



Title	Representative Japanese Psychotherapies : A Glimpse into the Therapeutic Power of Silence with Some References to the Body-Mind Interconnectedness
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## 論 文 内 容 の 要 旨

(英語題名) “Representative Japanese Psychotherapies – A Glimpse into the Therapeutic Power of Silence with Some References to the Body-Mind Interconnectedness”

(日本語題名) 「日本の代表的な心理療法をめぐって一心と身体の繋がりに関して静寂の治癒力を垣間見る試み」

学位申請者 Velizara Chervenkova

The present thesis discusses both the theoretical and practical aspects of three representative Japanese psychotherapies - Morita, Naikan and Dohsa-hou. The term “representative” we use in a sense that these originated in Japan and bear some peculiar culturally-bound features, but not because they should be distinguished as deserving more attention than other Japanese approaches.

Which among these approaches is most popular outside Japan is hard to estimate, but the English-language literature on them is nevertheless yet scarce. We therefore decided to present in the chronological order of their development exactly these three therapies, namely Morita, Naikan and Dohsa-hou, because they offer an opportunity for tracking down how their otherwise strong cultural specifics gather into one focal point, which, we maintain, concerns issues common to all humans and their well-being – this is the *therapeutic power of silence*, on one hand, and the *body-mind interconnectedness* on the other.

The present dissertation is therefore aimed at (i) filling the gap in the English-language literature on the Japanese psychotherapies by presenting a systematized outline and (ii) displaying their universality and applicability hidden behind the cultural specifics. These are accomplished by (i) presenting an original theoretical interpretation of the three psychotherapies based on the author’s personal experience in her capacity of a non-Japanese researcher and (ii) presenting three respective studies carried out by the author herself both in Japan and in her mother country of Bulgaria, and interpreting the research results.

The whole thesis is based on a general-to-particular approach, i.e. it starts from spheres, which seem to be not directly related to the present topic and Clinical Psychology in general, but, we maintain, they have to be discussed so as more profound understanding about those psychotherapies be gained. In other words, we need to specify what “Japanese” means; what makes the psychotherapies in question different from other we know and why we need to label them *Japanese*.

To this end, the first of the thesis’ three main parts, **Part I**, briefly discusses the country’s geographical and national characteristics, and traditional attitudes, including some specific features of the Japanese mentality, which, we maintain, serve as a background for the development of the three psychotherapeutic methods. If we fail to observe the Japanese psychotherapies against this background, we may “not see the forest for the tree” and thus resort to too narrow and culturally-biased conclusions with which to erroneously explain phenomena still not completely familiar to the Western psychological science. Based on the author’s original interpretation of the phenomenon of silence as a peculiar Japanese cultural phenomenon in its relation to the specifics of the country’s landscape, Part I discusses what is therapeutic about silence and how its therapeutic qualities are “reined” in the service of mental health and personal growth, which in Japan means first of all attaining balance between body and mind.

**Part II** is dedicated to the theoretical interpretation of the three therapies through the prism of the author’s personal experience with them. First, we introduce Morita therapy as the oldest one, which is relatively popular outside Japan and which partly adopts Western philosophical and psychological thought into its tenets. Presenting in brief the founder Shōma Morita’s life is also important for gaining more profound understanding about the method’s key therapeutic characteristics.

Then we introduce Naikan therapy, which we consider one-of-a-kind phenomenon in the world of mental healthcare for it was born out of an indigenous religious practice and its founder was an ordinary layman. Hence, the reader will notice, the chapter on

the Naikan therapy's development and theory is twice the volume of the other two respective chapters for we need to explain how exactly this practice have evolved into a psychotherapy, emphasizing the founder Ishin Yoshimoto's biography as well<sup>1</sup>.

In the end we introduce the youngest among the three psychotherapies, Dohsa-hou, which like Morita therapy was conceived among Western psychological thought (hypnosis and hypnotherapy), but in the end it grew into an approach with distinctive Japanese features. These we tried to explain in details.

Each of the chapters ends 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 orthodox Psychoanalysis; and Dohsa-hou and Body-Mind Psychotherapy. Needless to specify, such a comparison is *sine qua non* for the comprehensive understanding of the specific Japanese nature of the approaches researched.

**Part III** presents the results of three respective studies the author has carried out both in Japan and Bulgaria. The first one discusses the results of a weeklong summer Dohsa-hou camp in Japan where the author was allowed to participate as trainer of a six-years-old boy suffering from hydrocephaly. The tasks during the camp and the outcomes are described in details as a proof of the trainee's improvement, both physical - in bettered posture and bodily movements, and mental and social – in richer facial expression and enhanced communication skills.

The second study, that of Naikan therapy's written version, was carried out among drug- and alcohol addicted clients of a rehabilitation day-care center in Bulgaria. As a pilot study of Naikan therapy in the country, it comprises two phases: introductory phase and a follow-up phase, which were implemented within six months. The positive outcomes cast light upon important issues related to the applicability of the Japanese therapies to foreign clients, as well as to the high rehabilitative potential of Naikan therapy in the field of addictions.

And the third chapter of Part III depicts the author's personal experiences in Morita therapy over a two-week experimental hospitalization at Sansei Hospital in Kyoto. Although that the narrative-like text is ostensibly lacking scientific reasoning, we believe its authenticity not only compensates for it, but it also fits the very nature of Morita therapy with its emphasis on arts and creativity. In addition, we believe that here, too, the experience and work of a non-Japanese researcher may further elucidate the applicability of the above therapies in broader context, namely outside Japan and to non-Japanese clients.

