

# **A Method of Instruction in Psychotherapy**

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## THE SIGNIFICANCE OF LIVING

Many patients have no clear conception of what they are living for or what the meaning of life is, and they suffer from this lack of meaning. The lack of meaning in itself is not pathological. But some neurotic patients make use of it as a pretext for giving up or neglecting efforts at constructive living. And some others avoid the painful effort for daily living on account of empty efforts in a noble-sounding search for the purpose of life. One young man I treated argued that in order to live well one should first select a fundamental life purpose; to this end he was buying such books as the collected works of Tolstoy. But he was unaware that actually all this was a flight from the effort of studying for the difficult entrance examinations of a certain university.

I believe also that modern nihilism can provide fertile ground for the development of neuroses. Recently materialism and the biological and cosmic sciences have dealt a severe blow to the rather naïve theism existent, thus contributing to the development of nihilism. This we must recognize. But from the standpoint of human existence, real humans live in relation to the outside world, particularly that part of the world containing other humans. We live in an age with its history and traditions among people with whom we have close personal relations. We are so made that we cannot live at all without others, materially or spiritually; thus, we have responsibilities and duties toward other people. We were born of other people, and by serving other people we can defeat ethical nihilism. (The concept of arugamama is relevant here but I will deal with it in detail elsewhere.)

Here I tell my patients that if we live a life contributing to others in our present circumstances, then our lives will blossom, and our shoulders will straighten. When we become a person needed by others there comes real significance to our living. When our existence is not useful to others we shrink into ourselves. There is a Japanese saying that the non-contributing man holds out his bowl very hesitantly for a third helping. There is much to say about the meaning of life, but for the time available this must suffice.

## CONCERNING LOVE

I believe that as we try to overcome the emptiness of life, we can use love besides the above-mentioned responsibilities and duties. I feel that when patients can have love for other people and things, they will have a fine sense of the significance of life and they will be liberated from their neurotic life condition. As I talk with patients, I begin with easily understandable concrete examples. For instance, when you grow a chrysanthemum you prepare the soil, plant the seed, water and fertilize, remove insects, provide supporting sticks, and protect the plant from wind and rain. Your results may be poorer than those of an expert, but you will undoubtedly have a deep love for the chrysanthemums you have grown yourself. The important thing is the fact that by taking care of the flower with your own hands you have developed a love for it.

One young girl in my hospital, when it came to her turn to care for chickens, wrote, "I hate to take care of chickens. When I enter the cage the chickens attack me." However, forty days later, as the time for discharge approached, she wrote, "The time is nearing to return home. It is sad to have to say goodbye to the chickens. As I enter their cage they approach me in a friendly fashion." The chickens' attitude must have been unchanged during this period, but on the girl's side love had already grown.



One young schoolteacher had it in his mind that he had to love all of his pupils equally but confessed that he couldn't do so. He lamented that he wasn't worthy of being a teacher because he found some pupils lovable and others not so lovable. I told him that among his many students it is natural for him to find some lovable and others not. To love them all equally is an ideal, but it is not always possible in reality. It is necessary to accept the situation as it is and since it is his duty to teach all those pupils assigned to him, he must do so, even while disliking those he dislikes. While looking after the disliked ones he will naturally develop a feeling of familiarity and love for them. The first thing is looking after them. There is a saying that disabled children are most lovable. This is the result of the long continued care by the parents for the child.

## ARUGAMAMA

Arugamama is a Japanese word that best expressed the essence of our practice of Morita psychotherapy, so I have written and spoken about the word in many places. Omitting details here, I want to call your attention to two ways of interpreting the term. One is "to accept directly the symptoms as they are, without any attempts to manage them"; the other is "to accept the symptoms but simultaneously to make constructive efforts to develop other elements of one's aspirations." To jump into a pool from a high diving board is certainly frightening. So some people give up. This is *akirame* or resignation. We may also call such people weak-willed. To try to control the fear is not *arugamama*, but *Hakarai* or suppression. It is a device for trying to make the impossible possible, and it results in conflict. However, accepting the fears as they are, but looking toward the accomplishment of one's goal (i.e., diving into the water) and jumping straight into the water – that is true *arugamama*. We must distinguish between *arugamama* and *akirame* and *hakarai*.

