

## Chapter 2

# Structure and Content of the Book

The present book is based on a general-to-particular approach. Seemingly, its starting point is not related directly to psychology and psychotherapy, but it has to be discussed so that a more profound understanding about the three psychotherapies can be gained. In other words, we need to specify what “Japanese” means, what makes the psychotherapies in question different from others we know and why we need to label them “Japanese.”

To this end, after explaining in **Part I** the importance of the core topic of the present book—the Japanese psychotherapies—in **Part II** we briefly discuss Japan’s geographical and national characteristics, and historical circumstances that likely relate to the peculiarities of the Japanese mentality. All these characteristics and circumstances serve as a background, although not an absolute one, for the development of the three psychotherapeutic methods. If we fail to consider the methods against such a background, we risk losing sight of the forest for the trees and thus draw too narrow and culturally biased conclusions, which erroneously explain phenomena that are not completely familiar to the Western psychological science. Although Part II speculates upon key cultural concepts such as *Dō*, *ma*, and *gen-fūkei*, it does not aspire to meet any scientific ends in the field of Cultural Studies, Anthropology, and Japanology; such speculation only serves as a likely gateway to the book’s core topic—the Japanese psychotherapies. However, before embarking on a detailed study of the main subject, we need to take a step back and attempt to see the full picture of the culture where these psychotherapies were born—a culture that is multilayered rather than multifaceted or mosaic; hence the need of a general-to-particular approach.

Based on the author’s interpretation of silence as a distinctive Japanese cultural phenomenon related to the characteristics of the country’s landscape, Part II further discusses what the therapeutic effect of silence is and how it is harnessed in service of both physical and mental health and personal growth. In Japan, these are tantamount to attaining balance between body and mind, and this process is exclusively conducted in seclusion and silence.

**Part III** presents the theoretical interpretation of the three psychotherapies, partly based on the author's personal experience with them. First, we introduce Morita therapy as the oldest one, which is rather popular outside of Japan and which partly adopts Western psychological thought in its tenets. Presenting in brief its founder Shōma Morita's life is also important for gaining more profound understanding of the method's key therapeutic components.

Then we introduce Naikan therapy, which can be considered a unique phenomenon in the world of mental healthcare for it was born out of an indigenous religious practice and established by a Buddhist priest, Rev. Ishin Yoshimoto. For this reason, the readers will notice that the chapter on the development and theory of the Naikan therapy is almost twice the volume of the chapters presenting the other two therapies. It is so because we need to explain how exactly this practice has evolved into a psychotherapy, emphasizing the founder's biography as well.<sup>1</sup>

Finally, we introduce the youngest among the three psychotherapies—Dohsa-hou—which, similarly to Morita therapy, was conceived under the influence of Western psychological thought, primarily hypnotherapy and autogenic training, by academic scholar Gosaku Naruse; but it eventually evolved into an approach with distinctive Japanese features. These we explain in detail.

Each of the chapters closes with a brief comparison between the respective therapy and a Western counterpart in a search for similarities or differences: Morita therapy and Metapsychiatry; Naikan therapy and Freudian psychoanalysis; and Dohsa-hou and Body–Mind Psychotherapy. Although many aspects cannot be readily transferred between the respective approaches, we decided to make such comparisons in order to prove that approaches on well-being in different cultures have not been developed entirely separately from each other and that the development of the Japanese psychotherapies is part of the global tendencies. On the other hand, these comparisons may help readers better comprehend the specific Japanese nature of the approaches in question.

The next **Part IV** presents the results of three studies the author carried out in Japan and in Bulgaria. The first chapter of this part discusses the results of a six-day summer Dohsa-hou camp in Japan, in which the author participated as trainer of a 6-year-old boy suffering from hydrocephaly. The tasks during the camp and the outcomes are described in detail as evidence for the trainee's improvement, both physical, in improved posture and bodily movements, and mental and social, with richer facial expression and enhanced communication skills.

The second study—that on Naikan therapy through writing—was aimed at drug- and alcohol-addicted clients of a rehabilitation day-care center in Bulgaria. A pilot study of Naikan therapy in the country, it comprised two phases: an introductory phase and a follow-up phase, which were implemented within 6 months. The positive outcomes shed light upon important issues related to the applicability of the

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<sup>1</sup>It is worth mentioning that the founders of both Morita and Naikan therapies had childhood encounters with death. These encounters, as explained in detail in the respective chapters, influenced both their personal lives and the origin of the psychotherapeutic approaches they developed.

Japanese therapies to foreign clients, as well as to the high rehabilitative potential of Naikan therapy in the field of addictions.

The final chapter of Part IV depicts the author's personal experiences in Morita therapy over a two-week experiential hospitalization in the now former Sansei Hospital in Kyoto. This chapter moves away from the objective tone of scientific prose to a more autobiographical mode of writing, which we believe lends it authenticity and more faithfully represents the very nature of Morita therapy with its emphasis on creativity and the concept of true human nature. Additionally, this text may serve as a snapshot of the last months of Sansei Hospital not long before it was closed down and demolished for financial and other reasons. We also believe that such mode of writing that voices the experience and work of a non-Japanese researcher may elucidate further the applicability of these psychotherapies in broader context, i.e., outside of Japan and to non-Japanese clients.

