SOCIAL ISSUES, Vol.4, No.1, 2026, pp.5-11
https://doi.org/10.30546/SI.2026.04.5014

USING MORITA THERAPY IN THE WEST: CHALLENGES AND OPPORTUNITIES

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Abstract
The aim of this commentary is to compare Morita Therapy (MT) with Western therapeutic approaches to address depressive disorders and suggest possible alternatives. MT encourages patients to build self-agency of their health. Incorporating MT into treatment may support patients who struggle with traditional Western treatments.

Keywords
Morita, cross-cultural, therapy, depression, mental health.

Citation: Lieu, J., Kotera, Y. (2026). Using Morita therapy in the West: Challenges and opportunities. *Social Issues, 4*(1), 5-11. https://doi.org/10.30546/SI.2026.04.5014

1. Introduction

Morita Therapy (MT) is an experiential-based therapy that may serve as an alternative treatment for depressive disorders alongside traditional Western therapy. This commentary will explore MT, in comparison to Western therapeutic approaches and investigate its feasibility as an alternative treatment for depressive disorders in Western societies. MT is an approach that differentiates from the traditional therapeutic methods used in the West and it was developed by Morita, Shoma in the Twentieth Century Japan (Chang, 2011). Its approach to health is built on Eastern philosophical principles and regards all beings and phenomena as interrelated (Ogawa, 2007). MT embraces the concept of *arugamama*, which is the practice of experiencing reality as is, without resisting or manipulating the situation (Ogawa, 2007). This requires those afflicted with depressive disorders to de-pathologise and reframe their symptoms as normal human experiences without judgement (Ishiyama, 2003). Just as with cases of loneliness, therapeutic approaches focusing on acceptance and self-development may support individuals with depressive disorders to replace negative thoughts about their symptoms with a more accepting view, while also taking actions to develop themselves (Hasanli, 2024). MT has gained great prominence in Eastern countries, such as Japan and China (Chang, 2011). However, its influence is slowly spreading across the globe in areas, such as Australia, Rwanda and North America (Ogawa, 2013). Eastern therapeutic practices, such as MT, are gaining recognition as holistic alternatives for depressive disorders (Jia, 2018). Depressive disorders are characterised by dysregulated mood disruptions that impact individuals' ability to function (American Psychiatric Association, 2013). Main treatments for depressive disorders in the West include psychotherapy (Jia, 2018), which constitute an array of methods, but often involves a relationship between psychotherapists and patients to apply treatments for emotional and mental issues (Young, 2011).

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However, research shows that a third of patients are refractory towards this method (Richards *et al*., 2016). *Toraware* is a term describing a blocked flow of mental energy due to cognitive rigidity (Ishiyama, 2003). This concept describes the futility of changing inner states, because it impedes the natural course of human experiences (Minami, 2013). The concept of *toraware* highlights the struggle patients may face when pathologising and addressing their symptoms through psychotherapy, because it goes against the natural flow of their current experiences. MT's approach to treatment is to achieve *arugamama* by removing the self-defeating cycle of *toraware* and embrace a state of acceptance for all human experiences (Kitanishi, 2005). With its growing recognition as a viable form of treatment, the following report will explore MT in relation to addressing depressive disorders within Western countries.

MT uses a four-stage process (Table 1) to encourage individuals to allow their natural rhythm of thoughts and emotions to flow (Sugg *et al*., 2020b). The first stage of MT admits patients to bed rest, which acts as a restorative process from the mental stress of daily life (Ishiyama, 2003). The second stage of MT involves light monotonous activity that helps patients engage their senses (Minami, 2013). The third stage involves activities with entire body movements to build patients' capacity and self-agency (Minami, 2013). The last stage supports patients to reintegrate back into society (Sugg *et al*., 2020b). Throughout this process, Morita therapists take a non-interventional stance called *fumon* to dissuade patients from dwelling on their symptoms beyond acknowledging their experience (Ogawa, 2013). MT's four-stage process activates patients' sense of responsibility and self-compassion, which is defined as kindness towards oneself in difficult times (Neff, 2011). A cultivation of self-compassion, even in the presence of symptoms, has been demonstrated to support mental wellbeing (Kotera *et al*., 2022). Through the process of acceptance and normalisation, MT differentiates itself from Western methods of treatment of pathologizing and treating symptoms (Halbreich *et al*., 2007).