## CONCERNING ANXIETY, FEAR AND PAIN

Neurotic persons abhor unpleasant feelings and sensations just as much as other people. But other people realize either consciously or unconsciously that such distress is an inevitable aspect of living and cannot be completely avoided. They know that it is useless to try to resist such natural and necessary thoughts and feelings. In other words, these experiences cannot be helped. But there are many neurotic persons with the idealistic attitude considering that they shouldn't have such unpleasant feelings or that, having them, they can somehow get rid of them. For this reason, they may become easily caught by a contradictory overconsciousness to their own anxiety and pain.

Nature is not man-centered. Natural calamities occur every year; bacteria harmful to man propagate, and vegetable, when planted and left alone, are harmed by weeds and insects. Similarly, though society was created by man, it doesn't exist for any particular man's benefit. Competition is severe, so we must exert ourselves, or we may fail. Sickness, accidents, death, interpersonal conflicts and economic losses threaten us. We must clearly realize that such anxieties inevitably accompany human life, and that we can be stimulated by them to constructive efforts, which will result in a meaningful worthwhile life.

Even in sports, we may not be so zealous if there is no anxiety about the possibility of defeating the opponent or the pain of being defeated by him. When the opponent is so weak that we are sure to win,



there is no interest in the game at all. If we had no fear there would be no reaction to avoid an approaching car. Again, if we had no sense of pain we wouldn't be able to protect ourselves from injury. Only when we recognize the necessity of our fundamental fears and their usefulness can we free ourselves from the conflicts involved in opposing them.

## THE MECHANISM OF DEFENSIVE OVERSIMPLIFICATION

As was explained before, anxiety is inseparable from human existence. Nature is not always beneficent to humans and the social order does not always promote the interests of individuals, so we must necessarily have troubles in our lives. The unavoidable difficulties of living are numberless. Moreover, man has developed the capacity of imagination and so his anxiety is increased because he worries not only about immediate problems but also about the possible troubles lying in the future.

Indeed, there are many factors that stir up anxiety. It would be extremely difficult to solve all of our problems. There are too many problems and there is so little time to defend ourselves against them. Some people try to reduce these problems to a single most important one. If they could only solve this problem, if they could only overcome this obstacle, they feel sure that their whole outlook on life would improve. They become absorbed in trying to overcome this obstacle. As long as the problem appears simplified, they think the solution is simple too. However, they don't realize that this device is actually a trap, and they are sliding down into a neurotic state. Since they feel that they would be better if only their anthropophobia were gone or if only their insomnia were gone or if only their heavy-headed feeling were gone, they become even more self-conscious of these problems. For by reducing their problems to one and wishing it gone and struggling against it, they invite the development of neurotic symptoms, fixation of attention (on the symptom), inner conflict, auto-suggestion and inconsistent thinking.

I call this pattern the defensive oversimplification device. Looking at this device from the inside, the patient believes himself to be a complete failure because of one weak point. He continually ruminates that if only it were gone, he would in no way be a failure. To view any difficulty as absolute is to view one desire as absolute and this becomes the basis for neurosis. The attitude of regarding oneself as a complete failure either because of only one fault or because only one desire hasn't been fulfilled is an unhealthy way of looking at things.

## THE ATTITUDE TOWARD STIMULI

The way in which one accepts stimuli – be they outer stimuli or one's own bodily or neuropsychological phenomena – can lead to neurosis. Or the acceptance can result in only momentary recognition allowing the stimuli to pass away leaving no distressing aftereffects. I use, again, actual examples that are easily understood by the patients. While thus communicating with the patients, I become aware of their symptoms and can select examples that touch them deeply producing the desired effects. I offer this information and guidance to patients individually during consultation hours and also via their diaries; and again, when many are gathered in a room talking together, I have another opportunity. For example, I may speak as follows:



In the writings of a famous blind musician, Miyagi Michio, we read that once when his neighbor was repairing his house the noise was very disturbing to the musician, but later when his own house was being repaired, he thought about how the repairs were progressing and found the sounds delightful. Identical stimuli became annoying or enjoyable depending on the way in which they were accepted.

One man couldn't stand the sound of rain on the roof, so he woke up his servant in the middle of the night ordering them to put mattresses on the roof to reduce the noise; but there are more poetically-minded people who enjoy the sound of rain on the roof.

Then I ask the patients, "Now, can you hear the clock ticking?" In a moment they reply that they can hear it. "Until just now did you hear it?" "No, we didn't," they answer.

"Well, here is Patient X. He is suffering from insomnia. In the middle of the night he becomes so conscious of the ticking of the clock that he stops it. Because he struggles against it his attention is fixed upon it and he cannot escape from the sound. If he would accept the ticking as it is (since human attention in its natural functioning doesn't fix itself on any particular item) in a little while his attention would move on to something else, and he wouldn't notice the sound.," In this way I talk to patients.

