than oppositional. A healthy detachment from reality, paradoxically, seems to go hand in hand with a full involvement in that same reality. When one becomes skilled at accepting all the particular events of the succeeding moments of time without clinging to them, trying to hide from them, or creating a fanciful, idealised alternative reality, then one can put up with whatever new conditions—happy or sad—life brings. This, in turn, grants the universally sought-after virtue of equanimity of the mind and a positive outlook which can foster general goodwill and generosity. In essence, this ethical framework would lead to a form of pragmatic altruism which is not based on external principles but on the recognition that one belongs together with all the other beings of the world.

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GLOSSARY

D. T. Suzuki	鈴木大拙貞太郎	author and populariser of Japanese Buddhism
Genyū Usa	宇佐玄雄	Zen Buddhist priest and founder of Sansei Hospital
Jikei University	慈恵大学	university in Tōkyō where Morita worked
jiriki	自力	Japanese Buddhist term referring to Self-power
jūshoku	住職	chief priest of a Buddhist temple
kōan	公案	a paradoxical anecdote or dialogue in Zen Buddhism
Masatake (Shōma) Morita	森田正馬	Japanese physician, psychiatrist
Meiji	明治	the years of 1868–1912
mushojū-shin	無所住心	peripheral vision of consciousness
naikan	内観	introspection
Shikoku island	四国島	one of Japan's main islands
shinkeishitsu	神経質	neurasthenia or anxiety disorder
Shinran	親鸞	Buddhist monk and founder of Shin Buddhism
sunao	素直	the quality and virtue of being genuine, honest, humble.
tariki	他力	Japanese Buddhist term referring to the Other Power
Tōkyō	東京	the capital of Japan
toraware	とらわれ	pathological preoccupation with the self
Yoshihiko Miki	三木善彦	Naikan practitioner from the city of Nara
Yoshimoto Ishin	吉本伊信	Japanese therapist, founder of Naikan therapy