Table 1. The stages or Morita therapy

Stage	Activity
Stage 1	Admit patients to bed rest for restoration and allowing thoughts and emotions to flow
Stage 2	Encourage light monotonous activity for patient to engage in senses and immerse in nature
Stage 3	Engage in entire body movement activities to build patient capacity and self-agency
Stage 4	Support patient to reintegrate back into society and re-establish their personal relationships and work

Note: The process of Morita therapy involves gradually increasing activity for the patient

2. Comparison of Morita therapy with traditional Western approaches

MT's unique approach of acceptance may complement Western methods. Traditional Freudian perspectives view the human psyche as irrational and requiring analysis (Freud, 1930). MT, however, sees psychotherapy perpetuating *toraware* by requiring patients to overanalyze their mental experiences (Iwata & Ogawa, 2019). A study comparing MT and treatment as usual (TAU), such as counselling, CBT or pharmacotherapy, for 68 participants with depressive disorder, saw a 66% recovery rate from MT treatment, making it comparable to leading evidence-based psychological therapies (Sugg *et al*., 2018). This study was the first randomized controlled trial of MT for depression in an English-speaking country. Patients expressed relief in allowing their feelings to simply be (Sun *et al*., 2013; Sugg *et al*., 2018), which indicates their need for a more acceptance-based approach to healing. Western approaches such as MBCT (Segal *et al*., 2002) and ACT (Hayes *et al*., 1999) also aim to achieve acceptance of symptoms. MBCT however, uses mindfulness techniques to increase awareness of internal states and offset relapse of symptoms (Segal *et al*., 2002), which misaligns with MT's approach toward *arugamama* (Sugg *et al*., 2020b). ACT on the other hand, uses cognitive defusion techniques to reduce unpleasant thoughts (Hayes & Pierson, 2005), which differs from MT's belief that acceptance can only be brought through direct experience with nature (Ogawa, 2013). It is also crucial to highlight that mindfulness techniques, such as MBCT, often neglect to recognize its Eastern origins. This can lead to a dilution of mindfulness's ethical and spiritual dimensions by potentially transforming it into a clinical tool rather than a holistic practice connected to traditional Buddhist values (Brown, 2017). However, other research demonstrates mindfulness-based treatments support underserved populations. A meta-analysis demonstrated that mindfulness and acceptance-based treatments may serve to support people from diverse and underserved backgrounds by being responsive to the customs and norms of particular cultures and communities (Fuchs *et al*., 2015). Recent research has seen Morita therapists shift further from its structured and rigorous therapeutic approach to an expansion of applications of MT. This includes outpatient treatment incorporating dialog-based psychotherapy and actions to manage emotional stress in life situations (Nakamura *et al*., 2022). This has led to greater applicability of MT for modern patients struggling with accepting their suffering as a natural occurrence of life. Further research in this area is needed, but it points to the value of viewing therapeutic methods holistically that includes awareness of people's cultural and spiritual background. There are considerations regarding strengths and limitations of MT to explore when evaluating it as a treatment.

