ABSTRACT. Morita psychotherapy, a form of therapy developed in Japan some sixty years ago, has survived extensive changes in Japanese society, and is now enjoying popularity in the United States. This gives us an opportunity to look closely at the concept of 'cultural fit' between an important therapeutic technique and its social milieu, and to speculate about recent changes in American culture that may account for the growing popularity of Moritism. In contrast to Western style 'talking therapies' like psychoanalysis, Morita psychotherapy is relatively group-centered, ritualistic, and behavioristic. One would expect to find these features in a Japanese therapy, but their acceptance in America suggests that previously popular Western techniques may not be optimum for handling certain problems of the post-industrial American. McLuhan, Peacock, Douglas, and others have suggested some emerging traits of Western character that might shed some light on this question.

INTRODUCTION

In keeping with the configurationist or relativist habit of American cultural anthropology, psychotherapeutic systems are often described as arising from, and functioning in accordance with, other symbolic and psychodynamic aspects of the cultural milieux in which they are found. Such an approach is subject to the same criticisms as any other version of cultural functionalism or configurationism. Evidence supporting cultural congruence is readily marshalled; contradictory evidence (if such can be theoretically determined beforehand, or determined at all) may be ignored or minimized or placed conceptually within the pattern as a counterbalancing trend.

In fact, since the 'patternedness' of the cultural milieu is itself derived from the juxtaposition of all of a society's institutions, beliefs, customs, values and behaviors — including those that might be described as psychotherapeutic — there is a certain circularity about the whole exercise.

Configurationist notions of cultural 'fit' nevertheless can be very useful for understanding behavior, since they often explain a wealth of detail which slips through the coarser explanatory nets of biological or economic functionalism. Furthermore, cases where an institution or belief survives extensive changes in its matrix culture, or is adopted from one cultural system into a distinctly different one, can provide refinements in configurationist analysis. Although it is never possible to specify what conditions are necessary for the development of an
institution or belief (since all explanation in cultural anthropology is retro-
spective), the study of its adaptation to a new milieu can increase the confidence
of our statements about the ‘fit’ between the institution under scrutiny — or of
certain features of it — and certain features of its cultural matrix. In this paper
we present Morita psychotherapy as an example of this kind of analysis.

Morita psychotherapy is a Japanese treatment for neurosis developed by
Professor Shoma Morita near the beginning of this century. In its initial form it
had a specialized focus — the cure of a specific class of disorders called
shinkeishitsu neurosis. Since that time the therapy has evolved into a broader
treatment system with an extension into mental health education, development
as an adjunct therapy for psychotics and depressives, and introduction into other
cultures (e.g., West Germany and the United States).

Reynolds has traced some of the ways in which Morita therapy is well
adapted to Japanese culture (Reynolds 1976); and we shall summarize some of
that analysis below. We must admit to some dissatisfaction with any overzealous
application of the approach. We believe that a case can be made that Morita
therapy could not possibly have originated in Japan (how could such a
doing-oriented therapy arise in such an emotion-oriented culture?) and having
begun could not possibly have persisted (without a formal organizational
hierarchy as seems necessary in other Japanese institutions). Furthermore, the
diversification and continuing success of Morita’s methods over time in a rapidly
changing Japanese cultural milieu and across cultural boundaries create special
problems for any simple scheme involving cultural ‘fit’. Why should a Japanese
therapy fit within an American cultural setting?

Here we shall discuss some of the features of the therapy that emphasize its
peculiarly Japanese origin and adaptation. Then we shall point out some
elements that appear to have permitted sufficient flexibility to allow the
treatment to extend beyond the narrow symptom focus of the Japanese
shinkeishitsu neurotic of the early 1900’s.

In examining the ‘fit’ of Morita therapy to the Japanese cultural milieu we
shall look at the type of disorder most effectively treated by this method, the
relationship of the disorder to Japanese character, and the acceptability of the
treatment philosophy and technique within the Japanese cultural framework.

SYMPTOMS

Let us begin by considering a typical patient treated in Morita’s time. In fact,
this is the first anthropophobic patient Morita cured (Morita and Kora 1953:
27ff.). We shall call him Mr. K.

When this young student came for treatment he had been suffering from
anthropophobia (a pathological shyness or sensitivity to some aspect of