

Chapter 1. Morita therapy as a Practical Psychological Framework for Teachers in Wartime

<https://doi.org/10.33989/pnpu.1095.c3923>

Morita Therapy: A Clinical Psychotherapeutic Approach and Its Educational Application

Morita Therapy is a psychotherapy developed in Japan in 1919 by psychiatrist Shoma Morita, originally designed for the treatment of neuroses. Over the past century, books on Morita Therapy have been published in multiple languages, including Japanese, English, French, German, Spanish, Chinese, and Korean, and the approach has been introduced in regions such as North America, Europe, Australia, and China.

Within clinical and applied contexts, Morita Therapy has been utilized in situations involving severe psychological distress, including work with refugees who have experienced torture (Ishiyama et al., 2013) and with individuals affected by large-scale violence, such as in post-conflict Rwanda (Minami, 2012). These applications suggest that Morita Therapy may be particularly relevant in circumstances characterized by extreme and prolonged distress. In such contexts, where suffering cannot be resolved through external resources, Morita Therapy's emphasis on accepting reality as it is and engaging in purpose-oriented action has been reported as meaningful for individuals seeking psychological reconstruction while continuing to live under harsh conditions.

As a form of psychotherapy, Morita Therapy is grounded in long-term clinical practice in medical and mental health settings. Its theoretical framework focuses in particular on the relationship between fear of death, anxiety, and the desire for life, as well as on how psychological suffering may be maintained and intensified.

This book, however, is not a treatment manual and does not provide clinical instructions, diagnoses, or therapeutic protocols. Instead, it draws on the clinical concepts of Morita Therapy and translates them into a psychological and educational

framework that can be used to understand emotional suffering and support daily functioning in non-clinical settings, such as education.

The Origin of Psychological Distress

At the core of Morita Therapy lies the understanding that the human mind is shaped by the coexistence of two fundamental forces: the fear of death and the desire for life. In clinical terms, fear of death is closely related to existential anxiety and is often expressed through various forms of psychological distress, including generalized anxiety, panic reactions, and trauma-related symptoms.

Fear of death and desire for life are natural and every fear has a desire. If you're concerned about your own safety, you want to live in safety. If you're concerned about the safety of your family and friends, you want to live in love. If you have compulsive behaviour, you want to live clean and safe. If you have insomnia or worry about your body, you want to be healthy. If you have panic disorder, you don't want to die and you want to live. If you have social phobia, you want people to like you.

In wartime, fear of death becomes particularly salient. Concerns about personal safety, the safety of family members, students, and colleagues, and uncertainty about the future are persistent and unavoidable. Morita Therapy does not conceptualize fear of death as pathological in itself. Rather, it understands this fear as a natural and inevitable expression of the desire to live, to protect, and to maintain meaningful relationships and social roles.

From this perspective, attempts to eliminate fear of death including anxiety completely may paradoxically intensify psychological suffering. When individuals become excessively focused on controlling their internal experiences, fear can draw further attention to itself and become more persistent, forming a self-reinforcing cycle of distress.

How Psychological Distress Intensifies

Morita Therapy explains the intensification of psychological distress not as a sign of personal weakness, but as the result of identifiable psychological processes.

Distress tends to increase when attention becomes strongly fixed on unpleasant emotions, bodily sensations, or anxious thoughts associated with fear of death, and when individuals attempt to suppress or control these experiences.

At the same time, distress is often intensified when there is a rigid gap between how one believes one should feel or function and what is realistically possible under current conditions. In wartime, many teachers experience this gap acutely. Expectations shaped by peaceful circumstances—such as the belief that one must always remain calm, brave, or emotionally available—often become unattainable. Persisting in such expectations can lead to guilt, self-criticism, and emotional exhaustion, further reinforcing psychological distress.

Measures to Psychological Distress: Acceptance and Purpose-Oriented Action

In Morita Therapy, acceptance does not mean resignation, avoidance, or passivity. Acceptance refers to acknowledging psychological and emotional states as they are—including fear, anxiety, and exhaustion—without judging oneself or attempting their immediate elimination. Emotions are allowed to exist as they are, while action proceeds in accordance with reality.

Acceptance is inseparable from purpose-oriented action, a central therapeutic principle of Morita Therapy. This principle emphasizes directing one's behavior toward concrete and meaningful tasks that are necessary in the present moment, regardless of emotional state. For teachers, purpose-oriented action may involve continuing lessons, responding to students, or maintaining daily routines, even when fear and anxiety remain present. The criterion for evaluating action is not emotional comfort, but whether the action is appropriate and natural under the current circumstances. In Japanese, this orientation is expressed by the term **Arugamama**, meaning living in accordance with things “as they are.”

Using Morita Therapy as a Thinking Tool

Beyond its clinical application, Morita Therapy can also be used as a conceptual tool for reflecting on difficult situations. The following questions, derived from clinical theory, may be helpful: What form of fear of death or existential anxiety is present, and what desire for life does it reflect? How might attention to internal experiences or rigid expectations be intensifying the difficulty? What emotions are you experiencing? What small, purpose-oriented action is possible under current conditions? This framework can be applied when reflecting on challenges faced by yourself, your students, and colleagues.

Clinical Use and Educational Use: An Important Distinction

It is important to distinguish clearly between the clinical use of Morita Therapy and its educational application in this study guide. Clinically, Morita Therapy is practiced by trained professionals within medical and mental health settings and requires appropriate assessment, professional training, and ethical responsibility.

This study guide does not aim to replace clinical treatment or professional psychological care. Rather, it applies the theoretical and conceptual foundations of Morita Therapy to an educational and supportive context, where teachers seek understanding, stability, and continuity in daily life under extreme conditions.

By maintaining continuity with its clinical origins while adapting its concepts for non-clinical use, this guide seeks to preserve both the credibility of Morita Therapy as a psychotherapy and its practical relevance for teachers living and working during war.