

THE EFFECT OF MORITA THERAPY WITH AYURVEDIC VIEW ON ANXIETY REDUCTION

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ABSTRACT

Purpose: The Effect of Morita Therapy with Ayurvedic View on Anxiety Reduction. **Methodology:** The instrument used in this study is the Spielberger State-Trait Inventory (SATI). The dependent variable is a score that each subject receives from the Spielberger Anxiety Inventory, and the independent variable is and the independent variable is 7 sessions of Morita therapy were performed with 5-day intervals for each person in the experimental group individually for 60 minutes. The statistical population of the study was among those referred to yoga and therapeutic clinics in Tehran in 2017 who had undergraduate education. The samples consisted of 20 men who had the highest score of Spielberger questionnaire and were randomly assigned into two experimental and control groups. In this research, the experimental method and the pre-test-post-test design with control group were used and the data analysis was performed using the non-parametric test of Yumann Whitney. **Findings:** The result of the study showed that Morita therapy with Ayurvedic viewpoint had an acceptable effect on reducing the anxiety of the referred patients.

Keywords: Morita Therapy, Ayurveda, Anxiety, Spielberger Inventory, Zen

1.0 INTRODUCTION

We all naturally feel anxious in many situations in life. Most anxiety behaviors are completely natural and adaptive reactions that help us to act correctly in difficult situations that arise, but sometimes anxiety is so severe or is accompanied by inappropriate events and situations that it becomes problematic and maladaptive for the person. This is where anxiety disorders are likely to arise. An anxiety disorder is a mental state or intense arousal whose main features are fear, doubt, and excessive worry (Ganji, 2017, p 443).

Anxiety and emotional turmoil are part of the stereotypical behaviors of adults that manifest as experimental, violent, and unstable behaviors. From a cultural perspective, anxiety is a state of worry, a feeling of uncertainty, restlessness, deep-rooted fear, and apprehension about a possible event with uneasiness. In general, anxiety is an emotion that occurs in an individual as a result of encountering and facing a potential danger without its source being clear and obvious, and its root and cause are usually invisible and ambiguous (Falahi, 2016). Note that having some anxiety problems is not a reason to have a full-blown anxiety disorder. Many people experience excessive, undesirable anxiety, but they cannot be officially declared to have

an anxiety disorder (Ganji, 2017, p 444). Cognitive anxiety is the psychological component of anxiety and is characterized by negative expectations and cognitive concerns about the self, the situation, and possible outcomes (such as the possibility of failure) (Sheikhlarabadi et al. 2025) and Morita's treatment emphasizes more on this component of anxiety.

One of the therapies used to reduce anxiety, which is derived from Eastern culture, is Morita therapy, which has many followers in the West (Esmaeili, 2011). Morita therapy is a systematic psychological therapy that aims to improve everyday functioning rather than target specific symptoms (Jia et al, 2018). This goal-oriented therapy was developed based on the principles of Zen Buddhism (Mahd Afandi, 1999 Quoted from Esmaeili, 2011). Morita therapy is described as a method that focuses on a new definition of positive thinking about anxiety in order to stimulate changes in attention, attitude and behavior in clients. This therapy promotes clients to constructive and productive activities (Ishiyama, 1986).

Morita therapy, or Japanese psychiatry, was introduced by Professor Morita about thirty years ago [1923] and developed by his successor, Professor Kora of the Jiki Medical School in Tokyo. Morita therapy, also known as Japanese psychiatry, is now recognized as one of the most effective methods of treating nervous diseases, in which the role of neurotic factors is considered to be very important (Kundo, 1953).