Current research comparing MT with Western therapeutic approaches suggests MT's efficacy as an alternative approach to address depressive disorders. A meta-analysis of MT and depression looked at 11 studies of 840 patients, which showed MT's clinical efficacy to reduce depression symptoms alongside pharmacotherapy (Jia, 2018). This meta-analysis aligns with previous meta-analyses of MT and other disorders (He & Li, 2007), but more studies looking at the variation of MT treatment needs to be observed (Jia, 2018). Sugg et al. (2019) explored MT in comparison with TAU for 16 patients with depressive disorder living in the United Kingdom. MT was perceived as an acceptable form of treatment, by facilitating the allowance of unpleasant thoughts. Although they noted limitations regarding the lack of diversity within its sample. MT also struggles with cultural misunderstanding from patients. A randomized controlled trial of MT for depression in English-speaking countries saw a differentiation between those that accepted MT's cultural principles and those who did not (Sugg *et al*., 2017). A challenge

of MT that patients noted was the minimalist treatment structure. Many patients struggled with the concept of *fumon*, feeling stifled from the lack of introspection from their therapist. Traditional ideals see the therapist as an expert, who gives knowledge on removing symptoms (Sugg *et al*., 2019). In an analysis looking at comparative studies of cross-cultural mental health research from 28 countries, Kotera (2025) cautions transplanting models of mental health practice from one context into another. Instead, he suggests engaging in co-creating diverse ways of healing with local communities. MT has barriers to consider when meeting Western expectations, but there are plenty of areas to explore when considering MT as a treatment in Western societies.

3. Future directions

Further research must be considered for MT to be considered a viable treatment for depressive disorders and other ailments in Western society. There is evidence that MT can address a diverse range of conditions, including anxiety disorders and trauma (Morita et al., 2018), yet the majority of research around MT in Western societies centre around depressive disorders. Future research comparing MT and Western methods to treat various conditions will allow a greater understanding of how patients respond (Sugg *et al*., 2020a). Lastly, MT studies have spotlighted a growing area of psychological research that investigates personalised therapeutic treatments (Cuijpers, 2014). MT studies have looked at various ways patients accept MT processes and assessed their recovery based on these perspectives (Sugg *et al*., 2019; 2020a). Sugg et al. (2017) developed an MT outpatient protocol and therapist training programme to optimise intervention feasibility. Individuals vary widely in response to specific treatments due to personal and cultural implications and this must be acknowledged when prescribing treatment (Doherty *et al*., 2023; Kotera & Taylor, 2023). Treatment practices that reflect traditional healing modalities suited to specific cultural backgrounds are also recommended to reduce intercultural mental health disparities (Bedi, 2018). However, continual assessment of intervention acceptability through post-treatment analyses are necessary to explore the relationship between participants' views and adherence to MT (Sugg *et al*., 2017). MT may facilitate future matching of patients to treatments, where cognitive therapies fail to provide a qualitatively different approach toward mental health (Cuijpers & Christensen, 2017). The limitations highlighted from previous research regarding MT and Western cultural contexts serve as opportunities for innovations in practicing in multicultural contexts (Kotera *et al*., 2024).

4. Conclusion

When compared to Western therapeutic practices, MT is a novel approach to treating depressive disorders in Western societies. MT aims to dismantle the distortive conditions of *toraware* and reach *arugamama*, a state of acceptance of the natural rhythms of life's experiences (Ishiyama, 2003). MT focuses on empowering patients through purposeful activities and detaching from habituated preoccupations despite experiencing unpleasant internal states (Ishiyama, 2003). This has led to promising results with patients experiencing reduced depressive symptoms (Sugg *et al*., 2017). Patients who resonated with MT principles responded well to treatment, which highlights the probability of MT serving as an alternative for people who feel discontent with cognitive therapies (Cuijpers & Christensen, 2017). A barrier to MT is the Western belief of eliminating symptoms rather than following MT's approach of accepting them (Sugg

et al., 2017). Despite this, there are many areas to continue exploring when regarding MT as a viable form of treatment. Further research is needed to address limitations of previous studies, which includes diversifying demographics of participants and exploring other disorders in relation to MT (Kotera & Sweet, 2019). Lastly, MT research has potential in exploring intercultural treatment (Sugg *et al*., 2017) and personalised treatment plans (Cuijpers & Christensen, 2017). Overall, MT provides a promising alternative for patients struggling with depressive disorders, who value a more holistic approach to healing.

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Received: *12 September 2025;*
Accepted: *18 November 2025;*
Published: *13 January 2026.*