Part III closes with a general conclusion about the three psychotherapies and summarizes some of their most distinctive features, for example disinterest in words and verbal communication, and emphasis on such concepts as naturalness and body-mind unity.

In the end, it is presumptuous to try to compress between the covers of a dissertation centuries of human experience and wisdom distilled in the form of the psychotherapies in question. Still, however, we believe that the present work will to some extent contribute to broadening and systematizing the yet scarce knowledge about the three psychotherapies outside Japan and among non-Japanese researches. Despite some idiosyncrasies in emphasis and coverage that will become apparent to the reader, we also believe that this work is a place to begin a more comprehensive study of the fascinating world of the Japanese psychotherapies, not to end it.

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<sup>1</sup> Both Morita and Naikan therapy's founders have had strong childhood experiences of death. These, as it is explained in details in the respective chapters, have influenced to great extent both their personal lives and the origin of the respective therapeutic approaches.

## 論文審査の結果の要旨及び担当者

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## 論文審査の結果の要旨

The present thesis discusses both the theoretical and practical aspects of three representative Japanese psychotherapies - Morita, Naikan and Dohsa-hou. The term “representative” is used in a sense that these originated in Japan and bear some peculiar culturally-bound features, but not because they should be distinguished as deserving more attention than other Japanese approaches.

Which among these approaches is most popular outside Japan is hard to estimate, but the English-language literature on them is nevertheless yet scarce. The author therefore decided to present in the chronological order of their development exactly these three therapies, namely Morita, Naikan and Dohsa-hou, because they offer an opportunity for tracking down how their otherwise strong cultural specifics gather into one focal point, which, the author maintains, concerns issues common to all humans and their well-being – this is the *therapeutic power of silence*, on one hand, and the *body-mind interconnectedness* on the other.

The present dissertation is therefore aimed at **(i)** filling the gap in the English-language literature on the Japanese psychotherapies by presenting a systematized outline and **(ii)** displaying their universality and applicability hidden behind the cultural specifics. These are accomplished by **(i)** presenting an original theoretical interpretation of the three psychotherapies based on the author’s personal experience in her capacity of a non-Japanese researcher and **(ii)** presenting three respective studies carried out by the author both in Japan and in her home country of Bulgaria.

The whole thesis is based on a general-to-particular approach, i.e. it starts from spheres, which seem to be not directly related to the present topic and Clinical Psychology in general, but, the author claims, they have to be discussed so as more profound understanding about those psychotherapies be gained. In other words, we need to specify what “Japanese” means; what makes the psychotherapies in question different from other we know and why we need to label them *Japanese*.

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**Part II** is dedicated to the theoretical interpretation of the three therapies through the prism of the author’s personal experience with them. First, the author introduces Morita therapy as the oldest one, which is relatively popular outside Japan and which partly adopts Western philosophical and psychological thought into its tenets. Presenting in brief the founder Shōma Morita’s life is also important for gaining more profound understanding about the method’s

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Then the author introduces Naikan therapy, which could be considered one-of-a-kind phenomenon in the world of mental healthcare for it was born out of an indigenous religious practice and its founder was an ordinary layman. Hence, the reader will notice, the chapter on the Naikan therapy's development and theory is twice the volume of the other two respective chapters for we need to explain how exactly this practice have evolved into a psychotherapy, emphasizing the founder Ishin Yoshimoto's biography as well.

In the end, the author introduces the youngest among the three psychotherapies, Dohsa-hou, which, like Morita therapy, was conceived among Western psychological thought (hypnosis and hypnotherapy), but in the end it grew into an approach with distinctive Japanese features. These the author explains in details.

Each of the chapters ends 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. Needless to specify, such a comparison is *sine qua non* for the comprehensive understanding of the specific Japanese nature of the approaches researched.

**Part III** presents the results of three respective studies the author has carried out both in Japan and Bulgaria. The first one discusses the results of a weeklong summer Dohsa-hou camp in Japan where the author was allowed to participate as trainer of a six-years-old boy suffering from hydrocephaly. The tasks during the camp and the outcomes are described in details as a proof of the trainee's improvement, both physical - in bettered posture and bodily movements, and mental and social – in richer facial expression and enhanced communication skills.

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And the third chapter of Part III depicts the author's personal experiences in Morita therapy over a two-week experimental hospitalization at Sansei Hospital in Kyoto. Although the narrative-like text is ostensibly lacking scientific reasoning, the author hopes that its authenticity not only compensates for it, but it also fits the very nature of Morita therapy with its emphasis on arts and creativity. In addition, the author hopes that here, too, the experience and work of a non-Japanese researcher may further elucidate the applicability of the above therapies in broader context, namely outside Japan and to non-Japanese clients.

Part III closes with a general conclusion about the three psychotherapies and summarizes some of their most distinctive features, for example, disinterest in words and verbal communication, and emphasis on such concepts as naturalness and body-mind unity.

In the end, the author is aware that summarizing the very essence of the three psychotherapies into a single dissertation is quite a challenging task. Still, the author hopes that the present work will to some extent contribute to broadening and systematizing the yet scarce knowledge about these approaches outside Japan and among non-Japanese researches. Despite some idiosyncrasies in emphasis and coverage that will become apparent to the reader, the author also hopes that this work is a place to begin a more comprehensive study of the fascinating world of the Japanese psychotherapies, not to end it.

Based on the above reasons, this thesis deserves of doctoral degree (Human Sciences).