Ayurveda, the science of longevity and health with roots dating back over 5,000 years, is considered an ancient Vedic science and has long been considered as a holistic medicine in Western societies. Ayurveda is a science that not only considers the physical health of humans, animals and plants, but also the mental and spiritual health of humans. Charaka, in the book Charaka Samhita, defines Ayurveda as: "The knowledge that teaches you what is good or bad, what causes happiness and what causes suffering, what is the duration and quality of life, is Ayurveda." In Ayurveda, we learn to recognize the nature of each individual, consider him or her as part of the whole of nature, and to treat him or her with a holistic perspective to achieve health or to take steps to maintain his or her health (Sheikhlarabadi, 2016, p 13).

The human body is made up of seven primary and vital structure called Dhatu, which in Sanskrit means "building element". These seven Dhatus are responsible for the entire structure of the body. Dhatus maintain the functioning of the organs, systems and various vital parts of the body. They play a very important role in the growth and nutrition of the body. Dhatus are in a way the biological protector of the body. Dhatus, with the help of Dhatu fire, are responsible for the immune mechanism. When a Dhatu is diseased and defective, it affects the subsequent Dhatus, because each Dhatu receives its food from the previous Dhatu, and this doubles the importance of Dhatu health. Each Dhatu needs five days for these interactions, which takes a total of 35 days for nutrients to leave the seventh Dhatu (Sheikhlarabadi, 2016, p 77).

In the present study, we attempt to advance the Morita Therapy method with this perspective and apply the duration of the program based on the timing of the Dhatus in Ayurveda. Morita therapy is based on principles derived from Zen culture, a school of Buddhism, so an introduction to Zen can be a good starting point for reaching Morita's teachings. Zen is a term or a collective term for the experience of reality, which rarely appears in the realm of self-study categories, however, the system of training for the experience of Zen is a way of life that

can be conveniently incorporated into the self-study framework. A person who cannot laugh at himself, who has no feeling for poetry and singing, and who cannot at least dance in his heart to the sound of the morning breeze, will never become a Zen man (Hamfriz, 1992, p 11).

Buddhism has two main schools: Theravada, or the teachings of the ancients, which is the oldest, and Mahayana, or the Great Era, which is the most recent. Zen Buddhism is a Mahayana school that was founded in China in the 6th century CE and later spread to Japan, where it is currently flourishing. Zen Buddhism aims for a direct and unmediated approach to enlightenment, and for this reason it is unique among other schools (Sheikharabadi, 2019, p 22).

Without a doubt, the respect for Mahayana Buddha is a privilege that is given both to intellectual curiosity and to the shortcuts that it takes to achieve its goal. But this is not all, it has a much deeper and more sensitive root, and that is the inner study of oneself by brilliant minds (Wats, 1989, p 67).

Zen is a way to get rid of all the masks and roles that we have mistakenly created for our true selves in society. Zen is not a school, not a philosophy, but a path. Zen itself is the essence of life and the center of the contradictions that man has with the world. When a person immerses himself in Zen, he recognizes his true identity. We live in a world of contradictions, ugly and beautiful, black and white... Beneath these contradictions there is a sea of peace in which everything is superior to contradictions (Sheikharabadi, 2019, p 72).

In Zen, the attempt is to make all things fully manifest, and it is we who tend to make problems out of them. We easily fall into the trap of words and fantasies, and from them we create all kinds of false problems that are not only not real but are completely imaginary. Inner harmony is neither in the past nor in the future, but in the moment when the past and the future meet, which is the present. And when you reach this point, past and future, life and death, time and distance, cease to exist, and this is where Morita's method, with its concepts and teachings, attempts to introduce a suitable method for the anxiety disease.

In Morita Therapy, clients with anxiety disorders tend to become attached to a thought and accept and believe it as reality (Morita, 1998, p 17). What is in the Zen school refers to the truth of existence in the moment. A truth that man has always sought but has never been able to distinguish from his desires and wishes, and this duality between "desire" and "is" has been the source of many problems for man.