I'll give another example. One middle-aged woman complained of severe dizziness of several months' duration. She had come to the point where she could only lie in bed. Anytime she raised her head, even slightly, she became extremely dizzy. She couldn't raise her body at all. She was brought for examination in an ambulance and was carried into the examination room on a stretcher. I told her, "In order to diagnose your illness I must see you in your most distressed state, so try to produce the greatest dizziness you can." With these instructions I took her head in my hands and raised it. However, the patient didn't complain of any unpleasantness. "That's too bad, how about this?" and I lifted her into a sitting position – but no dizziness. In the same way she was made to stand and to walk, but still nothing happened. The patient was surprised. I explained, "Because of your fear and anxiety over your symptoms, they occurred. Now you tried to make the dizziness occur, and so you weren't afraid or anxious about it; and nothing happened, no dizziness. From now on, endeavor to live an active life, rather than trying to encourage dizziness to occur."

From such experiences patients gain an understanding of their own illness and quickly show signs of improvement. By using such concrete examples of the ways of accepting internal and external stimuli, and accepting their illness, one creates many opportunities for the patient to relate the information to his own experience and thus develop true insight.

And then, when I ask anthropophobic patients during their initial examination, "Now, with me, do you have a strong feeling of fear?", many answer, "When talking with you I don't feel it so much. I have a pleasant feeling." Only a few can give a clear answer to the question "Why?" I tell them that when they understand why they have no symptoms when they are with me they must be on the road to understanding how to be freed from them. The reason is that in front of me they need not suppress their anthropophobia. Since from the beginning it is their intention to show me their condition, there is no conflict. In front of others they are always trying hard to hide their anthropophobic state, so there is strain and acute discomfort. If they are willing to expose their anthropophobia (as they are when with me), their symptoms will fade. In this way, I talk to patients.



## THE DISTORTION OF PURPOSE

Instead of straightforwardly tackling immediate and constructive purposeful task, neurotic people first emphasize the regulation of prior conditions. The result is that they deflect themselves from their own original goals. Because of this habit pattern, they find it difficult to have a normal attitude toward life.

We value our health. But health itself is not the primary thing. We value it because it aids us in expressing our abilities and allows us to be active. But shinkeishitsu neurotic patients place an undue major emphasis on health itself to the effect that even a small dysfunction of mind or body results in an oversensitive reaction. In other words, they become hypochondriacal. People with a morbid fear of wandering thoughts, while studying, are more concerned with preventing the wandering thoughts than with studying, and they become trapped by their symptoms. Ereuthophobic people concentrate on whether or not they are blushing and so divert their attention from the meaningful contents of a conversation. Furthermore, since they are face to face with someone else, and their attention is divided, they become confused. This weighs on their mind. Their thinking is confused. They try first to clear away the haziness of thought, and then they suppose they'll be able to work. In the end, they spend so much energy on soothing their troubled thoughts and bad feelings that their original work is neglected.

Many compulsive neurotics and persons with a morbid fear of untidiness or imperfection or superstitions have this kind of problem. They lose sight of their true goals and life becomes unreal. It is important to instruct patients that in spite of physical or mental perturbation, in spite of troubles weighing on their minds, they must live as active a life as possible with these handicaps.

## THE SPECIAL CHARACTERISTICS OF EMOTION

One of the important subjects I must explain to neurotic patients concerns the outstanding features of our emotions. Under certain stimulus conditions, waves of emotion rise in us. We must realize the fact that we cannot control these waves. We cannot freely quiet them with our will. Everyone has had the experience of trying in vain to control unpleasant emotions. Like some kinds of train fares, we cannot pay them off at once.

When a man of average income loses twenty-five dollars, he feels unhappy. And even though he intellectually accepts that this is a fact of life, the unhappy feeling lingers for a while. If he loses ten times as much, the feeling remains somewhat longer. However, there are people who try to use their wills to force the unhappy feelings away at once. They don't understand the special characteristics of emotion and are trying to do the impossible. The result is conflict. We can with comparative freedom select our behavior, but as for emotions, it is difficult to direct them with our will.