The closing part, **Part V**, presents a general conclusion on the three psychotherapies and summarizes some of their most distinctive features—for example, lack of interest in verbal communication and emphasis on the concept of the natural body–mind unity.

In the end, in three **Appendixes** we present pictures related to the history, development, and present condition of each of the three psychotherapies. For the readers' convenience, the book closes with a brief **Glossary** of those Japanese terms that appear in the text more than once. To those familiar with the Japanese script, in a separate **Reference List** we list the original titles of all Japanese-language sources that this book refers to.

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It would be presumptuous to attempt to compress between the covers of a single book centuries of human experience and wisdom distilled in the form of these three psychotherapies. As the readers will recognize, this is an enormous subject and it therefore would be exaggerated also to claim that one researcher may be so well grounded in all three of them as to be able to discuss them down to the minutest details. Therefore, all we do is to offer a guide for those who look for a relatively quick tour of the Japanese psychotherapies and perhaps a few signposts for those planning a more extended trip.

To this end, the present book explores mainly the three approaches and the cultural background within which they originated, and to which, we suggest, they owe the specificities of their therapeutic structure and functions. Also, it presents the orthodox versions of the methods the way they were originally established and applied by their founders. Much less attention is given to the general context of the psychotherapy in Japan, how the three psychotherapies are positioned within it now, how they have transformed over the years, and how they are applied nowadays, not because these topics are less important, but because there is not enough space to do them justice. For this reason, there are certain generalizations that may appear too schematized or even inadequate to the contemporary psychotherapeutic milieu.

Moreover, the readers may probably come across some biased statements that inevitably stereotype Japanese culture or overstate its enigmatic nature. Japanese

culture and society are changing and so are the psychotherapies in question: in contemporary Japan, different practitioners have different ways of applying the methods and many of them introduce new possibilities to the orthodox versions. Also, it is important to draw attention to the fact that psychological and psychiatric issues in the country are dealt with mainly using Western medical models and that treatments predominantly rely on medication. On top of that, the Japanese psychotherapies are rarely subjects of the Clinical Psychology curricula in the Japanese universities—a situation which Iwao Akita, Professor at Kyoto Bunkyo University, defines as abnormal (Akita 2014: ii). However, discussing all these issues could be the subject of another work. To emphasize some aspects of Japanese culture and society at the expense of others was therefore the necessary evil in order to keep the book's initial concept intact.

Also, the discerning readers will probably notice that not all existing English-language literature on the three approaches was necessarily referred to. Omitting them should not be considered deliberate negligence, but only the result of the natural development of the text: in order to fulfill its aim of outlining the original structure of the three psychotherapies and their development, the present book refers predominantly to original Japanese sources and also to the author's private communication with Japanese specialists who practice in the respective fields, some of them direct disciples of the founders of these therapies. To echo or largely summarize what has already been done in the existent English-language literature is outside of the purpose of this book, both in terms of content and structure. Rather, the book focuses on introducing what, to the best of our knowledge, is not yet available in English. In so doing, we believe that the present book will contribute to broadening and systematizing the yet partial knowledge about the three psychotherapies outside of Japan and among non-Japanese readers and researches. Despite some apparent idiosyncrasies in emphasis and coverage, we also believe that this work is a starting point for a more comprehensive study of the fascinating world of the Japanese psychotherapies rather than a final destination.

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When introducing Japanese names, we adhere to the Western tradition of placing the personal name first, followed by the surname. This rule we break only on occasions when the individual is already known in the West by their surname placed first—for example, Nishida Kitarō. The Japanese terms we transliterate through the Hepburn romanization system, as we do with the personal names, and present them in *Italics*; the original Japanese words are parenthesized when the term is introduced for the first time. Exceptions to this romanization system are made in the reference lists for some of the names of Japanese authors and publishing companies—we abide by the transliteration they themselves use for their names. Also, when a Japanese-language source is cited within the text, its author is presented by their family name written in Roman letters only. The author's full name and the source cited are available in the detailed reference list that follow the respective chapter. However, since many of the citations in the text are translated by the author from

Japanese-language sources, we do not put quotations marks as the common rule suggests. Instead, we specify the sources precisely, including (i) the author's family name, (ii) the year the source was published, and (iii) the number of the page where the quotation was taken from—for example, (Yoshimoto 1977: 12).

Unless otherwise stated, all the pictures in the present book were taken by the author in the period from July 2010 to March 2016. They all are used with due permission.

The Dohsa-hou illustrations in Appendix III were kindly done by Shōko Sugao, Assistant Professor in the Department of Clinical Psychology at Osaka University. The illustrations for the first pages of each of the three appendixes were done by the author. These illustrations represent the Japanese “three friends of winter”—*shō-chiku-bai* (松竹梅)—pine, bamboo, and plum blossom, which are praised for their natural abilities to survive harsh environments intact due to their steadfastness, flexibility and resilience, respectively. We find each of these qualities to respectively symbolize the very essence of each of the three Japanese psychotherapeutic approaches—Naikan, Dohsa-hou, and Morita therapy.

## Reference

Akita, Iwao (ed.): Japanese Psychotherapies—A Thought Compendium, Shinyosha, 2014 (in Japanese)

Japanese Psychotherapies

Silence and Body-Mind Interconnectedness in Morita,  
Naikan and Dohsa-hou

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