Modern psychology knows that the personal unconscious is nothing more than a superficial layer resting on a completely different foundation called the collective unconscious. This term is justified because the images of the deep unconscious, unlike the personal unconscious and its purely personal ideas and representations, have a clearly mythological character. This means that the images of the collective unconscious, in terms of their form and content, correspond to the primitive ideas scattered throughout the world that are the basis and foundation of mythology, and are no longer personal, but simply superpersonal, and therefore common to all people. On the other hand, for the same reason, their presence can be detected in all the myths and stories of all peoples, in all times, and also in some individuals, without these individuals having the slightest knowledge of mythology (Yung, 2000, p 48).

Another Zen teaching is acceptance. Acceptance of existence and everything in it. This acceptance is well used in Morita therapy. Morita believes that the client can accept their feelings and still act according to the situation (Sanson, 2005, Quoted from Esmaeili, 2011).

There is no judgment for what is happening and living in the moment with whatever is in it is the criterion. Accepting anxiety as an emotion that exists is the first step in the fight. In martial arts, the emphasis is always on knowing your opponent, accepting them, and respecting them. In Morita therapy, these principles are always followed, and thus the person can accept anxiety as a part of their daily life, and, like all the other problems they struggle with on the way to peace, they can fight anxiety and overcome it as a fight.

Finally, it must be acknowledged that Morita Therapy, although introduced by Shoma Morita, a Japanese psychiatrist, in the early 20th century, is rooted in teachings that were held in high esteem in the Zen school of Buddhism centuries ago.

The research hypothesis in the present study is as follows: Morita therapy from an Ayurvedic perspective is effective in reducing the level of anxiety in people with anxiety. The independent variable of the study was 7 sessions of Morita therapy. The dependent variable was the total score that each subject obtained from the Spielberger State-Trait Anxiety Inventory.

2.0 METHOD

From the perspective of Ayurveda, in addition to the seven Dhatus that are responsible for the health of the body, we have seven other Dhatus that are responsible for the health of our mental Dhatus and should be considered in the treatment of mental disorders and illnesses. In this method, we will see that the Morita treatment method treats mental disorders to a very specific extent by cleansing the mental Dhatus at specific intervals. Given that Dhatus are of particular importance in Ayurveda and the treatment and cleansing methods in Ayurveda are designed accordingly, in this study, 7 sessions of Morita therapy were performed with 5-day intervals for each person in the experimental group individually for 60 minutes.

2.1 Statistical population and sampling method

The statistical population of this study consists of men aged 27 to 50 with bachelor's degree, who were referring to Ayurveda and yoga training centers in Tehran. After selecting 20 suitable individuals for this study who had a higher total anxiety score from the Spielberger State-Trait Anxiety Inventory. than the others, they were randomly divided into two experimental and control groups.

2.2 Spielberger State-Trait Inventory (SATI)

The Spielberger State-Trait Inventory is a self-report questionnaire for the separate assessment of state and trait anxiety, developed by Spielberger (1970). State and trait anxiety were initially proposed as measurable constructs by Raymond Bernard Cattell, but were later more fully developed by Spielberger. State feelings are described through subjects' feelings of tension, fear of the future, restlessness, self-consciousness, arousal, and autonomic nervous system activation. Trait anxiety refers to relatively stable individual differences in susceptibility to anxiety, which differentiates individuals in terms of their readiness to perceive anxiety-

provoking or threatening situations. Trait anxiety can also reflect individual differences in the frequency and intensity of past overt anxiety states and in the likelihood that state anxiety will be manifested in those situations. This test has forty items that measure anxiety on two scales: state and trait. In responding to the state anxiety scale, subjects must describe their feelings at the present moment (at the time of completing the form). In responding to the trait anxiety scale, however, they must refer to the usual feelings present most of the time (Behdadi, Sargolzari & Ghorbani, 2000).