Among the special features of emotion, another important one is the fact that no matter how high the wave of emotion may be, it will fade in time. If this were not the case our lives would be destroyed. If the tragic feeling of some heavy blow were to stay with us at its original strength indefinitely, no one would be able to continue living. Depending on the importance of the event, its special characteristics, and the personality of the individual, the ups and downs of the waves of emotion may vary, but in the end they will diminish and disappear when left alone, whether we like it or not. This fact is of great benefit to us, but sometimes it has a negative result. When, after some tragic experience we vow to hold to some new good habits, our resolutions may last only a short time, as is called a "three-day monk" by Japanese.



However, there are many people who don't know this law of emotion, or even if they know it they ignore it. When something unpleasant happens, they feel as if the distress will last forever and become increasingly troubled. The ordinary person knows that whatever disagreeable event they may experience, the wave of negative emotion is temporary and will disappear; thus, they can usually think nothing of it.

These features of emotion can be readily illustrated with actual examples from daily life and will give definite aid for active life. There are many proverbs on this subject such as "A rumor lasts only seventy-five days", "Strike while the iron is hot", "Set up a cooling off period before management-labor negotiations", and "We soon forget the pain of drinking something hot".

## OUTER AND INNER CONDITIONS

There is an old saying that when the outer appearance is in good order the inner states will ripen. We say that when we bow our heads and clasp our hands before Buddha, then our reverent feelings well forth. This means that whatever our original feelings may be, they will align themselves with our outer state which we have adjusted. I introduce this into the treatment of neurosis because it takes a long time to build a constructive attitude toward life if we wait for the inner condition to ripen. But we can work more easily from the outer appearance and produce quicker actual results.

If we simply put on an athletic outfit and athletic shoes our "set" for sports comes out, but if we wear a bathrobe with our hands in our pockets, it's not likely to appear. If you are frowning, with your jaws and fists clenched, it's difficult to feel relaxed no matter how hard you may try. James Lange's theory has some truth in it.

We may include behavior in "outer appearance". Although it is difficult to change feelings with ideas, we can secondarily change feelings by activity. Should I take my coat off and climb that tall garden tree and trim its branches, there is no doubt that this activity would elicit a more energetic mood even when I feel lazy.

It's painful to get out of bed on a cold morning. If we try to alter ourselves so that we can wholeheartedly want to get up, we would never succeed – it is too pleasant just lying there. However, once we get up, our attitude toward the bed changes. No one wants to return to bed once he is up. If we intend to study when our desire to study has fully matured it is difficult ever to get around to studying uninteresting subjects. But if we think that we must study, and sit down at the desk and open a book and begin to read it anyway, that behavior itself will call forth the rhythm of study. I tell patients that they should first regulate their outer appearance, leaving their feelings as they are.

## ON HUMANITY

The neurotic people I treat are for the most part common people of about average intelligence. Some patients are outstanding, but they are rare as in other medical fields. So there is nothing special about people who develop a neurosis. These neurotic people must be helped to develop the attributes of mental health, but there are no clear standards for this term "mental health". I think there is no other way to

select the general characteristics of mental health than by establishing them on the basis of commonsense values. I have set up the following tentative description of these characteristics:

1. Being able to continue with constructive work (for this we must possess various qualities).
2. Being able to look dispassionately on things and judge them on their own merits. (If we look at things wishfully or pessimistically, we distort them to some degree, and we find it difficult to behave toward them realistically.)
3. Being able to have love for others, to be joyful in their joy, and to sorrow with their sorrow.
4. Possessing qualities of self-control and self-examination.
5. Being responsible for one's own behavior (living forthrightly).
6. Being mentally flexible and adaptable.
7. Possessing a sense of humor, with the capacity to enjoy life's pleasures.

People whose personalities possess the above characteristics can adapt themselves, when living in a healthy society, to their environment and develop themselves while contributing to their society. Such traits of character can be obtained by the efforts of ordinary people. Neurotic personalities are diverted from those traits by their neurotic qualities, but even neurotic people if they can free themselves from their symptoms, find it possible to approach these standards. Our experience provides it.

Now in the case of shinkeishitsu neurosis, many cases have introvert and self-defensive tendencies, so their treatment emphasizes directing their living orientation toward properly handling the real things in the external world. Thus, we try to restore the balance of inner-directed and outer-directed attention.

## CONCLUSIONS

In the foregoing, I simply talked about ordinary things. I believe that many common things, when clarified, can show us truths. The path is near at hand, and by going the familiar path we will be led into insight.

Many years ago, a woman came to Carlisle complaining of difficulties in human relations. He told her to begin by putting her sewing box in order. With this similarity I shall end. Perhaps this has sounded like a sermon. Nevertheless, at the beginning I asked you to listen half as doctors and half as patients. Thank you.