The Spielberger questionnaire has 40 questions, 20 of which are for the state scale or in other words, overt anxiety and 20 for the trait scale or latent anxiety. The scoring system is on a 4-point Likert scale: very little (1), little (2), much (3), and very much (4). The total score that a person can obtain will be between 40 and 160. Sadeghi (Sadeghi, 2004, Quoted from Esmaeili, 2011) reports that the reliability coefficient (homogeneity) of this scale was calculated as 0.931 for the state scale and 0.908 for the trait scale. Also, the high correlation between the Spielberger questionnaire and the Cattell anxiety test, assuming appropriate validity of the Cattell anxiety test, is 0.93, positive and significant, and therefore this questionnaire can be used to measure anxiety.

3.0 RESEARCH FINDING

First, the normality of the data was checked by the Kolmogorov-Smirnov test, and it was found that the anxiety scores of the pre-test and post-test groups were not normal, and the results should be checked by the Mann-Whitney test. Of course, using the Levene test, the significance level of 0.027 indicated that the data was not normal, which confirmed the result of the Kolmogorov-Smirnov method, and thus it was not possible to use the covariance test to test the hypothesis, and the non-parametric Mann-Whitney test was used. Then, the difference in the means of the experimental and control groups in the pre-test and post-test was compared.

3.1 Descriptive statistics

Considering the non-normality of the data and examining the averages of the groups according to Table (1), we see that the effect of the Morita therapy method with an Ayurvedic perspective in reducing anxiety is significant.

Table (1): Examining the mean and standard deviation of the groups

	group	mean	standard deviation
Experimental group	Pre-test	131.80	4.077
	Post-test	65.70	2.983
Control group	Pre-test	132.40	4.766
	Post-test	131.10	7.593

3.2 Inferential Statistics

Table (2) shows the results of the Man-Whitney U test to compare the changes in anxiety between the experimental and control groups in the pre-test and post-test as a result of Morita therapy with an Ayurvedic perspective.

Table (2): Results of the Man-Whitney U test to test the effect of Morita therapy on reducing anxiety

Groups	Total Ranks	Rank Mean	Mann-Whitney Value	Z-Score	Significance Level
Morita Therapy Group	55.00	5.50	0.00	-3.787	0.000
Control Group	155.00	15.50			

Finally, it was found that the difference in test scores of the experimental group due to the effect of Morita therapy from an Ayurvedic perspective was greater than that of the control group, and this difference was significant.

4.0 DISCUSSION AND CONCLUSION

Unfortunately, little research has been conducted in this field, so it is not possible to fully comment on the results of the research. Among the research that has been conducted, the following can be mentioned.

Inamura et al (2019) conducted a case study on a disease with the following characteristics: This case is for a male patient aged 74 years old with mild cognitive impairment (MCI) who was admitted to an outpatient psychiatry clinic with the primary complaint of subjective cognitive impairments. They implemented the Morita therapeutic approach to address his anxiety and encouraged him to improve his Quality of Life by accepting the anxiety, not excluding it. During the therapeutic process, various problems were evident, such as the caregiver's excessive fear of dementia, so education about the nature of dementia was provided to dispel the stigma for the family members. As a result, the patient's anxiety was decreased, and his daily activities were observed in spite of his subjective cognitive decline and an improvement in his Quality of Life was also observed.

In addition, the experience of clients using Morita therapy, by clinical and problem-solving trainees, significantly demonstrates the positive and profound impact of Morita training (Ishiyama & Sasaki, 2015). It should also be said that the findings of the present study are completely consistent with the results that Esmaili (2011) achieved in her research, namely that Morita therapy is effective in reducing the anxiety of the clients.

Finally, the present study showed that the Morita therapy method with an Ayurvedic view had a significant effect on the anxiety reduction of the experimental group.

4.1 Suggestions

The importance of the issue of anxiety and the effects of reducing it in people's daily lives, both individually and in social relationships, and the costs that countries pay annually to compensate for human and financial losses, indicate the importance of using methods that help reduce and improve anxiety. Morita therapy is one of these useful methods and given the small number of studies included, it is not possible to draw definitive conclusions. Thus, multi-center, well-designed clinical trials with larger cohorts are urgently needed to support the clinical application of Morita therapy.

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